

North Tyneside  
**SAFEGUARDING  
CHILDREN BOARD**



**NORTH TYNESIDE SAFEGUARDING  
AND CHILD PROTECTION  
PROCEDURES**

**NTSCB PROCEDURES 2015**

# **PART A**

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## 1. Responding to Concerns of Abuse and Neglect

### Introduction

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

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

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

- Safeguarding is everyone's responsibility: for services to be effective each individual and organisation should play their full part; and
- A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children. **Working Together to Safeguard Children (2015) introduction:**

*For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future. Children are best protected when professionals are clear about what is required of them individually and how they need to work together. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:*

- *protecting children from maltreatment*
- *preventing impairment of children's health or development;*

- *ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes."*

The North Tyneside Procedures set out how agencies and individuals should work together to safeguard and promote the welfare of children and young people. The target audience is professionals (including unqualified staff and volunteers) and front-line managers who have particular responsibilities for safeguarding and promoting the welfare of children, and operational and senior managers in;

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

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

All agencies and professionals should:

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

- Work co-operatively with parents, unless this is inconsistent with ensuring the child's safety. (Working Together to Safeguard Children 2015)

## **1.1 Concept of Significant Harm**

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

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

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

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

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

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

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

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

## **1.2 Early Help**

**1.2.1** The local agencies in any area should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families as well as clear guidance and procedures for all professionals. This includes professionals and volunteers in universal services and those providing services to adults with children.

The professionals should be supported through training and supervision to understand their role in identifying emerging problems and sharing information with other professionals to assist with early identification and assessment such as through the Single Assessment or other assessment tool.

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

- is disabled and has specific additional needs;
- has special educational needs;

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

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

**1.2.4** North Tyneside LSCB has published a threshold document that includes:

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

**1.2.5** All agencies and professionals should be aware and make frequent reference to the LSCB's threshold document and associated guidance in order to determine the best response to a child and family at the first point any additional needs are identified. Agencies should ensure that their staff are trained in and understand the threshold document and guidance and how to access and contribute to Early Help in their LSCB area. The threshold documents can be accessed at : <http://www.northtynesidelscb.org.uk/>

## **1:3 Definitions of Child Abuse and Neglect**

### **1.3.1 Physical abuse**

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

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

### **1.3.2 Emotional abuse**

- Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:
  - Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
  - Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
  - Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse;
  - Serious bullying, causing children frequently to feel frightened or in danger, including online;
  - Exploiting and corrupting children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **1.3.3 Sexual abuse**

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

Sexual abuse includes non-contact activities, such as involving children in

looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males.

Women can also commit acts of sexual abuse, as can other children. In addition; sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003.

### **1.3.6 Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

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

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

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

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

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

**1.3.11 Domestic Abuse** The Home Office definition of domestic violence and abuse was updated in March 2013 as follows ;

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

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

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

## **1.4 Potential Risk of Harm to an Unborn Child**

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

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

## **1.5 Professional/Agency Response**

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

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

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

### **1.5.3 Child Protection Support for Professionals**

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

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

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

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

### **1.5.6 Duty to co-operate and refer**

Section 11 of the Children Act 2004 places a duty on key persons and bodies to make arrangements in any local area to safeguard and promote the welfare of children and improve the outcomes for children. All professionals in agencies with contact with children and members of their families must make a referral to local authority children's social care if there are signs that a child or an unborn baby:

- Is suffering significant harm through abuse or neglect;

- Is likely to suffer significant harm in the future.

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

**1.5.8** In urgent situations, out of office hours, the referral should be made to the local authority out of hour's team.

### **1.5.9 Listening to the child**

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

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

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

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

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

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

#### **1.5.14 Parental consultation**

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

- Place the child at risk of significant harm through delay or the parent's actions or reactions;
- Lead to the risk of loss of evidential material, for example in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse or induced illness has taken place.

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

**1.5.16** A child protection referral from a professional cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer. Where the parent refuses to give permission for the referral, unless it would cause undue delay, further advice should be sought from a manager or the nominated child protection adviser and the outcome fully recorded.

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

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

#### **1.5.18 Urgent medical attention**

If the child is suffering from a serious injury, the professional must seek medical attention immediately from emergency services and must inform local authority children's social care. Where abuse is alleged, suspected or confirmed in a child admitted to hospital, the child must not be discharged until:

- Local authority children's social care are notified by telephone that there are child protection concerns;
- A strategy meeting/discussion has been held, if appropriate, which should then include relevant hospital and other agency professionals. **See 3.4 strategy meeting/discussion**

#### **1.5.19 Initiating the referral**

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

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

**1.5.21** If the child is known to have an allocated social worker, the referral should be made to them or in their absence to the social worker's manager or a duty children's social worker.

**1.5.22** In all other circumstances referrals should be made to the duty worker.

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

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

**1.5.25** Local authority children's social care should within **one** working day of receiving the referral make a decision about the type of response that will be required to meet the needs of the child.

**1.5.26** If this does not occur within **three** working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

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

### **1.5.28 Recording**

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

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

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

## **1.6 Response and concerns raised by members of the public**

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

- Gather as much information as possible, to be able to make a judgement about the seriousness of the concerns;

Take basic details:

- Name, address, gender and date of birth of child;

- Name and contact details for parent/s, educational setting (e.g. nursery, school), primary medical practitioner (e.g. GP practice), professionals providing other services, a lead professional for the child. Discuss the case with their manager and the agency's designated safeguarding professional lead to decide whether to:
  - Make a referral to local authority children's social care;
  - Make a referral to the lead professional, if the case is open and there is one;
  - Make a referral to a specialist agency or professional e.g. educational psychology or a speech and language therapist;
  - Undertake an assessment.
  - Record the referral contemporaneously, with the detail of information received and given, separating out fact from opinion as far as possible.

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

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

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

**1.6.5** Wherever possible, professionals should respect the referrer's request for anonymity. However professionals should not give referrers any guarantees of

confidentiality, as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena).

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

## **1.7 Schools and Educational Establishments**

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

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

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

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

## **1.8 Adult Services Responsibilities in Relation to Children**

**1.8.1** All agencies, where professionals offer services to adults who may be parents or have close contact with children and/or to families, should have procedures and protocols in place for safeguarding and promoting the welfare of children. These should include arrangements for timely multi-disciplinary assessments with children's

specialists in their own services and with other agencies, including local authority children's social care and the police. **See Part B, Roles and responsibilities.**

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

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

**1.8.3** Professionals working with adults can access further advice in relevant Adult Safeguarding Procedures.

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

## **1:9 Health Agencies, NHS Reforms and Information Sharing**

**1.9.1** Safeguarding Vulnerable People in the Reformed NHS - Accountability and Assurance framework - March 2013 sets out the framework for health organisations. The complexity of health agencies as provider and commissioning organisations requires particular vigilance by professionals in their different roles when concerns arise about a child.

Many different health professionals may be providing a service from one location such as a General Practice but reporting to different management/professional systems, such as GPs, Health Visitors, Practice Therapists and a range of others. The use of information systems and good practice in sharing information should be part of any procedures and practice guidance in any health setting.

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

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

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

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

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

## **2.1 Referral and Assessment**

### **2.1.1.Introduction**

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

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

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

**2.1.2** When professionals refer into local authority children's social care, they should state if there are any pre-existing assessments such as an early help assessment in respect of the child.

Any information they have about the child's developmental needs and the capacity of their parents and carers to meet these within the context of their wider family and environment should be provided as a part of the referral information. Such early help assessments should identify what services the child needs and why the child and family require further support to prevent the concerns from escalating to the child needing statutory services.

The interagency early help assessments should be undertaken by a lead professional acting as a coordinator of support services and as an advocate for the child. Local arrangements should be in place to promote effective early help assessments and services.

**2.1.3** The referrer must always have the opportunity to discuss their concerns with a qualified social worker if requested. Children's social care should make clear how this should happen.

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

**2.1.5** Where an early help assessment has been undertaken by the referring agency, it should inform the assessment to be undertaken by the social worker. All good assessments should be based on the common principles, which are set out in the three domains represented by the assessment triangle. This provides a systematic approach, which addresses the interactions between the three domains when considering the impact on the child and assessing their needs.

The three domains are:

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

**2.1.6** The local authority must with its partners develop and publish their own local frameworks for assessment which must be based on good analysis, timeliness, and transparency and be proportionate to the needs of the child and their family.

Principles for an assessment should include that it is:

- Child centred and focused on the child's best interests
- Rooted in child development and informed by evidence
- Focused on action and outcomes for children

- Holistic in approach and involves all relevant agencies
- Timely to meet the child's needs
- Involved with children and their families; including the child's views and wishes
- Builds on strengths as well as identifies difficulties
- Monitored and reviewed regularly as a continuing process
- Transparent and open to challenge

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

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

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

- The impact of cultural expectations and obligations on the family;
- The impact of any disability on the child and family
- The family's knowledge and understanding of UK law in relation to parenting and child welfare;
- The impact on the family if recently arrived in the UK and their immigrant status;
- The need to use interpreters for discussions about parenting and child welfare, even though the family's day-to-day English may appear/be adequate.

- The analysis of the child's and families cultural needs must not result in a lowering of expectations in applying standards of good practice to safeguarding the child.

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

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

## **2.2 Referral Criteria**

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

- Has suffered significant harm; (see 1.1)
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of social work led family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of services.

## **2.3 Local Authority Children's Social Care - Thresholds for Referrals**

**2.3.1** The local authority has agreements in place for early help assessments or single assessments. These are all based on an agreed set of principles and values and reflect the statutory guidance in Working Together 2015. The aim is to facilitate the access to appropriate services across local boundaries and different agencies.

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

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

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

## **2.4 Making and Receiving a Referral**

**2.4.1** New referrals and referrals on closed cases should be made to the local authority Front Door Service. Referrals on open cases should be made to the allocated social worker for the case (or in their absence their manager or the duty social worker). The referrer should be able to discuss their concerns with a qualified social worker if requested.

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

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

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

#### **2.4.4 Checks and information gathering**

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

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

domestic abuse, drug or alcohol abuse, threats and violence towards professionals);

- Check systems using the name, dates of birth and aliases of any person identified on the referral to establish if they are previously known to social care and if so obtain those records.

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

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

- Discussion with the referrer;
- Consideration of any existing records for the child and for any other members of the household;
- Involving other agencies as appropriate (including the police if an offence has been or is suspected to have been committed and probation, if the child is at risk of harm from an offender).

**2.4.7** This assessment should establish:

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

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

**2.4.9** All referrals from professionals should be confirmed in writing, by the referrer, within 48 hours. If the referrer has not received an acknowledgement within three working days, they should contact local authority children's social care again.

The parents' permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm. Interviews with family members and, if appropriate, with the child should also be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.

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

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

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

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

If the child and/or family are well known to professional agencies or the facts clearly indicate that a s47 enquiry is required, the local authority should initiate a strategy

meeting/discussion immediately, and together with other agencies determine how to proceed.

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

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

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

#### **2.4.20 Outcomes of Referrals**

The immediate response to referrals may be:

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

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

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

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

**2.4.24 No further action**

Where there is to be no further local authority children's social care action, feedback should be provided to the referrer about the outcome of this stage of the referral and agreement reached as to who will feedback to the family. This should include the reasons why a case may not meet the statutory threshold to be considered by local authority children's social care for assessment and suggestions for other sources of more suitable support.

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

**2.5 Assessment of Children in Need or in Need of Protection**

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

**2.5.2** The assessment must be completed in a timely manner as identified by the social worker and local authority children's social care manager but should not exceed 45 working days from the point of referral. Where it becomes apparent that this timescale will require extension, a local authority children's social care first line

manager must review the file, record the reason for the extension and agree the new timescale. Any timescale should be regularly reviewed.

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

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

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

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

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

- Prejudice a criminal investigation.

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

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

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

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

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

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

#### **2.5.12 Principles for an assessment**

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

the child's parents to meet these needs within their family and environment. Based on this analysis the key questions to be answered are:

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

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

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

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

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

- There has been direct communication with the child alone and their views and wishes have been recorded and taken into account when providing services;
- All the children in the household have been seen and their needs considered;
- The child's home address has been visited and the child's bedroom has been seen;
- The parent has been seen and their views and wishes have been recorded and taken into account;
- Background history of both mother and father ,or other adult carer, and their parenting skills and capacity has been considered;
- The analysis has been completed;

- The assessment provides clear evidence for decisions on what types of services are needed to provide good outcomes for the child and families.
- The records and the child's chronology within the records are up-to-date.
- The assessment will be reviewed regularly;
- The key elements of the plan have been distributed to all participants.

#### **2.5.16 Information from previous local authorities/countries**

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

**2.5.17** For information from foreign countries, in some cases, specialist assessments and information can be undertaken or obtained through independent consultants or through specialist agencies such as **Children and Families Across Borders (CFAB)**.

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

#### **2.5.19 Notifying the police**

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

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

### **2.5.21 Outcome of assessment**

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

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

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

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

The outcome of the assessment should be:

- Discussed with the child and family and provided to them in written form. Exceptions to this are where this might place a child at risk of harm or jeopardise an enquiry;

- Taking account of confidentiality, provided to professional referrers;
- Given in writing to agencies involved in providing services to the child.

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

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

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

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

## **2.6 Pre-birth Referral and Assessment Referral**

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

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

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

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

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

### **2.6.5 Pre-birth assessment**

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

- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children
- A sibling or child in the household is subject of a child protection plan;
- A sibling or child has previously been removed from the household either temporarily or by court order;
- There are significant domestic abuse issues
- The degree of parental substance misuse is likely to impact significantly on the baby's safety or development

- The degree of parental mental illness/impairment is likely to impact significantly on the baby's safety or development
- There are significant concerns about parental ability to self-care and/or to care for the child e.g. unsupported, young or learning disabled mother;
- Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child (**see Part B, Fabricated or induced illness**) or harming a child;
- A child aged under 13 is found to be pregnant;
- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent;
- There are maternal risk factors e.g. denial of pregnancy, avoidance of antenatal care (failed appointments), non-cooperation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn baby.

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

#### **2.6.7 Pre-birth strategy meeting/discussion**

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

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

The strategy meeting/discussion should decide:

- Whether a s47 enquiry and pre-birth assessment is required (unless previously agreed at any earlier ante-natal meeting);
- What areas are to be considered for assessment;
- Who needs to be involved in the process;

- How and when the parent/s are to be informed of the concerns;
- The actions required by adult services working with expectant parent/s (male or female);

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

#### **2.6.12 Pre-birth s47 enquiry and assessment**

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

**2.6.13** In summary, the enquiry should identify:

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

**2.6.14** The enquiry must make recommendations regarding the need, or not, for a pre-birth child protection conference which should wherever possible be held eight weeks prior to the expected delivery date or earlier if a premature birth is anticipated. **See Part A, chapter 4.1.11, Pre-birth conferences.**

### **3. Child Protection s47 Enquiries**

#### **3.1.1 Duty to conduct s47 enquiries**

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

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

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

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

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

### **3.1.6 Responsibilities of all agencies**

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

## **3.2 Immediate Protection**

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

**3.2.2** Emergency action may be necessary as soon as the referral is received from a member of the public or from any agency involved with children or parents.

**3.2.3** Alternatively, the need for emergency action may become apparent only over time as more is learned about a child or adult carer's circumstances. Neglect, as well as abuse, can pose such a risk of significant harm to a child that urgent protective action is needed.

**3.2.4** When considering whether emergency action is required, an agency should always consider whether action is also required to safeguard and promote the welfare of other children in the same household (e.g. siblings), the household of an alleged perpetrator, or elsewhere. Responsibility for immediate action rests with the host authority where the child is found, but should be in consultation with any home authority (**as described in section 3.1 above**).

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

**3.2.6** Immediate protection may be achieved by:

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

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

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

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

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

**3.2.11** Emergency action addresses only the immediate circumstances of the child/ren. It should be followed quickly by a s47 enquiry and an assessment of the needs and circumstances of the child and family as necessary. Where an EPO applies, local authority children's social care will have to consider quickly whether to initiate care or other proceedings or to let the order lapse and the child/ren return home.

### **3.3 S47 Thresholds and the Multi-agency Assessment**

**3.3.1** A s47 enquiry must always be commenced immediately when:

- There is reasonable cause to suspect that a child is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect;
- A s47 enquiry should also be completed following an EPO or the use of police powers of protection

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

**3.3.3** An assessment should be initiated following referral and should continue whenever a s47 enquiry has commenced. The single assessment protocol will

provide the framework for gathering and analysing information for the enquiry. The conclusions and recommendations of the enquiry should inform the assessment.

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

### **3.4 Strategy Meeting/Discussion**

**3.4.1** Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy meeting/ discussion.

**3.4.2** A strategy meeting/discussion should be used to:

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

**3.4.3** Relevant matters include:

- Agreeing, or reviewing how the assessment under s47 of the Children Act 1989 will be carried out - what further information is required about the child/ren and family and how it should be obtained and recorded;
- Agreeing who should be interviewed, by whom, for what purpose and when;
- Agreeing, in particular, when the child will be seen alone (unless to do so would be inappropriate for the child) by the social worker during the course of these enquiries and the methods by which the child's wishes and feelings will be ascertained so that they can be taken into account when making decisions under section 47 of the Children Act 1989;
- In the light of the race and ethnicity of the child and family, considering how these should be taken into account and establishing whether an interpreter will be required; and
- Considering the needs of other children who may be affected (e.g. siblings and other children, such as those living in the same establishment, in contact with alleged abusers).

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

- There is concern that the child is suffering complex types of neglect or maltreatment ; **See Fabricated or Induced Illness or Organised and complex abuse procedures**
- There is an allegation that a child has abused another child - separate strategy meetings should be held for both children
- There are ongoing, cumulative concerns about the child's welfare and a need to share concerns and agree a course of action;

This list is not exhaustive.

**3.4.4** The strategy meeting/discussion should be convened by local authority children's social care. In addition to local authority children's social care, the police and relevant health professionals, the meeting/discussion may need to involve the

other agencies (e.g. schools, early year's settings and housing) which hold information relevant to the concerns about the child.

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

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

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

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

#### **3.4.9 The strategy meeting/discussion**

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

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

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

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

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

**3.4.14 Strategy meeting/discussion record**

It is the responsibility of the chair of the strategy meeting/discussion to ensure that the decisions and agreed actions are fully recorded using an appropriate form/record. All agencies attending should take notes of the actions agreed at the time of the meeting/discussion. A copy of the record should be made available for all those, who had been invited, as soon as practicable by local authority children's social care.

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

**3.4.16 Timing of strategy meeting/discussion**

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

For allegations/concerns indicating a serious risk of harm to the child (e.g. serious physical injury or serious neglect) the strategy meeting/ discussion should be held on the same day as the receipt of the referral;

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

**3.4.18** The requirement to convene an initial child protection conference within 15 working days of the strategy meeting/discussion at which it was decided to initiate the enquiry (if there were more than one strategy meetings). In exceptional circumstances, such as fabricated and induced illness the plan made at the strategy meeting/discussion should reflect that enquiries will be more complicated and may require more than one strategy discussion.

If the strategy meeting/discussion concludes that a further strategy meeting/ discussion is required, then a clear timescale should be set and be subject to regular review by the social work manager bearing in mind the safety of the child at all times.

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

### **3.5 Initiating a s47 enquiry**

**3.5.1** Local authority children's social care is the lead agency for child protection enquiries and the local authority children's social care manager has responsibility for authorising a s47 enquiry following a strategy discussion/meeting. In making a final

decision about whether the threshold for a s47 enquiry is met, local authority children's social care must consult with the Police Protecting Vulnerable People (PVP) Unit.

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

- Seriousness of the concern/s;
- Repetition or duration of concern/s;
- Vulnerability of child (through age, developmental stage, disability or other pre-disposing factor e.g. 'looked after');
- Source of concern/s;
- Accumulation of sufficient information and patterns of concerns;
- Context in which the child is living (e.g. a child in the household already subject of a current child protection plan);
- Predisposing factors in the family that may suggest a higher level of risk of harm (e.g. mental health difficulties, parental substance misuse, domestic abuse or immigrant family issues such as social isolation);
- Emotional environment of child, especially high criticism / low warmth;
- The impact on the child's health and development.

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

#### **3.5.4 Multi-agency checks**

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

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

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

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

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

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

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

**3.5.10** Agency checks should include accessing any relevant information that may be held in one or more other countries.

## **3.6 Referrals to the Police**

**3.6.1** The primary responsibility of police officers is to undertake criminal investigations of suspected or actual crime and to inform local authority children's

social care when they are undertaking such investigations, and where appropriate to notify the Local Authority Designated Officer (LADO).

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

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

**3.6.4** All suspected, alleged or actual crime must be referred to the police.

**3.6.5** The police will make a decision, based on police threshold policy and following checks and information sharing, on whether to initiate a criminal investigation. The following matters will always be investigated by the police:

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

### **3.7 Involving parents, Family Members and Children**

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

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

### **3.7.2 Missing or inaccessible children**

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

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

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

## **3.8 Visually Recorded Interviews/Achieving Best Evidence**

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

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

**3.8.3** Visually recorded interviews serve two primary purposes:

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

**3.8.4** Relevant information from this process can also be used to inform s47 enquiries, subsequent civil childcare proceedings or disciplinary proceedings against adult carers. In accordance with Achieving Best Evidence, all joint interviews with children should be conducted by those with specialist training and experience in interviewing children. Specialist/expert help may be needed if the child's first language is not English;

- They appear to have a degree of psychiatric disturbance but are deemed competent;
- They have a physical/sensory/learning disability;
- Where interviewers do not have adequate knowledge and understanding of the child's racial religious and cultural background.

### **3.9 Paediatric Assessment**

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

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

**3.9.3** A paediatrician may refer on to other professionals, particularly if there are suspicions of sexual abuse.

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

**3.9.5** A paediatric assessment is necessary to:

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

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

**3.9.7 Consent for paediatric assessments or medical treatment**

The following may give consent to a paediatric assessment:

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

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

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

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

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

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

**3.9.13** Where circumstances do not allow permission to be obtained and the child needs emergency medical treatment, the medical practitioner may:  
Regard the child to be of an age and level of understanding to give their own consent; Decide to proceed without consent.

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

### **3.9.15 Arranging the Paediatric Assessments**

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

**3.9.16** Referrals for child protection paediatric assessments from a social worker or a member of the police are made to the on call paediatrician via North Tyneside District General Hospital.

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

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

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

**3.9.20** In these cases, a police officer should directly brief the doctors and take possession of evidential items.

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

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

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

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

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

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

**3.9.27** The report should include:

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

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

### **3.10 Outcome of s47 Enquiries**

**3.10.1** Local authority children's social care is responsible for deciding how to proceed with the enquiries based on the strategy meeting/discussion and taking into account the views of the child, their parents and other relevant parties (e.g. a foster carer). During the enquiry the scope and focus of the assessment will be that of a risk assessment which:

- Identifies the cause for concern;
- Evaluates the strengths of the family;
- Evaluates the risks to the child/ren;
- Considers the child's needs for protection;
- Evaluates information from all sources and previous case records;
- Considers the ability of parents and wider family and social networks to safeguard and promote the child's welfare;
- Considers how these risks can be managed. It is important to ensure that both immediate risk assessment and long term risk assessment are considered.

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

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

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

- Not substantiated; although consideration should be given to whether the child may need services as a child in need;
- Substantiated and the child is judged to be suffering, or likely to suffer, significant harm and an initial child protection conference should be convened;

- Substantiated but child is not judged to be at continuing risk of significant harm.

#### **3.10.4 Concerns are not substantiated**

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

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

Arrangements should be noted for future referrals, if appropriate.

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

Where concerns are substantiated and the child is assessed to be at risk of significant harm, there must be a child protection conference within 15 working days of the strategy discussion, or the strategy discussion at which section 47 enquiries were initiated, if more than one has been held; Suitable multi-agency arrangements must be put in place to safeguard the child until such time as the Initial Child Protection Conference has taken place. The local authority children's social worker and their line manager will coordinate and review such arrangements.

#### **3.10.7 Concerns substantiated, but the child not judged to be at continuing risk of significant harm**

There may be substantiated concerns a child has suffered significant harm, and the agencies most involved, having ensured the child, any other children in the household and the child's carers have been seen and spoken with, agree that a plan for

ensuring the child's future safety and welfare can be implemented without a child protection conference.

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

**3.10.9 Feedback from enquiries**

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

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

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

**3.10.12** If there are ongoing criminal investigations, the content of the local authority children's social worker's feedback should be agreed with the police. Where the child concerned is living in a residential establishment which is subject to inspection, the relevant inspectorate should be informed.

**3.10.14 Disputed decisions**

Where local authority children's social care have concluded that an initial child protection conference is not required but professionals in other agencies remain seriously concerned about the safety of a child, these professionals should seek further discussion with the local authority children's social worker, their manager and/or the designated safeguarding professional lead. The concerns, discussion and any agreements made should be recorded in each agency's files.

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

**3.10.16** If this approach fails to achieve agreement, the NTSCB procedure for resolution of conflicts should be followed.

### **3.11 Timescales**

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

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

**3.11.2** The maximum period from the strategy meeting/discussion of an enquiry to the date of the initial child protection conference is 15 working days. In exceptional circumstances where more than one strategy meeting/discussion takes place the timescale remains as 15 working days from the strategy meeting/discussion which

initiated the s47 enquiries. A strategy meeting may agree an extended timescale in exceptional circumstances such as Fabricated and induced illness for example.

### **3.12 Recording**

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

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

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

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

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

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

## **4. Child Protection Conferences**

**4.1.1** A child protection conference brings together family members (and the child/ren where appropriate), supporters/advocates and those professionals most involved with

the child and family to make decisions about the child's future safety, health and development. If concerns relate to an unborn child, consideration should be given as to whether to hold a child protection conference prior to the child's birth.

**4.1.2** The tasks for all conferences are to:

- Bring together and analyse, in an inter-agency setting the information which has been obtained about the child's developmental needs, and the parents' capacity to respond to these needs to ensure the child's safety and promote the child's health and development within the context of their wider family and environment;
- Consider the evidence presented to the conference and taking into account the child's present situation and information about his or her family history and present and past family functioning, to decide whether the child is at risk of significant harm;
- Recommend what future action is required in order to safeguard and promote the welfare of the child, including the child becoming the subject of a child protection plan, what the planned developmental outcomes are for the child and how best to intervene to achieve these;
- Appoint a lead social worker from local authority children's social care for each child who requires a child protection plan. The social worker is responsible for ensuring that the child protection plan is developed, co-ordinated and fully implemented to timescale;
- Identify a core group of professionals and family members to develop, implement and review the progress of the child protection plan;
- Put in place a contingency plan if the agreed actions are not completed and/or circumstances change impacting on the child's safety and welfare.

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

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

#### **4.1.5 Types of conferences**

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

- Initial conferences;
- Pre-birth conferences;
- Transfer in conferences;
- Review conferences. Note: All types of child protection conferences should include not only the child subject of the specific concerns but must also include consideration of the needs of all other children in the household.

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

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

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

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

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

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

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

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

**4.1.13** A pre-birth conference should be held where:

- A pre-birth assessment gives rise to concerns that an unborn child may be at risk of significant harm;
- A previous child has died or been removed from parent/s as a result of significant harm;
- A child is to be born into a family or household that already has children who are subject of a child protection plan;
- An adult or child who is a risk to children resides in the household or is known to be a regular visitor
- Other risk factors to be considered are:
- The impact of parental risk factors such as mental ill health, learning disabilities, substance misuse and domestic abuse.

- A mother under 16 years of age and about whom there are concerns regarding her ability to self-care and / or to care for the child.

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

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

**4.1.16 Transfer in conferences** should take place when a child, who is the subject of a child protection plan, moves from the original local authority area to another local authority area to live there permanently. Children's social care, designated health professionals and the police should be notified promptly.

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

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

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

**4.1.20** A review conference is intended:

- To review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against the child protection plan outcomes;
- To consider whether the child protection plan should continue or should be changed. Every review should consider explicitly whether the child is suffering, or is likely to suffer, significant harm and hence continues to require safeguarding from harm through adherence to a formal child protection plan. If the child is considered to be suffering significant harm, the local authority should consider whether to initiate family court proceedings.
- If not, then the child should no longer be the subject of a child protection plan and the conference should consider what continuing support services may benefit the child and family and make recommendations accordingly.

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

- Sharing and analysing up-to-date information about the child's health, development and functioning and the parent's capacity to ensure and promote the child's welfare;
- Maintaining contact with Health professionals such as GPs, Health Visitors, CAMHS and adult mental health/drug and alcohol/domestic violence service professionals about the child;
- Considering the impact on the child of the capacity and functioning of the parent/carer;
- Ensuring that the measures already in place to safeguard the child from harm are effective and in line with local arrangements;
- Regularly reviewing the progress of all aspects of the Child Protection Plan;

- Making changes to the child protection plan (e.g. where a family is not co-operating);
- Deciding what action is required to safeguard the child if there are changes to the child's circumstances;
- Setting or re-setting desired outcomes and timescales;
- Seeking and taking into account the child's (possibly changed) wishes and feelings;
- Making judgements about the likelihood of the child suffering significant harm in the future;
- Deciding whether there is a need for a new assessment.

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

**4.1.23** Further reviews should be held at intervals of not more than six months for as long as the child remains the subject of a child protection plan. If the initial conference is a pre-birth conference ideally this should take place before 32 weeks gestation and then a review conference should take place within 20 working days of the child's birth. Subsequent review conferences should take place within six months thereafter.

**4.1.24** Reviews should be brought forward where/when:

- Child protection concerns relating to a new incident or allegation of abuse have been sustained;
- There are significant difficulties in carrying out the child protection plan;
- A child is to be born into the household of a child or children already subject of child protection plans;
- An adult or child who poses a risk to children is to join, or commences regular contact with, the household;
- There is a significant change in the circumstances of the child or family not anticipated at the previous conference and with implications for the safety of the child;

- A child subject of a child protection plan is also looked after by the local authority and consideration is being given to returning them to the circumstances where care of the child previously aroused concerns (unless this step is anticipated in the existing child protection plan);
- The core group believe that an early cancellation of the need for a child protection plan should be considered.

## **4.2 Looked after Children and Child Protection Conferences**

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

- A child, who is the subject of an interim care order, who remains at home pending the outcome of the final family court proceedings hearing;
- A child, who is subject of proceedings without any order, pending the outcome of the final family court proceedings hearing;
- A child subject to a care order who is to be returned to their birth family/ returned home;

When a child in care is returned to parents/carers in court proceedings against the recommendation of the local authority, a review child protection conference must be convened to consider the risks and implications for the protection plan.

A child looked after under s20 of the Children Act 1989 who has been or is about to be returned to a parent's care about whom there are concerns in terms of safeguarding the child's welfare; see **The Care Planning, Placement and Case Review (England) Regulations 2010** and **The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Review 2011**

**4.2.2** If it is proposed that a child subject to a care order should be returned to their birth family/returned home, the members of the statutory looked after child review para **4.3 of Regulations and Guidance Volume 2 (2011)** considering the proposal for rehabilitation must decide and record whether an initial child protection conference should be convened. If the decision of the Review is that an initial child protection conference should be convened, the child's social worker must request it.

**4.2.3** If a parent removes or proposes to remove a child looked after under s20 from the care of the local authority and there are serious concerns about that parent's capacity to provide for the child's needs and protect them from significant harm, the local authority social worker must discuss the case with the local authority children's social care manager and make a decision about whether a child protection enquiry should be initiated.

If a child protection enquiry is initiated, the reasons for this must be clearly recorded on the child's record and may lead to an initial child protection conference. In such circumstances, the local authority children's social care social worker and manager should consider whether legal action is required to protect the child.

**4.2.4 Children with child protection plans who become looked after**

If a child subject of a child protection plan becomes looked after under s20, their legal situation is not permanently secure and the next child protection review conference should consider the child's safety in the light of the possibility that the parent can simply request their removal from the local authority's care.

The child protection review conference must be sure that the looked after child care plan provides adequate security for the child and sufficiently reduces or eliminates the risk of significant harm identified by the initial child protection conference.

**4.2.5** If a child ceases to be subject of a child protection plan as a result of a decision at a child protection review conference, and the parent then unexpectedly requests

the return of the child from the local authority's care, the local authority children's social care social worker and manager should discuss the need for an initial child protection conference. The social worker must record the reasons for the decision whether or not to hold a conference.

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

#### **4.2.7 Review conferences and children who are looked after**

Where a looked after child remains the subject of a child protection plan there must be a single plan and a single planning and reviewing process, led by the Independent Reviewing Officer (IRO). This means that the timing of the review of the child protection aspects of the care plan under the requirements of these Child Protection Procedures should be the same as the review under the **Care Planning, Placement and Case Review (England) Regulations 2010** and the accompanying statutory guidance **Putting Care into Practice**. This will ensure that up to date information in relation to the child's welfare and safety is considered within the review meeting and informs the overall care planning process.

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

**4.2.9** The IRO will usually chair the child protection conference where a looked after child remains the subject of a child protection plan despite there being:

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

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

### **4.3 Membership of Child Protection Conference**

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

- The child as appropriate or their representative; (see 4.4)
- Parents and those with parental responsibility;
- Family members (including the wider family);
- Foster carers (current or former);
- Residential care staff;
- Offender Management Services
- Suitably qualified, Health and Care Professions Council (HCPC) registered local authority children's social work professionals who have led and been involved in an assessment of the child and family (and their first line manager);
- Professionals involved with the child (e.g. health visitor, school nurse, paediatrician, GP, school staff, CAMHS, early years staff);
- Professionals with expertise in the particular type of harm suffered by the child or in the child's particular condition (e.g. a disability or long term illness);

- Those involved in investigations (e.g. the police);
- Involved third sector organisations;
- A professional who is independent of operational or line management responsibilities for the case as Chair. The status of the Chair should be sufficient to ensure multi-agency commitment to the conference and the child protection plan;

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

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

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

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

- Inform the Chair and/or the social worker;
- Submit a written report; and
- Where possible arrange for a well-briefed agency representative to attend and speak to the report. Agencies are expected to share a report about the child and family in written form with the family and other agencies as appropriate, prior to the conference, whether or not they are able to attend the conference.

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

#### **4.3.6 Location, timing and safety for conferences**

The location and timing of the conference should be planned to ensure maximum attendance from the most critical attendees. In exceptional circumstances it may be considered for key professionals to contribute via conference calls.

Conferences should not be scheduled for times when parents will be busy looking after children at home (e.g. after the end of the school day). Wherever possible, local authority children's social care should provide parents with the opportunity to utilise appropriate day care for their children to enable their attendance at the conference.

**4.3.7** Local authority children's social care is responsible for taking into account health and safety issues and security arrangements when planning each conference.

#### **4.3.8 Conference quorum**

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

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

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

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

### **4.4 Involving Children and Family Members**

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

- Parents must be invited and encouraged to participate in all child protection meetings unless it is likely to prejudice the welfare of the child.
- Parents should be supported to enable them to participate by timely preparation and information, such as leaflets, being provided about the process and their role.
- Advocates should be facilitated to support parents.
- A meeting with the Independent Chair prior to the meeting should take place.

- Those parents for whom English is not a first language must be offered and provided with an interpreter, if required. A family member should not be expected to act as an interpreter of spoken or signed language.

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

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

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

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

**4.4.5** Where it is assessed, in accordance with the criteria below, that it would be inappropriate for the child to attend, alternative arrangements should be made to ensure their wishes and feelings are made clear to all relevant parties (e.g. use of an advocate, written or taped comments).

**4.4.6 Criteria for presence of child at conference, including direct involvement**

The primary questions to be addressed are:

- Does the child have sufficient understanding of the process?
- Have they expressed an explicit or implicit wish to be involved?

- What are the parents' views about the child's proposed presence?
- Is inclusion assessed to be of benefit to the child?

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

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

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

**4.4.10 Direct involvement of a child in a conference**

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

- The child attends for all or part of the conference, taking into account confidentiality or parents and/or siblings;
- The child should be present with one or more of their parents;
- The Independent Chair meets the child alone or with a parent prior to the meeting.

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

**4.4.12** Provision should be made to ensure that a child who has any form of disability is enabled to participate. Consideration should be given to enabling the child to be accompanied by a supporter or an advocate.

**4.4.13 Indirect contributions when a child is not attending**

Indirect contributions from a child should, whenever possible, be facilitated. Indirect methods include written statements, e-mails, text messages and taped comments prepared alone or with independent support, and representation via an advocate.

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

**4.5 Exclusion of Family Members from a Conference**

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

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

- The presence of one or both parents would prevent a professional from making their proper contribution through concerns about violence or intimidation (which should be communicated in advance to the Independent conference Chair).
- The need (agreed in advance with the Independent conference Chair) for members to receive confidential information that would otherwise be unavailable, such as legal advice or information about a criminal investigation;
- Conflicts between different family members who may not be able to attend at the same time (e.g. in situations of domestic abuse).

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

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

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

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

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

**4.5.7** Where a parent is on bail, or subject to an active police investigation, it is the responsibility of the Independent Chair to ensure that the police representative can

fully present their information and views and also that the parents participate as fully as circumstances allow. It is not appropriate for a police officer to administer a caution to parents prior to the conference; the purpose of the conference is to enable analysis and not to progress a criminal investigation.

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

**4.5.9** If, prior to the conference, the Independent Chair has decided to exclude a parent, this must be communicated to them with information on how they may make their views known, how they will be told the outcome of the conference and about the complaints procedure.

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

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

## **4.6 The Absence of Parents and/or Children**

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

- The use of an advocate or supporter to attend on behalf of the parent or child;
- Enabling the child or parent to write or tape or use drawings to represent their views;

- Agreeing that the social worker, or any other professional, expresses their views.

## **4.7 Information for the Conference**

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

### **4.7.2 Local authority children's social care report**

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

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

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

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

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

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

**4.7.8** The report should be available to the Independent conference Chair at least two working days prior to the conference

#### **4.7.9 Reports from other agencies**

Information by all agencies about their involvement with the family should be submitted in a written and signed report for the conference. The report should be available to the Independent Conference Chair and other attendees including parents two working days in advance of the conference

#### **4.7.10 Information from children and families**

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

### **4.8 Chairing the Conference**

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

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

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

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

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

## **4.9 The Child Protection Plan**

### **4.9.1 Threshold**

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

- Has the child suffered significant harm? and

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

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

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

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

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

#### **4.9.4 Decision that a child needs a child protection plan**

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

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

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

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

## **4.10 Child Does Not Require a Protection Plan**

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

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

**4.10.3** Where there is a need for ongoing multi-agency working a multi-agency meeting should be convened six months after the discontinuation of a child protection plan to provide a formal opportunity to facilitate on-going multi-agency support and provide a first review to a child in need plan. This will be chaired by the same Independent Reviewing Officer.

#### **4.10.4 Discontinuing a current child protection plan**

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

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

- A review conference judges that the child is no longer likely to suffer significant harm and no longer requires safeguarding by means of a child protection plan;
- The child has moved permanently to another local authority when a protection plan can only cease after the receiving authority has convened a transfer child protection conference
- The child has reached eighteen years of age, has died or has been judged to have permanently left the UK, when their name can be removed.

**4.10.6** When a child protection plan is discontinued, the social worker must discuss with the parents and child/ren what services might be needed and required, based on

the re-assessment of the needs of the child and family. A Child in need plan should be developed for any continuing support. The plan should be reviewed at regular intervals of no more than every six months.

#### **4.11 Professional Dissent from the Conference Decision**

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

#### **4.12 Complaints by Children and/or Parents**

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

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

**4.12.2** Complaints about aspects of the functioning of conferences described above should be addressed to the conference Chair. Such complaints should be passed on to the Chair's manager in local authority children's social care and the local authority complaints manager.

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

**4.12.4** The outcome of a complaint will either be that a conference is re- convened under a different Chair, that a review conference is brought forward or that the status quo is confirmed along with a suitable explanation.

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

#### **4.14 Administrative Arrangements for Child Protection Conferences**

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

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

**4.14.3** The conference record, signed by the Independent Conference Chair, should be sent to all those who attended or were invited to the conference within 20 working days of the conference. Any amendments should be received within one week of receipt of record. The outline child protection plan agreed at the child protection conference should be circulated to conference members including parents within 24 hours of the meeting.

**4.14.4** A copy of the conference record should be given to and discussed with the parents by the local authority social worker. The Independent Conference Chair may decide that confidential material should be excluded from the parent's copy.

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

**4.14.6** The Independent Conference Chair should decide whether a child should be given a copy of the record. The record may be supplied to a child's legal representative on request.

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

**4.14.8** Conference records are confidential and should not be shared with third parties without the consent of either the Independent Conference Chair or an order of the court.

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

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

#### **4.14.11 Outline child protection plan**

The outline child protection plan, signed by the Independent Conference Chair, should be sent to all those who attended or were invited to the conference, including the parents and where appropriate the child, within one working day of the conference.

#### **4.14.12 Managing and providing information about a child**

Each local authority should designate a nominated person who has responsibility for:

- Ensuring that records on children who are subject of a child protection plan are kept up to date;

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

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

## **5. Implementation of Child Protection Plans**

### **5.1.1 Introduction**

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

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

### **5.2 Core Group Responsibilities**

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

All members of the core group are jointly responsible for:

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

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

### **5.2.3 Membership**

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

- The lead social worker
- The child if appropriate;
- Parents and relevant family members;
- Professionals involved with the child and/or parent;
- Foster carers or residential care staff who will have direct contact with the family.

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

### **5.2.5 Timing**

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

## **5.3 Formulation of a Child Protection Plan**

### **5.3.1 Purpose of child protection plan;**

The purpose of a child protection plan is to facilitate and make explicit a coordinated approach to:

- Ensure that each child in the household is safe and prevent them from suffering further harm;
- Promote the child's health and development (i.e. welfare);
- Provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child.
- It must be clarified for parents:
- What the causes for concern are that have resulted in the decision that a child needs a child protection plan;
- What needs to change and contingency plans if not; and expected timescale; What the intended outcomes of the intervention and services are;
- What is expected of them as part of the plan for safeguarding the child.

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

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

#### **5.3.5 Detailed child protection plan**

The lead social worker must ensure that there is a record of the core group meetings and must ensure that the detailed child protection plan is reviewed at every meeting. Other agencies may take responsibility for recording the notes of the meeting.

**5.3.6** The child protection plan should take into consideration the wishes and feelings of the child, and the views of the parents, in so far as they are consistent with the child's welfare. The lead social worker should make every effort to ensure that the

child/ren and parents have a clear understanding of the planned outcomes, that they accept the plan and are willing to work to it.

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

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

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

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

**5.3.10** Copies of the core group notes should be circulated to core group members by the lead social worker or a member of the core group if the meeting goes ahead in the absence of the lead social worker. Implementation of the child protection plan must begin immediately.

**5.3.11** Any disagreements should have been discussed at the core group meeting, recorded with reasons and reflected appropriately in the written plan.

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

5.3.13 If the lead social worker is unexpectedly unable to attend, the meeting should go ahead with one of the other core group members agreeing to take the minutes of the meeting. This will allow timely sharing of information and progression of the plan.

## **5.4 The Lead Social Worker role**

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

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

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

**5.4.4** The lead social worker should:

- See the child (infants and babies to be seen awake) as agreed in the child protection plan. The frequency of visiting must be determined in the child protection plan and will be a minimum of two weekly;
- See the child on their own on at least alternate occasions, dependent on their age and understanding;
- Explain the plan to the child in a manner which is in accordance with their age and understanding and agree the plan with the child;
- Undertake direct work with the child and family in accordance with the child protection plan, taking into account the child's wishes and feelings and the views of the parents in so far as they are consistent with the child's welfare;

- Convene and chair/lead core group meetings. Complex cases may be chaired/led by a social work manager who will make this decision in consultation with the lead social worker;
- Provide a written record of meetings for all core group members and the local authority children's social care manager;
- Ensure that the outline child protection plan is developed, in conjunction with members of the core group, into a detailed multi- agency protection plan;
- Clearly note and include in the written record any areas of disagreement,
- Obtain a full understanding of the family's history, which must involve reading previous local authority children's social care files as well as current records in use in local authority children's social care, including those relating to other children who have been part of any households involving the current carers of the child. Additional information should be obtained from relevant other agencies and local authorities;
- Complete the assessment of the child and family, securing contributions/information from core group members and any other agencies with relevant information;
- Co-ordinate the contribution of family members and all agencies in putting the plan into action and regularly reviewing the objectives stated in the plan.
- The lead social worker must maintain a complete and up-to-date signed record on the child's file.

## **5.5 Difficulties in Implementing the Child Protection Plan**

**5.5.1** Where any member of the core group is aware of difficulties implementing the protection plan, the lead social worker must be informed immediately and a core group meeting/discussion coordinated to discuss the difficulties and agree actions including consideration of an early child protection review conference.

Alternatively a strategy discussion/meeting should be convened to consider the need for immediate emergency police action to gain access to a premises where appropriate, a s47 enquiry, legal action, and/or to bring forward the date of the review

child protection conference. Arranging a legal planning meeting should be considered by the lead social worker with their line manager.

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

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

- First, discussion with core group members;
- Second, if required, involvement of respective managers/designated/named safeguarding children doctor/nurse, teacher or police DCI);
- Third, consider consulting the Independent Conference Chair in relation to an early review conference
- If the situation remains unresolved due to disagreement amongst professional agencies, the NTSCB Dissent Protocol should be considered