

**THE
BEARWOOD COLLEGE
CHILD PROTECTION
DOCUMENT**

based on

the
Berkshire
Local Safeguarding Children Boards
Child Protection
Documentation
at
www.proceduresonline.com/berks

Last reviewed/revised: January 2012
Pd/child protection



Bearwood College
Wokingham
Berkshire RG41 5BG
Tel: 0118 974 8300 Fax: 0118 977 3186

CHILD PROTECTION POLICY

Bearwood College is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers, pupils and visitors to share this commitment.

All outcomes generated by this document must take account of and contribute to safeguarding and promoting the welfare of children and young people at Bearwood College.

The Bearwood College Policy Documents are revised and published periodically in good faith. They are inevitably subject to permanent revision. On occasions a significant revision, although promulgated within College separately, may have to take effect between the re-publication of the entire set of Policy Documents. Care should therefore be taken to ensure, by consultation with the Senior Management Team, that the details of any Policy Document are still effectively current at a particular moment.

While this current Policy / Procedure may be referred to elsewhere in Bearwood College documentation including particulars of employment, it is non-contractual.

Authorised by the Headmaster on behalf of the Governors, following Resolution by the Board in January 2012

Bearwood College Child Protection Policy Document

Effective at: January 2012

Contents

Preface: *Permanent Summary Child Protection Guidance for Staff and Volunteers*

Introduction

1	Policies, Principles and Values
2	Agency Roles and Responsibilities
3	Information Sharing and Confidentiality
4	Recognition and Response
5	Recognising Vulnerability of Children in Particular Circumstances
6	Abuse by Children
7	Abusive Images of Children and ICT
8	Domestic Abuse
9	Female Genital Mutilation
10	Forced Marriages
11	Historical Abuse Allegations
12	Missing Child, Adult and Family
13	Sexual Exploitation
14	Sexually Active children
15	Allegations against Staff and Volunteers
16	Recruitment, Selection, Supervision and Training
Appendix 1	Statutory Framework
Appendix 2	Key National Contacts
Appendix 3	Referrals Outside Normal Office Hours
Appendix 4	Medical Assessment and Consent
Appendix 5	Glossary of Terms
Appendix 6	Referral and Assessment
Appendix 7	Section 47 Enquiries
Appendix 8	Child Protection Conferences

Abbreviations: see Appendix 5

PREFACE: Permanent Summary Child Protection Guidance to Staff

Scholars who report to a teacher (or other member of staff) that a member of staff or other person has abused them must be listened to and heard, whatever form their attempts to communicate their worries take.

The following points give guidance on how to deal with a scholar who makes an allegation:

- **The scholar should be listened to but not interviewed** or asked to repeat the account. Avoid questions, particularly “leading questions”.
- The scholar should not be interrupted when recalling significant events.
- **All information should be noted** carefully, including details such as timing, setting, who was present and what was said, in the scholar’s own words. The account should be obtained verbatim or as near as possible.
- Care should be taken not to make assumptions about what the scholar is saying or to make interpretations.
- Listened to means just that. On no account should suggestions be made to scholars as to alternative explanations for their worries.
- The written record of the allegations should be signed and dated by the person who received them as soon as practicable.
- All actions subsequently taken should be recorded.

No member of staff should promise confidentiality to a scholar who makes an allegation. In responding to a scholar who makes disclosures, account should be taken of the age and understanding of the scholar and whether the scholar or others may be at risk of significant harm. While acknowledging the need to create an environment conducive to speaking freely, the member of staff should make it clear to a scholar who approaches him/her asking for confidentiality that, he/she will need to pass on what has been told so as to ensure the protection of the scholar(s), in accordance with regulatory and College procedures. Within that context, the scholar should then be assured that the matter will be disclosed only to people who need to know about it.

Action to be taken by staff who hear an allegation or have concerns.

The member of staff receiving an allegation of abuse or other Child Protection issue should report this immediately to the Headmaster^{*}, unless he is the person against whom the allegation is made. **An allegation against the Headmaster should be reported immediately to the Chairman[†] of Governors.** Both a written and an oral account will be required in either case.

* In the absence of the Headmaster from College, staff should refer concerns procedurally to a member of the College Senior Management Team, who will act as his deputy.

† In the event of the unavailability of the Chairman of Governors, staff should refer concerns procedurally to another Governors (contact details available from the Bursar as Clerk to the Governors), who will act as her deputy.

For the avoidance of doubt, the College's Child Protection (Safeguarding) Policy also applies to the EYFS (Early Years Foundation Stage); in addition, see the specific Nursery/EFYS policy, which identifies the Nursery Lead Practitioner, who is supported by the Nursery Manager and the Headmaster, and shares with them liaison with local statutory children's agencies as appropriate. The Headmaster has the responsibility of the Child Protection Officer role. Appropriate action (as delayed elsewhere in this document) in respect of all child protection concerns is taken by the Child Protection Officer (or in his absence the relevant delegated member of staff) on the same day (or otherwise within 24 hours if impracticable) of those concerns being raised.

Allegations of abuse against teachers and other staff are dealt with in accordance with current government advice, including DfE-00061-2011 "Dealing with Allegations of Abuse against Teachers and other Staff – Guidance for Local Authorities, Head Teachers, School Staff Governing Bodies and Proprietors Independent Schools".

The College informs Ofsted and ISI of any allegations of serious harm or abuse by any person living, working or looking after children at the premises (whether that allegation relates to harm or abuse committed on the premises or elsewhere), or any other abuse which is alleged to have taken place on the premises, and of the action taken in respect of these allegations, as soon as is practicable and at the latest within 14 days.

BEARWOOD COLLEGE

CHILD PROTECTION POLICY DOCUMENT

INTRODUCTION

1. SCOPE

- 1.1 The contents of these procedures have been developed from, and are consistent with:
- relevant law, regulation and statutory and non statutory government guidance
 - best practice as agreed by the steering group overseeing the manual's development
- 1.2 The document replaces previous child protection procedures and protocols in use at Bearwood College.
- 1.3 The procedures include the following appendices:
- the statutory framework for child protection work (reproduced from Working Together to Safeguard Children 2006)
 - national sources of information or advice
 - child protection referrals outside of normal office hours
- Further guidance is available from "What to do if you're worried that a child is being abused" (last revised by DfES December 2006). A copy is held in the office of the Headmaster's PA.

2. STAFF FOR WHOM RELEVANT

- 2.1 This policy document applies to the professionals at Bearwood College. Colleagues are expected to follow these procedures in most circumstances though there may be occasions when professional judgement suggests an exceptional course of action. A departure from procedures should be acknowledged and reason/s clearly recorded.

3. RELATIONSHIP OF POLICY, PROCEDURE, PROTOCOL & GUIDANCE

- 3.1 Readers need to be clear about the differences between:
- policy
 - procedure
 - guidance
 - protocol

POLICY

- 3.2 A policy sets out:
- shared beliefs
 - organisational intentions and commitments

PROCEDURE

- 3.3 A procedure indicates what must or may be done in specified circumstances. Though professional judgment must be applied to all situations, a procedure defines the limits of professional discretion.

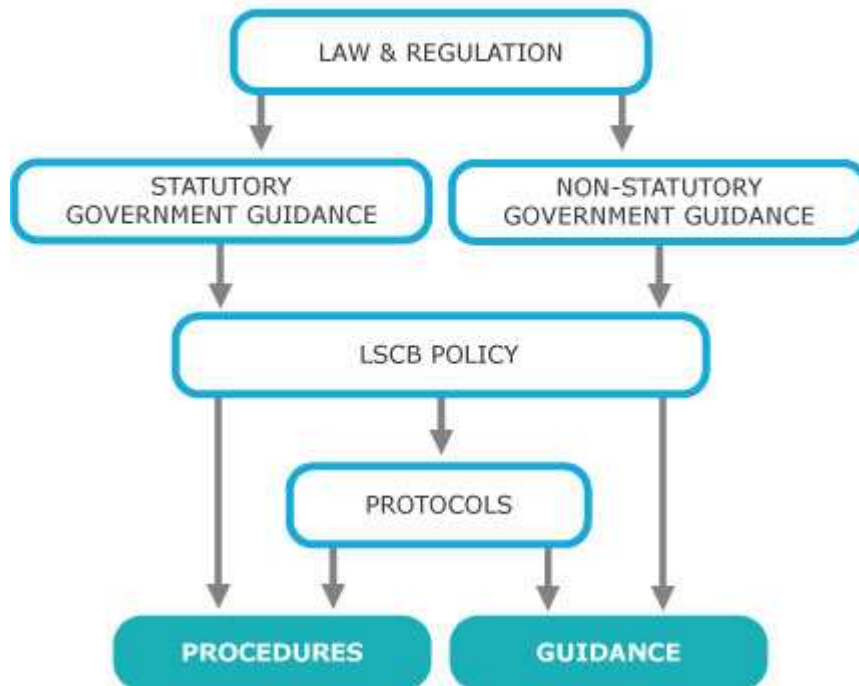
GUIDANCE

- 3.4 Guidance provides contextual information or addresses the question of 'why' specified actions may be required. This manual has included guidance only to the extent that it is required to understand a procedure and/or facilitate day-to-day practice.

PROTOCOLS

- 3.5 A protocol (as defined by the Berkshire Local Safeguarding Children Board) is a formal agreement between 2 or more agencies to commit staff to an agreed common response to specified issues, events or circumstances e.g. information sharing.
- 3.6 The inter-relationship of law, policy, procedures, guidance and protocols is represented diagrammatically below.

Flowchart: Law, Policy, Procedures, Guidance and Protocols



The Bearwood College Child Protection Procedures relate to this flowchart.

Bearwood College staff and volunteers should cross-refer any element of this present document where appropriate with www.proceduresonline.com/berks

End

CHAPTER 1: Policies, Principles and Values

1. AGREED POLICY

- 1.1 This Bearwood College policy document is based on the Child Protection Procedures promulgated by the Berkshire Local Safeguarding Children Boards, and is updated in line with them.

2. PRINCIPLES UNDERPINNING ALL WORK TO SAFEGUARD AND PROMOTE THE WELFARE OF CHILDREN

- 2.1 It is agreed by the Berkshire Local Safeguarding Children Boards and all managers, employees, professionals, volunteers, carers, independent contractors and service providers that all must ensure that their practice reflects an approach which is:

i.) 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.

ii.) rooted in child development

Those working with children should be informed by a developmental perspective which recognises that, as children grow, 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.

iii.) focused on 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 set out in the Children Act 2004:

- stay safe
- be healthy
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing

iv.) 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.

v.) 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, race, ethnicity, circumstances or age.

vi.) 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 significant harm. Decisions should also be made with their agreement, whenever possible, unless to do so would place the child at risk of significant harm.

vii.) 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.

viii.) multi-agency and 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-agency 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.

ix.) 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.

x.) providing and reviewing 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.

xi.) 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.

3. SHARED BELIEFS

- 3.1 The needs of the child are paramount and should underpin all child protection work and resolve any conflicts of interest.
- 3.2 All children deserve the opportunity to achieve their full potential.
- 3.3 All children have the right to be safeguarded from harm and exploitation without regard to:
 - race, religion, preferred language or ethnicity
 - age, gender, health, sexuality or disability
 - location or placement
 - criminal behaviour or
 - political or immigration status
- 3.4 Children's welfare can only be safeguarded and promoted and individuals at risk protected when all relevant agencies and individuals accept their share of responsibility and co-operate with one another.
- 3.5 Statements about or allegations of abuse or neglect made by children must always be taken seriously.
- 3.6 The wishes and feelings of children are vital elements in assessing risk and formulating protection plans, and must always be sought and given due consideration according to their level of understanding.
- 3.7 During enquiries, the involvement and support of those who have parental responsibility for, or regular care of a child, should be encouraged and facilitated, unless doing so compromises that enquiry or the child's immediate or long term welfare.
- 3.8 Those planning, delivering, monitoring or providing training must, in recognition of diversity and to facilitate social inclusion and equality of potential outcome, take all reasonable steps to support parents and children who have experienced racism and other forms of prejudice.

4. ORGANISATIONAL INTENTIONS

- 4.1 It is the intention of Bearwood College, in common with all 'partner agencies', to ensure:

- best use of agency resources so as to reduce the frequency and extent to which any child in the relevant areas suffer significant harm as a result of abuse or neglect
- a prompt and effective 'needs-led' response when it appears that a child may be at risk of abuse or neglect
- agency policies and practices reflect the fact that all children in need of safeguarding or protection are 'children in need' and are consequently entitled to family support services
- staff are adequately trained, managed and supervised so as to operate efficiently to agreed procedures
- all services are provided in a manner which does not discriminate in any unlawful or unprofessional way and which at organisational and individual levels respects cultural diversity (race, religion, culture, ethnicity, language, gender, sexual orientation, age, health and any disability of child or family), the right to family life of all individuals involved and confidentiality of information generated
- steadily improving effectiveness of inter-agency protection by building into case and service planning, the views and experiences of child and adult service users

5. COMMITMENTS

5.1.1 As appropriate, Bearwood College will cooperate with 'partner agencies' in seeking to:

- develop and maintain effective quality assurance systems for monitoring the results of inter-agency and inter-authority child protection co-operation
- develop formal processes for consultation with, and feedback from service users so as to improve the sensitivity and effectiveness of inter-agency work
- provide for aggrieved service users effective complaints procedures that are objective, reliable and credible
- develop, maintain and promote in appropriate media, information for service users about critical protection policies and procedures
- develop and implement child protection policies and systems which facilitate the achievement of equality of opportunity and outcome for individual children
- support initiatives which promote awareness of the need to safeguard children
- ensure recruitment processes filter out unsuitable staff
- enable all relevant staff to recognise factors associated with child abuse/neglect e.g. domestic violence
- share all relevant child protection information across agencies
- ensure that help and support is provided to children in accordance with assessed need and that the assessment is reviewed on receipt of further information or in response to altered circumstances
- maximise efforts to prevent abuse or neglect through multi-agency public protection arrangements, training and educational programmes as well as individual case management
- ensure regular audits to confirm the above beliefs and intentions are reflected in the practice of staff in each agency

End

CHAPTER 2: Agency Roles & Responsibilities

1. COMMON FEATURES OF ALL AGENCIES

- 1.1 All organisations, including those whose primary responsibility is to provide services to adults, must consider the implications of service users' behaviour for the safety and well being of any dependent children and/or children with whom those adults are in contact
- 1.2 All organisations that work with children need to have in place:
 - clear priorities for safeguarding and promoting the welfare of children explicitly stated in strategic policy documents
 - 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 HR management procedures that take account of the need to protect 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
 - arrangements to ensure 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
 - policies in place for safeguarding and promoting the welfare of children including a child protection policy, and procedures that are in accordance with guidance from the local authority and locally agreed inter-agency procedures
 - arrangements to work effectively with other organisations to safeguard and promote the welfare of children, including arrangements for sharing information
 - a culture of listening to and engaging in dialogue with children - seeking their views in ways appropriate to their age and understanding, and taking account of those both is individual decisions and establishment of services and
 - appropriate whistle blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;

2. STATUTORY RESPONSIBILITIES

- 2.1 A number of agencies have statutory duties to 'co-operate to improve the well-being of children' or 'safeguard and promote the welfare of children'. These provide a context of requirements and expectations for all their work.
- 2.2 The meaning of 'well being' is encapsulated in s.10 Children Act 2004 as children's:
 - physical and mental health
 - protection from harm and neglect
 - education, training and recreation
 - contribution to society
 - emotional, social and economic well being
- 2.3 Bearwood College seeks to cooperate with the Children's Services Authority (CSA) within Berkshire in 'promoting co-operation between the authority and relevant partners'.
- 2.4 'Safeguarding and promoting the welfare of children' is defined in *Working Together to Safeguard Children 2006* 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 to enter adulthood successfully

3. CHILDCARE SERVICES and EARLY YEARS SERVICES

- 3.1 Those working in the Bearwood College "day care services" should know how to recognise and respond to the possible abuse or neglect of a child.

4. EDUCATION SERVICES: Schools

- 4.1 Bearwood College as a school is committed to safeguarding and promoting the welfare of pupils 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
- 4.2 Bearwood College also contributes through the curriculum by developing children's understanding, awareness, and resilience. 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.
- 4.3 Other requirements 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.
- 4.4 The College has a crucial role in helping identify at an early stage, welfare concerns and indicators of possible abuse or neglect, referring those concerns to the appropriate organisation, contributing to the assessment of a child's needs and where appropriate to ongoing action to meet those needs.
- 4.5 College staff should not themselves investigate child protection allegations but have a key role by referring on concerns to the Headmaster as College Child Protection Officer as appropriate.
- 4.6 Where a child of school age is the subject of an inter-agency Child Protection Plan, the College will contribute to the preparation of the plan, which will clearly identify the College's role and responsibilities in contributing to actions to safeguard the child, and promote her/his welfare.
- 4.7 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. 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
- 4.8 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 acceptable and appropriate to talk about their own problems; and signpost sources of help.
- 4.9 Corporal punishment is outlawed for all pupils in all schools. Teachers at a school are allowed to use reasonable force to control or restrain pupils under certain circumstances.
- 4.10 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. The College has a policy about the use of force to control or restrain pupils.
- 4.11 The Bearwood College Board of Governors ensures that:
 - Bearwood College has a child protection policy that conforms with local guidance, is reviewed annually and is made available on request
 - a senior teacher / member of staff of the senior management team is designated to take responsibility for dealing with child protection issues
 - relevant personnel have attended the necessary training to equip them to carry out their responsibilities for child protection which is kept up to date and high quality training is available for all other staff appropriate to their needs
 - as a body, they undertake an annual review of the College's child protection policies and procedures and of the efficiency with which the related duties have been discharged
 - any deficiencies or weaknesses are remedied without delay
 - they have arrangements in place to liaise and work with other agencies over child protection issues in line with policies and procedures
 - they have safe recruitment procedures in place together with procedures for dealing with allegations of abuse against staff
 - senior pupils given positions of responsibility over other pupils are briefed on appropriate action to take should they receive any allegation of abuse
- 4.12 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.

4.13 The Bearwood College Sister is provided with child protection training and has regular updates as part of her post registration educational programme.

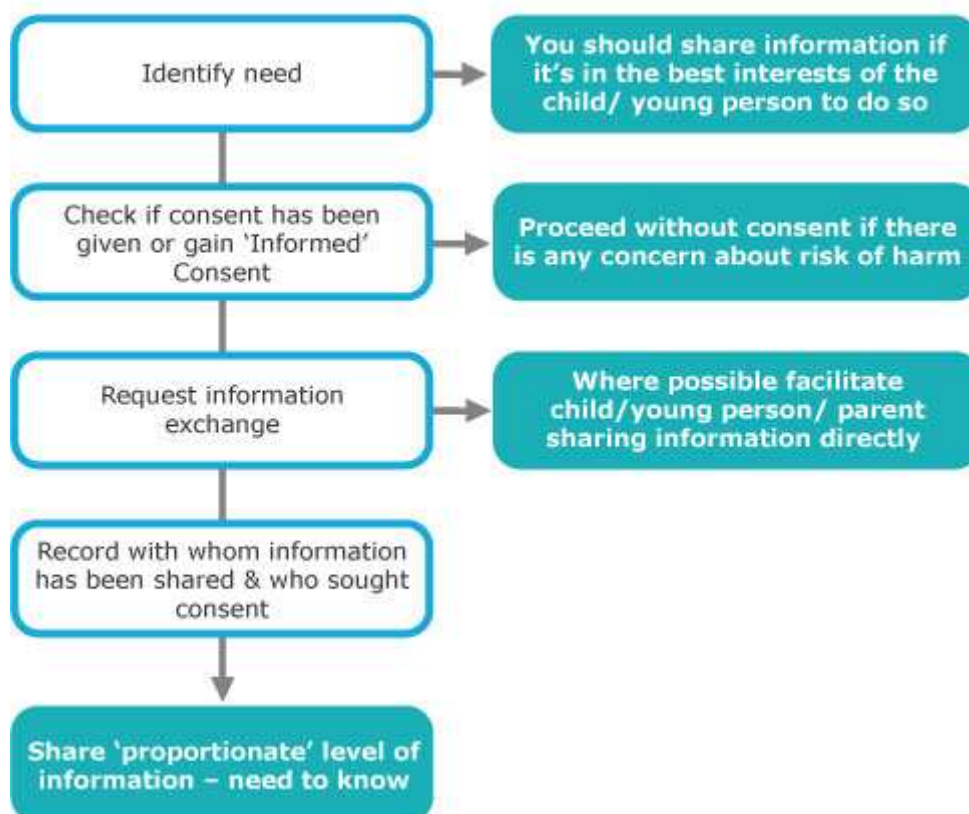
End

CHAPTER 3: Information Sharing & Confidentiality

1. LOCAL CONTEXT & JUSTIFICATION FOR SHARING INFORMATION

- 1.1 Information Sharing and Assessment is a central government statutory requirement based on the Children Act 2004, which required all Local Authorities & Partner Agencies to introduce and monitor local information sharing process from 1 April 2005.
- 1.2 Information sharing guidance is designed to help every professional to be able to share information about vulnerable children consistently and with confidence.
- 1.3 Bearwood College follows the following Pan-Berkshire approach, when sharing information:

Flowchart: Pan-Berkshire Process



- 1.4 Research and experience has demonstrated that to keep children safe from harm it is essential that professionals maximise the potential for safe partnership with parent/s and share relevant information across geographical and professional boundaries.
- 1.5 Often it is only when information from a number of sources has been shared, collated and analysed, that it becomes clear a child is suffering, or is likely to suffer Significant Harm.
- 1.6 Information relevant to child protection will be about:
 - health and development of a child and her/his exposure to possible harm
 - a parent / carer who is unable to care adequately for a child
 - other individuals who may present a risk of harm to the child
- 1.7 The informed consent of a person under the age of 18 is as significant as that of an adult where s/he is the subject of information, provided s/he has sufficient emotional maturity and intellectual competence to understand the consequences of their consent and consider alternative options. If a member of staff is in doubt about a child's competence s/he should seek legal advice.
- 1.8 Where a child does not have the capacity to consent, it should be sought, if it does not place her/him at additional risk, from a person with Parental Responsibility for that child.
- 1.9 Where possible, informed consent should be provided in writing.
- 1.10 It is the duty of professionals to place the needs of the child first.

- 1.11 Each case will depend on its own facts and legal advice should always be sought from agencies' own legal advisers where the professional is concerned about the legality of sharing information.
- 1.12 Limitations to informed consent must be made clear at the point of information exchange (e.g. a request that information is not shared with a particular service/agency).
- 1.13 Informed consent can be withdrawn at any stage. In this event, all professional parties involved in information exchange must be informed as soon as possible. Information exchange should cease at this point, unless there is justification to continue sharing information without consent.
- 1.14 Particular care should be exercised sharing sensitive information (e.g. sexual health, emotional health needs, etc). The rule of proportionality should be applied in these instances i.e. what does the other professional 'need to know' to inform their judgement or service.
- 1.15 Information should be stored safely and securely at all times.

2. RELEVANT LAW & GOVERNMENT REQUIREMENTS

- 2.1 The main sources of law and other relevant requirements with respect to information sharing and confidentiality in child protection are the:
 - common law duty of confidence
 - European Convention on Human Rights (via its introduction into English law in the Human Rights Act 1998)
 - Data Protection Act 1998
 - Crime and Disorder Act 1998
 - Children Act 1989
 - Children Act 2004
 - Caldicott Standards (Health and Children's Services)
 - non statutory government guidance on information sharing 2006
 - working Together to Safeguard Children 2006.

NON STATUTORY GOVERNMENT GUIDANCE

- 2.2 The latest government view of best professional practice is detailed in the Information Sharing booklet, available at the Every Child Matters website.

3. PRACTICE REQUIREMENTS FOR INFORMATION TRANSFER

RECORDING OF INFORMATION SOUGHT & SHARED

- 3.1 The person requesting information from another agency and the person in that agency who provides it must record the event in accordance with her/his own agency procedures.
- 3.2 The recording must indicate if the consent of the relevant person was sought and obtained, sought and refused or not sought.
- 3.3 If information was provided without consent, reason/s for so doing must be made clear and the record indicate whether the person in question was subsequently informed of the information transfer.

CONFIDENTIALITY OF EXCHANGES OF INFORMATION

- 3.4 Unless s/he is already known, a phone call received from a professional seeking information must be verified before information is divulged, by calling her/his agency back.
- 3.5 A record of any information relayed by phone or in person must be made.
- 3.6 Transmission of personal and sensitive information by fax should only happen when absolutely necessary. The number / address to which it is being sent should be checked very carefully (preferably by a colleague) and reassurance provided and recorded about the security of its handling by the other agency.
- 3.7 When sending out e-mails containing confidential information, a confidentiality warning should be used. Wherever possible, confidential information should only be sent by secure electronic systems and not by internet e-mail.
- 3.8 All staff must ensure that their record keeping is maintained in accordance with statute and guidance (both national and College).

End

CHAPTER 4: Recognition & Response

1. INTRODUCTION

1.1 This chapter provides:

- definitions of significant harm, and abuse and neglect
- information to assist the general recognition of circumstances where a child may be at risk of suffering abuse or neglect
- advice on the response to such recognition, including response to the child, parents or caregivers, the seeking of consultation and making a referral to CSC

2. KEY CONCEPTS

SIGNIFICANT HARM

- 2.1 The Children Act 1989 provides the legal framework for defining the situations in which local authorities have a duty to make enquiries about what, if any, action they should take to safeguard or promote the welfare of a child.
- 2.2 There are no absolute criteria on which to rely when judging what constitutes significant harm. It is the responsibility of CSC to make a judgement if a referral about abuse and / or neglect of a child satisfies the criteria for a Section 47 Enquiry.

ABUSE & NEGLECT

- 2.3 'Child abuse and neglect' are forms of maltreatment of a child. These terms include serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health or development.
- 2.4 Children may be abused or neglected through the infliction of harm, or through the failure to act to prevent harm.
- 2.5 Abuse can occur within the family or in an institution or community setting. Abuse can occur within all social groups regardless of religion, culture, social class or financial position.
- 2.6 Children may be abused by those known to them or, more rarely, by a stranger. They may be abused by an adult /s or another child/ren.
- 2.7 *Working Together to Safeguard Children* 2006 sets out definitions and examples of the 4 broad categories of abuse and neglect which are used to determine if a child protection plan is required:
- physical abuse
 - emotional abuse
 - sexual abuse and
 - neglect
- 2.8 These categories overlap and an abused child does frequently suffer more than one type of abuse. This chapter provides:
- definitions of these categories
 - information to help identify potential abuse and neglect
 - information about the required response (including referral to CSC)

3. CATEGORIES OF ABUSE & NEGLECT

PHYSICAL ABUSE

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

EMOTIONAL ABUSE

- 3.3 Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:
- conveying to a child that s/he is worthless, unloved, inadequate, or valued only insofar as s/he meets the needs of another person
 - imposing developmentally inappropriate expectations e.g. interactions beyond the child's developmental capability, overprotection, limitation of exploration and learning, preventing the child from participation in normal social interaction

- causing a child to feel frightened or in danger e.g. witnessing domestic violence, seeing or hearing the ill treatment of another
 - exploitation or corruption of a child
- 3.4 Some level of emotional abuse is involved in most types of ill treatment of children, though emotional abuse may occur alone.

SEXUAL ABUSE

- 3.5 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.
- 3.6 The activities may involve physical contact, including penetrative and non-penetrative acts. 'Penetrative acts' include 'rape' (the forced penetration of vagina, anus or mouth with a penis) and 'assault by penetration' (penetrate sexually the vagina or anus of a child with a part of the body or an object).
- 3.7 Sexual activities may also include non-contact activities, e.g. involving children in looking at, or in production of abusive images, watching sexual activities or encouraging children to behave in sexually inappropriate ways. This may include the use of photographs, pictures, cartoons, literature or sound recordings e.g. the internet, books, magazines, audio cassettes, tapes.
- 3.8 Children under 16 years of age cannot lawfully consent to any sexual activity occurring, although in practice they may be involved in sexual contact to which, as individuals, they may have agreed.

NEGLECT

- 3.9 Neglect involves 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 and development.
- 3.10 Neglect may involve failure to:
- provide adequate food, clothing or shelter (including exclusion from home or abandonment)
 - protect from physical and emotional harm or danger
 - meet or respond to basic emotional needs
 - ensure adequate supervision including the use of adequate care-takers
 - ensure access to appropriate medical care or treatment

4. RECOGNISING ABUSE & NEGLECT

- 4.1 The factors described in this section are frequently found in cases of child abuse. Their presence is not proof that abuse has occurred, but:
- must be regarded as indicators of possible Significant Harm
 - justify the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
 - may require consultation with and/or referral to CSC
- 4.2 Generally, in an abusive relationship the child may:
- appear frightened of the parent/s or other household members e.g. siblings or others outside of the home
 - act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

PHYSICAL ABUSE

- 4.3 This section provides information about the sites and characteristics of physical injuries which may be observed in abused children. It is intended primarily to assist non medical staff in the recognition of bruises, burns and bites which should be referred via the Headmaster as the College Child Protection Officer to CSC and / or require medical assessment.
- 4.4 The following may be indicators of concern:
- an explanation which is inconsistent with an injury
 - several different explanations provided for an injury
 - unexplained delay in seeking treatment
 - parents / carers are uninterested or undisturbed by an accident or injury
 - parents are absent without good reason when their child is presented for treatment
 - repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury) or may represent fabricated or induced illness

- reluctance to give information or mention previous injuries

Bruising

- 4.5 Children can have accidental bruising, but the following must be considered as highly suspicious of a non accidental injury unless there is an adequate explanation provided and experienced medical opinion sought:
- any bruising or other soft tissue injury to a pre-crawling or pre-walking infant or non mobile disabled child
 - bruising in or around the mouth, particularly in small babies which may indicate force feeding
 - 2 simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
 - repeated or multiple bruising on the head or on sites unlikely to be injured accidentally e.g. the back
 - the outline of an object used e.g. belt marks, hand prints or a hair brush (a pinch causes small double bruises, a punch or kick causes an irregular bruise with a paler centre, gripping causes ovals from fingertips or lines between fingers)
 - linear pink marks, haemorrhages or pale scars may be caused by ligature, especially at wrists, ankles, neck, male genitalia
 - bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting or slapping
 - bruising around the face
 - broken teeth and mouth injuries (a torn frenulum - the flap of tissue in the midline under the upper lip - is highly suspicious in non-mobile children, but frequently occurs accidentally in mobile children)
 - grasp marks on small children
 - bruising on the arms, buttocks and thighs may be an indicator of sexual abuse
- 4.6 Bruising may not be easily noticeable or distinguishable when children have darker skins (black / ethnic groups). Greater vigilance is required in noticing other possible indicators of injury e.g. wincing or demeanour of the child.
- 4.7 'Mongolian blue spots' closely resemble bruising. They are typically grey / blue pigmented areas over the lower back, trunk and limbs, which may be extensive. There is no over-lying damage or palpable swelling. They remain essentially unchanged in the first year of life and progressively disappear in childhood.

Bite marks

- 4.8 Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

Burns and scalds

- 4.9 It can be difficult to distinguish between accidental and non- accidental burns and scalds, and will always require experienced medical opinion.
- 4.10 Accidental scalds usually involve the upper front part of the body and have splash marks. Any burn with a clear outline may be suspicious e.g.:
- circular burns from cigarettes are characteristically punched out lesions 0.6 - 0.7 cm in diameter and healing usually leaves a scar
 - friction burns resulting from being dragged
 - linear burns from hot metal rods or electrical fire elements
 - burns of uniform depth over a large area
 - scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks)
 - old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation
- 4.11 Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, may be indicative of dipping into a hot liquid or bath.

Fractures

- 4.12 Fractures may cause pain, swelling and discolouration over a bone or joint.

4.13 Non-mobile children rarely sustain fractures accidentally.

4.14 There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent with the fracture type
- there are multiple fractures or old fractures (in the absence of major trauma, birth injury or underlying bone disease)
- medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- there is an unexpected fracture in the first year of life

Scars

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

EMOTIONAL ABUSE

4.16 Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. Manifestations of emotional abuse may also indicate the presence of other kinds of abuse.

4.17 The indicators of emotional abuse are often also associated with other forms of abuse.

4.18 Recognition of emotional abuse is usually based on observations over time and the following offer some associated indicators:

Parent / carer & child relationship factors

- abnormal attachment between a child and parent / carer e.g. anxious, insecure or avoidant, indiscriminate or no attachment
- indiscriminate attachment or failure to attach
- conveying to children they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person e.g. persistent negative comments about the child or 'scapegoating' within the family
- developmentally inappropriate or inconsistent expectations of the child which is outside what is considered reasonable and acceptable cultural / legal norms e.g. over-protection, limited exploration and learning, interactions beyond the child's developmental capability, prevention of normal social interaction
- causing children to feel frightened or in danger e.g. witnessing domestic violence, seeing or hearing the ill treatment of another

Child presentation concerns

- behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention
- frozen watchfulness, particularly in pre-school children
- low self esteem, lack of confidence, fearful, distressed, anxious
- poor peer relationships including withdrawn or isolated behaviour

Parent / carer related issues

- dysfunctional family relationships including domestic violence
- parental problems that may lead to lack of awareness of child's needs e.g. mental illness, substance misuse, learning difficulties
- parent or carer emotionally or psychologically distant from child

SEXUAL ABUSE

4.19 Boys and girls of all ages may be sexually abused and, if so, are frequently scared to say anything due to guilt and/or fear. The child may fear s/he will not be believed and/or fear repercussions due to possible threats that may have been made.

4.20 This form of abuse is particularly difficult for a child to talk about and full account should be taken of cultural sensitivities of individual child / family.

4.21 Recognition of sexual abuse can be difficult. There may be no physical signs and indications of sexual abuse are most likely to be emotional / behavioural.

Behavioural indicators

4.22 Behavioural indicators of sexual abuse may include:

- inappropriate sexualised conduct
- sexually explicit behaviour, play or conversation, inappropriate to the child's age
- continual and inappropriate or excessive masturbation
- self-harm (including eating disorder), self mutilation and suicide attempts
- involvement in prostitution or indiscriminate choice of sexual partners
- an anxious unwillingness to remove clothes for sports events (but this may be related to cultural norms or physical difficulties)
- running away

Physical indicators

- sexually transmitted diseases
- vaginal soreness or bleeding
- pregnancy

NEGLECT

4.23 Evidence of neglect is built up over a period of time and can cover different aspects of parenting e.g. neglect of the child's physical needs possibly causing non-organic failure to thrive; neglect of the child's developmental emotional needs which may contribute to cognitive delay; neglect of the child's emotional needs resulting in behavioural markers.

Child related indicators

- non -organic failure to thrive / faltering growth
- delay in achieving developmental, cognitive and / or other educational milestones
- a child who is unkempt or inadequately clothed or dirty or smells
- a child who is perceived to be hungry frequently
- behavioural signs may include a child seen to be listless, apathetic and unresponsive with no apparent medical cause, anxious attachment; aggression; indiscriminate friendliness
- failure of child to grow or develop within normal expected pattern, with accompanying weight loss or speech / language delay
- recurrent / untreated infections or skin conditions e.g. severe nappy rash, eczema or persistent head lice / scabies
- unmanaged / untreated health / medical conditions including poor dental health
- frequent accidents or injuries
- child frequently absent or late at school
- poor self esteem
- child thrives away from home environment

Indicators in the care provided

- failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene
- failure by parents or carers to meet the child's health and medical needs e.g. poor dental health; failure to attend or keep appointments with health visitor, GP or hospital; lack of GP registration; failure to seek or comply with appropriate medical treatment; failure to address parental substance misuse during pregnancy
- a dangerous or hazardous home environment including failure to use home safety equipment; risk from animals
- poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation (including passive smoking) and lack of adequate heating
- lack of opportunities for child to play and learn
- child left with adults who are intoxicated or violent
- child abandoned or left alone for excessive periods

5. PROFESSIONAL RESPONSE

BEING ALERT TO CHILDREN'S WELFARE

5.1 Everybody who works or has 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.

COMMON ASSESSMENT FRAMEWORK

- 5.2 The Common Assessment Framework (CAF) is a nationally standardised approach to conducting an assessment of the needs of a child or young person and deciding how those should be met. The Headmaster as the College Child Protection Officer utilises the Common Assessment Framework (CAF) form, available on www.dcsf.gov.everychildmatters, which is designed to help record and, where appropriate, share with others assessments, plans and recommendations for support.
- 5.3 Use of CAF should not delay referral to CSC if there are concerns that a child is at risk of being abused or neglected. The Headmaster ensures that, within the scope of the current document, any referral to CSC is made within 24 hours of the issue arising.

PROFESSIONAL CONSULTATION

- 5.4 At Bearwood College, referral is the specific responsibility of the Headmaster as the College Child Protection Officer, who may consult, without giving case details, directly with CSC.
- 5.5 There should be no delay in obtaining advice, so that any decision to refer can be followed up immediately.
- 5.6 A formal referral or any urgent medical treatment must not be delayed by the need for consultation.

LISTENING TO THE CHILD

- 5.7 Responsibility for making enquiries and investigating allegations rests with CSC and Police CAIUs, along with other relevant agencies.
- 5.8 Where abuse is alleged, the initial response by professionals should be limited to listening carefully to what the child says so as to:
- clarify the concerns
 - offer re-assurance about how s/he will be kept safe and
 - explain what action will be taken
- 5.9 The child must not be pressed for information, led, cross-examined or given false assurances of absolute confidentiality. Such well-intentioned actions could prejudice police investigations, especially in cases of sexual abuse.
- 5.10 If the child can understand the significance and consequences of making a referral to CSC, s/he should be asked her/his view.
- 5.11 Regardless of the child's view, it remains the responsibility of the member of staff to communicate immediately with the Headmaster as the College Child Protection Officer, to ensure the safety of that child and any other children.

PARENTAL CONSULTATION

- 5.12 Where practicable, concerns should be discussed with the family and agreement sought for a referral to CSC unless this may:
- place the child at risk of significant harm e.g. by the behavioural response it prompts or by leading to an unreasonable delay
 - place a member of staff at risk by the behavioural response it may prompt
 - lead to the risk of loss of evidential material

Decision not to seek parental permission

- 5.13 A decision by any professional not to seek parental permission before making a referral to CSC must be recorded and the reasons given.

Parental permission given

- 5.14 Where a parent has agreed to a referral, this must be recorded and confirmed in the referral to CSC.

Parental refusal of permission

- 5.15 Where the parent refuses to give permission for the referral, the Headmaster as the College Child Protection Officer will record the outcome.

- 5.16 If, having taken full account of the parent's wishes, it is still considered that there is a need for a referral:
- the reason for proceeding without parental agreement must be recorded
 - CSC should be told that the parent has withheld her/his permission
 - the parent should be contacted to inform her/him that after considering their wishes a referral has been made (unless this action might increase the risk of harm to the child)

URGENT MEDICAL ATTENTION

- 5.17 If the child is suffering from a serious injury, medical attention must be sought immediately from Accident & Emergency (A&E).

DUTY TO REFER TO CSC

- 5.18 The Headmaster as the College Child Protection Officer must make a referral to CSC if there are signs that a child under the age of 18 years or an unborn baby:
- is suffering or has suffered significant harm
 - is likely to suffer significant harm or
 - (with agreement of a person with parental responsibility) would be likely to benefit from family support services
- 5.19 The timing of such referrals must reflect the level of perceived risk, but should usually be within 1 working day of the recognition of risk.
- 5.20 In urgent situations, out of office hours, the referral should be made to the emergency duty team.

MAKING THE REFERRAL

- 5.21 Referrals should be made to the CSC office where the child is living.
- 5.22 If the child is known to have an allocated social worker, referrals should be made to her/him, or, in her/his absence to the manager or a duty officer. In other circumstances referrals should be made to the duty officer.
- 5.23 Where available, all relevant information identified in the CAF should be provided in the referral (but absence of information must not delay referral).
- 5.24 The Headmaster must confirm verbal and telephone referrals in writing, within 48 hours, using a multi-agency referral form. Any CAF that has been undertaken should be attached to the referral.
- 5.25 CSC must acknowledge referrals, in writing, within 1 working day of receipt. Where no acknowledgement is received within 3 working days, the referrer must contact CSC again.

Ensuring immediate safety

- 5.26 The safety of children is paramount in all decisions relating to their welfare. Any action taken by members of staff should ensure that no child is left in immediate danger.
- 5.27 The law (s.3 (5) Children Act 1989) empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard her/his welfare.
- 5.28 A teacher, foster carer, childminder or any professional should for example, take all reasonable steps to offer a child immediate protection from an aggressive parent.

RECORDING

- 5.29 The Headmaster as referrer should keep a written record of:
- discussions with child
 - discussions with parent
 - information provided to CSC
 - decisions taken (clearly timed, dated and signed)

End

CHAPTER 5: Recognising Vulnerability of Children in Particular Circumstances

1. INTRODUCTION

- 1.1 This chapter outlines the circumstances of children who may be particularly vulnerable to significant harm and essential safeguards required. Its purpose is to provide information to assist professionals and public in the recognition of concerns requiring referral to CSC and police CAIU.
- 1.2 If a referral is made to CSC, Appendices 6 and 7 apply.

2. ABUSIVE IMAGES OF CHILDREN & INFORMATION & COMMUNICATION TECHNOLOGY (ICT)

- 2.1 An abusive image of a child includes images in photos, films, negatives, video tape, data stored on computers that can be converted into a photo and 'pseudo-photos' (images made by computer graphics etc which appear to be a photo). It also covers electronic images used by video phones and texting.
- 2.2 Abusive images may be found in possession of those who use it for personal use or distributed to children as part of a grooming process.

3. BABYSITTING

- 3.1 There is no minimum age in law below which a child / young person may not 'baby-sit' a younger child. Those who hold parental responsibility are responsible for ensuring the baby-sitter is capable and will provide adequate care and should take account of:
 - age and maturity of child to be looked after
 - age, maturity and experience of the proposed baby-sitter
 - nature of existing relationship between all parties
 - length of time for which the child is to be looked after
 - the physical environment
 - availability of back-up from parent/s or other immediately available adult
- 3.2 The NSPCC recommend 16 as the minimum age for baby-sitting.
- 3.3 If a baby-sitter is aged 16 or over and wilfully assaults, ill-treats, neglects, abandons or exposes a younger child in a manner likely to cause her/him unnecessary suffering or injury to health (or causes to procure the child to be so treated), s/he and the person with parental responsibility who arranged the babysitting are liable to prosecution.

4. BELIEF IN 'POSSESSION' OR 'WITCHCRAFT'

- 4.1 Belief in 'possession' or 'witchcraft' is widespread and not confined to particular countries, cultures, religions or immigrant communities.
- 4.2 The children involved can suffer damage to their physical and mental health, capacity to learn, ability to form relationships and self esteem.
- 4.3 Children may be perceived as being different or difficult, and this attributed to them being 'possessed' or involved in 'witchcraft'. Attempts to 'exorcise' the child may be made and these may involve severe beatings, burning, starvation, cutting or stabbing and/or isolation. This usually occurs within the child's household.
- 4.4 Agencies should look for possible indicators and apply basic safeguarding principles including information sharing across agencies, in order to be able to identify children at risk of this type of abuse.

See Government Guidance "**Safeguarding Children from Abuse Linked to a Belief in Spirit Possession**" (2007).

5. BULLYING

- 5.1 Bullying is a common form of deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for the victims to defend themselves.
- 5.2 It can take many forms, but the 3 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 social activities / acceptance of her/his peer group.
- 5.3 The damage inflicted by bullying is often underestimated and can cause considerable distress to children to the extent that it affects their health and development. In the extreme it can cause significant harm, including self-harm.

RESPONSE

- 5.4 Bullying may involve an allegation of crime e.g. assault, theft, and harassment and should where appropriate be reported by the Headmaster as Child Protection Officer to the police at the earliest opportunity.
- 5.5 Where there are concerns about sexual abuse or serious / persistent physical or emotional abuse, referral must be made by the Headmaster as the College Child Protection Officer to CSC.

6. DISABLED CHILDREN

- 6.1 A disabled child may be especially vulnerable due to:
- a need for practical assistance in daily living, including intimate care from what may be a number of carers
 - carers and staff lacking the ability to communicate adequately with her/him
 - a lack of continuity in care leading to an increased risk that behavioural changes may go unnoticed
 - carers working with the child in isolation
 - physical dependency with consequent reduction in ability to be able to resist abuse
 - an increased likelihood that the child is socially isolated
 - lack of access to 'keep safe' strategies available to others
 - communication or learning difficulties preventing disclosure
 - parents'/carers' own needs and ways of coping may conflict with the needs of the child
 - bullying and intimidation
 - abuse by peers
 - fear of complaining in case services withdrawn
 - some sex offenders may target disabled children in the belief that they are less likely to be detected

ESSENTIAL SAFEGUARDS

- 6.2 Safeguards for disabled children are essentially the same as for non disabled children and should include enabling them to:
- make their wishes and feelings known
 - receive appropriate personal, health and social education, including sex education
 - raise concerns
 - have access to more than 1 adult with whom they can communicate

7. DOMESTIC ABUSE

- 7.1 Domestic abuse is a broad description of situations that develop within the home / family environment where power is exercised to the detriment of one party.
- 7.2 Such situations may involve threatening behaviour or abuse (psychological, physical, sexual, financial or emotional) between adults who live in the same household or where one adult lives in the household and the other is a regular visitor e.g. partners, ex-partners and family members.
- 7.3 Domestic abuse may be exacerbated by mental illness, substance misuse (including alcohol), homelessness and housing need.

Possibility of Significant Harm

- 7.4 Where there is domestic abuse, the implications for the children in the household must be considered because research indicates a strong link between domestic abuse and all types of child abuse and neglect.
- 7.5 Children's exposure to parental conflict, even where abuse is not present, can lead to serious anxiety and distress.
- 7.6 A child may also be the victim of domestic abuse through her or his own involvement in a violent relationship e.g. a young person may be involved in a relationship with a violent girlfriend / boyfriend.
- 7.7 Domestic abuse can have a serious impact on a child's development and emotional well-being. significant harm to the child as a result of domestic abuse may arise from:
- the adverse psychological effect of witnessing or being aware of threats of, or actual, abuse between adults
 - physical injury, either by accident in the midst of a violent incident or by design from a violent adult, including harm to the unborn baby

- a negative impact on the victim's ability to look after her/his child/ren as a result of physical assaults and/or psychological abuse
- being drawn into the abuse or pressurised into concealing the assaults

Possible indicators of domestic abuse

- evidence of single or repeated injuries with unlikely explanations
- frequent use of prescribed tranquillisers or pain medication
- injuries to the breast, chest and abdomen especially during pregnancy
- evidence of sexual or frequent gynaecological problems
- frequent visits to GP with vague complaints or symptoms
- stress or anxiety disorders; isolation from friends, family or colleagues; depression, panic attacks or other symptoms; alcohol and/or drug abuse; suicide attempts or child acting out at school
- appearing frightened, ashamed or evasive; a partner who is extremely jealous or possessive; minimisation of abuse accepting blame for 'deserving' the abuse

7.8 When a victim is not being seen alone, staff should also be alert to the following combination of signals:

- the victim waits for her/his partner to speak first
- the victim glances at her/his partner each time s/he speaks, checking her/his reaction
- the victim smooths over any conflict
- the partner speaks for most of the time
- the partner sends clear signals to the victim, by eye / body movement, facial expression or verbally, to warn them
- the partner has a range of complaints about the victim, which s/he does not defend

Agency assessments

The Headmaster as the College Child Protection Officer should consider the possibility of domestic abuse and ensure organisational responses safeguard the child and take account of the non-abusing parent.

Consideration must also be given to young people who may themselves be in violent relationships.

7.9 Practitioners should be aware that some victims may face additional difficulty in disclosing abuse for instance:

- older or disabled victims may be dependent on the abuser for care
- parents may fear the removal of children (it is important to stress that unless there is evidence of serious neglect or abuse this fear is almost certainly unfounded)
- victims from black or ethnic minority groups, where the abuse is perpetrated by extended family members or relate to forced marriage issues, may be more isolated due to religious and/or cultural pressures, language barriers, having no recourse to public funds or fear of bringing shame to their 'family honour'
- male victims who feel ashamed due to perceived stigma attached to being a man who lets a woman be violent towards him
- victims from same sex relationships who fear stigma and prejudice
- victims with other problems e.g. mental health or substance misuse issues, may fear that they will not be believed

7.10 Victims will want the abuse to stop, but may want to save the relationship.

7.11 Victims are at most risk at the point of leaving, or having recently left the violent partner and may need support.

7.12 Dealing with the abuse is a complex process that will take time to resolve in a way that is effective in the long term, and there may be repeated requests for help. A victim may need continuing support and the full range of services each time, not less.

Referral to CSC

7.13 The Headmaster as the College Child Protection Officer will inform CSC if:

- there has been one serious or several lesser incidents of domestic abuse with child in the household, regardless of whether or not the child/ren is present at the time e.g. injury to parent (see also 'Working Together to Safeguard Children', 2006, p.203)
- an alleged victim is a child her/himself

- a parent is fleeing domestic abuse, leaving a child/ren with the allegedly violent partner - the home CSC should be informed
 - a parent and child/ren are fleeing domestic abuse (the victim may return to the home and/or the alleged perpetrator may seek them out) - the home CSC service should be informed
 - the alleged victim is pregnant
 - there is a baby in the household
 - there have been any previous serious incidents
 - there is a history of aggressive abuse or 'stalking' by the perpetrator (this may include convictions)
 - there are / have been allegations of sexual assault
 - the child/ren have witnessed or been distressed through hearing incident/s of domestic abuse
- 7.14 Consideration must be given to sharing information if there are, or have been:
- parental difficulties e.g. with respect to mental health, substance misuse, parental learning disability
 - previous child welfare concerns
 - concerns about abuse of animals (research has noted a link between abuse of animals and child protection concerns)
 - knowledge of any particular stressors in the family e.g. disability or health related, housing / immigration / legal / financial
- 7.15 Any decision (and its rationale) not to liaise with CSC must be recorded.

8. FORCED MARRIAGE

DEFINITION

- 8.1 A 'forced' marriage (as distinct from a consensual 'arranged' marriage) is defined as one conducted without the valid consent of at least one of the parties and where duress is a factor.
- 8.2 Duress cannot be justified on religious or cultural grounds.
- 8.3 Forced marriages of children may involve non-consensual and/or underage sex, emotional and possibly physical abuse and should be regarded as a child protection issue and referred to CSC.
- 8.4 Although there is no specific criminal offence of a forced marriage, the forced marriages of children (and vulnerable adults) may involve one or more criminal offences e.g. common assault, cruelty to persons under 16, child abduction, rape, kidnapping, false imprisonment and even murder.
- 8.5 Forced marriage is primarily, but not exclusively, an issue of abuse against girls and young women: 'Most cases involve young women aged between 13 and 30, although there is evidence to suggest that as many as 15% of victims are male'.
- 8.6 Whilst the majority of cases encountered in the UK involve South Asian families, partly reflecting the composition of the UK population, there have been cases involving families from East Asia, the Middle East, Europe and Africa.
- 8.7 Some forced marriages take place in the UK with no overseas element, whilst others involve a partner coming from overseas or a British citizen being sent abroad.

RECOGNITION

- 8.8 Victims of existing or prospective forced marriages may be fearful of discussing their worries with friends and teachers, but may come to the attention of professionals for various behaviours or circumstances consistent with distress. These may include:
- a family history of siblings being forced to marry or to marry early
 - a sibling who suddenly disappeared or went abroad
 - frequent authorised absences or truancy from school / lessons
 - social isolation
 - a sudden decline in education performance, aspirations or motivation
 - unreasonable restrictions on the child's liberty e.g. accompanied to / from school, not allowed to attend extra-curricular activities
 - depression, self harming behaviour, eating disorders
 - lethargy and inability to concentrate
 - physical and domestic abuse
 - running away from home

- reports of having left the country suddenly or being on an extended family holiday

Response

- 8.9 The child must be provided by the Headmaster as the College Child Protection Officer with the opportunity to speak on her/his own, in a private place. S/he may face Significant Harm if her/his family learn that s/he has sought help or advice. Mediation should not be attempted.
- 8.10 Where there is information of an existing or prospective forced marriage of a child aged less than 18 years, child protection issues should be addressed by referral by the Headmaster as the College Child Protection Officer to CSC, without prior discussion with the family or community.
- 8.11 There should be a clear record of decisions made, including any decision not to consult or not to refer to CSC.

Further guidance & advice

- 8.12 The Headmaster as the College Child Protection Officer should be familiar with and should share information from:
- The Right to Choose - Multi Agency Statutory Guidance for Dealing with Forced Marriage, DCSF 2008.
 - Dealing With Cases of Forced Marriage: Guidance for Police Officers Home Office 2005
 - Young People & Vulnerable Adults Facing Forced Marriage: Practise Guidance for Social Workers, Foreign & Commonwealth Office, March 2004
 - Young People & Vulnerable Adults Facing Forced Marriage: Guidance for Education Professionals, Foreign & Commonwealth Office, January 2005

9. LIVING AWAY FROM HOME

- 9.1 Revelations of widespread abuse and neglect of children living away from home have done much to raise awareness of the particular vulnerability of children in these circumstances.
- 9.2 These circumstances include boarding schools, children's homes, foster carers, private fostering, hospitals, prisons, young offender institutions, secure training centres, secure units, army bases, foreign students and foreign exchange visits.
- 9.3 Disabled children are particularly vulnerable when living / staying in such settings.
- 9.4 In addition to Sexual Abuse and Physical Abuse, such children may experience Emotional Abuse and Neglect, including peer abuse, bullying and substance misuse, which are a particular threat in institutional settings.

ESSENTIAL SAFEGUARDS

- 9.5 Safeguards which should be observed in such settings (and explicitly addressed in contracts with external providers) include the need for:
- children to be valued and respected: staff must communicate directly with them using appropriate verbal and / or non-verbal means and recognise the importance of ascertaining their wishes and feelings
 - care providers to be appropriately recruited, assessed and trained
 - children to have access to a trusted adult outside of the institution / family and the institution itself be open to the external world and scrutiny
 - clear procedures for complaints, safeguarding concerns, concerns about staff / carers and 'whistle blowing' arrangements
 - respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability
 - effective supervision and support, extending to temporary staff and volunteers

FOREIGN EXCHANGE VISITS

- 9.6 Children on foreign exchange visits typically stay with a family selected by the school in the host country. Where this is for a period of less than 28 days they are not 'privately fostered'.
- 9.7 In these circumstances the only agency involved is education, with the school making arrangements to select host families and to negotiate the provision of families abroad.
- 9.8 In the event that a child in a household is subject to a Child Protection Plan or is the subject of a Section 47 Enquiry, the household should (until there is a satisfactory resolution of concerns) be regarded by the school as unsuitable to receive a pupil from an overseas school.

- 9.9 Schools should take reasonable steps to ensure that relevant schools abroad take a comparable approach.

10. MENTAL HEALTH OF PARENT OR CARER

DEFINITION

- 10.1 For the purposes of safeguarding children the mental health or mental illness of the parent or carer should be considered in the context of the impact of the illness on the care provided to the child.

RECOGNITION

- 10.2 The majority of parents who suffer significant mental ill-health are able to care for and safeguard their child/ren and/or unborn child, but it is essential always to assess the implications for each child in the family.
- 10.3 In some cases, especially with regard to enduring and/or severe parental mental ill health or where there is associated family disharmony / break-up, the parent's condition will seriously affect the safety, health and development of children.
- 10.4 The following parental risk factors may justify a referral by the Headmaster as the College Child Protection Officer to CSC for an assessment of the child's needs:
- previous history of parental mental health especially if severe and/or enduring condition
 - predisposition to, or severe post natal illness
 - delusional thinking involving the child
 - self-harming behaviour and suicide attempts (including attempts that involve the child)
 - altered states of consciousness e.g. splitting / dissociation, misuse of drugs, alcohol, medication
 - obsessional compulsive behaviours involving the child
 - non-compliance with treatment, reluctance or difficulty in engaging with necessary services, lack of insight into illness or impact on child
 - disorders designated 'untreatable' either totally or within time scales compatible with the child's best interests
 - mental illness combined with domestic violence and/or relationship difficulties
 - unsupported and/or isolated mentally ill parents
 - parental inability to anticipate needs of the child
- 10.5 The following child related factors may justify a referral by the Headmaster as the College Child Protection Officer to CSC for an assessment of the child's needs:
- a child acting as a young carer for a parent or a sibling
 - child having restricted social and recreational activities
 - child's physical and emotional needs neglected (may be associated with parental depression)
 - impact has been observed on child's growth, development, behaviour and/or mental / physical health, including alcohol/substance misuse and self-harming behaviour
 - the parent / carer's needs or illnesses taking precedence over the child's needs
 - insufficient alternative care for the child within extended family to prevent harm

RESPONSE

Importance of working in partnership

- 10.6 Adult and child mental health professionals, children's social workers, health visitors and midwives, school nurses and education services must share information in order to be able to assess risks.

11. CHILD VICTIMS OF TRAFFICKING

Definitions

- 11.1 Trafficking is defined as 'the recruitment, transportation, transfer, harbouring or receipt of persons by means of threat, or use of force or other forms of coercion for the purpose of sexual or commercial exploitation or domestic servitude'.
- 11.2 Trafficking involves a collection of crimes, spanning a variety of countries and involving an increasing number of victims, who experience considerable suffering. Trafficking of children includes:
- exploitation by force, coercion, threat e.g. prostitution and other forms of sexual

exploitation, labour exploitation (inc. domestic service, sweatshop and restaurant work), begging, picking pockets, benefit fraud, drug mules, trade in human organs

- use of deception and human rights abuses e.g. debt bondage, deprivation of liberty and lack of control over one's labour

11.3 Children may be brought into the UK for the purposes of trafficking through various means including:

- unaccompanied asylum seekers, students, visitors
- adults accompanying the child and s/he is their dependant
- adults meeting child at airport claiming to be a relative
- internet transactions
- foster arrangements
- contracts as domestic staff
- 16 or 17 year olds tricked into bogus marriages for the purpose of forcing them into prostitution

11.4 Trafficking is not just about children being brought into the country for vice against their knowledge. Some children may be manipulated into believing that they will have the potential to earn money to send home to improve the lives of their families.

Risk indicators

11.5 A number of factors may indicate that a child has been trafficked (though they may alternatively / additionally indicate other concerns):

- a child may present as unaccompanied or semi accompanied e.g. by person/s who are not the parents and with whom the child appears to have a poor relationship or is unable to confirm which adult is going to accept responsibility for her/him
- child may go missing / missing for periods
- multiple use of the same address may indicate it is an 'unsafe house' or that it is being used as a sorting house
- child has entered the country illegally
- contracts, consent and financial inducement with parents may become apparent
- child has exorbitant debts, perhaps for the travel costs, before being able to have control over her/his own earnings
- child hands over a large part of her/his earnings to another person
- child hints at threats to family in her/his home country for non co-operation or disclosure
- mention of financial bonds and withholding of documents
- child has a history with missing links and unexpected moves
- child required to earn a minimum amount of money every day
- child works in various locations
- child has limited freedom of movement
- child is known to beg for money
- child is excessively afraid of being deported
- child had her/his journey or visa arranged by someone other than self / own family and/or does not have possession of her/his own travel documents
- child has false papers provided by another person
- false hopes of improvement in her/his life (escaping war, famine, poverty or discrimination)
- child has no financial resources, but has a mobile phone
- the person in control of the child has applied for visas on behalf of many others, or acts as guarantor for other visa applications
- the person who guarantees the visa application has acted for other visitors who have not returned to countries of origin on expiry of the visa
- child is driven around by an older male / boyfriend
- child is withdrawn / refuses to talk
- child shows signs of sexual behaviour or language
- child shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted disease
- child has not been registered with or attended a GP practice, nor been enrolled in school (or attended for a term or so before disappearing -schools need to look out for patterns of registration and de-registration)

11.6 Children are also trafficked for purposes of domestic labour. This may be less obvious, and their use to the family more likely to be picked up during a private fostering assessment, or because someone

notices they are living at a house but not in school etc.

- 11.7 Children, who enter the UK, apparently as part of family re-unification can be particularly vulnerable to domestic exploitation.
- 11.8 Trafficked children who need healthcare are more likely to be seen at A & E or minor injury units, than by primary care services. Reception staff need to be alert to inconsistencies in addresses, deliberate vagueness and children or carers being unable to give details of next of kin, names, phone numbers etc.
- 11.9 When children or their carers give addresses in other countries, with the information that the child is resident outside of the UK, reception staff should always record the current holiday address as well as the home address in the other country.
- 11.10 Staff need to be alert to 'local holiday' addresses in case patterns emerge that would suggest large numbers of children moving in and out of one address. Home visitors such as health visitors and nurses who may follow up visits to A & E should also be alert to the moving in and out and rapid turnover of different children to any one address.
- 11.11 Child protection procedures will always apply where there is suspicion that a child may be being trafficked and the police or CSC must be informed by the Headmaster as the Bearwood College Child Protection Officer.

12. PARENTAL INVOLVEMENT IN PROSTITUTION

- 12.1 Involvement of family members in prostitution does not necessarily mean children will suffer significant harm. Risks to the children in these circumstances come from the following potential sources:
 - exposure of the child to unsuitable adults and sexual activity / materials, especially if the parent works from home
 - the child being left alone whilst the parent is working
 - being left with responsibility for younger siblings
 - inconsistent care - e.g. if the parent is imprisoned
 - factors associated with drug / alcohol misuse and /or mental health difficulty

13. PARENTAL LEARNING DISABILITY

DEFINITION OF LEARNING DISABILITY

- 13.1 Some people with 'learning disabilities' prefer to refer to themselves as having learning difficulties; other people have difficulties in learning but do not meet the core criteria for an individual to be described as 'learning disabled'.
- 13.2 The term 'learning disability' does not describe a homogenous group. However, for the purposes of these procedures, 'parental learning disability' refers to adults who are or may become parents / carers for children and who meet the 3 core criteria which describe an individual as 'learning disabled':
 - **significant impairment of intellectual functioning:** i.e. individuals with an IQ of 69 or below - this is not a hard and fast rule; overall IQ scores can be subject to interpretation either way for a variety of clinical reasons
 - **significant impairment of adaptive / social functioning:** i.e. how an individual copes with every-day demands of community living; impairment of adaptive / social functioning might be considered to be present if s/he needs assistance with survival (eating, drinking, clothing, hygiene and provision of basic comforts) or with social problem solving and social reasoning
 - **age of onset before adulthood:** in order for an individual to be considered as 'learning disabled', impairment i.e. of intellectual adaptive / social functioning usually needs to have been present before the age of 18 years

RECOGNITION OF PARENTAL LEARNING DISABILITY

- 13.3 It is not always clear whether or not a parent / carer has a learning disability, but the following may help its identification:
 - reference to medical records can sometimes provide evidence
 - reference to educational records (where it is less than 5 years since leaving school) can provide evidence of a learning disability e.g. a statement of special education needs
 - personal history involving attendance at special schools
 - severe difficulties with literacy or numeracy (verbal reasoning often masks this difficulty)
 - enquiries made of the Learning Disability Register maintained by Adult Services (CSC)

IMPACT OF PARENTAL LEARNING DIFFICULTY

- 13.4 The ability of learning disabled parents to provide a reasonable standard of care will depend on their own individual abilities, circumstances and the individual needs of the child.
- 13.5 Learning disabled parents may need support to develop the understanding, resources, skills and experience to meet the needs of their child.
- 13.6 Such support is particularly important if they also experience additional stressors e.g. having a disabled child, domestic violence, poor physical or mental health, substance misuse, social isolation, poor housing, poverty or a history of growing up in care.
- 13.7 Such increased stressors, when combined with parental learning disability, are likely to lead to concerns about the care of children.
- 13.8 Para. 9.21 of *Working Together to Safeguard Children* 2006 states that children of parents with learning disabilities are at increased risk from inherited learning disability and more vulnerable to psychiatric disorders and behavioural problems.
- 13.9 Children of parents with learning disabilities may assume the responsibility of looking after their parent and /or siblings, one or more of whom may be learning disabled.
- 13.10 Learning disabled parents are sometimes targeted by individuals who may pose a risk to children and the children could in these situations be vulnerable to abuse and neglect.

14. PARENTAL MISUSE OF DRUGS OR ALCOHOL

RECOGNITION

- 14.1 Parental misuse of drugs or alcohol becomes relevant to child protection when the misuse of the substances impacts on the care provided to their child/ren.
- 14.2 Substance misuse may include experimental, recreational, poly-drug, chaotic and dependent use of alcohol and / or drugs.
- 14.3 Misuse of drugs and/or alcohol is strongly associated with Significant Harm to children, especially when combined with other features such as domestic violence, mental illness.
- 14.4 The risk to child/ren may arise from:
- use of the family resources to finance the parents' dependency, characterised by inadequate food, heat and clothing for the children
 - exposing children to criminal or other inappropriate adult behaviour
 - unsuitable care givers or visitors - e.g. customer or dealers
 - being passengers in a car being driven by a driver who has been drinking or using drugs
 - effects of alcohol which may lead to dis-inhibited behaviours e.g. inappropriate display of sexual and/or aggressive behaviour
 - chaotic drug use which may lead to increased irritability, emotional unavailability, irrational behaviour and reduced parental vigilance
 - withdrawal symptoms including mood disturbances
 - unsafe storage of drugs or injecting equipment
 - adverse impact of growth and development of an unborn child
 - increased risk of the child developing alcohol and drug use problems themselves (and associated risks of unwanted sexual encounters and injuries through fighting / accidents)
- 14.5 Parental non-compliance with treatment plans should raise professional concerns about the risk to the children.

IMPORTANCE OF WORKING IN PARTNERSHIP

- 14.6 Working in partnership across agencies and services is vital for an effective assessment of risk and to ensure the safety of child/ren. This involves:
- communication
 - sharing of information
 - co-ordination of responses

DURING PREGNANCY

- 17.10 When the Headmaster as the Bearwood College Child Protection Officer is aware a pregnant woman or her partner is involved in significant substance misuse a referral must be made to CSC if one or

more of the following criteria is met:

- a previous child has been removed or is living permanently with another carer
- the woman has been using heroin, methadone, cocaine or comparable substances for a significant period
- the woman is continuing to use heroin or misuse methadone and making insufficient preparations for her baby's arrival
- the woman's use is characterised by use of multiple drugs / drugs and alcohol
- the family's lifestyle is known or reported to be chaotic and / or unhygienic
- another household member is known or reported to be involved in significant substance misuse
- the absence of extended family / friends able to provide extensive support to the substance misusing prospective parent/s

18. RACIAL OR RELIGIOUS HARASSMENT

- 18.1 Children and families from ethnic groups (both white and black skinned) may have experienced harassment, racial and / or religious discrimination and institutional racism.
- 18.2 Families may suffer religious and/or racial harassment sufficient in frequency and seriousness to undermine parenting capacity. In responding to concerns about children in the family, full account needs to be taken of this context and every reasonable effort made to end the harassment.
- 18.3 Effects of racism / religious harassment vary amongst communities and individuals, and should not be assumed to be uniform.
- 18.4 Experience of racism and religious harassment is likely to affect how a child and family behave, in particular in response to assessment and enquiry processes.

RESPONSE

- 18.5 All professionals have a responsibility to recognise racial and religious harassment. Failure to protect a child from racism or religious harassment (whether it originates from within or outside of the family) or take action when racism or religious harassment is being alleged is likely to undermine all other efforts being made to safeguard or promote the welfare of the child.
- 18.6 Racism and racial harassment should be referred by the Headmaster as the College Child Protection Officer to CSC when significant harm is suspected.

19. SELF HARM & SUICIDAL BEHAVIOUR

DEFINITION

- 19.1 Self harm, self mutilation, eating disorders, suicide threats and gestures by a child must always be taken seriously and may be indicative of a serious mental or emotional disturbance.

RECOGNITION

- 19.2 In most cases of deliberate self harm the young person should be seen as a child in need and offered help via the school counselling service, the GP, child & adolescent mental health service (CAMHS) or other therapeutic services e.g. paediatric or psychiatric services.
- 19.3 The possibility that self-harm, including a serious eating disorder, has been caused or triggered by any form of abuse or chronic neglect should not be overlooked.
- 19.4 The above possibility may justify a referral by the Headmaster as the College Child Protection Officer to CSC for an assessment as a **Child in Need** and/or a child in need of protection.
- 19.5 Consideration must also be given to protect children who engage in high risk behaviour which may cause serious self injury such as drug or substance misuse, running away, partaking in daring behaviour e.g. running in front of cars etc (all of which may indicate underlying behavioural or emotional difficulties or abuse).

RESPONDING TO INCIDENTS OF SELF HARM

- 19.6 It is good practice, **whenever** a child / young person is known to have either made a suicide attempt or been involved in self harming behaviour, for the Headmaster as the College Child Protection Officer to participate in a multi-disciplinary risk assessment, along with an assessment of need.
- 19.7 Any child under 12 reported to be self harming must be the subject of a comprehensive paediatric assessment leading to a possible referral to CAMHS.

- 19.8 This must be undertaken as a matter of urgency for any child aged under 5.
- 19.9 In addition to the normal child protection procedures the following procedures may apply.

Child presented at school

- 19.10 All school personnel who come into contact with a child who is self harming should inform the Headmaster as the College Child Protection Officer.
- 19.11 Information should also be passed to the College Sister who will liaise with the child's GP where necessary.
- 19.12 The College should make arrangements to interview the child and ascertain whether the difficulties presented can be resolved with her/him and their parents within the school environment or whether outside help from other professionals is required.

20. YOUNG CARER

DEFINITION

- 20.1 A young carer is a young person under 18 who has a responsibility for caring on a regular basis for a relative (or very occasionally a friend) who has an illness or disability. This can be primary or secondary caring and leads to a variety of losses for the young carer.

RECOGNITION & RESPONSE

- 20.2 Many young carers experience:
- low level of school attendance
 - some educational difficulties
 - social isolation
 - conflict between loyalty to family and their wish to have their own needs met
- 20.3 It is often difficult to identify young carers because they may remain silent, whilst trying to keep the family together. The problem of identification can be further compounded where there is an able bodied adult/s within the home. It is easy to assume s/he is undertaking all of the care, though may in fact, be working long hours to keep the family financially secure and delegating caring responsibilities to the child.
- 20.4 All agencies in contact with young carers should consider if they are in need of support services in their own right.
- 20.5 The extent and effect of caring responsibilities may satisfy the criteria of Section 17 (1) Children Act 1989 for '**Children in Need**' i.e. where a child is 'unlikely to achieve or maintain a reasonable standard of health or development' because of those responsibilities.
- 20.6 If the Headmaster as the College Child Protection Officer is concerned that the young carer is at serious risk of neglect, abuse or harm, this must be referred to CSC.
- 20.7 Unless there is reason to believe it would put her/him at risk, a young carer should be told if there is a need to make a referral. If possible, the young carer's consent should be sought through a discussion of why the referral must be made and possible outcomes.
- 20.8 In those situations where the child does not give consent, but it is still considered necessary to make a referral, s/he should be kept informed of all decisions made, and offered support throughout.

End

CHAPTER 6: Abuse by Children

1. SCOPE

- 1.1 This procedure is additional to the usual procedures for all children and applies when there is an allegation or suspicion that a child has abused or is at risk of abusing another child or adult, including both those:
- outside of the child's immediate household and
 - within her/his household e.g. sibling abuse

2. THRESHOLD FOR REFERRAL

Child Victim

- 2.1 Severe harm may be caused to children by abusive and bullying behaviour of other children, which may be physical, sexual or emotional and such abuse must be taken as seriously as abuse perpetrated by an adult.
- 2.2 The same signs and symptoms of abuse that pertain to the abuse of children by adults are applicable to the abuse of children by other children.
- 2.3 The effect on the victim of intimidation and peer pressure by their abuser may make disclosure difficult for the victim.
- 2.4 In sexual abuse between children it is important to determine what is developmentally normal sexual experimentation and what is coercive
- 2.5 Professionals must decide in the circumstances of each case whether or not behaviour directed at another child should be categorised as 'abusive' and it will be helpful to consider the following factors:
- relative chronological and developmental age of the 2 children (the greater the difference the more likely the behaviour should be defined as abusive)
 - a differential in power or authority (e.g. related to race or physical or intellectual vulnerability of the victim)
 - actual behaviour (both physical and verbal factors must be considered)
 - whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation
 - physical aggression, bullying or bribery
 - the victim's experience and perception of the behaviour
 - attempts to ensure secrecy
 - an assessment of the change in the behaviour over time (whether it has become more severe or more frequent)
 - duration and frequency of behaviour
- 2.6 When there is suspicion or an allegation of a child having sexually abused or being likely to sexually abuse another child (or an adult), it should be referred immediately to CSC or the CAIU.

Adult Victim

- 2.7 If allegations concern abuse of an adult by a child, the police would normally undertake the criminal investigation, but CSC should be advised of any allegation of abusive behaviour by a child, irrespective of the age of the victim.

Alleged Abuser

- 2.8 The possibility the abuser is or was also a victim should be considered.

Bullying

- 2.9 Bullying is a common form of deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for the victims to defend themselves.
- 2.10 The damage inflicted by bullying is often underestimated and can cause considerable distress to children to the extent that it affects their health and development. In the extreme it can cause significant harm, including self-harm.
- 2.11 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 social activities. Perpetrators and victims of bullying may be male or female.
- 2.12 All settings in which children are provided with services or are living away from home are required to adopt policies to combat bullying and in the first instance cases should be dealt with under such

policies.

- 2.13 Where there are concerns about sexual abuse or serious or persistent physical or emotional abuse, referrals should be made to CSC or the police CAIU.
- 2.14 Bullying may involve an allegation of crime (assault, theft, harassment) and this must be reported to the police at the earliest opportunity.

Schools' Role in Recognition of Abuse

- 2.15 Concerns about possible abuse by one child of another are frequently first considered within a school environment and it may frequently be unclear if the circumstances should be considered under child protection procedures or not.
- 2.16 Where it is clear that the concern is one of child protection there should be no delay in the referral by the Headmaster as the Bearwood College Child Protection Officer to CSC or the CAIU e.g. disclosure or witnessing of sexual abuse or allegation of physical assault.
- 2.17 Where further assessment is required prior to deciding the extent and nature of the concerns, the school should:
 - ensure parents / guardian of both victim and alleged perpetrator/s are advised and invited to be present when the children are interviewed formally
 - provide pupils with the opportunity to record or dictate in their own words their version of events
 - consider any need to separate the alleged victim and perpetrator in the classroom, in the school and the possible need to send one or both home
 - not interview either child on their own after the preliminary interview following the complaint/concern - they should be accompanied by a parent or guardian
 - keep a written record of pertinent information including date, time, those present and signature - a diagram / photo of the room / playground may be useful, as well as a description of who was present etc
 - provide the child with the opportunity to confirm the accuracy of the record and record any disagreement

End

CHAPTER 7: Abusive Images of Children & Information Communication Technology (ICT)

1. DEFINITION

- 1.1 For the purposes of child protection, abusive images of children can be divided into:
- those which are unlawful and
 - material, which although lawful, would give cause for concern and indicate that the person possessing it may pose a risk to children

Unlawful Material

- 1.2 An abusive image of a child under the age of 18 years old includes images in photographs, films, negatives, video tape, data stored on computers that can be converted into a photograph and 'pseudo-photographs' (images made by computers graphics, or other means, which appear to be a photograph). This also covers electronic images used by video phones and texting.
- 1.3 It is for a court to decide what is 'indecent' by application of recognised standards of propriety.
- 1.4 Possession of such material is an offence. Taking, showing or distributing such material amounts to a more serious offence.

Lawful Material

- 1.5 Lawful material falls outside the above definition, but may involve children in an indecent or sexual context. This could include pictures, cartoons, literature or sound recordings e.g. books, magazines, audio cassettes, tapes, CDs.

2. RECOGNITION

- 2.1 Abusive images may be found in the possession of those who use it for personal use or distributed to children as part of the grooming process.

Use of the Internet

- 2.2 The internet has become a significant tool in the distribution of abusive images of children, enabling ready access to such material. It may be downloaded and printed off in picture form or stored electronically on the hard drive of a computer, CD Rom, floppy disc etc.
- 2.3 Some adults use it to establish contact with children with a view to grooming them for inappropriate or abusive relationships. This may be accomplished through 'chat rooms' or contact by e-mail and may constitute an offence under The Sexual Offences Act 2003.
- 2.4 Children may be encouraged to access abusive images of children themselves through using apparently innocent words in an internet search engine.
- 2.5 Parents may wish to seek advice from their internet service provider of software programmes to limit access to sites that may be unsuitable for children.
- 2.6 See contact details in Appendix 2, Key National Contacts for sources of advice on internet safety.

3. RESPONSE

- 3.1 Parents should inform police if they are aware that a child has been the recipient of any suspicious contact through the internet or in receipt of abusive images, as described above.
- 3.2 Police must be informed of any information that a person may be in possession of abusive images of children or have placed / accessed abusive images of children on the internet.
- 3.3 Any information that a child may have been inappropriately contacted or approached, directly or via the internet, should also be passed to the police.
- 3.4 The police CAIU can provide advice generally on matters of abusive images of children to other agencies.

End

CHAPTER 8: Domestic Abuse

1. INTRODUCTION

- 1.1 Police are often the first point of contact with victims and they (or any other agency that becomes aware of domestic abuse) should safeguard the victim **and**:
- ascertain whether there are any children living in the household or if the victim is pregnant
 - make a preliminary determination of the degree of exposure of the children to the incidents of abuse and its consequent impact
 - provide the victim with information on local support services and refuge details, taking into account any ethnic or cultural issues (i.e. National Helpline, local specialist agencies / help-lines, Woman's Aid, Victim Support - details available from local domestic abuse forums)
- 1.2 On notification / disclosure / suspicion of domestic abuse within a family, all agencies including Bearwood College must immediately consult existing records and consider what else is known of the family and any previous domestic incidents.

INFORMATION SHARING

- 1.3 Multi-agency work and information sharing is crucial in safeguarding children in situations of domestic abuse.
- 1.4 Each case should be judged on its own merits, but there are times when best practice is to share information / make referrals, even when this is initially without the knowledge of the parties involved or contrary to their specific wishes.
- 1.5 The decision to share or not to share information of domestic abuse incidents or concerns must be recorded, with its rationale.
- 1.6 Information must be shared with CSC if:
- there has been one serious or several lesser incidents of domestic abuse where a child is resident in the household, regardless of whether or not the child is present at the time of the incident e.g. injury to parent - see: 'Working Together to Safeguard Children', HMSO, 2006, p.203
 - an alleged victim is a child her/himself
 - a parent is fleeing domestic abuse, leaving a child/ren with the allegedly violent partner
 - a parent and child/ren are fleeing domestic abuse (the victim may return to the home and/or the alleged perpetrator may seek them out)
 - the alleged victim is pregnant
 - there is a baby in the household
 - there have been previous serious incidents
 - there is a history of aggressive abuse or 'stalking' by the perpetrator (this may include convictions)
 - there are / have been allegations of sexual assault or rape
 - the child/ren have witnessed or been distressed through hearing incident/s of domestic abuse
- 1.7 Consideration must be given to sharing information if there are or have been:
- parental difficulties e.g. mental health, substance misuse, parental learning disability
 - previous child welfare concerns
 - concerns about abuse of animals
 - knowledge of any particular stressors in the family e.g. disability or health related, housing / immigration / legal / financial / social isolation
 - separation / contact issues

End

CHAPTER 9: Female Genital Mutilation

1. DEFINITION

- 1.1 Female genital mutilation (FGM) is a collective term for procedures which include the removal of part / all external female genitalia for cultural or other non-therapeutic reasons.
- 1.2 The practice is not required by any major religion and is medically unnecessary, painful and has serious health consequences at the time it is carried out and in later life.
- 1.3 The procedure is typically performed on girls aged between 4 and 13, but is also performed on new born infants and on young women before marriage / pregnancy. A number of girls die as a direct result of the procedure, from blood loss or infection.
- 1.4 Girls may be circumcised or genitally mutilated illegally by doctors or traditional health workers in the UK, or sent abroad for the operation.

2. LAW

- 2.1 Female circumcision, excision or infibulation (female genital mutilation) is illegal in this country by the Female Genital Mutilation Act 2003, except on specific physical and mental health grounds.
- 2.2 It is an offence to:
 - undertake the operation (except in specific physical or mental health grounds)
 - assist a girl to mutilate her own genitalia
 - assist a non-UK person to undertake FGM of a UK national outside UK (except in specific physical or mental health grounds)
 - assist a UK national or permanent UK resident to undertake FGM of a UK national outside the UK (except in specific physical or mental health grounds)

3. RECOGNITION

- 3.1 Any medical provision for a pregnant woman who has herself been the subject of female genital mutilation provides the opportunity for recognition of risk and preventative work with parents.
- 3.2 A child may be considered at risk if it is known older girls in the family have been subject to the procedure. Pre-pubescent girls 7 to 10 are at highest risk, though the practice has been reported amongst babies.
- 3.3 Suspicions may arise if a family is known to belong to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning school absence and the child may refer to a 'special procedure' taking place.
- 3.4 Indications that FGM may have already occurred include:
 - prolonged school absence with noticeable behaviour change on return
 - bladder and menstrual problems
 - reluctance to receive medical attention or participate in sport

4. RESPONSE

- 4.1 Any suspicion of intended or actual FGM must be referred by the Headmaster as the College Child Protection Officer to CSC.

End

CHAPTER 10: Forced Marriages

- 1.1 The Headmaster as the College Child Protection Officer is responsible for all referrals involving suspected forced marriage (either actual or prospective) to CSC or the police CAIU.

End

CHAPTER 11: Historical Abuse Allegations

1. SIGNIFICANCE

- 1.1 The College's response to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because:
 - there is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so
 - criminal prosecution remains a possibility if sufficient evidence comes to light

End

CHAPTER 12: Missing Child, Adult or Family

1. INTRODUCTION

- 1.1 Local agencies and professionals, working with children and families where there are outstanding child protection concerns, must bear in mind that unusual non-school attendance, missed appointments, or abortive home visits, may indicate the family has moved out of the area.
- 1.2 CSC and police should be informed immediately such concerns arise and in the case of children taken overseas it may be appropriate to contact the Consular Directorate at the Foreign and Commonwealth Office.

2. AGENCIES TO BE INFORMED

- 2.1 In any of the above circumstances the CSC Keyworker, social worker or duty officer must be notified immediately.
- 2.2 Schools should upload information about the missing child/ren on the DCSF S2S (school to school) website.

3. ADDITIONAL CONTRIBUTION OF SCHOOLS

- 3.1 As a result of daily registration schools are particularly well placed to notice when a child has gone missing.
- 3.2 Head teachers should, after making enquiries about the child's whereabouts, inform the EWO and social worker immediately a child who is the subject of a Child Protection Plan is missing.
- 3.3 In other circumstances, the head teacher should inform the EWO of any child who has not attended for 10 days without provision of reasonable explanation.
- 3.4 A child's name may not be removed from the College roll until s/he has been continuously absent for at least 4 weeks and the Children's Services (Education) has been unable to locate the pupil and her/his family.

LEA/0225/2004 'Identifying and Maintaining Contact with Children Missing or At Risk of Going Missing from Education'

- 3.5 There should be a 'child missing from education' CME-named point of contact in every local authority and the Headmaster as the College Child Protection Officer has a responsibility to inform that CME if s/he knows or suspects that a child is not receiving education.

End

CHAPTER 13: Sexual Exploitation

1. INTRODUCTION

- 1.1 Sexual exploitation of children is child sexual abuse and often also involves physical and emotional abuse. Neglect may also be a significant feature of the care of the child.
- 1.2 This form of abuse involves the exchange of sexual activities by children for commodities such as money, drink, drugs, shelter, protection, accommodation etc. It is often perpetrated by an adult through violence or threats of violence and may include prostitution, pornography and abusive.
- 1.3 Sexual abuse involves the exploitation of both girls and boys under the age of 18 and the children involved must be regarded as potential victims of abuse. Children do not make 'informed' choices to enter or remain in sexual exploitation, but may do so from coercion, enticement, manipulation or desperation.
- 1.4 This chapter should be read in conjunction with the **Sexually Active Children** chapter.

2. LEGAL POSITION

- 2.1 Prostitution is not of itself illegal, though there are offences that make selling or buying sexual services on a street or in a public place illegal.
- 2.2 Girls and boys under the age of 16 cannot lawfully (though may in practice) consent to sexual intercourse. Anyone engaging in sexual activity (as defined in The Sexual Offences Act 2003) with a child under the age of 16 is committing an offence. Children under 13 years of age are presumed to be incapable of consent to sexual activity and specific offences, including rape, exist for child victims under this age.
- 2.3 'The Sexual Offences Act 2003 introduced in Section 47 -50 a range of child-specific measures that make it a serious criminal offence to:
 - pay for the sexual services of a child
 - cause or incite child prostitution (or pornography)
 - control a child prostitute or a child involved in pornography
 - arrange or facilitate a child prostitute or pornography
 - cause or incite prostitution for gain
 - control prostitution

3. AIM OF INTERVENTION

- 3.1 The aims of intervention by agencies are to:
 - identify any child in the sex industry, including prostitution and the production or promotion of abusive images of children
 - help the child understand the physical and emotional dangers of these activities
 - identify and prosecute those adults involved in either coercing or abusing the child
 - protect the child from further abuse and to support her/him out of prostitution
- 3.2 A child involved in prostitution and other forms of commercial sexual exploitation should be treated primarily as the victim of abuse, and as such her/his needs require careful assessment.
- 3.3 All agencies should establish whether those who are known to pay for sex with children are themselves parents or carers of children. If this is the case an assessment of the needs of those children should be considered, including whether they are at risk of, or are suffering, Significant Harm.

4. RECOGNITION

- 4.1 Parents, carers (including foster carers and staff in children's homes), teachers and youth workers must be alert to the following behaviours that may indicate a child's involvement (or 'grooming' for involvement), but are **not** conclusive signs in themselves:
 - physical symptoms such as sexually transmitted diseases, or bruising consistent with physical or sexual assault
 - reports from reliable sources that a child has been seen soliciting or noticed in places where soliciting occurs
 - being contacted by unknown adult men outside the child's usual range of social activities
 - development of a relationship, usually with someone older, who encourages emotional dependence and controls the relationship by violence and threats
 - persistent absconding or late return with no plausible explanation (also see the **Missing Child, Adult or Family** chapter).
 - returning after being missing, looking well cared for without a known base
 - being picked up by unauthorised adults in cars

- acquisition of money or possessions with no plausible explanation
- an adult loitering outside the home to meet up with the child
- having keys to unknown premises
- self harming behaviour
- substance, drug and alcohol abuse

4.2 The most common pre-disposing factors associated with a child becoming involved in prostitution are low self esteem and a history of being a victim of abuse.

5. RESPONSE

5.1 Staff and volunteers involved with young people at Bearwood College may have developed a trusting relationship with the child and be concerned that a referral to CSC will result in the child withdrawing from support services e.g. contraception, counselling or substance misuse treatment.

5.2 He/she must share their dilemma with the Headmaster as the College Child Protection Officer.

6. REFERRAL

6.1 Whenever there is a suspicion that a child is involved in prostitution or commercial sexual exploitation a referral must be made by the Headmaster as the College Child Protection Officer to CSC or the CAIU.

6.2 The Headmaster should seek consent from the child or her/his parents unless this may:

- place the child at risk of further significant harm e.g. alienate her/him from intervention or services
- jeopardise a criminal investigation by alerting the alleged offender

6.3 Where it is apparent that a child is being immediately abused and exploited or subjected to violence or coercion by pimps or `clients`, a referral should be made immediately to the police.

End

CHAPTER 14: Sexually Active Children

1. INTRODUCTION

- 1.1 Many young people under the age of 18 will have an interest in sex and sexual relationships. The major task for child protection agencies is to ensure that all children and young people are given appropriate protection from sexual abuse whilst ensuring that they are also able to access advice and treatment about contraception, sexual and reproductive health including abortion.
- 1.2 The welfare of the child is paramount and it is the responsibility of professionals to work together in assessing the risk of significant harm when a child or young person is engaged in sexual activity.

2. LAW

- 2.1 The minimum age at which young people of either gender can consent to have sexual intercourse is 16 years, whether they are straight, gay or bisexual.
- 2.2 Sexual activity with a child under 16 is an offence. Where it is consensual it may be less serious than if the child were under 13, but may nevertheless have serious consequences for the welfare of the child.
- 2.3 With respect to a child under the age of 13, her/his consent to any sexual activity is irrelevant because the law presumes s/he is incapable of informed consent. Under the Sexual Offences Act 2003, rape or assault by penetration of a child under 13 may attract a sentence of imprisonment for life.
- 2.4 The Sexual Offences Act 2003 makes provision for young people of less than 16 years old, to be offered confidential professional advice on contraception, condoms, pregnancy and abortion.
- 2.5 A person is not guilty of aiding, abetting or counselling a sexual offence against a child where s/he is acting for the purpose of:
 - protecting a child from pregnancy or sexually transmitted infection
 - protecting the physical safety of a child
 - promoting a child's emotional well-being by the giving of advice
- 2.6 This exception, in statute, covers not only health professionals, but also anyone who acts to protect a child, for example teachers, school nurses, Connexions personal advisers, YOT officers, youth workers, social workers and parents.

3. CONFIDENTIALITY

- 3.1 The duty of confidentiality owed to a person under 16 in any setting is the same as that owed to any other person, but the right to confidentiality is not absolute.
- 3.2 Where there is a serious child protection risk to the health, safety or welfare of a young person or others this outweighs the young person's right to privacy. In these circumstances professionals should act in accordance with the procedures for all children.
- 3.3 Research and experience have shown repeatedly that keeping children safe from harm requires professionals and others to share information. Such information sharing must be in accordance with legal requirements and professional.
- 3.4 On each occasion that a young person is seen by an agency, consideration should be given as to whether her/his circumstances have changed or further information has been given which may lead to the need for referral or re-referral.
- 3.5 Professionals working with young people have different statutory responsibilities both with regard to advice given to young people and the actions they take when aware of under-age sexual activity. These differences are detailed below:

Health staff

- 3.6 Doctors and other health professionals should consider the following issues when providing advice or treatment to young people under 16 on contraception, sexual and reproductive health.
- 3.7 If a request for contraception is made, doctors and other health professionals should establish rapport and give a young person support and time to make an informed choice by discussing (best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health - DH gateway reference 3382)
 - the emotional and physical implications of sexual activity, including the risks of pregnancy and sexually transmitted infections
 - whether the relationship is mutually agreed and whether there may be coercion or abuse
 - the benefits of informing the GP and the case for discussion with a parent or carer - any refusal should be respected -in the case of abortion, where the young woman is competent to

consent but cannot be persuaded to involve a parent, every effort should be made to help them find another adult to provide support, for example another family member or specialist youth worker

- any additional counselling or support needs

3.8 It is considered good practice to follow the Fraser guidelines when discussing personal or sexual matters with a young person under 16. These hold that sexual health services can be offered without parental consent providing that:

- the young person understands the advice that is being given
- the young person cannot be persuaded to inform or seek support from their parents, and will not allow the worker to inform the parents that contraceptive/protection, e.g. condom advice, is being given
- the young person is likely to begin or continue to have sexual intercourse without contraception or protection by a barrier method
- the young person's physical or mental health is likely to suffer unless they receive contraceptive advice or treatment
- it is in the young person's best interest to receive contraceptive / safe sex advice and treatment without parental consent

Education staff

3.9 Young people need to be able to talk to a trusted adult about sex and relationship issues. Although it is desirable that this person is their parent or carer, this is not always possible. The law allows staff to respect young people's rights to confidentiality when discussing sex and relationship issues and a disclosure of under-age sex is not of itself a reason to break confidentiality.

3.10 Young people should be made aware that confidentiality might be breached if they or another young person is at risk. In these circumstances staff should consult the young person and endeavour to gain their co-operation to a child protection referral but if that is not possible they should be advised that their confidentiality would be breached.

Sharing information with parents & carers

3.11 Decisions by the Headmaster to share information with parents and carers will be taken using professional judgement, consideration of Fraser guidelines and in consultation with the child protection procedures. Decisions will be based on the child's age, maturity and ability to appreciate what is involved in terms of the implications and risks to themselves. This should be coupled with the parents' and carers' ability and commitment to protect the young person.

3.12 Given the responsibility that parents have for the conduct and welfare of their children, professionals should encourage the young person, at all points, to share information with their parents and carers wherever safe to do so.

4. ASSESSMENT

4.1 All young people, regardless of gender or sexual orientation, who are believed to be engaged in or planning to be engaged in, sexual activity must have their needs for health education, support and/or protection assessed by the College.

4.2 This assessment must be carried out in accordance with the child protection procedures within this manual and professional / agency guidance.

4.3 In assessing the nature of any particular behaviour, it is essential to look at the facts of the actual relationship between those involved.

4.4 The following non exhaustive considerations must be taken into account in assessing the extent to which the child (or other children) may be suffering or at risk of harm:

- the age of the child: the younger the child the stronger the presumption must be that sexual activity is a matter of concern
- the level of maturity and understanding of the child and her / his competence to understand and consent to sexual activity
- power imbalances, including through age and development: size, gender, sexuality, levels of sexual knowledge, race
- power imbalance where sexual partner in position of trust or authority
- where a young person has a learning disability or communication difficulty that could hinder their capacity to disclose that they have been abused
- use of overt aggression, coercion or bribery

- use of alcohol and / or drugs were to facilitate the activity
- if the young person's own behaviour e.g. the use of drugs, means s/he is unable to make an informed choice
- any attempts to secure secrecy by the sexual partner beyond what is usual in teenage relationships e.g. his/her identity being a secret
- if the sexual partner is known by agencies to have concerning relationships with other young people
- if the young person denies or minimises adult concerns
- presence of a sexually transmitted infection in a very young person
- if the relationship involves behaviours considered to be 'grooming' in the context of sexual exploitation
- where sex has been used to gain favours, e.g. cigarettes, clothes, cds, trainers, alcohol, drugs etc
- where the young person has a lot of money or other valuable things which cannot be accounted for
- knowledge about the child's circumstances / background, including any familial child sex offences
- the child's behaviour e.g. withdrawn, anxious

4.5 Any girl who is pregnant, must be offered specialist support and guidance. The services will also be a part of the assessment of the girl's circumstances.

5. CONSULTATION AND REFERRAL

- 5.1 In most circumstances there will need to be a process of information sharing and discussion in order to formulate an appropriate plan. This should include professional consultation, as set out in this document.
- 5.4 Where a serious crime is suspected, the Headmaster should seek advice from the police at the earliest opportunity to safeguard the child and minimise the risk of any evidence, such as e-mails or pictures, being destroyed prior to an investigation.

Young people under the age of 13

- 5.5 Under the Sexual Offences Act 2003, children under the age of 13 are presumed to be unable to give consent to sexual activity.
- 5.6 Where the allegation concerns penetrative sex, or other intimate sexual activity, there would always be reasonable cause to suspect that a child, whether a girl or boy, is suffering or is likely to suffer significant harm. There should be a presumption that the case will be reported by the Headmaster as the Bearwood College Child Protection Officer to CSC, and fully documented.

Young people 13 to 15 inclusive

- 5.7 The Sexual Offences Act 2003 reinforces that, whilst mutually agreed, non-exploitative sexual activity between teenagers does take place and that often no harm comes from it, the age of consent remains at 16. This acknowledges that this group of young people is still vulnerable, even when they do not view themselves as such.
- 5.8 Sexually active young people in this age group must still have to have their needs assessed and in every case involving a child aged 13-15, consideration must be given to a discussion by the Headmaster with other agencies and whether a referral should be made to CSC.
- 5.10 Where there is reasonable cause to suspect that significant harm to a child has / might occur, a referral must be made by the Headmaster as the College Child Protection Officer to CSC.

Young people aged 16 & 17

- 5.12 Although sexual activity in itself is not an offence over the age of 16, young people under the age of 18 are still offered the protection of child protection procedures under the Children Act 1989.
- 5.13 Consideration still needs to be given to the following:
- issues of sexual exploitation through prostitution and abuse of power in circumstances
 - young people over the age of 16 and under the age of 18 are not deemed able to give consent if the sexual activity is with an adult in 'a position of trust' or a family member as defined by the Sexual Offences Act 2003

End

CHAPTER 15: Allegations Against Staff and Volunteers

1. SCOPE

- 1.1 This procedure and guidance applies whenever it is alleged that a person who works with children has, in any connection with her/his employment or voluntary activity:
 - behaved in a way that has or may have harmed a child
 - possibly committed a criminal offence against or related to a child
 - behaved towards a child in a way which indicates s/he is unsuitable to work with children
- 1.2 These procedures apply to situations when:
 - there are suspicions or allegations of abuse by a person who works with children in either a paid or unpaid capacity - as a permanent, temporary or staff member, contract worker, consultant, volunteer, approved foster carer, child minder or approved adopter
 - it is discovered that an individual known to have been involved previously in child abuse, is or has been working with children

Due account is taken of current government advice, including DfE 00061-2011 "Dealing with Allegations of Abuse against Teachers and other Staff – Guidance for Local Authorities, Head Teachers, School Staff, Governing Bodies and Proprietors of Independent Schools".
- 1.3 If concerns arise about the person's behaviour to her/his own children, police and/or CSC must consider informing her/his employer in order to assess whether there may be implications for children with whom the person has contact at work.

THRESHOLD CONSIDERATIONS

- 1.4 Residential social workers, teachers, foster carers, health workers in residential child care establishments, hospital staff and early years professionals are all prohibited by law from applying more than specified types and levels of restraint to those children for whom they are professionally responsible.
- 1.5 Volunteers who work with children are also expected to maintain standards of conduct comparable to those prescribed for colleagues in paid employment.
- 1.6 Allegations or suspicions of abuse or neglect by staff, carers, approved adopters or volunteers e.g. physical punishment, use of restraint other than permitted by law or guidance issued by government or professional associations, as well as abuse and neglect as defined in the Recognition & Response chapter should be considered under these procedures.
- 1.7 A relationship of trust is one where a teacher or other member of staff / volunteer is in a position of power or influence over a child by virtue of the work or nature of activity being undertaken. The Sexual Offences Act 2003 (ss.16-24) sets out a range of criminal offences associated with abuse of the position of trust.

2. ROLES & RESPONSIBILITIES

- 2.1 All organisations which provide services for children, or provide staff or volunteers to work with or care for children, should have and operate a procedure for handling allegations consistent with guidance in *Working Together to Safeguard Children 2006*.
- 2.2 Any other organisations contracted by agencies working in accordance with these procedures, should be made aware that they are also expected to comply with these requirements.
- 2.3 The employing or responsible agency must ensure that allegations are researched and that any justifiable action is taken to ensure that the service is safe for children.

3. GENERAL PROCEDURES

PRINCIPLES

- 3.1 Any allegation of abuse must be dealt with fairly, quickly and consistently, in a way that provides effective protection for the child and supports the person who is the subject of the allegation.
- 3.2 If, following the conclusion of child protection processes, further enquiries are pursued for the purpose of disciplinary, regulatory or complaint investigation, they should be arranged in a way that avoids the repeated interviewing of children or other vulnerable witnesses.

CONFIDENTIALITY

- 3.4 Information about an allegation must be restricted to those who have a need to know in order to:

- protect children
 - facilitate enquiries
 - avoid victimisation
 - safeguard the rights of the person about whom the allegation has been made and others who might be affected
 - manage disciplinary/complaints aspects
- 3.5 A media strategy should be developed by the Headmaster with no improper or inadvertent releases of information to the media.

SUPPORT TO PARENTS / CHILDREN

- 3.6 Parents / carers of a child/ren involved should be informed by the due authorities of the allegation as soon as possible provided provision of information and advice does not impede the enquiry, disciplinary or investigative processes (and may need to be told immediately if, e.g. a child requires medical treatment)

TIMESCALES

- 3.7
- It is in everyone's interest for cases to be dealt with expeditiously, fairly and thoroughly and that unnecessary delays are avoided.

4. ALLEGATIONS AGAINST STAFF / VOLUNTEERS IN WORK

TERMINOLOGY

- 4.1 For the purpose of these procedures a 'worker' is a person whose work brings them into contact with children. This includes:
- individuals working in a voluntary capacity
 - agency staff
 - contract workers (consultants or the self-employed)
 - those working on or off site e.g. undertaking home visits
 - temporary and permanent employees

PERSPECTIVES

- 4.2 An allegation may require consideration from any of the following four inter-related perspectives:
- Section 47 Enquiries by CSC
 - criminal investigation by the police
 - staff disciplinary procedures of employing agency
 - complaint procedures of employing agency

REPORTING CONCERNS / SUSPICIONS / ALLEGATIONS

- 4.3 Any allegation of abuse must be reported to the Headmaster.
- 4.4 If the Headmaster is implicated in the allegation, the concern must be reported to the Chairman of Governors.
- 4.5 In either case a record of the report, which is timed, dated and includes a clear name or signature must be made.
- 4.6 The recipient of an allegation must not unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter.
- 4.7 Any member of staff who believes that allegations or suspicions, which have been reported to the Headmaster are not being researched properly has a responsibility to report it to the Chairman of Governors.
- 4.8 The local authority designated officer must be told, within 1 working day, of all allegations that come to the Headmaster's attention and appear to meet the criteria in paragraph 1 above so that s/he can consult or refer to police and CSC as appropriate.
- 4.9 If the previous actions fail, the Whistle Blowing Procedure should be considered or a referral made directly to CSC and / or the police.
- 4.10 The need for consultation must not delay a referral, which should be in accordance with the **Recognising Vulnerability of Children in Particular Circumstances Procedure** chapter.

INITIAL CONSIDERATION OF ALLEGATION

- 4.11 There are up to four strands in the consideration of any allegation:
- a police investigation of a possible criminal offence
 - CSC enquiries/assessment about whether a child needs protection or services
 - consideration by an employer of disciplinary action
 - employer's complaint procedures
- 4.12 The local authority designated officer and the Headmaster should consider whether further details are needed and whether there is evidence / information that establishes the allegation is false or unfounded.

MANAGING ISSUES RELATING TO THE SUBJECT OF THE ALLEGATIONS

Information & Support

- 4.13 The Headmaster should, as soon as possible, following consultation with the local authority designated officer, inform the subject of the allegation/s.
- 4.14 The subject of the allegations should be:
- advised at the outset to contact her/his union or professional association
 - treated fairly and honestly and helped to understand the concerns expressed, processes involved and possible outcomes
 - kept informed of the progress of the case and of the investigation
 - clearly informed of the outcome of any investigation and the implications for disciplinary or related processes
 - provided with appropriate support (via occupational health or employee welfare arrangements where these exist)
 - (if suspended) kept informed about workplace developments

Suspension

- 4.15 Suspension should not be automatic, but should be considered if:
- there is cause to suspect a child is at risk of significant harm, or
 - the allegation warrants investigation by the police, or
 - the allegation is so serious that it might be grounds for dismissal
- 4.16 A decision to suspend or temporarily re-deploy staff rests with the Board of Governors, which should consider:
- the safety of the child/ren
 - any impact on the enquiry
 - if a suspended person is to return to work, appropriate help / support e.g. how to manage contact with any child/ren who made the allegation

Disciplinary Procedures

- 4.17 Where relevant, Bearwood College Staff Disciplinary Procedures apply.

Resignations &Compromise Agreements

- 4.18 All allegations are followed up regardless of whether the person involved resigns her/his post, responsibilities or a position of trust, even if the person refuses to co-operate with the process.
- 4.19 Compromise agreements, where a person agrees to resign without any disciplinary action and agreed future reference, are not used in these cases.

SUBSTANTIATED ALLEGATIONS: REFERRAL TO LIST 99, POCA LIST, OR REGULATORY BODY

- 4.20 If the allegation is substantiated and the person is dismissed or the employer ceases to use the person's services, or the person resigns or otherwise ceases to provide her/his services, the local authority designated officer should discuss with the Headmaster whether a referral to the [Independent Safeguarding Authority](#) for inclusions on the [POCA List](#) or [List 99](#) is required, or advisable, and the form and content of such a referral. It must be reported to the ISA (Independent Safeguarding Authority) (PO Box 181, Darlington DL1 9FA; tel 0300 123 1111), within one month of leaving the school, when the services of any person (whether employed, contracted, a volunteer or student) are no longer used because he/she is considered unsuitable to work with children.

- 4.21 The local authority designated officer should also advise whether it is appropriate to make a referral to a professional body or regulatory body e.g. the General Social Care Council, General Medical Council, OFSTED etc.
- 4.22 If a referral is appropriate the report should be made within 14 days of the conclusion of the case.

UNSUBSTANTIATED ALLEGATIONS

- 4.23 Where, following initial enquiries, it is concluded there is insufficient evidence to determine whether the allegation is substantiated, the chair of the Strategy Meeting will ensure relevant information is passed to the College. The Headmaster will consider what further action, if any, should be taken in consultation with the local authority designated officer.
- 4.24 The member of staff concerned must be notified in writing of the outcome and the child and her/his parents should also be informed of the outcome.
- 4.25 Consideration must be given to:
- any support the staff member may need, particularly if returning to work following suspension e.g. phased return, mentor
 - the provision of support or counselling for the child, and if appropriate her/his parents, taking full account of a child's needs if a seemingly false or malicious allegation has been made
 - how to manage any future contact between the member of staff and the child/ren who made the allegation

ACTION IN RESPECT OF FALSE OR UNFOUNDED ALLEGATIONS

- 4.26 If an allegation is determined to be unfounded, the Headmaster should:
- refer the matter to CSC to determine if the child is in need of services, or may have been abused by someone else
 - ask police to consider what action may be appropriate in the event that an allegation was deliberately invented or malicious

DISCIPLINARY PROCEDURES

- 4.27 Any disciplinary process must be clearly separated from a Section 47 Enquiry. Section 47 Enquiries take priority over any disciplinary enquiries, and will determine whether the enquiries can be carried out concurrently.
- 4.28 The fact that there may be insufficient evidence to support a police investigation or prosecution should not prevent any action being taken that is necessary to safeguard a child's welfare.
- 4.29 It may be the allegation was prompted by inappropriate behaviour, not considered sufficiently harmful under the child protection procedures, but may still need to be considered under College disciplinary procedures.
- 4.30 All possible steps must be taken to avoid repeat interviewing of a child.

RECORDING

- 4.31 All allegations must be recorded clearly and accurately. Where a child has made an allegation, a copy of the statement / record must be kept on the section of her/his file not open to disclosure, together with a record of the outcome of any enquiry. For related criminal or civil proceedings, records may be subject to disclosure
- 4.32 A clear and comprehensive record must be maintained (by the employing agency) on the worker's confidential personnel file (and a copy provided to the member of staff concerned) of:
- any allegations made
 - how the allegation was followed up and resolved
 - any action taken and decisions reached
- 4.33 This record will:
- enable accurate information to be provided in response to future requests for references
 - provide clarification in cases where a future Criminal Records Bureau (CRB) disclosure reveals information of an allegation that did not result in a criminal conviction
 - prevent unnecessary enquiry if an allegation re-surfaces in the future
- 4.34 The record should be retained at least until the individual concerned has reached normal retirement age, or for a period of 10 years from the date of the allegation (if longer).

LEARNING LESSONS

- 4.35 If an allegation is substantiated, the Headmaster should review the circumstances of the case to determine whether there are any improvements to be made to the College's procedures or practice to help prevent similar events in the future.

End

CHAPTER 16: Recruitment, Selection, Supervision & Training

1. GENERAL RECRUITMENT PROCESSES

- 1.1 So as to minimise the risk of employing or engaging an individual who poses a predictable risk to them, the College seeks, with respect to candidates who will be working with children, to:
 - methodically apply techniques which may be helpful in identifying unsuitable individuals
 - analyse rigorously all the information which is available about the candidate
- 1.2 To ensure that selectors of staff are able to successfully test candidates' ability and experience against a clearly defined person specification the College provides as appropriate:
 - specific training
 - supervised / supported experience of recruitment
 - periodic evaluation of performance

2. CHOICE OF CANDIDATE

QUALITY OF JOB DESCRIPTION & PERSON SPECIFICATION

- 2.1 College job descriptions (JDs) and person specifications reflect professional practice requirements.
- 2.2 All stated requirements are expressed in terms sufficiently explicit to allow a candidate's experience, achievements or capabilities to be evidenced.

REFERENCES FROM PREVIOUS SUBSTANTIVE EMPLOYERS

- 2.3 A previous employer who is asked for a reference is advised in the request to take reasonable care to ensure her/his statement:
 - is reliable and comprehensive - e.g. accurate dates of employment, Criminal Records Bureau (CRB) checks, any periods of sick leave
 - is based upon an accurate assessment of an individual's qualities e.g. any disciplinary action, known convictions or other grounds for concern
 - focuses on the key criteria for effective performance in the specified post and
 - offers a full and frank disclosure of all matters considered relevant by the author - e.g. candidate's reason for planning to or actually leaving her/his post
- 2.4 An employer reference is obtained in respect of internal candidates for posts involving direct contact with children.
- 2.5 So that information of comparable weight is obtained for all candidates, references on all short-listed candidates wherever possible are obtained prior to final selection.

REFERENCES WITH RESPECT TO AGENCY STAFF

- 2.6 Given that a proportion of staff may be engaged via specialist employment agencies, the College ensures that only those which can offer safe selection processes are used.
- 2.7 References from any previous substantive employers are sought as described above and requests to agencies seek confirmation of:
 - the individual's registration with the agency in period/s claimed
 - all assignments including dates, roles and name and address of all work places
 - the quantity and pattern of any absences from their assignments
 - any cause for concern within the agency including any request by a client for the person to be withdrawn from an assignment which upon enquiry was found to be justified
- 2.8 The agency is also be asked to confirm:
 - that it carries out appraisals of its workers and be invited to describe the most recent relevant to the role which is to be filled
 - the date of the last criminal records check it sought on the individual in question, its result, and to forward a copy of it
 - from which previous employers references were obtained and whether or not these expressed any reservations about the individual in question
 - if its overall selection procedures comply with the recommendations in the Warner report 'Choosing with Care'

3. CRIMINAL RECORD CHECKS

- 3.1 The Protection of Children Act 1999 (POCA) checks and referrals are handled by the 'disclosure service' of the Criminal Records Bureau (CRB) which provides standard and enhanced disclosures.

One or other must be sought with respect to all candidates who seek to work with children.

- 3.2 A standard disclosure is available for posts involving regular contact with children (and vulnerable adults), certain professions in health, pharmacy and the law.
- 3.3 Enhanced disclosures are available for positions involving regular caring for, training, supervision or being in sole charge of children (or vulnerable adults).

PERSONS PROHIBITED FROM WORKING / SEEKING WORK WITH UNDER 18s

- 3.4 Both disclosures will show whether under schedule 4 Criminal Justice and Courts Act 2000, the person is prohibited from working or seeking work with individuals under the age of 18.

LIMITATIONS OF DISCLOSURES

- 3.5 Disclosures may not provide information on people convicted abroad and with respect to individuals who have little residence in the UK, caution must be exercised.
- 3.6 Occasionally, an enhanced disclosure check may result in the local police disclosing non-conviction information to the registered body only and not to the applicant e.g. a current investigation about the individual. Such information must not be passed on to her/him.

4. INDUCTION & REVIEW

- 4.1 Induction for all new staff should include LSCB training requirements appropriate to their position, reviewed at the end of their probationary period.

5. SUPERVISION & SUPPORT

- 5.1 Senior managers in all agencies for which this manual is relevant have a duty to ensure the provision of:
 - adequate training – this includes training for the College’s designated person ie the Headmaster (updated every two years) in child protection and inter-agency working, and training in child protection (updated every three years) for all staff; temporary and voluntary staff are to be made aware of the arrangements
 - clear and up to date procedures to follow
 - ready access to advice, expertise and management support (including recognition of need for additional support in particular cases or circumstances)
 - systems to protect staff from violence, bullying and harassment including racial harassment
 - systems to recognise and respond to poor practice e.g. regular audits of cases which involve children, including those in adult and mental health teams
 - complaints and whistle-blowing procedures to allow service users and staff to highlight issues for consideration and resolution
 - effective staff appraisal and personal development planning
 - collated information for the local LSCB about issues arising from local operational experience of child protection

6. CHILD PROTECTION TRAINING

- 6.1 All professionals including staff in the private and voluntary sectors, require a general awareness of known indicators and pre-disposing factors of abuse as well as (role specific) detailed knowledge of agreed policies and procedures.

7. EQUALITY & DIVERSITY TRAINING

- 7.1 Equality and diversity issues must be integrated within all child protection training provided to staff.

8. REPORTING SYSTEMS FOR UNSUITABLE STAFF

- 8.1 The Headmaster’s responsibilities include reporting, to the Independent Safeguarding Authority, ‘disclosure service’ of the Criminal Records Bureau (CRB) / relevant professional body, any member of staff who (following an enquiry) he concludes to be unsuitable to work with children.

End

APPENDIX 1: Statutory Framework

1. INTRODUCTION

- 1.1 The following material is extracted from appendix 1 of Working Together to Safeguard Children 2006.
- 1.2 All organisations that work with children and families share a commitment to safeguard and promote their welfare. For many agencies this is underpinned by a statutory duty or duties.
- 1.3 Appendix 1 briefly explains the legislation most relevant to work to safeguard and promote the welfare of children.

2. CHILDREN ACT 2004

- 2.1 **S.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.
- 2.2 The arrangements are to be made with a view to improving the **well-being** of children in the authority's area - which includes protection from harm or neglect alongside other outcomes. This section of the Children Act 2004 is the legislative basis for children's Trust arrangements.
- 2.3 **S.11** requires a range of organisations (see **Table: Bodies Covered by Key Duties**) 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**.
- 2.4 **S.12** enables the Secretary of State to require local authorities to establish and operate databases relating to the s.10 or s.11 duties (above) or the s.175 duty (see below), or to establish and operate databases nationally.
- 2.5 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.
- 2.6 **S.13** requires a range of organisations (see **Table: Bodies Covered by Key Duties**) to take part in Local Safeguarding Children Boards (LSCBs)
- 2.7 **Ss13-16** set out the framework for LSCBs, and the LSCB regulations set out the requirements in more detail in particular on LSCB functions.

3. EDUCATION ACT 2002

- 3.1 **S.175** puts a duty on local education authorities, maintained (state) schools, and further education institutions, including sixth form colleges, to exercise their functions with a view to safeguarding and promoting the welfare of children - children who are pupils and students under 18 years of age, in the case of schools and colleges.
- 3.2 The same duty is put on Independent schools, including Academies, by regulations made under s.157 of that Act. **Please click here to view 'Table: Bodies covered by key duties'**

4. CHILDREN ACT 1989

- 4.1 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.
- 4.2 *'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'* [s.17 Children Act 1989]
- 4.3 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 (s.17 (10) Children Act 1989).
- 4.4 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. S.322 of the Education Act 1996 places a duty on social services to assist Children's Services (Education) where any child has special educational needs.
- 4.5 *'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.*
- 4.6 An authority whose help is so requested shall comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions.
- 4.7 The persons are any:
 - Local authority
 - Children's Services (Education)
 - Local housing authority
 - Any health authority, special health authority, Primary Care Trust or National Health Services Trust; and
 - Any person authorised by the Secretary of State for the purpose of this section' [s.27 Children Act 1989]
- 4.8 Under Section 47 of the Children Act 1989, the same agencies are placed under a similar duty to assist local authorities in carrying out enquiries into whether or not a child is at risk of significant harm.
- 4.9 SECTION 47 also sets out duties for the local authority itself, around making enquiries in certain circumstances to decide whether they should take any action to safeguard or promote the welfare of a child.
- 4.10 *'Where a local authority are (a) 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'* [Section 47(1) Children Act 1989]
- 4.11 Under s.17 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.
- 4.12 This does not require CSSRs themselves necessarily to be the provider of such services.
- 4.13 S.17 (5) of the Children Act 1989 enables the CSSR to make arrangements with others to provide services on their behalf.
- 4.14 *Every local authority 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 may make such arrangements as they see fit for any person to act on their behalf in the provision of any such service* [s.17 (5) Children Act 1989].

EMERGENCY PROTECTION POWERS

- 4.15 There are a range of powers available to local authorities and their statutory partners to take emergency action to safeguard children.
- 4.16 *'The court may make an emergency protection order under s.44 if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if s/he is not removed to accommodation or does not remain in the place in which s/he is then being accommodated'*

- 4.17 *An emergency protection order may also be made if Section 47 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* [s.44].
- 4.18 *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 7 day*'.

EXCLUSION REQUIREMENT

- 4.19 The court may include an exclusion requirement in an emergency protection order or an interim care order (s.38A and 44A) This allows a perpetrator to be removed from the home instead of having to remove the child.
- 4.20 The Court must be satisfied that :
- There is reasonable cause to believe that if the person is excluded from the home in which the child lives, the child will cease to suffer, or cease to be likely to suffer, significant harm or that enquires will cease to be frustrated; and
 - Another person living in the home is able and willing to give the child the care which it would be reasonable to expect a parent to give, and consents to the exclusion requirement

POLICE PROTECTION POWERS

- 4.21 Under s.46 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 her/him there; or
 - Take reasonable steps to ensure that the child's removal from any hospital, or other place in which the child is then being accommodated is prevented.
- 4.22 No child may be kept in police protection for more than 72 hours.

5. HOMELESSNESS ACT 2002

- 5.1 Under s.12, housing authorities are required to refer homeless persons with dependent children who are ineligible for homelessness assistance or are intentionally homeless, to CSC, as long as the person consents.
- 5.2 If homelessness persists, any child in the family could be in need. In such cases, if CSC decides the child's needs would be best met by helping the family to obtain accommodation, it can ask the housing authority for reasonable assistance in this and the housing authority must respond.

End

APPENDIX 2: Key National and Local Contacts

Contact details for local agency involvement

- **LADO, Service Manager Paul Startup, Quality Assurance and Safeguarding, Wokingham Council, Shute End, Wokingham, RG40 1BN; 0118 974 6180; Paul.Startup@wokingham.gov.uk**
- **Julia Newell, Administrator, Referral and Assessment Team, Children's Services, Shute End, Wokingham, RG40 1BN; 0118 908 8002 (R&A); 0118 974 6965 (JN); julia.newell@wokingham.gov.uk**
- **Social Services: Duty Social Worker 0118 944 5300**
- **Thames Valley Police: 0845 8505505**

Child Exploitation and Online Protection Centre (CEOP)
CEOP provides a 24/7 single point of contact for law enforcement, industry, non government organisations and the public for reporting instances of child abuse or potential abuse in the UK. Tel: 0870 000 3344 Website: www.ceop.gov.uk
Child-line
FREEPHONE 0800 1111 (24 hours)
Children From Abroad (Sources of Information)
The Foreign and Commonwealth Office; Tel: 0207 008 1500 The appropriate Embassy or Consulate: The London Diplomatic List, ISBN 0 11 591772 1 can be obtained from the Stationery Office; Tel: 0870 600 5522 FCO website: www.fco.gov.uk It contains information about all the Embassies based in London. International Directory Enquiries Dial 155, if address abroad known. International Social Service of the UK International Social Service of the UK; Cranmer House, 3rd floor, 39 Brixton Road, London SW9 6DD Tel: 020 7735 8941/4 Fax: 7582 0696
Family Rights Group
Offers specialist advice for parents involved in child protection via a free service 1-30pm - 3-30pm Monday to Friday. FREEPHONE: 0800 731 1696
Football Association
Head of Education & Child Protection Tel: 020 7745 4909
Forced Marriage Unit
Community Liaison Officer at the Forced Marriage Unit provides confidential advice to victims and professionals. Tel: 0207 008 0151 Tel: 0207 008 0230 (between the hours of 09:00 - 17:00) Tel: 0207 270 1500 (out of hours only)
Fostering Network
87 Blackfriars Road London SE1 8HA Tel: 020 7620 6400 E-mail info@fostering.net
The Foundation for the Study of Infant Deaths
Artillery House, 11-19 Artillery Row, London SW1P 1RT Tel: 020 7802 3200 Email: office@fsid.org.uk Helpline: 020 7233 2090 Fax: 0870 787 0725
Internet Watch Foundation
IWF acts as a focal point for removing illegal materials from the internet. Website: www.iwf.org.uk
MOD Child Protection Contacts
Royal Navy All child protection matters in the Royal Navy are managed by the Naval Personal and Family Service (NPFS), the Royal Navy's social work department which provides a confidential and professional social work service to all Naval personnel and their families, liaising as appropriate with local authority CSC. Child protection issues involving a Royal Navy family member should be referred to the relevant Area Officer, NPFS. NPFS Eastern Area Portsmouth Tel: (02392) 722712 Fax: 725803 NPFS Northern Area Helensburgh Tel: (01436) 672798 Fax: 674965 NPFS Western Area Plymouth Tel: (01752) 555041 Fax: 555647

Royal Marines

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

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

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. 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.

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 (NPF5) 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 in MOD Child Protection Contacts 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 above contact details.

National Domestic Violence Helpline

Tel: 0808 2000 247

NSPCC Contact Point**National Child Protection Helpline**

Tel: 0808 800 5000

Public Concern at Work

Can give free confidential advice on how to raise a concern about malpractice at work. Tel: 020 7404 6609

Stop it Now

Public information and awareness raising campaign regarding child sexual abuse. Tel: 0808 1000 900 Website: www.stopitnow.org.uk

Young Minds

A national charity committed to improving the mental health of all children and young people Tel: 020 7336 8445 Helpline: 0808 802 5544 Website: www.youngminds.org.uk

End

APPENDIX 3: Referrals Outside Normal Office Hours

INTRODUCTION

- 1.1 This appendix assists professionals outside normal office hours and complements the main body of the child protection procedures.
- 1.2 Bracknell Forest Borough Council Emergency Duty Team provides a social work and homelessness crisis service across the 6 Unitary Authorities of Berkshire outside normal office hours covering 75% of the hours in a week.
- 1.3 Although a number of agencies and professionals are not available during this time and relevant background may not be readily available, there should be no difference in the quality of service provided when it comes to protecting children. To achieve this outside normal office hours there are increased responsibilities and requirements upon the Emergency Duty Team, Thames Valley Police and the Health services to work in close partnership.
- 1.4 The same principles of joint working should be adhered to but staffing arrangements and processes are different. The main Police contact point is through the Police Enquiry Centres and for Social Services the Emergency Duty Team.
- 1.5 When working outside office hours the Emergency Duty Team and Thames Valley Police balance the need to protect children against the right to respect for private and family life. Knocking on someone's door at 10pm to follow up a child protection concern is likely to be viewed significantly differently by a family than at 10am. It is therefore crucial outside normal office hours that the Emergency Duty Team and Thames Valley Police assess the seriousness of any allegation before determining what course of action is needed and at what time this should take place.
- 1.6 Both the Emergency Duty Team and Thames Valley Police work in close co-operation with their daytime colleagues and information relating to out of normal office hours involvement should be passed to daytime colleagues as soon as possible.

2. INITIAL REFERRAL

EMERGENCY DUTY TEAM

- 2.1 On receiving a referral from another professional or a member of the general public the duty Social Worker will need to make an assessment as to whether the injury or concern should be treated as a **Section 47 Enquiry** Children Act 1989.

THAMES VALLEY POLICE

- 2.5 On receiving a referral from another professional or member of the general public an assessment needs to be made by a Police Officer with child protection training. This will include determining whether action is required instantly and/ or whether the referral is of a child protection nature or not.

HEALTH

- 2.8 Health professionals are likely to have contact with children outside normal office hours, for instance when a child is presented at A&E with an injury. The health professional will need to make an assessment of the situation and if there are any concerns relating to the safety of the child, the Emergency Duty Team or Thames Valley Police will need to be contacted.

3. STRATEGY DISCUSSION

- 3.1 On receiving a referral indicating concerns requiring a **Section 47 Enquiry**, Thames Valley Police and the Emergency Duty Team need to have an initial **Strategy Discussion** over the phone.
- 3.2 This will normally involve a Social Worker from the Emergency Duty Team and the Patrol Sergeant/ Inspector or CAIU officer from the relevant Police area. The Patrol Sergeant/ Inspector or CAIU Officer can be contacted via the Police Enquiry Centres or Control Rooms.

4. CHILD ABUSE INVESTIGATION UNIT

- 4.1 The Unit is available 8am - 4pm seven days per week, outside these hours there is a CAIU supervisor and officer on call. Between 4pm - 8am the Control Room Supervisor at the Police Control Centre will determine whether the CAIU or uniformed Police are involved. Where there is a difficult Child Protection matter that requires immediate attention the CAIU supervisor should be requested.

5. EMERGENCY DUTY TEAM MANAGER

- 5.1 There will always be an on call manager for the Emergency Duty Team, who is there to advise the duty social worker. S/he may also be available if there is a dispute as how to progress a referral. The Duty Manager will be kept informed throughout the child protection process to provide an additional safeguard outside normal office hours.
- 5.2 Relevant Contact Details for child protection referrals outside of normal office hours
Emergency Duty Team Tel: 01344 786543 **Thames Valley Police** Tel: 01865 291046

End

APPENDIX 4: Medical Assessment & Consent

- 1.1 The following may give consent to a paediatric assessment:
- A child of sufficient age and understanding i.e. ‘**Gillick Competent**’
 - Any person with **Parental Responsibility**
 - The local authority when the child is the subject of a **Care Order** (though the parent/carer should be informed)
 - The local authority when the child is **Accommodated** under s.20 Children Act 1989, and the parent/carers have abandoned the child or are physically or mentally unable to give such authority
 - The High Court when the child is a ward of court
 - A Family Proceedings Court as part of a direction attached to an **Emergency Protection Order**, an **Interim Care Order** or a **Child Assessment Order**
- 1.2 When a child is **Looked After** under s.20 and a parent / carer has given general consent authorising medical treatment for the child, legal advice must be taken about whether this provides consent for paediatric assessment for child protection purposes (the parent / carer still has full parental responsibility for the child)
- 1.3 A child of any age who has sufficient understanding (generally to be assessed by the doctor with advice from others as required) to make a fully informed decision can provide lawful consent to all or part of a paediatric assessment or emergency treatment.
- 1.4 A young person aged 16 or 17 has an explicit right by virtue of s.8 Family Law Reform Act 1969 to provide consent to surgical, medical or dental treatment. Unless grounds exist for doubting her/his mental health, no further consent is required.
- 1.5 A child who is of sufficient age and understanding may refuse some or all of the paediatric assessment though a court can potentially override refusal.
- 1.6 Wherever possible the permission of a parent should be sought for children under 16 prior to any paediatric assessment and/or other medical treatment.
- 1.7 Where circumstances do not allow permission to be obtained and the child needs emergency medical treatment the medical practitioner may:
- Regard the child to be of an age and level of understanding to give her/his own consent
 - Decide to proceed without consent
- 1.8 In these circumstances, parents must be informed as soon as possible and a full record must be made at the time.
- 1.9 In non-emergency situations, when parental permission is not obtained, the social worker and manager must consider whether it is in the child’s best interests to seek a court order.

APPENDIX 5: Glossary of Terms

GLOSSARY OF TERMS	
A&E	Accident & Emergency Department of a hospital
AF	Assessment Framework
ASSET	An assessment instrument used by YOTs
BCU	Basic Command Unit (Police)
CAF	Common Assessment Framework
CAFCASS	Children & Families Courts' Advisory & Support Service
CAMHS	Child & Adolescent Mental Health Service
CAIU	Police Child Abuse Investigation Unit
CID	Criminal Investigation Department
CPC	Child Protection Conference
CPN	Community Psychiatric Nurse
CPS	Crown Prosecution Service
CPSU	NSPCC Child Protection Sports Unit
CRB	Criminal Records Bureau
CSA	Children's Services Authority
CSC	Children's Social Care
CSU	Community Safety Unit
DAT	Drug Action Team (sometimes Drug and Alcohol Action Team (DAAT))
DCSF	Department for Education & Skills
DH	Department of Health
DI	Detective Inspector
DS	Detective Sergeant
EDT	Emergency Duty Team, CSC
EPO	Emergency Protection Order
EWO	Education Welfare Officer
FME	Forensic Medical Examiner
FORM 78	Police form used for recording details of children who come to the attention of police; copies are routinely passed to partner agencies
HOME AUTHORITY	The authority which holds case responsibility, or if not known to CSC, where the child is living - this could be either an originating or receiving authority
HOST AUTHORITY	The authority where a child may be found, is visiting for a short break or in receipt of specified services e.g. education - this could be either a receiving authority without case responsibility or a different authority
IA	Initial Assessment
ICS	Integrated Children's System

JOINT INVESTIGATION	A shared responsibility for conduct and decision making in a Section 47 enquiry between police, CSC and where appropriate other caring agencies
LAC	Looked After Child
LPA	Local Police Area
LSCB	Local Safeguarding Children Board
LIARMM	Local Inter Agency Risk Management Meeting
MAPPA	Multi-agency Public Protection Arrangements
MHT	Mental Health Trust
MISPER	Police acronym for missing persons
NASS	National Asylum Support Service
NMC	Nursing & Midwifery Council
NPFS	Naval Personal & Family Services
NSPCC	National Society for the Prevention of Cruelty to Children
OFSTED	Office for Standards in Education
OOH	Out of Hours CSC
ORIGINATING AUTHORITY	The authority where the child / family previously lived
PCHR	Personal Child Health Record
PCT	Primary Care Trust
PPU	Public Protection Unit
RECEIVING AUTHORITY	The authority where the child / family has moved
RMP	Risk Management Plan
RSL	Registered Social Landlord
SINGLE AGENCY	Following consultation between agencies, CSC undertaking a Section 47 enquiry OR police undertaking a criminal investigation, without the other agency
SMG	Senior Management Group: plan and oversee complex investigations
CHILDREN'S SOCIAL CARE	Social Services Departments, Children & Families Social Services, Children, Families & Schools
SOCO	Scene of Crime Officer
SSAFA-FH	Soldiers, Sailors, Air Force Association - Forces Help
YOT	Youth Offending Team

End

APPENDIX 6: Referral & Assessment

1. INTEGRATED CHILDREN'S SYSTEM & ASSESSMENT FRAMEWORK

- 1.1 The Integrated Children's System (ICS incorporates and is based on the conceptual framework in the **Framework for Assessing Children in Need** and their Families (known as the Assessment Framework).
- 1.2 This Assessment Framework provides a systematic multi-agency approach to record and analyse what is happening to children and young people within their families and the wider context of the community in which they live.
- 1.3 The framework provides a standardised approach to the referral and assessment process within CSC and all referrals are subject to this screening and assessment process.
- 1.4 Staff in all agencies should be aware of the framework and what it might mean for them in terms of their contribution to assessments of children in need. Where a **Common Assessment Framework** is in progress or has been completed, it should be contributed and inform CSC's **Initial Assessment**.
- 1.5 The Assessment Framework captures and analyses information by means of:
 - An initial consideration (or screening) of a referral
 - An **Initial Assessment** and
 - A **Core Assessment**
- 1.6 These assessment stages involve gathering and analysing information about the 3 domains of the assessment framework:
 - Children's developmental needs
 - Parents' or caregivers' capacity
 - Impact of the wider family and environmental factors
- 1.7 At all stages of referral and assessment, consideration must be given to issues of diversity, so that the impact of cultural expectations and obligations are understood.
- 1.8 Where there are any communication difficulties an interpreter should be used. Consideration should be given to the needs of those families who speak English adequately for day to day interactions, but whose linguistic abilities may be insufficient to understand sensitive and complex discussions about parenting and child welfare. Family members should not be used as interpreters (see **Interpreters, Signers and Others with Special Communication Skills Procedure**).
- 1.9 Some families may have little knowledge of the law with regard to the power of the state to intervene in the area of child welfare and may need help to appreciate the implications of this for their child/ren.
- 1.10 Throughout the assessment processes, the safety of the child remains paramount at all times and in all circumstances.
- 1.11 The assessment process in CSC determines whether a referral should be responded to as a child in need of support (s.17 Children Act 1989) or additionally as a child in need of protection (s. 47 Children Act 1989) - see **Indicator Table**.
- 1.12 Concerns about vulnerable adults that may arise during the assessment process (or at any point in CSC intervention) should be referred to Adult Services.
- 1.13 Incidents of abuse and neglect within families are on a continuum and situations where abuse is developing can, at times, be resolved by support services outside the child protection procedures.
- 1.14 The result of the assessment may inform an ICS '**Child's Plan**', which may include a **Child in Need** meeting and /or **Family Group Conference** and other service provision to support the child and their family.
- 1.15 A decision to initiate a **Section 47 Enquiry** may be taken at any time, **whenever** the criteria are met.
- 1.16 The particular procedures involved are included in **Section 47 Enquiries Procedure** and the **Indicator Table**.
- 1.17 Section 47 enquiries are usually the outcome of an initial assessment completed within 7 working days. This process may be very brief if the criteria for initiating Section 47 Enquiries are met e.g. where a family is well known to CSC, or the facts clearly indicate the need for a Section 47 Enquiry.
- 1.18 A **Core Assessment** should be commenced following the **Strategy Discussion/Meeting** initiating the Section 47 Enquiry (see **Section 5, Core Assessment**.)

2. REFERRAL & REFERRAL CRITERIA

- 2.1 A member of the public or a professional may make referrals to CSC. On the basis of a screening of the referral (see **Section 3, Screening**) a CSC manager will decide whether further intervention should be initiated and the level of response.
- 2.2 Staff in LSCB member agencies and contracted service providers must make a referral to CSC if there are signs that a child under the age of 18 years or an unborn baby:
 - Is suffering or has suffered abuse and / or neglect (see **Recognition and Response Procedure**)
 - Is likely to suffer abuse and / or neglect or
 - (With agreement of a person with **Parental Responsibility**) would be likely to benefit from family support services
- 2.3 Where consultation with CSC is sought about a child and CSC conclude that a referral is required, the information provided will be regarded and responded to as such.
- 2.4 Whilst professionals should, in general, seek to discuss any concerns with the family and where possible seek their agreement to making referrals to CSC, this should not be done where such discussion and agreement seeking places a child at increased risk of **Significant Harm**.
- 2.5 Anonymous referrals from members of the public must be investigated thoroughly by CSC. Professional referrals cannot be anonymous and should be made in the knowledge that during the course of enquiries it will be made clear which agency has originated the referral.
- 2.6 New referrals and those on closed cases should be made to the duty officer of the local CSC covering the child's home address (or the address where s/he is found).
- 2.7 Referrals on open cases should be made to the allocated social worker (or in her/his absence the manager or the relevant team's duty officer).
- 2.8 All professional referrals must be confirmed in writing, by the referrer, within 48 working hours, using an interagency referral form.
- 2.9 CSC should acknowledge a written referral within 1 working day of receipt. If there is no acknowledgement by CSC of the referral within 3 working days, the professional should contact CSC to establish the current status of the referral.

3. SCREENING (REVISED)

- 3.1 All contacts / referrals to CSC should initially be regarded as children in potential need, and evaluated on the day of receipt (and no later than within 1 working day), and a decision made regarding the next course of action.

- 3.2 When taking a referral, staff must establish as much of the following information as possible:
- Cause for concern including details of any allegations, their sources, timing and location
 - Child's current location and emotional and physical condition
 - Whether the child needs immediate protection
 - Full names, date of birth and gender of child/ren
 - Family address (current and previous)
 - Identity of those with **Parental Responsibility**
 - Names and date of birth of all household members and any known regular visitors to the household
 - Details of child's extended family or community who are significant for the child
 - Ethnicity, 1st language and religion of children and parents / carers
 - Any need for an interpreter, signer or other communication aid
 - Any special needs of child/ren and other household members
 - Any significant / important recent or historical events / incidents in child or family's life, including previous concerns
 - Details of any alleged perpetrators (if relevant)
 - Background information relevant to referral e.g. positive aspects of parental care, previous concerns, pertinent parental issues e.g. mental health, domestic violence, drug or alcohol abuse, threats and violence towards professionals
 - Referrer's relationship and knowledge of child and parents / carers
 - Known current or previous involvement of other agencies / professionals e.g. schools, GPs
 - Information about parental knowledge of / agreement to referral
- 3.3 This screening process should establish:
- The nature of the concern
 - How and why it has arisen
 - What the child's needs appear to be
 - Whether the concern involves abuse or neglect and
 - Whether there is any need for any urgent action to protect the child / any other children
- 3.4 This above process will involve:
- Discussion with referrers
 - Consideration of any existing records for the child and for any other members of the household (including if children are or have ever been the subject of child protection plans)
 - Involving other agencies as appropriate (including the police if any offence has been or is suspected to have been committed)
- 3.5 Personal information about non-professional referrers should not be disclosed to third parties (including subject families and other agencies) without consent.
- 3.6 Parents' permission should be sought before discussing a referral about them with other agencies **unless** this may:
- Place the child at risk of significant harm e.g. by the behavioural response it prompts or by leading to an unreasonable delay
 - Lead to the risk of loss of evidential material
- 3.7 The 1st line manager should authorise any decision to discuss the referral with other agencies without parental knowledge or permission, and record the reasons for such action.
- 3.8 Other agencies response to requests by CSC for information should be in accordance with general guidance on information sharing & confidentiality - see **Information Sharing and Confidentiality Procedure**.
- 3.9 This screening stage must involve immediate evaluation of any concerns about either the child's health and development, or actual and/or potential harm, which justify further enquiries, assessments and/or interventions.
- 3.10 The 1st line manager must be informed of any potential **Section 47 Enquiry** and authorise the decision to initiate a strategy discussion. If the child and/or family are well known to CSC and/or the facts clearly indicate Section 47 enquiries are required, it may be appropriate to hold a **Strategy Discussion** without further assessment - in that case the referral information will also constitute the **Initial Assessment**.
- 3.11 The threshold may be met for a Section 47 Enquiry at the time of referral, during initial or core assessment or at any point of CSC involvement.
- 3.12 The police must be informed at the earliest opportunity if a crime may have been committed. The police must decide whether to commence a criminal investigation and a discussion held to plan how parents are to be informed of concerns without jeopardising police investigations. See **Section 6, Single or Joint Investigations, of the Section 47 Enquiries Procedure**.
- 3.13 The immediate response to referrals may be:
- No further action at this stage
 - An initial assessment of needs (which may be very brief if the criteria for initiating Section 47 enquiries are met)
 - (Potentially in parallel with an initial assessment) provision of immediate services
 - A core assessment, if indications exist that the case is particularly complex or several initial assessments have been previously completed
 - Emergency action to protect a child
 - A Section 47 initial strategy discussion (where child and / or family are well known or the facts clearly indicate that this is required)
- 3.14 A manager must sign and approve the outcomes of the referral and ensure a chronology has been commenced and / or updated.
- 3.15 All referrals must be acknowledged within 1 working day.
- NO FURTHER ACTION**
- 3.16 Where there is to be no further action, feedback should be provided to referrers about the decision and the reasons for making it.
- 3.17 In the case of referrals from the public, feedback must be consistent with the rights to confidentiality of the child and her/his family.

INDICATOR TABLE (REVISED)

Combinations of factors

The table below is an indicator guide of the difference within LA CSC between a Section 47 Core Assessment and an Initial Assessment. This table is intended as a guide and is not exhaustive. A combination of any of the factors which taken individually would require only an Initial Assessment, when combined with parental risk factors (e.g. domestic violence, parental mental illness, excessive drinking or drug use) may justify considering a Section 47 Enquiry. Each local area will have their own arrangements for the Common Assessment Framework (see **Common Assessment Framework, of the Recognition and Response Procedure**) and the wider children in need population. See **Recognising Vulnerability of Children in Particular Circumstances Procedure**. See **Pre Birth Procedure** for threshold for pre-birth Section 47 Enquiries.

LA Children's Social Care Assessments	
Section 47 / Core Assessment	Initial Assessment
Any allegation of abuse or neglect or any suspicious injury in a pre- or non mobile child.	Allegation of physical assault with no visible or only minor injury (other than to a pre-or non mobile child).
Allegations or suspicions about a serious injury / sexual abuse to a child. See also Section 4, Recognising Abuse & Neglect, of the Recognition and Response Procedure and Abusive Images of Children & Information Technology (ICT) Procedure .	Any injury / incident triggering concern (e.g. a series of apparently accidental injuries or a minor non-accidental incident).
Two or more minor injuries in pre-mobile or non verbal babies or young children (including disabled children).	Any incident / injury triggering concern (e.g. a series of apparently accidental injuries or a minor non-accidental incident).
Inconsistent explanations or an admission about a clear non-accidental injury.	
Repeated allegations or reasonable suspicions of non-accidental injury.	Repeatedly expressed minor concerns from one or more sources.
A child being traumatised, injured or neglected as a result of domestic violence. See also Section 8, Domestic Abuse, of the Recognising Vulnerability of Children in Particular Circumstances Procedure .	Level 3 domestic violence. See Section 8, Domestic Abuse, of the Recognising Vulnerability of Children in Particular Circumstances Procedure .
Repeated allegations involving serious verbal threats and/or emotional abuse. See also Section 6, Bullying, of the Recognising Vulnerability of Children in Particular Circumstances Procedure .	Allegation concerning serious verbal threats to children. Allegations of emotional abuse including that caused by minor domestic violence.
Allegations / reasonable suspicions of serious neglect. See also Section 4, Recognising Abuse & Neglect, of the Recognition and Response Procedure	Allegations of periodic neglect including insufficient supervision; poor hygiene, clothing or nutrition; failure to seek / attend treatment or appointments; age; young carers undertaking intimate personal care.
Medical referral of non-organic failure to thrive in under fives. See also Section 4, Recognising Abuse & Neglect, of the Recognition and Response Procedure	
Direct allegation of sexual abuse made by child or abuser's confession to such abuse. See also Section 4, Recognising Abuse & Neglect - Sexual Abuse, of the Recognition and Response Procedure, the Sexually Active Children Procedure and Sexual Exploitation Procedure .	Suspicions of sexual abuse (e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour, carer).
Any allegation suggesting connections between sexually abused children in different families or more than one abuser. See also Abusive Images of Children & Information Technology (ICT) Procedure and Organised and Complex Abuse Procedure .	
An individual (adult or child) posing a risk to children. See also Abuse by Children Procedure and Management of those Presenting a Risk to Children Procedure .	
Any suspicious injury or allegation involving a child subject of a current Child Protection Plan or Looked After by a local authority.	
No available parent and child vulnerable to significant harm (e.g. an abandoned baby).	No available parent, child in need of accommodation and no specific risk if this need is met.
Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness. See Fabricated and Induced Illness Procedure .	
Child/ren subject of parental delusions. See Section 11, Mental Health of Parent or Carer, of the Recognising Vulnerability of Children in Particular Circumstances Procedure .	
A child at risk of sexual exploitation or trafficking. See also Sexual Exploitation Procedure and Trafficking and Exploitation Procedure .	
Registered sex offender or convicted violent offender subject to MAPPA moving into a household with under 18 year olds. See also Management of Those Presenting a Risk to Children Procedure .	
Pregnancy in a child aged under 13. See also Sexually Active Children Procedure and Sexual Exploitation Procedure .	
A child at risk of FGM, honour based violence or forced marriage. See also Female Genital Mutilation Procedure and Forced Marriages Procedure .	

4. INITIAL ASSESSMENT

- 4.1 The initial assessment is a brief assessment of each child referred to CSC where it is considered necessary to determine whether s/he is in need, the nature of any services required and whether a further, more detailed core assessment should be undertaken.

TIMESCALE

- 4.2 An initial assessment must be completed within a maximum of 7 working days of the date of the referral to CSC and may be very brief if the criteria for initiating a **Section 47 Enquiry** are met.
- 4.3 Any extension to this time-scale must be authorised by the first line manager, with reasons recorded. For example, there may be a need for delay in order to arrange for an interpreter or avoid a religious festival. Any delay must be consistent with the welfare of the child.

THE ASSESSMENT PROCESS

- 4.4 Where another agency has completed a **Common Assessment Framework (CAF)** this should form the basis of the initial assessment.
- 4.5 A qualified and experienced social worker should **lead** the initial assessment and carefully plan:
- Interview/s with the child/ren within a timescale appropriate to the nature of concerns expressed, ensuring that the child/ren's wishes and feelings are appropriately ascertained
 - If the child /ren should be seen with or without carers
 - Interview/s with parents / carers / other relevant family members
 - To address any need for interpreters / communication aids (see **Interpreters, Signers & Others With Special Communication Skills Procedure**)
 - What the child and parents should be told of any concerns
 - The information to be obtained, including historical and, if applicable, from agencies abroad (contact information can be obtained via the Foreign & Commonwealth Office (Tel: 0207 008 1500), the relevant Embassy or Consulate (see the London Diplomatic List, ISBN 0 11 591772 1 from the Stationery Office on 0870 600 5522 or the **FCO website**)
 - What contributions from other agencies are required
- 4.6 Parents' permission must be sought before discussing a referral about them with other agencies (see **Information Sharing and Confidentiality Procedure**) **unless** this may:
- Place the child at risk of **Significant Harm** e.g. by the behavioural response it prompts or by leading to an unreasonable delay
 - Lead to the risk of loss of evidential material
- 4.7 The 1st line manager must authorise any decision to discuss the referral with other agencies without parental knowledge or permission and the reasons for such action recorded.
- 4.8 Other agencies response to requests by CSC for information should be in accordance with the **Information Sharing and Confidentiality Procedure** and the **Recognition and Response Procedure**.
- 4.9 If the child and / or carers have moved into the authority, all professionals must seek information covering previous addresses from respective agencies (including those for children and carers who have spent time abroad (see **Children & Families Moving Across Boundaries Procedure**) and **Appendix 2, Key National Contacts** which contains relevant contact details).
- 4.10 CSC should make it clear to families (where appropriate) and other agencies, that information provided for this assessment may be shared with other agencies and contribute to the written form completed at its conclusion.
- 4.11 At this stage it may be unclear whether a criminal offence has been committed. Initial discussions with the child should be undertaken so as to minimise distress and avoid leading or suggestive questions and thus maximise the likelihood s/he will provide accurate and complete information.
- 4.12 If during the course of the assessment it is discovered a school age child is not attending an educational establishment, Children's Services (Education) should be contacted.
- 4.13 If the criteria for initiating a **Section 47 Enquiry** are met at any stage during an **Initial Assessment**, it should be regarded as concluded and an initial **Strategy Discussion** held immediately to decide if a **Section 47 Enquiry** and **Core Assessment** are required (see **Section 47 Enquiries Procedure**).

OUTCOME OF INITIAL ASSESSMENT

- 4.14 Following an Initial Assessment, the next course of action should be decided, following discussion with the family, unless such a discussion may place a child at risk of **Significant Harm**. The possible outcomes of the initial assessment are:
- Immediate / emergency action to protect a child
 - Instigation of a **Strategy Discussion, Section 47 Enquiry** and **Core Assessment** (and possible parallel police investigation)
 - Instigation of a Core Assessment if the child's needs are complex or a more in depth assessment is required to decide on the need for appropriate services
 - Immediate provision of child in need services (using the initial plan on the ICS initial assessment)
 - No further action
- 4.15 A manager must sign and approve the outcomes of an Initial Assessment and ensure the:
- Child/ren have been seen or there has been a recorded management decision that this is not appropriate e.g. a **Section 47 Enquiry** initiated which will plan method of contact with child
 - Needs of all children in the household have been considered
 - Analysis is completed
 - Initial plan is completed for cases which are provided with a service, but not progressed to **Section 47 Enquiry** and / or **Core Assessment**
 - Initiation or updating of a chronology
- 4.16 Written information on the outcome of the Initial Assessment should be provided to the family and professional referrers. Exceptions to this are justified only where this might jeopardise further action e.g. **Section 47 Enquiry** or police investigation, or place any individual at risk.
- 4.17 Feedback should be provided to non-professional referrers about the outcome of this stage of the referral in a manner that recognises the right to confidentiality and the welfare of the child.

5. CORE ASSESSMENT

- 5.1 Core assessments commence:
- At the conclusion of an **Initial Assessment** which recommends that such a further assessment is required and/or
 - When a **Strategy Discussion/Meeting** initiates a **Section 47 Enquiry** and/or
 - When new information obtained on an open case indicates a Core Assessment should be undertaken
- 5.2 A Core Assessment, using the **Assessment Framework**, must be completed within a maximum of 35 working days.

- 5.3 A Child Protection Conference (initial or review) or an ICS Child's Plan may decide that an update is required and these should also be undertaken within 35 working days.
- 5.4 CSC is responsible for the co-ordination and completion of the assessment, drawing upon information provided by partner agencies.
- 5.5 Any request from another agency for a core assessment must be given serious consideration by CSC and clear reasons communicated and recorded for a refusal. If the other agency remains concerned, the **Resolution of Professional Disagreement Procedure** should be followed.
- 5.6 A manager must sign and approve the outcomes of a core assessment and ensure that:
- There has been direct communication with the child and her/his views, wishes and feelings have been recorded and taken into account
 - All the children in the household have been seen and their needs considered
 - The parent / carer has been seen and her/his views and wishes have been recorded and taken into account
 - Views of significant family members have been sought as appropriate
 - The analysis has been completed
 - The chronology at the front of the file is up-to-date
- 5.7 When a Core Assessment has been undertaken under s.17 Children Act 1989 i.e. without a **Section 47 Enquiry**, the outcomes will be:
- No further CSC support / intervention is required (although there may need to be referral to other agencies) or
 - Child is **In Need** and suspected actual / likely **Significant Harm** - the **Referral and Assessment Procedures** apply or
 - Child in need but no suspected actual / likely Significant Harm - further CSC / multi-agency support will be required through the use of an ICS child's plan
- 5.8 Where a Core Assessment is undertaken under Section 47 Children Act 1989 i.e. with a Section 47 Enquiry, the **Section 47 Enquiries Procedures** apply.

End

APPENDIX 7: Section 47 Enquiries

1. DUTY TO CONDUCT SECTION 47 ENQUIRIES

OBLIGATIONS AND RESPONSIBILITIES OF ALL AGENCIES

- 1.1 All agencies have a duty (professional, and in many cases statutory) to assist and provide information in support of Section 47 Enquiries (Section 47 enquiries).

RESPONSIBILITY OF CHILDREN'S SOCIAL CARE

- 1.2 CSC has the:
- General duty to safeguard and promote children's welfare (s.17 Children Act 1989)
 - Duty to make, or cause to be made, enquiries when the circumstances defined in Section 47 Children Act 1989 exist
 - Responsibility to inform the police in a case referred which constitutes or may constitute a criminal offence against a child
- 1.3 The responsibility for undertaking Section 47 Enquiries lies with the local authority in which the child lives or is found.
- 1.4 Where the child's home address is in another authority (the 'home' authority), the 'host' authority has responsibility for undertaking enquiries e.g. alleged abuse on a school trip out of the local authority.
- 1.5 In this case, the child's 'home' authority should be informed as soon as possible and involved in strategy discussions. It may sometimes be appropriate for the 'home' authority to undertake the necessary enquiries on behalf of the host authority e.g. in the case of a looked after child (see **Children & Families Moving Across Boundaries Procedure**).
- 1.6 The home authority should take responsibility for further support of the child or family, following the Section 47 Enquiry.

RESPONSIBILITY OF THE POLICE

- 1.7 The police have a responsibility to:
- Investigate allegations of criminal offences against children
 - Refer any suspicion, allegation or disclosure a child is suffering or likely to suffer significant harm to CSC
 - Pass all concerns received by CAIUs relating to people under 18 to CSC

2. SECTION 47 ENQUIRIES & THE ASSESSMENT FRAMEWORK

- 2.1 Section 47 Enquiries must be initiated, usually following an **Initial Assessment**, whenever the threshold criteria are met.
- 2.2 Section 47 enquiries may be justified at the point of referral, during the early consideration of a referral, the initial assessment or Core Assessment or at any time in an open case when the threshold criteria are satisfied.
- 2.3 The Section 47 enquiries should begin by focusing primarily on information identified during referral and initial assessment and which appears most important in relation to the risk of **Significant Harm**.
- 2.4 A **Core Assessment** must be commenced whenever Section 47 Enquiries are initiated. The information and conclusions of those enquiries will inform the core assessment which should cover all relevant dimensions in the **Assessment Framework**, including the systematic gathering of information about the history of the child, family and household members, and include any previous specialist assessments.

3. THRESHOLD FOR SECTION 47 ENQUIRIES

- 3.1 A child's status - e.g. 'in need', or 'at risk of significant harm' must be ascribed in a flexible manner, which recognises the possibility of change and a consequent need to re-ascribe that status.
- 3.2 SECTION 47 enquiries start when:
- There is reasonable cause to **suspect** that a child who lives in or is found in, a local authority area is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect
 - Following an **Emergency Protection Order** or use of **Police Protection** powers (PPOP)
 - A child is found to be in contravention of a ban imposed by a local child curfew scheme in which case the response must be initiated within 48 hours of receipt of the information [Section 47(1)(a)(iii) Children Act 1989 inserted by s.15 (4) Crime and Disorder Act 1998]
- 3.3 CSC is the lead agency for Section 47 Enquiries.
- 3.4 CSC must consult the police CAIU and other agencies involved with the child, so that relevant information can be taken into account (see **Information Sharing & Confidentiality Procedure**).

SECTION 47 INTERVENTION THRESHOLD

- 3.5 The CSC 1st line manager has the responsibility, on the basis of available information, to decide and authorise a Section 47 Enquiry. In undertaking the necessary assessment of risk, the manager must consider both the probability of the event or concern in question and its actual or likely consequence.
- 3.6 In reaching her/his conclusion as to the justification for a Section 47 enquiry, the manager must consider the following variables:
- Seriousness of the concern/s
 - Combinations of concerns
 - Repetition or duration of concern/s
 - Vulnerability of child (through age, developmental stage, disability or other pre-disposing factor e.g. **Looked After**)
 - Source of concern/s
 - Accumulation of sufficient information
 - A child in the carer's current or previous household is / has been the subject of a **Child Protection Plan** or of previous **Care Proceedings**
 - There has been a previous unexpected death of a child whilst in the care of either parent where abuse /neglect is/was suspected
 - Emotional environment of child, especially high criticism / low warmth
 - Any predisposing factors in the family that may suggest a higher level of risk e.g. domestic violence, substance misuse
 - The impact on the child's health and development
- 3.7 A Section 47 Enquiry must always be commenced immediately there is a disclosure, allegation or evidence that a child is suffering or likely to suffer significant harm. **This applies equally to new, re-referred and open cases.**

4. ROLE OF DUTY / ALLOCATED SOCIAL WORKER

- 4.1 Enquiries must be undertaken by a suitably qualified social worker, either a duty officer or the allocated social worker on an open case.

4.2 The duty / social worker must:

- Obtain clear, detailed information about the concerns, suspicion or allegation
- Obtain history and background information including agency files
- Establish if the child, any other children in the household or children who have previously lived with the caregiver/s have ever been subject to a child protection plan
- Establish whether the child has ever been subject to a **Common Assessment (CAF)**
- Report to the responsible manager
- Undertake any necessary emergency action
- Contact the local police CAIU
- Agree with manager if parental agreement to be sought prior to undertaking agency checks, recording the decision
- Undertake agency checks with agencies that may be involved with the child and family

5. STRATEGY DISCUSSION (REVISED)

- 5.1 If there is reasonable cause to suspect a child is suffering, or is likely to suffer **Significant Harm**, CSC should convene a strategy discussion. This may take place following a referral or at any other time if concerns about significant harm emerge.
- 5.2 Depending on the nature of the concerns and the urgency of the situation this may be undertaken via an actual meeting and / or through a series of telephone discussions with the police CAIU and other relevant agencies, including the consultant paediatrician in the case of a suspicious injury.
- 5.3 Strategy discussions by phone will usually be adequate to plan a straightforward single agency enquiry. Meetings should be held in the case of complex cases and/or to plan joint investigations.
- 5.4 More than 1 strategy discussion and/or meeting may be required during the **Section 47 Enquiry** to share information and plan any further enquiries required. A final strategy discussion should be held to agree outcomes.
- 5.5 Where a CSC single agency enquiry is to be held there should be recorded discussions and/or meetings (in line with local procedures) between the team manager, social worker and other relevant agencies to explicitly plan the enquiry.
- 5.6 Meetings should be held at a convenient location and time for the key attendees e.g. CSC office, police station, hospital, GP surgery or school.
- 5.7 Paediatricians should be invited to all Strategy Discussions that involve physical injuries.
- 5.8 Strategy discussions between CSC, the CAIU and other agencies involved with the child/ren should:
- Clarify nature of allegation or suspicion of abuse and / or neglect
 - Share and evaluate information
 - Allocated tasks if any immediate protective action is required
 - Decide whether a **Section 47 Enquiry** and **Core Assessment** should be initiated (or continued if already commenced)
 - Agree the conduct and timing of any criminal investigation as part of a joint Section 47 Enquiry
- 5.9 Where it is decided there are grounds to initiate or continue a Section 47 Enquiry and Core Assessment, decisions, in the context of the racial, cultural, religious and linguistic background of the child and her/his family, should be made about:
- The nature of the concerns and scope of the enquiry, including other children at possible risk
 - Further information required and how it should be obtained
 - When, how and who will undertake interviews with the child/ren and if a video interview will be used (consider gender of interviewer, especially in relation to concerns about sexual abuse)
 - When and how the parents / carers will be informed of the concerns and the planned action
 - The need for any paediatric or specialist assessment
 - Any further action if consent is refused for interview or medical assessment
 - How to ascertain the child's wishes and feelings and meet her / his best interests in the enquiry, taking account of any additional needs such as that arising from a disability or a need for an interpreter, speech and language therapist
 - The needs of other children in contact with the alleged abuser/s
 - Whether to interview referrer or anyone else
 - The need to observe the state of the family home in cases of suspected neglect
 - Agree what other actions may be needed to protect the child or provide interim services and support, including securing the safe discharge of a child in hospital
 - What information may be shared, with whom and when, taking into account the possibility of placing a child at risk of **Significant Harm** or jeopardising police investigations
 - Any implications for disciplinary action e.g. use of evidence statements
 - Any legal action required
 - Timescales, agency and individual responsible for agreed actions, including the timing of police investigations and relevant methods of evidence gathering
 - Contingency planning to cover changing circumstances including the need to reconvene the strategy discussion during the enquiry if the circumstances are particularly complex or unknown
 - The mechanism and date for reviewing the completion of agreed actions i.e. further strategy discussions

OUTCOME OF STRATEGY DISCUSSION

- 5.10 Possible outcomes include:
- A joint or single agency **Section 47 Enquiry** to continue or be initiated
 - Deferred decision whilst more information obtained
 - No Section 47 Enquiry because the threshold for Section 47 Enquiries has not been reached
 - No Section 47 Enquiry because the incident is of such marginal significance posing no real or potential threat to the welfare and safety of the child and it is not considered to be in the child's best interests to pursue the matter further
- 5.11 Where it is decided not to proceed with a Section 47 Enquiry consideration should be given to specifying:

- Further information required and if another strategy discussion should be held
- Further assessments e.g. proceeding with a core assessment
- Plans for future monitoring by agencies
- Any services to be provided by agencies
- The need for future intervention to be co-ordinated through the use of an ICS initial / Child's Plan

PARTICIPANTS TO STRATEGY DISCUSSION

- 5.12 The Strategy Discussion is essentially a meeting for professionals sufficiently senior to be able to contribute, although exceptional circumstances may arise where others may usefully contribute.
- 5.13 The Strategy Discussion should ordinarily be co-ordinated and chaired by the CSC 1st line manager.
- 5.14 The discussion must generally involve, at a minimum, both CSC and CAIU with other agencies included as appropriate, in particular the referring agency, the child's nursery / school, health and (where relevant) registered owner of service and registration authority.
- 5.15 A CAIU manager must be involved in all cases of possible injury or harm to a child. If the manager is unable to be directly involved in the discussion, clear directions should be provided to the participating police officer/s and the reasons for non-attendance recorded.
- 5.16 Where issues have significant medical implications, or a paediatric examination has taken place or may be necessary, a paediatrician should always be included.
- 5.17 If the child is or has recently been receiving services from a hospital or child development team, the discussion should involve the responsible medical consultant and, in the case of in-patient treatment, a senior ward nurse.
- 5.18 The local authority legal adviser's involvement may be appropriate.
- 5.19 Consideration should be given to the need to include a professional with expertise in particular cases of complex forms of alleged abuse and neglect.

NOTES OF DISCUSSION

- 5.20 It is the responsibility of the chair of the discussion to ensure that the decisions and agreed actions are fully recorded using the strategy discussion form.
- 5.21 Discussions held to plan CSC single agency enquiries should also be fully recorded.
- 5.22 Each participant should leave the meeting with a copy of the record, or have a copy faxed to them where the discussion was by phone.
- 5.23 The record should include:
- Those present and those invited and not present (if a meeting)
 - Those involved where the discussion was by phone
 - A summary of the information shared and an evaluation of it
 - All action points, with agreed timescale and identified person responsible for carrying it out
 - Details of how and when progress to be reviewed for each action

TIMING OF INITIAL STRATEGY DISCUSSION

- 5.24 Initial Strategy Discussions should be held within **1 working day**.
- 5.25 In the following circumstances, the child must be seen **on the day of referral** unless the strategy discussion decides (and records) the decision to defer seeing the child:
- Allegations / concerns indicating a serious risk to the child e.g. serious physical injury, injury to a baby or serious neglect
 - Allegations of recent penetrative sexual abuse (to ensure forensic evidence)
 - Where the child is frightened to return home
- 5.26 Where immediate action was required by either agency prior to a strategy discussion, a discussion must be held within 1 working day of that action.
- 5.27 Where the concerns are particularly complicated e.g. complex abuse, a Strategy Discussion must occur on the day of referral, but the (first) face to face meeting may be delayed to within a maximum of 5 working days, unless there is a need to provide immediate protection to a child.

TIMING OF SUBSEQUENT STRATEGY DISCUSSIONS

- 5.28 All enquiries should have a final discussion to agree outcomes and in general, this should not delay an **Initial Child Protection Conference** being held within 15 working days of the strategy discussion. Some enquiries will be more complicated and may require several review strategy discussions, which should be held at intervals not exceeding 15 working days.
- 5.29 In all cases, any Initial Child Protection Conference must take place within 15 working days of the final Strategy Discussion.
- 5.30 Planning discussions for CSC single agency enquiries should be consistent with these timescales.

6. SINGLE & JOINT AGENCY INVESTIGATIONS (REVISED)

POLICE & CSC LIASON

- 6.1 The primary responsibility of CAIU staff is to undertake criminal investigations of suspected, alleged or actual crime. CSC has the statutory duty to make, or cause to be made, enquiries when circumstances defined in Section 47 Children Act 1989, exist.
- 6.2 Criminal investigations and Section 47 enquiries may give rise to circumstances and information relevant to decisions that have to be taken by both agencies.
- 6.3 CSC and CAIU / Police must inform each other of any allegations or suspicions of child abuse or neglect, including 'stranger abuse' in line with the **Information Sharing & Confidentiality Procedure**. Line managers should be consulted in cases of uncertainty and advice recorded.
- 6.4 A written record must be made of telephone referrals (sharing information that a child is or is likely to be suffering **Significant Harm**). This written record must be agreed and shared across Police and Children's Services and must be recorded in Children's Services and Police databases. The written record must include details of:
- persons involved in the discussion;
 - agreed actions;
 - grounds / reasons for decisions made;

- decision to proceed on a Single or Joint Agency basis;
 - Review date.
- 6.5 A joint decision will be made regarding the appropriate level of intervention and of police involvement throughout the process, depending on the individual circumstances and context of each case.
- 6.6 Where initial allegations are imprecise or concerns arise gradually, it is likely that agreement will be reached for further assessment to determine whether a child is at risk of significant harm.
- 6.7 Where both agencies have responsibilities with respect to a child, they must co-operate to ensure joint investigation (combining the parallel processes of a Section 47 Enquiry and a criminal investigation) is undertaken in the best interests of the child. This should primarily be achieved through the co-ordination of activities at strategy discussions.
- 6.8 If agencies agree a single agency enquiry or investigation is appropriate, there should still be an exchange of relevant information, possible involvement in strategy discussions and agreement reached as to the feedback required by the non participating agency. A case may start with single agency status, but further assessment / information indicates a need for joint investigation.
- 6.9 Any decision to terminate enquiries or investigations must be communicated to the other agency for it to consider, and the rationale recorded by both agencies.
- 6.10 The decision regarding single or joint agency investigations should be authorised and recorded by 1st line managers in both the police (CAIU) and CSC.

JOINT AGENCY INVESTIGATION

- 6.11 A joint investigation must **always** be initiated whenever there is an allegation or reasonable suspicion that one of the circumstances below applies, regardless of the likelihood of a prosecution:
A sexual offence committed against a child by a child or adult, but excluding 'stranger abuse' see also *Draft Guidance for Professionals working with sexually active young people under the age of 18 in Berkshire*.
Physical injury, which could be considered serious either by the extent of the injury, age of the child or by repeated assaults of a minor injury e.g. murder, manslaughter, violence to a child constituting actual or grievous bodily harm, repeated assaults causing minor injury.
- **All non accidental injuries to babies**
 - **Serious neglect or ill-treatment** constituting an offence under s.1 Children and Young Persons Act 1933 (child abandoned, exposes to moral danger, neglected, ill treated, assaulted)
 - **Institutional and Complex abuse investigations**
 - **Fabricated or induced illness** (see **Fabricated or Induced Illness Procedure**) which must also be reported to senior managers in CSC and CAIU
 - **Allegations against those whose work or voluntary activities provide unsupervised access to a child/ren** e.g. staff of a professional agency represented on the LSCB, baby sitters, voluntary group leader / helper (must also be reported to senior managers in CSC and CAIU)
- 6.12 Cases of minor injury should always be considered for a joint enquiry / investigation if the child is:
- Subject to a child protection plan
 - Looked after by the local authority
- 6.13 In other cases of minor injury, the circumstances surrounding the incident must be considered to determine the 'seriousness' of the alleged abuse. The following factors should be included in any consideration by the CAIU and CSC:
- Age, special needs and vulnerability of child or others in household
 - Any previous history of minor injuries to child / other children in the household
 - The intent of the assault e.g. strangulation may leave no marks, but is very serious
 - Whether a weapon or implement was used
 - Consistency with and clarity / credibility of child's account of injuries
 - Predisposing factors about alleged perpetrator e.g. criminal conviction/s, history of violence, substance misuse and / or mental health problems
 - A history of domestic violence
 - Previous concerns of an LSCB agency
 - Unusual circumstances are present e.g. suspected complex abuse or fabricated and induced illness
 - The child's (if age appropriate) wish police involvement
- 6.14 There will be times that after discussion, or preliminary work, cases will be judged less serious and it will be agreed that the best interests of the child are served by a CSC led intervention, rather than a joint investigation.
- 6.15 In all cases the welfare of the child remains paramount and always takes precedence over the need to commence or conclude any criminal investigation.

CHILDREN'S SOCIAL CARE SINGLE AGENCY

- 6.16 Where CSC assess that the circumstances fall into 1of the following criteria, it may progress single agency enquiries **following discussion** with the CAIU (and making relevant checks):
- **Purely emotional abuse** with no apparent physical symptoms, unless extreme circumstances constitute an offence of cruelty
 - **Minor physical injury** caused to a child in circumstances amounting to poor parenting
 - **Minor physical abuse, except for injuries to infants:** no visible injury or minor injury; the child provides a coherent account of how the non-accidental injury occurred and there was no intent to injure her/him; where there has been no previous allegations regarding that child or the alleged perpetrator
 - **Minor allegations against professionals responsible for the care of a child** e.g. teacher, where an allegation may represent inappropriate behaviour as opposed to criminal behaviour (CAIU should be consulted before and after CSC single agency enquiry and joint decision made about subsequent police action) - see **Allegations Against Staff, Carers & Volunteers Procedure**.
 - **Minor neglect** through inappropriate supervision or poor parenting skills
 - **Indirect suspicions of sexual abuse**, including over-sexualised behaviour of a child, anonymous reports and concerns by other professionals
- 6.17 Where information is received indicating **a person who has been identified as being a risk to children** (see **Management of Those Presenting a Risk to Children Procedure**) is living in or who has access to a household where there are children, CSC and CAIU must discuss the circumstances and agree the need for a single enquiry or joint investigation.
- 6.18 Where a minor crime, initially agreed by CAIU as inappropriate of further police investigation, is subsequently discovered to be more serious, the case must

be referred back to the CAIU.

POLICE SINGLE AGENCY

- 6.19 Criteria for police single agency investigations are those where:
- An allegation of childhood abuse is made by adults (the possibility of current risks to children should be determined and referred to CSC)
 - An alleged offender is not known to the child / child's family i.e. stranger abuse providing there are no current child protection concerns arising from the case (in accordance with **Achieving Best Evidence**, consideration will still be given to joint investigative interview/s)
- 6.19 Where the police conduct a single agency investigation out of hours, (in response to the duty to respond and take action to protect the child or obtain evidence), CSC EDT must be informed immediately, and if appropriate, a joint investigation commenced.
- 6.20 In all cases where the alleged abuser has current contact with children, a referral should be made to CSC for a strategy discussion to consider joint investigation and the protection of the child victim and other children.
- 6.21 In all cases where police undertake a single agency investigation, details of any victim aged under 18 must be referred to CSC, which is responsible for assessing if the investigation raises any child protection issues and if supportive or therapeutic services are appropriate.

DISPUTE RESOLUTION

- 6.22 Further discussion should occur between the line managers (detective sergeant and team manager) if there is any disagreement between agencies about the:
- Need for a joint investigation or the 'seriousness' of alleged physical abuse
 - Possibility that the needs of the criminal investigation, conflict with the needs of a child
- 6.23 If line managers disagree, the matter should be referred to the responsible detective inspector and service managers (see **Resolution of Professional Disagreement Procedure**).

7. IMMEDIATE PROTECTION

- 7.1 Where there is a risk to the life of a child or the possibility of serious immediate harm, the police officer or social worker must act quickly to secure the safety of the child.
- 7.2 Emergency action may be necessary as soon as a referral is received or at any point of involvement with child/ren, parents or carers.
- 7.3 Responsibility for immediate action rests with the authority where the child is found in consultation with any 'home' authority e.g. if looked after or subject to a child protection plan in another local authority.
- 7.4 Only if the 'home' authority is prepared to accept explicit responsibility is the host authority absolved of the responsibility to take action. This must be confirmed in writing immediately by fax or e-mail.
- 7.5 Immediate protection may be achieved by:
- An alleged abuser agreeing to leave the home
 - Removal of the alleged abuser
 - Voluntary agreement for the child/ren to move to a safer place with / without a protective person
 - Application for an **Emergency Protection Order (EPO)**
 - Removal of the child/ren under police powers
 - Gaining entry to the household under police powers
- 7.6 The social worker must seek the agreement of her/his 1st line manager and obtain legal advice before initiating legal action.
- 7.7 CSC should only seek police assistance to use their powers in exceptional circumstances where there is insufficient time to seek an EPO or other reasons relating to the child's immediate safety.
- 7.8 The agency taking protective action must always consider whether action is also required to safeguard other children in the same household, in the household of an alleged perpetrator or elsewhere.
- 7.9 Where there has been an unexpected (unexplained) child death (see **Unexpected (Unexplained) Death of a Child Procedure**), consideration may need to be given to the safety of other siblings / children in the home.
- 7.10 Planned immediate protection should normally be initiated following a **Strategy Discussion**.
- 7.11 Where an agency has to act immediately i.e. prior to a strategy discussion, to protect a child, a Strategy Discussion should take place within 1 working day after that action, to plan the next steps.

8. AGENCY INFORMATION SHARING

- 8.1 The social worker must consult with other agencies involved with the child and family in order to obtain a fuller picture of the child's circumstances and those of any others in the household, including risk factors and parenting strengths.
- 8.2 Generally permission is sought from parents prior to seeking such information, but the first line manager may authorise 'checks' to be completed without such permission if:
- Contact cannot be made with the parent / carer
 - Seeking permission is likely to increase the risk to the child/ren concerned or other individuals
 - A request for permission has been refused, the reason for refusal considered and sufficient professional concern remains to justify disclosure
 - Seeking permission is likely to impede a criminal investigation
- 8.3 The responsible manager should record the reasons for such a decision. For further discussion of the issues involved in information sharing, see **Information Sharing & Confidentiality Procedure**.
- 8.4 Even when there has been a recent **Initial Assessment** or Common Assessment completed, agencies must be consulted and informed of the new information / referral.
- 8.5 Agency checks should be undertaken directly with involved professionals and not through messages with intermediaries.
- 8.6 The relevant agency should be informed of the reason for the enquiry, whether or not parental consent has been obtained and asked for their assessment of the child in the light of information presented.
- 8.7 Agency checks should include accessing any relevant information that may be held in other local authorities or abroad (**Appendix 2, Key National Contacts** contains national contacts for sources of information about children from abroad).

9. INVOLVING PARENTS, FAMILY MEMBERS & CHILDREN

- 9.1 The social worker has the prime responsibility to engage with family members in order to assess the overall capacity of the family to safeguard the child, as well as ascertain the facts of the situation causing concern.
- 9.2 Parents and those with **Parental Responsibility** must be informed at the earliest opportunity of concerns, unless to do so would place the child at risk of **Significant Harm**, or undermine a criminal investigation.
- 9.3 Parents and children (where appropriate) should, in addition to being offered a verbal explanation of the Section 47 Enquiry process, be provided with explanatory leaflet/s.
- 9.4 Due consideration must be given to parent/s' capacity to understand this information in a situation of significant anxiety and stress.
- 9.5 Consideration must be given to those for whom English is not their first language or who may have a physical / sensory / learning disability and may need the services of an appropriate interpreter.
- 9.6 It is also essential factors such as race, culture, religion, gender and sexuality together with issues arising from disability and health are taken into account.
- 9.7 It may be necessary to provide the information in stages and this must be taken into account in planning the enquiry.
- 9.8 In planning any intervention with parent/s, the following points must be covered:
- An explanation of the reason for concern and where appropriate the source of information
 - The procedures to be followed (including an explanation of the need for the child to be seen, interviewed and/or medically examined and seeking parental agreement for these aspects of the enquiry and/or investigation)
 - An explanation of their rights as parents including the need for support and guidance from an advocate whom they trust (advice should be given about the right to seek legal advice)
 - An explanation of the role of the various agencies involved in the enquiry / investigation and of the wish to work in partnership with them to secure the welfare of their child
 - The need to gather initial information on history and structure of the family, the child and other relevant information to enable an assessment of the injuries and/or allegations and the continuing risk to the child to be made
 - In situations of domestic violence, the possibility of working with the parents separately
 - Assessment of evidential opportunities in a police investigation and recovery of evidence that may confirm or refute an allegation or suspicion of crime
 - The provision of an opportunity for parents to be able to ask questions and receive support and guidance
- 9.9 In the event of any conflict between the needs and wishes of the parents and those of the child, the child's welfare is the paramount consideration in any decision or action.
- 9.10 Recognising that there may be alternative accounts and disparities, parents should be provided with an early opportunity to explain their perception of the concerns.
- 9.11 In the course of an enquiry it may be necessary for statutory agencies to make decisions or initiate actions to protect children, or require the parents to agree to such action.
- 9.12 The social worker must inform relevant agencies of any such decisions or actions and confirm them in writing without delay.

10. MEETING THE CHILD

- 10.1 All children within the household must be directly communicated with during an enquiry (unless the **Strategy Discussion** decides this is not appropriate). Those who are the focus of concern should be seen alone, subject to age and preferably with parental permission.
- 10.2 *Working Together to Safeguard Children* 2006 paragraph 5.65 indicates that... 'exceptionally, a joint enquiry / investigation team may need to speak to a suspected child victim without the knowledge of the parent or caregiver.
- 10.3 Relevant circumstances that could justify this 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
- 10.4 Consideration must be given to child's developmental stage and cognitive ability. Specialist help may be needed if:
- The child's first language is not English (see **Interpreters, Signers & Others with Special Communication Needs Procedure**)
 - S/he appears to have a degree of psychiatric disturbance but is deemed competent
 - S/he has a physical / sensory / learning disability see **Section 7, Disabled Children, of the Recognising Vulnerability of Children in Particular Circumstances Procedure**.
 - Interviewers do not have adequate knowledge and understanding of the child's racial religious and cultural background
- 10.5 If the child is unable to take part in an interview because of age or understanding, alternative means of understanding should be used e.g. observation of very young children.
- 10.6 Consideration should be given to the gender of interviewers, particularly in cases of alleged sexual abuse and it is also essential factors such as race, culture, religion, gender and sexuality together with issues arising from disability and health are taken into account.
- 10.7 Children may need time, and more than 1 opportunity to develop trust and communicate concerns, especially if they are very young or have a communication impairment, learning disability or mental health problems.
- 10.8 The objectives in seeing the child are to:
- Hear her/his account of allegations or concerns and whether these constitute a criminal offence
 - Record and evaluate, demeanour, mood state and behaviour
 - Observe and record the interactions of child and carers
 - See and record the circumstances in which the child is currently living and sleeping and, if different, her/his ordinary residence
 - Evaluate the physical safety of the environment including the storage of hazardous substances e.g. bleach, drugs
 - Ensure that any other children who need to be seen are identified
 - Assess the degree of risk and possible need for protective action
 - Meet the child's needs for information and re-assurance
 - Assess the child's willingness to pursue the complaint through the police

- Make decisions about format to be used if a detailed account to be given by the child i.e. video / statement / question and answer
 - Inform decisions about possible medical and forensic needs
- 10.9 The **Strategy Discussion** must decide where, when and how the child/ren should be seen and if a video interview is required. The child should be seen within 24 hours if s/he:
- Is reported to have sustained a physical injury
 - Has disclosed sexual abuse and the child is to be returned to a situation that might place him/her at risk
 - Is already the subject of a child protection plan
 - Is suffering from severe neglect or other severe health risk
 - Is abandoned
- 10.10 In order to avoid undermining any subsequent criminal case, in any contact with a child prior to an investigative interview, staff must:
- Listen to the child rather than directly questioning her/him
 - Never stop the child freely recounting significant events
 - Fully record the discussion including timing, setting, presence of others as well as what was said - if a disclosure is made, questions and answers must be recorded verbatim and contemporaneously
 - All original notes must be retained for disclosure purposes

10.11 All subsequent events up to the time of any video interview must be fully recorded.

INVESTIGATIVE INTERVIEWS

10.12 The conduct of and criteria for visually recorded interviews with children are laid out in **Achieving Best Evidence in Criminal Proceedings** and should be undertaken by those with specialist training and experience in interviewing children.

INABILITY TO ACCESS THE CHILD

Child's Whereabouts Unknown

- 10.13 See **Missing Person Interim Protocol Between Thames Valley Police and the 9 Thames Valley LSCBs**.
- 10.14 CSC should make all reasonable efforts to persuade parents to co-operate with a **Section 47 Enquiry**. If a child's whereabouts are unknown, or s/he cannot be traced by the social worker within 24 hours the following actions must be undertaken:
- A strategy discussion held with CAIU
 - Agreement reached with the manager responsible about further action to locate and access the child and complete the enquiry
 - Legal advice sought
- 10.15 If police efforts to locate the child have been unsuccessful within 48 hours, CSC must call an urgent strategy meeting, involving CAIU and any other directly relevant agency. This meeting must consider whether or not there is sufficient concern to recommend that CSC circulate information about the child to all other agencies nationally (see also **Missing Child, Adult or Family Procedure**).

Access to Child Refused / Obstructed

10.16 If access to a child is refused or obstructed by parents or caregivers, the social worker, in consultation with her/his manager, should have a strategy discussion with the police and seek legal advice as appropriate about the need for a **Child Assessment Order** (where concerns are not so urgent as to require an EPO) or an **Emergency Protection Order**.

11. MEDICAL ASSESSMENT

URGENT NEED FOR TREATMENT

- 11.1 Where the child appears in urgent need of medical attention s/he should be taken to the nearest A & E department, regardless of age, explanation or any other factors e.g. where there are suspected fractures, bleeding or loss of consciousness.
- 11.2 A & E staff should call the paediatricians to assess the child if abuse or neglect is suspected when a child presents at A & E without CSC involvement.

REFERRALS FOR MEDICAL ASSESSMENT BY CHILDREN SOCIAL CARE / CAIU

- 11.3 The **Strategy Discussion** will determine, in consultation with the paediatrician, the need for and timing of a medical assessment for the child and for any other children in the household. If the child is in urgent need of medical attention see **Immediate Protection**.
- 11.4 Medical assessments must be considered when there is a suspicion or allegation of child abuse and/or neglect involving:
- Any injuries to children under 1 year
 - A suspicious or serious injury (thought to be non-accidental or an inconsistent explanation)
 - Suspected sexual abuse or assault (if information indicates an intimate examination may be needed)
 - Serious neglect
- 11.5 An explicit record must be made of the decision about whether to undertake a medical assessment, and its rationale clearly stated.
- 11.6 The strategy discussion must plan what will be explained to parents / carers so that they understand the reason for the assessment.

East Berkshire

- 11.7 Injuries in babies under 1 year old are unusual and worrying, and should always be referred to the hospital paediatricians by contacting the paediatric ward registrar at Wexham Park Hospital.
- 11.8 Children over 1 year, when medical opinion is needed as part of the assessment of risk, where the explanation differs between carer and child or seems incompatible with the history, should be seen by the hospital paediatricians.
- 11.9 Children over 1 year, where the history is consistent between child and carer and with the injury, and who are not in need of urgent medical treatment, should be seen by the GP for documentation of injuries. When a GP is asked to see a child s/he must be briefed by Children's Service (Social Care) prior to the examination.
- 11.10 If there are ongoing concerns about repeated minor injuries, signs of developmental delay, growth failure, behavioural difficulties or neglect, the child should be referred to the Community Paediatrician covering her/his area of residence.

- 11.11 Examinations for suspected child sexual abuse are shared between the designated doctor for child protection at St Mark's Hospital and the police examiners. Early discussion is needed to consider the need for forensic specimens.
- 11.12 Cases of emotional abuse should be discussed with CAMHS or with the designated doctor.

West of Berkshire (Revised)

- 11.13 Referrals of children between 9.00am - 5.00pm with possible **physical abuse or non-accidental injury** who do not require immediate medical treatment should be made to the Day Child Protection Team based at 3 Craven Road, Reading (Tel: 01189 315800 or 0789 9915718).
- 11.14 Referrals of children for paediatric assessment owing to possible **sexual abuse** should be made to the made to the Day Child Protection Team based at 3 Craven Road, Reading (Tel: 01189 315800 or 0789 9915718 for the attention of the Dr A J MacRae, (Consultant Community Paediatrician)
- 11.15 Referrals of children for paediatric assessment owing to **neglect**, but about whom there are no concerns about physical abuse, should be referred by letter to Dr A J Macrae (Consultant Community Paediatrician) at 3 Craven Road, Reading RG1 5LF who will arrange an appropriate appointment.
- 11.16 Referrals at any other time should go to the duty Paediatric Specialist Registrar on call who can be contacted through the Royal Berkshire Hospital switchboard (Tel: 01189 875111). However if the child is not in need of immediate medical treatment it would be preferable if possible to contact the Day CP team the following day (details above).

STANDARDS FOR MEDICAL ASSESSMENT (REVISED)

- 11.17 Medical assessments should comply with the following standards;
- When requested by statutory agencies as part of a **Section 47 Enquiry**, medical examinations should be undertaken by doctors with child protection expertise.
 - The number of examinations should be kept to a minimum to minimise any further trauma to the child
 - The timing of the examination should be considered: late night or out of hours examinations should be the exception
 - The wishes of the child's parents or child's advocate should be acceded to when requesting the services of a female or male doctor whenever possible
 - A GP may be asked to document an injury but not to give an opinion as to whether or not it has been non-accidentally caused
 - Consent may be verbal or written but must be informed and if verbal must not be transmitted through a 3rd party
- 11.18 The response time from referral to examination should be appropriate:
- Physical abuse: the same day
 - Child sexual abuse: if forensic specimens needed - as soon as possible evening / day / night; if acute abuse within 48 hours; if chronic abuse, the next available appointment
 - Neglect: usually next available appointment
- 11.19 Child sexual abuse paediatric assessments should be undertaken in accordance with the guidance for paediatricians and FMEs issued by the *Royal College of Paediatrics and Association of Police Surgeons Child Health Guidelines* (September 2004).
- 11.20 In sexual abuse the need for both forensic and sexually transmitted disease samples should be considered.
- 11.21 The examining doctor should provide a written statement of her/his medical opinion, which could be used in a child protection conference and/or in subsequent legal proceedings.
- 11.22 Clinical details of the medical examination should be recorded at the time of the examination on agreed child protection 'pro formas' and accompanying body charts.
- 11.23 Necessary investigations e.g. blood tests for clotting, X-rays and medical photographs should be carried out immediately in appropriate cases - facilities will need to be available on site in acute abuse (a skeletal survey may have to be delayed until the next day but the child's safety should always be ensured before then).
- 11.24 Children who present to hospital and the initial examining doctor has child protection concerns must be examined by the paediatric registrar on the hospital site. No patient about whom there are child protection concerns should be allowed home without informing the consultant on call:
- Where there is a suspicion of non-accidental injury the consultant on call should be informed immediately
 - If child protection concerns have been raised but there is nothing on history or examination to suggest non-accidental injury, and the patient is admitted for other reasons, the consultant may be informed at the next ward round but must be informed before the child is discharged.
- 11.25 Junior paediatric doctors in training who see patients with a possibility of non-accidental injury should immediately refer to their more senior colleague.
- 11.26 In cases of suspected non accidental injury initially admitted under a speciality, it is the responsibility of the consultant to work closely with the named doctor for child protection in a child protection plan and inform the paediatric team before discharge, so that the discharge protocol is followed.
- 11.27 In Wexham Park hospital, if a child is treated under a surgical speciality and abuse / neglect is suspected, s/he must be referred to the consultant within that speciality and to the duty paediatric consultant, with a written referral slip handed to the ward registrar.
- 11.28 Advice and assistance may be sought:
- On procedural matters from the Trust's named doctor
 - From the appropriate clinical specialist in determining the exact significance of the history of injuries
 - From the designated doctor if concerns are not addressed adequately within the Trust and /or for advice on advances in the literature and references in more complex cases
- 11.29 Paediatricians examining children for child sexual abuse will participate in a clinical peer review group.

Consent for Paediatric Assessments or Medical Treatment

- 11.30 **Appendix 4, Medical Assessment & Consent** offers guidance on this complex subject.

RECORDING OF MEDICAL ASSESSMENT

Report

- 11.31 The examining doctor must provide a written report of her/his medical opinion, which can be used in a child protection conference and/or subsequent legal proceedings.
- 11.32 This report should be structured as:
- Issues

- Fact
- Opinion

11.33 The report must:

- Carefully distinguish between fact and opinion
- Clearly document consent to the examination, whether verbal or written and by whom it was given
- Record verbatim any account given by the child, distinguished from what anyone is reported to have given
- Provide information on any injury in the context of a full paediatric assessment of child's growth, development and emotional well being

Body Charts / Photo Documentation

11.34 Agreed body charts should be used for both physical and sexual abuse and appended to the report. Photographs should also be used in physical abuse in all complex injuries.

11.35 Photo documentation in sexual abuse should be anonymised and retained separately from the child's details in a safe store.

12. ANALYSIS & ASSESSMENT OF RISK

12.1 The scope and focus of the assessment during the **Section 47 Enquiry** will be that of a **Core Assessment** which specifically addresses the risks for the child/ren. It should address the assessment framework dimensions and specifically:

- Identify clearly the initial cause for concern
- Collect information from agency records and other agencies
- Describe the family history and that of the child/ren
- Describe the family structure and network
- Evaluate the quality of attachments between child/ren and carers
- Evaluate the strengths of the family
- Consider the child's needs for protection
- Evaluate information from all other sources, including any previous assessments
- Consider the ability of parents and wider family and social networks to safeguard and promote the child's welfare
- Evaluate the risks to the child

12.2 In evaluating the risk to the child specifically consider:

- Nature of the risk: for whom is the risk, how likely is it to occur and how serious / severe will be the impact (quantify 1-5, 1= high)
- Strengths in the situation and to what extent they mitigate risk
- Potential benefits from taking the risk, for whom and how likely are they to occur?
- Views of other people (child, parents, family members, other professionals) about taking the risk; record accurately who says what
- What experience / research indicates about taking the risk?
- Consequences of not taking the risk
- Possible actions to minimise effects of risk - by whom and extent this makes risk more tolerable
- Possible actions to enhance the strengths in the situation and extent this makes risk more tolerable

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

13. OUTCOME OF SECTION 47 ENQUIRIES

13.1 At the completion of the planned enquiry, the social worker and line manager should decide how to proceed, following strategy discussion/s with relevant agencies and professionals. The aim of the **Strategy Discussion** at this point is to share information, plan any further enquiries and agree.

13.2 In all cases the manager must authorise the outcome and any plans for further service.

CONCERNS NOT SUBSTANTIATED (REVISED)

13.3 Where the concerns are not substantiated it will still be important to complete the core assessment and consider if further help or support is needed. In some cases, there may remain concerns about **Significant Harm**, despite a lack of evidence and it may be appropriate to put in place explicit arrangements to monitor the child's welfare. In these circumstances, the **Core Assessment** will need to be completed to an appropriate depth and consideration given to service provision and future monitoring by agencies.

CONCERNS SUBSTANTIATED: CHILD NOT JUDGED TO BE AT CONTINUING RISK OF SIGNIFICANT HARM

13.4 There may be substantiated concerns that a child has suffered **Significant Harm**, and the agencies most involved, having ensured the child / any others in the household and her/his carers have been seen and spoken with, agree that a plan for ensuring the child's future safety and welfare can be implemented without a conference.

13.5 In these circumstances the **Core Assessment** should be completed and consideration given to the use of multi-agency meetings and/or **Family Group Conferences** to develop, implement and review the **Child in Need Plan**.

CONCERNS SUBSTANTIATED CHILD JUDGED TO BE AT CONTINUING RISK OF SIGNIFICANT HARM

13.6 Where concerns are substantiated and the child is assessed to be at continuing risk of **Significant Harm** the line manager must authorise the convening of an **Initial Child Protection Conference** and completion of the **Core Assessment** (if incomplete), having ensured the child / any others in the household and the child's carers have been seen.

13.7 The manager may also agree / decide to initiate legal action.

14. RECORDING OF SECTION 47 ENQUIRIES

14.1 All agencies must keep accurate and detailed records of information, actions and decisions relating to the **Section 47 Enquiry**, using any agency 'proformas' (legibly) signed and dated by the staff or inputted into their electronic record.

14.2 Both CAIU and CSC records must identify managers' decision making on forms and in electronic records.

14.3 Practitioners should wherever possible, retain signed and dated rough notes until the completion of anticipated legal proceedings.

14.4 CSC recording of enquiries should include:

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

RECORD OF OUTCOME OF ENQUIRIES

- 14.5 The outcome must be clearly recorded, with the reasons for decisions clearly stated on the Outcome of Section 47 Enquiries Record (ICS) or equivalent form and signed off by the line manager.
- 14.6 At the completion of the enquiry CSC line manager must ensure that the concern and outcome have been entered on a chronology at the front of each file / on the electronic record.

15. FEEDBACK FROM ENQUIRIES

- 15.1 Parents, and children of sufficient age and appropriate level of understanding, together with those agencies and professionals significantly involved in the **Section 47 Enquiry**, should be given written information on the outcome of the enquiry (in advance of any subsequent **Child Protection Conference** held).
- 15.2 Feedback about outcomes should be provided to non-professional referrers in a manner that respects the confidentiality and welfare of the child. If there are ongoing criminal investigations, the content of the social workers feedback should be agreed with the CAIU.

DISPUTED DECISIONS

- 15.3 Where CSC has concluded an **Initial Child Protection Conference** is not required but professionals in other agencies remain seriously concerned about the child's safety, they should consult the relevant designated person within their agency.
- 15.4 Where serious concerns remain that a child's welfare may not be adequately safeguarded without one, the designated professional (or other senior manager) of the agency should discuss the concerns with the child protection co-ordinator and may request a child protection conference.
- 15.5 Any such request should normally be agreed, but if disagreements remain the procedures for resolution of professional disagreement should be followed (see **Resolution of Professional Disagreements Procedure**).

16. TIMESCALES

ROUTINE

- 16.1 The initial **Strategy Discussion** instigates the **Section 47 Enquiry** and the **Core Assessment** must be completed within 35 working days from the date of that discussion / meeting (*Framework for the Assessment of Children in Need and their Families* p.32 paragraph 3.11).
- 16.2 The maximum period from the last strategy discussion of an enquiry to the date of the **Initial Child Protection Conference** is 15 working days, which means that initial conferences may be held prior to the completion of the core assessment.

EXCEPTIONS

- 16.3 The time-scales above are the minimum standards required by Working Together. Where the welfare of the child requires shorter time-scales these must be achieved.
- 16.4 There may be exceptional circumstances where it is not in the child's interests to work to the above time-scales. The circumstances which may lead to an alternative time-scale include:
- The need to engage interpreters, translators etc. for those with communication needs (including disabled children)
 - Pre-birth assessments
- 16.5 Any proposal to justify variation of routine time scales must be authorised by the service manager following line manager's consultations with the CAIU and any relevant agencies.
- 16.6 Reasons for diverging from these time-scales must be fully recorded together with a plan of action detailing alternative arrangements.

End

APPENDIX 8: Child Protection Conferences

1. INTER-AGENCY COLLABORATION

1.1 All agencies must make reasonable efforts to ensure that staff involved in child protection work are committed to and achieve:

- Sharing of information
- Careful preparation for conferences, including the provision of reports
- Attendance at conferences
- Contribution to decision making
- Delivery of actions that are planned to safeguard the child /ren

2. TYPES OF CHILD PROTECTION CONFERENCES

INITIAL CHILD PROTECTION CONFERENCE

Purpose of Initial Conference

- 2.1 The initial child protection conference brings together family members, the child (where appropriate), supporters / advocates and those professionals most involved with the child and family to:
- Share and evaluate information in an inter-agency setting regarding the child's health, development and functioning and the parent/carer's capacity to ensure the child's safety and promote their well being within the context of their wider family and environment
 - Make judgements about the likelihood of the child suffering **Significant Harm** in future and decide whether the child is at continuing risk of significant harm
 - Decide if the child should be the subject of a **Child Protection Plan** and if so the category of abuse or neglect the child has suffered
 - Decide what future action is needed to safeguard the child and promote her/his welfare, how that action will be taken forward and with what intended outcomes and time-scales
- 2.2 The conference must consider **all** the children in the household, even if concerns are only being expressed about one child.

Threshold for Convening an Initial Conference

- 2.3 CSC must convene an initial child protection conference when it is believed that a child may continue to suffer or be at risk of suffering significant harm.
- 2.4 This decision will be the outcome of the assessment undertaken during the **Section 47 Enquiry** that concludes that the concerns were substantiated and the child is judged to be at continuing risk of Significant Harm.
- 2.5 The CSC responsible manager makes the decision to convene a child protection conference and must record her/his reasons.
- 2.6 Where the outcome of a Section 47 enquiry was not to convene a conference, a senior member of another agency may request a conference be convened if s/he has serious concerns that a child's welfare may not otherwise be adequately safeguarded. Any such request should normally be agreed (see also **Resolution of Professional Disagreement Procedure**).

Timing of Initial Child Protection Conference

- 2.7 The initial child protection conference should take place (offering those invited as much notice as is practicable) within 15 working days of the last **Strategy Discussion** of the Section 47 Enquiry.
- 2.8 The initial conference should, where possible, be held before expiry of an **Emergency Protection Order**, if further legal action is planned.
- 2.9 Where a **Child Assessment Order** has been made the conference should be held immediately on conclusion of examinations and assessments.
- 2.10 Any delay must have written authorisation from the service manager (including reasons for the delay) and CSC must ensure risks to the child are monitored and action taken to safeguard the child.

REVIEW CHILD PROTECTION CONFERENCE

Purpose of Review Child Protection Conference

- 2.11 The purpose of the review conference is to:
- Review the safety, health and development of the child against the intended outcomes set out in the **Child Protection Plan**
 - Ensure measures put into place to ensure the child is adequately protected from the risk of harm are effective and appropriate
 - Bring together and analyse information about the child's health, development and functioning and the parent / carer's capacity to ensure the child's welfare and promote their welfare
 - Make judgements about the likelihood of the child suffering **Significant Harm** in the future
 - Decide if the child should continue to be the subject of a child protection plan and if so, the category of abuse or neglect s/he has suffered
 - Decide what future action is needed to safeguard the child and promote her/his welfare, how that action will be taken forward and with what intended outcomes and time-scales
 - Consider any required changes to the child protection plan
 - Determine any need for a new **Core Assessment**
- 2.12 The conference must decide explicitly if the child is still at continued risk of significant harm and hence whether a protection plan is required. If so, the category of abuse or neglect the child has suffered must be re-considered.
- 2.13 If the child is judged to no longer require a child protection plan, the conference should consider what support may benefit the child and family and who is responsible for providing that support.

Timing

- 2.14 The first review conference must be held within 3 months of the initial conference. Further reviews must be held at intervals of not more than 6 months, for as long as the child remains subject to a child protection plan.
- 2.15 Consideration should always be given to bringing the date of a conference forward where:
- Child protection concerns relating to a new incident or allegation of abuse have been substantiated
 - There are significant difficulties in carrying out the child protection plan
 - A child is to be born into the household of a child who is the subject of a child protection plan
 - A person identified as presenting a risk, or potential risk, to children is to join or commences regular contact with the household

- There is a significant change in the circumstances of the child or family not anticipated at the previous conference and with implications for the safety of the child
- A child subject to a child protection plan is **Looked After** by the local authority and consideration is being given to returning the child to the circumstances where care of the child initially required a protection plan (unless this step is anticipated in the existing protection plan)
- The **Core Group** believe that consideration should be given to ending the child protection plan

PRE-BIRTH CONFERENCE

See also **Pre Birth Procedure**.

Purpose

- 2.16 A pre-birth conference is an initial child protection conference concerning an unborn child. Such a conference has the same status and purpose and must be conducted in a comparable manner to an **Initial Child Protection Conference**.

Threshold for pre-birth conference

- 2.17 Pre-birth conferences should always be convened where there is a need to consider if an inter-agency child protection plan is required. This decision will usually follow from a pre-birth assessment.
- 2.18 A pre-birth conference should be held where a:
- Pre-birth assessment gives rise to concerns that an unborn child may be at risk of **Significant Harm**
 - Decision to initiate care proceedings has been made as a result of a pre-birth assessment
 - Previous child has died or been removed from parent/s as a result of significant harm
 - Child is to be born into a family or household which already have child/ren subject to child protection plan/s
 - Person identified as presenting a risk, or potential risk, to children resides in the household or is known to be a regular visitor
- 2.19 Other risk factors to be considered are:
- The impact of parental risk factors such as mental ill-health, learning disabilities, substance misuse and domestic violence
 - A mother under 16 about whom there are concerns regarding her ability to self care and/or to care for the child
- 2.20 If the conclusion of the pre-birth assessment is that a pre-birth child protection conference should be held, or the criteria in 2.19 apply, the conference must still be convened if the prospective parent/s plan to move to another local authority.
- 2.21 All agencies involved with pregnant women should consider the need for an early referral to CSC, so that assessments are undertaken and family support services provided as early as possible in the pregnancy.

Timing of Conference

- 2.22 The pre-birth conference should take place as soon as practical and at least 10 - 12 weeks before the due date of delivery, so as to allow as much time as possible for planning support for the pregnancy and the birth of the baby.
- 2.23 Where there is a known likelihood of a premature birth, the conference should be held earlier.

Timing of Review Conference

- 2.24 The first review conference will be scheduled to take place within 6 weeks of the child's birth

TRANSFER CONFERENCE (REVISED)

- 2.25 When CSC is notified that a child, subject to a **Child Protection Plan** in another area, has moved permanently within its own boundaries, a transfer conference should be held within 15 working days of the notification of the move by the originating authority.
- 2.26 Responsibility for the case rests with the original authority until the conference has been held, but local staff should co-operate with the Keyworker from the originating authority to implement the child protection plan and record a 'temporary child protection plan' on the child's social care record.
- 2.27 The **Keyworker** from the originating authority must be invited to the transfer conference and asked to submit a report.
- 2.28 The transfer conference is an **Initial Child Protection Conference**. However, discontinuation of the **Child Protection Plan** from the previous local authority should only be agreed at this conference following a full assessment of the child and family in their new situation.
- 2.29 If a child protection plan is agreed at a transfer conference, a review conference should be held after 3 months.

3. MEMBERSHIP OF CHILD PROTECTION CONFERENCE

- 3.1 A conference should consist of the smallest number of people consistent with effective case management, but the following should normally be invited:
- Parents / carers
 - Child (if of sufficient age and understanding (see **Section 5, Involving Children**).
 - Social / Keyworker and 1st line manager
 - Police CAIU officer
 - Health services staff involved with child/ren - e.g. health visitor, school nurse, GP
 - Education services (schools, education welfare officers etc)
 - Probation service or YOT (to attend if relevant)
 - Legal services (to attend if relevant)
- 3.2 Additional invitations to conference should be limited to those who have a need to know / contribution to the task and may include:
- Health (including mental health) services involved with or able to provide relevant medical information regarding parent/s / carers and / or child/ren e.g. paediatricians, specialist doctors, ward staff, psychiatrists, community psychiatric nurses, social workers
 - Midwifery and relevant neonatal services where the conference concerns an unborn or new-born child (see **Pre-Birth Conference**).
 - Housing services
 - Alcohol and substance abuse services
 - Domestic Violence adviser
 - A representative of the Armed Services (where appropriate)

- Any professional or service provider currently or previously involved with the children or adults in the family, including foster carers, family centre and early years staff
- Any other relevant professional or service provider (including involved voluntary organisations)
- Supporter (including advocate), friend or solicitor (as supporters for the child and parent / carers)
- Wider family members
- The children's guardian where there are current court proceedings (in the role of an observer, but entitled to a copy of the notes to use in court proceedings)

LEGAL ATTENDANCE AT CONFERENCES (REVISED)

- 3.3 The Law Society provides professional guidance on attendance by lawyers at child protection conferences. The local authority legal advisor is both a legal advisor to the chair and to the local authority, although will not normally provide advice during a conference. S/he may not question parents directly and in exceptional circumstances may have to withdraw if there are any indications that admissions are to be made by parents.
- 3.4 Solicitors for a parent/child may attend in the role of advisor and not as participants in the conference in their own right. The role of a solicitor in this situation is to assist her/his clients to participate. In inviting a Solicitor to speak on behalf of a parent or carer, the chair will be guided by the principle of encouraging the fullest participation of the parent or carer consistent with retaining the focus on the overall purpose of the conference. Chairs will ensure Solicitors are reminded that all questions need to be directed through the chair.

ATTENDANCE OF AGENCY REPRESENTATIONS

- 3.5 Professionals who are invited but unable to attend for unavoidable reasons should:
- Arrange wherever possible for another representative to attend on her / his behalf
 - Inform the conference administrator
 - Submit a written report
- 3.6 A professional observer can only attend with the prior consent of the chair and the family and must not take part in discussions or decision-making. Requests should be made to the chair a minimum of 3 working days before the conference.

QUORATE CONFERENCES (REVISED)

- 3.7 The primary principle for determining quoracy is that there should be sufficient information, and sufficient agencies or key disciplines present to enable safe decisions to be made in the individual circumstances.
- 3.8 *As a minimum, at every conference there should be attendance by LA CSC, 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 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 (i.e. LA CSC 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. (Working Together 2006 5.83)*
- 3.9 Where a conference is inquorate it should not ordinarily proceed.
- 3.10 If the chair makes the decision not to go ahead with the conference, the chair must ensure that either:
- An interim **Child Protection Plan** is produced or
 - The existing plan is reviewed with attending professionals and family members so as to safeguard the welfare of the child/ren and that
 - Another conference date, usually within a month is set immediately.
- 3.11 In exceptional circumstances the chair may decide to proceed with the conference. This would be relevant:
- Where sufficient information is available to enable safe decisions to be made in the individual circumstances and
 - Where a delay will be detrimental to the child
- 3.12 Where an inquorate conference is held the conference chair will explain the exceptional circumstances that have prompted the decision to proceed and, if a child is made subject to a child protection plan, will arrange a date for an early review conference.
- 3.13 If the decision of the inquorate conference was to discontinue the protection plan, the chair should seek the views of other agencies involved with the child first. This should be done in writing within 10 working days, and written responses provided within 10 working days.

4. INVOLVING PARENTS / CARERS & FAMILY MEMBERS

- 4.1 Parents and carers must be invited to conferences (unless exclusion is justified as described (see **Section 6, Exclusions of Family Members**)).

INFORMATION PROVISION & PLANNING

- 4.2 The social worker must facilitate their constructive involvement by ensuring in advance of the conference that they are given sufficient information and practical support to make a meaningful contribution.
- 4.3 The social worker must explain to parents / carers the purpose of the meeting, who will attend, the way in which it will operate, the purpose and meaning of registration and the complaints process.
- 4.4 Preparation should include consideration of childcare arrangements to enable the attendance of parent/s.
- 4.5 Written information should be left with the family regarding conferences, the right to bring a friend, supporter (including an advocate) or solicitor (in role of supporter), details of any local advice and advocacy services and the conference complaints procedure.
- 4.6 The role of the supporter is to enable the parent / carer to put her/his point of view, not to take an adversarial position or cross-examine participants. The family need to be aware that any supporter will hear personal information about the child/ren, parents and partners.

USE OF INTERPRETERS

- 4.7 Those for whom English is not a first language must be offered and provided with an interpreter, if required. Provision should be made to ensure that visually or hearing impaired or otherwise disabled parents/carers are enabled to participate.
- 4.8 A family member should not be expected to act as an interpreter of spoken or signed language (see **Interpreters, Signers & Others with Special Communication Skills Procedure**).

PRESENTATION OF PARENT / CARER VIEWS TO THE CONFERENCE

- 4.9 Parents / carers should be helped in advance to consider what they wish to convey to the conference within its time constraints, how they wish to do so and what help and support they will require e.g. the family may choose to communicate in writing or by tape, to provide a summary of where they see concerns and their own strengths to meet their child's needs.
- 4.10 If parents / carers are unable or do not wish to attend the conference they must be provided with full opportunities to contribute their views and the social worker must facilitate this by:
- Providing alternative means to communicate with the chair
 - Exploring the use of an advocate or supporter to attend on behalf of the parent / carer
 - Enabling the parent / carer to write or tape their views
 - Agreeing that the social worker, or any other professional, expresses their views

PRIOR MEETING WITH CHAIR

- 4.11 Immediately prior to the conference, the chair should meet with family members to ensure they understand the process. This may, where the potential for conflict exists, involve separate meetings with the different parties.

POTENTIAL OF CONFLICT BETWEEN FAMILY MEMBERS

- 4.12 Explicit consideration should be given to the potential of conflict between family members and possible need for children or adults to speak without other family members present (see **Section 6, Exclusions of Family Members**).

5. INVOLVING CHILDREN

- 5.1 The child, subject to her/his level of understanding, needs to be given the opportunity to contribute meaningfully to the conference.
- 5.2 In practice, the appropriateness of including an individual child must be assessed in advance and relevant arrangements made to facilitate attendance at all or part of the conference.
- 5.3 Where assessed in accordance with the criteria below, that it would be inappropriate for the child to attend, alternative arrangements should be made to ensure her/his wishes and feelings are made clear to all relevant parties - e.g. use of an advocate, written or taped comments.

CRITERIA FOR PRESENCE OF CHILD AT CONFERENCE

- 5.4 The primary questions to be addressed are:
- Does the child have sufficient understanding of the process?
 - Has s/he expressed an explicit or implicit wish to be involved?
 - Parents' views about the child's proposed presence
 - Is inclusion assessed to be of benefit to the child?
- 5.5 The test of 'sufficient understanding', is partly a function of age and partly of capacity to understand. Generally, a child of less than 10 years is unlikely to be able to be a direct and/or full participant in a conference. An older child is potentially able to contribute. However, each child should be considered individually and consideration taken of their maturity, intellectual and cognitive development.
- 5.6 To establish her/his wish with respect to conference attendance the child must be first provided with a full and clear explanation of its purpose, conduct and membership and potential provision of an advocate or support person.
- 5.7 Written information translated into the appropriate language should be provided to those able to read and an alternative medium e.g. tape, offered those who cannot read.
- 5.8 A declared wish **not** to attend a conference (having been given such an explanation) must be respected.
- 5.9 Consideration should be given to the:
- Views of and impact on parent/s of the child's proposed attendance
 - Impact of the conference on the child e.g. if s/he has a significant learning difficulty or if it will be impossible to ensure s/he is kept apart from a parent who may be hostile and/or attribute responsibility to the child

INDIRECT CONTRIBUTIONS WHEN A CHILD IS NOT ATTENDING

- 5.10 When a child is not attending, the social worker must ensure her/his wishes and feelings are effectively represented. Means to achieve this include one or more of the following:
- A pre-meeting with the conference chair
 - Representation via an advocate or supporter
 - Written statements, e-mails, text messages, taped comments and/or drawings prepared alone, with the social worker or with independent support
 - Agreeing the social worker / any other professional, expresses her/his views

DIRECT INVOLVEMENT OF A CHILD IN A CONFERENCE

- 5.11 In advance of the conference, the chair and social worker should agree whether:
- The child attends for all or part of the conference, taking into account confidentiality of parents and/or siblings
 - S/he should be present with one or more of her/his parents
 - The chair meets the child alone or with a parent / carer prior to the meeting
- 5.12 If the child attends all or part of the conference, it is essential that s/he is prepared by the social worker or independent advocate, who can help her/him prepare a report / tape recording or rehearse any particular points that the child wishes to make.
- 5.13 Those for whom English is not a first language should be offered and provided with an interpreter.
- 5.14 Provision should be made to facilitate a child who has any form of disability to participate.
- 5.15 Consideration should be given to enabling the child to be accompanied by a supporter or an advocate.

6. EXCLUSION OF FAMILY MEMBERS FROM A CONFERENCE

- 6.1 Exceptionally it may be necessary to exclude 1 or more family members from part or all of a conference.
- 6.2 These situations will be rare, and the conference chair, must be notified as soon as possible by the social worker if it is considered necessary to exclude one or both parents for all or part of a conference.

- 6.3 The chair should make a decision according to the following criteria:
- Indications that the presence of the family member may seriously prejudice the welfare of the child
 - Sufficient evidence that a parent / carer may behave in such a way as to interfere seriously with the work of the conference such as violence, threats of violence, racist, or other forms of discriminatory or oppressive behaviour or being in an unfit state e.g. through drug, alcohol consumption or acute mental health difficulty (but in their absence a friend or advocate may represent them at the conference)
 - A child requests that the parent / person with **Parental Responsibility** or carer are not present while s/he is present
 - The presence of parents would prevent a participant from making her/his proper contribution
 - The need (agreed in advance with the conference chair) for members to receive confidential information that would otherwise be unavailable, such as legal advice or information about a criminal investigation
 - Potential conflicts between different family members may suggest they attend at separate times e.g. in situations of domestic violence
- 6.4 Where a worker from any agency believes a parent should, on the basis of the above criteria, be excluded, representation must be made, if possible at least 3 days in advance, to the conference chair.
- 6.5 The agency concerned must indicate which of the grounds it believes is met and the evidential basis of its request. The chair must consider the representation carefully and may need legal advice.
- 6.6 If, in planning a conference, it becomes clear to the chair there may be conflict of interests between child/ren and parents, the conference should be planned so that the welfare of the child/ren remain paramount.
- 6.7 This may mean arranging for the child and parents to participate in separate parts of the conference and for separate waiting arrangements to be made. Any exclusion period should be for the minimum duration necessary and must be clearly recorded in the conference minutes.
- 6.8 It may also become clear at the beginning or in the course of a conference, that its effectiveness will be seriously impaired by the presence of the parent/s. In these circumstances, the chair may ask them to leave.
- 6.9 Where a parent is on bail, or subject to an active police investigation, it is the responsibility of the chair to ensure the police can fully present their information and views and also that the parents participate as fully as circumstances allow. This may involve the chair and police having a confidential meeting prior to the conference.
- 6.10 The decision of the chair over matters of exclusion is final regarding both parents and the child/ren.
- 6.11 If the chair has decided, prior to the conference, to exclude a parent, this must be communicated in writing to the parent who must be informed about how to make their views known, how s/he will be told the outcome of the conference and about the conference complaints procedure (see **Section 12, Complaints by Service Users**).
- 6.12 If a decision to exclude a parent is made, this must be fully recorded in the minutes. Exclusion at one is not reason enough in itself for exclusion at further conferences.
- 6.13 Those excluded should be provided with a copy of the social workers report to the conference and be provided with the opportunity to have their views recorded and presented to the conference.
- 6.14 Where a parent / carer attends only part of a conference as a result of exclusion, s/he should receive the record of the decisions made at the conference.
- 6.15 The chair has the authority to decide if:
- If the entire record may be provided or
 - (Usually) only that part attended by the excluded parent / carer
- 6.16 A decision to withhold part of the record is justifiable on the basis of:
- **Health and safety**, where to provide the entire record might increase the risk to the child or relevant others or
 - **Sensitive 3rd party information** the sharing of which is unjustified e.g. health related information
 - **A current criminal investigation**, the effectiveness of which might otherwise be undermined or
 - **Other legal considerations** (usually on basis of legal advice)
- 6.17 The relevant procedural responses to professional or service user dissatisfaction about the above decisions are provided in the complaints procedure (see **Section 12, Complaints by Service Users**) and **Resolution of Professional Disagreements Procedure** respectively.

7. INFORMATION FOR CONFERENCE

SOCIAL WORK REPORT

- 7.1 The social worker should provide to the conference a legible, signed and dated written report, using the ICS / agency pro-forma for initial and review child protection conference reports.
- 7.2 A separate report must be prepared for each child who is a subject of the conference (previously decided by the social worker and her/his manager).
- 7.3 Even if not the subject of the conference, **all children** in the household need to be considered at the initial conference and information provided on each of them.
- 7.4 The report should be provided to parents and older children (to the extent that it is believed to be in their interests) at least 48 hours in advance of initial conferences and 5 working days before review conferences to enable any factual inaccuracies to be identified, amended and areas of disagreement noted.
- 7.5 Where necessary, the reports should be translated into the relevant language or medium.
- 7.6 The report should be provided to the chair at least 24 hours prior to the initial conference and 3 working days in advance of the review conference.
- 7.7 The report will be sent out after the conference (with the chair's report) to those invited to the conference.

INFORMATION FROM OTHER AGENCIES

- 7.8 It is the responsibility of **all** the agencies who have participated in the enquiry or who have relevant information to make this available to the conference in the form of a written, legible and signed report.
- 7.9 All agencies should have a pro forma for reports.
- 7.10 The reports must make it clear which child/ren are the subject of the conference, but address any known circumstances of **all** children in the household.
- 7.11 The report should be provided to parents and older children (to the extent that it is believed to be in their interests) at least 48 hours in advance of initial conferences and 5 working days before review conferences to enable any factual inaccuracies to be identified, amended and areas of disagreement noted.

- 7.12 Where necessary, the reports should be translated into the relevant language or medium.
- 7.13 The report should be provided to the chair at least 24 hours prior to the initial conference and 3 working days in advance of the review conference.
- 7.14 The reports will be attached or incorporated into the chair's record for circulation.
- 7.15 Where any agency representatives are unable to attend the conference they must ensure that a written report is made available to the conference, through the chair and, if possible, that a colleague attend in their place.

8. CHAIRING OF CONFERENCE

- 8.1 The chair of a child protection conference:
- Should be a professional with sufficient status to ensure inter-agency commitment to the conference and child protection plan
 - Should be independent of operational or line management responsibilities for the case
 - Is accountable to the Director of Children's Services
- 8.2 Wherever possible the chair of the initial conference should also chair any subsequent review conferences.
- 8.3 The chair must meet with child and family members (and interpreters if required) prior to the conference to ensure they understand the purpose of the conference and how it will be conducted.
- 8.4 At the start of the conference the chair should:
- Set out the purpose of the conference
 - Confirm the agenda
 - Emphasise the need for confidentiality
 - Address diversity issues e.g. specifying that racist, sexist, homophobic and threatening behaviour will not be tolerated
 - Clarify contributions of those present, including family supporters
- 8.5 During the conference the chair should ensure that:
- The conference maintains a focus on the welfare of the child/ren
 - Consideration is given to all the children in the household
 - All those present (including if relevant parents and child/ren) make a full contribution and that full consideration is given to the information they offer
 - Reports of those not present are made known to parties
 - The wishes and feelings of the child/ren are clearly outlined
 - Issues of race, religion, language, class, gender, sexuality and disability are fully taken into account
 - Appropriate arrangements are made to receive 3rd party confidential information
 - Decisions are reached in an informed and systematic way
 - All concerned are advised / reminded of the complaints procedure
 - Arrangements are made with the social worker for absent parents or carers to be informed verbally (wherever possible) of the decisions of conferences, in addition to written notification
- 8.6 If the child is made the subject of a **Child Protection Plan** the chair should ensure that:
- A **Keyworker** from CSC is identified to develop, co-ordinate and implement the child protection plan (if this is not possible, the relevant 1st line manager should be the point of contact and procedures relating to unallocated cases followed). See **Unallocated Child Protection Cases Procedure**.
 - A **Core Group** is identified of family members and professionals
 - A date is set for the 1st core group meeting within 10 working days of the initial conference and timescales set for subsequent meetings
 - A date for the child protection review conference is set (unless an alternative system is in place to ensure this process)
 - The child protection plan is outlined and clearly understood by all concerned including the parents and where appropriate the child
- 8.7 If the child is not made the subject of a Child Protection Plan or the child protection plan is discontinued, the chair must ensure consideration is given to any need to promote the child's welfare, through the use of a child's plan and/or other appropriate recommendations made.
- 8.8 If parents / carers disagree with the decision of the conference, the chair must further discuss their concerns and explain the complaints process (See **Section 12, Complaints by Service Users**).
- 8.9 The chair should ensure that the decision of the conference is entered into agency records through use of the appropriate forms at the end of the meeting and forwarded to the designated CSC manager.

9. ACTIONS & DECISIONS OF THE CONFERENCE

THRESHOLD FOR A CHILD PROTECTION PLAN

- 9.1 As described in Working Together to Safeguard Children 2006 (paragraph 5.103) the conference should consider the following question when determining whether the child needs to be the subject of a child protection plan:
- Is the child at continuing risk of **Significant Harm**?
- 9.2 The test is 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 is likely; or
 - A 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 and development as a result of physical, emotional or sexual abuse or neglect
- 9.3 If the child is at continuing risk of significant harm, s/he will require inter-agency help and intervention delivered through a formal child protection plan.
- 9.4 This threshold must be considered at both initial and review conferences, for each subject child.

AGREEING TO A CHILD PROTECTION PLAN

- 9.5 The chair of a conference is responsible for the conference decision, and s/he should:
- Consult conference members

- Take account of any written contributions received
 - Aim for a consensus as to the need for a child protection plan, but where this cannot be agreed accept a majority view
 - Ultimately make the decision (generally this will be in accordance with the consensus or majority view, but in exceptional circumstance the chair may have to over-ride the majority to ensure the decision is in accordance with the criteria for implementing / discontinuing the child protection plan)
- 9.6 Any dissent by professionals must be recorded in the conference minutes.
- 9.7 The decision making process will normally take place with parents / carers present.
- 9.8 The need for a child protection plan should be considered separately in respect of each child.
- 9.9 Where a **pre-birth conference** has decided that an unborn child is in need of a child protection plan, her/his surname and expected d.o.b. must be entered into the social care record immediately and their name and d.o.b. confirmed at birth (see also **Pre Birth Procedure**).
- 9.10 The name and correct date of birth must be entered into agency records (including those held by the child protection co-ordinator) at birth.

CATEGORY OF ABUSE OR NEGLECT

- 9.11 If the decision is that the child is at continuing risk of **Significant Harm** and in need of a **Child Protection Plan**, the chair should determine under which category of abuse or neglect the child has suffered.
- 9.12 This decision making process must occur at both initial and review conferences. Where the category is changed at a review conference, the chair must ensure there are sufficient grounds.
- 9.13 The category/ies used (**Physical Abuse, Emotional Abuse, Sexual Abuse and Neglect**) must indicate to those consulting the child's social care record the primary presenting concerns (reflecting all information obtained during assessments and analysis) at the time the child became subject of a **Child Protection Plan**.
- 9.14 Multiple categories should not be used to cover all eventualities, but it may, on occasions be appropriate to use more than one category if each of the categories reaches the threshold for Significant Harm and if a specific risk might otherwise be underestimated.
- 9.15 Emotional Abuse should only be used as a 2nd category if substantial concern is indicated.

Unborn Baby

- 9.16 If a decision is made that an unborn baby will be subject to a child protection plan, the main cause for concern must determine the category and the plan outlined to commence prior to the birth of the baby.
- 9.17 The **Core Group** must be established and meet if at all possible prior to the birth, and certainly prior to the baby's return home after a hospital birth.

'OUTLINE' CHILD PROTECTION PLAN

- 9.18 Where it has been agreed that the child should be subject to a child protection plan, the chair should ensure that the outline child protection plan drawn up by conference members enables both professionals and the family to understand exactly what is expected of them and what they can expect of others. This should include:
- Any immediate action to safeguard the child/ren
 - Time limited short and longer term objectives clearly linked to action to promote the child/ren's health and development and reduction of the likelihood of harm
 - Required outcomes, linked to a reduction in the risk to the child/ren i.e. what needs to change
 - Identification of further action, core and specialist assessments of the child and family that may be required to ensure sound judgements can be made on how best to safeguard the child and promote her/his welfare
 - Consideration of the use of a **Family Group Conference**
 - Responsibility for tasks ascribed to specific members of the conference, including family members
 - Method of monitoring and evaluating progress, including identifying which professional is responsible for checking required changes and frequency and nature of agency contact
 - Consideration of a contingency plan if agreed actions not completed and / or circumstances change e.g. legal action and the circumstances that would necessitate its use
 - Identification of a **Keyworker**
 - Identification of **Core Group** membership, and timescales for their meetings and the production of the protection plan
- 9.19 There should be an individual plan outlined for each child subject to a child protection plan (see **Planning & Implementation Procedure**) for further details of outline child protection plan, Keyworker and core group role.

DISCONTINUING THE CHILD PROTECTION PLAN

- 9.20 The same decision making procedure (described above) for agreeing the use of a child protection plan, is used to discontinue the use of a child protection plan for a specified child.
- 9.21 As described in *Working Together to Safeguard Children* 2006 (para. 5.140) a child's name should no longer be the subject of a child protection plan if:
- A review conference judges that the child is no longer at continuing risk of **Significant Harm** and no longer requires safeguarding by means of a child protection plan
 - The child has moved permanently to another local authority area and the new area has convened a **Child Protection Conference** (see **Children Moving Across Boundaries Procedure**)
 - The child has reached 18 years of age, has died or has permanently left the UK
- 9.22 See **Looked After Children Procedure** with regard to discontinuing the child protection plan for **Looked After** children.
- 9.23 It is permissible for the child protection manager to discontinue a child protection plan, without the need to convene a child protection conference, only when:
- One or other of the latter 2 criteria in 9.20 are satisfied and
 - S/he has consulted with relevant agencies present at the conference which first concluded that a child protection plan was required
- 9.24 When a child protection plan has been discontinued on the authorisation of the child protection manager, the decision and the consultation with other agencies must be clearly recorded in the child's social care record.

- 9.25 When a child protection plan has been discontinued as a result of a conference conclusion, notification should be sent, as a minimum, to all agencies representatives who were invited to attend the initial conference, which led to formulation of a child protection plan.

IF CHILD IS NOT THE SUBJECT OF A CHILD PROTECTION PLAN

- 9.26 If it is considered that the circumstances do not meet the threshold for a child protection plan to be made or if a child protection plan is to be discontinued, but the child is judged to be in need of help to promote her/his health or development, the conference must ensure that recommendations are made to this effect.
- 9.27 Subject to the family's views and consent, it may be appropriate to:
- Continue the **Core Assessment** (if not already completed) of the child's needs to help determine the support required
 - Make recommendations about support and help
 - Establish commitment to inter-agency working, particularly where the child's needs are complex (this should involve a regularly reviewed child's plan)
- 9.28 Any ongoing support should be provided using an ICS child's plan, using multi-agency meetings (and/or **Family Group Conferences**) as the vehicle to make and review plans.

10. CHALLENGES BY PROFESSIONALS

- 10.20 The chair of a conference is responsible for the conference decision. S/he will consult conference members and aim for a consensus, but ultimately will make the decision and note any dissenting views.
- 10.21 When dissent occurs, the social worker must involve that agency in future decision-making and in any **Child Protection Plan** or **Child in Need Plan**.
- 10.22 Research and fatal case reviews have shown that differences of opinion between agencies can lead to conflict resulting in a less favourable outcome for the child.
- 10.23 The agency or individual who dissents from the chair's decision must determine whether s/he wishes to further challenge the result.
- 10.24 If the dissenting professional believes the decision reached by the chair places a child at (further) risk of **Significant Harm**, s/he should seek advice from her/his named / designated / lead professional or manager and follow the **Resolution of Professional Disagreement Procedure**.
- 10.25 The professional disagreement procedure may also be employed if a participating professional has serious concerns about the process followed by the conference and feels unable to resolve these on a face to face basis with those concerned.

11. ADMINISTRATIVE ARRANGEMENTS

- 11.20 CSC is responsible for administering the child protection conference service.
- 11.21 Each authority must have clear arrangements for the organisation of child protection conferences including:
- Information leaflets for children and for parents translated into appropriate languages and
 - Standard invitations to children, parents / carers and professionals
 - Report formats for initial and review conferences
- 11.22 The social worker will book the conference and the social worker/chair (according to local arrangements) will determine the invitation list, using the appropriate pro-forma and the invitations sent out by the child protection administrator from the reviewing service.
- 11.23 Those attending should be notified of conferences as far in advance as possible and the conference held at a time and place likely to be convenient to those invited.
- 11.24 All initial and review conferences should be noted by a dedicated person whose sole task within the conference is to provide a written record of discussion in a consistent format.
- 11.25 Conference records for each subject child should include:
- Name, date of birth and address of the subject/s of the case conference, parents / carers, household members and other significant adults
 - Who was invited, who attended the conference and who submitted their apologies
 - A list of written reports available to conference and whether open to parents or not
 - The purpose of the conference
 - All the essential facts
 - Views of child and family members
 - A summary of discussion at the conference, accurately reflecting contributions made
 - All decisions reached, with information outlining the reasons
 - An outline or revised child protection plan enabling everyone to be clear about their tasks (if applicable)
 - What needs to change for the child protection plan to be discontinued (if applicable)
 - Name of **Keyworker**
 - Members of the **Core Group** and date of first meeting
 - Date of next conference
- 11.26 The decision of the conference and where appropriate details of the category of abuse or neglect, the name of the Keyworker, lead professional and core group membership should be circulated to those invited to the conference within 1 working day (*Working Together to Safeguard Children 2006* para. 5.105).
- 11.27 The conference record, signed by the conference chair, will be sent to all those who attended, or were invited, within 20 working days of the conference. Any amendment to accuracy of record should be sent, in writing, within 5 working days of receipt of minutes.
- 11.28 Copies of the conference record should be given to the parents by the social worker. Confidential material, shared in any exclusion period, may be excluded from the parent/s' copy.
- 11.29 Where a friend, supporter or solicitor has been involved the chair should clarify with the parent whether the record should be provided for those individuals.
- 11.30 Where a young person has attended a child protection conference, the social worker must arrange to see her/him and arrange to discuss relevant sections of the minutes.
- 11.31 Consideration should be given to whether a child should be given copies of the minutes. They may be supplied on request, to her/his legal representative.
- 11.32 Where parents and / or the child/ren have a sensory disability or where English is not their first language, steps must be taken to ensure that they can understand and make full use of the minutes.

- 11.33 Conference minutes are confidential and should not be passed to 3rd parties without the consent of either the conference chair or order of the court.
- 11.34 In criminal proceedings the police may reveal the existence of child protection records to the Crown Prosecution Service and in **Care Proceedings** the record of the conference may be revealed in court.
- 11.35 Every agency must establish arrangements for the storage of child protection conference records in accordance with their own confidentiality and record retention policies.

12. COMPLAINTS BY SERVICE USERS

ELIGIBILITY

- 12.1 Parents / caregivers or a child (considered by the conference chair to have sufficient understanding), may make a complaint in respect of one or more of the following aspects of the child protection conference:
- The process employed during the conference e.g. information shared during an exclusion period or conduct of the conference
 - A decision that the child become the subject of a child protection plan and/or the category selected
- 12.2 All parties must be made aware that this complaints procedure:
- Must not be used (overtly or covertly) to prevent all involved professionals (doctors, nurses, teachers, social workers etc) from exercising their professional obligation to express verbal or written opinions formed in good faith
 - Cannot itself change the decisions made, and that during the course of a complaint's consideration, the decision made by the conference stands
- 12.3 The end result for a complaint about the **process** employed during a conference will either be:
- An acknowledgement that it was flawed and action taken (if required) **or**
 - Confirmation that the process followed was reasonable
- 12.4 The end result for a complainant about a **decision** for the child to become subject of a child protection plan and/or the category of primary concern will be either that:
- A review conference is brought forward and convened under a different chair **or that**
 - The status quo is confirmed
- 12.5 Complaints about an individual agency and its performance and provision (or non-provision) of services should be responded to in accordance with that agency's complaints handling procedure.

IMMEDIATE RESOLUTION

- 12.6 An expressed concern about the conference itself, which arises in the course of the meeting, must be noted and an attempt made by the chair to resolve it with the service user.
- 12.7 If this initial attempt to resolve matters fails, the service user should be reminded of the conference complaints procedure, and be invited (and if necessary assisted by the social worker) to write within 28 days of receipt of minutes, to the conference chair.

STAGE 1 – EXPLORATION BY CONFERENCE CHAIR

- 12.8 The conference chair should inform the CSC complaints manager, designated safeguarding manager, relevant service manager and all professionals who attended the conference that s/he has received a complaint (which may have been raised at or following the meeting).
- 12.9 Complaints made outside the 28 day time limit may, in exceptional circumstances and at the discretion of the conference chair, be accepted.
- 12.10 The conference chair should meet with the complainant (who may be supported by a friend or relative) within 7 working days of receipt of the complaint so as to:
- Ensure the complainant sufficiently understands the child protection procedure
 - Clarify the grounds for, and nature of, the complaint/s
 - Establish the outcome desired by the complainant
 - Ensure the complainant understands the scope and relevance of this complaints procedure with regard to their circumstances
 - Gather relevant information
- 12.11 At the meeting with the complainant the conference chair should be accompanied by a colleague who can take notes.
- 12.12 Within a further 7 working days, the conference chair should provide written confirmation to the complainant of the agreed outcome and actions arising from their meeting. This letter should include information on how to pursue concerns further (see 12.14 below) if the complainant remains dissatisfied.
- 12.13 The response provided to the complainant should be copied to the CSC complaints manager.

STAGE 2 – FORMAL CONSIDERATION BY LSCB PANEL (REVISED)

- 12.14 If, within 28 days of receipt of the stage 1 letter, the complainant notifies the complaints manager that s/he remains dissatisfied and specifies reasons, arrangements must be made to convene, within a further 28 days, a panel of members drawn from LSCB agencies.
- 12.15 The complaints manager in liaison with the designated safeguarding manager will make arrangements for this meeting (the representative of CSC would not normally be the chair).
- 12.16 The panel should be made up of 3 LSCB members (including representatives from at least 2 from amongst police, Children's Services and health agencies, none of whom should have previous or present direct or supervisory involvement in the case in question.)
- 12.17 The complainant and (if s/he requests such an arrangement) a supporter, who may be a family member, friend or a solicitor, should be invited to attend.
- 12.18 **All those attending the panel** should be provided with the following documentation a minimum of 5 working days before it meets:
- A formal request to convene
 - A copy of the relevant conference minutes and the reports that were made available to the conference (excepting minutes from any exclusion period)
 - Stage 1 meeting correspondence
 - Any written submissions from the complainant and the chair of the child protection conference
- 12.19 **Panel members** should be provided by the complaints manager with the following additional documentation:
- Minutes from any exclusion period during the conference in question

- Any legal advice obtained by the complaints manager
- 12.20 The complaints manager will liaise with the complainant throughout, and be available at the panel, to advise on relevant procedures and processes.
- 12.21 The panel should be convened within 28 days of the receipt of the complainant's letter and consider whether:
- Any decision in dispute follows reasonably from the processes employed and information presented
 - Relevant inter-agency protocols and procedures have been observed correctly and
- 12.22 The panel will:
- Hear directly or in writing from the complainant, her/his supporter (who may speak on her/his behalf) as well as the chair of the relevant child protection conference
 - Consider written material
 - Reach a decision
 - Agree the content of its decision letter to the complainant
- 12.23 The chair should ensure that the panel's conclusions and decisions are sent to the complainant within 7 days of its meeting and will:
- Confirm membership of the panel
 - State the decision reached
 - Provide concise information about how the decision was reached
- 12.24 If a panel concludes that the processes relating to the conference were not correctly followed it should confirm:
- An early review is to be convened (with a different chair) and provide reasons and/or
 - Any other action to be taken and provide reasons
- 12.25 If the panel concludes that processes relating to the conference were correctly followed it must:
- Confirm that conclusion and provide reasons
- 12.26 The panel should also consider any specific concerns relevant to involved agencies and may make recommendations relating to practice or procedure to any LSCB agency.

REVIEW CONFERENCE BROUGHT FORWARD

- 12.27 The chair of a review conference that has been brought forward must ensure that all those present have seen or are briefed at the conference about the decisions reached by the panel.
- 12.28 A distinction must be made by the conference chair between need to discuss the panel's conclusions and the task of the child protection conference, which is to consider the child/ren's current circumstances.

FURTHER CHALLENGE

- 12.29 No further internal processes exist in those cases where the panel concludes that all relevant procedures and processes were followed.
- 12.30 A complainant who nonetheless remains dissatisfied may wish to pursue her/his grievances via the Ombudsman (in the case of a challenge to procedure / protocol) or Judicial Review (where a professional decision is not accepted).
- 12.31 In what are likely to be very rare cases, where an early review conference has been convened and the complainant does not accept its outcome, s/he would need to initiate a fresh complaint.

End

Bearwood College is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers, pupils and visitors to share this commitment.

All outcomes generated by this document must take account of and contribute to safeguarding and promoting the welfare of children and young people at Bearwood College.

The Bearwood College Policy Documents are revised and published periodically in good faith. They are inevitably subject to permanent revision. On occasions a significant revision, although promulgated with College separately, may have to take effect between the re-publication of the entire set of Policy Documents. Care should therefore be taken to ensure, by consultation with the Senior Management Team, that the details of any Policy Document are still effectively current at a particular moment.

While this current Policy / Procedure Document may be referred to elsewhere in Bearwood College documentation, including particulars of employment, it is non-contractual.