



Children and Young People:  
Rights to Action

# Safeguarding Children: Working Together Under the Children Act 2004



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government



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# Preface

## Guidance

This Guidance is aimed at Chief Officers and all managers and practitioners in those bodies named in sections 28 and 31 of the Children Act 2004. It is intended to enable them to review their current policies, procedures and practices, analyse the current state of safeguarding and promoting children's welfare within their bodies and decide what steps are necessary in order to implement the Guidance.

It sets out how all agencies and professionals should work together to safeguard and promote children's welfare and protect them from harm. It is addressed to all statutory partners on Local Safeguarding Children Boards and others whose work brings them into contact with children and families. It is relevant to those working in the statutory, voluntary and independent sectors.

The bodies that are subject to the duty in section 28 of the Children Act 2004 to safeguard and promote the welfare of children are:

- a local authority;
- a Local Health Board;
- an NHS trust all or most of whose hospitals, establishments and facilities are situated in Wales;
- the police authority and chief officer of police for a police area in Wales;
- the British Transport Police Authority, so far as exercising functions in relation to Wales;
- a local probation board for an area in Wales;
- a youth offending team for an area in Wales;
- the governor of a prison or secure training centre in Wales (or, in the case of a contracted out prison or secure training centre, its director);
- any person to the extent that he is providing services pursuant to arrangements made by a children's services authority in Wales under section 123(1)(b) of the Learning and Skills Act 2000 (c. 21) (youth support services).

The bodies that are designated under section 31 of the Children Act 2004 as partners of a local authority in a Local Safeguarding Children Board, are:

- the chief officer of police for a police area any part of which falls within the area of the authority;

- a local probation board for an area any part of which falls within the area of the authority;
- a youth offending team for an area any part of which falls within the area of the authority;
- a Local Health Board for an area any part of which falls within the area of the authority;
- an NHS trust providing services in the area of the authority;
- the governor of any secure training centre within the area of the authority (or, in the case of a contracted out secure training centre, its director); and
- the governor of any prison in the area of the authority which ordinarily detains children (or, in the case of a contracted out prison, its director).

### **The guidance:**

- describes how actions to safeguard children fit within the wider context of support to children and families;
- summarises some of the lessons learned from research and experience to date on the nature and impact of abuse and neglect, and how best to operate child protection processes;
- sets out the role and responsibilities of different agencies and practitioners;
- outlines the way in which joint working arrangements should be agreed, implemented and reviewed through the mechanism of Local Safeguarding Children Boards;
- sets out the processes which should be followed when there are concerns about a child, and the action which should be taken to safeguard and promote the welfare of children who are suffering, or at risk of suffering, significant harm;
- provides guidance on child protection in specific circumstances, including children living away from home;
- outlines some important principles which should be followed in work with children and families;
- sets out the processes which should be followed if a tragedy occurs, in order to learn lessons and make any necessary improvements in practice to safeguard children; and
- discusses the importance of multi-agency training, and considers training requirements for effective child protection.

It is also relevant to those organisations not under a specific statutory duty, but nevertheless with a key role to play in this area including;

- Other statutory bodies, including the fire service, the Welsh Joint Education Committee and further and higher education bodies;
- Voluntary and independent sector organisations that commission or provide relevant services, including advocacy services, for children and young people;
- Immigration Service;
- National Asylum Support Service;
- Armed services.

## **The status and content of this guidance**

This guidance is prepared and issued by the Welsh Assembly Government. It replaces *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*, published in 2000 and *Safeguarding Children: Working Together for Positive Outcomes*, published in 2004.

Other previously published guidance, *Safeguarding Children Involved in Prostitution* (2000) and *Safeguarding Children in Whom Illness is Fabricated or Induced* (2002) remain in force.

The guidance reflects the principles contained within the United Nations Convention on the Rights of the Child, ratified by the UK Government in 1991 and takes account of the European Convention of Human Rights, in particular Articles 6 and 8. It further takes account of other relevant legislation at the time of publication, but is particularly informed by the requirements of the Children Act 1989 and the Children Act 2004, which provide a comprehensive framework for the care and protection of children.

Chapters 1 and 2 and 4 to 10 of this guidance are issued to local authorities in Wales under section 7 of the Local Authority Social Services Act 1970, which requires local authorities in their social services functions to act under the general guidance of the National Assembly for Wales. It should be complied with by local authorities carrying out their social services functions unless local circumstances indicate exceptional reasons that justify a variation.

The guidance in Chapter 2 sets out the key arrangements, roles and responsibilities for safeguarding and promoting the welfare of children under section 28 of the Children Act 2004, which states that:

"Each person and body to whom this section applies must make arrangements for ensuring that-

- (a) their functions are discharged having regard to the need to safeguard and promote the welfare of children; and
- (b) any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need."

The guidance is issued jointly by the Welsh Assembly Government and the Home Secretary. This requires each person or body to which the section 28 duty applies to have regard to any guidance given to them for this purpose by the Secretary of State and the Welsh Assembly Government. This means they must take the guidance into account and, if they decide to depart from it, have clear reasons for doing so.

Chapters 4 to 10 of this guidance are issued under Section 34 of the Children Act 2004, which requires a local authority in Wales and each of their Board partners, in exercising their functions as relating to a Local Safeguarding Children Board, to have regard to any guidance given to them for that purpose by the National Assembly for Wales with the consent of the Secretary of State. This means that they must take the guidance into account and, if they decide to depart from it, have clear reasons for doing so.

Chapters 11 to 14 are issued as good practice guidance. As such they outline existing practice and highlight some practice issues that Safeguarding Boards may wish to consider, but they do not place any additional functions or requirements on Boards beyond those covered elsewhere in this Guidance.

In addition, this guidance is advisory for those private and voluntary organisations that come into contact with, or offer services to, children. Where private or voluntary organisations are commissioned to provide services on behalf of a statutory person or body named in section 28(1) of the Children Act 2004, arrangements should be made in such a way as to enable the statutory person or body to ensure that services are provided with regard to this guidance.

The Welsh Assembly Government is committed to working with local authorities, their representative organisations, and their partners as policies are developed further to ensure that they do not place new, unfunded burdens on their resources.

## Key definitions and concepts

<b>Abuse: emotional</b>	The persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional and behavioural development.
<b>Abuse: neglect</b>	See <i>Neglect</i> below.
<b>Abuse: physical</b>	The hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates or induces illness in a child whom they are looking after.
<b>Abuse: sexual</b>	Forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening, including: <ul style="list-style-type: none"> <li>• physical contact, including penetrative or non penetrative acts;</li> <li>• non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities; or</li> <li>• encouraging children to behave in sexually inappropriate ways.</li> </ul>
<b>Child in need</b>	A child is a child in need if: <ul style="list-style-type: none"> <li>• he/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;</li> <li>• his/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or</li> <li>• he/she is disabled.</li> </ul>
<b>Child protection</b>	<b>Child protection</b> is a part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm as a result of abuse or neglect.
<b>Children</b>	A <b>child</b> is anyone who has not yet reached their 18 <sup>th</sup> birthday. 'Children' therefore means 'children and young people' throughout. The fact that a child has become sixteen years of age is living independently or is in Further Education, or is a member of the armed forces, or is in hospital, or in prison or a young offenders institution does not change their status or their entitlement to services or protection under the Children Act 1989.

<b>‘Children’s social services’ or ‘local authority children’s social services’</b>	The work of local authorities exercising their social services functions with regard to children. This is not meant to imply a separate ‘children’s social services’ department.
<b>Development</b>	Physical, intellectual, emotional, social or behavioural development.
<b>Harm</b>	Ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another.
<b>Health</b>	Physical or mental health.
<b>Local Authority</b>	A county council or county borough council.
<b>Neglect</b>	The persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold, starvation or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.
<b>Safeguarding and promoting the welfare of children</b>	<ul style="list-style-type: none"> <li>• Protecting children from abuse and neglect;</li> <li>• Preventing impairment of their health or development; and</li> <li>• Ensuring that they receive safe and effective care;</li> </ul> <p>... so as to enable them to have optimum life chances.</p>
<b>Significant harm</b>	Section 31(10) of the Children Act 1989 states that "where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child".
<b>Welfare and Well-being</b>	<p>There is no statutory definition. The Children Act 1989 introduced the welfare checklist that a court shall have regard to in certain circumstances. The 1989 Act states that a "court shall have regard in particular to-</p> <ul style="list-style-type: none"> <li>• the ascertainable wishes and feelings of the child concerned (considered in the light of his age and understanding);</li> <li>• his physical, emotional and educational needs;</li> <li>• the likely effect on him of any change in his circumstances;</li> <li>• his age, sex, background and any characteristics of his which the court considers relevant;</li> </ul>

	<ul style="list-style-type: none"><li>• any harm which he has suffered or is at risk of suffering;</li><li>• how capable each of his parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting his needs;</li><li>• the range of powers available to the court under this Act in the proceedings in question."</li></ul>
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## Executive Summary

The interest of the child is paramount in all considerations of welfare and safeguarding. Safeguarding children is everyone's responsibility.

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

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

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

The Welsh Assembly Government has adopted Seven Core Aims through which it will work to ensure that all children and young people:

- have a flying start in life;
- have a comprehensive range of education and learning opportunities;
- enjoy the best possible health and are free from abuse, victimisation and exploitation;
- have access to play, leisure, sporting and cultural activities;
- are listened to, treated with respect, and have their race and cultural identity recognised;
- have a safe home and a community which supports physical and emotional wellbeing; and
- are not disadvantaged by poverty.

These aims are also embodied in the five key outcomes for improving the wellbeing of children from conception to adulthood that are set out in section 25(2) of the Children Act 2004

[\[http://www.opsi.gov.uk/acts/acts2004/40031--d.htm#25\]](http://www.opsi.gov.uk/acts/acts2004/40031--d.htm#25).

Patterns of family life vary and there is no one, perfect way to bring up children. Good parenting involves caring for children's basic needs, showing them warmth and love and providing the stimulation needed for their development, within a stable environment where they experience consistent guidance and boundaries. Parents, carers and families have an essential role to play in this area and should be encouraged and supported to promote positive behaviour in their children.

All parents - supported by friends and family, the wider community and statutory and voluntary services - need to be able to ensure that their children grow up adequately cared for and safe from harm and to promote their children's health and development and help them achieve their potential.

Parenting can be challenging. It often means juggling with competing priorities to balance work and home life as well as trying to understand how best to meet children's needs at all stages of their development. Parents themselves require and deserve support. Asking for help should be seen as a sign of responsibility rather than as a parenting failure.

A wide range of services and professionals provide support to families in bringing up children. Both statutory and voluntary services can support families: by helping all children develop to their full potential - for example, through universal education and health services; by providing specialist help to those who need it; and by providing support, or otherwise intervening, at times of adversity or crisis. In the great majority of cases, it should be the decision of parents when to ask for help and advice on their children's care and upbringing. Only in exceptional cases should there be compulsory intervention in family life: for example, where this is necessary to safeguard a child from significant harm. Such intervention should - provided this is consistent with the safety and welfare of the child - support families in making their own plans for the welfare and protection of their children.

Some children have particular needs, because they are disabled, or because they need certain services in order to achieve or maintain a reasonable standard of health or development, or to prevent their development being impaired. These children are described in the Children Act 1989 as being 'children in need'. They, and possibly also their families may need, or benefit from, a range of additional support and services.

Some children may be suffering, or at risk of suffering, significant harm, either as a result of a deliberate act, or of a failure on the part of a parent or carer to act or to provide proper care, or both. These children need to be made safe from harm, alongside meeting their other needs.

## **Safeguarding children**

Improved outcomes for children can only be delivered and sustained when key people and bodies work together to design and deliver more integrated services around the needs of children and young people. That change needs to be led and managed at local level and supported nationally.

This will require improved joint working between the Welsh Assembly Government and its partners, and between those partners and children, young people and their families and communities. The aim is to move to a position, both locally and nationally, where:

- the well-being of children and young people is at the heart of the Welsh Assembly Government's policy for children and their families

as set out in *Children and Young People: Rights to Action (2004)*, which aims to make sure that all key people and bodies are working in partnership to achieve shared outcomes;

- clear overall accountability exists for services;
- key local services are integrated, where appropriate, around the needs of children and young people, and children and young people are actively involved in developing and evaluating the services which are provided for them;
- key people and bodies work well individually and together through universal, targeted and specialist services to safeguard and promote the welfare of children; and
- children, young people and their families receive effective support at the first sign of difficulties.

## **Chapter 1: The Legislative Framework**

This Chapter briefly outlines the legislation most relevant to work to safeguard and promote the welfare of children. It includes guidance on:

- **The Children Act 1989**  
[[http://www.opsi.gov.uk/acts/acts1989/Ukpga\\_19890041\\_e1.htm](http://www.opsi.gov.uk/acts/acts1989/Ukpga_19890041_e1.htm)]
- **The Education Act 1996**  
[<http://www.opsi.gov.uk/acts/acts1996/1996056.htm>]
- **The Housing Act 1996**  
[<http://www.opsi.gov.uk/ACTS/acts1996/1996052.htm>]
- **The Licensing Act 2003**  
[<http://www.opsi.gov.uk/ACTS/acts2003/20030017.htm>]
- **The Housing Act 2004**  
[<http://www.opsi.gov.uk/ACTS/acts2004/20040034.htm>]
- **The Children Act 2004**  
[<http://www.opsi.gov.uk/acts/acts2004/20040031.htm>]

## **Chapter 2: Roles and Responsibilities under Section 28 of the Children Act 2004**

Section 28 of the Children Act 2004 places a duty on key people and bodies to make arrangements to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. The key people and bodies that are covered by the duty are:

- Local authorities;
- the police;
- the probation service;
- NHS bodies;
- Youth Offending Teams;
- Governors/ Directors of Prisons and Young Offender Institutions;
- Directors of Secure Training Centres;
- The British Transport Police.

An awareness and appreciation of the role of others is essential for effective collaboration between agencies and practitioners. This chapter therefore outlines the main roles and responsibilities of agencies in relation to children's safeguards. Joint working should extend across the planning, management, commissioning/provision and delivery of services.

In fulfilling their statutory duty agencies should be:

- Providing senior management commitment to the importance of safeguarding and promoting children's welfare;
- Ensuring that the agency fulfils its obligations under the Children Act 2004, particularly where they are under a duty to:
  - (a) co-operate with local authorities in making arrangements with a view to improving the well-being of children; and
  - (b) work with partner agencies in the establishment and effective operation of Local Safeguarding Children Boards;
- Ensuring that the agency commits the resources necessary to meet its obligation under the Children Act 2004;
- Developing a clear written statement of the agency's responsibilities towards children that is available for all employees and agency clients;
- Establishing and maintaining a clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children;
- Having continuing service development that takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families;
- Developing and providing training and on-going development on safeguarding and promoting the welfare of children for all employees working with or in contact with children or their families;
- Raising the awareness of all employees of their role in the protection of children and the links between adult services and those for children and their families;

- Ensuring that safe recruitment procedures in place;
- Establishing and co-operating in effective inter-agency working to safeguard and promote the welfare of children; and
- Developing effective policies and protocols on information sharing.

Joint working should extend across the planning, management, commissioning/provision and delivery of services.

### **Chapter 3: Roles and Responsibilities of the Welsh Assembly Government and Others**

Chapter 3 outlines the main roles and responsibilities of the Welsh Assembly Government and other agencies not covered by section 28 of the Children Act 2004, in relation to children's safeguards.

Within the Welsh Assembly Government, CAFCASS CYMRU and the Care Standards Inspectorate for Wales have a role in children's safeguards. Statutory organisations can also support services run by members of the community, by offering access to advice and training on child protection, and on safeguarding and promoting the welfare of children.

We all share responsibility for safeguarding and promoting the welfare of children and young people, whether as a parent or family member, a friend or neighbour, an employer or as a paid or volunteer worker. All members of the community can help to safeguard and promote the welfare of children and young people and should act to do so if they have concerns about a child's welfare.

### **Chapter 4: Local Safeguarding Children Boards**

Chapter 4 explains the role, scope and function of Local Safeguarding Children Boards (LSCBs).

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

LSCBs will:

- engage in activities that safeguard all children and aim to identify and prevent abuse and neglect, or impairment of health or development, and ensure that children are growing up in circumstances consistent with safe and effective care;
- lead and co-ordinate proactive work that aims to target particular groups; and

- lead and co-ordinate arrangements for responsive work to protect children who are suffering, or at risk of suffering, abuse or neglect.

The core functions of an LSCB are set out in the Local Safeguarding Children Boards (Wales) Regulations 2006 and are:

- fostering a relationship of trust and understanding amongst those represented on the Board;
- raising awareness of the need to safeguard and promote the welfare of children and to provide information about how this might be achieved;
- developing policies and procedures to co-ordinate work on safeguarding and promoting the welfare of children, including policies and procedures in relation to:
  - (a) information sharing;
  - (b) actions, including thresholds for intervention, to be taken where there are concerns about a child's safety or welfare;
  - (c) the recruitment and supervision of persons who work with or have regular access to children;
  - (d) the safety and welfare of children who are privately fostered.
- reviewing the efficacy of the measures taken by Board partners to co-ordinate what they do for the purposes of safeguarding and promoting the welfare of children and to make whatever recommendations it sees fit to those persons or bodies in light of such a review;
- undertaking "serious case reviews";
- monitoring the extent to which any recommendations made in a review or a serious case review are being or have been met;
- developing criteria for measuring the performance of the children's services authority against the children and young people's plan in so far as the plan relates to safeguarding and promoting the welfare of children;
- disseminating information about best practice in safeguarding and promoting the welfare of children amongst the representative bodies and other persons;
- undertaking research into safeguarding and promoting the welfare of children;
- reviewing the training needs of those working in the area with a view to identifying training activities to assist in safeguarding and promoting the welfare of children;
- providing training whose purpose is to assist in safeguarding and promoting the welfare of children;

- co-operating with other Boards (whether in Wales or England) and any similar such bodies in Scotland and Northern Ireland where the Board considers that would be of mutual benefit; and
- seeking advice or information where the Board considers that to be desirable for the purposes of any of its functions.

The Children Act 2004 requires each local authority in Wales to establish an LSCB, which brings together representatives of each of the main agencies and professionals responsible for helping to protect children from abuse and neglect. The Act prescribes the following as partners in Safeguarding Boards:

- the local authority;
- the chief officer of police;
- the local probation board;
- the youth offending team;
- the Local Health Board;
- an NHS trust providing services in the area of the authority;
- the governor or director of any secure training centre within the area;
- the governor or director of any prison in the area.

These statutory partners will therefore form the core membership of LSCBs and take lead responsibility in respect of their statutory functions under the Act.

However, Safeguarding Boards need to be inclusive and to bring on-board local partners. The Act therefore makes provision for representatives of other relevant persons or bodies as the authority by which it is established consider appropriate, after consulting their Board partners, to be represented on the LSCB. There is a range of other agencies that have an important and valuable contribution to make to the running of LSCBs. There is specialist expertise in some areas than might not be readily available to the statutory partners but which the Board needs to call upon.

Cafcass Cymru, with its statutory duty to safeguard and promote the welfare of children, should be included within LSCB membership.

Other agencies with a relevant interest but that are not named in the Act include the following (although the list is not exclusive):

- |  |                                    |
|--|------------------------------------|
| • NSPCC  | • independent children's homes     |
| • the coroner  | • representatives of service users |
| • the Crown Prosecution Service                                  | • general practitioners            |
| • substance misuse services                                      | • voluntary agencies               |
| • education establishments not maintained by the local authority | • witness support services         |

Membership of the Local Safeguarding Children Board should be made up of senior managers from different services and agencies in the local area including the independent and voluntary sector. Individual members of LSCBs have a duty as members to contribute to the effective work of the LSCB.

To function effectively LSCBs need to be supported by their member organisations with adequate and reliable resources. The budget for each LSCB and the contribution made by each member organisation should be agreed locally.

LSCBs should also ensure that they have appropriate arrangements in place for engaging with the Welsh Assembly Government where appropriate. In particular arrangements need to be in place to involve the Care Standards Inspectorate and CAFCASS CYMRU.

LSCBs will also need to engage the wider community, along with children and families who receive safeguarding services.

## **Chapter 5: Planning and Safeguarding Structures**

Chapter 5 addresses the need to ensure that arrangements and structures are in place so that agencies may deliver a co-ordinated approach to planning and service delivery across Safeguarding Boards, Framework Partnerships, Community Safety Partnerships and other partnership bodies. It provides models that agencies may wish to consider in planning and agreeing their own local arrangements.

## **Chapter 6: The Impact of Abuse and Neglect**

This chapter explains what is meant by abuse and neglect; considers their potential impact on a child; and discusses the concept of significant harm. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

## **Chapter 7: Principles of Working with Children and their Families**

There are some common principles and ways of working which should underpin the practice of all agencies and professionals working to safeguard children and promote their welfare. Chapter 7 sets out some of the most important of these, including:

- Working in Partnership with Children and Families;
- Involving Children;
- Family Group Conferences;
- The provision of Support, Advice and Advocacy to Children and Families;



- Recognising and respecting Diversity and Equality;
- The need for work to be child centred and rooted in child development;
- Building on strengths as well as identifying difficulties;
- Being multi/inter-agency in approach;
- The need to work across Adult and Children's Services.

## **Chapter 8: Handling Individual Cases**

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

The chapter sets out in detail the processes to be followed when safeguarding and promoting the welfare of children. These include:

- responding to concerns about the welfare of a child and making a referral to a statutory organisation (children's social services, the Police or the NSPCC) that can take action to safeguard and promote the welfare of children;
- undertaking an initial assessment of the children's situation and deciding what to do next;
- taking urgent action to protect the child from harm, if necessary;
- holding a strategy discussion where there are concerns that a child may be suffering significant harm, and where appropriate, convening a child protection conference;
- deciding whether a child is at continuing risk of significant harm and therefore should be the subject of a child protection plan, implementing the plan and reviewing it at regular intervals.

## **Chapter 9: Safeguarding Children who may be Particularly Vulnerable**

This chapter outlines some special considerations that apply to safeguarding children in a range of specific circumstances. It adds to, rather than substitutes for Chapter 8, which sets out the basic framework of action to be taken in all circumstances when a parent, professional, or any other person has concerns about the welfare of a child.

It covers:

- Children living away from home;
- Race and Racism;
- Bullying;
- Foster Care including Private Fostering;
- Organised or Multiple Abuse;
- Children in Hospital;
- Children in Custody;
- Disabled Children;
- Abuse by Children and Young People;
- Lack of Parental Control;
- Domestic Abuse;
- Sexual Exploitation of Children;
- Child Abuse Images, the Internet and Information Technology;
- Fabricated or Induced Illness;
- Children of Substance Misusing Parents;
- Child Abuse linked to belief in “Possession” or “Witchcraft”, or in other ways related to spiritual or religious belief;
- Children and Families who go missing;
- Looked After Children who run away or go missing from their care placement;
- Children who go missing from Education;
- Children of Families living In temporary accommodation;
- Migrant Children;
- Child Victims Of Trafficking;
- Unaccompanied Asylum Seeking Children;
- Female Genital Mutilation ;
- Forced Marriages.

## **Chapter 10: Serious Case Reviews**

The Local Safeguarding Children Boards (Wales) Regulations 2006 require that where abuse or neglect of a child is known or suspected and:

- a child dies; or
- a child sustains a potentially life-threatening injury or serious and permanent impairment of health and development, or has been subjected to particularly serious sexual abuse.

The Local Safeguarding Children Board for the area must conduct a serious case review.

Additionally, LSCBs should always undertake a serious case review where:

- a child has committed suicide;
- a child's parent has been murdered and a domestic homicide review is being initiated; or
- the child has been killed by a parent with a mental illness.

A Board may also undertake a serious case review where a child within its area suffers harm that does not meet the criteria above, but where there may be concerns about, for example:

- inter-agency working; or
- local procedures or policies.

The purpose of a serious case review is to see if lessons can be learned about how professional and organisations should work together. Reviews are of little value unless lessons are learned from them and therefore, following a serious case review, an action plan should be drawn up and implemented.

## **Chapter 11: Inter-agency Training and Development**

Chapter 11 is about training and development. Training for inter-agency working means training which will equip people to work effectively with those from other agencies.

In order to safeguard and promote the welfare of children and young people all those working with children and with adults who are parents or carers must have the knowledge and skills to carry out their own roles. This includes being able to recognise and raise safeguarding concerns about the welfare of a child. They must also be able to work effectively with others both within their own agency and across organisational boundaries. This will be best achieved by a combination of single agency and multi-agency training.

The LSCB should be involved in:

- ensuring training needs are identified and met within the context of local and national policy and practice developments. This should be achieved by an established system for identifying training needs, and systems for the evaluation of training to ensure it is meeting local needs; and
- including training as a standard LSCB agenda item. Regular consideration should be given by the LSCB to ensure that: recommendations from inspections, audits, and serious case reviews are reflected in LSCB inputs to training; training addresses current LSCB priorities and strategies; and single and inter-agency training responsibilities are negotiated and agreed upon.

The LSCB, or training sub-group acting on its behalf, is responsible for ascertaining local training needs, ensuring that appropriate training is provided, and taking a strategic overview of inter-agency training to promote effective practice to safeguard and promote the welfare of children.

## **Chapter 12: Allegations of Abuse or Causes of Concern about a Person who Works with Children**

Children can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or abuse of children by a professional, staff member, foster carer, or volunteer must therefore be taken seriously and treated in accordance with consistent procedures.

Local Safeguarding Children Boards have responsibility for ensuring there are effective inter-agency procedures in place for dealing with allegations against people who work with children, and monitoring and evaluating the effectiveness of those procedures.

The chapter therefore sets out a framework for managing cases. The framework applies to a wider range of allegations than those in which there is reasonable cause to believe a child is suffering, or is likely to suffer, significant harm. It also caters for cases of allegations that might indicate that a person is unsuitable to continue to work with children in their present position, or in any capacity. It should be used in respect of all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates the person is unsuitable to work with children.

## **Chapter 13: Management of People who Present a Risk of Harm to Children**

The chapter provides practice guidance and information about a range of mechanisms that are available when managing people who have been identified as presenting a risk or potential risk of harm to children. It covers:

- Multi Agency Public Protection Arrangements;
- Disqualification from Working with Children under the Criminal Justice and Court Services Act 2000 (CJCSA), as amended by the Criminal Justice Act 2003;
- The Violent and Sex Offender Register (ViSOR);
- Notification orders intended to ensure that British citizens or residents, as well as foreign nationals, can be made subject to the notification requirements (ViSOR) in the UK if they receive convictions or cautions for sexual offences overseas;

- Sexual Offences Prevention Orders (SOPOs) introduced by the Sexual Offences Act 2003;
- Risk of Sexual Harm Orders (RSHOs) introduced by the Sexual Offences Act 2003;
- The Protection of Children Act List; and
- The Department for Education and Skills List 99.

## **Chapter 14: Information Sharing**

This chapter provides guidance on information sharing in respect of children and young people and covers all services including health; education; early years and childcare; social care; youth offending; police; advisory and support services, and leisure.

The guidance is for all those who work with children and young people in these services, whether they are employed or volunteers, and working in the public, private or voluntary sectors. It recognises that most decisions to share information require a professional judgement, and aims to provide the knowledge and understanding practitioners need to inform their judgement. It covers the main reasons why practitioners may want or need to share information:

- to help children or young people achieve the key outcomes we want for all: be healthy, stay safe, enjoying and achieving, making a positive contribution, and achieving economic well-being;
- to safeguard and promote the welfare of children and young people, by protecting them from abuse, preventing impairment of their health or development, or ensuring they grow up in circumstances consistent with the provision of safe and effective care; and
- to prevent children and young people from committing crime.

The guidance also:

- sets out key principles of information sharing;
- highlights the difficult issues practitioners sometimes face in sharing information;
- sets out core guidance for all practitioners on information sharing issues;
- summarises good practice in involving children, young people and parents in discussions on information sharing;
- summarises the key things practitioners should know about the Common Law Duty of Confidence, the Human Rights Act and the Data Protection Act; and
- provides further information about the legislation which provides a legal basis for information collection, use and sharing.



# 1: The Legislative Framework

- 1.1 This Chapter sets out the main statutory provisions covering the work of Local Safeguarding Children Boards and the roles and responsibilities of individual agencies.

## **The Children Act 1989**

[\[http://www.opsi.gov.uk/acts/acts1989/Ukpga\\_19890041\\_en\\_1.htm\]](http://www.opsi.gov.uk/acts/acts1989/Ukpga_19890041_en_1.htm)

## **Safeguarding and promoting the welfare of children**

- 1.2 Section 17 of the Children Act 1989 places a general duty on every local authority:
- to safeguard and promote the welfare of children within their area who are in need; and
  - so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.

## **Children who are suffering or are likely to suffer significant harm**

- 1.3 Where a local authority –
- are informed that a child who lives, or is found in their area –
    - is the subject of an emergency protection order; or
    - is in police protection; or
  - have reasonable cause to suspect that a child who lives, or is found in their area is suffering, or is likely to suffer, significant harm,

the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare (Children Act 1989 section 47(1)).

## **The duty to co-operate to safeguard and promote the welfare of children**

- 1.4 The Children Act 1989 places two specific duties on agencies to co-operate in the interests of vulnerable children:
- 1.5 Section 27 provides that a local authority may request help from:
- any local authority;
  - any local education authority;

- any local housing authority;
- any health authority, Special Health Authority or National Health Service Trust; and
- any person authorised by the National Assembly for Wales in exercising the local authority's functions under Part III of the Act.

1.6 This part of the Act places a duty on local authorities to provide support and services for children in need, including children looked after by the local authority, and those in secure accommodation. The body whose help is requested in these circumstances has a duty to comply with the request, provided it is compatible with its other duties and functions.

1.7 Section 47 places a duty on:

- any local authority;
- any local education authority;
- any housing authority;
- any health authority, Special Health Authority or National Health Service Trust; and
- any person authorised by the National Assembly for Wales

to help a local authority with its enquiries in cases where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

### **Meaning of "harm"**

1.8 "Harm" is defined in section 31(9) of the Children Act 1989 as "ill-treatment or the impairment of health or development". It is broader than physical violence and includes sexual abuse and forms of ill-treatment which are not physical. Any harm a child suffers because a parent is being harassed or intimidated is caught by the definition of "harm". Section 120 of the Adoption and Children Act 2002 amends the definition of harm in the Children Act 1989 to "ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another". The amendment applies to all proceedings where the court applies the 'welfare checklist' in section 1(3) of the Children Act 1989. This includes proceedings for contact or residence orders.

### **Children provided with accommodation by a health authority or local education authority**

1.9 Under Section 85, where a child is provided with accommodation by any health authority or local education authority ("the accommodating authority") –



- for a consecutive period of at least three months; or
- with the intention, on the part of that authority, of accommodating him for such a period,

the accommodating authority shall notify the responsible authority.

.....the accommodating authority shall notify the responsible authority when they cease to accommodate the child.

.....“the responsible authority” means-

- the local authority appearing to the accommodating authority to be the authority within whose area the child was ordinarily resident immediately before being accommodated; or
- where it appears to the accommodating authority that a child was not ordinarily resident within the area of any local authority, the local authority within whose area the accommodation is situated.

Where a local authority have been notified ..... they shall-

- take such steps as reasonably practicable to enable them to determine whether the child’s welfare is adequately safeguarded and promoted while he is accommodated by the accommodating authority; and
- consider the extent to which (if at all) they should exercise any of their functions under this Act with respect to the child.

### **Children provided with accommodation in a residential care home, nursing home or mental nursing home**

1.10 Similarly, section 86(1) of the Act requires that where a child is provided with accommodation in any residential care home, nursing home or mental nursing home:

- (a) for a consecutive period of at least three months; or
- (b) with the intention, on the part of the person taking the decision to accommodate him, of accommodating him for such period,
- (c) the person carrying on the home shall notify the local authority within whose area the home is carried on.

2. Where subsection (1) applies with respect to a child, the person carrying on the home shall also notify that authority when he ceases to accommodate the child in the home.

3. Where a local authority have been notified under this section, they shall:

- (a) take such steps as are reasonably practicable to enable them to determine whether the child's welfare is adequately safeguarded and promoted while he is accommodated in the home; and
- (b) consider the extent to which (if at all) they should exercise any of their functions under this Act with respect to the child.

### **Children provided with accommodation in an independent school**

1.11 With regard to the welfare of children accommodated in independent schools, under section 87(1) it is the duty of:

- (a) the proprietor of any independent school which provides accommodation for any child; and
  - (b) any person who is not the proprietor of such a school but who is responsible for conducting it, to safeguard and promote the child's welfare.
- (2) Subsection (1) does not apply in relation to a school which is a children's home or a residential care home.
- (3) Where accommodation is provided for a child by an independent school within the area of a local authority, the authority shall take such steps as are reasonably practicable to enable them to determine whether the child's welfare is adequately safeguarded and promoted while he is accommodated by the school.

**Education Act 1996** [<http://www.opsi.gov.uk/acts/acts1996/1996056.htm>]

### **Child employment**

1.12 Local Authority functions relating to child employment under section 559 of the Education Act 1996 and section 18(2) of the Children and Young Persons Act 1933 are education functions. The Local Authority Education Welfare Service is responsible for administering the child employment legislation, currently contained in local bylaws. The health, education and well being of every child for whom a work permit or performance licence is issued must be protected. Employers of children also have a responsibility to safeguard and promote the welfare of children by applying to the local authority for an employment permit.

### **Youth services facilities**

1.13 The local authority functions relating to the provision of youth services facilities are set out in section 508 of the Education Act 1996.

## **Housing Act 1996** [<http://www.opsi.gov.uk/ACTS/acts1996/1996052.htm>]

- 1.14 Section 213A of Housing Act 1996 (which was inserted by the 2002 Homelessness Act) ensures that a housing authority contacts social services (with consent) when a family with children is ineligible or intentionally homeless i.e. they are not owed the main homelessness duty and the family wishes to seek assistance under Part 3 of the Children Act 1989. If consent is withheld, the housing authority may disclose information about a homelessness case to social services if the child is or may be at risk of significant harm.
- 1.15 Section 213A also ensures that housing authorities co-operate with social services to provide advice and assistance as is reasonable to help ineligible or intentionally homeless households with children to obtain accommodation. However the duty does not extend to providing accommodation for the household.

## **Education Act 2002**

[<http://www.opsi.gov.uk/ACTS/acts2002/20020032.htm>]

- 1.16 Section 175 of the Education Act 2002 imposes a duty on LEAs, the governing bodies of maintained schools, and the governing bodies of FE institutions to make arrangements in regard to the welfare of children. LEAs must make arrangements to ensure that their functions in the capacity of an LEA are exercised with a view to safeguarding and promoting the welfare of children (i.e. persons under 18 years of age). Similarly governing bodies must make arrangements to ensure that their functions relating to the conduct of the school, or institution, are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school, or who are receiving education or training at the institution. All the bodies concerned must have regard to any guidance issued by the Secretary of State, in regard to England, or the NAW, in regard to Wales, in deciding what arrangements they must make to comply with their duty.

## **The Licensing Act 2003**

[<http://www.opsi.gov.uk/ACTS/acts2003/20030017.htm>]

- 1.17 The overall aim of the Licensing Act is to modernise the legislation governing the sale and supply of alcohol and public entertainment licensing. The Act transferred Liquor licensing powers from the Magistrates' Courts to Local Authorities, via the creation of 'Licensing Authorities'. A number of 'responsible authorities' are to be notified of all licence variations and new applications. These responsible authorities include the police and the fire department, as well as "a body which represents those who, in relation to any area, are responsible for, or interested in, matters relating to the protection of children from harm, and is recognised by the licensing authority for that area for the purposes of this section as being competent to advise it on such matters." Agreement regarding the identification of this body is a

local decision, however it may be the Local Safeguarding Children Board or social services.

## **Housing Act 2004**

[<http://www.opsi.gov.uk/ACTS/acts2004/20040034.htm>]

- 1.18 Part 1 of the Housing Act 2004 gives local authorities powers and duties to take action against bad housing conditions, and introduces a new Housing Health and Safety Rating System under which authorities' environmental health professionals will assess the impact of health and safety hazards in the light of the occupants most vulnerable to them. Examples are damp and mould (to which the most vulnerable age group is children under 14), problems with washing facilities, sanitation and drainage (children under 5) and falls between levels (children under 2). The new system replaces the housing fitness standard and provides an objective way of assessing the seriousness of hazards and identifying the most appropriate remedial action.

## **The Children Act 2004**

[<http://www.opsi.gov.uk/acts/acts2004/20040031.htm>]

- 1.19 The Children Act 2004 builds on and strengthens the framework set out in the Children Act 1989 in a number of ways. There are a number of provisions in the 2004 Act which relate directly or indirectly to agencies' responsibilities to safeguard and promote the welfare of children. These are set out below.

## **Section 25: Co-operation to improve well-being**

- 1.20 The Welsh Assembly Government has adopted the UN Convention on the Rights of the Child as the basis of all its work for children and young people in Wales. The Convention rights have been translated into seven Core Aims through which the Assembly Government seeks to implement, to ensure that all children and young people:
- have a flying start in life;
  - have a comprehensive range of education and learning opportunities;
  - enjoy the best possible health and are free from abuse, victimisation and exploitation;
  - have access to play, leisure, sporting and cultural activities;
  - are listened to, treated with respect, and have their race and cultural identity recognised;
  - have a safe home and a community which supports physical and emotional wellbeing; and
  - are not disadvantaged by poverty.

1.21 These aims are reflected in section 25 of the Children Act 2004 and together strengthen the arrangements for protecting and promoting the welfare of children and young people. For the first time it places a duty on all local authorities in Wales (referred to in the Act as children's services authorities) to make arrangements to promote co-operation with a view to improving the well being of children in their area, in relation to:

- Physical and mental health and emotional well-being;
- Protection from harm and neglect;
- Education, training and recreation;
- The contribution made by them to society; and
- Social and economic well-being.

1.22 In fulfilling this duty a local authority is required to promote co-operation between itself and its partners, these being:

- The police authority and the chief officer of police for a police area any part of which falls within the area of the local authority;
- A local probation board for an area any part of which falls within the area of the authority;
- A youth offending team for an area any part of which falls within the area of the authority;
- A Local Health Board for an area any part of which falls within the area of the authority;
- An NHS Trust providing services in the area of the authority; and
- The National Council for Education and Training for Wales.

1.23 These partners are also placed under a statutory duty to co-operate with the local authority in making these arrangements.

## **Section 26: Children and young people's plans**

1.24 Section 26 provides for regulations which will require local authorities to prepare and publish a plan setting out their strategy for discharging their functions in relation to children and young people. The Children and Young People's Plan will be a plan for local children's services. It will include the arrangements for co-operation required under section 25 and will be consistent with the strategic plans of local partners covered by that duty. It will be prepared in consultation with children, young people, carers and families and all relevant local organisations including the Local Safeguarding Children Board.

1.25 Planning Guidance will be issued in 2007 with the first plans commencing in 2008.

## **Section 27: Responsibility for functions under sections 25 and 26**

- 1.26 The Act requires key agencies to appoint senior officers with responsibility for their functions under sections 25 and 26.
- 1.27 Each local authority is required to appoint a Lead Director for children and young people's services and to designate a lead member for children and young people's services for the purposes of co-ordinating and overseeing arrangements under sections 25 and 26 of the Act. The Lead Director and Lead Member will provide, respectively, a professional and political focus for children's services. They have three key roles:
- responsibility for promoting partnership working both corporately across the local authority and, in recognition of its leadership role, between the authority and its partners;
  - providing leadership to drive change;
  - ensuring that the local authority implements the rights of children and young people.
- 1.28 Local Health Boards are required to appoint an Executive Director and designated non-officer Board Member and NHS Trusts will designate a Lead Executive and non-Executive Director to take overall responsibility for their respective arrangements for cooperation in the partnership planning process, mirroring the same three roles.

## **Section 28: Arrangements to safeguard and promote welfare**

- 1.29 Section 28 of the 2004 Act also requires the following to make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children:
- A local authority;
  - A Local Health Board;
  - An NHS Trust all or most of whose hospitals, establishments and facilities are situated in Wales;
  - The police authority and chief officer of police for a police area in Wales;
  - The British Transport Police Authority, so far as exercising functions in relation to Wales;
  - A local probation board for an area in Wales;
  - A youth offending team for an area in Wales;

- The governor of a prison or secure training centre in Wales (or, in the case of a contracted out prison or secure training centre, its director); and
- Any person to the extent that he is providing services pursuant to arrangements made by a local authority in Wales under section 123(1)(b) of the Learning and Skills Act 2000 (chapter 21) (youth support services).

## **Section 29: Information databases**

1.30 Section 29 gives the Assembly the power to establish, or to require local authorities to establish, maintain and operate a database of basic information on all children in the authority's area or, if the duty to create a database or databases is placed on another body, to participate in its operation.

## **Section 30: Inspection of functions**

1.31 This section makes provision for the functions of a children's services authority in Wales to be subject to inspection by the Assembly.

## **Sections 31-34: Local safeguarding children boards**

1.32 Under section 31 of the Act, Area Child Protection Committees are replaced by Local Safeguarding Children Boards. The Act specifies the following as statutory partners of a local authority who must be represented on each Safeguarding Board

- The chief officer of police for a police area any part of which falls within the area of the local authority;
- A local probation board for an area any part of which falls within the area of the authority;
- A youth offending team for an area any part of which falls within the area of the authority;
- A Local Health Board for an area any part of which falls within the area of the authority;
- An NHS Trust providing services in the area of the authority;
- The governor of any secure training centre within the area of the authority (or, in the case of a contracted out secure training centre, its director); and
- The governor of any prison in the area of the authority which ordinarily detains children (or, in the case of a contracted out prison, its director).

1.33 Section 32 of the Act defines the objective of a Local Safeguarding Children Board as:

- to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established; and
- to ensure the effectiveness of what is done by each such person or body for those purposes.



**Table: Bodies covered by key legislative**

	Children Act 2004			Education Act 2002	Children Act 1989	
	Section 25 (duty to co-operate)	Section 28 (duty to safeguard and promote welfare)	Section 31 (statutory partners in LSCB)	Section 175 (duty to safeguard and promote welfare)	Section 27 (help with children in need)	Section 47 (help with enquiries about significant harm)
Local Authority	✓	✓	✓	✓	✓	✓
Police Authority	✓	✓				
Chief Officer of Police	✓	✓	✓			
Local Probation Board	✓	✓	✓			
Youth Offending Team	✓	✓	✓			
Local Health Board	✓	✓	✓		✓	✓
NHS Trust	✓	✓	✓		✓	✓
British Transport Police		✓				
Prison or Secure Training Centre*		✓	✓			
Maintained Schools				✓		
FE Colleges				✓		
Independent Schools				✓		
Contracted Services <sup>†</sup>		✓		✓		

\*that detains children

<sup>†</sup>under section 28 of the Children Act 2004 functions discharged on behalf of any of the statutory agencies named in that section under a contract or service agreement must have regard to the need to safeguard and promote the welfare of children.

**Other legislation that you may need to refer to include:**

Data Protection Act 1998

<http://www.opsi.gov.uk/ACTS/acts1998/19980029.htm>

Crime & Disorder Act 1998

<http://www.opsi.gov.uk/acts/acts1998/19980037.htm>

Protection of Children Act 1999

<http://www.opsi.gov.uk/acts/acts1999/19990014.htm>

Criminal Justice & Court Services Act 2000

<http://www.opsi.gov.uk/acts/acts2000/20000043.htm>

Criminal Justice Act 2003

<http://www.opsi.gov.uk/acts/acts2003/20030044.htm>

Health & Social Care (Community Health and Social Care) Act 2003

<http://www.opsi.gov.uk/ACTS/actSections2003/20030043.htm>



## 2: Roles and Responsibilities Under Section 28 of the Children Act 2004

Each person and body to whom this section applies must make arrangements for ensuring that:

- (a) their functions are discharged having regard to the need to safeguard and promote the welfare of children; and
- (b) any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need.

(Section 28(2); Children Act 2004)

### Duty to safeguard and promote welfare

- 2.1 Section 28 of the Children Act 2004 places a duty on key people and bodies to make arrangements to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children<sup>1</sup>. It is inevitable that the application of this duty will vary according to the nature of each agency and its functions.
- 2.2 The key people and bodies that are covered by the duty are:
  - local authorities;
  - the police;
  - the probation service;
  - NHS bodies;
  - Youth Offending Teams;
  - Governors/Directors of Prisons and Young Offender Institutions;
  - Directors of Secure Training Centres;
  - the British Transport Police.
- 2.3 The section 28 duty means that these key people and bodies must make arrangements to ensure two things. Firstly, that their functions are discharged having regard to the need to safeguard and promote the welfare of children, and secondly, that the services they contract out to others are provided having regard to that need.
- 2.4 The duty does not give agencies any new functions, nor does it over-ride their existing functions. It simply requires them to carry out their existing functions in a way that takes into account the need to safeguard and promote the welfare of children.

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<sup>1</sup> Children are persons under the age of 18.

2.5 At an organisational or strategic level, the key features are:

- Providing senior management commitment to the importance of safeguarding and promoting children's welfare;
- Ensuring that the agency fulfils its obligations under the Children Act 2004, particularly where they are under a duty to:
  - (a) co-operate with local authorities in making arrangements with a view to improving the well-being of children; and
  - (b) work with partner agencies in the establishment and effective operation of Local Safeguarding Children Boards;
- Ensuring that the agency commits the resources necessary to meet its obligation under the Children Act 2004;
- Developing a clear written statement of the agency's responsibilities towards children that is available for all employees and agency clients;
- Establishing and maintaining a clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children;
- Having continuing service development that takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families;
- Developing and providing training and on-going development on safeguarding and promoting the welfare of children for all employees working with or in contact with children or their families;
- Raising the awareness of all employees of their role in the protection of children and the links between adult services and those for children and their families;
- Ensuring that safe recruitment procedures in place;
- Establishing and co-operating in effective inter-agency working to safeguard and promote the welfare of children; and
- Developing effective policies and protocols on information sharing.

### **Framework for making effective arrangements to safeguard and promote children's welfare**

2.6 Each agency will have different contributions to make towards safeguarding and promoting the welfare of children depending on the functions for which they have responsibility. For example, the main contribution of some services might be to identify and act on their concerns about the welfare of children with whom they come into contact, while others might be more involved in supporting a child once concerns have been identified. Effective arrangements will help

agencies to create and maintain an organisational culture and ethos that reflects the importance of safeguarding and promoting the welfare of children.

## **Strategic and organisational arrangements**

### **Senior management commitment to the importance of safeguarding and promoting children's welfare**

- 2.7 Chief officers and senior managers should demonstrate leadership and be informed about, and take responsibility for:
- the actions of all their employees; and
  - the deployment of appropriate resources to meet their statutory duties and responsibilities.
- 2.8 They should identify a named person at senior management level to promote the importance of safeguarding and to promote the welfare of children throughout the organisation. Senior managers are also responsible for monitoring the actions of their employees to safeguard and promote the welfare of children. This includes ensuring that children and young people are listened to and concerns expressed about their or any other child's welfare are taken seriously and responded to in an appropriate manner.

### **Ensuring that the agency fulfils its obligations under the Children Act 2004**

- 2.9 In meeting their statutory function under section 28 of the Children Act 2004, agencies need to work in partnership with other agencies, particularly those agencies that are also covered by the section 28 duty. The Children Act provides two key partnership mechanisms that will contribute to agencies meeting their section 28 duty: firstly the duty under section 25 for agencies to co-operate with the local authority in making arrangements with a view to improving the well-being of children and, secondly, the duty under section 31 for partner agencies to co-operate with the local authority in the establishment and operation of Local Safeguarding Children Boards.
- 2.10 Partnership arrangements can only be effective if agencies are prepared to commit the appropriate level of time and resources. Sections 25(6) and 33(1) and (2) enable partner agencies to make contributions (whether financial, or through the provision of staff, goods, services, accommodation or other resources) for the purposes of Safeguarding Boards or for making arrangements to improve well-being.

- 2.11 The form and level of contribution made by each partner organisation should be agreed locally. Partner agencies do however need to recognise that they have shared responsibility for the delivery of these Children Act duties, including shared responsibility for determining how the necessary resources are to be provided at a level that will be able to support that delivery.

### **A clear statement of the agency's responsibilities towards children available for all employees**

- 2.12 This statement should include any children in the care of the agency, any with whom they work directly and those with whom they or their clients come into contact. It could form part of an agency's existing policy and/or procedures.
- 2.13 All employees should be made aware of their agency's policies and procedures<sup>2</sup> on safeguarding and promoting the welfare of children and the importance of listening to children and young people, particularly when they are expressing concerns about either their own or other children's welfare.
- 2.14 Effective systems should be in place for children, employees and other people to make a complaint where there are concerns that action to safeguard and promote a child's welfare has not been taken in accordance with the agency's procedures.

### **A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children**

- 2.15 It should be clear who has overall responsibility for the agency's contribution to safeguarding and promoting the welfare of children and what the lines of accountability are from each employee up through the organisation to the person with ultimate accountability for children's welfare. It should also be clear with whom each employee should discuss and to whom they should report any concerns about a child's welfare. Responsibilities for safeguarding and promoting the welfare of children can operate at 4 levels:
- individual, which can be encompassed within job descriptions;
  - professional, which is governed by codes of conduct for different disciplines;
  - organisational, with clear lines of accountability throughout the organisation to senior officer level;
  - multi-agency, with lines of accountability for how key people and bodies co-operate in safeguarding and promoting the welfare of children through to the Local Safeguarding Children Board.

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<sup>2</sup> Agencies in Wales have all currently endorsed the All Wales Child Protection Procedures.

2.16 Particular arrangements should include:

- ensuring all employees are aware of a contact number or person who should be contacted for advice or to make a referral to when there are concerns about a child's welfare or safety - including the arrangements for an out-of-hours service;
- incorporating employee's responsibilities for safeguarding and promoting the welfare of children into the business plan for each team and, where appropriate, the work objectives agreed for individual employees;
- fostering a culture of openness and shared communication where employees are actively encouraged to express any early concerns about the welfare of a child.

**Service development should take account of the need to safeguard and promote welfare and should be informed, where appropriate, by the views of children and families.**

2.17 In developing local services, those responsible should consider how the delivery of these services will take account of the need to safeguard and promote the welfare of children. Local planning processes should have a significant focus on ensuring that the services provided prevent children from suffering harm and meeting the needs of children and young people in their own locality. This will include, for example, the arrangements for Children and Young People's plans and Community Safety Partnership Plans.

2.18 Agencies should ensure that the planning and development of services to safeguard and promote children's welfare are informed by the views of children and parents, for example, by becoming involved in discussions about where to locate a service so that it is accessible (depending on the primary functions of the agency) or how to develop it such that children's welfare is safeguarded and promoted. Children and families could be involved through one-off consultations on specific projects, consulting ongoing user groups or drawing on feedback on existing services.

2.19 Particular efforts should be made to ensure that specific groups of children and young people who are often excluded from participation activities are supported in giving their views, for example, disabled children and looked after children. The views and opinions of very young children should also be sought in ways that are appropriate to their age and understanding.

2.20 In addition, in exercising their duty under section 28 of the Children Act 2004, agencies should consider:

- the impact of each service on children’s safety and welfare. For example does the location of a service mean that it can be safely and easily accessed by the children and families for whom it is intended?
- how children are to be kept safe whilst using services, for example, appropriate supervision by trained employees;
- ways in which they can improve existing services to ensure children’s safety and promote their welfare, for example, local authorities should ensure that all play areas are safe, accessible and provide opportunities for children to learn and enjoy themselves, and that these changes are informed by the views of local children and their parents.

**Training on safeguarding and promoting the welfare of children for all employees working with or (depending on the agency’s primary functions) in contact with children and families**

2.21 Employees should have an understanding of both their role and responsibilities, and those of other professionals and organisations. This is essential for effective multi and inter-agency collaboration. Agencies are encouraged, where appropriate, to enable their employees to participate in training provided on an inter-agency basis as well as in single agency training provided by the agency itself.

2.22 In exercising the duty to safeguard and promote welfare, agencies need to ensure that:

- all employees working, or in contact with, children and families participate regularly in relevant training tailored to their individual roles;
- senior employees are kept up to date with changes in statutory requirements and new evidence-based ways of working with children and families so that the relevant information can be cascaded down to those on the front-line;
- training for employees working, or in contact, with children and families or with adults who pose a potential risk to children is provided on both a single agency and an inter-agency basis;
- these employees have access to this guidance and be trained in how to implement it effectively;
- employees understand both their own roles and responsibilities and those of other professionals and organisations for safeguarding and promoting the welfare of children;
- employees have awareness of diversity issues, including race, culture and disability, and the impact they have on family life.



2.23 It is expected that the local authority via the Local Children's Safeguarding Board will take the lead in ensuring that partner agencies have a comprehensive training strategy in place regarding the safeguarding and promoting of children's welfare. The LSCB will also be responsible for ensuring that partner agencies comply with its training strategy.

## **Safe recruitment**

2.24 Robust recruitment and vetting procedures should be in place to help prevent unsuitable people from working with children directly or indirectly. Key to this is undertaking thorough checks on all potential employees as part of the recruitment process, in addition references should always be taken up. People who are responsible for recruiting employees to work with children and their families must have the appropriate training. Where a criminal record review is mandatory on employment, these must be undertaken routinely and repeated at regular intervals, of no more than three years, throughout the period of employment. Where appropriate a Disclosure is obtained from the Criminal Records Bureau [<http://www.crb.gov.uk/>] and any necessary checks made of the POCA list and List 99.

2.25 All agencies and organisations whose staff, volunteers or foster carers work closely with children should have policies and procedures in place to deter those who are unsuitable to work with children. Common features should include the following:

- scrutinising information provided by applicants and referees;
- satisfactorily resolving any discrepancies or anomalies;
- verifying identity and any academic or vocational qualifications;
- obtaining independent professional and character references;
- seeking a full employment history for prospective staff members (including volunteers and foster carers) and reserving the right to approach any previous employer; checking with former employers the reason why employment ended;
- identifying any gaps or inconsistencies and seeking an explanation;
- checking that a person has the health and physical capacity for the job;
- carrying out a face to face interview that explores the candidate's suitability to work with children as well as their suitability for the post;
- obtaining an appropriate disclosure through the Criminal Record Bureau's Disclosure service [<http://www.disclosure.gov.uk/>], which should include a check of the Department for Education and Skills' List 99 and the Protection of Children Act List.

- checks of professional registers, if relevant;
  - making appointments only after references are obtained and checked. Referees should be reminded that references should contain no material misstatement or omission relevant to the suitability of the applicant; and
  - making all appointments to work with children (including internal transfers) subject to a probationary period.
- 2.26 Interviewers should be prepared to explore with candidates their attitudes towards children and childcare, their perceptions about the boundaries of acceptable behaviour towards children, and questions about sexual boundaries and attitudes.
- 2.27 Even the most careful selection process cannot identify all those who may pose a risk to children. Post-employment management and supervision should always be alert to indicators of inappropriate behaviour.
- 2.28 It is equally important that agencies have in place clear procedures for responding to allegations of abuse of children by employees or foster carers and that disciplinary processes are undertaken according to an agreed inter-agency plan which includes agreement about how concurrent section 47 enquires about possible harm in relation to a child and any criminal investigations are to be carried out.

### **Effective inter-agency working to safeguard and promote the welfare of children**

- 2.29 Agencies and individual employees working together to safeguard and promote the welfare of children have a significant effect on improved outcomes for the under 18s. The sharing of information and constructive relationships between individual employees and members of teams should be supported by a strong lead from both the lead member for children's and young peoples' services, and the lead director of children's and young people's services and the commitment of all chief officers. This effective working should be at a strategic and an individual child level.
- 2.30 All inter-agency working must be undertaken in accordance with guidance from their Local Safeguarding Children Board (LSCB), regarding safeguarding children; or for the Prison Service in accordance with the policy agreed with the LSCB local to each prison. The LSCB guidance should be consistent with this guidance and The Framework for the Assessment of Children in Need and their Families (2001).
- 2.31 In addition, the Common Assessment Framework (<http://www.cafwales.co.uk>) will be available for use at an early stage in the process to identify children who would benefit from additional

services and to decide which professionals/agencies would be best placed to provide these services.

## **Information sharing**

- 2.32 Effective information sharing by professionals is central to safeguarding and promoting the welfare of children. This sharing of information makes an important contribution to the shift to addressing children's needs at an early stage rather than when serious problems have developed.
- 2.33 It should also include having in place agreed systems, standards and protocols for sharing information about a child and their family within an agency and between agencies. These protocols should be in accordance with any guidance published by the Welsh Assembly Government.
- 2.34 All those whose work brings them into contact with children or adults or working with adults who pose a potential risk to children should understand the purpose of sharing information in order to safeguard and promote children's welfare. They need to be confident about what they can and should do under the law, including how to obtain consent to share information, and when information may be shared even though consent has not been obtained or when to seek consent would place the child at risk of increased harm.
- 2.35 In order to safeguard and promote children's welfare, arrangements should ensure that:
- all employees in contact with children or with adults who pose a potential risk to children, understand what to do and the most effective ways of sharing information if they believe that a child and family may require targeted or specialist services in order to achieve their optimal outcomes;
  - all employees in contact with children or with adults who pose a potential risk to children understand what to do and when to share information if they believe that a child may be a child in need, including those children suffering or at risk of suffering harm;
  - appropriate agency-specific guidance is produced to complement guidance issued by the Welsh Assembly Government, and such guidance and appropriate training is made available to existing and new employees as part of their induction;
  - guidance and training specifically covers the sharing of information between professions, organisations and agencies, as well as within them, and arrangements for training take into account the value of multi-agency training as well as single agency training.

## **Monitoring and inspection of safeguarding and promoting welfare arrangements**

- 2.36 Agencies' responsibilities for safeguarding and promoting the welfare of children, including the arrangements they make under section 28, will be monitored through the Local Safeguarding Children Board (LSCB). Section 31 of the Children Act 2004 requires children's services authorities to establish LSCBs involving key local partners (i.e. those at section 31(3) of the Act).
- 2.37 In addition agencies arrangements for safeguarding and promoting the welfare of children and the activities of LSCB will be assessed by the relevant inspectorates. The external review bodies inspecting regulating and auditing health and social care in Wales have developed and agreed a set of principles and practices (a concordat) to support improvement of service for service users and carers.
- 2.38 Inspectorates of local government services co-operate under the Wales programme for improvement. Inspection of services will provide independent assessment of the various organisations efforts to safeguard and promote the welfare of children, enabling inspectorates to bring together relevant inspection evidence and evaluate the extent to which LSCBs contribute to improving the wellbeing of children and young people in a local authority area as a whole.

## **Arrangements to safeguard and promote children's welfare in various agencies**

### **Local Authorities**

#### **Senior management commitment and accountability**

- 2.39 Local authorities are required to appoint a lead director for children and young people's services (section 27(1)(a) of the Act) and designate a lead member for children and young people's services (section 27(1)(b)).

#### **The role of the Lead Director**

- 2.40 The role of the Lead Director in Wales does not change arrangements for executive authority or accountability for services, unlike the Children's Services Director in England. Lead Directors of Children and Young People's Services will have three key roles. Primarily they will be responsible for promoting partnership in planning for children and young people, both corporately across departments of the local authority and, in recognition of its leadership role, across the authority and its partners. This responsibility is independent of and additional to any operational responsibility a lead director may have for a particular

service or group of services. It centres on enabling co-operative joint working to take place.

- 2.41 Secondly, Lead Directors will provide the leadership needed to ensure that partnership planning is given a high profile within the local authority and promotes strategic change for children and young people in the area. This will include promoting the need for necessary planning information to be shared and decision-making to take place in a constructive and collaborative atmosphere. The Lead Director will also wish to make sure that partnerships have clear governance arrangements and a focus on outcome measures in their planning and regular assessment of their performance, in order to enable them to measure their effectiveness. Lead Directors will be responsible for making sure that the arrangements for partnership governance are agreed and reviewed annually, using the Nuffield Partnership Self-Assessment tool or its equivalent. They will also be responsible for regular completion of the NSF for Children Young People and Maternity Services Self-Assessment Audit Tool that measures improvement in service standards.
- 2.42 Thirdly, Lead Directors will be responsible for making sure that the local authority implements the UN Convention on the Rights of the Child. This responsibility will include that children and young people, and families participate in the preparation and review of the CYPP, that their views are effectively represented and that matters raised by them receive responses.
- 2.43 The Lead Director will be accountable to the Chief Executive for carrying out the tasks set out, and thence to the members of the authority's executive, overview and scrutiny committees.
- 2.44 Lead Directors must be senior officers capable of exercising the authority necessary to lead a change process that will have an impact on the understanding and approach of their peers to partnership working. These aspects have added importance given the lead position of local authorities in promoting partnership.

### **The role of the Lead Member**

- 2.45 The Lead Member's role mirrors the Lead Director's role on the political level. The Lead Member will be responsible within the political process for promoting the authority's lead role in enabling partnership working, ensuring that decision-making processes give due weight to the need for co-operation across partners. The Lead Member should champion effective collaboration and will share with the Lead Director responsibility for ensuring that due priority is given to the needs of children and young people, and that key messages from participation are listened to and receive responses.

- 2.46 The Lead Member will provide leadership across the range of local authority children's services and beyond, through engagement with partners. The role differs from the Lead Director's role in that the leadership responsibility is political rather than professional. As an elected member of the council, the Lead Member will support the development of a strategic direction for local authority services and encourage leaders of partner organisations to develop and sustain a shared vision.
- 2.47 The Lead Member for Children's and Young People's Services should be a member of the authority's executive. The functions for which the Lead Member will exercise political responsibility will, as a minimum, be those functions for which the Lead Director has responsibility as described above. As a member of the local authority executive, the Lead Member will be in a position to highlight the accountability of chief officers to the chief executive and elected members for their particular service's contribution to improving outcomes for children and young people, and to meeting their responsibilities under the CYPP. The Lead Member will also be ideally placed to ensure that children and young people are able to make a real contribution to the development of services. This will be achieved by their participation in planning, during which they can give their views on priorities and the effectiveness of services. It is important that that they receive a response in return.
- 2.48 Communication between partnerships and individual partner agencies must provide effective information on the background to and reasons for decisions. This will be a particular responsibility of both lead directors and members in exercising their roles of promoting co-operation. Each must ensure that decision-making within the executive and council of the authority is effectively informed about relevant partnership decisions. Similar links will be required of those exercising leadership on LHB's and NHS trusts.
- 2.49 The designation of Lead Directors and Members will be made by the local authority. The Lead Director will be a member of the Authority's corporate team, accountable to the Chief Executive, who reports to the council on the performance of its officers. The role of Lead Director could also be performed by the Chief Executive should this be felt appropriate.
- 2.50 The Lead Director and Lead Member will work closely together in order to exchange information and views so that they fulfil their responsibilities for children's services effectively. The Lead Director should be able to access directly all members of the authority, including executive and scrutiny committee members.

## **Improving the wellbeing of children**

- 2.51 The Local Government Act 2000 aims to improve the wellbeing of people and communities. Section 2 gives local authorities the power to

develop community strategies for promoting or improving the economic, environmental and social wellbeing of their areas.

- 2.52 Section 25 of the Children Act 2004 places a duty on each children's and young peoples' service authority to make arrangements to promote co-operation between itself and relevant partner agencies to improve the wellbeing of children and young people in their area in relation to:
- physical and mental health, and emotional wellbeing;
  - protection from harm and neglect;
  - education, training and recreation;
  - making a positive contribution to society;
  - social and economic wellbeing.
- 2.53 In September 2005, the Welsh Assembly Government published the National Service Framework for Children, Young People and Maternity Services (NSF) document <http://www.wales.nhs.uk/sites3/Documents/441/EnglishNSF%5Famended%5Ffinal%2Epdf>. The NSF contributes to meeting the Welsh Assembly Government's seven core aims for children and young people by improving quality and reducing variations in service delivery through the setting of national standards. The standards in the NSF do not only relate to health and social care but also for other local government services which have a strong influence on the well-being of children and young people such as education, housing, leisure and transport. The value of the NSF lies in the extent to which the key actions are incorporated into policy development and service planning and used to define measures of service quality that will be the basis of monitoring and evaluation.
- 2.54 While particular account needs to be taken of the proposed safeguarding standard in chapter 2 of the NSF and the resultant key actions, standards and key actions throughout the NSF will have an impact on the promotion of children's welfare. An example is Chapter 6 – Children and Young People in Special Circumstances, Standard 3 Quality of Services, key action 6.14. This is not an exclusive example and others exist throughout the NSF.

## **The role of local authorities in safeguarding and promoting the welfare of children**

- 2.55 The welfare of children is a corporate responsibility of the entire local authority, working in partnership with other public agencies, the voluntary sector, and service users and carers. All local authority services have an impact on the lives of children and families, and local authorities have a particular responsibility towards those children and families most at risk of social exclusion. Local authorities have a duty to plan services for children in need, in consultation with a wide range of other agencies. The local authority should also take the lead

responsibility for the establishment and effective functioning of Local Safeguarding Children Boards - the inter-agency forum which acts as a focal point for local co-operation to safeguard children.

- 2.56 In thinking more corporately about what will benefit local citizens, some authorities have put in place management structures which cut across traditional departmental and service boundaries. Some authorities, for example, have put in place management arrangements which bring together a range of services affecting children. Where this guidance refers to social services departments, it means that part of the local authority which carries out social services' functions.

### **Effective inter-agency working to safeguard and promote the welfare of children**

- 2.57 The duty to make arrangements to safeguard and promote children's welfare includes effective inter-agency work. Local Authorities, therefore, should:
- make employees aware of the arrangements being made by other agencies under section 28 of the Children Act 2004. This will help to ensure children and families have prompt access to the services (universal, targeted and specialist) they require, recognising the range and diversity of their needs and strengths in order to achieve the best possible outcomes for children.
  - ensure other agencies to whom the duty to make arrangements to safeguard and promote welfare applies are aware of the local authority's responsibilities including how those employees undertaking social services functions will respond to referrals regarding a child's safety and welfare.

### **Ascertaining the wishes and feelings of children in need**

- 2.58 When working with children in need, their wishes and feeling should be ascertained in accordance with section 17, section 20 and section 47 of the Children Act 1989, as amended by section 53 in the Children Act 2004. This section requires the wishes and feelings of children to be ascertained, in so far as it is practicable, when making decisions regarding the provision of services to children in need under section 17, making enquiries under s47 and making decisions about accommodation under section 20 of the Children Act 1989.

### **Social services**

- 2.59 Local authorities, acting in order to fulfil their social services functions, have specific legal duties in respect of children under the Children Act 1989 and under the Children Act 2004. They have a general duty to safeguard and promote the welfare of children in their area who are in need, and - provided that this is consistent with the child's safety and



welfare - to promote the upbringing of such children by their families, by providing services appropriate to the child's needs (section 17 - Children Act 1989). They should do this in partnership with parents and in a way which is sensitive to the child's race, religion, culture and language. Services might include day care for young children, after school care for school children, counselling, respite care, family centres or practical help in the home. Social services are rarely the only agency in contact with vulnerable children and their families, and partnerships with other agencies - especially health and education - are essential to help support such children and families.

2.60 Social services departments also have a duty to make enquiries if they have reason to suspect that a child in their area is suffering, or likely to suffer significant harm, to enable them to decide whether they should take any action to safeguard or promote the child's welfare (section 47 - Children Act 1989). They need the help of other agencies in order to do this effectively and section 47 places a duty on:

- any local authority;
- any local education authority;
- any housing authority;
- any health authority, Special Health Authority or National Health Service Trust; and
- any person authorised by the National Assembly for Wales.

to help a local authority with its enquiries in cases where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. When approaching other agencies with requests for information, it is important that social services staff are clear about the nature and purpose of the request. In particular, clarity is needed about whether the consent of the subject of the information requested has been obtained or whether, in the view of social services, such consent-seeking would itself place a child at risk of significant harm. This will enable those who receive such requests to judge whether the duty to maintain confidentiality should be breached in the circumstances of the particular case.

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

2.62 A child who is at risk of significant harm will invariably be a child in need. The social services department is responsible for co-ordinating an assessment of the child's needs, the parents' capacity to keep the child safe and promote his or her welfare, and of the wider family circumstances. In the great majority of cases, children are safeguarded from harm by working with parents, family members and other significant adults in the child's life to make the child safe, and to promote his or her development, within the family setting. Where a child is at continuing risk of significant harm, social services are responsible for co-ordinating an inter-agency plan to safeguard the child, which sets out and draws upon the contributions of family members, professionals and other agencies. In a few cases, the social services department, in consultation with other involved agencies and professionals, may judge that a child's welfare can not be sufficiently safeguarded if he or she remains at home. In these circumstances, the social services department may apply to the courts for a Care Order, which commits the child to the care of the local authority. Where the child is thought to be in immediate danger, the social services department may apply to the courts for an Emergency Protection Order, which places the child under the protection of the local authority for a maximum of eight days.

### **Orders:**

**Care Orders:** A Care Order is made by the court (under section 31(1)(a) of the Children Act 1989) and places a child in the care of the local authority, with parental responsibility being shared between the parents and the local authority. It may only be made if the court is satisfied that:

- the child concerned is suffering, or is likely to suffer, significant harm; and
- the harm or likelihood of harm is attributable to either:
  - the care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give him; or
  - the child being beyond parental control.

**Interim Care Orders:** An Interim Care Order (for up to eight weeks in the first instance) may be made by a court where, in an application for a Care Order, the proceedings are adjourned or where a court in any proceedings gives a direction for the investigation of a child's home circumstances.

**Emergency Protection Orders:** In situations of crisis where a child needs immediate protection, under section 44 of the Children Act 1989, social services can acquire parental responsibility for the duration of the Order, which is eight days (which may be extended to a maximum of 15 days).

**Education Supervision Orders:** A child of compulsory school age can, under section 36 of the Children Act 1989, be placed under the supervision

of the LEA where they are 'not being properly educated' because of poor school attendance. The aim of the Order is to strengthen and encourage parents in exercising their responsibility to a child; some degree of co-operation is therefore necessary between the parents and the LEA/school to give the provisions of the Order a chance of succeeding.

**Accommodation - Section 20 Orders:** Some children are looked after by the local authority by agreement with, or at the request of, their parents, perhaps because of problems within the family which are making it hard for them to cope. Under section 20 of the Children Act 1989, it is the duty of all local authorities to make accommodation available for such children in need (see below). Children may be accommodated (in residential or foster care) for a short or longer period. No court proceedings are involved, and the parents retain full parental responsibility. Their continued involvement with their children's education should be encouraged wherever reasonable.

- 2.63 Children's social services staff and LSCBs should offer the same level of support and advice to independent schools and further education colleges in relation to safeguarding and promoting the welfare of pupils and child protection as they do to maintained (state) schools. It is particularly important that children's social services staff and LSCBs establish channels of communication with local independent schools (including independent special schools), so that children requiring support receive prompt attention and any allegations of abuse can be properly investigated.
- 2.64 Social services' responsibilities towards children should be seen in the context of this broad range of social care and support, so that children and families can be helped and supported in an integrated way which recognises the range and diversity of their needs and strengths.

## **Education services**

- 2.65 All schools, including independent schools, non-maintained schools and Further Education (FE) institutions have a statutory duty to exercise their functions with a view to safeguarding and promoting the welfare of their pupils by:
- creating and maintaining a safe learning environment for children and young people;
  - identifying where there are child welfare concerns and taking action to address them, where appropriate, in partnership with other agencies; and
  - Schools also contribute through the curriculum by developing children's understanding, awareness, and resilience.

- 2.66 Creating a safe learning environment means having effective arrangements in place to address a range of issues. Some are subject to statutory requirements, including child protection arrangements, pupil health and safety and bullying. Others include arrangements for meeting the needs of children with medical conditions, providing first aid, school security, tackling substance misuse, and having arrangements in place to safeguard and promote the welfare of children on extended vocational placements. It also means having in place effective recruitment, disciplinary and reporting arrangements to ensure the suitability of staff and volunteers working at the establishment in line with specific guidance issued by the Welsh Assembly Government and the principles outlined in paragraph 2.24 to 2.28 above. These recruitment, disciplinary and reporting arrangements and associated principles also apply to staff of Careers Wales, which deliver statutory careers and associated services in schools and further education.
- 2.67 Education staff have a crucial role to play in helping identify welfare concerns and indicators of possible abuse or neglect at an early stage: Referring those concerns to the appropriate agency, normally the social services department; and contributing to the assessment of a child's needs. When a child has additional needs, or is disabled, the school will have important information about the child's level of understanding and the most effective means of communicating with the child. They will also be well placed to give a view on the impact of treatment or intervention on the child's care or behaviour.
- 2.68 Staff working in the education service should not themselves investigate possible abuse or neglect, but they may be asked for information by a social services department investigating such concerns, and have a role in assisting the social services department by referring concerns, providing information for section 47 child protection enquiries, contributing to assessments and participating in child protection conferences and reviews.
- 2.69 Where a child of school age is the subject of an inter-agency child protection plan, the school should be involved in the preparation of the plan. The school's role and responsibilities in contributing to actions to safeguard the child, and promote his or her welfare, should be clearly identified.
- 2.70 All schools and Further Education (FE) institutions should:
- have a child protection policy and procedures in place that are in accordance with LEA guidance and locally agreed inter-agency procedures;
  - ensure that policies and procedures are provided in a format appropriate to the age and understanding of the child, particularly where schools cater for children with additional needs;

- have a senior member of staff who is designated to take lead responsibility for dealing with child protection issues, providing advice and support to other staff, liaising with the LEA designated lead officer for child protection, and working with other agencies. (N.B. a deputy should be available to act in the designated person's absence, and in large establishments, or those with a large number of child protection concerns, a number of deputies may be needed);
- ensure that these policies and procedures cover services that extend beyond the school day (e.g. boarding accommodation where provided, community activities on school premises, etc);
- operate recruitment and management procedures that take account of the need to safeguard children and young people, including arrangements for appropriate checks on staff and volunteers and procedures for dealing with allegations of abuse against members of staff and volunteers that comply with locally agreed inter-agency procedures;
- ensure that:
  - all staff and volunteers whether teaching or non-teaching undertake appropriate training to equip them to carry out their responsibilities for safeguarding effectively that is kept up to date by refresher training;
  - the designated person undertakes training in inter-agency working that is provided by, or to standards agreed by, the LSCB, and refresher training to keep his/her knowledge and skills up to date; and
  - temporary staff and volunteers who work with children are made aware of the school's arrangements for child protection and their responsibilities;
  - ensure that any deficiencies or weaknesses in regard to safeguarding arrangements that are brought to its attention are remedied without delay; and
  - ensure that the governing body (or proprietor in the case of an independent school) designates a governor to take responsibility for child protection matters including reviewing the school's policies and procedures at least annually and to be the link governor to maintain contact with the statutory authorities in relation to child protection staff disciplinary cases.

2.71 In addition, employers of teachers and others whose work relates to the provision of education are required to report cases of unacceptable professional conduct to the National Assembly for Wales as outlined in National Assembly guidance circular 33/2005 [<http://www.learning.wales.gov.uk/pdfs/c3305-cases-of-misconduct05-e.pdf>].

- 2.72 Social services departments and LCSBs offer the same level of support and advice to independent schools in matters of child protection as they do to maintained schools. It is particularly important that these channels of communication are maintained and developed so that children requiring support receive prompt attention and any allegations of abuse can be properly investigated. Independent schools which provide medical and/or nursing care should ensure that their medical and nursing staff engage with and access appropriate advice and multi-agency training on child protection.
- 2.73 Schools also play an important role in making children and young people aware of behaviour towards them that is not acceptable and how they can help keep themselves safe. The statutory framework for Personal and Social Education (PSE) provides opportunities for children and young people to learn about keeping safe. For example pupils should be taught to recognise and manage risks in different situations and then decide how to behave responsibly: to judge what kind of physical contact is acceptable and unacceptable; to recognise when pressure from others (including people they know) threatens their personal safety and well-being and develop effective ways of resisting pressure; including knowing when and where to get help; and to use assertiveness techniques to resist unhelpful pressure.
- 2.74 Issues such as domestic abuse can be difficult to broach directly in the classroom. However, discussions about personal safety and keeping safe can reinforce the message that any kind of violence is unacceptable; let children and young people know that it is alright to talk about their own problems; and signpost sources of help.
- 2.75 Corporal punishment is outlawed for all pupils in all schools. The law forbids a member of staff using any degree of physical contact which is intended to punish a pupil, or which is primarily intended to cause pain or injury or humiliation. Teachers at schools are allowed to use reasonable force to control or restrain pupils under certain circumstances. Other staff may also do so, in the same way as teachers, provided they have been authorised by the headteacher to have control or charge of pupils. All school should have a policy about the use of force to control or restrain pupils. Further guidance can be found in Circular 37/98 on the "Use of Reasonable Force to Control or Restrain Pupils" (contact [assembly-publications@wales.gsi.gov.uk](mailto:assembly-publications@wales.gsi.gov.uk) for a copy).

## **Work based learning**

- 2.76 Where schools arrange work placements for young people, the school should make sure that the provider of the work placement or work based learning provider has appropriate policies and procedures in place. Where the local education authority places young people in work settings or with work based learning providers, the authority carries these responsibilities.

## **Youth services**

- 2.77 Youth and Community Workers (YCWs) have close contact with children and young people and should be alert to signs of abuse and neglect and how to act upon concerns about a child's welfare. Local Authority Youth Services (LAYS) should give written instructions, consistent with local Safeguarding Children Boards, on when YCWs should consult colleagues, line managers, and other statutory authorities about concerns they may have about a child or young person. The LAYS instructions should emphasise the importance of safeguarding the welfare of children and young people and the importance of maintaining confidentiality between the young person and the YCW, insofar as this is consistent with the young person's welfare. Volunteers within the Youth Service are subject to the same requirement.
- 2.78 Where the local authority funds local voluntary youth organisations or other providers through grant, contract or partnership arrangements care should be taken to check that proper arrangements to safeguard children and young people are in place or that such arrangements form part of the agreement for the said grant or contract. In these cases guidance could also be sought from their national bodies, or from the LSCB, on how best to act in the interests of children and young people for whom they provide a service.

## **Cultural and leisure services**

- 2.79 A local authority provides and enables a wide range of facilities and services for children such as libraries and leisure centres and parks. Their employees, volunteers and contractors have different levels and types of contact with children who are users of these services. They should be alert to any indications that a child may require safeguarding from harm and know whom to contact if they have concerns, as well as be aware of the important contribution they make to children achieving their potential.
- 2.80 Leisure and cultural services designed for children and families are widely provided commercially and by the community and voluntary sectors. Many are independent of local authorities, but some may be grant-aided or take place on premises managed by public bodies. Providers of these services will have various degrees of contact with children and should therefore have in place procedures which are linked with Local Safeguarding Children Board procedures, detailing referral and other responses to information that may arise concerning child protection concerns, and the requirements for staff training for those working with children. Working practices and procedures should be adopted that minimise situations where abuse of children may occur, such as unobserved contact. It is also good practice to draw up and disseminate widely codes of practice for coaches, parents and children's participation in activities provided by departments.

## **Early years and childcare**

- 2.81 These include family centres, children's centres, nurseries (including workplace nurseries), childminders, playgroups and holiday and out of school schemes. These services play an important part in the lives and development of babies and young children. Under Part 10 of the Children Act 1989, as amended by the Care Standards Act 2000, local authorities are required to ensure that information and advice about day care and childminding is made available, and that training is provided for day care providers and childminders. Local authorities' training programmes for early year's staff, in the private and voluntary sectors as well as in the maintained sector, should include training in child protection procedures.

## **Licensing authorities**

- 2.82 The Local Authority, via its Licensing Authority, has a responsibility to undertake its functions under the Licensing Act 2003 [<http://www.opsi.gov.uk/ACTS/acts2003/20030017.htm>] with regard to 'the protection of children from harm' – one of four licensing objectives. Specified 'responsible authorities,' for example the fire department or the police, have the opportunity to make representations on applications for the grant or variation of a premises licence or a club premises certificate. The Local Authority is required to indicate in its statement of licensing policy the body (responsible authority) it judges to be competent to advise it on matters relating to the protection of children from harm.
- 2.83 Under section 182 of the 2003 Act [<http://www.opsi.gov.uk/ACTS/acts2003/30017--j.htm#182>] the Secretary of State for Culture, Media and Sport is required to issue Guidance to licensing authorities in carrying out their licensing functions including the protection of children from harm. In addition, where a premises licence authorises the exhibition of films the licence must include a condition requiring the admission of children to be restricted from viewing age-restricted films which have been classified according to the recommendations of the British Board of Film Classification (BBFC) or the licensing authority itself. A licensing authority may choose not to specify the British Board of Film Classification (BBFC) as the film classification body in which case it will decide itself on any restriction on admission of children.

## **Housing authorities and registered social landlords**

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



as environmental health officers, also have an important role. For instance:

- housing staff, in their day to day contact with families and tenants, may become aware of needs or welfare issues which they can either tackle directly (for instance by making repairs or adaptations to homes) or by assisting the family in accessing help through other organisations;
- housing authorities are key to the assessment of the needs of families with disabled children who may require housing adaptations in order to participate fully in family life and reach their maximum potential;
- housing authorities have a front line emergency role, for instance managing re-housing or repossession when adults and children become homeless or at risk of homelessness as a result of domestic violence;
- housing staff through their day to day contact with members of the public and with families may become aware of concerns about the welfare of particular children. Also, housing authorities and RSLs may hold important information that could assist local authority children's social services carry out assessments under section 17 or section 47 of the Children Act 1989. Conversely children's social services staff and other organisations working with children can have information which will make assessments of the need for certain types of housing more effective. Authorities and RSLs should develop joint protocols to share information with other organisations, for example children's social services or health professionals in appropriate cases; and
- environmental health officers inspecting conditions in private rented housing may become aware of conditions that impact adversely on children particularly. Under Part 1 of the Housing Act 2004 authorities will take account of the impact of health and safety hazards in housing on vulnerable occupants including children when deciding the action to be taken by landlords to improve conditions.

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

- 2.86 RSLs are independent regulated organisations and are not public bodies. RSLs are not under the same duties to safeguard and promote the welfare of children as are local authorities. However the National Assembly for Wales supports the principle of RSLs working in partnership with a range of organisations to promote social inclusion, and housing associations must work with local authorities to enable the latter to fulfil their duties to the vulnerable and those covered by the Assembly Government's Supporting People policy.

## **The National Health Service**

### **The role of the NHS in relation to safeguarding and promoting the welfare of children**

- 2.87 Section 28 of the Children Act 2004 applies to all Local Health Boards and NHS Trusts in Wales
- 2.88 All health professionals, in the NHS, private sector, and other agencies, play an essential part in ensuring that children and families receive the care, support and services they need in order to promote children's health and development. Because of the universal nature of health provision, health professionals are often the first to be aware that families are experiencing difficulties in looking after their children.
- 2.89 The involvement of health professionals is important at all stages of work with children and families:
- recognising children in need of support and/or safeguarding, and parents who may need extra help in bringing up their children by recognising that their parenting ability could be compromised;
  - recognising adults who may pose a risk/danger to children;
  - ensuring that all health settings are safe for children;
  - contributing to enquiries about a child and family;
  - assessing the needs of children and the capacity of parents to meet their children's needs;
  - planning and providing support to vulnerable children and families;
  - participating in child protection conferences;
  - planning support for children at risk of significant harm;
  - providing therapeutic help to abused children and their parents/carers;
  - playing a part, through the child protection plan, in safeguarding children from significant harm; and
  - contributing to case reviews.

- 2.90 There will always be a need for close co-operation with other agencies, including any other health professionals involved.
- 2.91 The Health and Social Care (Community Health and Standards) Act 2003 includes a duty on each NHS body 'to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care provided by and for that body' (section 45) and gave the Welsh Assembly Government the power to set out standards to be taken into account by every Welsh NHS body in discharging that duty (section 46).

## **Local Health Boards**

- 2.92 LHBs have a statutory duty to take the overall strategic lead for all health services within the NHS (and for health services they commission) for local inter-agency working in respect of safeguarding children.
- 2.93 The 22 Local Health Boards (LHBs) in Wales are co-terminous with the 22 local authorities. They are responsible for identifying the health needs of their population and commissioning appropriate services. They are required to plan and commission health services from primary and secondary care providers and to ensure that appropriate safeguards are in place to protect and promote the welfare of children and young people. Section 28 of the Children Act 2004 requires LHBs to make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children.
- 2.94 Section 25 of the Children Act 2004 requires LHBs and other statutory partners to make arrangements to co-operate with each other with a view to improving the well-being of children in the area. These arrangements should help to ensure that joint working arrangements promote the health and well-being of the population served. They should ensure that local policies and procedures reflect national guidance and best practice principles in order to safeguard children and young people.
- 2.95 The Child Protection Service of the National Public Health Service works with and on behalf of the LHBs to enable them to fulfil their statutory functions.

## **Senior management commitment and accountability**

- 2.96 Local Health Boards are required to appoint a lead officer for children and young people's services (section 27(2)(a) of the Act) and designate a lead member for children and young people's services (section 27(2)(b)). The lead director will be responsible for oversight of the Board's functions under section 25 of the Act. In respect of these functions the Act requires a Local Health Board to co-operate with a

local authority in making arrangements to improve the well-being of children in the authority's area.

## **Role of the LHB**

2.97 LHB Chief Executives have the responsibility to ensure that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the LHB commissioning arrangements.

- LHBs should work with local authorities to commission and provide services which are co-ordinated across agencies and integrated wherever possible.
- LHB Chief Executives may delegate this responsibility to a "lead officer" and "lead" member for children and young people's services in respect of the Board's functions under section 25 of the Children Act 2004 (Co-operation to improve well-being).
- The LHBs statutory duties include involvement in, and commitment to the work of the Local Safeguarding Children's Boards (LSCBs) including representation on the board at an appropriate level of seniority i.e. lead executive.
- The LHB should ensure that it has access to a designated doctor and a designated nurse provided and appointed by the National Public Health Service.
- The LHB are responsible for providing and or ensuring the availability of advice and support to the LSCB via their designated doctor and nurse (NPHS) in respect to a range of health functions.
- The LHB must ensure that all health agencies with whom they have commissioning arrangements have links with a specific LSCB and that agencies work in partnership in accordance with their agreed LSCB annual business plan and children's plan.
- LHBs should ensure all health providers from whom they commission services have comprehensive single and multi-agency policies and procedures to safeguard and promote the welfare of children which are in line with and informed by LSCB procedures and are easily accessible for all levels of staff within each organisation.
- LHBs should ensure that all health staff including independent contractor services are alert to the possibility of child abuse or neglect, have knowledge of, and comply with, local and national procedures and know how to contact the named and designated professionals.
- LHBs in their commissioning arrangements should ensure that health staff have access to paediatricians trained in examining, identifying and assessing children and young people who may be experiencing abuse or neglect, and that local arrangements include

having all the necessary equipment and staff expertise for undertaking forensic medical examinations.

- LHBs will be able to develop partnership arrangements to commission services in Sexual Assault Referral Centres (SARCs) including services for children and young people, for victims of rape and sexual assault. SARCs will provide forensic, medical and counselling services involving specialist health input.
- LHBs as commissioners are responsible with their local authority partners for commissioning integrated services to respond to the assessed needs of children and young people and their families where a child has been or is at risk of being abused or neglected.
- LHBs will have service specifications which include clear service standards for safeguarding children and promoting their welfare and are consistent with child protection procedures. These service specifications should be applied throughout the health care commissioning process.
- LHBs should ensure, through their contracting arrangements, that the independent sector providers deliver services that are in line with LHB obligations with respect to safeguarding and promoting the welfare of children. LHBs will need to work with those independent providers to ensure suitable links are made to the LSCBs and that the provider is aware of LSCB procedures (All Wales Child Protection Procedures) and policies.
- LHBs are responsible for commissioning and co-ordinating the health component of serious case reviews via the designated professionals.

### **Child Protection Service/National Public Health Service (CPS/NPHS)**

2.98 The CPS/NPHS, through its designated professionals, provides the professional lead to LHBs on the NHS contribution to safeguarding children. Each LHB has access to a designated doctor and nurse and support professionals through the NPHS and it is through these professionals that LHBs are able to discharge their statutory responsibilities as identified above. The designated professionals work closely with named professionals in Trusts and will be part of the health service representation on Local Safeguarding Children's Boards (LSCBs). They will play an important role in promoting the protection of children and young people through membership of the LSCBs, developing and participating in training programmes, the provision of expert advice and the completion of the health component of serious case reviews. The designated professionals are accessible to LHBs, NHS Trusts, local authorities and other partner agencies, including the independent and voluntary sector and the police, for the provision of expert advice and support.

## **Designated Professionals**

- 2.99 All LHBs should have access to a designated doctor and designated nurse who work within the NPHS to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the LHB area.
- 2.100 The designated doctor will be an experienced senior paediatrician with appropriate and current expertise in safeguarding children. The designated nurse will be an experienced senior Specialist Community Public Health Nurse with relevant experience in safeguarding children.
- 2.101 Designated professionals take an overarching responsibility across the LHB area including all providers. They are an important source of professional advice on child protection/safeguarding matters to local authority social services departments, LHBs, NHS Trusts, Health Commission Wales, NHS Direct and the Welsh Ambulance Service. They also provide advice to all partner agencies and the voluntary sector. Designated professionals will provide advice and support to the named professionals in each provider Trust.
- 2.102 Designated professionals also provide skilled professional involvement in child protection processes in line with LSCB procedures and play an important role in promoting, influencing and developing policy and procedures at a national and local level. Acting on behalf of the LHB they will lead on the health component of serious case reviews.
- 2.103 Appointment as a designated professional does not, in itself, signify responsibility personally for providing a clinical service for child protection. This should be the subject of separate agreements with relevant Trusts.

## **Independent sector**

- 2.104 Local Health Boards should ensure, through their commissioning arrangements, that independent sector providers deliver services that are in line with LHB obligations with respect to safeguarding and promoting the welfare of children, included in service level agreements. LHBs will need to work with those independent providers to ensure suitable links are made to LSCBs and that the provider is aware of LSCB policies and procedures

## **NHS trusts**

- 2.105 NHS Trusts are required to appoint a lead executive director for children and young people's services (section 27(3)(a) of the Act) and to designate a lead non-executive director for children and young people's services (section 27(2)(b)). The lead executive director will be responsible for oversight of the Trust's functions under section 25 of the Act. In respect of these functions the Act requires a Trust to

co-operate with a local authority in making arrangements to improve the well-being of children in the authority's area.

- 2.106 NHS Trusts are responsible for providing acute and community health services in hospital and community settings. A wide range of staff will come into contact with children and parents in the course of their normal duties. All staff should be trained how to safeguard and promote the welfare of children and to be alert to potential indicators of abuse or neglect in children, and know how to act upon their concerns in line with LSCB procedures.
- 2.107 All hospital and community health staff should be alert to the possibility of child abuse or neglect, be aware of and comply with local procedures, know how to make a child protection referral and know the names and contact details of the relevant named and designated professionals. Any concerns staff have about a child should be acted on in accordance with Chapter 8 of this document, with advice being sought from named professionals as appropriate. Children and families should be actively involved in these processes unless this would result in harm to the child.

### **Named professionals**

- 2.108 All NHS Trusts are to identify a named doctor, a named nurse and where relevant a named midwife for safeguarding children who take a strategic and professional lead on all aspects of health service contribution to safeguard children across the Trust and provide advice and expertise for fellow professionals and other agencies and have specific expertise in children's health and development, child abuse and neglect and local arrangements for safeguarding and promoting the welfare of children within their own organisation. The role should be reflected in job descriptions.
- 2.109 The named professional roles should always be explicitly defined in job descriptions and sufficient time and funding should be allowed to fulfil their Trust strategic child protection responsibilities effectively. For large NHS Trusts and LHBs where acute and community services are provided, which may be on a number of sites, a team approach can enhance the ability to provide advice and mutual support for those carrying out the named professional role. If this approach is taken it is important to ensure that the leadership and accountability arrangements are clear.
- 2.110 In the case of NHS Direct and Welsh Ambulance Service NHS Trust, this should be a named professional.

2.111 Where a LHB provides acute or community services (although LHBs may commission NHS Trusts to provide this service) they should identify a named doctor, a named nurse and, where relevant, a named midwife for safeguarding children.

### **Clarification of arrangements/communication between designated and named professionals**

2.112 The designated professionals will liaise with each trust through the named professionals for child protection identified by each trust.

2.113 The named professionals will work and liaise with the designated professionals to ensure the delivery of a consistent and effective health response to safeguarding children.

2.114 The designated professionals must work with named professionals in each trust to establish clear lines of communication within and between different trusts and other health providers.

2.115 In a Serious Case Review the named professionals will work with the designated professionals, who have the overall responsibility on behalf of the LHB.

2.116 Named professionals should liaise with the designated professionals and seek their involvement in matters which may have implications beyond the trust. These may include:

- Allegations of professional abuse involving a health employee (where the designated professional will represent the LHB as commissioner);
- Serious cases of child abuse and neglect;
- Allegations, suspicions or concerns about practice that may impact on safeguarding children.

### **Arrangements for supervision and support**

2.117 The named professionals will be responsible and accountable within the managerial framework of their employing trust. They will also carry the usual professional responsibility for their professional bodies.

2.118 Trusts should ensure that there are clear arrangements in place for the supervision and support of named professionals. This will need to be provided at an appropriately senior and knowledgeable level either within the trust or by the designated professionals.

2.119 Where necessary, the named professional will seek guidance and advice from the designated professionals.



## **Accident and emergency departments**

- 2.120 Staff working in Accident and Emergency (A&E) departments and minor injury units should be familiar with child protection procedures. They should be alert to the indicators of child abuse and neglect and domestic abuse. Staff should have the contact details of named and designated child protection professionals in addition to Social Services. Specialist paediatric advice should be available at all times to A&E Departments, and all wards where children receive care. If a child – or children from the same household – presents repeatedly, even with slight injuries, in a way which doctors, nurses and other staff find worrying, they should act upon their concerns in accordance with Chapter 8 of this guidance. Staff should know how to make an enquiry to the Child Protection Register.
- 2.121 All visits by children to an A&E department should be notified quickly to the child's primary health care team and should be recorded in the child's hospital notes, if there are any and/or electronic patient record. The health visitor and school nurse should always be informed.

## **The midwife and specialist community public health nurse (health visitor and school nurse)**

- 2.122 Nurses work with children and families in a variety of environments and are well placed to recognise when a child is in need of help, services or at potential risk of significant harm.
- 2.123 The primary focus of health visitors' work with families is health promotion. Like few other professional groups, health visitors provide a universal service which, coupled with their knowledge of children and families and their expertise in assessing and monitoring child health and development, means they have an important role to play in all stages of family support and child protection. Health visitors are often the starting point for child protection referrals and their continuing work in supporting families places them in a unique position to continue to play an important part as enquiries progress.
- 2.124 Midwives are involved with parents from the confirmation of the pregnancy through until some time after the baby's birth. As well as working with their clients to ensure a healthy pregnancy and offering education on childcare and parenting, the close relationship they foster with their clients provides an opportunity to observe attitudes towards the developing baby and identify potential problems during pregnancy, birth and the child's early care. There is a need for close liaison between the midwife, health visitor and GP in the ante and post natal period so that relevant information which may impact on parenting capacity, held by the GP, can be shared effectively.

- 2.125 School nurses have regular contact with school age children who spend a significant proportion of their time in school. Their skills and knowledge of child health and development mean that, in their work with children in promoting, assessing and monitoring health and development, they have an important role in all stages of child protection processes.
- 2.126 Nurses, midwives, health visitors and school nurses should be provided with child protection training and have regular updates as part of their post registration educational programme. They should have access to formal supervision and to a named/senior nurse for advice and support.

### **Adult health services**

2.127 All health professionals working with adults, need to be alert to the needs of children. They should routinely enquire about any dependent children or those children with whom the adult patient has significant contact and consider any impact on the child. All adult health services should routinely enquire about and consider:

- Dependant children;
- Children acting as young carers;
- Any compromised parenting capacity.

### **Mental health services**

2.128 All professionals working in mental health services in the statutory, voluntary and independent sectors, should be alert to the welfare of children, irrespective of whether they are primarily working with adults or with children and young people. They are likely to become aware of a broad range of children's needs in their daily work. All mental health professionals should be aware of the legislation concerning child protection and informed about their local child protection procedures and the workings of the LSCBs, and of their responsibilities for safeguarding children. They may need to fulfil their duty to assist social services in assessments, as well as by attending and reporting to child protection conferences when necessary.

2.129 The mental health perspective is important in respect of many aspects of children's welfare. LSCBs should be able to call upon the expertise of child and adolescent mental health services, learning disability, adult, forensic and substance misuse services.

2.130 All those providing mental health services must be alert to the possibility that their clients, whether adults or children, may be a risk to children. If they have any such suspicions they should make a referral to social services and follow child protection procedures.

## **Child and adolescent mental health services**

- 2.131 The National Service Framework for Children, Young People and Maternity Services sets out 11 standards for promoting the health and well-being of children and young people and for providing high quality services which meet their needs. Standard 9 is devoted to the Mental Health and Psychological Well-being of Children and Young People. The importance of effective partnership working is emphasised and this is especially applicable to children and young people who have mental health problems as a result of abuse, neglect, domestic abuse and children who are vulnerable through learning disability.
- 2.132 In the course of their work, child and adolescent mental health professionals will inevitably identify or suspect instances where a child may have been abused and/or neglected. They then have a duty to make a child protection referral to social services. Consultation, supervision and training resources should be available and accessible in each service.
- 2.133 Those working within the children and adolescent mental health service must be aware that children can abuse other children. If during the course of their work, they become aware of such a concern, they should follow local child protection procedures.
- 2.134 Child and adolescent mental health professionals may also have a role in the initial assessment process in circumstances where their specific skills and knowledge are helpful. Examples include: children and young people with severe behavioural and emotional disturbance, such as eating disorders or self-harming behaviour; families where there is a perceived high risk of danger; very young children, or where the abused child or abuser have severe communication problems; situations where parent or carer feigns the symptoms of or deliberately causes ill-health to a child; and where multiple victims are involved. In addition, assessment and treatment services may need to be provided to young mentally disordered offenders. The assessment of children and adults with significant learning difficulties, a disability, or sensory and communication difficulties, may require the expertise of a specialist psychiatrist or clinical psychologist from a learning disability or child mental health service.
- 2.135 Child and adolescent mental health services have a role in the provision of a range of psychiatric and psychological assessment and treatment services for children and families. Services that may be provided, in liaison with social services, include the provision of reports for Court, and direct work with children, parents and families. Services may be provided either within general or specialist multidisciplinary teams, depending upon the severity and complexity of the problem. In addition, consultation and training may be offered to services in the community including, for example social services, schools, primary health care teams, and nurseries.

## **Adult mental health services**

- 2.136 Adult mental health services, including those providing general adult and community, forensic, psychotherapy, alcohol and substance misuse and learning disability services, have a responsibility in safeguarding children when they become aware of or identify a child at risk of harm. This may be as a result of service's direct work with those who may be mentally ill, a parent, a parent-to-be, or a non-related abuser, or in response to a request for the assessment of an adult perceived to represent a potential or actual risk to a child or young person.
- 2.137 Close collaboration and liaison between the adult mental health services and children's welfare services are essential in the interests of children. This will require the sharing of information where this is necessary to safeguard a child or a child about to be born from significant harm. Child and adolescent mental health services can help in facilitating communication between adult mental health services and children's welfare services, especially when there are concerns about responding appropriately both to the duty of confidentiality and the protection of children. The named doctor and/or named nurse can also provide advice.

## **Children visiting psychiatric patients**

- 2.138 There are two specific areas regarding children visiting parents and other family members in psychiatric settings where social services departments may be asked to assess whether it is in the best interests of a child to visit a named patient.
- 2.139 The Directions and associated guidance to Ashworth, Broadmoor and Rampton Hospital Authorities (HSC 1999/160) (contact [assembly-publications@wales.gsi.gov.uk](mailto:assembly-publications@wales.gsi.gov.uk) for a copy) sets out the assessment process to be followed when deciding whether a child can visit a named patient in these hospitals. When a social services department considers it has powers under the Children Act 1989 to undertake the necessary assessment, it should assist the hospital by assessing whether it is in the interests of a particular child to visit a named patient (LAC(99)23) (contact [assembly-publications@wales.gsi.gov.uk](mailto:assembly-publications@wales.gsi.gov.uk) for a copy).
- 2.140 The Guidance on the Visiting of Psychiatric Patients by Children (HSC 1999/222: LAC (99)32) [<http://www.dh.gov.uk/assetRoot/04/01/26/58/04012658.pdf>] to NHS Trusts, health authorities and social services departments, on the implementation of the guidance at paragraph 26.3 of the revised Mental Health Act 1983 Code of Practice, published in April 1999 [<http://www.dh.gov.uk/assetRoot/04/07/49/61/04074961.pdf>] states that:

“Hospitals should have written policies on the arrangements about the visiting of patients by children, which should be drawn up in consultation with local social services authorities. A visit by a child should only take place following a decision that such a visit would be in the child’s best interests. Decisions to allow such visits should be regularly reviewed.”

2.141 The guidance also sets out principles to underpin child visiting policies in respect of children visiting patients detained under the Mental Health Act. This emphasises the importance of facilitating a child’s contact with their parents or other key family members, wherever possible. Where there are child welfare concerns, the Trust may ask the social services department to assess whether it is in the best interests of a child to visit a named patient.

### **Substance misuse services**

2.142 A range of services is provided, in particular, by NHS Trusts and voluntary organisations, to respond to the needs of both adults (with parental responsibilities) who misuse substances. Community Safety Partnerships (CSP) are responsible for co-ordinating the implementation at the local level of the Welsh substance misuse strategy. The membership of CSPs includes responsible authorities that are required to carry out a review of the level and pattern of substance misuse in their area. They are also required to formulate, implement and publish a strategy for combating substance misuse in their area. The responsible authorities are

- the police;
- local authorities;
- fire authorities;
- police authorities;
- Local Health Board.

2.143 Substance misuse services are co-ordinated at local level by the CSP or its Substance Misuse Action Team (SMAT). It is important that that there is close collaboration between LSCBs and CSPs and their SMATS.

2.144 It is important that arrangements are in place, at LSCB level, which enable child protection and substance misuse referrals to be made in relevant cases. Where children may be suffering significant harm because of their own substance misuse, or where parental misuse may be causing such harm, referrals will need to be made by substance misuse services in accordance with LSCB procedures. Where children are not suffering significant harm, referral arrangements also need to be in place to enable children’s broader needs to be assessed and responded to.

2.145 It is the responsibility of the LSCBs to take full account of the particular challenges and complexities of work in this area by ensuring that the following are in place:

- appropriate LSCB policies and procedures;
- inter-agency protocols for the co-ordination of assessment and support, particularly across adult substance misuse services and children's services; and
- close collaboration with local CSPs, their SMATs and local substance misuse services, as well other agencies including health, maternity services, adult and children's social services, courts, prisons and probation services.

2.146 The Advisory Council on the Misuse of Drugs' Report Hidden Harm : Responding to the needs of children of problem drug users [<http://www.drugs.gov.uk/publication-search/acmd/hidden-harm?view=Binary>] estimated that there are between 200,000 -300,000 children of problem drug users in England and Wales i.e. 2-3% of children under 16 years. The Report also concludes that parental drug misuse can and does cause harm to children (and young people) at every age from conception to adulthood, including physical and emotional abuse and neglect. A thorough assessment is required to determine the extent of need and level of risk in every case.

## **Other health professionals**

2.147 Many other health professionals provide help and support to promote children's health and development, and many work with vulnerable children and families who experience problems in looking after children. The following list which is not exhaustive should be aware of local LSCB procedures:

- orthopaedic surgeons;
- clinical psychologists;
- paediatricians;
- children's nurses;
- dental practitioners;
- staff in genito-urinary medicine services;
- obstetric and gynaecological staff;
- occupational therapists;
- physiotherapists;
- staff working in private health care;
- staff in sexual health services, pregnancy advisory services;

- speech and language therapists; and
- other professions allied to medicine.

## **NHS Direct Wales**

- 2.148 NHS Direct Wales (NHSDW) is a telephone triage service and offers health advice and guidance to callers from mainly Wales and some callers from England. As a consequence NHSDW's only contact with children and young people is through children/young people telephoning about themselves or adults contacting the service with concerns about a child/young person who may be in their care.
- 2.149 The service is hosted by Swansea NHS Trust. Child protection policies and procedures to safeguard children and young people contacting the service originate from the host Trust. Procedural guidance/addendums are also influenced by policy and procedural practice from NHS Direct in England.
- 2.150 NHSDW has procedural guidance on transferring relevant calls to Childline and has guidance in place to ensure there is always at least one appropriately trained qualified person on duty to deal with children's issues, as recommended in the 'Carlile Review', 2002.
- 2.151 NHSDW has developed Child Protection Procedures which form an addendum to the Swansea NHS Trust Child Protection Policy. Any NHSDW call centre personnel employed by NHSDW and Swansea NHS Trust, where alleged or suspected child abuse is encountered, will implement the procedure.

## **The Welsh Ambulance Services NHS Trust**

- 2.152 The staff working in these health facilities will have access to places where families are living or be involved in a time of crisis and may therefore be in a position to identify initial concerns regarding a child's welfare. Each of these bodies should designate a named professional for safeguarding children.
- 2.153 Any Ambulance personnel employed by Welsh Ambulance Services NHS Trust, where alleged or suspected child abuse is encountered, will implement the agreed procedures for recording and referring cases. This includes verbally confirming any suspicions with the police or a triage or senior nurse or doctor at the receiving hospital. The Duty Control Manager has responsibility for contacting the relevant on-call duty Social Services Officer by telephone to make the referral as soon as possible.

## **The General Practitioner and the Primary Health Care Team**

- 2.154 The general practitioner (GP) and other members of the primary health care team (PHCT) are well placed to recognise when a child is potentially in need of extra help or services to promote health and development, or is at risk of harm. Surgery consultations, home visits, treatment room sessions, child health clinic attendance, and information from PHCT staff such as health visitors, midwives and practice nurses may all help to build up a picture of the child's situation and can alert the team if something is amiss. All PHCT members should know when it is appropriate to refer a child to social services for help as a 'child in need', and how to act on concerns that a child may be at risk of significant harm through abuse or neglect. When other members of the PHCT become concerned about the welfare of a child action should be taken in accordance with local procedures. In addition, the GP should be informed straightaway.
- 2.155 Where there are more than two partners in a practice, a lead GP should be identified to take the lead in developing safe and responsive primary care services for children and their families.
- 2.156 All PHCT members should know how to contact colleagues who have experience in child protection matters, such as the designated professionals acting on behalf of the LHB, or named professionals within their trust or social services for advice.
- 2.157 The GP and the PHCT are also well placed to recognise when a parent or other adult has problems which may affect their capacity as a parent or carer, or which may mean that they pose a risk of harm to a child. While GPs have responsibilities to all their patients, the child is particularly vulnerable and the welfare of the child is paramount. If the PHCT has concerns that an adult's problems or behaviour may be causing, or putting a child at risk of significant harm, they should follow the procedures set out in Chapter 8 of this guidance.
- 2.158 Because of their knowledge of children and families, GPs (together with other PHCT members) have an important role in all stages of child protection processes, from sharing information with social services when enquiries are being made about a child, to involvement in a child protection plan to safeguard a child. GPs should make available to child protection conferences relevant information about a child. This should include relevant information about other family members and the impact of their own health and social needs on parenting capacity. GPs are expected to provide a report whether or not they – or a member of the PHCT – are able to attend.
- 2.159 GPs should take part in child protection training and have regular updates as part of their postgraduate educational programme. As employers, GPs are responsible for their staff and therefore should ensure that practice nurses, practice managers, receptionists and any



other staff whom they employ, are given the opportunities to attend local child protection courses, or undergo such training within the practice team, including on a whole PHCT joint basis.

- 2.160 It is good practice to have a clear means of identifying in records those children (together with their parents and siblings) who are on the child protection register. This will enable them to be recognised by the partners of the practice and any other doctor, practice nurse or health visitor who may be involved in the care of those children. There should be good communication between GPs, health visitors, practice nurses and midwives in respect of all children about whom there are concerns.
- 2.161 In addition, Welsh Assembly Government work on information sharing and a Common Assessment Framework (CAF), are planned for use at an early stage in the process to identify children who would benefit from additional services and to decide which professionals/agencies would be best placed to provide these services. If children require more in-depth or specialist assessments, these could draw on the information gathered during the completion of the CAF.
- 2.162 GPs and other members of the ante-natal service need to be alert to and competent in recognising the risk of harm to the unborn child, and existing children. A third of domestic abuse starts or escalates during pregnancy and this is associated with rises in the rates of miscarriage, foetal death and injury, low birth weight and prematurity. Staff should also note that vulnerable women are more likely to delay seeking care and to fail to attend clinics regularly. Those who require support should be referred to appropriate support and counselling services, or to the police as appropriate.
- 2.163 Each GP and member of the PHCT should have access to an up to date copy of the local LSCB procedure.

### **GP out of hours services**

- 2.164 LHBs are responsible for planning a GP out-of-hours service in their local area. The commissioning of this service should include clear responsibilities for safeguarding children, including safe recruitment procedures. All staff working in the out of hours service should be aware of and comply with local LSCB procedures, know how to make a child protection referral and be aware how to access advice from designated and named professionals.

### **Other independent contractors**

- 2.165 Other independent contractors in the health service i.e. dental practitioners, pharmacists and optometrists should be aware of and comply with child protection procedures. They should have safe recruitment procedures in place and receive child protection training.

## **Training and supervision**

2.166 All NHS staff should receive the appropriate training and supervision needed to recognise and act upon child welfare concerns, and to respond to the needs of children.

## **Independent sector**

2.167 Local Health Boards should ensure, through their commissioning arrangements, that independent sector providers deliver services that are in line with LHB obligations with respect to safeguarding and promoting the welfare of children, included in service level agreements. LHBs will need to work with those independent providers to ensure suitable links are made to LSCBs and that the provider is aware of LSCB policies and procedures.

## **NHS Standards**

2.168 Section 40 (1) of the Health and Social Care (Community Health and Standards) Act 2003 includes a duty on each NHS body 'to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care provided by and for that body' and gave the Welsh Assembly Government the power to set out standards to be taken into account by every Welsh NHS body in discharging that duty (section 42 applies).

2.169 The Health Care Standards for Wales (2005) <http://www.hiw.org.uk/Documents/477/Healthcare%20Standards%20for%20Wales%2Epdf> set out the standards that came into effect from 1 June 2005 and set out the level of quality that all healthcare organisations are expected to meet or be moving towards in Wales.

2.170 Standard 17 is relevant to safeguarding and promoting the health of children. It states, 'Healthcare organisations comply with national child protection guidance within their own activities and in their dealings with other organisations'.

2.171 For the relevant NHS organisations, discharging the section 28 duty of the Children Act will therefore mean:

- Meeting standard 17; and
- Taking account of relevant recommendations contained in the National Service Framework for Children, Young People and Maternity Services (NSF). The NSF contributes towards achieving the Welsh Assembly Government's core aims for children by improving quality and reducing variations in service delivery through the setting of national standards. While particular account needs to be taken of the proposed safeguarding standard in chapter 2 and the resultant key actions, standards and key actions throughout the

NSF will have an impact on the promotion of children's welfare. An example is Chapter 7 – Acute and Chronic Illness or Injury, Standard 3 – Quality of Services, key actions 7.19 and 7.20. This is not an exclusive example and others exist throughout the NSF.

## **Day care services**

- 2.172 Day care services – family and children's centres, nurseries, childminders, pre-school playgroups and holiday and out of school schemes – play an important part in the lives of large numbers of children. Many day care providers have considerable experience of working with families where a child needs to be safeguarded from harm, and many local authorities provide, commission or sponsor specific services, including childminders, to work with children in need and their families.
- 2.173 Those providing day care services should know how to recognise and respond to the possible abuse or neglect of a child. Private, voluntary and local authority day care providers caring for children under the age of 8, regulated by CSIW under the Children Act 1989, should have a written child protection policy. This policy should clearly state staff responsibilities with regard to the reporting of suspected child abuse or neglect in accordance with Local Safeguarding Children Board procedures and should include contact and telephone numbers for the local police and social services. It should also include procedures to be followed in the event of an allegation being made against a member of staff or volunteer.

## **The Police**

- 2.174 The primary duties of the police service are the protection of life and property, the preservation of the Queen's peace, and the prevention and detection of criminal offences.
- 2.175 The police service has a number of key contributions to make in safeguarding and promoting the welfare of children. Whilst their principal role is the investigation of child abuse allegations, they also have a key role in preventing crime against or involving children and minimising the potential for children to become victims.
- 2.176 The police service contribution should also include:
- identifying vulnerable children in domestic violence cases;
  - using police powers to take children into protective custody when appropriate;
  - protecting the needs of children as witnesses or victims;
  - working with partner agencies in the criminal justice system dealing with youth offenders to divert children away from crime; and

- working with partner agencies to educate children and young persons on issues such as substance misuse and the prevention of crime.
- 2.177 In dealing with these issues, the aim of the police service is to protect the lives of children and ensure that the welfare of the child is paramount.
- 2.178 The police service also has a significant contribution to make to safeguarding and promoting the welfare of children through:
- implementation of policy and dissemination of good practice which recognises the welfare of children as the prime consideration, within the requirements of the criminal justice system;
  - recognition that responsibility lies with all police officers and police staff and not just specialist child abuse investigation units within the force;
  - prioritising the investigation of crime and the protection of children from harm; and
  - the commitment towards working with other agencies to ensure that the interests of the child are best served by effective partnership working between agencies.

### **Making arrangements to safeguard and promote children's welfare in the police service**

- 2.179 As mentioned above, the police service has a responsibility to promote and safeguard the welfare of children by preventing offending against them and ensuring that investigations into any such offences are conducted in the best interests of the child and the criminal justice system. Moreover, section 29 of the Police Act 1996 (as amended by section 83 of the Police Reform Act 2002) requires that every member of a police force maintained for a police area attests to ensure that fundamental human rights are upheld with fairness, integrity, diligence and impartiality according to law. These responsibilities are carried out in compliance with domestic legislation and international treaties including the United Nations Convention on the Rights of the Child and the European Convention on Human Rights to protect life and to protect individuals from inhuman and degrading treatment.
- 2.180 Section 28 of the Children Act 2004 supports these responsibilities by giving the police a duty to make arrangements to ensure that they exercise their functions having regard to the need to safeguard and promote the welfare of children. This does not change the functions placed on the police by existing statute. Their focus should still rest on meeting the objectives of the criminal justice system. However, the police service should make the following arrangements, under section 28 of the Children Act 2004, to ensure it takes account of the need to safeguard and promote the welfare of children in meeting these objectives.

## Senior management commitment and accountability

- 2.181 Each police force should establish senior management commitment to safeguarding and promoting children's welfare by:
- having an identified Association of Chief Police Officers (ACPO) lead on children issues in each force;
  - having a strong commitment to the importance of these issues through clear policies and procedures with appropriate links to partner agencies; and
  - ensuring that suitable training and/or awareness are in place to promote the welfare of children.
- 2.182 In addition, forces should continue to develop their action plans on implementing the recommendations in the Victoria Climbié Inquiry Report to ensure that the mistakes made in the Victoria Climbié case will not be repeated.
- 2.183 Forces, in satisfying themselves of the effectiveness of their progress, will wish to have regard to the 2005 HMIC baseline assessment criteria, in particular 3C11 – 3C18, 1C06 and 2A05 – 2A07.  
[\[http://www.inspectorates.homeoffice.gov.uk/hmic/docs/ba2006frmwk/ba2006fwks.pdf?view=Binary\]](http://www.inspectorates.homeoffice.gov.uk/hmic/docs/ba2006frmwk/ba2006fwks.pdf?view=Binary)
- 2.184 In 2005, the ACPO published guidance on the investigation of child abuse allegations. [\[http://www.acpo.police.uk/asp/policies/Data/Child%20Abuse%20-%20ACPO%20guidelines.pdf\]](http://www.acpo.police.uk/asp/policies/Data/Child%20Abuse%20-%20ACPO%20guidelines.pdf) The Guidance on Investigating Child Abuse and Safeguarding Children 2005 provides minimum standards for Police Forces and should be implemented in all forces.
- 2.185 For chief officers the following strategic issues emerge from the guidance:
- Implementing a comprehensive force policy that incorporates the *Guidance on Investigating Child Abuse and Safeguarding Children* and which works alongside associated policies;
  - Ensuring that the investigation of crime against children is as important as the investigation of any other form of serious crime and eradicating any suggestion that the investigation of child abuse is of a lower status than other forms of policing;
  - Developing information systems which support information sharing both within the Police Service and with other agencies;
  - Focusing on police responsibility for the investigation of child abuse and fulfilling its role in the criminal justice system to ensure that offenders are held to account;
  - Ensuring the effective supervision of all aspects of policing child abuse.

## **Statements of responsibility**

- 2.186 Each police force should ensure that police officers and police employees at all levels are aware of their statutory requirements to protect and safeguard the welfare of children.
- 2.187 To achieve this, forces will need to demonstrate a proactive approach to ensure all employees are aware of their responsibilities.

## **Service development**

- 2.188 Police authorities have an overarching role to secure the maintenance of an effective and efficient police force in their area. They also have responsibility for the publication of the local policing plan, drawing from the National Policing Plan.
- 2.189 In developing their local policing and departmental plans all forces and authorities should:
- give due consideration to the importance to local communities of child protection issues;
  - reflect the recommendations of the Victoria Climbié Inquiry Report; and
  - ensure that they take account of the need to safeguard and promote the welfare of children in determining criminal justice priorities.
- 2.190 Under section 96 of the Police Act 1996 [<http://www.opsi.gov.uk/acts/acts1996/96016--i.htm#96>] Police Authorities have a statutory duty to consult communities on matters concerning the policing of the area.

## **Training**

- 2.191 Police forces should ensure that appropriate training, processes and procedures are in place to enable all staff to be best able to support the aims and objectives of the Children Act 2004.

## **Work with individual children**

- 2.192 People under the age of 17 suspected of having committed an offence are recognised as vulnerable. The Police and Criminal Evidence Act 1984 and the accompanying Code of Practice (reviewed annually) place a statutory responsibility on the police to ensure additional considerations are given to the welfare and interests of a juvenile whilst dealing with them in the context of the needs of the criminal justice system. A person aged under 17 is required to be afforded special care including the provision of an appropriate adult whilst in custody.

- 2.193 The Association of Chief Police Officers, have published a manual of guidance on the investigation of child abuse allegations. The Guidance on Investigating Child Abuse and Safeguarding Children 2005 [<http://www.acpo.police.uk/asp/policies/Data/Child%20Abuse%20-%20ACPO%20guidelines.pdf>] provides minimum standards for Police Forces and should be implemented in all forces.

### **Inter-agency working**

- 2.194 In support of effective interagency working, police forces should participate in Local Safeguarding Children Boards (LSCBs). LSCBs should have in place local procedures governing inter-agency activity.

### **Information sharing**

- 2.195 Police forces should make best use of information exchange between agencies.
- 2.196 The National Policing Plan, the recent police reform White Paper and the Home Office publication *Firm Foundations* all make clear the need to co-ordinate the various planning documents and cycles.
- 2.197 The Bichard Inquiry recommended that a Code of Practice on Information Management should be developed to assist the police service in adopting a consistent approach to recording, reviewing and sharing information. That Code has now been published [<http://police.homeoffice.gov.uk/news-and-publications/publication/operational-policing/CodeofPracticeFinal12073.pdf?view=Binary>]. The purpose of the code is to ensure that there is broad consistency between forces in the way information is managed within the law, to ensure effective use of available information within and between individual police forces and other agencies, and to provide fair treatment to members of the public.
- 2.198 In addition, the IMPACT IT programme is being developed to ensure access by police forces and vetting authorities to information and intelligence held by other forces.

### **British Transport Police**

- 2.199 The British Transport Police (BTP) is the national police force for the railways providing a policing service to rail operators, their staff and passengers throughout England, Wales and Scotland.
- 2.200 BTP covers the whole range of crime from serious violent and sexual offences to pick-pocketing and car crime. It also takes a lead in combating the anti-social behaviour that can impact so much on those who use and work on the railway. The section 28 duty is not intended to compromise BTP 's ability to execute these functions.

2.201 Practically, BTP understands its contribution to safeguarding and promoting the welfare of children, to apply specifically to those children who are:

- arrested;
- reported;
- charged;
- cautioned;
- warned;
- detained;
- taken into police protection;
- stop searched;
- stop checked;
- runaways (even when returned to home address);
- truants; and
- who come to the notice of BTP for any other reason not mentioned above.

2.202 The BTP recognises the factors which pose a risk to children's safety and welfare and implements procedures to protect those who are vulnerable.

2.203 The BTP will carry out these duties in accordance with its legislative powers for providing police protection under the Children Act 1989, and other relevant legislation, including the removal of truants under the Crime and Disorder Act 1998.

2.204 These duties will also be carried out in accordance with Force policy governing protecting and safeguarding the welfare of children, contained within the Force policy database (currently under review). Please see *Statement of Responsibility* section below.

2.205 These policies include detailed guidelines on how to apply legislative powers, including, for example, the appointment of a designated independent officer in the instance of a child taken into police protection.

### **Senior management commitment**

2.206 Consideration of the welfare of children was included within BTP's strategic documentation from April 2005. These documents are owned by the BTP Authority, the Chief Constable and the Chief Officers Group.



2.207 The Assistant Chief Constable (Operations) will be responsible for monitoring the effectiveness of this new policy which encompasses the requirements of section 28 of the Children Act 2004 and for authorising amendments where necessary.

### **Statement of responsibility**

2.208 The BTP is undertaking a major review into the way policy is created and disseminated. Part of this process will be the introduction of a new impact assessment model which will include a section requiring authors of policy to consider the impact their document might have on the welfare of children. Similarly for existing policy, the BTP will include consideration of the section 11 requirements within its ongoing review.

### **Accountability within the BTP for work on safeguarding and promoting the welfare of children**

2.209 The Assistant Chief Constable (Operations) has responsibility in ensuring BTPs ' work safeguards and promotes the welfare of children. Within this context s/he is assisted by the Justice Directorate and Strategic Development Unit. The Assistant Chief Constable (Operations) is answerable to the Chief Constable.

2.210 The *Children and Young Persons in Police Protection* [<http://www.btp.police.uk/documents/Policies/D56540.pdf>] policy document, which explains the responsibilities for BTP Officers under the Children Act 1989, will provide the foundation for arrangements to comply with section 28 of the Children Act 2004.

### **Training**

2.211 As part of every BTP Officer 's basic training, in depth guidance should be given on all aspects of relevant legislation. This includes where officers have to come into contact with children and young people. In addition, specific Officers are designated as *Achieving Best Evidence* (ABE) and are trained Officers who have a specific knowledge of techniques concerning interviewing children in police care. This guidance is covered in the Force 's *ABE – Vulnerable and Intimidated Witnesses* policy.

2.212 The specialist nature of the BTPs activities requires that Officers attain skills to deal with offences such as route crime, trespass and vandalism, and pick-pocketing, which are common to both the railways and juvenile offenders. These skills should include interview techniques outlined above (ABE), track safety training, schools liaison procedures, family liaison, and numerous partnership approaches.

## **Safe recruitment, vetting and complaints procedures**

2.213 All police officers and police staff must be subject to a full security check before taking up their post. This ensures that no person with a previous conviction, in this context, specifically anything which compromises the welfare of children, is employed by the BTP. BTP should maintain procedures regarding recruitment which include the checking of references. The Force's Professional Standards Department, established as required by the Independent Police Complaints Commission, should properly examine all complaints.

## **The National Probation Service**

### **The role of Probation Boards in relation to safeguarding and promoting the welfare of children**

2.214 The key functions of the National Probation Service are to protect the public and to reduce re-offending. These functions encompass:

- the proper punishment of adult offenders in the community;
- ensuring offenders' awareness of the effects of crime on the victims of crime and the public; and
- the rehabilitation of offenders.

2.215 In carrying out these duties, the National Probation Service must act in accordance with the Criminal Justice and Court Services Act 2000 and Criminal Justice Act 2003 and the Rules made under them and with the policy decisions and directives issued by the Secretary of State for the Home Department. The Section 28 duty is not intended to compromise Probation Boards' ability to execute these functions, but will provide a specific direction to ensure probation practice operates with a wider vision to consider where practice can be improved and developed to safeguard and promote the welfare of children.

2.216 The Probation Service understands its contribution to safeguarding and promoting the welfare of children, in practice, in the:

- Management of adult offenders in ways that will reduce the risk of harm they may present to children through skilful assessment, the delivery of well targeted and quality interventions and risk management planning;
- delivery of services to adult offenders who may be parents or carers that address's the factors that influenced their reasons to offend, for example, poor thinking skills, poor moral reasoning, drug/alcohol dependency (relating to the two domains in the Assessment Framework of parenting capacity and family and environmental factors);

- recognition of factors which pose a risk to children 's safety and welfare, and the implementation of agency procedures to protect children from harm (through appropriate information sharing and collaborative multi-agency risk management planning, for example, Multi Agency Public Protection Arrangements, contribution to Child Protection Procedures and through Domestic Violence forums);
- seconding staff to work in youth offending teams;
- providing a service to child victims of serious sexual or violent offences; and
- providing a service to the women victims of male perpetrators of domestic abuse participating in accredited domestic violence programmes. In practice, this will mean having regard to the needs of any dependent children of the family.

## **Making arrangements to safeguard and promote children's welfare in the Probation Service**

2.217 The National Probation Service understands it has an important role to play working with adult offenders who may pose a direct risk of harm to children and their carers.

2.218 The development of policies and practice guidance will be led by an assessment of risk of harm an offender presents to a child, the public, victims, self and staff. Plans will then be made to manage and reduce the risk. In addition, interventions should be planned to consider how it might contribute to an improvement in parenting and carer skills for offenders with responsibilities for children.

2.219 The National Probation Service is committed to working in partnership for change. This will develop under the umbrella of the National Offender Management Service for an end-to-end management of all offenders, whether they are serving sentences in prison, the community or both.

2.220 The Directorate of Probation will provide specific strategy to Probation Areas to develop policy and guidance which supports the implementation of the Children Act 2004 and develop a process to identify and share good practice.

## **Senior management commitment**

2.221 National Probation Service Chief Officers and Probation Boards are committed to safeguarding and promoting the welfare of children. Within each Probation Area there should be a Chief Officer (or delegated Assistant Chief Officer), accountable to the Probation Boards, with responsibility for safeguarding and promoting the welfare of children and providing leadership for good practice. The Chief Officer should be involved in developing local strategies and practice

guidance for adult offenders and also victims of serious crime which incorporate the responsibility to safeguard and promote the welfare of children. He/she will be responsible for the implementation of such strategies and guidance. The Chief Officer (or delegated Assistant Chief Officer) will work with the Local Safeguarding Children Board to agree what action should be taken to ensure that every child has the opportunity to fulfil their potential and to minimise the risks of poor outcomes for children and young people, and the part that the Probation Service can play to lead to improved outcomes.

## **Statement of responsibility**

2.222 The Directorate of Probation will develop a national strategy on safeguarding and promoting the welfare of children and ensure the engagement of Probation Boards as a relevant member of the Local Safeguarding Children Boards and children's trusts where appropriate. Within this context, the Chief Officer of each Probation Board should be responsible for drawing up and implementing local policy and practice guidance that should set out staff's responsibilities in relation to safeguarding and promoting the welfare of children.

## **A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children**

2.223 Probation Boards, through Chief Officers are responsible for the day-to-day management of Probation Areas and staff. The Director of Probation, Chief Officers and Probation Board Chairs are accountable to the Secretary of State for the Home Department through the Chief Executive of the National Offender Management Service.

2.224 Probation Boards should ensure that local area staff who work with offenders:

- are familiar with guidance on the recognition of children in need, particularly those who have been abused or neglected;
- know what to do if they have concerns about the welfare of children, aware of the Assessment Framework and know how to refer a child about whom they have concerns to the LA children's social services for their locality; and
- recognise the role they can play in working with offenders that can improve their skills as parents and carers as well as reduce the likelihood of re-offending.

## **Training**

2.225 Probation Boards should provide training on safeguarding and promoting the welfare of children for all staff working or in contact with children and their families.

2.226 The Area Probation Boards will ensure their Probation Area is represented as a relevant partner on the Local Safeguarding Children Board, and that probation practitioner staff take part in interagency training and are familiar with the Common Assessment Framework, procedures for referral where there are concerns about a child's safety or welfare and their role in safeguarding and promoting the welfare of children, in addition to local agency training.

### **Safe recruitment, vetting and complaints procedures**

2.227 Probation Boards should follow the procedures and protocols for the vetting of employees set out in Probation Circular 69/2003 [<http://www.probation2000.com/pit/circulars/PC69y03.doc>]. The Probation Circular explicitly states that part of the purpose of vetting employees working within the National Probation Service is to "protect children and other vulnerable people to whom NPS employees are delivering services".

2.228 The NPS has a well-established complaints procedure to be followed by each Probation Area. (Probation Circular 128/2001. Standard complaint procedure, Prisons and Probation Ombudsman).

### **Effective interagency working to safeguard and promote the welfare of children**

2.229 Employees within the National Probation Service should work with employees from other agencies taking into account this guidance and the *Framework for the Assessment of Children in Need and their Families* (2001).

2.230 Probation employees will ensure that where an adult offender is assessed as presenting a Risk of Serious Harm to children through the Offender Assessment System (OASys) the risk management plan and sentence plan will contain a specific objective to outline the strategy and intervention planned to manage and reduce the risk of harm, and such cases will receive regular management oversight. Probation employees will work within agency protocols to safely and appropriately share information across key agencies that will promote the safety and welfare of the child.

2.231 Probation employees when preparing a sentence plan will need to consider how planned interventions might impact on parental responsibilities and whether the planned interventions could contribute to improved outcomes for children known to be in an existing relationship with the offender.

2.232 The National Probation Service will support the use of a Common Assessment Framework. Probation Boards would be responsible for ensuring local implementation of awareness training, to ensure probation employees understood how they might appropriately

contribute. Probation employees would not be responsible for making an assessment of a child (under age 18), except where that employee is seconded to the Youth Offending Team

## **Work with individual children**

- 2.233 The National Probation Service is responsible for the assessment of risk that an offender poses and the planning and delivery of the interventions required to meet their needs. The National Probation Service works with adult offenders who pose a risk of harm to children and young people. It also provides a direct service to some children and young people who the Act defines as children. Where an offender poses a risk to children the National Probation Service will continue to work with other agencies through the MAPPA (Multi Agency Public Protection Arrangements) and Local Safeguarding Children Boards, to protect the individual child and safeguard and promote the welfare of all children in the area.
- 2.234 While the National Probation Service is primarily responsible for working with adult offenders it will need to give careful consideration to provision and services that may also involve children, such as reception areas, the action of employees when making home visits, or the planning and delivery of offender programmes, that might demand specific attention to the safeguarding of children such as working with domestic abuse or sex offender perpetrators. Probation works directly with 16-17 year olds in delivering unpaid work requirements. Contact is also made with children who have been victims of sexual or violent offences, where the offender is sentenced to 12 months or more in custody.

## **Information sharing**

- 2.235 The Criminal Justice Act 2003 extended the responsibilities of consultation and co-operation to other partners to manage and reduce dangerousness of offenders assessed as presenting high or very high risk of harm to the community. Each probation board has a duty to share information and should continue to share information with other agencies in order to promote and safeguard the welfare of children. The MAPPA Guidance (PC 52/2004) [<http://www.probation.homeoffice.gov.uk/files/pdf/PC52.pdf>] outlines the duty to share information across agencies to improve public protection.
- 2.236 Where a member of staff becomes aware of a potential risk of harm to a child through their offender management they will ensure that the child's welfare is safeguarded and promoted through the sharing of information with the Children's Services Authority. Chief Officers of Probation will ensure their probation area has in place a protocol to support the sharing of information with the Local Safeguarding Children Board members to support the safeguarding of children. The Chief Officer will ensure that Probation Area policy clearly explains who

should be contacted and the required level of management oversight where a child has been assessed at risk of harm. Probation staff will ensure that where an adult offender is assessed as presenting a high risk of harm to children through OAS (Offender Assessment System) that the risk management plan and supervision plan will contain an explicit objective to outline the strategy and intervention planned to manage and reduce the risk of harm, and such cases will receive regular management oversight.

## Youth Offending Teams

### The role and functions of Youth Offending Teams

2.237 Youth Offending Teams (YOTs) are multi-agency teams. The statutory membership of YOTs is set out in section 39(5) of the Crime and Disorder Act 1998 [<http://www.opsi.gov.uk/acts/acts1998/98037--f.htm>] and consists of at least each of the following:

- a probation officer;
- a social worker of a local authority social services department;
- a police officer;
- a person nominated by a local health board any part of whose area lies within the local authority's area;
- a person nominated by the chief education officer appointed by the local authority under section 532 of the Education Act 1996.

2.238 YOTs can also include representatives of other agencies, as the local authority in consultation with the statutory partners considers appropriate, and work in conjunction with a range of local partners.

2.239 YOTs are central to the youth justice system – they have a statutory duty to deliver youth justice services including advising courts, administering community sentences and interventions, and working with juvenile custodial establishments. YOTs are responsible for the supervision of children and young people subject to statutory disposals.

2.240 The statutory principal aim of the youth justice system, and of YOTs, is to prevent offending by children and young people as set out in Section 37 [<http://www.opsi.gov.uk/acts/acts1998/98037--f.htm>] of the Crime and Disorder Act 1998.

2.241 As YOTs are multi-agency teams, some members of YOTs will also need to be aware of the section in this guidance on safeguarding and promoting welfare that relates to their constituent agency within the YOT. This section of the guidance relates to the collective work of the YOT.

## **The contribution of YOTs to safeguarding and promoting the welfare of children**

- 2.242 The Children Act 2004 requires that YOTs make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children.
- 2.243 Safeguarding and promoting the welfare of children and young people is an essential prerequisite for work of YOTs to reduce the likelihood of offending and re-offending.
- 2.244 All those working within YOTs must understand their responsibility to safeguard and promote the welfare of children. In practice, these responsibilities are discharged through the observance of National Standards on assessments and interventions, the Key Elements of Effective Practice guidance issued by the Youth Justice Board (YJB) and this guidance.
- 2.245 Children and young people with whom the YOT works are carefully assessed. The primary assessment method for the majority of children and young people in contact with YOTs is the Youth Justice Board's Asset assessment tool [<http://www.youth-justice-board.gov.uk/PractitionersPortal/Assessment/Asset.htm>]. This assessment process examines a range of factors:
- Living arrangements;
  - Family and personal relationships;
  - Education, training and employment;
  - Neighbourhood and community factors;
  - Lifestyle factors;
  - Substance misuse;
  - Health (physical, emotional and mental); and
  - Vulnerability, including risk of harm to others or to themselves.
- 2.246 Whether or not the full Asset process is used, all children and young people in contact with the YOT will need to be assessed for welfare, risk of harm to others or themselves and other needs.
- 2.247 An intervention plan will be designed based on the information from the assessment to address difficulties and deficits, building on identified strengths, in consultation with the young person and their family. It will be implemented with a view to promoting the welfare of the young person, managing the risk the young person presents and reducing their likelihood of re-offending, as set out in the National Standards for Youth Justice



[\[http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=155&eP=PP\]](http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=155&eP=PP), guidance on the Asset assessment tool and the YJB's Key Elements of Effective Practice [\[http://www.youth-justice-board.gov.uk/PractitionersPortal/PracticeAndPerformance/EffectivePractice/KEEPS/\]](http://www.youth-justice-board.gov.uk/PractitionersPortal/PracticeAndPerformance/EffectivePractice/KEEPS/) and Managing Risk in the Community. The interventions and their effect on the life of the young person should be carefully monitored and evaluated. Any intervention should take into account any existing plans including a Child Protection Plan. The use of the Asset tool in the youth justice system is a leading example of best practice in assessment and Asset is one of the specialist assessments which will need to dovetail with the Common Assessment Framework.

- 2.248 The assessment will include whether there is a risk of serious harm to self or to others. Where an assessment identifies there is a risk of the young person committing serious harm to him/herself or others a full *Risk of Serious Harm* assessment must be completed. If such concerns in relation to significant harm are identified, these will be referred to the relevant social services department according to local LSCB procedures. The existence of social services employees within the YOT will facilitate an effective referral, and transmission of relevant information. The YOT will participate fully in any subsequent child protection enquiries and planning, as required by Social Services and the Police and in accordance with Local Safeguarding Children Board procedures.
- 2.249 As well as the development of intervention plans in the community, YOTs are responsible for the overall sentence planning process for young people going through custody, ensuring that co-ordinated plans - which address all needs and in particular resettlement needs - are developed from the outset of the custodial period, according to national standards.

### **Senior management commitment and identifying clear lines of accountability**

- 2.250 The YOT steering group/management board is responsible for overseeing the work of the YOT and ensuring that arrangements are in place for safeguarding and promoting welfare of children and young people. The YOT steering group/management board will facilitate a strategic approach to YOT participation in safeguarding and welfare arrangements between agencies.
- 2.251 The YJB guidance *Sustaining the Success (2004)* sets out the arrangements for developing the work of YOTs and the YOT steering group/management board and includes a framework for establishing protocols between YOTs and other children's services. The framework includes clarifying responsibilities for responding to welfare concerns and meeting the needs of children and young people in the youth justice system.

- 2.252 The YOT manager/head of service, responsible for the strategic and operational functions of the team, should ensure that effective policies and procedures are in place that address safeguarding and the promotion of welfare.
- 2.253 The YOT manager/head of service should ensure that there are clear lines of accountability within the YOTs in relation to safeguarding and promoting the welfare of children. All managers need to be made aware of the importance of this area of work in carrying out their functions.

### **Statement explaining responsibilities for safeguarding and promoting welfare**

- 2.254 Everybody in the YOT should be clear about their responsibilities for safeguarding and promoting the welfare of children. There needs to be effective communication arrangements that ensure that all employees are aware of the priority given to safeguarding and promoting welfare and their lines of accountability.

### **Staff training on safeguarding and promoting the welfare of children**

- 2.255 The YOT partnership should ensure that all employees participate in a programme of training that ensures they understand both their role and responsibilities and those of other professionals and organisations in relation to safeguarding and promoting children's welfare. YOT employees should be trained and made aware of child protection procedures. Employees must comply with local arrangements and practice guidance issued by the Youth Justice Board.

### **Safe recruitment and vetting procedures**

- 2.256 Staff recruitment needs to be in line with the partner agencies' requirements in relation to vetting and CRB checks. Procedures will need to cover employed (both seconded and directly employed), voluntary and student placements within the YOT.

### **Effective inter-agency working to safeguard and promote the welfare of children**

- 2.257 YOTs should participate in local arrangements for inter-agency working. This includes participation in LSCB. YOTs will be required to be members of Local Safeguarding Children Boards and to have regard to any future guidance issued on LSCBs under section 34 of the Children Act 2004.

- 2.258 YOTs are also required to co-operate in local arrangements to improve the wellbeing of children as set out in section 25 of the Children Act 2004.
- 2.259 In the case of a serious incident involving a child within the youth justice system, particularly a death in custody, YOTs will be required to co-operate with any enquiry led by a local ACPC, or successor LSCB, in addition to any investigation led by the Prisons and Probation Ombudsman (as outlined in the Serious Incident Guidance issued by the YJB [<http://www.youth-justice-board.gov.uk/Publications/Downloads/Serious%20Incidents%20guidance.pdf>])

### **Sharing information and using common processes**

- 2.260 YOTs should act in accordance with local arrangements for the sharing of information between key agencies, including raising concerns about safeguarding and welfare to appropriate agencies and will contribute to common processes as appropriate.

### **Prisons/Juvenile Secure Estate**

#### **The role of prisons in relation to safeguarding and promoting the welfare of children**

- 2.261 Prison Governors (and Directors in the contracted estate) have two primary duties. The first is to execute the warrant of the court by keeping a prisoner in custody. The second is to contribute to the principal aim of the youth justice system, which is “to prevent offending by children and young people” (section 37 of the Crime and Disorder Act 1998 <http://www.opsi.gov.uk/acts/acts1998/19980037.htm>). In carrying out those primary duties, Governors/Directors must act in accordance with the Prisons Act 1952 and the Rules made under it and have regard to policy decisions and directives issued by the Secretary of State for the Home Department.
- 2.262 Within this legislative and policy framework, section 28 of the Children Act 2004 gives Prison Governors/ Directors a legal responsibility to make arrangements to ensure that they exercise their functions having regard to the need to safeguard and promote the welfare of the children in their custody and the children with whom they have contact. This duty is not intended to override or interfere with Governors’/Directors’ execution of their primary duties as set out above. The duty should not apply in respect of adult prisoners in their capacity as parents or carers, including decisions about the placement or transfer of adult prisoners.

2.263 Governors/Directors understand their contribution to safeguarding and promoting the welfare of children, in practice, to be in the development and implementation of policies and arrangements designed to:

- protect the children committed to their custody from significant harm, including self-harm or suicide, harm from other children, (bullying and other potential forms of abuse which may occur in prison), and harm from employees and other adults, e.g. visitors;
- safeguard the children who are not in the Service's custody but with whom the Service has routine contact - when in contact with those children, i.e. children visiting the establishment and prisoners' children who are resident in Mother and Baby Units; and
- minimise the risks of harm to children in the community by prisoners who have been identified as presenting such a risk, which could occur during any form of contact with a child, including correspondence, telephone and visits.

2.264 The Prison Service and its Director General are accountable to the Secretary of State for the Home Department through the Chief Executive of the National Offender Management Service. Prison Governors are accountable to the Director General through Prison Service Area Managers and operational Directors, whilst Directors of contracted prisons are accountable to the Assistant Director of the Office for Contracted Prisons.

2.265 The Youth Justice Board for England and Wales (YJB) has statutory responsibility for the commissioning and purchasing of all secure accommodation for children and for setting standards for the delivery of those services. As part of this estate, there is a discrete prisons estate for 15-17 year olds and/or those sentenced to the Detention and Training Order ("the juvenile estate"). The Prison Service is one of the YJB's major providers of secure accommodation for children and young people. There is a partnership agreement between the two organisations, as well as a service level agreement.

### **Making arrangements to safeguard and promote welfare in the juvenile estate**

2.266 Policies for safeguarding and promoting the welfare of children held in custody in the juvenile estate were first introduced when the estate was created in April 2000. Those policies, which were based on the principles enshrined in the Children Act 1989, have since been developed in the light of the High Court judgement, delivered in *The Howard League for Penal Reform -v- the Secretary of State for the Home Department (November 2002)*. Mr Justice Munby ruled that the 1989 Act applies to children in prison establishments, and, in particular the responsibilities of local authority social services under sections 17 and 47 of the Children Act 1989, subject to the necessary requirements of imprisonment. The judgement also confirmed that prisons have a

legal obligation to safeguard the well being of children in their care by virtue of section 6(1) of the Human Rights Act and Article 8 of the European Convention on Human Rights.

2.267 In order to meet the duty in section 28 of the Children Act 2004, Prison Governors/Directors should have regard to the policies, agreed by the Prison Service and the YJB, for safeguarding and promoting the welfare of children held in custody in the juvenile estate. These are published in Prison Order 4950 (“Juvenile Regimes”) [[http://pso.hmprisonservice.gov.uk/PSO\\_4950\\_regimes\\_for\\_juveniles.doc](http://pso.hmprisonservice.gov.uk/PSO_4950_regimes_for_juveniles.doc)]. They require that the following arrangements are in place in each juvenile establishment:

### **Senior management commitment and accountability**

2.268 There is a senior member of staff (“child protection co-ordinator ” or “safeguards manager”) who is responsible to the Governor/Director for child protection and safeguarding matters.

2.269 There is a child protection committee whose membership includes a senior manager as the chair, multi-disciplinary staff and a representative of the ACPC or its successor the LSCB and whose functions include agreeing the local child protection and safeguarding policy, monitoring its operation, and keeping it under regular review.

### **Clear statements of responsibility**

2.270 Each juvenile establishment has:

- local, establishment-specific child protection and safeguarding policy, agreed with the Local Safeguarding Children Board, which has regard to the Prison Service’s/YJB ’s overarching policy and which includes procedures for dealing with incidents or disclosures of child abuse or neglect before or during custody;
- suicide and self-harm prevention and anti-bullying strategies, approved by the Area Manager/Office for Contracted Prisons;
- procedures for dealing proactively, rigorously, fairly and promptly with complaints and formal requests, complemented by an advocacy service.

### **Training**

2.271 Specialised training is in place for all staff working with children.

### **Safe recruitment**

2.272 There are selection, recruitment and vetting procedures to ensure that new staff may work safely and competently with children.

## **Effective inter-agency working**

2.273 Action is taken to manage and develop effective working partnerships with other agencies, including voluntary and community organisations, that can strengthen the support provided to the young person and their family during custody and on release.

## **Work with individual children**

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

2.275 Education, training and personal development is provided in line with the YJB's National Specification for Learning and Skills and the young person's identified needs (This will change to the Offenders ' Learning Journey, which is very similar to the National Specification).

2.276 Permanent, private and secure records are maintained on the young person, containing all relevant personal information, contact numbers and details of all relevant occurrences.

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

2.278 Action is taken to promote the positive contact and involvement of the young person's family, particularly in the sentence planning process.

2.279 Moreover, to support the exercise of the Section 28 duty:

- the service level agreements between the Prison Service and the Youth Justice Board should take account of the duty to safeguard and promote the welfare of children and of any changes in the level of service needed to achieve this;
- Governors/Directors have a duty to share information, where necessary, with other statutory agencies, including but not limited to: Youth Offending Teams; Local Safeguarding Children Boards; social care; the police; and other relevant agencies.
- Governors/Directors should ensure that the information is shared appropriately with those agencies, and with due regard to confidentiality. Governors/Directors have a duty to put in place, and to ensure that staff are aware of, and follow, procedures for ensuring that relevant information is passed to those other agencies where necessary; and

- all juvenile establishments should consider how their IT systems could be used to enhance the effectiveness of their work with children;
- while a child is in custody, and subsequently under supervision within the community, the lead responsibility for working with parents and family lies with the relevant Youth Offending Team (YOT). Staff in the juvenile estate work in close partnership with YOTs during the custodial period and will support YOTs in this crucial role as far as they are able.

2.280 The management of children and young people held in the juvenile estate, including compliance with the arrangements above, should be supervised and monitored through the normal line management structures and through YJB monitoring arrangements. Each juvenile establishment is also subject to regular inspection by HM Chief Inspector of Prisons.

## **Making arrangements to safeguard and promote welfare in all prisons**

2.281 Governors/Directors of women's establishments which have Mother and Baby Units should meet their responsibilities under section 28 of the Children Act 2004 by having regard to Prison Service Order 4801 [[http://pso.hmprisonservice.gov.uk/PSO\\_4801\\_management\\_of\\_mother\\_and\\_baby\\_units\\_3rd\\_edition.doc](http://pso.hmprisonservice.gov.uk/PSO_4801_management_of_mother_and_baby_units_3rd_edition.doc)]. This means they need to ensure that staff working on the units are prioritised for child protection training, and that there must at all times be a member of staff on duty in the unit who is proficient in child protection, health and safety and first aid/child resuscitation. Each baby must have a child care plan setting out how the best interests of the child will be maintained and promoted during the child's residence on the unit.

2.282 Governors/Directors of all prison establishments are required by the Service's National Security Framework to have in place arrangements for the protection of visitors, including children. They are also required by Prison Service policy, set out in the *Public Protection Manual*, to implement measures to minimise the risks of harm to children by prisoners who have been identified as presenting a risk of harm to children that could take place during any form of contact, including correspondence, telephone and visits.

2.283 Governors/Directors are committed to ensuring that the diversity of prisoners and staff – including matters such as race, religion, gender and disability – is respected and that due regard is paid to it in policies and practices. Diversity training is mandatory for staff in all establishments. Foreign language translations of important information are available for prisoners whose first language is not Welsh or English, and there is provision for interpreters to be used where necessary. Care is taken to meet the needs of disabled prisoners and

staff in accordance with the guidance and instructions set out in Prison Service Order 2855 [http://pso.hmprisonservice.gov.uk/PSO\\_2855\\_prisoners\\_with\\_disabilities.doc](http://pso.hmprisonservice.gov.uk/PSO_2855_prisoners_with_disabilities.doc)

## **Secure Training Centres**

### **Making arrangements to safeguard and promote welfare in secure training centres**

- 2.284 Secure Training Centres are provided under the Criminal Justice and Public Order Act 1994. Their primary function is to accommodate young persons sent there by the courts in a safe environment within secure conditions in a manner that maintains high standards of care, control, good order and discipline and protecting vulnerable and disruptive young persons from themselves and each other.
- 2.285 Under section 28 of the Children Act 2004, the Director or Governor has a duty to make arrangements for safeguarding and promoting the welfare of young persons placed in the Centre. In order to meet this duty, Directors and Governors should take the following action.

### **Senior management commitment**

- 2.286 Directors and Governors of Secure Training Centres should publish a clear, unambiguous statement detailing their commitment to safeguarding children and promoting their welfare.

### **Statements of responsibilities**

- 2.287 Directors and Governors should ensure that effective policies and procedures are in place that explain staff responsibilities in relation to safeguarding, child protection and welfare promotion.
- 2.288 Directors and Governors should nominate an individual to take the lead on safeguarding and promoting the welfare of children.
- 2.289 Directors and Governors should ensure that there is a clear and established complaints procedure with which all staff are made familiar, and that advocacy and independent persons' services are not hindered in carrying out their work. They should also establish procedures for consulting with children and ensuring that their views are taken into account, as appropriate.

### **Safe recruitment**

- 2.290 Directors and Governors should ensure that all staff are subjected to enhanced vetting through the Criminal Records Bureau. They should also ensure that employment and personal references are always



taken up, and applicants for posts working with children are able to account for gaps in their employment history.

## **Staff training**

2.291 Directors and Governors should ensure all staff are trained in child protection procedures and are able to recognise and assess the signs of children and young persons facing difficulties or abuse. Staff should also be aware of the procedures for assessing the needs of children and making referrals to the local authority.

## **Effective inter-agency working**

2.292 Directors and Governors should ensure that appropriate links are made with their Local Safeguarding Children Board and the relevant lead director for children and young people's services or his or her representative. Directors and Governors must also facilitate access to local authority social workers to undertake their duties under Children Act 1989.

## **Work with individual children**

2.293 Formal assessment and planning will take place for each child with individualised plans made that address the welfare and safeguarding needs of each child. The Director or Governor should ensure that the individual needs of each child are identified and taken into account when plans are made for them.

## **Information Sharing**

2.294 Directors and Governors have a duty to work with other statutory agencies, including but not limited to: Youth Offending Teams; Local Safeguarding Children Boards; social services; the police and other relevant agencies. Directors and Governors should ensure that they share information appropriately with those agencies, and with due regard to confidentiality. Directors and Governors have a duty to put in place, and to ensure that staff are aware of and follow, procedures for ensuring that relevant information is passed to those other agencies where necessary.



### **3: Roles and Responsibilities of the Welsh Assembly Government and Others**

#### **The Welsh Assembly Government**

- 3.1 The Welsh Assembly Government is committed to safeguarding and promoting the welfare of children and young people in Wales, including those children who are normally resident in Wales but are currently resident elsewhere, including foster placements outside of Wales, those in secure establishments elsewhere and those receiving residential care elsewhere.
- 3.2 There are parts of the Assembly that have specific roles in safeguarding and promoting the welfare of children and young people. In delivering their statutory functions they will therefore take full account of this guidance. In particular this includes:
- CAFCASS CYMRU; and
  - Care Standards Inspectorate for Wales.
- 3.3 The roles and responsibilities of these is set out in the following paragraphs.

#### **The Children and Family Court Advisory and Support Service (CAFCASS)**

- 3.4 The Criminal Justice and Court Services Act 2000 established CAFCASS as a non-departmental public body responsible to the Lord Chancellor from 1 April 2001. On 1 April 2005 CAFCASS CYMRU became an arm of the National Assembly for Wales as a part of the Social Justice and Regeneration Group of the Welsh Assembly Government. The function of the service is to safeguard the interest of children who are the subject of family proceedings. Social workers in CAFCASS CYMRU are appointed as Welsh family proceedings officers (WFPOs) and carry out a number of roles according to the nature of the proceedings in which the child is involved.
- 3.5 In care and related proceedings under the Children Act 1989, and many proceedings under adoption legislation, CAFCASS CYMRU's responsibility is to safeguard and promote the interests of individual children who are the subject of the proceedings by providing independent social work advice to the court. The child is a party to such proceedings and also in some private law Children Act cases where appointed under regulation 9.5 of the Family Proceedings Rules 1991.

- 3.6 In other private law cases, where the child is not represented, the WFPO provides a child-focused service to promote resolution of disputes about the residence of the child or the arrangements for positive contact with both parents. Unless a Family Assistance Order is made the role of the WFPO is limited to the duration of the court proceedings.
- 3.7 The WFPO has a statutory right in public law cases to access and to take copies of local authority records relating to the child concerned and any application under the Children Act 1989. That power also extends to other records which relate to the child and the wider functions of the local authority or records held by an authorised person (i.e. the NSPCC) which relate to that child.
- 3.8 Where a WFPO has been appointed as children’s guardian they should always be invited to all formal planning meetings convened by the local authority in respect of the child. This includes statutory reviews of children who are accommodated or looked after and child protection conferences and relevant Adoption Panel meetings. The conference chair should ensure that all those attending such meetings, including the child and any family members, understand that the presence of the children’s guardian is to give them direct access to the information shared at such meetings, not to participate in decisions reached.
- 3.9 The function of the service in Wales in respect of family proceedings in which the welfare of children is or may be in question, is to:
- safeguard and promote the welfare of children;
  - give advice to any court about any application made to it in such proceedings;
  - make provision for the children to be represented in such proceedings;
  - provide information, advice and other support for the children and their families.

### **The Care Standards Inspectorate for Wales (CSIW)**

- 3.10 The Care Standards Inspectorate for Wales (CSIW) is an operationally independent arm of the Welsh Assembly Government. It was established following the Care Standards Act 2000 and regulates a wide range of services for adults and children across the public, private and voluntary sectors. CSIW regulates by means of the following activity
- Registration of relevant services.
  - Inspection of services.
  - Responding to complaints and protection concerns.
  - Taking enforcement action where required.

- 3.11 CSIW publishes inspection reports on individual services each year that report on the quality of the service provided.
- 3.12 Additionally, under section 142 of the Health and Social Care Act 2003, CSIW is required to produce an Annual Report. This provides an overview of:
- what CSIW has found during the year in the course of exercising its regulation activities;
  - how CSIW has exercised its functions during the year.
- 3.13 The children's services that CSIW regulates are:
- Children's homes including secure children's homes;
  - Residential family centres;
  - Public and independent sector fostering services;
  - Public and voluntary sector adoption services, including adoption support services;
  - Schools that provide accommodation i.e. residential special schools, boarding schools and colleges of further education;
  - Early years and childcare services i.e. childminders, full day care, out of school care, sessional care, open access provision, crèches;
  - Domiciliary care services for children.
- 3.14 All of the above services are inspected by CSIW. In addition many of them have to be registered by CSIW before they can operate. The precise nature of CSIW's role varies between services but it has an overarching role to safeguard and promote the welfare of children who use these services.
- 3.15 CSIW undertakes its safeguarding role, in the following ways:
- ensuring that each service complies with the appropriate Welsh Assembly Government regulations and national minimum standards at registration and when inspected. This includes determining that providers and key managers are suitable, or 'fit', to provide services to children and monitoring that services safeguard and promote the welfare of children;
  - becoming involved in the consideration of child protection concerns that arise in relevant regulated services;
  - receiving and acting upon notifications of complaints or other significant matters that arise in these services;
  - taking immediate or planned action when services fall below expectations. CSIW has powers to investigate concerns about services and a range of enforcement options can be pursued, including criminal and civil proceedings for some services.

## **Actual or suspected abuse or neglect in a regulated child care setting**

- 3.16 If any agency or registered person receives an allegation or becomes aware of any safeguarding issue or actual or suspected abuse or neglect in a regulated child care setting they must immediately bring the matter to the attention of the responsible agencies in accordance with the local LSCB procedures for the area in which the setting is located and inform the relevant Regional Office of the Care Standards Inspectorate.
- 3.17 A local authority that is aware of or alerted, directly or indirectly, of any safeguarding issues or to an allegation or suspicion of abuse/neglect in a setting regulated by CSIW, should make this concern known to CSIW without delay and engage with the Inspectorate and other agencies, as appropriate, to determine a strategy for enquiries/investigation that takes account of the statutory duties and responsibilities of all agencies. Chapter 8 gives guidance on strategy discussions and also guidance that where there is a risk to the life of a child or a likelihood of serious immediate harm an agency with statutory child protection powers should act quickly to secure the immediate safety of the child. This may require emergency action as soon as a referral is received. Agencies with statutory child protection powers are the local authority, the police and the NSPCC.
- 3.18 A strategy discussion will determine how the enquiries/investigation should be conducted with each participant agency keeping the other informed of developments that may have implications for the others' duties and responsibilities.

## **Role and responsibilities of CSIW in children's safeguards**

- 3.19 The Care Standards Inspectorate will:
- respond positively in every case where there are concerns about children's safeguards or cases of alleged or suspected abuse or neglect in regulated settings regardless of how they are received;
  - refer any such cases to children's safeguarding agencies in accordance with the locally agreed LSCB procedures, confirm them in writing and record them in accordance with the Inspectorate's own procedures;
  - work with the local authority and other relevant agencies to determine an appropriate strategy for investigation, in accordance with this guidance and with local LSCB procedures;
  - provide relevant information to the local authority (or, where appropriate, the police) responsible for the investigation;
  - deal with relevant regulatory matters that may arise from the concern in accordance with the strategy agreed.

- 3.20 The involvement of the Inspectorate in enquiries/investigations will be in accordance with this guidance and with the local LSCB procedures.
- 3.21 CSIW will comply with the child protection procedures for the geographical area in which the setting is located. CSIW will also adhere to the internal processes set out in this Chapter in order to fulfil its regulatory function. It is important that there is an all Wales approach within the CSIW to ensure a consistent response.
- 3.22 A key role of the Care Standards Inspectorate is to ensure that the persons accountable through regulation carry out their responsibilities to safeguard and promote the welfare of children. The Care Standards Inspectorate is responsible for ensuring the continued fitness of any person registered or managing a service, and must determine whether the service can continue to operate.
- 3.23 CSIW has a duty to inform the police if it is believed a criminal offence has been committed in a regulated service. The police have a significant role in child protection and this is reflected in both this guidance and LSCB procedures.

### **Principles of investigation for CSIW**

- 3.24 The primary needs of children using a regulated service is for service providers to ensure their welfare is safeguarded and promoted when they are using the service. This may require the privacy and rights of others to be balanced against the needs of the child. The Care Standards Inspectorate is committed to working in accordance with the guidance set out in this document and any supplementary guidance that may be issued by the Welsh Assembly Government. This includes guidance on sharing and disclosure of information between agencies.
- 3.25 In all cases the child's needs:
- come first;
  - must be considered separately from any criminal or disciplinary process;
  - require that investigations be managed in a way that minimises the trauma to the child.
- 3.26 Acknowledging the local authority's lead role in co-ordinating child protection procedures, the Care Standards Inspectorate will fully participate in the liaison between agencies to establish roles and responsibilities.

## **Procedure to be followed by the Care Standards Inspectorate**

- 3.27 The Care Standards Inspectorate will follow the formally agreed local LSCB safeguarding procedures while taking the following steps to ensure compliance with the regulatory function.
- 3.28 In the event of the Care Standards Inspectorate receiving an allegation or becoming aware of a failure to safeguard and promote a child's welfare, or of actual or suspected abuse or neglect, in a regulated child care setting it will immediately make a referral in accordance with the local LSCB procedures. Where the referral is made by telephone it will subsequently be confirmed in writing.
- 3.29 It should be established as soon as possible whether the service has complied with their responsibility to safeguard the welfare of all children in the service or whether there are any other regulatory matters that require CSIW attention:
- If there are no regulatory matters to be dealt with, CSIW may discontinue active involvement but should be notified of the outcome;
  - If the strategy discussion decides that neither child protection enquiries under section 47 nor police investigations are required, there may still be regulatory matters which need to be addressed either by the Care Standards Inspectorate or the registered person/responsible manager under disciplinary procedures.
- 3.30 The local authority and/or the police may request information from CSIW and information will be made available as necessary.
- 3.31 The Care Standards Inspectorate will contribute to any review/audit activity by the LSCB in relation to concerns about actual or suspected abuse or neglect in regulated settings.

## **The Children's Commissioner for Wales**

- 3.32 All agencies covered by the Section 28 duty and all agencies with statutory functions or providing statutory services in functional fields devolved to the Assembly should be aware of the role of the Children's Commissioner and, in particular, that the principal aim of the Commissioner in exercising his or her functions is to safeguard and promote the rights and welfare of children.
- 3.33 The office of the Children's Commissioner for Wales was established under Part 5 of the Care Standards Act 2000 to reflect Sir Ronald Waterhouse's recommendations on the establishment of an independent Children's Commissioner in his report *Lost in Care – The Report of the Tribunal of Inquiry into the abuse of children in care*



*in the former county council areas of Gwynedd and Clwyd since 1974, (HC201 - February 2000).*

- 3.34 Under the 2000 Act, the Commissioner's functions extend to all services for children to be regulated by the Act:
- children's homes;
  - residential family centres;
  - local authority fostering and adoption services;
  - fostering agencies;
  - voluntary adoption agencies;
  - domiciliary care;
  - private and voluntary hospitals/clinics;
  - the welfare aspects of day-care and childminding services for all children under the age of eight; and
  - the welfare of children living away from home in boarding schools.
- 3.35 Under the Act, the Commissioner's functions include:
- the reviewing and monitoring of arrangements by service providers for dealing with complaints, for ensuring that proper action is taken in response to information regarding possible unlawful or dangerous activities, or their concealment ("whistleblowing"), and for making persons available to represent children's views and provide them with advice and support ("advocacy");
  - the provision of advice and information;
  - the examination, where the Commissioner considers appropriate, of the cases of particular children who are receiving or have been in receipt of such services;
  - the provision of assistance, including financial assistance, and representation, in respect of proceedings or disputes or in relation to the operation of procedures and arrangements monitored by the Commissioner; and
  - making reports, including an annual report on the exercise of his or her functions to the Assembly.
- 3.36 The Children's Commissioner for Wales Act 2001 extended the scope of the Commissioner's role to bodies and persons operating in Wales that have statutory functions or provide statutory services in functional fields devolved to the Assembly.

- 3.37 However the Commissioner's functions under Part 5 of the 2000 Act of reviewing and monitoring arrangements for complaints, for whistleblowing and for advocacy, related specifically to regulated children's services (as defined in section 78(2) of the 2000 Act). The 2001 Act extended these to the exercise by the Assembly of any function, and any function of any of the other public bodies which have functions in Wales in devolved areas of responsibility of the Assembly, as listed in Schedule 2A to the Children's Commissioner for Wales Act 2001.
- 3.38 The main persons affected are:
- local authorities, particularly in respect of their provision of education and social services;
  - schools;
  - further and higher education institutions;
  - training organisations;
  - Local Health Boards and National Health Service trusts.
- 3.39 In addition, the 2001 Act provides that the principal aim of the Commissioner in exercising his or her functions is to safeguard and promote the rights and welfare of children.
- 3.40 The Act also provides that the Commissioner may consider, and make representations to the Assembly about, any matter affecting the rights or welfare of children in Wales.
- 3.41 Under the Children Act 2004, Section 61 gives the Children's Commissioner for Wales the power to enter premises, other than private homes, to interview children when reviewing and monitoring the functions of and arrangements made by the Assembly and other specified persons. The power does not apply to the Commissioner in the discharge of his function of conducting examinations or considering and making representations on any matter, under sections 74 and 75A of the Care Standards Act 2000.

## **The Armed Services**

- 3.42 Young people under 18 may be in the Armed forces as recruits or trainees, or may be dependants of a service family. The life of a Service family differs in many respects from that of a family in civilian life, particularly for those stationed overseas or on bases and garrisons in the UK. The Services support the movement of the family in response to Service commitments. The frequency and location of such moves makes it essential that the Service authorities are aware of any concerns regarding safeguarding and promoting the welfare of a child from a military family. The Armed Forces are fully committed to co-operating with statutory and other agencies in supporting families in

this situation, and have in place procedures to help in safeguarding and promoting the welfare of children. In areas of concentration of Service families, the Armed Forces seek particularly to work alongside local authorities children's social services, including through representation on LSCBs, and at child protection conferences and reviews.

- 3.43 Looking after under 18s in the Armed Forces comes under the MoD's comprehensive welfare arrangements which apply to all members of the Armed Forces. Commanding Officers are well aware of the particular welfare needs of younger recruits and trainees and as stated above, are fully committed to co-operating with statutory and other agencies in safeguarding and promoting the welfare of under 18's. There is already a responsibility placed upon Social Services to monitor the wellbeing of care leavers and those joining the Armed Forces have unrestricted access to local authority Social Service workers.
- 3.44 Local authorities have the statutory responsibility for safeguarding and promoting the welfare of the protection of the children of Service families in the UK. All three Services provide professional welfare support including 'special to type' social work services to augment those provided by local authorities. In the Royal Navy (RN) this is provided by the Naval Personal and Family Service (NPFS) and the Royal Marines Welfare Service; within the Army this is provided by the Army Welfare Service (AWS); and in the Royal Air Force by the Soldiers' Sailors' and Airmen's Families Association-Forces Help (SSAFA-FH). Further details of these services and contact numbers are given at Appendix D.
- 3.45 When Service families, or civilians working with the Armed Forces are based overseas, the responsibility for safeguarding and promoting the welfare of their children is vested with the MoD, who fund the British Forces Social Work Service (Overseas). This service is contracted to SSAFA-FH who provide a fully qualified Social Work and Community Health service in major overseas locations (for example in Germany and Cyprus). Instructions for the protection of children overseas, which reflect the principles of the Children Act 2004 and the philosophy of inter-agency co-operation, are issued by the MoD as a 'Defence Council Instruction (Joint Service)' (DCI(JS)). Larger overseas Commands issue local child protection procedures, hold a Command Child Protection Register and have a Command Safeguarding Children Board which operates in a similar way to the UK in upholding standards and making sure that best practice is reflected in procedures and observed in practice.

### **Movement of children between the United Kingdom and overseas**

- 3.46 Local authorities should ensure that SSAFA-FH, the British Forces Social Work Service (Overseas), or the NPFS for RN families, is made

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

### **United States forces stationed in the United Kingdom**

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

### **Enquiries about children of ex-service families**

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

### **The voluntary and private sectors**

- 3.49 Voluntary organisations and private sector providers, including those that provide services to adults, play an important role in delivering services for children and young people. Voluntary organisations, in particular, may be well-placed to reach the most vulnerable children, young people and families.
- 3.50 The contribution of voluntary and private sectors includes early years and day care provision, family support services, youth work and children's social services. Many voluntary organisations are skilled in preventative work. Voluntary organisations also deliver advocacy for looked-after children and young people and for parents and children who are the subject of section 47 enquiries and child protection conferences. They offer therapeutic work with children, young people and families, particularly in relation to child sexual abuse, and specialist support and services for children and young people with disabilities or health problems.

- 3.51 Some voluntary organisations operate free 24 hour national helplines. ChildLine’s service is available for all children and young people in trouble or in danger, while the NSPCC’s service exists primarily for adults who have concerns about children. Parentline Plus offers support to anyone parenting a child. These services, along with many other smaller helplines, provide important routes into statutory and voluntary services for children and young people in need and for those whose needs include safeguarding from significant harm.
- 3.52 Voluntary organisations also play a key role in providing information and resources to the wider public about the needs of children and young people, and resources to help families. Many campaign on behalf of groups on specific issues.
- 3.53 While the NSPCC alone among voluntary organisations is authorised to initiate proceedings under the terms of the Children Act 1989, voluntary organisations undertake assessments of need and provide therapeutic and other services to children who have been abused. Such services are often provided within the context of child protection plans for children whose names are on the child protection register. Voluntary organisations also make a significant contribution to the development and provision of services for children abused through prostitution and for children who abuse other children.
- 3.54 The voluntary sector is active in working to safeguard the children and young people with whom they work. A range of umbrella and specialist organisations offer standards, guidance, training and advice for voluntary organisations on keeping children and young people safe from harm.
- 3.55 Organisations from the voluntary and private sectors need to have clear policies and procedures in place to ensure that they are able to work effectively with Local Safeguarding Children Boards. Paid and volunteer staff need to be aware of the risks to, and needs of, children and young people with whom they have contact.

## **Faith Communities**

- 3.56 Churches, other places of worship and faith-based organisations provide a wide range of activities for children and young people. They are some of the largest providers of child and youth work, and have an important role in safeguarding children and supporting families. Religious leaders, staff and volunteers who provide services in places of worship and in faith-based organisations will have various degrees of contact with children.
- 3.57 Like other organisations that work with children, churches, other places of worship and faith based organisations need to have appropriate arrangements in place for safeguarding and promoting the welfare of children. In particular these should include:

- procedures for staff and others to report concerns that they may have about the children they meet that are in line with this guidance and LSCB procedures, as well as arrangements such as those described above;
  - appropriate codes of practice for staff, particularly those working directly with children, such as those issued by the Churches' Child Protection Advisory Service (CCPAS) or their denomination, or faith group; and,
  - recruitment procedures in accordance with Safe from Harm (published by the Home Office, 1993, *Safe from harm: a code of practice for safeguarding the welfare of children in voluntary organisations in England and Wales*) principles and LSCB procedures. Alongside training and supervision of staff (paid or voluntary).
- 3.58 Churches and faith organisations can seek advice on child protection issues from the Churches' Child Protection Advisory Service (CCPAS). CCPAS can help with policies and procedures; their 'Guidance to Churches' manual can assist churches and their 'Safeguarding Children and Young People' can assist other places of worship and faith-based groups.
- 3.59 CCPAS provides a national (24 hour) telephone help line for churches, other places of worship and faith-based groups and individuals, providing advice and support on safeguarding issues.

## **The wider community**

- 3.60 We all share responsibility for promoting the welfare of children and young people, whether as a parent or family member, a friend or neighbour, an employer, or as a paid or volunteer worker. Members of the community can help to safeguard children and young people if they are mindful of their needs, and willing and able to act if they have concerns about a child or young person's welfare. Local agencies can promote a partnership with families and the wider community by communicating openly with local people and the media about their work, and providing accessible information and advice that is clear and relevant to all population groups. Relevant information might include details of the services local agencies provide, how and when to make contact where there are concerns about a child, and the response that members of the public and service users should expect. This will help people to develop a more informed understanding about when it would be appropriate to approach statutory agencies, how to do so, and when someone may be eligible to receive a service. Statutory agencies can also support services run by members of the community, by offering access to advice and training on safeguarding children and young people.

3.61 Members of the wider community also possess strengths and skills which can be harnessed for the benefit of vulnerable children and their families, including children at risk of significant harm. Community resources might include self-help and mutual aid initiatives, information resources and networks, support services, and advocacy and campaigning initiatives.





## 4: Local Safeguarding Children Boards

Each children's services authority in Wales must establish a Local Safeguarding Children Board for their area.

(section 31(1); Children Act 2004)

### Membership

(2) A Board established under this section must include such representative or representatives of-

- (a) the authority by which it is established; and
- (b) each Board partner of that authority, as the Assembly may by regulations prescribe.

(3) For the purposes of this section each of the following is a Board partner of a children's services authority in Wales-

- (a) the chief officer of police for a police area any part of which falls within the area of the authority;
- (b) a local probation board for an area any part of which falls within the area of the authority;
- (c) a youth offending team for an area any part of which falls within the area of the authority;
- (d) a Local Health Board for an area any part of which falls within the area of the authority;
- (e) an NHS trust providing services in the area of the authority;
- (f) the governor of any secure training centre within the area of the authority (or, in the case of a contracted out secure training centre, its director);
- (g) the governor of any prison in the area of the authority which ordinarily detains children (or, in the case of a contracted out prison, its director).

(Section 31(2) and (3); Children Act 2004)

4.1 Section 31(1) of the Children Act 2004 requires each local authority in Wales to establish a Local Safeguarding Children Board for their area, which will coordinate what is done by its members to safeguard and promote the welfare of children in the area of the authority by which it is established. The Act prescribes the following as partners in Safeguarding Boards:

- the local authority;
- the chief officer of police for a police area any part of which falls within the area of the authority;

- a local probation board for an area any part of which falls within the area of the authority;
- a youth offending team for an area any part of which falls within the area of the authority;
- a Local Health Board for an area any part of which falls within the area of the authority;
- an NHS trust providing services in the area of the authority;
- the governor of any secure training centre within the area of the authority (or, in the case of a contracted out secure training centre, its director);
- the governor of any prison in the area of the authority which ordinarily detains children (or, in the case of a contracted out prison, its director).

4.2 The Local Safeguarding Children Boards (Wales) Regulations 2006 prescribe the minimum membership of Safeguarding Boards for each of these partner agencies as follows:

- for the local authority—
  - i) the lead director for children and young people’s services or some other officer who is directly accountable to that person who is of sufficient seniority to represent the authority instead of that person;
  - ii) where the lead director is not the authority’s director of social services, the authority’s director of social services or some other officer directly accountable to that director who is of sufficient seniority to represent the authority instead of that director;
  - iii) where the lead director is not the chief education officer, the authority’s chief education officer or some other officer directly accountable to the chief education officer who is of sufficient seniority to represent the authority instead of the chief education officer; and
  - iv) the officer appointed by the authority with responsibility for the discharge of its functions under Part VI or VII of the Housing Act 1996 who is of sufficient seniority to act as the authority’s representative.
- for the police for any police area any part of which falls within the area of the Board, an officer who;
  - i) holds at least the rank of Inspector; and
  - ii) whom the chief officer has charged with specific responsibilities in relation to the protection of children;

- for a local probation board for any area any part of which falls within the area of the Board, the Chief Officer or some other officer directly accountable to the Chief Officer who is of sufficient seniority to represent the Board instead of the Chief Officer;
- for a youth offending team for an area any part of which falls within the area of the Board, the team’s manager or the managers deputy;
- for a Local Health Board (“LHB”) for any area any part of which falls within the area of the Board;
  - i) the LHB’s lead officer for children and young people’s services or some other officer directly accountable to him or her who is of sufficient seniority to act as the LHB’s representative instead of the lead officer;
  - ii) a registered medical practitioner charged with specific responsibilities in relation to the protection of children within the area of the LHB; and
  - iii) a registered nurse charged with specific responsibilities in relation to the protection of children within the area of the LHB;
- for an NHS Trust providing medical services in the area of the authority, other than the Welsh Ambulance Services NHS Trust, the Trust’s lead executive director for children and young people’s services or some other officer directly accountable to him or her who is of sufficient seniority to act as the Trust’s representative instead of the lead executive director;
- for the governor of any secure training centre within the area of the Board (or, in the case of a contracted out secure centre, its director), the governor’s (or director’s) deputy or an individual of higher rank; and
- for the governor of any prison in the area of the Board which ordinarily detains children (or, in the case of a contracted out prison, its director), the governor’s (or director’s) deputy or an individual of higher rank.

## **Other board members**

- 4.3 The Act makes provision for representatives of such other relevant persons or bodies as the authority by which it is established consider, after consulting their Board partners, be represented on it. The Local Authority should therefore secure the involvement of other relevant local organisations and the NSPCC where a representative is made available.
- 4.4 The LSCB should also make arrangements to ensure that those responsible for adult social services functions are represented on the LSCB, because of the importance of adult social services in

safeguarding and promoting the welfare of children. Similarly arrangements should ensure that adult health services and in particular adult mental health and adult disability services are represented on the LSCB.

4.5 Other local organisations that should be represented on the LSCB include:

- faith groups;
- state and independent schools;
- Further Education Colleges including 6<sup>th</sup> Form Colleges;
- children's centres;
- independent children's homes;
- independent fostering providers;
- GPs;
- independent healthcare organisations; and
- voluntary and community sector organisations including bodies providing specialist care to children with severe disabilities and complex health needs.

4.6 In areas where they have significant local activity, the armed forces (in relation both to the families of service men and women and those personnel that are under the age of 18), the Immigration Service, and National Asylum Support Service should also be included. Where the number or size of similar organisations precludes individual representation on the LSCB, for example in the case of schools or voluntary youth bodies, the local authority should seek to involve them via existing networks or forums, or by encouraging and developing suitable networks or forums to facilitate communication between organisations and with the LSCB.

## **Involvement of other agencies and groups**

### **Cafcass Cymru**

4.7 The function of the service in Wales in respect of family proceedings in which the welfare of children is or may be in question, is to:

- safeguard and promote the welfare of children;
- give advice to any court about any application made to it in such proceedings;
- make provision for the children to be represented in such proceedings;

- provide information, advice and other support for the children and their families.
- 4.8 With its statutory duty to safeguard and promote the welfare of children, CAFCASS CYMRU should remain a key member of each Safeguarding Board. Local Safeguarding Children Boards should therefore ensure that CAFCASS CYMRU representation is included within LSCB membership.

### **Care Standards Inspectorate Wales (CSIW)**

- 4.9 In view of its responsibility for child protection in regulated services (see Chapter 3) it is appropriate for CSIW to develop close working relationships with Local Safeguarding Children Boards in relation to such settings.
- 4.10 Local Safeguarding Children Boards should make arrangements to involve CSIW in its work as appropriate. LSCBs should agree protocols with CSIW covering inter-agency procedures where cases of abuse or neglect are identified or suspected within regulated services. In particular procedures should address the need for CSIW:
- to be notified immediately when a local authority social services department becomes aware of a case of actual or suspected abuse or neglect in a regulated setting; and
  - to be invited to participate in any subsequent strategy discussions.
- 4.11 The procedures should be embodied in a protocol between the LSCB and the CSIW.

### **Others**

- 4.12 The LSCB should make appropriate arrangements at a strategic management level to involve others in its work as needed. For example, there may be some organisations or individuals which are in theory represented by the statutory board partners but which need to be engaged because of their particular role in service provision to children and families or role in public protection. There will be other organisations which the LSCB needs to link to, either through inviting them to join the LSCB, or through some other mechanism. For example:
- The coronial service;
  - Dental health services;
  - Domestic Violence Forums;
  - Substance misuse services (including NHS Trusts that deliver services from out-of-area);

- Housing, culture and leisure services;
- housing providers;
- Local Authority legal services;
- Local MAPPA;
- Local sports bodies and services;
- Local Family Justice Council;
- Local Criminal Justice Board;
- other health providers such as pharmacists;
- representatives of service users;
- Sexual health services.
- the Crown Prosecution Service;
- named doctors, nurses and midwives for child protection in NHS Trusts;
- adult mental health services, including forensic mental health services;
- child and adolescent mental health services;
- dental health services;
- housing, cultural and leisure services;
- representatives of foster carers; and
- witness support services.

4.13 LSCBs will also need to draw on the work of key national organisations and liaise with them when necessary, for example, the new Child Exploitation and On-Line Protection Centre.

4.14 It is for local determination the number of representatives of individual agencies that sit on each Board. Boards should give particular consideration to the role of key child protection practitioners, including:

- local authority child protection co-ordinators;
- named professionals in NHS trusts; and
- designated teachers for child protection.

Boards may also wish to invite some agencies or individuals to attend Board meetings as observers or as advisers in their professional capacities.

## Functions of Safeguarding Boards

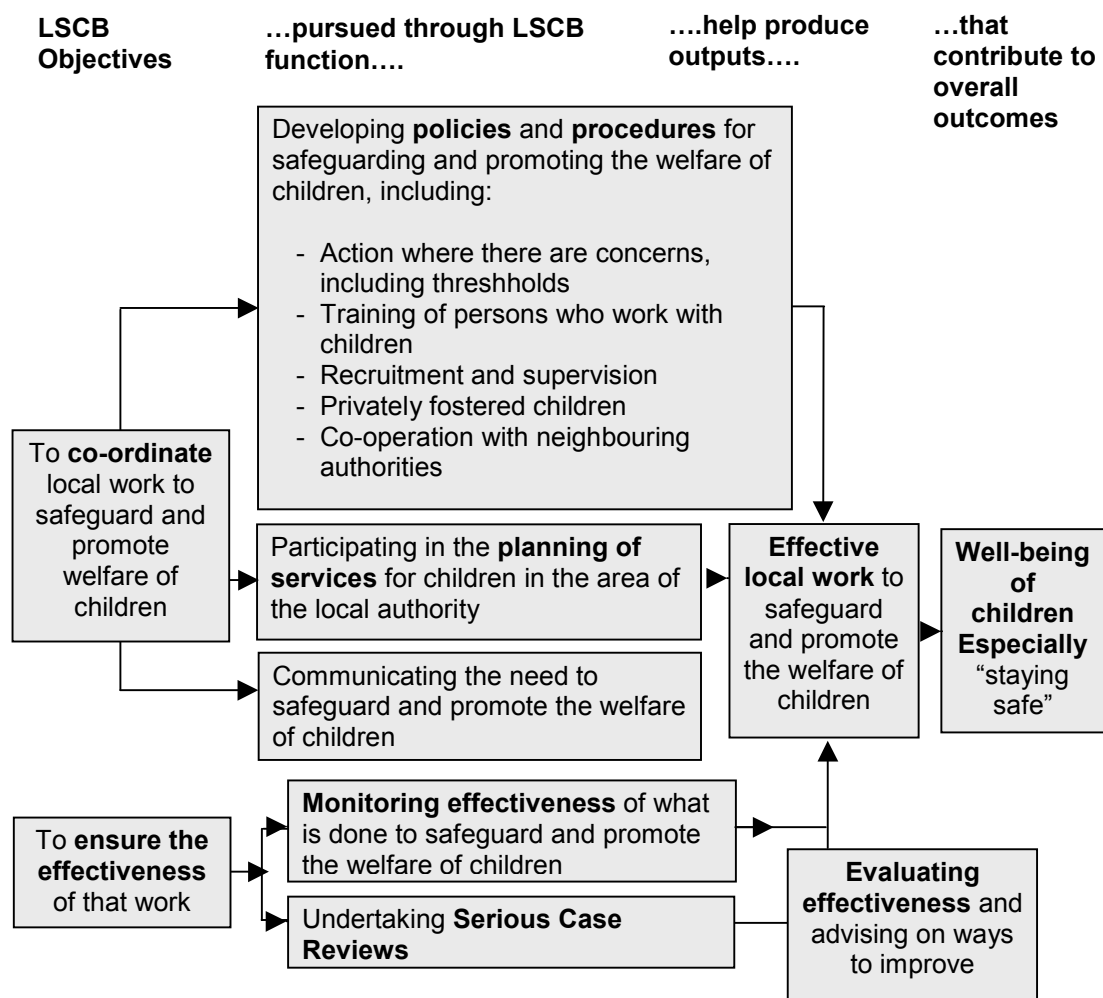
The objective of a Local Safeguarding Children Board established under section 31 is-

- (a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

(Section 32(1); Children Act 2004)

4.15 The focus for Safeguarding Boards should remain the protection of children from abuse and neglect. Policies and practice should therefore be primarily targeted at those children who are suffering, or at risk of suffering significant harm.

4.16 Ensuring that effective policies and working practices are in place to protect children and that they are properly co-ordinated remains a key role for Safeguarding Boards. Only when these are in place should Boards look to their wider remit of safeguarding and promoting the welfare of all children.



- 4.17 Under Section 28 of the Children Act 2004, each of the statutory partners in a Safeguarding Board have a statutory duty to make arrangements for ensuring that-
- their functions are discharged having regard to the need to safeguard and promote the welfare of children; and
  - any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need.
- 4.18 Local Safeguarding Children Boards are required to co-ordinate the activities of each person or body represented on the Board in relation to safeguarding and promoting the welfare of children and to ensure the effectiveness of those activities.
- 4.19 The specific functions of a Safeguarding Board are:
- to take steps whose aim is to foster a relationship of mutual trust and understanding amongst the persons or bodies represented on the Board in relation to safeguarding and promoting the welfare of children within the area of the Board;
  - to take steps whose aim is to raise awareness throughout the Board's area of the need to safeguard and promote the welfare of children and to provide information about how this might be achieved;
  - to develop procedures whose purpose is to co-ordinate what is done by each representative body for the purposes of safeguarding and promoting the welfare of children within the area of the Board, including procedures in relation to information sharing;
  - to review the efficacy of the measures taken by each person or body represented on the Board to co-ordinate what they do for the purposes of safeguarding and promoting the welfare of children within the area of the Board and to make whatever recommendations it sees fit to those persons or bodies in light of such a review;
  - to undertake "serious case reviews";
  - to monitor the extent to which any recommendations made in a review under the preceding two bullet points are being or have been met;
  - to develop criteria for measuring the performance of the children's services authority against the plan produced under section 26 of the 2004 Act (children and young people's plans), in so far as the plan relates to safeguarding and promoting the welfare of children in an authority's area;



- to disseminate information about best practice in safeguarding and promoting the welfare of children amongst the representative bodies and such other persons as the Board sees fit;
- to undertake research into safeguarding and promoting the welfare of children;
- to review the training needs of those working in the area of the Board with a view to identifying training activities to assist in safeguarding and promoting the welfare of children in the area of the Board;
- to provide training whose purpose is to assist in safeguarding and promoting the welfare of children in the area of the Board;
- to co-operate with other Boards (whether in Wales or England) and any similar such bodies in Scotland and Northern Ireland where the Board considers that would be of mutual benefit; and
- to seek advice or information where the Board considers that to be desirable for the purposes of any of the above functions.

## **Scope of interest**

4.20 The scope of the responsibilities outlined at paragraph 4.15 and 4.16 (above) extend to all children and young people but should, in particular, cover:

- children in need;
- children abused and neglected within families, including those so harmed in the context of domestic abuse or as a consequence of substance misuse;
- children abused outside families by adults known to them;
- children abused and neglected by professional carers, within an institutional setting, or anywhere else where children are cared for away from home;
- children abused by strangers;
- children abused by other young people;
- children who abuse;
- children abused through sexual exploitation;
- children who misuse drugs, alcohol and other substances;
- children who run from home or care;
- children who go missing;
- asylum seeking children whether with families or unaccompanied;
- children with particular needs or disabilities;
- children with parents of compromised parenting capacity.

4.21 In fulfilling its responsibilities a Safeguarding Board should be active in:

- raising awareness within the wider community, including faith and minority ethnic communities, and among statutory, voluntary and independent agencies, about how everybody can contribute to safeguarding children and promoting their welfare;
- working together across agencies to identify and act upon concerns about children's safety and welfare; and
- working together across agencies to help those children who have suffered, or who are at continuing risk of significant harm, in order to safeguard such children and promote their welfare.

4.22 In exercising its functions, a Board should also:

- have the protection and welfare of children as its paramount consideration;
- have regard to the needs of a multi-racial and multi-cultural society;
- have regard to the children and young person's plan of the children's services authority.

## **Organisation and Governance**

### **Accountability**

4.23 Local Safeguarding Children Boards are accountable for their work to their main constituent agencies, whose agreement is required for all work which has implications for policy, planning and the allocation of resources. Programmes of work should be agreed and endorsed at a senior level within each of the main member agencies, within the framework of the children and young people's plan.

4.24 Each local authority should take lead responsibility for the establishment and effective working of Local Safeguarding Children Boards, although all main constituent agencies are responsible for contributing fully and effectively to the work of the LSCB.

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

4.26 The Welsh Assembly Government may seek comments or information from Local Safeguarding Children Boards on children's safeguarding matters from time to time.

## **Chairing**

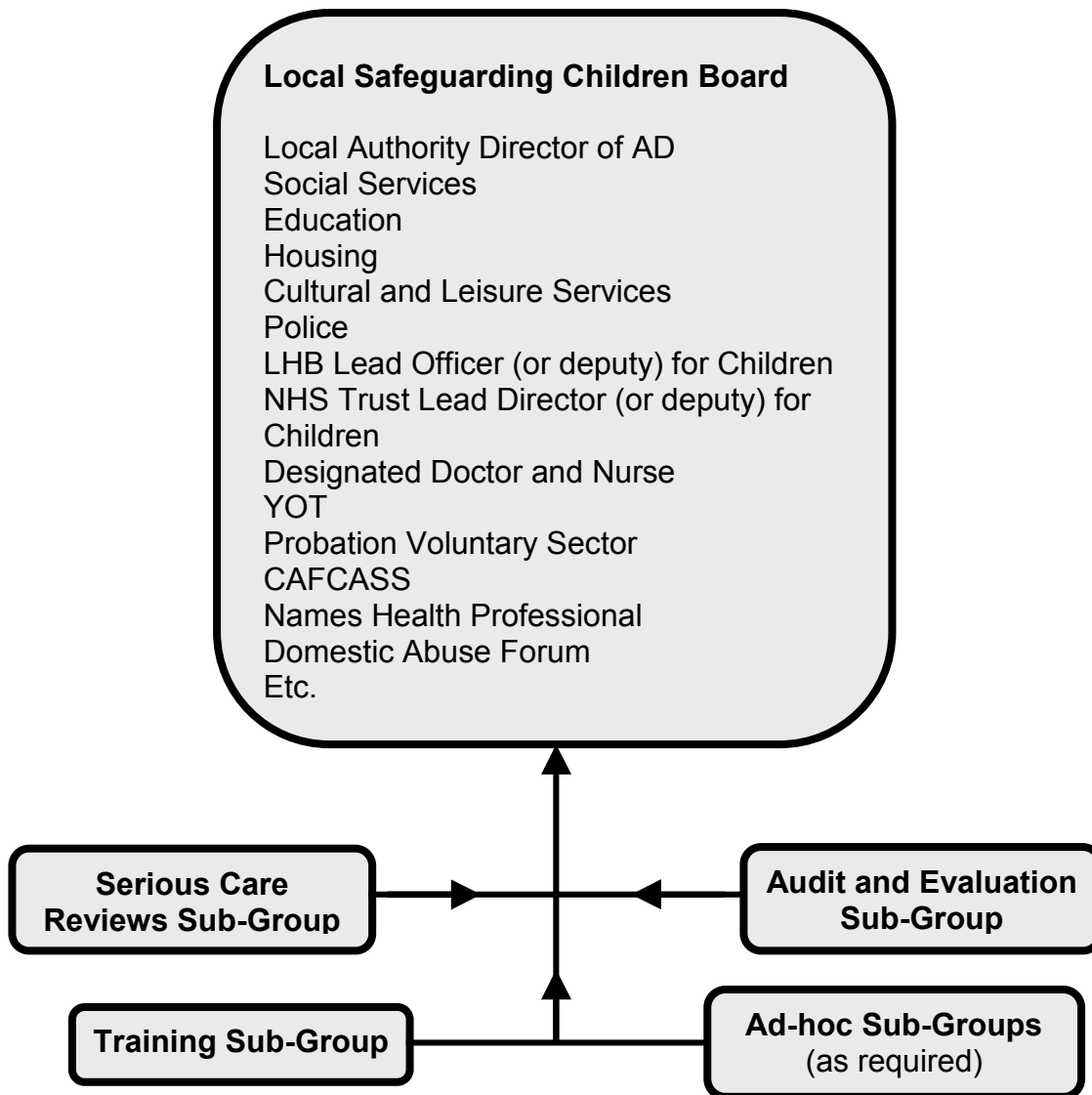
- 4.27 The LSCB should be chaired by somebody of sufficient standing and expertise to command the respect and support of member agencies, and who has a firm grasp of local operational issues. The chair may come from any member agency, chairing may rotate between member agencies, or the chair may be independent of member agencies according to local decision.

## **Ways of working**

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

- 4.29 Working practices and structures are not prescribed and these remain subject to local agreement. Some areas may wish to involve as many agencies as possible in key decisions and to adopt something along the lines of the following model. Under this and other models it may be appropriate for the LSCB to set up working groups or sub-groups, on a short-term or a standing basis to:

- carry out specific tasks, for example:
  - maintaining and updating procedures and protocols;
  - reviewing serious cases; and
  - identifying inter-agency training needs;
- provide specialist advice, for example: in respect of working with specific ethnic and cultural groups, or with disabled children and/or parents;
- bring together representatives of a sector to discuss relevant issues and to provide a contribution from that sector to LSCB work, for example: schools, the voluntary and community sector, faith groups; and
- focus on defined geographical areas within the LSCB's boundaries.



- 4.30 Alternatively, some areas may wish to establish a smaller ‘core group’ or ‘executive group’ of LSCB members to provide a strategic lead and to carry out some of the day-to-day business by local agreement.
- 4.31 Such a model would not necessarily be radically different from the first model, but might provide more commitment and a focused, strategic lead from senior management in the statutory LSCB partners, each of which also has a duty under section 28 of the Children Act 2004 to make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children.
- 4.32 All groups working under the LSCB should be established by the LSCB, and should work to agreed terms of reference, with explicit lines of reporting, communication and accountability to the LSCB. This may take the form of a written constitution detailing a job description for all members and service level agreements between the LSCB, agencies and other partnerships.

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

## **Financing and administration**

- 4.34 Section 31(8) of the Children Act 2004 says that the Local Authority and its partners must co-operate in the establishment and operation of an LSCB. This places an obligation on Local Authorities and statutory LSCB partners to support the operation of the LSCB.
- 4.35 To function effectively LSCBs need to be supported with adequate and reliable resources. Section 33 of the Children Act 2004 sets out that statutory partners (or in the case of prisons, either the Secretary of State or the contractor) may:
- make payments towards expenditure incurred by, or for purposes connected with, an LSCB, either directly, or by contributing to a fund out of which payments may be made;
  - provide staff, goods, services, accommodation or other resources for purposes connected with an LSCB.
- 4.36 The budget for each LSCB and the contribution made by each member organisation should be agreed locally. The member organisations' shared responsibility for the discharge of the LSCB's functions includes shared responsibility for determining how the necessary resources are to be provided to support it.
- 4.37 The core contributions should be provided by the responsible Local Authority, the Local Health Board, NHS Trusts and the police. Other organisations' contributions will vary to reflect their resources and local circumstances. For some, taking part in LSCB work may be the appropriate extent of their contribution. Other organisations may wish to contribute by committing resources in kind, rather than funds, as provided for in the legislation
- 4.38 Where an LSCB Board Partner provides funding, this should be committed in advance, usually into a pooled budget.
- 4.39 The Board may choose to use some of its funding to support the participation of some organisations, such as local voluntary or community sector groups, for example, if they cannot otherwise afford to take part.
- 4.40 The funding requirement of the LSCB will depend on its circumstances and the work which it plans to undertake. However, each LSCB will have a core minimum of work.

- 4.41 The LSCB's resources will need to enable it to have staff to take forward its business, whether those are paid for from a common fund, or seconded as part of a contribution in kind. The particular staffing of each LSCB should be agreed locally by the Board partners. An effective LSCB needs to be staffed so that it has the capacity to:
- drive forward the LSCB's day to day business in achieving its objectives, including its co-ordination and monitoring/evaluating work;
  - take forward any training and staff development work carried out by the LSCB, in the context of the local workforce strategy;
  - provide administrative and organisational support for the Board and its sub-committees, and those involved in policy and training.

### **LSCB boundaries**

- 4.42 In Wales boundaries between local authorities, the police and other member agencies are not always co-terminous and there can be problems for some member agencies in having to work to different procedures and protocols according to the area involved, or in having to participate in several Boards. It may be helpful in these circumstances for an LSCB to cover an area which includes more than one local authority area, or for adjoining Local Safeguarding Children Boards to collaborate as far as possible in establishing common procedures, policies and protocols, in inter-agency training and joint ways of working with neighbouring local authorities and their Board partners.

### **Planning**

- 4.43 Each local authority is to be required to produce a Children and Young People's Plan (CYPP) from 2008. The CYPP will cover all services provided by the local authority and its relevant partners that impact on children and young people up to the age of 25, including maternity services. Each CYPP will set out the improvements to be made in the well-being of children and young people in the authority's area with reference to the Assembly Government's seven core aims.
- 4.44 LSCBs' work needs to be properly planned. The LSCB's own activities should ordinarily be part of the overall CYPP. and should fit clearly within the priorities and action set out in the CYPP. The LSCB should have a clear work programme, including measurable objectives; and a budget. It should include in any plan or annual report relevant management information on activity in the course of the previous year; and a review of its work in the previous year e.g. progress against objectives. This will enable the LSCB's work to be scrutinised by the Local Authority (perhaps by the overview and scrutiny committees), by other local partners, and by other key stakeholders as well as by the inspectorates. Local authorities and their partners may wish to take an

overview of LSCB work jointly. It is recommended that any LSCB plan or report is endorsed by all the Board members and made publicly available.

## **Monitoring and inspection**

- 4.45 The LSCB's work to ensure the effectiveness of work to safeguard and promote the welfare of children by member organisations will be a peer review process based on self evaluation, performance indicators, and joint audit. Its aim is to promote high standards of safeguarding work and to foster a culture of continuous improvement. It will also identify and act on identified weaknesses in services. To avoid unnecessary duplication of work the LSCB should ensure that its monitoring role complements and contributes to the work of both the children's partnerships and the inspectorates.
- 4.46 Where it is found that a Board partner is not performing effectively in safeguarding and promoting the welfare of children, and the LSCB is not convinced that any planned action to improve performance will be adequate, the LSCB chair or a member or employee designated by the chair should explain these concerns to those individuals and organisations that need be aware of the failing and may be able to take action. For example, to the most senior individual(s) in the partner organisation, to the relevant inspectorate, and, if necessary, to the relevant Government Department.
- 4.47 The local inspection framework will play an important role in reinforcing the ongoing monitoring work of the LSCB. Individual services will be assessed through their own quality regimes. The different inspectorates including the Social Services Inspectorate Wales, the Care Standards Inspectorate Wales, Estyn and Her Majesty's Inspectorates of Constabulary, Prisons, and Probation, will have as part of their remit considering the effectiveness of their agencies' role in safeguarding and promoting the welfare of children. The LSCB should draw on their work and will be able to feed its views about the quality of work to safeguard and promote the welfare of children into these processes.
- 4.48 The effectiveness of the LSCB itself should also form part of the judgement of the Inspectorates. This may be done, for example, by examining the quality of the LSCB's planning process and determining whether key objectives have been met. It will be for the Local Authority to lead in taking action, if intervention in the LSCB's own processes is necessary.

## **LSCB protocols**

- 4.49 Local Safeguarding Children Boards should have local protocols in place covering:

- how section 47 enquiries and associated police investigations should be conducted, and in particular, in what circumstances joint enquiries are necessary and/or appropriate;
- quick and straightforward means of resolving professional differences of view in a specific case, e.g. on whether a child protection conference should be convened;
- attendance at child protection conferences, including the quorum;
- involving children and family members in child protection conferences, the role of advocates as well as including criteria for excluding parents in exceptional circumstances;
- a decision-making process for registration based upon the views of the agencies present at the child protection conference;
- handling complaints from families about the functioning of child protection conferences;
- responding to the sexual exploitation of children;
- information sharing; and
- joint working arrangements with the Care Standards Inspectorate for Wales.

## **Regional child protection forums**

4.50 The Child Protection Forums that have been established across Wales provide a valuable mechanism for bringing together the different safeguarding agencies that operate in particular areas. They have made a significant contribution to the development of common protocols and procedures across their respective areas, a number of which have subsequently been fed into the All-Wales Child Protection Procedures Group.

## **Procedures group**

4.51 Whilst there is no statutory requirement for the establishment of child protection forums, the Welsh Assembly Government recognises their positive contribution to the development of children's safeguards and the fact that they reinforce inter-agency working arrangements and therefore encourage members of Safeguarding Boards to continue the forum arrangements.

## **The All-Wales child protection procedures group**

4.52 Similarly, the development of All-Wales Child Protection Procedures has been a positive contribution to inter-agency working and to the establishment of common practices and procedures across Wales. Safeguarding Boards and individual agencies are again encouraged to promote such inter-agency co-operation and to support the future work of the Group.



## 5: Planning and Safeguarding Structures

This Chapter does not seek to prescribe the arrangements and structures that agencies may need to deliver a co-ordinated approach to planning and service delivery across Safeguarding Boards, Framework Partnerships, Community Safety Partnerships and other partnership bodies. It suggests some templates that agencies may wish to consider in planning and agreeing their own local arrangements.

5.1 In Wales there are a number of bodies that, to differing extents, commission or deliver key policies or services for children and which impact upon safeguarding and promoting the welfare of children. These bodies include:

- Local Safeguarding Children Boards;
- Children and Young People's Partnerships; and
- Community Safety Partnerships.

all three of which have a key role to play in safeguarding and promoting welfare. The Children and Young People's Partnerships and the Community Safety Partnerships do, of course, have a much wider agenda, aspects of which may also have cross-cutting implications for other bodies. It is therefore important, in planning and delivering their services, that the agencies involved plan and agree structures that address these cross-cutting issues and that ensure effective co-operation to bring about the best possible outcomes for children.

5.2 There are a number of other structures/bodies that have been established and are in a position to make a significant contribution in this process, including:

- Health, Social Care and Well-being Partnerships;
- Area Adult Protection Committees;
- Multi-Agency Public Protection Arrangements;
- Youth Offending Teams;
- Careers Wales;
- Local Criminal Justice Boards;

and consideration therefore needs to be given to the way in which they fit into any co-ordination arrangements.

### Local safeguarding children boards

5.3 The Children Act 2004 requires each local authority in Wales to establish a Local Safeguarding Children Board for their area, which

brings together representatives of each of the main agencies and professionals responsible for helping to protect children from abuse and neglect. The partners in a Board are to include:

- the local authority;
- the police;
- the local probation board;
- the youth offending team;
- the Local Health Board;
- any NHS trust providing services in the area of the authority;
- the governor or director of any secure training centre;
- the governor or director of any prison which ordinarily detains children.

5.4 The functions of a Board are set out in the previous chapter.

5.5 It is important that LSCBs exercise their unique statutory role effectively. They must be able to form a view of the quality of local activity, to challenge organisations as necessary, and to speak with an independent voice. To ensure that this is possible LSCBs must have a clear and distinct identity. The LSCB should not therefore be subordinate to or subsumed within local partnership arrangements in a way that might compromise its separate identity and independent voice. The LSCB should be consulted by the partnership on issues which affect how children are safeguarded and their welfare promoted. The LSCB will be a formal consultee during the development of the Children and Young People's Plan

## **Children and young people's partnerships**

5.6 Section 25 of the Children Act 2004 places a duty of co-operation to improve the well-being of children and young people on local authorities, relevant partners and such other bodies as the local authority considers appropriate. The Children Act describes relevant partners of the local authority as being:

- the police authority and the chief officer of police;
- the local probation board;
- the youth offending team;
- the Local Health Board;
- NHS trusts providing services in the area of the authority.

5.7 These partners must co-operate with the authority in the making of partnership arrangements provided for in the Act. Local authorities should also involve in their partnership arrangements:

- representatives of schools;
  - a representative of the Fire and Rescue Service; and
  - relevant voluntary organisations, in recognition of the key part played by non-statutory sector in delivery of services and supporting participation.
- 5.8 They should also ensure that children, young people and families have an opportunity to make their voices heard on the partnerships.
- 5.9 Partnership representatives should be of a sufficiently senior level to be able to speak for their parent bodies in the work of the Partnership. In this context it will be essential to have robust inter-agency governance arrangements to support partnership working. This will require:
- effective leadership by the local authority;
  - full engagement of all key partners, including voluntary and other providers;
  - clear accountability; and
  - trust, shared vision and a commitment to improving outcomes for children and young people across all partners.
- 5.10 The local authority must take the lead in enabling co-operation arrangements in their local area to be established. Many partnerships already have protocols in place that set out the rules that govern their joint work. Lead Directors should ensure that such protocols are drawn up, effectively embedded in the work of their partnerships and are regularly reviewed by the partners. Lead Members will wish to make sure that this process is supported, and that sound governance and clear accountability are in place.
- 5.11 Representatives should be of a sufficiently senior level to contribute to the strategic-level nature of a partnership's work. They should be able to make decisions and commitments, for example on funding, on behalf of their organisations. Protocols will need to clarify reporting lines to the local authority and the governing bodies or boards of the relevant partners. The local authority should ensure that all of the partners are clear about their roles and responsibilities within the partnership.
- 5.12 Previously, planning guidance required two sub-groups to the Children and Young People's Framework Partnerships, one dealing with children aged 0-10 and one, established under the Learning and Skills Act 2000, to deal with young people aged 11-25.
- 5.13 In addition to these arrangements, most areas have a range of joint working groups, organised around local and national priorities and broadly reflecting the Assembly Government's Seven Core Aims for children and young people. These work to deliver the priority objectives

set out in local joint plans, though some relate to system requirements such as participation in decision-making.

- 5.14 Such working groups provide an ideal basis for a shared focus on the detail of service planning and delivery across the relevant partners responsible for services within each theme. Development of these networks, including within them those responsible for delivery of universal, targeted and preventative services, will help to strengthen the ability of staff to plan, deliver and measure improvement to shared outcomes for children and young people.

## **Community safety partnerships**

- 5.15 The Crime and Disorder Act 1998 [<http://www.opsi.gov.uk/acts/acts1998/19980037.htm>] placed a statutory responsibility on the chief officers of police and of local authorities to work with other partners to formulate and implement a community safety strategy. This led to the formation of Crime and Disorder Reduction Partnerships which, in Wales, over time have become known as Community Safety Partnerships. There are 22 Community Safety Partnerships in Wales, one in each local authority area.
- 5.16 The Police Reform Act 2002 [<http://www.opsi.gov.uk/acts/acts2002/20020030.htm>] added additional responsible authorities to the two originally responsible for the strategies - the police and local authorities - with effect from 1 April 2003. The new responsible authorities were police authorities, the Fire Service and Local Health Boards. The Assembly also has a reserved right to prescribe others by Order. The responsible authorities are:
- the police;
  - local authorities;
  - fire authorities;
  - police authorities;
  - Local Health Boards.
- 5.17 The 2002 Act also requires the Partnerships to formulate and implement strategies for combating substance misuse, alongside those for crime and disorder; it thus gives statutory backing to substance misuse strategies for the first time and also highlights the very clear links between drugs and crime. This requirement means that the Partnerships have a statutory responsibility to deliver in a devolved subject area.
- 5.18 Working in Partnership, these responsible authorities are required to carry out an audit to identify the extent of the problems within their community, consult within their communities and develop strategies that deal effectively with the problems. The Strategies now in place

cover the period 2005-08 and have negotiated targets - to reduce crime in the 10 designated key crime areas.

## **Core Partners**

5.19 Across Local Safeguarding Children Boards, Children and Young People's Partnerships and Community Safety Partnerships there is a common core membership of statutory partners:

- local authorities;
- the police; and
- Local Health Boards;

all of which have a major contribution to make in the delivery of effective measures to safeguard and promote welfare.

5.20 The following bodies have a duty under section 28 of the Children Act 2004 to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children:

- Local authorities;
- Police;
- Local Health Boards;
- NHS Trusts all or most of whose hospitals, establishments and facilities are situated in Wales;
- Local probation boards for an area in Wales. Youth offending teams for an area in Wales; and
- Governors of prisons or secure training centres in Wales (or, in the case of a contracted out prison or secure training centre, its director).

5.21 This common duty on all statutory partners in Safeguarding Boards and those with a duty to co-operate (section 25 of the Children Act 2004) with local authorities to make arrangements with a view to improving the well being of children in their area, suggests the need for arrangements to bring these agencies together to ensure, as far as possible a common approach to the strategic operation of Safeguarding Boards and the partnership arrangements.

5.22 The Welsh Assembly Government will not be prescribing how agencies should manage this cross-cutting agenda but the key agencies are encouraged to develop structures that will optimise joint working arrangements, reduce duplication and provide clear lines of accountability. It recommends that agencies consider the development of a structure along the following lines to bring together senior officers from each of the key agencies with statutory responsibilities or duties

under sections 25, 28 and 31 of the Children Act 2004 as members of a Strategic Co-ordination Group that will take responsibility for co-ordinating the activities of all the bodies and guiding the strategic direction of the key partnership bodies that will deliver those statutory duties/responsibilities.

5.23 The day to day business of the Safeguarding Board, the Framework Partnership, the Community Safety Partnership and other planning or safeguarding structures that may be brought within the remit of the strategic group will remain with those structures as will specific policy and functional operations.

5.24 Under such arrangements, Local Safeguarding Boards would retain overall responsibility for their statutory functions (inter-agency co-operation on promoting and safeguarding welfare, inter-agency training in this area, serious case reviews, etc) but will work through the Strategic Group and will follow the strategic lead set by that Group.

Similarly Framework Partnerships and Community Safety Partnerships will retain direct responsibility for their statutory functions. However an objective should be to ensure that these bodies are not working in isolation but are able to share ideas and work in co-operation.

5.25 The position of other bodies (MAPPA; Domestic Abuse Forums; Area Adult Protection Committees; etc) also need to be taken into consideration. They too deal with cross-cutting issues and arrangements need to provide a mechanism to involve them as appropriate.



## **The role and remit of the strategic co-ordination group**

- 5.26 To be effective a group will need to direct its attention to ensuring that the different partnership and board arrangements for which they have oversight are working coherently towards common strategic aims and objectives. The Group's work will be underpinned by the Children and Young People's Plan that begins in 2008, and to which Safeguarding Boards and others will contribute. The members of the strategic group will already have taken part in preparing the Plan.
- 5.27 Within the context of the Children and Young People's Plan the Local Safeguarding Children Board should develop its own annual business plan to guide its work programme for the coming 12 months. That business plan should address the key statutory functions of the Board and identify the resources needed to deliver the plan. The business plan should both contribute to and be informed by the framework of the local Children and Young People's Plan.
- 5.28 The Safeguarding Board's business plan should, under this proposed model, be considered and endorsed or amended as appropriate, by the strategic group. The strategic group should also be in a position to allocate the necessary resources to deliver the annual plan.
- 5.29 The strategic group would play a similar role in relation to other planning and safeguarding structures, in signing-off annual business plans or working programmes and ensuring that they are properly resourced and that they are consistent with the Children and Young People's Plan.





## 6: The Impact of Abuse and Neglect

### Introduction

- 6.1 Our knowledge and understanding of children's welfare - and how to respond in the best interests of a child to concerns about abuse and neglect - develop over time, informed by research, experience and the critical scrutiny of practice. Sound professional practice involves making judgements supported by evidence: evidence derived from research and experience about the nature and impact of abuse and neglect, and when and how to intervene to improve outcomes for children; and evidence derived from thorough assessment about a specific child's health, development and well-being, and his or her family circumstances.
- 6.2 This chapter begins by setting out what is meant by abuse and neglect; considers their potential impact on a child; and discusses the concept of significant harm.
- 6.3 The sustained abuse of children physically, emotionally, sexually or through neglect can have major long-term effects on all aspects of a child's health, development and well-being. Sustained abuse is likely to have a deep impact on the child's self-image and self-esteem, and on his or her future life. Difficulties may extend into adulthood: the experience of long-term abuse may lead to difficulties in forming or sustaining close relationships, establishing oneself in the workforce, and to extra difficulties in developing the attitudes and skills needed to be an effective parent.
- 6.4 It is not only the stressful events of abuse that have an impact, but also the context in which they take place. Any potentially abusive incident has to be seen in context to assess the extent of harm to a child and appropriate intervention. Often, it is the interaction between a number of factors that serve to increase the likelihood or level of actual significant harm.
- 6.5 For every child and family, there may be factors that aggravate the harm caused to the child, and those that protect against harm. Relevant factors include the individual child's means of coping and adapting, support from a family and social network, and the impact of any interventions. The effects on a child are also influenced by the quality of the family environment at the time of abuse, and subsequent life events. An important point, sometimes overlooked, is that the way in which professionals respond has a significant bearing on subsequent outcomes.

## **Abuse and neglect**

- 6.6 Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

## **Physical abuse**

- 6.7 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates or induces illness in a child whom they are looking after.
- 6.8 Physical abuse can lead directly to neurological damage, physical injuries, disability or – at the extreme – death. Harm may be caused to children both by the abuse itself and by the abuse taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems, and educational difficulties. Violence is pervasive and the physical abuse of children frequently coexists with domestic abuse.

## **Emotional abuse**

- 6.9 Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.
- 6.10 There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the child. Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

## **Sexual abuse**

- 6.11 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
- 6.12 Disturbed behaviour including self-harm, inappropriate sexualised behaviour, depression and a loss of self-esteem, have all been linked to sexual abuse. Its adverse effects may endure into adulthood. The severity of impact on a child is believed to increase the longer abuse continues, the more extensive the abuse, and the older the child. A number of features of sexual abuse have also been linked with severity of impact, including the relationship of the abuser to the child, the extent of premeditation, the degree of threat and coercion, sadism, and unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection. The reactions of practitioners also have an impact on the child's ability to cope with what has happened, and his or her feelings of self worth.
- 6.13 A proportion of adults who sexually abuse children have themselves been sexually abused as children. They may also have been exposed as children to domestic abuse and discontinuity of care. Sexual abuse on children can have an impact on future relationships and a proportion of children who have been sexually abused may go on to sexually abuse children themselves. However, it would be quite wrong to suggest that most children who are sexually abused will inevitably go on to become abusers themselves.

## **Neglect**

- 6.14 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. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- 6.15 The severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglected children may also experience low self esteem,

feelings of being unloved and isolated. Neglect can also result, in extreme cases, in death. The impact of neglect varies depending on how long children have been neglected, the children's age, and the multiplicity of neglectful behaviours children have been experiencing.

## **Domestic abuse**

- 6.16 The Welsh Assembly Government's national strategy on tackling domestic abuse (<http://new.wales.gov.uk/about/strategy/strategypublications/strategypubs/935798/?lang=en>) was launched on 30 March 2005. It has been jointly developed with experts from all the agencies who deal with the victims of abuse across Wales.
- 6.17 Domestic abuse and wider abuse is an issue that affects all parts of society and it can have devastating consequences for its victims, both male and female and, of course, children. It can take a number of forms and does not only involve violence against the victim, but can also include isolation, intimidation, control and humiliation. Whilst men are sometimes the victims of domestic abuse, it is more frequently women who suffer.
- 6.18 The effects of domestic abuse on children can be great. As well as sometimes being the direct victims of domestic abuse they are also frequently witnesses to abuse against a parent/carer. Domestic abuse also frequently leads to family breakdowns with the associated emotional trauma that children then have to face.
- 6.19 When a child witnesses domestic abuse, this can have a substantial damaging effect upon the development of a child. Even if the child does not itself suffer from the abuse directly, the long term effects of witnessing physical and/or emotional abuse can be significant. In addition the parent or carer who is subject to domestic abuse might have reduced parenting ability and this will have an effect upon the child.
- 6.20 Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child's development, psychological and emotional well-being, despite the best efforts of the victim parent to protect the child. Domestic abuse has an impact in a number of ways:
- It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both mother and foetus.
  - Children may also suffer blows during episodes of violence.
  - Children may be greatly distressed by witnessing the physical and emotional suffering of a parent'.
  - Domestic abuse (both physical and psychological) can have a negative impact upon the victim's ability to look after their children.

- 6.21 Children's exposure to parental conflict, even when violence is not present, is upsetting and can lead to serious anxiety and longer-term psychological distress. Children may witness or be drawn into the abuse, or pressurised into concealing it, which further exacerbates the damaging effect. Substance misuse can also be a contributing factor adding to the serious impact of domestic abuse.

## **Social exclusion**

- 6.22 Many of the families who seek help for their children, or about whom others raise concerns about a child's welfare, are multiply disadvantaged. These families may face chronic poverty, social isolation, racism and the problems associated with living in disadvantaged areas, such as high crime, poor housing, childcare, transport and education services, and limited employment opportunities. Many lack a wage earner. Poverty may mean that children live in crowded or unsuitable accommodation, have poor diets, health problems or disability, are vulnerable to accidents, and lack ready access to good educational and leisure opportunities. Racism and racial harassment is an additional source of stress for some families and children. Social exclusion can also have an indirect effect on children through its association with parental depression, learning disability, and long term physical health problems.

## **The mental illness of a parent or carer**

- 6.23 Mental illness in a parent or carer does not necessarily have an adverse impact on a child, but it is essential always to assess its implications for any children involved in the family. Parental illness may markedly restrict children's social and recreational activities. With both mental and physical illness in a parent, children may have caring responsibilities placed upon them inappropriate to their years, leading them to be worried and anxious. If they are depressed, parents may neglect their own and their children's physical and emotional needs. In some circumstances, some forms of mental illness may blunt parents' emotions and feelings, or cause them to behave towards their children in bizarre or violent ways. Unusually, but at the extreme, a child may be at risk of severe injury, profound neglect, or even death. A study of 100 reviews of child deaths where abuse and neglect had been a factor in the death, showed clear evidence of parental mental illness in one-third of cases. In addition, postnatal depression can also be linked to both behavioural and physiological problems in the infants of such mothers.
- 6.24 The adverse effects on children of parental mental illness are less likely when parental problems are mild, last only a short time, are not associated with family disharmony, and do not result in the family breaking up. Children may also be protected when the other parent or a family member can help respond to the child's needs. Children most at risk of significant harm are those who feature within parental

delusions, and children who become targets for parental aggression or rejection, or who are neglected as a result of parental mental illness.

## **Substance misuse**

- 6.25 As with mental illness in a parent, it is important not to generalise, or make assumptions about the impact on a child of parental substance misuse. It is, however, important that the implications for the child are properly assessed. Maternal substance misuse in pregnancy may impair the development of an unborn child. A parent's practical caring skills may be diminished by substance misuse. Some substance misuse may give rise to mental states or behaviour that put children at risk of injury, psychological distress or neglect. Children are particularly vulnerable when parents are withdrawing from drugs. The risk will be greater when the adult's substance misuse is chaotic or otherwise out of control. Some substance misusing parents may find it difficult to give priority to the needs of their children, and finding money for drugs and/or alcohol may reduce the money available to the household to meet basic needs, or may draw families into criminal activities.
- 6.26 Children may be at risk of physical harm if drugs and paraphernalia (e.g. needles) are not kept safely out of reach. Some children have been killed through inadvertent access to drugs (e.g. methadone stored in a fridge). In addition, children may be in danger if they are a passenger in a car whilst a substance misusing carer is driving.
- 6.27 The children of substance misusing parents are at increased risk of developing alcohol and drug use problems themselves, and of being separated from their parents. Children who start drinking at an early age are at greater risk of unwanted sexual encounters, and injuries through accidents and fighting.

## **Parental learning disability**

- 6.28 Where a parent has a learning disability it should not be equated with abusive parenting or wilful neglect. However, learning disabled parents may lack the understanding, resources, skills and experience to meet the needs of their children. Caring for a disabled child will demand more from parents, and those with learning disabilities will rarely have the necessary well developed parenting competencies.
- 6.29 Children of parents with learning disabilities are at increased risk from inherited learning disability and more vulnerable to psychiatric disorders and behavioural problems. From an early age children may assume the responsibility of looking after their parent and in many cases other siblings, one or more of whom may be learning disabled. Unless parents with learning disabilities are appropriately assessed and supported, their children's health and development may be impaired.

- 6.30 A comparative study of referrals to local authority children's social services showed children living with learning disabled parents were particularly disadvantaged. Twice as many children had severe developmental needs, and five times as many had parents who were experiencing severe difficulties in meeting their children's needs

### **The concept of significant harm**

- 6.31 The Children Act 1989 identified significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Section 31(10) of the Act states that "where the question of whether harm suffered by a child is significant turns on the child's health or development, his/her health or development shall be compared with that which could reasonably be expected of a similar child".
- 6.32 The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm (section 47). A court may only make a care order (committing the child to the care of the local authority) or supervision order (putting the child under the supervision of a social worker, or a probation officer) in respect of a child if it is satisfied that:
- the child is suffering, or is likely to suffer, significant harm; and
  - that the harm or likelihood of harm is attributable to a lack of adequate parental care or control.
- 6.33 Significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any ill-treatment alongside the family's strengths and supports.
- 6.34 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the extent of premeditation, degree of threat and coercion, sadism, and unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the ill-treatment. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning.

Under section 31(9) of the Children Act 1989:

- 'harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
- 'development' means physical, intellectual, emotional, social or behavioural development;
- 'health' means physical or mental health; and
- 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Under section 31(10) of the Act, where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

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

- the family context;
- the child's development within the context of their family and wider social and cultural environment;
- any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family;
- the nature of harm, in terms of ill-treatment or failure to provide adequate care;
- the impact on the child's health and development; and
- the adequacy of parental care.

6.36 The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and taken account of according to the child's age and understanding. Section 53 of the Children Act 2004 amended Sections 17 and 47 of the Children Act 1989 so that before determining what if any services to provide to a child in need under section 17 or action to be taken with respect to a child under section 47 the wishes and feelings of the child should be ascertained as far as is reasonable and given due consideration. It is important always to take account of the child's reactions, and his or her perceptions, according to the child's age and understanding.

6.37 To do this depends on effectively communicating with children and young people including those who find it difficult to do so because of their age, an impairment or their particular psychological or social situation. It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible.



‘Accuracy is key, for without it effective decisions cannot be made and, equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults.’<sup>3</sup>

## **Findings from recent inquiries and serious case reviews: implications for policy and practice**

### **The inquiry into the death of Victoria Climbié**

6.38 The support and protection of children cannot be achieved by a single agency.... Every Service has to play its part. All employees must have placed upon them the clear expectation that their primary responsibility is to the child and his or her family.”

Lord Laming in the Victoria Climbié Inquiry Report, Paragraphs 17.92 and 17.93. <http://www.victoria-climbie-inquiry.org.uk/finreport/finreport.htm>

6.39 Improving the way key people and bodies safeguard and promote the welfare of children is crucial to improving outcomes for children. In his report into the death of Victoria Climbié, Lord Laming concluded that “the suffering and death of Victoria was a gross failure of the system”.

6.40 One of the key reasons why the system failed Victoria so badly, and why it has failed other children over the years, is because key people and bodies which come into contact with children on a regular basis often fail to give sufficient priority to safeguarding and promoting the welfare of children. This means that:

- the system does not always focus on the child’s needs. For example in Victoria Climbié’s case, the focus was on the needs of the adults responsible for her, rather than the child herself;
- senior managers, including Chief Executives and others in key governance roles, have insufficient knowledge of safeguarding and welfare issues and fail to take sufficient responsibility for the actions of their employees in relation to safeguarding and promoting the welfare of children;
- it is difficult for key people and bodies to share information and work together effectively to safeguard and promote the welfare of children;
- many employees are not adequately trained in safeguarding and promoting the welfare of children. This is a particular problem for employees who often come into contact with children and families but are not considered to be “child protection specialists”.

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<sup>3</sup> Jones, DPH (2003) Communicating with vulnerable children: a guide for practitioners, pp.1-2, London, Gaskell.

- 6.41 The examination of the legislative framework for safeguarding and promoting the welfare of children set out in the Children Act 1989 found it to be basically sound: the difficulties lay not in relation to the law but in its interpretation, resources and implementation. The recommendations from the Inquiry upheld the principles of the Children Act 1989 and made it clear that support services for children and families cannot be separated from services designed to investigate and protect children from deliberate harm.
- 6.42 The Welsh Assembly Government's response to the Victoria Climbié Inquiry Report was reflected in Children and Young People: Rights to Action (2004) and the key issues were addressed in the Children Act 2004, in particular the requirement for Local Authorities to set up Local Safeguarding Children Boards and the new duty on agencies to make arrangements to safeguard and promote the welfare of children. The key features of effective arrangements to safeguard and promote the welfare of children which all agencies need to take account of when undertaking their particular functions are:
- senior management commitment to the importance of safeguarding and promoting children's welfare;
  - a clear statement of the agency's responsibilities towards children available for all staff;
  - having a clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children;
  - service development that takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families;
  - staff training on safeguarding and promoting the welfare of children for all staff working with or (depending on the agency's primary functions) in contact with children and families;
  - safe recruitment procedures in place;
  - effective inter-agency working to safeguard and promote the welfare of children; and
  - effective information sharing.

### **Serious Case Reviews – Wales**

- 6.43 In 1999 the University of East Anglia undertook a study of ten serious case review reports received between April 1996 and December 1998 in Wales. The report, "Learning How to Make Children Safer: An Analysis for the Welsh Office of Serious Child Abuse Cases in Wales", highlighted a number of conclusions. A further study was undertaken by the University of East Anglia into a further 10 serious case reviews received between 1998 and March 2001. The two reports highlighted the following conclusions:

## **Communication and recording information**

- The reports were extremely diverse in the nature of their compilation and in terms of contributions by the individual agencies. All but one of the reports provided inadequate or incomplete information about both the individual characteristics of family members and their social histories;
- Whilst there were many examples of good professional practice amongst the ten cases, a range of themes and issues emerged that indicated deficiencies. These include: poor assessment of need and risk; inadequate inter-agency communication and sharing of information; over-emphasis on particular issues; the failure to consider overall patterns; poor supervision arrangements; and inadequate record keeping;

## **Guidance and procedures**

- Throughout the reports, there were instances of non-procedural adherence, but there were also examples where practitioners worked within the guidance and the child was still injured or killed. Good professional practice inevitably requires working within agency procedures and carrying out inter-disciplinary work. However the argument here is that the role of procedures is limited and that competent multi-disciplinary work has to be firmly grounded in competent and confident practice in one's own profession;
- The nature of professionalism in these reports defines itself as the ability (or inability) to carry out professional duties and tasks, including supervision, consultation and training in a competent and confident manner, supported by appropriate management structures. Whether this entails following up a referral, sharing information, making an appropriate diagnosis, or challenging a decision made by other professionals, the underlying message is very clear: the capacity to adequately fulfil the job description and exercise professional discretion is the best route to identifying and curbing harm to children.
- In the majority of the cases, the death or serious injury of the child was impossible to predict. The report reinforced the conclusion from the earlier study that the key element in safe and effective practice lies overwhelmingly in ensuring professional competence and confidence.
- Overstretched staff covering for colleagues' absences and sickness in all agencies while struggling with change and reorganisation. Unsurprisingly this resulted in low morale in staff and a dysfunctional organisation that is not able to provide staff with the necessary support to enable them to undertake their duties with competence and confidence.

- Supervision is essential for practitioners to ensure that their work is in keeping with the work of their peers and to enable them to gain insight into alternative views and gaps in practice.
- The role of general adult psychiatrists and other specialists in the assessment process needs to be clarified.
- There is a need to improve communication within and between agencies based on improved awareness by professionals of the relevance and importance of their observations and opinions and their own knowledge base thereby empowering them to communicate them.
- The need to base assessments on sound research based understanding of development theory. Decisions and interventions can be more confident, accurate and coherent.
- Recognition that each agency has a valuable separate perspective to offer stemming from their professional knowledge base and their experience of each case. However these opinions need to be part of a multi-agency assessment process and contribute towards knowledge of the parenting capacity and/or children's needs.

## **7: Principles of working with children and their families**

### **Introduction**

7.1 There are some common principles and ways of working which should underpin the practice of all agencies and professionals working to safeguard children and promote their welfare. This chapter sets out some of the most important of these.

### **A shared responsibility**

7.2 Safeguarding and promoting the welfare of children - and, in particular, safeguarding them from significant harm - depends crucially upon effective information sharing, collaboration and understanding between agencies and professionals. Constructive relationships between individual workers need to be supported by a strong lead from elected or appointed authority members, and the commitment of chief officers.

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

- the planning of comprehensive and co-ordinated children's services at a strategic level, principally through the Children and Young People's Plan to be brought in from 2008 and the partnership arrangements in each local authority area;
- a strong lead from elected or appointed authority members, and the commitment of chief officers in all agencies – and in particular, those individuals designated with lead roles under the Children Act 2004;
- effective local co-ordination by the Local Safeguarding Children Board in each area.

7.4 Individual children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need co-ordinated help from health, education, social services, and quite possibly the voluntary sector and other agencies, including youth offending services.

7.5 For those children who are suffering, or at risk of suffering significant harm, joint working is essential, to safeguard the children and - where necessary - to help bring to justice the perpetrators of crimes against children. All agencies and professionals should:

- i. be alert to potential indicators of abuse or neglect;
- ii. be alert to the risks which individual abusers, or potential abusers, may pose to children;

- iii. share and help to analyse information so that an informed assessment can be made of the child's needs and circumstances;
- iv. contribute to whatever actions are needed to safeguard the child and promote his or her welfare;
- v. regularly review the outcomes for the child against specific shared objectives; and
- iv. work co-operatively with parents unless this is inconsistent with the need to ensure the child's safety.

## **Working in partnership with children and families**

### **What is meant by partnership in safeguarding children?**

- 7.6 Where there are concerns about significant harm to a child, social services have a statutory duty to make enquiries and if necessary, statutory powers to intervene to safeguard the child and promote his or her welfare. Where there is compulsory intervention in family life in this way, parents should still be helped and encouraged to play as full a part as possible in decisions about their child. Children of sufficient age and understanding should be kept fully informed of processes involving them, should be consulted sensitively, and when making decisions about their future should take account of their views.
- 7.7 Partnership does not mean always agreeing with parents or other adult family members, or always seeking a way forward which is acceptable to them. The aim of child protection processes is to ensure the safety and welfare of a child, and the child's interests should always be paramount. Some parents may feel hurt and angry and refuse to co-operate with professionals. Not all parents will be able to safeguard their children, even with help and support. Especially in child sexual abuse cases, some may be vulnerable to manipulation by a perpetrator of abuse. A minority of parents are actively dangerous to their children, other family members, or professionals, and are unwilling and/or unable to change. Always maintain a clear focus on the child's safety and what is best for the child.

### **Working with children and families**

- 7.8 Those working together to safeguard children should agree a common understanding in each case, and at each stage of work, of how children and families will be involved in child protection processes, and what information is shared with them. There should be a presumption of openness, joint decision making, and a willingness to listen to families and capitalise on their strengths, but the overarching principle should always be to act in the best interests of the child. Some information known to professionals should be treated confidentially and should not be shared in front of some children or some adult family members. Such information might include personal health information about

particular family members, unless consent has been given, or information which, if disclosed, could compromise criminal investigations or proceedings.

- 7.9 Agencies and professionals should be honest and explicit with children and families about professional roles, responsibilities, powers and expectations, and about what is and is not negotiable.
- 7.10 Working relationships with families should develop according to individual circumstances. From the outset, professionals should assess if, when and how the involvement of different family members - both children and adults - can contribute to safeguarding and promoting the welfare of a particular child or group of children. This assessment may change over time as more information becomes available or as families feel supported by professionals. Professional supervision and peer group discussions are important in helping to explore knowledge and perceptions of families' strengths and weaknesses and the safety and welfare of the child within the family.
- 7.11 Family structures are increasingly complex. In addition to those adults who have daily care of a child, estranged parents (e.g. birth fathers), grandparents, or other family members may play a significant part in the child's life, and some may have parental responsibility even if they are not involved in day to day care. Some children may have been supported during family difficulties by adults from outside the family. Professionals should make sure that they pay attention to the views of all those who have something significant to contribute to decisions about the child's future. Children can provide valuable help in identifying adults they see as important supportive influences in their lives.
- 7.12 Occasions may arise where relationships between parents, or other family members, are not productive in terms of working to safeguard children and promote their development. In such instances, agencies should respond sympathetically to a request for a change of worker, provided that such a change can be identified as being in the interests of the child who is the focus of concern.
- 7.13 Family members have a unique role and importance in the lives of children, who attach great value to their family relationships. Family members know more about their family than any professional could possibly know, and well-founded decisions about a child should draw upon this knowledge and understanding. Family members should normally have the right to know what is being said about them, and to contribute to important decisions about their lives and those of their children. Research findings brought together in *Child Protection: Messages from Research* endorse the importance of good relationships between professionals and families in helping to bring about the best possible outcomes for children.

## **Involving children**

- 7.14 Children of sufficient age and understanding often have a clear perception of what needs to be done to ensure their safety and well being. Listening to children and hearing their messages requires training and special skills, including the ability to win their trust and promote a sense of safety. Most children feel loyalty towards those who care for them, and have difficulty saying anything against them. Many do not wish to share confidences, or may not have the language or concepts to describe what has happened to them. Some may fear reprisals on their removal from home.
- 7.15 Children and young people need to understand the extent and nature of their involvement in decision-making and planning processes. They should be helped to understand how child protection processes work, how they can be involved, and that they can contribute to decisions about their future in accordance with their age and understanding. However, they should understand that ultimately, decisions will be taken in the light of all the available information contributed by themselves, professionals, their parents and other family members, and other significant adults.

## **Family group conferences**

- 7.16 In recent years, Family Group Conferences (FGCs) have been developed in a number of areas as a positive option for planning services for children and their families. There is a growing body of research about the impact and outcomes of FGCs.
- 7.17 FGCs are a process through which family members, including those in the wider family, are enabled to meet together to find solutions to difficulties which they and a child or young person in their family are facing. FGCs are not just a one-off meeting. They are an approach to planning and decision-making which uses the skills and experience of the wider family, as well as professionals. The definition of who is in a family should come from the family itself. It includes parents and extended family, as well as friends, neighbours and community members if they are considered part of the child's 'family'.
- 7.18 FGCs may be appropriate in a number of contexts where there is a plan or decision to be made. FGCs do not replace or remove the need for child protection conferences, which should always be held when the relevant criteria are met. They may be valuable, for example:
- for children in need, in a range of circumstances where a plan is required for the child's future welfare;
  - where section 47 enquiries do not substantiate referral concerns about significant harm but where there is a need for support and services;



- where section 47 enquiries progress to a child protection conference, the conference may agree that an FGC is an appropriate vehicle for the core group to use to contribute to the development of the outline child protection plan into a fully worked-up plan.
- 7.19 It is essential that all parties are provided with clear and accurate information, which will make effective planning possible. The family is the primary planning group in the process. Family members need to be able to understand what the issues are from the perspective of the professionals. The family and involved professionals should be clear about:
- what are the professional findings from any core assessment of the child and family;
  - what the family understand about their current situation;
  - what decisions are required;
  - what decisions have already been taken;
  - what is the family's scope of decision-making, and whether there are any issues/decisions which are not negotiable; and
  - what resources are or might be available to implement any plan.
- 7.20 Within this framework, agencies and professionals should agree to support the plan if it does not place the child at risk of significant harm, and if the resources requested can be provided.
- 7.21 Where there are plans to use FGCs in situations where there are child protection concerns, they should be developed and implemented under the auspices of the LSCB. This will involve all relevant agencies in their development and relate their use to other relevant child protection policies and procedures. Inter-agency training will be needed to build the relevant skills needed to work with children and families in this way, and to promote confidence in and develop a shared understanding of the process.
- 7.22 It is essential that there is clarity about the way forward in implementing any plan, particularly in relation to who has responsibility for any identified actions and who will monitor and ensure that appropriate action is taken.

## **Support, advice and advocacy to children and families**

- 7.23 However sensitively enquiries are handled, many families perceive professional involvement in their lives that has not been requested as painful and intrusive, particularly if they feel that their care of their children is being called into question. This should always be acknowledged. Agencies and professionals can do a considerable

amount to make child protection processes less stressful for families by adopting the principles set out above. Families will also feel better supported if it is clear that interventions in their lives, while firmly focused on the safety and welfare of the child, are concerned also with the wider needs of the child and family.

- 7.24 Children and families may be supported through their involvement in child protection processes by advice and advocacy services, and they should always be informed of those services which exist locally and nationally.
- 7.25 Where children and families are involved as witnesses in criminal proceedings, the police, witness support services and other services provided by Victim Support, can do a great deal to explain the process, make it feel less daunting and ensure that children are prepared for and supported in the court process. Information about the Criminal Injuries Compensation Scheme should also be provided in relevant cases.

## **Communication and information**

- 7.26 All agencies and professionals have a responsibility to make sure children and adults have all the information they need to help them understand the processes involved in safeguarding and promoting children's welfare. Information should be clear and accessible and available in the family's first language.
- 7.27 If a child and/or family member has specific communication needs, because of language or disability, it may be necessary to use the services of an interpreter or specialist worker, or to make use of other aids to communication. Particular care should be taken in choosing an interpreter, having regard to their language skills, their understanding of the issues under discussion, their commitment to confidentiality, and their position in the wider community. There can be difficulties in using family members or friends as interpreters and this should be avoided. Children should not be used as interpreters.

## **Diversity**

- 7.28 All children have a right to grow up safe from harm and to have adequate provision to safeguard and promote their welfare. Children from all cultures are subject to abuse and neglect and in order to make sensitive and informed professional judgements about a child's needs, and parents' capacity to respond to their child's needs, it is important that professionals are sensitive to differing family patterns and lifestyles and to child rearing patterns that vary across different racial, ethnic and cultural groups. Professionals should also be aware of the broader social factors that serve to discriminate against black and minority ethnic people. Working in a multi-racial and multi-cultural society requires professionals and organisations to be committed to equality in

meeting the needs of all children and families, and to understand the effects of racial harassment, racial discrimination and institutional racism, as well as cultural misunderstanding or misinterpretation.

- 7.29 The assessment process should maintain a focus on the needs of the individual child. It should always include consideration of the way religious beliefs and cultural traditions in different racial, ethnic and cultural groups influence their values, attitudes and behaviour, and the way in which family and community life is structured and organised. Cultural factors neither explain nor condone acts of omission or commission which place a child at risk of significant harm. Professionals should be aware of and work with the strengths and support systems available within families, ethnic groups and communities, which can be built upon to help safeguard children and promote their welfare.
- 7.30 Professionals should guard against myths and stereotypes - both positive and negative. Anxiety about being accused of discriminatory practice should not prevent the necessary action being taken to safeguard a child. Careful assessment - based on evidence - of a child's needs, and a family's strengths and weaknesses, understood in the context of the wider social environment, will help to avoid any distorting effect of these influences on professional judgements.

### **An integrated approach**

- 7.31 Children have varying needs which change over time. Judgements on how best to intervene when there are concerns about harm to a child will often and unavoidably entail an element of risk - at the extreme, of leaving a child for too long in a dangerous situation or of removing a child unnecessarily from their family. The way to proceed in the face of uncertainty is through competent professional judgements based on a sound assessment of the child's needs, the parents' capacity to respond to those needs - including their capacity to keep the child safe from significant harm - and the wider family circumstances.
- 7.32 Effective measures to safeguard children and to promote their welfare should not be seen in isolation from the wider range of support and services available to meet the needs of children and families:
- many of the families who become the subject of child protection concerns suffer from multiple disadvantages. Providing services and support to children and families under stress may strengthen the capacity of parents to respond to the needs of their children before problems develop into abuse;
  - those working with adult mental health patients or substance abuse services should routinely ask their service users if they have dependant children as their condition might compromise their parenting ability;

- child protection enquiries may reveal significant unmet needs for support and services among children and families. These should always be explicitly considered, even where concerns are not substantiated about significant harm to a child if the family so wishes;
- child protection processes are to result in improved outcomes for children, then effective plans for safeguarding children and promoting their welfare should be based on a wide ranging assessment of the needs of the child and their family circumstances;
- work with children and families should retain a clear focus on the welfare of the child. Just as child protection processes should always consider the wider needs of the child and family, so broad-based family support services should always be alert to, and know how to respond quickly and decisively to potential indicators of abuse and neglect.

Front line staff in agencies who regularly come into contact with families with children should ensure that in each new contact, basic information about the child is recorded. This must include the child's name, address, age, the name of the child's primary carer, the person(s) with parental responsibility for the child, the child's GP and the name of the child's school if the child is of school age. Gaps in this information should be passed on to the relevant authority in accordance with local arrangements.

- 7.33 The ways in which agencies work with or have contact with individual children and their families will differ depending on the functions of each agency. Some will focus on direct work with children and young people, whereas others will work with children and their families, and still others will work with adults with parenting responsibilities for children.
- 7.34 When safeguarding and promoting the welfare of individual children, the following are key features of an effective system. They should be taken into account when each agency is carrying out its normal functions:
- the focus of work with each child and/or family must be on improving outcomes for each child;
  - children and young people have rights and must be listened to. What they have to say must be taken seriously and acted on in an appropriate manner;
  - interventions take place at an early point when difficulties or problems are identified or anticipated;
  - where possible/practicable, the wishes and feelings of the particular child are obtained and taken into account when deciding on action to be undertaken in relation to him or her. The child is

communicated with using their preferred communication method or language and in a manner that is appropriate to their age and development;

- racial heritage, language, religion, faith and disability are taken into account when working with a child and their family;
- assessment of children and families are consistent with the Framework for the Assessment to Children in need and their Families (2001) [<http://www.cafwales.co.uk/>] and professionals contribute to subsequent plans, interventions and reviews in accordance with requirements in relevant regulations and guidance. The assessment should consider the child's developmental needs, the capacity of the parents to respond to the child's needs, within the context of the child's wider family and community;
- relevant and appropriate services are provided to respond to the identified needs of children and to support parents/carers in effectively undertaking their parenting roles. This may require referral to a colleague within the agency or to another agency. Where a particular service is not available or there is a delay in it being available, alternative services should be considered and provided where possible to ensure the child's welfare is safeguarded;
- where a number of professionals are involved in supporting a child and their family, a co-ordinated approach to meeting their needs should be developed. In these cases, it is appropriate for one practitioner among those involved to take on a lead role in co-ordinating the support. This role is known as "lead professional". The role will involve:
  - acting as an advocate for the child or young person and their family and to act as a key conduit and contact point between the child or young person and their family and the practitioners involved;
  - ensuring that support is being delivered by appropriate practitioners, without overlap or conflict, and that a plan to support the child is agreed by the child, their carer(s) and practitioners and regularly reviewed.
- practitioners working with individual children and families should be properly supervised and monitored to ensure that appropriate support is available at all times;
- full and meaningful quality records must be kept and information is appropriately shared on all work with individual children and their families in accordance with agency requirements;
- IT systems for recording information support effective work with children and their families, and have the capacity to aggregate information for strategic planning and management purposes.

- 7.35 The nature of the involvement with children and their families of each agency will differ depending on their functions. In relation to safeguarding and promoting children's welfare, work with children and families should be underpinned by an understanding of how children develop successfully into adulthood. This understanding should take account of the wide range of influences on the child, the child's family and within their community that affect both positively and negatively a child's development and whether he or she will achieve the best possible outcomes.
- 7.36 For children living away from their families, adults other than their parents will have a responsibility for their welfare. These children will be living away from home e.g. with foster carers, in a children's home, in a residential school or in custody. When working with children and their families, consideration will have to be given to all these contexts when safeguarding and promoting welfare.
- 7.37 There are a number of principles that should underpin work with children and their families to safeguard and promote the welfare of children. They will be relevant to varying degrees depending on the functions and level of involvement of the agency and the individual practitioner concerned. Work with children and families should be:
- child centred;
  - rooted in child development;
  - supporting the achievement of the best possible outcomes for children and improving their wellbeing;
  - holistic in approach;
  - ensuring equality of opportunity;
  - involving children and families;
  - building on strengths as well as identifying and addressing difficulties;
  - multi/inter-agency in its approach;
  - a continuing process;
  - designed to identify the services required and monitor the impact their provision has on a child's developmental progress;
  - evidence based.

### **Inter-agency co-operation to improve the wellbeing of children**

- 7.38 It has become increasingly evident that a key aspect when improving outcomes for children in need is about encouraging relevant services to integrate around the needs of the child. To this end, section 25 of the Children Act 2004 places a duty on children's services authorities to

promote co-operation with a view to improving the well-being of children, and places a reciprocal duty on various 'relevant partners' to co-operate with the children's services authority in the making of these arrangements. The strategic organisations covered by the section 28 duty are also subject to this duty to co-operate.

## **Some implications for policy and practice**

7.39 The issues discussed in this chapter gives rise to some important lessons for policy and practice, among them:

### **Focus on outcomes for the child**

- consider what interventions are intended to achieve, and what will be the benefits to the child's long-term well-being;
- invest sufficient time and resources across all relevant agencies in planning and implementing interventions to safeguard and promote the welfare of children at continuing risk of significant harm;
- aim for good long-term outcomes in terms of health, development and educational achievement for all children and particularly for children in need and those children about whom there are child protection concerns;

### **Children's safeguards in context**

- promote access to a range of services for children in need without inappropriately triggering child protection processes;
- consider the wider needs of children and families particularly those involved in child protection processes, whether or not concerns about abuse and/or neglect are substantiated;

### **Work with children and families**

- listen to children and take their views into account;
- enable parents and other family members to be as fully involved as practicable, ensuring the child's safety and welfare;
- negative initial experiences influence parents' future relationships with the professionals. Set a constructive tone for future intervention through the quality of work when concerns are first raised about a child's welfare;
- many families fear that revealing their problems will lead to punitive reactions by service providers. Promote a positive but realistic image of services to encourage and enable people to gain access to the help and advice they need. Families need information on how to gain access to services and what to expect if and when they approach services for help.

## **Skilled assessment**

- look at the whole picture - not only what has happened to the child, but also
- the child's health and development, and the wider family and environmental context;
- be aware of the many factors that may affect a parent's ability to care for a child, and that these can have an impact on children in many different ways;
- build on families' strengths, while addressing difficulties;
- make full use of existing sources of information, including the Child Protection Register.

## **Working across adult and children's services**

- while recognising that the child's safety and welfare are paramount, give due consideration to the needs of all family members;
- recognise the complementary roles of adult and children's services in health and social care. For example, understanding the implications for a patient suffering from severe depression who is also a parent should be the responsibility of both adult mental health staff and children and families staff. Pool expertise to strengthen parents' capacity to respond to their children's needs, where this is in the best interests of the child;
- professionals who work primarily with children may need training to recognise and identify parents' problems and the effects these may have on children. Equally, training for professionals working with adults should cover the impact parental problems may have on children. Joint training between adult and children's staff can be useful.

7.40 Even among staff who work with children, there can be gaps (in particular between children and families staff and those working in specialist teams for disabled children) which need to be bridged.



## 8: Handling Individual Cases

### Introduction

- 8.1 This section provides advice on what should happen if somebody has concerns about the welfare of a child (including those living away from home), and in particular concerns that a child may be suffering, or may be at risk of suffering, abuse or neglect. It is not intended as a detailed practice guide, but it sets out clear expectations about the ways in which agencies and professionals should work together to safeguard and promote the welfare of children.
- 8.2 Chapter 9 gives guidance on the handling of cases of concern about a child's welfare in specific circumstances (including where there are concerns about disabled children, organised or institutional abuse, etc) but, in handling those cases, consideration also needs to be given to the guidance in this chapter.

### Working with children about whom there are child welfare concerns

- 8.3 Achieving good outcomes for children requires all those with responsibility for assessment and the provision of services to work together according to an agreed plan of action. Effective collaboration requires organisations and people to be clear about;
- the legislative basis for the work;
  - their roles and responsibilities for safeguarding and promoting the welfare of children (section 28 of the Children Act 2004 and chapter 4 Roles and Responsibilities);
  - the purpose of their activity, the decisions that are required at each stage of the process and what are the planned outcomes for the child and family members;
  - the protocols and procedures to be followed, including the way in which information will be shared across professional boundaries and within agencies, and be recorded (see chapter 12, Information Sharing);
  - which organisation, team or professional has lead responsibility, and the precise roles of everyone else who is involved, including the way in which children and family members will be involved;
  - any timescales set down in Regulations or Guidance which govern the completion of assessments, making of plans and timing of reviews.

## **Principles underpinning work to safeguard and promote the welfare of children**

8.4 The following principles should be followed when implementing the guidance set out in this chapter. They will be relevant to varying degrees depending on the functions and level of involvement of the organisation and the individual practitioner concerned. Work with children and families should be:

- child centred;
- rooted in child development;
- supporting the achievement of the best possible outcomes for children and improving their wellbeing;
- holistic in approach;
- ensuring equality of opportunity;
- involving children and families;
- building on strengths as well as identifying and addressing difficulties;
- multi/inter-agency in its approach;
- a continuing process;
- designed to identify the services required and monitor the impact their provision has on a child's developmental progress;
- evidence based.

### **Child centred**

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

### **Rooted in child development**

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

## **Outcomes for children**

- 8.7 When working directly with a child, any plan developed for the child and their family or caregiver should be based on an assessment of the child's developmental needs and the parents/caregivers' capacity to respond to these needs within their community contexts. This plan should set out the planned outcomes for each child and at review the actual outcomes should be recorded.
- 8.8 The purpose of all interventions should be to achieve the best possible outcomes for each child recognising each is unique. These outcomes should contribute to the key outcomes set out for all children in the Children Act 2004.

## **Holistic in approach**

- 8.9 Having an holistic approach means having an understanding of a child within the context of the child's family (parents or caregivers and the wider family) and of the educational setting, community and culture in which he or she is growing up. The interaction between the developmental needs of children, the capacities of parents or caregivers to respond appropriately to those needs and the impact of wider family and environmental factors on children and on parenting capacity requires careful exploration during an assessment.
- 8.10 The ultimate aim is to understand the child's developmental needs within the context of the family and to provide appropriate services which respond to those needs. The analysis of the child's situation will inform planning and action in order to secure the best outcomes for the child, and will inform the subsequent review of the effectiveness of actions taken and services provided. The child's context will be even more complex when they are living away from home and looked after by adults who do not have parental responsibility for them.

## **Ensuring equality of opportunity**

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

## **Working with children and families**

- 8.12 In the process of finding out what is happening to a child it is important to listen and develop an understanding of his or her wishes and feelings. The importance of developing a co-operative working

relationship is emphasised, so that parents or caregivers feel respected and informed, they believe agency staff are being open and honest with them, and in turn they are confident about providing vital information about their child, themselves and their circumstances. The consent of children, young people and their parents or caregivers should be obtained when sharing information unless to do so would place the child at risk of harm. Decisions should also be made with their agreement, whenever possible, unless to do so would place the child at risk of harm.

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

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

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

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

### **Assessment is a continuing process not an event**

- 8.15 Understanding what is happening to a vulnerable child within the context of his or her family and the local community, and taking appropriate action are continuing and interactive processes and not single events. Action and services should be provided according to the identified needs of the child and family in parallel with monitoring and reviewing assessment where necessary. It is not necessary to await completion of the assessment process. Immediate and practical needs should be addressed alongside more complex and longer term ones.

### **Informed by evidence**

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

## **Being alert to children's welfare**

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

### **With children**

- For example: all professionals and especially those in education, health and social care should be able to recognise situations where a child needs extra help or support to prevent impairment to his or her health or development or possible indicators of abuse or neglect in children. All professionals should be familiar with the core standards set out in the National Service Framework for Children, Young People and Maternity Services;

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

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

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

- For example: the police and probation services, mental health services, and housing authorities should be alert to the possibility that an individual may pose a risk of harm to a particular child, or to children in a local community. Employers of staff or volunteers should guard against the potential for abuse, through rigorous selection processes, appropriate supervision and by taking steps to maintain a safe environment for children. For further details on this matter see Chapter 13 Management of people who present a risk of harm to Children.

- 8.18 All staff members who have or become aware of concerns about the welfare or safety of a child or children should know:
- when and how to make a referral to local authority children's social services;
  - what services are available locally;
  - how to gain access to them;
  - what sources of further advice and expertise are available; and
  - who to contact in what circumstances, and how.
- 8.19 When introduced the Common Assessment Framework will assist practitioners to identify the nature and extent of the child's needs, what services or further assessment may be required and which professional or agency is best placed to assist the child. Where a practitioner believes that a child may require additional support to promote their welfare they should complete a common assessment. In some cases a common assessment may identify the intervention that may be required to safeguard the child.
- 8.20 Any concerns might also be discussed with a manager, or a named or designated health professional or a designated member of staff depending on the organisational setting. Concerns can also be discussed, without necessarily identifying the child in question, with senior colleagues in another agency in order to develop an understanding of the child's needs and circumstances. If, after discussion, these concerns remain and it seems that the child and family would benefit from other services, including those from within another part of the same agency decisions should be made about making a referral to the appropriate service. If the child is considered to be or may be a child in need under the Children Act 1989 (see 1.2), the child should be referred to local authority children's social services. This includes a child who is believed to be or may be at risk of suffering significant harm. If these concerns arise about a child who is already known to local authority children's social services, the allocated worker should be informed of these concerns.
- 8.21 Sources of information and advice should include at least one designated senior doctor and nurse within each Local Health Board, one named senior doctor and nurse within each NHS Trust, and a designated member of staff within each school or further education institution. There should always be the opportunity to discuss child welfare concerns with, and seek advice from, colleagues, managers, a designated or named professional, or other agencies, but:
- never delay emergency action to protect a child from harm;
  - always record in writing concerns about a child's welfare, including whether or not further action is taken; and

- always record in writing discussions about a child's welfare. At the close of a discussion, always reach a clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.

## **The welfare of unborn children**

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

## **The processes for safeguarding and promoting the welfare of children**

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

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

- from the point that concerns are raised about a child and are referred to a statutory organisation that can take action to safeguard and promote the welfare of children (Chart 1);
- through an initial assessment of the child's situation and what happens after that (Chart 2);
- taking urgent action, if necessary (Chart 3);
- to the strategy discussion, where there are concerns about a child's safety, and beyond that to the child protection conference (Chart 4);
- what happens after the child protection conference, and the review process (Chart 5).

## **Referrals to local authority children's social services where there are child welfare concerns**

8.25 Local authority children's social services, along with other agencies, have responsibilities towards all children whose health or development may be impaired without the provision of services, or who are disabled (defined in section 17 of the Children Act 1989 as children 'in need'). All agencies with such a responsibility should:

- let children and families know how to contact them;
- let children and families know what they might expect by way of help, advice and services;

- should agree with LSCB partners criteria with local services and professionals as to when it is appropriate to make a referral to local authority children's social services in respect of a child in need;
- should have an agreed format for making a referral and sharing the information recorded.

8.26 The common assessment framework when implemented will offer a basis for referral and information sharing between organisations.

## Making a referral

8.27 If somebody believes that a child may be suffering, or may be at risk of suffering significant harm, then s/he should always refer his or her concerns as soon as possible to the local authority children's social services. In addition to social services, the police and the NSPCC have powers to intervene in these circumstances. Sometimes concerns will arise within local authority children's social services itself, as new information comes to light about a child and family with whom staff are already in contact. While professionals should seek, in general, to discuss any concerns with the family and, where possible, seek their agreement to making referrals to local authority children's social services **this should only be done where such discussion and agreement-seeking will not place a child at increased risk of significant harm.** When a parent, professional, or another person contacts children's social services with concerns about a child's welfare, it is the responsibility of local authority children's social services to:

- clarify with the referrer (including self-referrals from children and families): the nature of concerns;
- how and why those concerns have arisen; and
- what appear to be the needs of the child and family.

8.28 This process should always identify clearly whether there are concerns about abuse or neglect, what is their foundation, and whether it may be necessary to consider taking urgent action to ensure that any children are safe from harm.

8.29 Whenever local authorities children's social services have a case referred to them because of concerns about a child's welfare, which constitutes, or may constitute, a criminal offence against a child, they should always discuss the case with the police. Similarly, whenever other agencies, including other local authority departments, encounter concerns about a child's welfare which constitutes or may constitute a criminal offence against a child, they should refer the case to the police without delay in order to protect the child or other children from the risk of serious harm.



- 8.30 Where professionals make a referral by telephone to the local authority children's social services, they should confirm the referral in writing within 48 hours. When implemented the common assessment framework will provide a structure for the written referral.

## **Information Sharing**

- 8.31 Sharing of information about cases of concern will enable organisations to consider jointly how to proceed in the best interests of the child and to safeguard children more generally. Further guidance on inter-agency information sharing is given in chapter 14.
- 8.32 In dealing with alleged offences involving a child victim, the police should normally work in partnership with children's social services and/or other agencies. Whilst the responsibility to instigate criminal proceedings rests with the police, they should consider the views expressed by other agencies. There will be less serious cases where, after discussion, it is agreed that the best interests of the child are served by a children's social services or health led intervention rather than a full police investigation.

## **Confidentiality**

- 8.33 Many professionals are under a duty of confidentiality. This is important in maintaining confidence and participation in services and thereby helping to protect children's health and wellbeing. But, as relevant guidelines make clear, the duty of confidentiality is not absolute and may be breached where this is in the best interests of the child and in the wider public interest. If professionals judge that disclosure is necessary to protect the child or other children from a risk of serious harm, confidentiality may be breached. Where professionals judge that there is a need to share confidential information with children's social services or the police:
- They should attempt to support the child, where the child is the source of the information, to agree to a disclosure of information within a reasonable timescale.
  - They may initially discuss the case anonymously with others, such as a colleague with suitable competence in child protection work or with children's social services.
  - The child should be informed, unless to do so would seriously jeopardise their safety.
  - Any decision whether or not to share information should be properly documented.
  - Decisions in this area may need to be made by or with the advice of, people with suitable competence in child protection work, such as named or designated professionals.

## **Allegations of harm arising from underage sexual activity**

- 8.34 Cases of underage sexual activity which present cause for concern are likely to raise difficult issues and should be handled particularly sensitively.
- 8.35 A child under 13 is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate a risk of significant harm to the child.
- 8.36 Cases involving under 13s should always be discussed with a nominated child protection lead in the organisation. Under the Sexual Offences Act, penetrative sex with a child under 13 is classed as rape. Where the allegation concerns penetrative sex, or other intimate sexual activity occurs, there would always be reasonable cause to suspect that a child, whether girl or boy, is suffering or is likely to suffer significant harm. There should be a presumption that the case will be reported to social services and that a strategy discussion will be held in accordance with the guidance set out in paragraph 8.77 below. This should involve children's social services, police and relevant agencies, to discuss appropriate next steps with the professional. All cases involving under 13s should be fully documented including detailed reasons where a decision is taken not to share information.
- 8.37 Sexual activity with a child under 16 is also an offence. Where it is consensual it may be less serious than if the child were under 13 but may nevertheless have serious consequences for the welfare of the young person. Consideration should be given in every case of sexual activity involving a child aged 13-15 as to whether there should be a discussion with other agencies and whether a referral should be made to children's social services. The professional should make this assessment using the considerations below. Within this age range, the younger the child, the stronger the presumption must be that sexual activity will be a matter of concern. Cases of concern should be discussed with the nominated child protection lead and subsequently with other agencies if required. Where confidentiality needs to be preserved a discussion can still take place as long as it does not identify the child (directly or indirectly). Where there is reasonable cause to suspect that significant harm to a child has occurred or might occur, there would be a presumption that the case is reported to children's social services and a strategy discussion should be held to discuss appropriate next steps. Again, all cases should be carefully documented including where a decision is taken not to share information.
- 8.38 The considerations in the following checklist should be taken into account when assessing the extent to which a child (or other children) may be suffering or at risk of harm, and therefore the need to hold a strategy discussion in order to share information:

- The age of the child. Sexual activity at a young age is a very strong indicator that there are risks to the welfare of the child (whether boy or girl) and, possibly, others;
- The level of maturity and understanding of the child;
- What is known about the child's living circumstances or background;
- Age imbalance, in particular where there is a significant age difference;
- Overt aggression or power imbalance;
- Coercion or bribery;
- Familial child sex offences;
- Behaviour of the child i.e. withdrawn, anxious;
- The misuse of substances as a disinhibitor;
- Whether the child's own behaviour, because of the misuse of substances, places him/her at risk so that he/she is unable to make an informed choice about any activity;
- Whether any attempts to secure secrecy have been made by the sexual partner, beyond what would be considered usual in a teenage relationship;
- Whether the child denies, minimises or accepts concerns;
- Whether the methods used are consistent with grooming; and
- Whether the sexual partner/s is known by one of the agencies.

8.39 In cases of concern, when sufficient information is known about the sexual partner/s the agency concerned should check with other agencies, including the police, to establish whatever information is known about that person/s. The police should normally share the required information without beginning a full investigation if the agency making the check requests this.

8.40 Sexual activity involving a 16 or 17 year old, though unlikely to involve an offence, may still involve harm or the risk of harm. Professionals should still bear in mind the considerations and processes outlined in this guidance in assessing that risk, and should share information as appropriate. It is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them.

8.41 Implementation of this guidance should be through the development of local protocols, supported by inter-agency training.

## Social service's response to contacts and referrals

- 8.42 All front line staff within local authority social services should be trained to pass calls about the safety of children to the appropriate duty team **without delay**, having first recorded the name of the child, his/her address and the nature of the concern. If a call cannot be put through immediately, further details from the referrer must be sought (including their name address and contact number). The information must then be passed verbally and in writing to the duty team. Where the call indicates that the child is at immediate risk of harm, then the information must be referred immediately to a senior officer in social services if the duty team is not available.
- 8.43 At the end of any discussion or dialogue about a child, the referrer (whether a professional or a member of the public or family) and the local authority children's social services should be clear about:
- proposed action, or that no further action will be taken;
  - timescales;
  - who will be taking the action/roles and responsibilities;
  - what the child and parents will be told about the referral.
- 8.44 The decision should be recorded by the local authority children's social services, and by the referrer (if a professional in another service).
- 8.45 The local authority children's social services should acknowledge all referrals in writing in a timely manner.
- 8.46 If the referrer has not received an acknowledgement within 7 working days, they should contact the local authority children's social services again.
- 8.47 The children's social services should decide and record next steps of action within one working day. The information recorded in relation to a referral should be consistent with the information set out in the Integrated Children's System Referral and Information Record (Welsh Assembly Government. 2002). This decision should normally follow:
- discussion with any referring professional/service;
  - consideration of information held in any existing records; and
  - discussion with other professionals and services, as necessary (including the police, where a criminal offence may have been committed against a child).
- 8.48 This initial consideration of the case should address – on the basis of the available evidence – whether there are concerns about either the

child's health and development or actual and/or potential harm which justifies an initial assessment that this child is possibly a child in need. Further action may also include referral to other agencies, the provision of advice or information or no further action.

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

### **Referrals to social services may lead to:**

- The need for immediate action to be taken (see below).
  - The decision that an initial assessment/the provision of services is needed.
  - The referral being more appropriately signposted to another agency for services/advice.
  - No further action being necessary.
- 8.52 Where a local authority children's social services decides to take no further action at this stage, feedback should be provided to the referrer, who should be told of this decision and the reasons for making it. In the case of public referrals, this should be done in a manner consistent with respecting the confidentiality of the child.

### **Immediate action to protect a child**

- 8.53 Sometimes it may be apparent that emergency action should be taken to safeguard and promote the welfare of a child. Such action should normally be preceded by an immediate strategy discussion between the police, local authority children's social services and other agencies as appropriate.
- 8.54 New information may be received about a child or family where the child or family member is already known to local authority children's social services. If the child's case is open, and there are concerns that the child is or may be suffering harm then a decision should be made about whether a strategy discussion should be initiated. In these circumstances it may not be necessary to undertake an initial

assessment to inform this decision. It may, however, be appropriate to undertake a core assessment or to update a previous one in order to understand the child's current needs and circumstances and inform future decision making.

## **Initial assessment**

- 8.55 The initial assessment is a brief assessment of each child referred to local authority children's social services where it is necessary to determine whether the child is in need, the nature of any services required, and whether a further, more detailed core assessment should be undertaken (paragraph 3.9 of the Framework for the Assessment of Children in Need and their in Need and their Families (2001)). It should be completed by the local authority children's social services, working with and supported by colleagues from all relevant agencies, within a maximum of seven working days of the date of referral. The initial assessment period may be very brief, if the criteria for initiating section 47 enquiries are met. The initial assessment should be undertaken in accordance with the Framework for the Assessment of Children in Need and their Families.
- 8.56 Where a common assessment has been completed this information should be used to inform the initial assessment
- 8.57 It should address the following questions:
- what are the developmental needs of the child?
  - are the parents able to respond appropriately to the child's identified needs? Is the child being adequately safeguarded from significant harm, and are the parents able to promote the child's health and development?
  - what is the impact of wider family and environment on the child's needs and circumstances and what supports may be available from them
  - is action required to safeguard and promote the welfare of the child?
- 8.58 The initial assessment should be carefully planned, having considered the issue of consent. There should be clarity about who is doing what, as well as when and what information is to be shared with the parents. The planning process and decisions about the timing of the different assessment activities should be undertaken in collaboration with all those involved with the child and family. The process of initial assessment should involve:
- seeing and speaking to the child (according to age and understanding) and family members as appropriate;

- drawing together and analysing available information from a range of sources (including existing records); and
  - involving and obtaining relevant information from professionals and others in contact with the child and family.
- 8.59 All relevant information (including historical information) should be taken into account. This includes seeking information from relevant services if the child and family have lived abroad. Professionals from agencies such as health, local authority children's social services or the police should request this information from their equivalent agencies in the country/countries in which the child has lived. Information about who to contact can be obtained via the Foreign and Commonwealth Office on 0207 008 1500 or the appropriate Embassy or Consulate based in London (see the London Diplomatic List (The Stationery Office), ISBN 0 11 591772 1 or the Foreign and Commonwealth Office website [www.fco.gov.uk](http://www.fco.gov.uk))
- 8.60 The child should be seen as part of the initial assessment within a timescale that is appropriate to the nature of concerns expressed at the time of the referral, (which may include seeing the child without his or her caregivers present). This includes observing and communicating with the child in a manner appropriate to his or her age and understanding. Local authority children's social services are required by the Children Act 1989 (as amended by section 53 of the Children Act 2004) to ascertain the child's wishes and feelings about the provision of services and give them due consideration before determining what (if any) services to provide. Interviews with the child should be undertaken in the preferred language of the child. For some disabled children interviews may require the use of non-verbal communication methods.
- 8.61 It will not necessarily be clear whether a criminal offence has been committed, which means that even initial discussions with the child should be undertaken in a way that minimises distress to them and maximises the likelihood that she or he will provide accurate and complete information, avoiding leading or suggestive questions. If there is suspicion that an offence may have occurred, there should be an immediate referral to the police. You should not question the child in relation to the disclosure of any possible offence in order to avoid jeopardising any police investigation.
- 8.62 Interviews with family members (which may include the child) should also be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.
- 8.63 In the course of an initial assessment, local authority children's social services should ascertain:
- is this a child in need? (section 17 of the Children Act 1989);

- is there reasonable cause to suspect that this child is suffering, or is likely to suffer, significant harm? (section 47 of the Children Act 1989).
- 8.64 The focus of the initial assessment should be the welfare of the child. It is important to remember that even if the reason for a referral was a concern about abuse or neglect that is not subsequently substantiated, a family may still benefit from support and practical help to promote a child's health and development. When services are to be provided, a child's plan should be developed based on the findings from the initial assessment. If the child's needs and circumstances are complex, a more in-depth core assessment under section 17 of the Children Act 1989 will be required in order to decide what other types of services are necessary to assist the child and family (Welsh Assembly Government and Home Office, 2001). A range of materials are available to support practitioners in undertaking evidence based assessments These include the Home Inventories (Cox and Walker 2002) and the Family Pack of Questionnaires and Scales (Welsh Assembly Government, Cox and Bentovim 2001). Appendix B - Use of Questionnaires and Scales to evidence assessment and decision making is intended for use by practitioners to support evidence-based assessment and decision making.
- 8.65 Following an initial assessment, local authority children's social services should decide on the next course of action, following discussion with the child and family, unless such a discussion may place a child at risk of significant harm. If there are concerns about a parent's ability to protect a child from harm, careful consideration should be given to what the parents should be told, when and by whom, taking account of the child's welfare. Where it is clear that there should be a police investigation as part of a section 47 child protection enquiry, the considerations below should apply. Whatever decisions are taken, they should be endorsed at a managerial level agreed within local authority children's social services and recorded in writing. This information should be consistent with that contained in the Initial Assessment Record (Welsh Assembly Government, 2002). The record should also include the reasons for these decisions and future action to be taken. The family, the original referrer, and other professionals and services involved in the assessment, should, as far as possible, be told what action has been and will be taken, consistent with respecting the confidentiality of the child and family concerned, and not jeopardising further action in respect of concerns about harm (which may include police investigations). This information should be confirmed in writing to the agencies and the family.



Where it is clear that there should be a police investigation in parallel with a section 47 enquiry, the following considerations should apply:

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

Exceptionally, a joint enquiries/investigation team may need to speak to a suspected child victim without the knowledge of the parent or carer.

Relevant circumstances would include:

- the possibility that a child would be threatened or otherwise coerced into silence;
- a strong likelihood that important evidence would be destroyed; or
- that the child in question did not wish the parent to be involved at that stage, and is competent to take that decision;
- In all cases where the police are involved the strategy discussion should be the forum for deciding what, how, when, and by whom the child/parents/carer should be told as this could have a bearing on the conduct of enquiries/investigation.
- Whatever decisions are taken, they should be endorsed at a managerial level agreed within the social services department, and recorded in writing, with the reasons for them.
- The family, the original referrer, and other professionals and services involved in the assessment or the provision of information should, as far as possible, be told what action has been taken, consistent with respecting the confidentiality of the child and family concerned, and not jeopardising further action in respect of child protection concerns (which may include police investigations).

## **Next steps – child in need but no suspected actual or likely significant harm**

- 8.66 An initial assessment may indicate that a child is a 'child in need' as defined by section 17 of the Children Act 1989, but that there are no substantiated concerns that the child may be suffering, or at risk of suffering significant harm. There may be sufficient information available on which to decide what services (if any) should be provided and by whom according to an agreed plan. On the other hand, a more in-depth assessment may be necessary in order to understand the child's needs and circumstances. In these circumstances, the Framework for the Assessment of Children in Need and their Families (Welsh Assembly Government and Home Office, 2000) provides guidance on undertaking a core assessment. This core assessment can provide a sound evidence base for professional judgements on what types of services are most likely to bring about good outcomes for the child. Family Group Conferences (see paragraphs 7.17 – 7.22) may be an effective vehicle for taking forward work in such cases.
- 8.67 The definition of a 'child in need' is wide, and it will embrace children in a diverse range of circumstances. The types of services that may help such children and their families will vary greatly according to their needs and circumstances.

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

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

- Ask yourself: Would I react differently if these reports had come from a different source? How can I check whether or not they have substance? Even if they are not accurate, could they be a sign that the family are in need of some help or support?

Not enough attention is paid to what children say, how they look and how they behave.

- Ask yourself: Have I been given appropriate access to all the children in the family? If I have not been able to see any child, is there a very good reason, and have I made arrangements to see him/her as soon as possible? How should I follow up any uneasiness about the child(ren)'s health or development? If the child is old enough and has the communication skills, what is the child's account of events? If the child uses a language other than English, or alternative non verbal communication, have I made every effort to enlist help in understanding him/her? What is the evidence to support or refute the child or young person's account?

Attention is focused on the most visible or pressing problems and other warning signs are not appreciated.

- Ask yourself: What is the most striking thing about this situation? If this feature were to be removed or changed, would I still have concerns?

Not enough attention is paid to what children say, how they look and how they behave.

- Ask yourself: Have I been given appropriate access to all the children in the family? If I have not been able to see any child, is there a very good reason, and have I made arrangements to see him/her as soon as possible? How should I follow up any uneasiness about the child(ren)'s health or development? If the child is old enough and has the communication skills, what is the child's account of events? If the child uses a language other than English, or alternative non verbal communication, have I made every effort to enlist help in understanding him/her? What is the evidence to support or refute the child or young person's account?

Pressures from high status referrers or the press, with fears that a child may die, lead to over precipitate action.

- Ask yourself: Would I see this referral as a safeguarding matter if it came from another source?

Professionals think that when they have explained something as clearly as they can, the other person will have understood it.

- Ask yourself: Have I double-checked with the family and the child(ren) that they understand what will happen next?

Assumptions and pre-judgements about families lead to observations being ignored or misinterpreted.

- Ask yourself: What were my assumptions about this family? What, if any, is the hard evidence which supports them? What, if any, is the hard evidence which refutes them?

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

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

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

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

Information taken at the point of referral is not adequately recorded, facts are not checked and reasons for decisions are not noted.

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

## **Next steps – child in need and suspected actual or likely significant harm**

- 8.68 Following an initial assessment, where there is reasonable cause to suspect a child is suffering, or likely to suffer, significant harm, the local authority is required by section 47 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. Social services should **initiate a strategy discussion, to be held at the earliest opportunity**, to enable them, together with other agencies, to decide whether to initiate enquiries under section 47 of the Children Act 1989 and therefore to commence a core assessment as the means by which these enquiries will be undertaken. The Framework for the Assessment of Children in Need and their Families provides a structured framework for collecting, drawing together and analysing available information about a child and family within the following three domains: the child's developmental needs, parenting capacity and family and environmental factors. It will help to provide sound evidence on which to base often difficult professional judgements about whether to intervene to safeguard and promote the welfare of a child, if so, how best to do so and with what intended outcomes.

## **Immediate protection**

- 8.69 Where there is a risk to the life of a child or a likelihood of serious immediate harm: an agency with statutory child protection powers should act quickly to secure the immediate safety of the child.
- 8.70 Emergency action might be necessary as soon as a referral is received, or at any point in involvement with children and families.

- 8.71 The need for emergency action may become apparent only over time as more is learned about the circumstances of a child or children. Neglect, as well as abuse, can pose such a risk of significant harm to a child that urgent protective action is needed.
- 8.72 When considering whether emergency action is required, an agency should always consider whether action is also required to safeguard and promote the welfare of other children in the same household (for example, siblings), in the household of an alleged perpetrator, or elsewhere.
- 8.73 Emergency action will normally take place following an immediate strategy discussion between police, local authority children's social services, and other agencies as appropriate. Where an agency with statutory child protection powers has to act immediately to protect a child, a strategy discussion should take place **as soon as possible** after such action to plan next steps. Legal advice should normally be obtained before initiating legal action, in particular when an Emergency Protection Order is to be sought.
- 8.74 In some cases, it may be sufficient to secure a child's safety by a parent taking action to remove an alleged perpetrator or by the alleged perpetrator agreeing to leave the home. In other cases, it may be necessary to ensure either that the child remains in a safe place or that the child is removed to a safe place, either on a voluntary basis or by obtaining an Emergency Protection Order. The police also have powers to remove a child to suitable accommodation in cases of emergency. If it is necessary to remove a child, a local authority should wherever possible – and unless a child's safety is otherwise at immediate risk – apply for an Emergency Protection Order. **Police powers should only be used in exceptional circumstances where there is insufficient time to seek an Emergency Protection Order or for reasons relating to the immediate safety of the child.**
- 8.75 The local authority in whose area a child is found, in circumstances that require emergency action, is responsible for taking that action. If the child is looked after by, or the subject of a child protection plan in another authority, when emergency action necessary has been taken, the first authority should consult the authority responsible for the child. Only when the second local authority explicitly accepts responsibility to act, is the first authority relieved of the responsibility to take emergency action. Such acceptance should be subsequently confirmed in writing.
- 8.76 Emergency action addresses only the immediate circumstances of the child(ren). It should be followed quickly by section 47 enquiries as necessary. The agencies primarily involved with the child and family should then assess the needs and circumstances of the child and family, and agree action to safeguard and promote the welfare of the child in the longer-term. Where an Emergency Protection Order applies, local authority children's social services will have to consider

quickly whether to initiate care or other proceedings, or to let the order lapse and the child return home.

## **Emergency Protection Powers**

**Exclusion Orders** There are a range of powers available under the Family Law Act 1996 which may allow a perpetrator to be removed from the home, instead of having to remove the child. For the court to include an exclusion requirement in an order, it must be satisfied that:

- there is reasonable cause to believe that if the person is excluded from the home in which the child lives, the child will cease to suffer, or cease to be likely to suffer, significant harm; and
- another person living in the home is able and willing to give the child the care which it would be reasonable to expect a parent to give, and consents to the exclusion requirement.

## **Emergency Protection Orders**

The court may make an emergency protection order under section 44 of the Children Act 1989 if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if:

- he is not removed to accommodation; or
- he does not remain in the place in which he is then being accommodated.

An Emergency Protection Order may also be made if section 47 enquiries are being frustrated by access to the child being unreasonably refused to a person authorised to seek access, and the applicant has reasonable cause to believe that access is needed as a matter of urgency.

An Emergency Protection Order gives authority to remove a child, and places the child under the protection of the applicant for a maximum of 8 days (with a possible extension of up to seven days).

## **Police Protection Powers**

Under section 46 of the Children Act 1989, where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, s/he may:

- remove the child to suitable accommodation and keep him or her there; or
- take reasonable steps to ensure that the child's removal from any hospital, or other place in which the child is then being accommodated is prevented.

No child may be kept in police protection for more than 72 hours.

## Strategy Discussion

- 8.77 Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, there should be a strategy discussion at the earliest opportunity. The child's safety should not be compromised by any delay.
- 8.78 A strategy discussion may take place at a meeting or by other means (for example, by telephone). In complex types of abuse a meeting **is likely to be** the most effective way of discussing the child's welfare and planning future action. In some circumstances, more than one strategy discussion may be necessary. This is likely to be where the child's circumstances are very complex and a number of discussions are required to consider whether and, if so, when to initiate section 47 enquiries, as well as how best to undertake them. Such a meeting should be held at a key location for the key attendees, such as a hospital, school, police station or local authority children's social services office.
- 8.79 The discussion should involve, at a minimum, local authority children's social services and the police, and other bodies as appropriate (for example, nursery/school and health), including, in particular, any referring agency and, in the case of relevant regulated services, the Care Standards Inspectorate for Wales.
- 8.80 The strategy discussion should be convened by local authority children's social services .
- 8.81 Those participating should be sufficiently senior and able, therefore, to contribute to the discussion of available information and to make decisions on behalf of their agencies. If the child is a hospital patient (in- or out-patient) or receiving services from a child development team, the paediatric consultant responsible for the child's health care should be involved, as should the senior ward nurse if the child is an in-patient. Where a medical examination may be necessary or has taken place a senior doctor from the providing services should also be involved.
- 8.82 A strategy discussion may take place following a referral and an initial assessment or at any other time (for example, if concerns about significant harm emerge in respect of child receiving support under section 17). The discussion should be used to:
- share available information;
  - agree the conduct and timing of any criminal investigation;
  - decide whether a core assessment under section 47 of the Children Act 1989 (section 47 enquiries) should be initiated or continued if it has already begun;

- plan how the section 47 enquiry should be undertaken (if one is to be initiated), including the need for medical examination by a suitably qualified medical practitioner, and who will carry out what actions, by when and for what purpose;
- agreeing who should be interviewed, by whom, for what purpose, and when. The way in which interviews are conducted can play a significant part in minimising any distress caused to children, and increasing the likelihood of maintaining constructive working relationships with families. When a criminal offence may have been committed against a child, the timing and handling of interviews with victims, their families and witnesses, can have important implications for the collection and preservation of evidence;
- agreeing, in particular, how the child's wishes and feelings will be ascertained so that they can be taken into account when making decisions under section 47 of the Children Act 1989;
- in the light of the race and ethnicity of the child and family, considering how this should be taken into account, and establishing whether an interpreter will be required;
- considering the needs of other children who may be affected, for example, siblings and other children in contact with alleged abusers;
- agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child;
- determine what information from the strategy discussion will be shared with the family, unless such information sharing may place a child at risk of significant harm or jeopardise police investigations into any alleged offence(s); and
- determine if legal action is required.

8.83 Any information shared, all decisions reached, and the basis for those decisions, should be clearly recorded by the chair of the strategy discussion and circulated within one working day to all parties relevant to the discussion. The record of the strategy discussion should be consistent with the information set out in the Record of Strategy Discussion (Welsh Assembly Government, 2002).

8.84 This recording should therefore include

- A list of action points.
- Agreed timescales.
- The identity of the person responsible for carrying out identified actions.



- A clear record of the discussion of the meeting and of decisions taken.
  - An agreed mechanism for a review of the action plan.
- 8.85 Significant harm to children gives rise to both child welfare concerns and law enforcement concerns, and section 47 enquiries may run concurrently with police investigations concerning possible associated crime(s). The police have a duty to carry out thorough and professional investigations into allegations of crime, and the obtaining of clear strong evidence is in the best interests of a child, since it makes it less likely that a child victim will have to give evidence in criminal court. Enquiries may, therefore, give rise to information that is relevant to decisions that will be taken by both local authority children's social services and the police.
- 8.86 The findings from the assessment and/or police investigation should be used to inform plans about future support and help to the child and family. They may also contribute to legal proceedings, whether criminal, civil or both.
- 8.87 Each LSCB should have in place a protocol for local authority children's social services and the police, to guide both agencies in deciding how section 47 enquiries and associated police investigations should be conducted jointly, and in particular, in what circumstances section 47 enquiries and linked criminal investigation are necessary and/or appropriate. When joint enquiries take place, the police have the lead for the criminal investigation and local authority children's social services have the lead for the section 47 enquiries and the child's welfare.

## **Section 47 Enquiries and core assessment**

- 8.88 Research (Department of Health 1995) highlighted that many children referred to social services as a result of child protection concerns were children in need. However, although these children would have benefited from services, in many cases unless the child's name was placed on the child protection register, they were not provided with any support. For this reason when a decision is made to hold a strategy discussion a core assessment should be commenced. The Assessment Framework provides a structure for gathering information during section 47 enquiries and the core assessment should be informed by the information gathered during section 47 enquiries. The core assessment should be led by a qualified and experienced social worker. Local authority children's social services have lead responsibility for the core assessment under section 47 of the Children Act 1989. In these circumstances the objective of the local authority's involvement is to determine whether action is required to safeguard and promote the welfare of the child or children who are the subjects of the enquiries. The Framework for the Assessment of Children in Need

and their Families provides the structure for helping to collect and analyse information obtained in the course of section 47 enquiries. The record of the core assessment should be consistent with the information set out in the Core Assessment Records (WAG 2002).

- 8.89 The core assessment should begin by focusing primarily on the information identified during the initial assessment as being of most importance when considering whether the child is suffering or is likely to suffer significant harm. It should, however, cover all relevant dimensions in the Assessment Framework before its completion. Those making enquiries about a child should always be alert to the potential needs and safety of any siblings, or other children or vulnerable adults in the household of the child in question. In addition, enquiries may also need to cover children in other households, under the Assessment Framework, with whom the alleged offender may have had contact. The Children Act 1989 places a statutory duty on health, education and other services, to help the local authority in carrying out its social services functions under Part III of the Children Act 1989 and section 47 enquiries. In addition, section 25 of the Children Act 2004, places a duty on partner agencies to co-operate with a local authority in making arrangements to improve the well-being of children in the authority's area. The professionals conducting section 47 enquiries should do their utmost to secure willing co-operation and participation from all professionals and services, by being prepared to explain and justify their actions, and to demonstrate that the process is being managed in a way that can help to bring about better outcomes for children. The LSCB has an important role to play in cultivating and promoting a climate of trust and understanding between different professionals and services.
- 8.90 Adequately assessing the needs of a child and the capacity of their parents or wider family network so as to ensure their safety, health, and development, very often depends on building a picture of the child's situation on the basis of information from many sources. Enquiries should always involve:
- separate interviews with the child who is the subject of concern; and
  - where appropriate, interviews with parents and/or caregivers, and observation of the interactions between parents and child(ren).
- 8.91 Enquiries may also include interviews with those who are personally and professionally connected with the child; specific examinations or assessments of the child by other professionals (for example, medical or developmental checks, assessment of emotional or psychological state); and interviews with those who are personally and professionally connected with the child's parents and/or caregivers.
- 8.92 Individuals should always be enabled to participate fully in the enquiry process. Where a child or parent is disabled, it may be necessary to provide help with communication to enable the child or parent to

express him/herself to the best of his or her ability. Where a child or parent speaks a language other than that spoken by the interviewer, there should be an interpreter provided. If the child is unable to take part in an interview because of age or understanding, alternative means of understanding the child's perspective should be used, including observation where children are very young or where they have communication impairments.

8.93 Children are a key, and sometimes the only, source of information about what has happened to them, not only in child sexual abuse cases, but also in physical and other forms of abuse. Accurate and complete information is essential for taking action to promote the welfare of the child, as well as for any criminal proceedings that may be instigated concerning an alleged perpetrator of abuse. When children are first approached, the nature and extent of any harm suffered by them may not be clear, nor whether a criminal offence has been committed. It is important that even initial discussions with children are conducted in a way that minimises any distress caused to them, and maximises the likelihood that they will provide accurate and complete information. It is important, wherever possible, to:

- have separate communication with a child;
- avoid leading or suggestive communication.

8.94 Children may need time, and more than one opportunity, in order to develop sufficient trust to communicate any concerns they may have, especially if they have a communication impairment, learning disabilities, are very young, or are experiencing mental health problems.

8.95 Exceptionally, a joint enquiries/investigation team may need to speak to a suspected child victim without the knowledge of the parent or caregiver. Relevant circumstances would include:

- the possibility that a child would be threatened or otherwise coerced into silence;
- a strong likelihood that important evidence would be destroyed; or
- that the child in question did not wish the parent to be involved at that stage, and is competent to take that decision.

8.96 In all cases where the police are involved, the decision about when to inform the parent or caregiver will have a bearing on the conduct of police investigations and the strategy discussion should decide on the most appropriate timing of parental participation.

## **Investigative interviews of children**

- 8.97 Sometimes there will be a need for an investigative interview, with a view to gathering evidence for criminal proceedings. A child should never be interviewed in the presence of an alleged or suspected perpetrator of abuse, or somebody who may be colluding with a perpetrator. The guidance in *Achieving Best Evidence: Guidance for Vulnerable or Intimidated Witnesses, including Children* should be followed for all videotaped investigative interviews with children. In particular:
- Children should be asked how they want to give evidence;
  - All such interviews with children should be conducted by those with specialist training and experience in interviewing children;
  - Additional specialist help may be needed if the child's first language is not Welsh or English; the child appears to have a degree of psychological disturbance but is deemed competent; the child has an impairment; or where interviewers do not have adequate knowledge and understanding of the child's racial, religious or cultural background;
  - Consideration should also be given to the gender of interviewers, particularly in cases of alleged sexual abuse.
- 8.98 Criminal justice legislation, in particular the Youth Justice and Criminal Evidence Act 1999, creates particular obligations for Courts who are dealing with witnesses under 17 years of age. These include the presumption of evidence-giving through pre-recorded videos, as well as the use of live video links for further evidence-giving and cross examination. Cross examination in pre-trial video hearings may also occur in relevant cases.

## **Child assessment orders**

- 8.99 Local authority children's social services should make all reasonable efforts to persuade parents to co-operate with section 47 enquiries. If, despite these efforts, the parents continue to refuse access to a child for the purpose of establishing basic facts about the child's condition – but concerns about the child's safety are not so urgent as to require an emergency protection order – a local authority may apply to the court for a child assessment order. In these circumstances, the court may direct the parents/caregivers to co-operate with an assessment of the child, the details of which should be specified. The order does not take away the child's own right to refuse to participate in an assessment, for example, a medical examination, so long as he or she is of sufficient age and understanding.

## **The Impact of section 47 enquiries on the family and child**

- 8.100 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 services should explain the purpose and outcome of section 47 enquiries to the parents and child (having regard to age and understanding) and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child. It is particularly helpful for families if local authority children's social services provide written information about the purpose, process and potential outcomes of section 47 enquiries. The information should be both general and specific to the particular circumstances under enquiry. It should include information about how advice, advocacy and support may be obtained from independent sources.
- 8.101 In the great majority of cases, children remain with their families following section 47 enquiries, even where concerns about abuse or neglect are substantiated. As far as possible, section 47 enquiries should be conducted in a way that allows for future constructive working relationships with families. The way in which a case is handled initially can affect the entire subsequent process. Where handled well and sensitively, there can be a positive effect on the eventual outcome for the child.

## **The outcome of section 47 enquiries**

- 8.102 Local authority children's social services should decide how to proceed following section 47 enquiries, after discussion between all those who have conducted, or been significantly involved in those enquiries, including relevant professionals and agencies, as well as foster carers where involved, and the child and parents themselves. It may be valuable, following an evaluation of the outcome of enquiries, to make recommendations for action in an inter-disciplinary forum, if the case is not going forward to a child protection conference. The outcome of section 47 enquiries should be recorded by local authority social services in a format consistent with the information set out in the Outcome of section 47 Enquiries Record (Welsh Assembly Government, 2002). Enquiries may result in a number of outcomes.

## **Concerns are not Substantiated**

- 8.103 Section 47 enquiries may not substantiate the original concerns about the child being at risk of, or suffering, significant harm and no further action is necessary. However, local authority children's social services and other relevant agencies as necessary, should always consider with the family what support and/or services may be helpful; how the child and family might be provided with these services, if they wish it; and by whom. The focus of section 47 enquiries is the welfare of the child, and the assessment may well reveal a range of needs. The provision of

services to these children and their families should not be dependent on the presence of abuse and neglect. Help and support to children in need and their families may prevent problems developing to a point where a child is abused or neglected.

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

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

- 8.105 There may be substantiated concerns that a child has suffered significant harm, but it is agreed between the agencies most involved and the child and family, that a plan for ensuring the child's future safety and welfare can be developed and implemented without having a child protection conference or a child protection plan. Such an approach will be of particular relevance where it is clear to the agencies involved that there is no continuing risk of significant harm.
- 8.106 A child protection conference may not be required when there are sound reasons, based on an analysis of evidence obtained through section 47 enquiries, for judging that a child is not at continuing risk of significant harm. This may be because, for example, the person responsible for the harm is no longer in contact with the child. It may be because significant harm was incurred as the result of an isolated abusive incident (for example, abuse by a stranger).
- 8.107 The agencies most involved may judge that a parent, caregiver, or members of the child's wider family are willing and able to co-operate with actions to ensure the child's future safety and welfare and that the child is therefore not at continuing risk of significant harm. This judgement can only be made in the light of all relevant information obtained during a section 47 enquiry, and a soundly based assessment of the likelihood of successful intervention, based on clear evidence and mindful of the dangers of misplaced professional optimism. Local authority children's social services have a duty to seek children's views and take account of their wishes and feelings, according to their age and understanding. A meeting of involved professionals and family members may be useful to agree what actions should be undertaken by whom, and with what the intended outcomes will be for the child's health and development, including the provision of therapeutic services. Whatever process is used to plan future action, the resulting plan should be informed by the assessment findings. It should set out

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

- 8.108 Local authority children's social services should take carefully any decision not to proceed to a child protection conference where it is known that a child has suffered significant harm. A suitably qualified social work manager within local authority children's social services should endorse the decision. Those professionals and agencies who are most involved with the child and family, and those who have taken part in the section 47 enquiry, have the right to request that local authority children's social services convene a child protection conference if they have serious concerns that a child's welfare may not otherwise be adequately safeguarded. Any such request that is supported by a senior manager, or a named or designated professional, should normally be agreed. Where there remain differences of view over the necessity for a conference in a specific case, every effort should be made to resolve them through discussion and explanation but, as a last resort, LSCBs should have in place a quick and straightforward means of resolving differences of opinion.

### **Concerns are substantiated and the child is judged to be at continuing risk of significant harm**

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

### **The initial child protection conference**

#### **Purpose**

- 8.110 The initial child protection conference brings together family members, the child where appropriate, and those professionals most involved with the child and family, following section 47 enquiries. Its purpose is:
- to bring together and analyse in an inter-agency setting the information which has been obtained about the child's developmental needs and the parents' or carers' capacity to respond to these needs to ensure the child's safety and promote the child's health and development within the context of their wider family and environment;

- to consider the evidence presented to the conference, make judgements about the likelihood of a child suffering significant harm in future and decide whether the child is at continuing risk of significant harm; and
- to decide what future action is required to safeguard and promote the welfare of the child, how that action will be taken forward, and with what intended outcomes.

## Timing

8.111 The timing of an initial child protection conference will depend on the urgency of the case and on the time required to obtain relevant information about the child and family. If the conference is to reach well-informed decisions based on evidence, it should take place following adequate preparation and assessment of the child's needs and circumstances. At the same time, cases where children are at risk of significant harm should not be allowed to drift. Consequently, all initial child protection conferences should take place within 15 working days of the strategy discussion or the last strategy discussion if more than one has been held.

## Attendance

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

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



- professionals with expertise in the particular type of harm suffered by the child or in the child's particular condition, for example, a disability or long term illness;
- those involved in investigations (for example, the police);
- local authority legal services (child care);
- involved voluntary organisations;
- a representative of the armed services, in cases where there is a Service connection;
- Welsh family proceedings officer.

8.113 The relevant LSCB protocol should specify a required quorum for attendance, and list those who should be invited to attend, provided that they have a relevant contribution to make. As a minimum, at every conference there should be attendance by local authority children's social services and at least two other professional groups or agencies who have had direct contact with the child who is the subject of the conference. In addition, attendees may also include those whose contribution relates to their professional expertise or responsibility for relevant services. In exceptional cases, where a child has not had relevant contact with three agencies (that is, local authority children's social services and two others), this minimum quorum may be breached. The expectation is that the relevant professionals will attend so that they can be involved in planning and decision-making. In exceptional circumstances, where professionals and agencies are invited but are unable to attend they should submit a written report in advance of the meeting.

### **Involving the child and family members**

- 8.114 Before a conference is held the purpose of a conference, who will attend, and the way in which it will operate, should always be explained to a child of sufficient age and understanding and to the parents and involved family members. Where the child and/or family members do not speak English well enough to understand the discussions and express their views, an interpreter should be used.
- 8.115 Children's social services staff should give parents information about local advice and advocacy agencies, and explain that they may bring an advocate, friend or supporter.
- 8.116 The child, subject to consideration about age and understanding, should be given the opportunity to attend if s/he wishes and to bring an advocate, friend or supporter. Where the child's attendance is neither desired by him/her nor appropriate, the local authority children's social services professional who is working most closely with the child should ascertain what his/her wishes and feelings are and make these known to the conference.

- 8.117 The parents should normally be invited to attend the conference and helped to participate fully. However the involvement of family members should be planned carefully. It may not always be possible to involve all relevant family members at all times in the conference if, for example, one parent is the alleged abuser or if there is a high level of conflict between family members. Relevant adults and any children who wish to make representations to the conference may not wish to speak in front of one another.
- 8.118 Exceptionally, it may be necessary to exclude one or more family members from a conference, in whole or in part. The conference is primarily about the child and while the presence of the family is normally welcome, those professionals attending must be able to share information in a safe and non-threatening environment. Professionals may themselves have concerns about violence or intimidation, which should be communicated in advance to the conference chair.
- 8.119 LSCB procedures should set out criteria for excluding a parent or caregiver, including the evidence required. A strong risk of violence or intimidation by a family member at or subsequent to the conference, towards a child or anybody else, might be one reason for exclusion. The possibility that a parent/caregiver may be prosecuted for an offence against a child is not in itself a reason for exclusion, although in these circumstances the chair should take advice from the police about any implications arising from an alleged perpetrator's attendance. If criminal proceedings have been instigated, the view of the Crown Prosecution Service should be taken into account. The decision to exclude a parent or caregiver from the child protection conference rests with the chair of the conference, acting within LSCB procedures.
- 8.120 If the parents are excluded or are unable or unwilling to attend a child protection conference, they should be enabled to communicate their views to the conference by another means.

## **Chairing the conference**

- 8.121 A professional who is independent of operational or line management responsibilities for the case should chair the conference. The status of the chair should be sufficient to ensure inter-agency commitment to the conference and the child protection plan. Wherever possible, the same person should also chair subsequent child protection reviews in respect of a specific child. The responsibilities of the chair include:
- meeting the child and family members, in advance, to ensure that they understand the purpose of the conference and what will happen;
  - setting out the purpose of the conference to all present, determining the agenda and emphasising the confidential nature of the occasion;

- enabling all those present and absent contributors, to make their full contribution to discussion and decision-making; and
- ensuring that the conference takes the decisions required of it, in an informed, systematic and explicit way.

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

- a good understanding and professional knowledge of children's welfare and development and of best practice in working with children and families;
- the ability to look objectively at and assess the implications of the evidence on which judgements should be based;
- skills in chairing meetings in a way which encourages constructive participation, while maintaining a clear focus on the welfare of the child and the decisions which have to be taken; and
- knowledge and understanding of anti-discriminatory practice.

## **Information for the conference**

8.123 The local authority children's social services should provide the conference with a written report that summarises and analyses the information obtained in the course of the initial assessment and the core assessment undertaken under section 47 of the Children Act 1989 (in as far as it has been completed within the available time period) and information in existing records relating to the child and family. Where decisions are being made about more than one child in a family, there should be a report prepared on each child.

8.124 The report for a child protection conference should be consistent with the information set out in the Integrated Children's System Initial Child Protection Conference Report (Welsh Assembly Government, 2002). The Assessment Framework provides a structure for gathering information during section 47 enquiries and the core assessment should be informed by the information gathered during section 47 enquiries. Although a core assessment will have been commenced at the point that a decision was taken to hold a strategy discussion it is unlikely it will have been completed in time for the conference, given the 35 working day period that such assessments can take. The report should include:

- a chronology of significant events agency and professional contact with the child and family;
- information on the child's current and past state of developmental needs;
- information on the capacity of the parents and other family members to ensure the child is safe from harm, and to respond to

the child's developmental needs, within their wider family and environmental context;

- the expressed views, wishes and feelings of the child, parents and other family members; and
- an analysis of the implications of the information obtained for the child's future safety and meeting of his or her developmental needs.

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

8.126 It is good practice for all other professionals and contributors to provide, in advance, a written report to the conference that should be made available to those attending. Wherever possible, the report should be shared in advance with the parents/carers.

8.127 Other professionals attending the conference should bring with them details of their involvement with the child and family, and information concerning their knowledge of the child's developmental needs and the capacity of the parents to meet the needs of their child within their family and environmental context.

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

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

### **Action and decisions for the conference**

8.130 When determining whether the child should be the subject of a child protection plan the conference should consider whether **the child is at continuing risk of significant harm**. In such cases the test should be that either:

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

- 8.131 If the child is at continuing risk of significant harm, it will therefore be the case that safeguarding the child requires inter-agency help and intervention delivered through a formal child protection plan. It is also the role of the initial child protection conference to formulate the outline child protection plan, in as much detail as possible.
- 8.132 Conference participants should base their judgements on all the available evidence obtained through existing records, the initial assessment and the in-depth core assessment undertaken following the initiation of section 47 enquiries. The method of reaching a decision within the conference on whether the child should be the subject of a child protection plan, should be set out in the relevant LSCB protocol. The decision making process should be based on the views of all agencies represented at the conference, and also take into account any written contributions that have been made. The decision of the conference and, where appropriate, details of the category of abuse or neglect, the name of the key worker and the core group membership should be recorded in a manner that is consistent with the Integrated Children's System Initial Child Protection Conference Report (Welsh Assembly Government, 2002) and circulated to all those invited to the conference within one working day.
- 8.133 If a decision is taken that the child is at continuing risk of significant harm and, hence, in need of a child protection plan, the chair should determine which category of abuse or neglect the child has suffered. The category used (that is physical, emotional, sexual abuse or neglect) will indicate to those consulting the Child Protection Register the primary presenting concerns at the time the child became the subject of a child protection plan.
- 8.134 Where a child is to be the subject of a child protection plan, it is the responsibility of the conference to consider and make recommendations on how agencies, professionals and the family should work together to ensure that the child will be safeguarded from harm in the future.

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

- appointing the lead statutory body (either local authority children's social services or the NSPCC) and a key worker, who should be a qualified, experienced social worker and a member of the lead statutory body;
- identifying the membership of a core group of professionals and family members who will develop and implement the child protection plan as a detailed working tool;

- establishing how children, parents (including all those with parental responsibility) and wider family members should be involved in the processes of ongoing assessment, planning and implementation of the plan and the support, advice and advocacy available to them;
- establishing timescales for meetings of the core group (including the date of the first meeting), production of a child protection plan and for child protection review meetings;
- identifying in outline what further action is required to complete the core assessment and what other specialist assessments of the child and family are required to make sound judgements on how best to safeguard and promote the welfare of the child;
- drawing up the child protection plan (Welsh Assembly Government, 2002), especially, identifying what needs to change in order to safeguard and promote the welfare of the child;
- ensuring a contingency plan is in place if agreed actions are not completed and/or circumstances change, for example if a caregiver fails to achieve what has been agreed, a court application is not successful or a parent removes the child from a place of safety;
- clarifying the different purpose and remit of the initial conference, the core group, and the child protection review conference; and
- agreeing a date for the first child protection review conference and under what circumstances it might be necessary to convene the conference before that date.

8.135 The outline child protection plan should:

- identify factors associated with the likelihood of the child suffering significant harm and ways in which the child can be protected through an inter-agency plan based on the current findings from the assessment and information held from any previous involvement with the child and family;
- establish short-term and longer-term aims and objectives that are clearly linked to reducing the likelihood of harm to the child and promoting the child's welfare, including contact with family members;
- be clear about who will have responsibility for what actions – including actions by family members – within what specified timescales;
- outline ways of monitoring and evaluating progress against the planned outcomes set out in the plan; and
- be clear about which professional is responsible for checking that the required changes have taken place, and what action will be taken, by whom, when they have not.

8.136 A child may not be the subject of a child protection plan but he or she may, nonetheless, require services to promote his or her health or development. In these circumstances, the conference together with the family should consider the child's needs and what further help would assist the family in responding to them. Subject to the family's views and consent, it may be appropriate to continue with and complete a core assessment of the child's needs to help determine what support might best help promote the child's welfare. Where the child's needs are complex, inter-agency working will continue to be important. Where appropriate, a child in need plan should be drawn up and reviewed at regular intervals of no more than every six months (paragraph 4.33 and 4.36, Assessment Framework).

### **Complaints about a child protection conference**

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

- the process of the conference; the outcome, in terms of the fact of and/or the category of primary concern at the time the child became the subject of a child protection plan;
- a decision for the child to become the subject of a child protection plan.

8.138 Complaints about aspects of the functioning of conferences described above should be addressed to the conference chair. Such complaints should be passed on to local authority children's social services which, since they relate to Part V of the Children Act 1989, should be responded to in accordance with the Social Services Complaints Procedure (Wales) Regulations 2005<sup>5</sup>. In considering and responding to complaints, the local authority should form an inter-agency panel, made up of senior representatives from LSCB member agencies. The panel should consider whether the relevant inter-agency protocols and procedures have been observed correctly and whether the decision that is being complained about follows reasonably from the proper observation of the protocol(s).

8.139 Complaints about individual agencies, their performance and provision (or non-provision) of services as a consequence of assessments and conferences, including those set out in child protection plans should be responded to in accordance with the relevant agency's complaints' handling process. For example, Social Services Departments are required (by section 26 of the Children Act 1989) to establish complaints' procedures to deal with complaints arising in respect of Part III of the Act.

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<sup>5</sup> "The Directions are based on Section 7B of The Local Authority Social Services Act 1970, inserted by 5.50 of the National Health Service and Community Care Act 1990"

## **Administrative arrangements and record keeping**

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

- the essential facts of the case;
- a summary of discussion at the conference, which accurately reflects contributions made;
- all decisions reached, with information outlining the reasons for decisions;
- and a translation of decisions into an outline or revised child protection plan enabling everyone to be clear about their tasks.

8.141 The record of the conference should be agreed by the chair prior to distribution. A copy should be sent as soon as possible after the conference to all those who attended or were invited to attend, including family members, except for any part of the conference from which they were excluded. Where family members are excluded from part of the conference, the chair should decide whether or not to provide full or partial minutes of the meeting. This would be where there is third party information and where the information may be sensitive or identifies third parties. All non-identifying information should be shared with the parent as it relates to the care and welfare of their child.

8.142 The record is confidential and should not be passed by professionals to third parties without the consent of either the conference chair or the key worker. However, in cases of criminal proceedings, the police may reveal the existence of the notes to the Crown Prosecution Services (CPS) in accordance with the Criminal Procedure and Investigation Act 1996. The record of the decisions of the child protection conference should be retained by the recipient agencies and professionals in accordance with their record retention policies.

## **Action following the initial child protection conference**

### **The role of the key worker**

8.143 When a conference decides that a child's name should be placed on the Child Protection Register and, therefore, should be the subject of a child protection plan, one of the child care agencies with statutory powers (local authority children's social services or the NSPCC) should carry future child care responsibility for the case and designate an



experienced social worker to be the key worker. Each child who is the subject of a child protection plan should have a named key worker.

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

#### **The named key worker should:**

- Take a lead role in the core group as set out in *Working Together*, including ensuring that there is a written record of the action agreed at meetings, and decisions taken, and updating the child protection plan as necessary;
- Complete the core assessment within a maximum of 35 working days. Focus particularly on those areas highlighted by the child protection conference as requiring further exploration and understanding. Recognise that some specialist assessments may not be able to be completed within this period, or it may only become clear that certain types of assessments are required part way through or at the end of the core assessment, particularly when the child's needs are very complex;
- Analyse the findings of the assessment to provide an understanding of the child's needs and parenting capacity to respond appropriately to these needs within their family context and inform planning, case objectives and the nature of service provision (in accordance with Chapter 4 of the *Assessment Framework*). This understanding will not only refine the child protection plan, but it will also inform decision making at the first child protection review conference;
- Complete the Core Assessment Record.

#### **The core group**

- 8.145 The core group is responsible for developing the child protection plan as a detailed working tool, building on the outline plan agreed at the initial child protection conference, and implementing it, membership should include the key worker, who leads the core group, the child if appropriate, relevant family members and professionals or foster carers who will have direct contact with the family.

- 8.146 Although the key worker has the lead role, all members of the core group are jointly responsible for the formulation and implementation of the child protection plan, refining the plan as needed, and monitoring progress against the planned outcomes set out in the plan. All professionals working with children and or families under the child protection plan must be alert to indications that the plan may be failing to protect the child. Any professional who is concerned about this should promptly inform the key worker and a re-appraisal of the case by the core group should be undertaken without delay. In all such circumstances the key workers line manager and your own manager should be informed.
- 8.147 Core groups are an important forum for working with parents, wider family members, and children of sufficient age and understanding. It can often be difficult for parents to agree to a child protection plan within the confines of a formal conference. Their agreement may be gained later when details of the plan are worked out in the core group. Sometimes there may be conflicts of interest between family members who have a relevant interest in the work of the core group. The child's best interests should always take precedence over the interests of other family members.
- 8.148 The first meeting of the core group should take place within 10 working days of the initial child protection conference. The purpose of this first meeting is to develop the child protection plan and decide what steps need to be taken, by whom to complete the core assessment on time. Thereafter, core groups should meet sufficiently regularly to facilitate working together, monitor actions and outcomes against the child protection plan and make any necessary alterations as circumstances change. The information contained in the child protection plan should be consistent with the information contained in the Integrated Children's System Child Protection Plan exemplar (Welsh Assembly Government 2002).
- 8.149 There should be a written note recording the decisions taken and actions agreed at core group meetings. The information recorded should be consistent with the information set out in the Initial Core Group records published by the Welsh Assembly Government (2006). The child protection plan should be updated as necessary.
- 8.150 Completion of the core assessment, within 35 working days, should include an analysis of the child's developmental needs and the parents' capacity to respond to those needs, including parents' capacity to ensure that the child is safe from harm. It may be necessary to commission specialist assessments (for example, from child and adolescent mental health services) which it may not be possible to complete within this time period. This should not delay the drawing together of the core assessment findings at this point.

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

**In summary, the core group should:**

- Be led by the named key worker, and include the child if appropriate, family members, and professionals or foster carers who will be working with the family;
- Arrange for the provision of appropriate services whilst awaiting the completion of any specialist assessment(s);
- Take responsibility, as a group, for developing the child protection plan as a detailed working tool, and implementing it, based on the outline plan agreed at the initial child protection conference. It should be refined as necessary, and the progress of the child and family members should be monitored against objectives specified in the plan;
- Provide an important forum for working with parents, wider family members, and children of sufficient age and understanding. It can be difficult for parents to agree to a child protection plan within the confines of a formal conference. Their agreement may be secured later when details of the plan are negotiated in the core group. Sometimes there may be conflicts of interest between family members who have a relevant interest in the work of the core group. The child's best interests should always take precedence over those of other family members;
- Meet for the first time within 10 working days of the initial child protection conference, to develop in more detail the outline child protection plan and decide what further steps are required, by whom, to complete the core assessment on time. Thereafter, core groups should meet sufficiently frequently to facilitate working together, monitor actions and outcomes as set out in the child protection plan and make any alterations as the child's and family members' circumstances change.

**All other professionals should:**

- Liaise closely with social services in gathering relevant historical material and integrating this within an assessment of the child's developmental needs and the capacity of their parents to respond to these needs.
- Use information gained during core assessment, including capacity for change, to inform decisions about the child's safety and future work with the child and family.
- Undertake specialist assessments as appropriate and provide reports to the named key worker.

## The child protection plan

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

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

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

- describe the identified developmental needs of the child and what therapeutic services are required;
- include specific, achievable, child-focused outcomes intended to safeguard and promote the welfare of the child;
- include realistic strategies and specific actions to achieve the planned outcomes;
- clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- lay down points at which progress will be reviewed, and the means by which progress will be judged; and
- set out clearly the roles and responsibilities of those professionals with routine contact with the child, for example, health visitors, GPs and teachers, as well as any specialist or targeted support to the child and family.

8.154 The child protection plan should take into consideration the wishes and feelings of the child and the views of the parents, insofar as they are consistent with the child's welfare.

## **Agreeing the plan with parents**

- 8.155 Parents should be clear about the evidence of significant harm which resulted in the child becoming the subject of a child protection plan, what needs to change, and about what is expected of them as part of the plan for safeguarding and promoting the child's welfare. All parties should be clear about the respective roles and responsibilities of family members and different agencies in implementing the plan.
- 8.156 The key worker should make every effort to ensure that the children and parents have a clear understanding of the planned outcomes, that they accept the plan and are willing to work to it. The plan should be constructed with the family in their preferred language and they should receive a written copy in this language so that they are clear about who is doing what, when and the planned outcomes for the child.
- 8.157 If family members' preferences about how best to safeguard and promote the welfare of the child are not accepted, the reasons for this should be explained to them. Families should be told about their right to complain and make representations, how to do so and about the support available to them in making a complaint.

## **Intervention**

- 8.158 Decisions about how to intervene, including what services to offer, should be based on evidence about what is likely to work best to bring about good outcomes for the child. A number of aspects of intervention should be considered in the context of the child protection plan, in the light of evidence from assessment of the child's developmental needs, the parents' capacity to respond appropriately to the child's needs and the wider family circumstances.
- 8.159 It is important that services are provided to give the child and family the best chance of achieving the required changes. If a child cannot be cared for safely by his or her caregiver(s) she or he will have to be placed elsewhere whilst work is being undertaken with the child and family. Irrespective of where the child is living, interventions should specifically address:
- the developmental needs of the child;
  - the child's understanding of what has happened to him or her;
  - the abusing caregiver/child relationship and parental capacity to respond to the child's needs;
  - the relationship between the adult caregivers, both as adults and parents;
  - family relationships;
  - the family's relationship with professionals;

- possible changes to the family's social and environmental circumstances.
  - Intervention may have a number of inter-related components:
  - action to make a child safe;
  - action to help promote a child's health and development;
  - action to help a parent(s)/caregiver(s) in safeguarding a child and promoting his or her welfare;
  - therapy for an abused child; and
  - support or therapy for a perpetrator of abuse.
- 8.160 The development of secure parent–child attachments is critical to a child's healthy development. The quality and nature of the attachment will be a key issue to be considered in decision making, especially if decisions are being made about moving a child from one setting to another, re-uniting a child with his or her birth family or considering a permanent placement away from the child's family. If the plan is to assess whether the child can be reunited with the caregiver(s) responsible for the abuse, very detailed work will be required to help the caregiver(s) develop the necessary parenting skills.
- 8.161 A key issue in deciding on suitable interventions will be whether the child's developmental needs can be responded to within his or her family context and within timescales that are appropriate for the child. These timescales may not be compatible with those for the parent/carer(s). Practitioners, managers and their agencies may sometimes need to consider whether this is the case in respect of parents who are ill, disabled and/or open to receiving therapeutic help.
- 8.162 The process of decision making and planning should be as open as possible, from an ethical as well as practical point of view.
- 8.163 Where the family situation is not improving or changing fast enough to respond to the child's needs, decisions will be necessary about the long-term future of the child. In the longer term it may mean it will be in the best interests of the child to be placed in an alternative family context. Key to these considerations is what is in the child's best interests, informed by the child's views.
- 8.164 Children who have suffered significant harm may continue to experience the consequences of this abuse, irrespective of where they are living: whether remaining with or being reunited with their families or alternatively being placed in new families. This relates particularly to their behavioural and emotional development. Therapeutic work with the child should continue, therefore, irrespective of where the child is placed, in order to ensure the needs of the child are responded to appropriately.

8.165 More information to assist with making decisions about interventions is available in the Assessment Framework and the accompanying practice guidance.

**The named key worker should:**

- Undertake work with the child and family in accordance with the child protection plan.
- Liaise with all professionals providing services to the child and family to keep up to date with progress and ensure each professional is aware of what the others are achieving as part of taking forward the agreed plan

**Other practitioners should:**

- Liaise with the key worker and keep them up to date with progress.
- Provide services according to the agreed plan and, where necessary, undertake specialist assessments to inform the review of the plan.
- Be involved in considering the relative importance of a number of different factors, including, where a child has been separated from his or her birth family, the level of hopefulness and the presence of factors associated with failure of reunification, based on sound research evidence.
- Respond to requests to prepare reports to courts about the likely effect of specific interventions, or their success with the carers.

**The child protection review conference**

**Timescale**

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

**Purpose**

8.167 The purpose of the child protection review is to review the safety, health and development of the child against intended outcomes set out in the child protection plan; to ensure that the child continues to be safeguarded from harm; and to consider whether the child protection plan should continue in place or should be changed. The reviewing of

the child's progress and the effectiveness of interventions are critical to achieving the best possible outcomes for the child.

- 8.168 The review requires as much preparation, commitment and management as the initial child protection conference. Every review should consider explicitly whether the child continues to be at risk of significant harm and, hence, continues to require safeguarding from harm through adherence to a formal child protection plan. If not, then the child's name may be removed from the Child Protection Register. The same LSCB decision-making procedure should be used to reach a judgement on de-registration as is used for registration at the initial child protection conference. As with initial child protection conferences, the relevant LSCB protocol should specify a required quorum for attendance at review conferences. As far as possible the quorum should not be such that it leads to delays in reviews. Where a review conference has to be unavoidably delayed because it is not quorate, steps should be taken to reconvene the review as soon as possible.
- 8.169 The core group has a collective responsibility to produce reports for the child protection review which together provide an overview of work undertaken by family members and professionals, and evaluate the impact on the child's welfare against the planned outcomes set out in the child protection plan. The content of the report to the review child protection conference should be consistent with the information set out in the Integrated Children's System Child Protection Review (Welsh Assembly Government, 2002).

## **Decision making**

### **Discontinuing the child protection plan/De-registration**

- 8.170 A child's name may be removed from the register and should no longer be the subject of a child protection plan if:
- it is judged that the child is no longer at continuing risk of significant harm requiring safeguarding by means of a child protection plan (for example, the likelihood of harm has been reduced by action taken through the child protection plan; the child and family's circumstances have changed; or re-assessment of the child and family indicates that a child protection plan is not necessary). Under these circumstances, only a child protection review conference can decide that a child protection plan is no longer necessary;
  - the child and family have moved permanently to another local authority area. In such cases, the receiving local authority should convene a child protection conference within 15 working days of being notified of the move, only after which event may discontinuing the child protection plan take place in respect of the original local authority's child protection plan;
  - the child has reached 18 years of age, has died or has permanently left the UK.



- 8.171 When a child's name is removed from the child protection register/is no longer the subject of a child protection plan, notification should be sent, as minimum, to all those agencies representatives who were invited to attend the initial child protection conference that led to the plan.
- 8.172 A child who is no longer the subject of a child protection plan may still require additional support and services and discontinuing the child protection plan should never lead to the automatic withdrawal of help. The key worker should discuss with the parents and the child what services might be wanted and required, based upon the re-assessment of the needs of the child and family. In these circumstances a child in need plan should be developed in partnership with the child, family and other relevant agencies. This plan should be reviewed regularly to ensure it meets the needs of the child/children

### **Social services managers should**

- Ensure that the first child protection review conference is convened to take place within three months of the initial child protection conference, and that further reviews are convened at intervals of not more than six months for as long as the child's name remains on the child protection register. Where necessary, reviews should be brought forward to address changes in the child's circumstances;
- Ensure that the conference is scheduled so that those most involved with the child and family are able to attend, in the same way as at an initial child protection conference;
- Ensure that the outcome of the review meeting is recorded, including whether the child's name is to be removed from the register, and any changes to the child protection plan (Department of Health. 2002);
- Ensure that if a child's name is removed all those agencies' representatives who were invited to attend the initial child protection conference that led to the registration are notified.

### **The named key worker should...**

- Consider, with the Chair of the review conference, how best to ensure the child's participation, the appropriate involvement of all agencies and individuals and supervision and oversight by responsible managers.
- Prepare a report for the Child Protection Review Conference.
- Where the child's name is removed from the register, discuss with the parents and the child what services might be wanted and required. This discussion should be based upon the re-assessment of the child's needs within his or her family, since the child may still require additional support and services. De-registration should never lead to the automatic withdrawal of help.

- If, after de-registration, services continue to be provided by social services, a child in need plan should be drawn up and reviewed at intervals of not more than six months until the case is closed. The child, their family members and relevant professionals should be involved in the development of the plan.

### **All practitioners should**

- Produce reports for the Child Protection Review Conference, which together will provide an overview of work undertaken by family members and professionals, and evaluate the impact on the child's welfare against the objectives set out in the child protection plan.
- Attend the review meeting, where appropriate, contribute to decision making.
- Contribute to any child protection or child in need plan.

### **Pre-birth child protection conferences and reviews pre-birth child protection conferences**

8.173 Where a core assessment under section 47 of the Children Act 1989 gives rise to concerns that an unborn child may be at future risk of significant harm, local authority children's social services may decide to convene an initial child protection conference prior to the child's birth. Such a conference should have the same status, and proceed in the same way, as other initial child protection conferences, including decisions about a child protection plan. Similarly in respect of child protection review conferences. The involvement of midwifery services is vital in such cases.

### **Children looked after by the Local Authority**

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

8.175 The Review of Children's Cases (Amendment) Regulations 2004 requires each responsible authority to appoint an independent reviewing officer (IRO). The IROs are responsible for monitoring the local authority's review of the care plan, with the aim of ensuring that actions required to implement the care plan are carried out and outcomes monitored. The Regulations give IROs power to refer a case to a Welsh Family Proceedings Officer to take legal action as a last

resort where a child's human rights are considered to be in breach through failure to implement the care plan.

- 8.176 Where looked after children are also subject to a child protection review conference the overriding principle must be that the systems are integrated and carefully monitored in a way that promotes a child centred and not a bureaucratic approach. It is important to link the timing of a child protection review conference with the review under the Review Regulations to ensure that information from the former is brought to the review meeting, and informs the overall care planning process. It should be remembered that significant changes to the care plan can only be made at the looked after children review meeting.
- 8.177 IROs may be employed to chair child protection conferences as well as looked after children reviews. The appropriateness of the IRO undertaking this role should be considered. This must be managed in a way which ensures that the independence of the IRO is not compromised.

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

- 8.178 Local authority children's social services IT systems should be capable of recording in the child's case record when the child's name is placed on the child protection register and is the subject of a child protection plan. Each Local Authority's IT system which is supporting the Integrated Children's System (ICS) (required to be operational from 31 December 2006) should be capable of producing a list of all the children resident in the area (including those who have been placed there by another local authority or agency) who are considered to be at continuing risk of significant harm, and for whom there is a child protection plan.
- 8.179 The principal purpose of having the IT capacity to record that a child is on the child protection register and the subject of a child protection plan is to enable agencies and professionals to be aware of those children who are judged to be at continuing risk of significant harm and who are the subject of a child protection plan. It is essential that both police and health professionals are able to obtain this information both in and outside office hours.
- 8.180 Children should be recorded as having been abused or neglected under one or more of the categories of physical, emotional, or sexual abuse or neglect, according to a decision by the chair of the child protection conference. These categories help indicate the nature of the current concerns. Recording information in this way also allows for the collation and analysis of information locally and nationally and for its use in planning the provision of services. The categories selected should reflect all the information obtained in the course of the initial assessment and core assessment under s47 or the Children Act 1989

and subsequent analysis and should not just relate to one or more abusive incidents.

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

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

- ensuring that records on children who are on the child protection register/are the subject of a child protection plan are kept up to date;
- ensuring enquiries about children about whom there are concerns or who have child protection plans are recorded and considered in accordance with paragraph 8.42 to 8.52;
- managing other notifications of movements of children into or out of the local authority area such as children who have a child protection plan and looked after children;
- managing notification of people who may pose a risk of harm to children who are either identified with the local authority area or have moved into the local authority area.

8.182 Information on each child known to local authority children's social services should be kept up-to-date on the Local Authorities ICS IT system to enable social service to provide accurate information about the child to legitimate enquirers. This information should be accessible at all times to such enquirers. The details of enquirers should always be checked and recorded on the system before information is provided.

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

## **Recording**

8.184 Good record keeping is an important part of the accountability of **all professionals** to those who use their services. It helps to focus work,

and it is essential to working effectively across agency and professional boundaries. Clear and accurate records ensure that there is a documented account of an agency's or professional's involvement with a child and or/family. They help with continuity when individual workers are unavailable or change, and they provide an essential tool for managers to monitor work or for peer review. Records are an essential source of evidence for investigations and inquiries, and may also be required to be disclosed in court proceedings. Cases where section 47 enquiries do not result in the substantiation of referral concerns should be retained in accordance with agency retention policies. These policies should ensure that records are stored safely and can be retrieved promptly and efficiently.

- 8.185 To serve these purposes records should use clear, straightforward language, be concise, and be accurate not only in fact, but also in differentiating between opinion, judgements and hypothesis.
- 8.186 Well kept records provide an essential underpinning to good professional practice. Safeguarding and promoting the welfare of children requires information to be brought together from a number of sources and careful professional judgements to be made on the basis of this information. Records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear.
- 8.187 The exemplars (Welsh Assembly Government, 2002) produced to support the implementation of the Integrated Children's System contain the information requirements for local authority children's social services together with others when recording information about children in need and their families. The appropriate record to use at different stages of working with children and families has been referenced throughout this chapter.

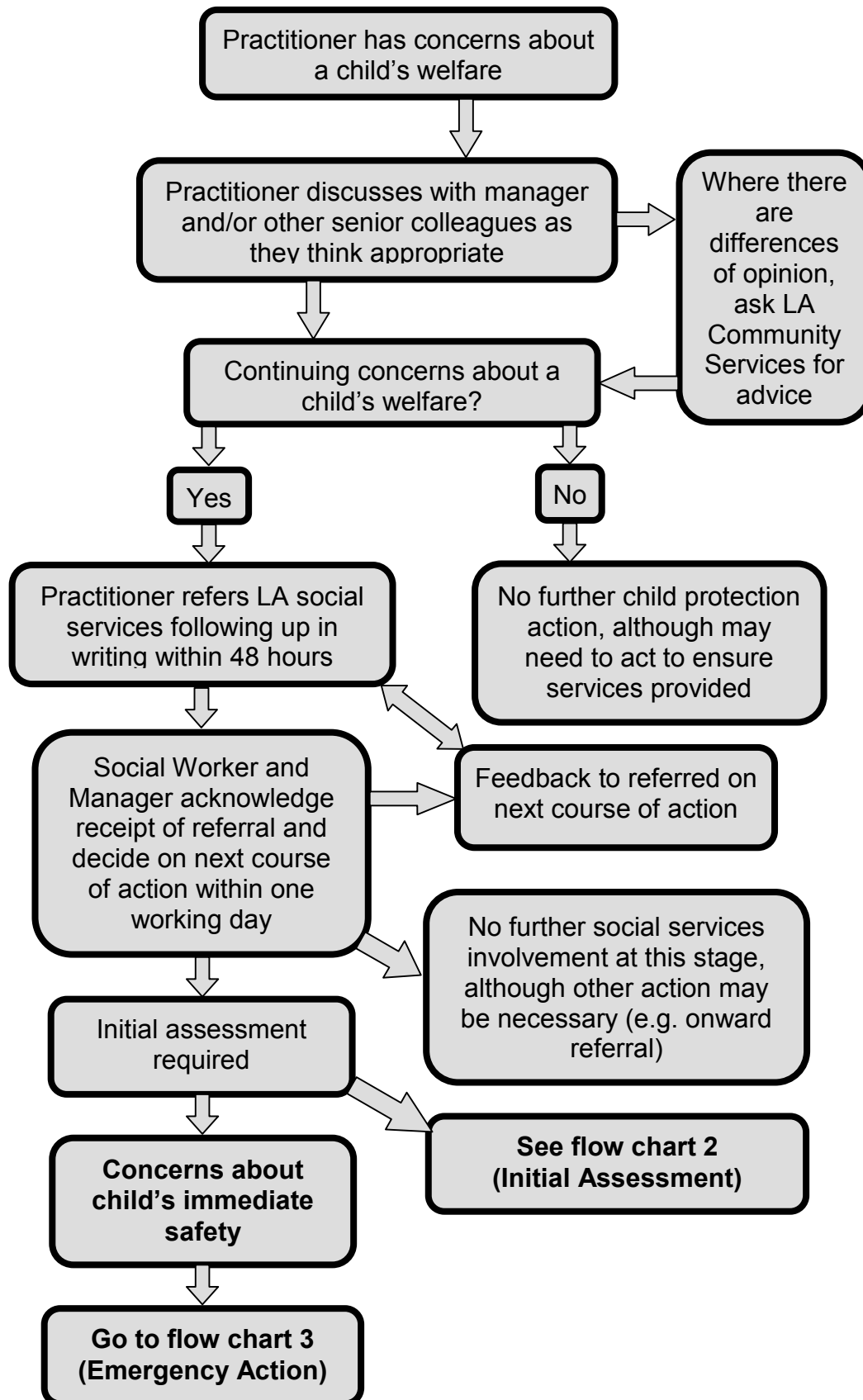
**In undertaking a core assessment, the child's social workers should...**

- Lead on the core assessment as set out in the Framework for the Assessment of Children in Need and their Families and record the findings.
- In particular, see the child and communicate with him or her to assess their understanding, if old enough, of their situation and the nature of their relationship with each significant family member (including all care givers).
- Determine each of the caregivers' relationships with the child, the parents' relationship with each other and the children in the family, as well as the wider family, social and environmental factors impacting on

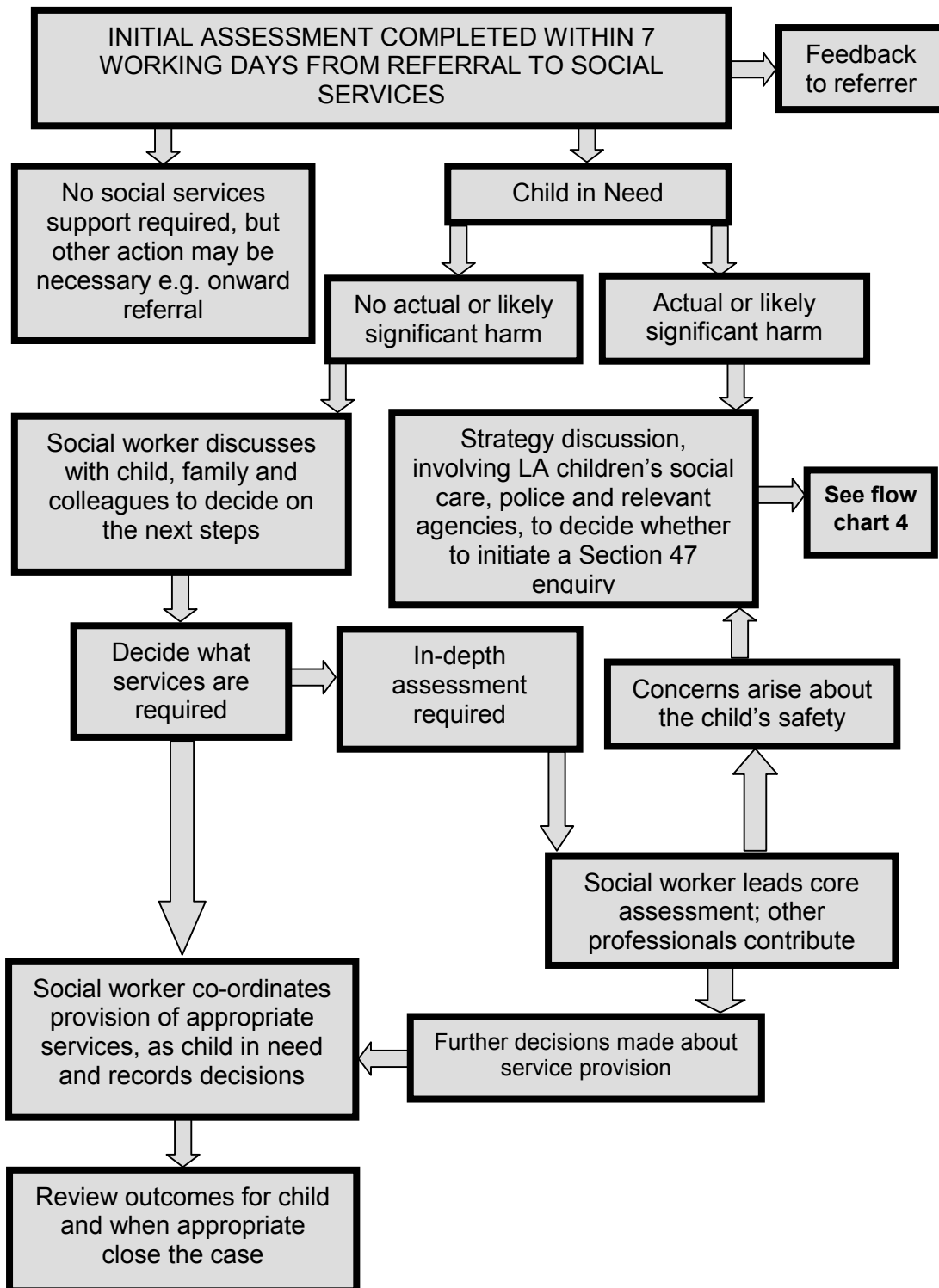
them. Use relevant Questionnaires & Scales (see Appendix B for details) and other evidence based tools to obtain information on specific areas of family life.

- When interviewing carers/parents avoid giving greater weight to what they say as opposed to what the child says.
- Systematically gather information about the history of the child and each family member, building on that already gathered during the course of each agency's involvement with the child and record it in the chronology. Use the findings from any specific assessments of the child and/or family members to inform the core assessment
- Keep careful and detailed notes, as this is very important for any subsequent police investigation or court action. Record any unusual events and make a distinction between events reported by the carer and those actually witnessed by others including professionals. Notes should be timed, dated and signed legibly and kept in a secure place so that they are not able to be accessed by unauthorised persons.
- At the conclusion of this phase of the assessment, together with their manager and other professionals as appropriate, analyse the findings to reach an understanding of the child's circumstances which should inform future plans, case objectives and decisions about what types of services should be provided.

## Flow Chart 1: Referral

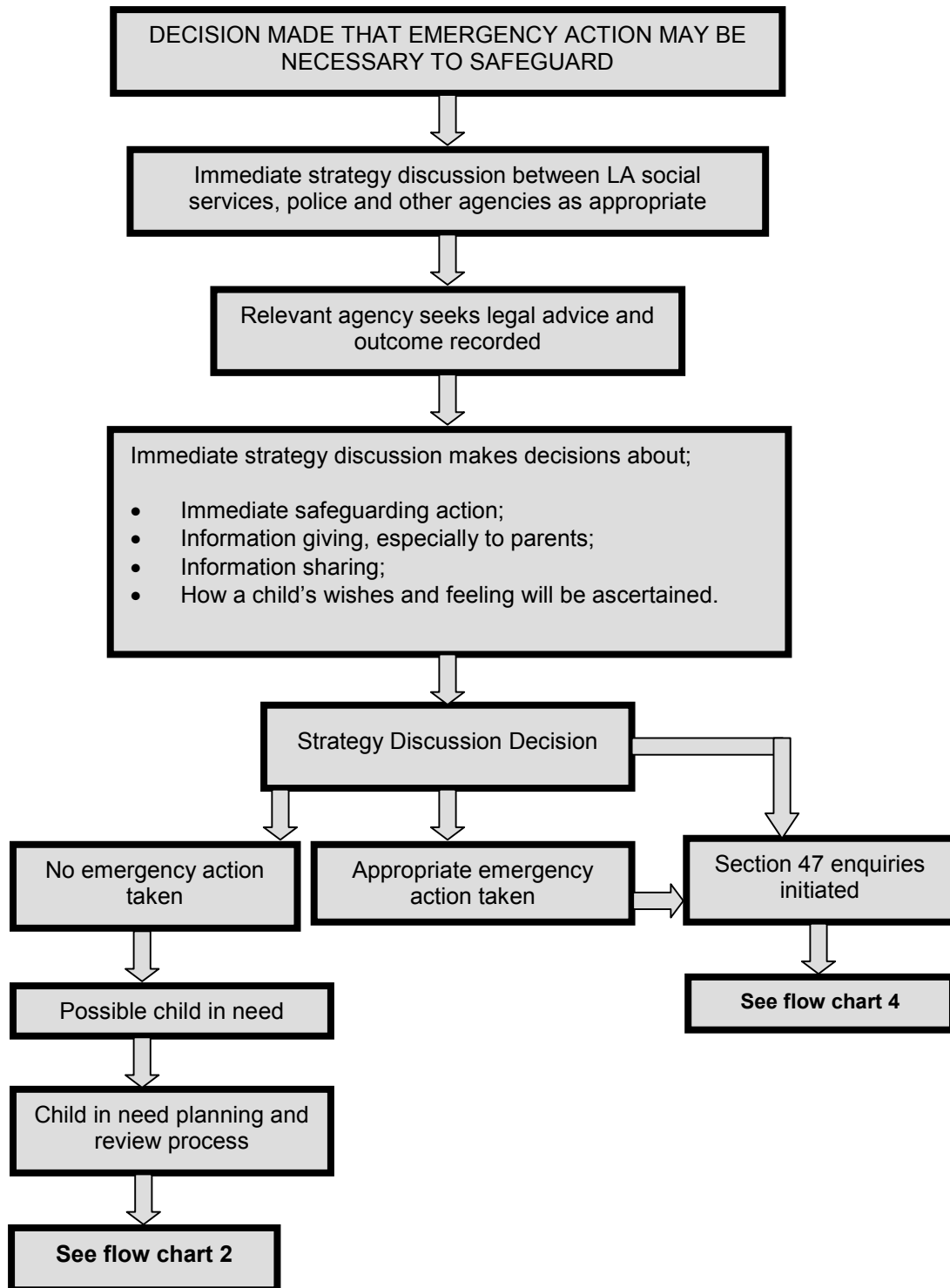


**Flow Chart 2: What happens following Initial Assessment**

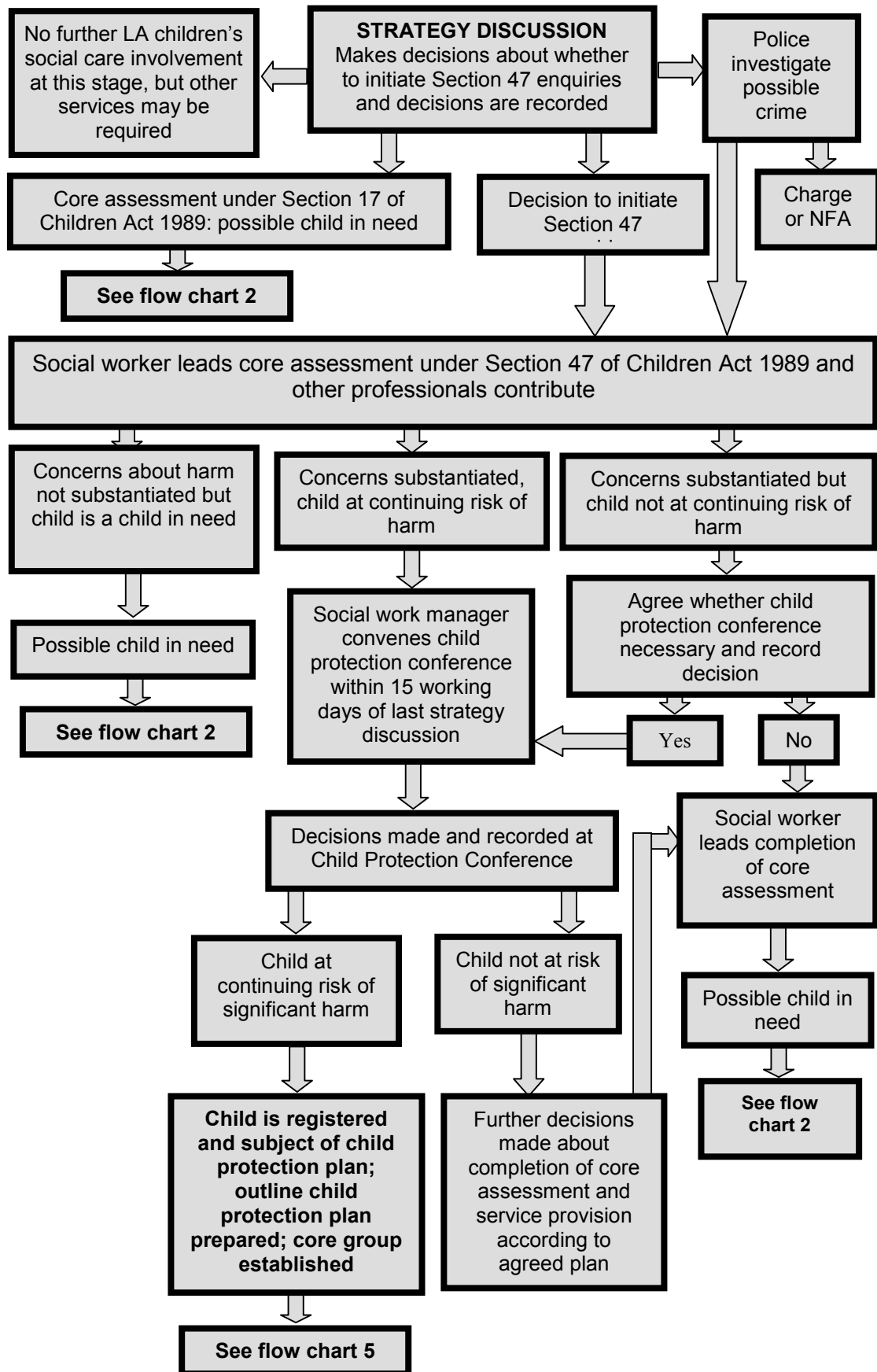




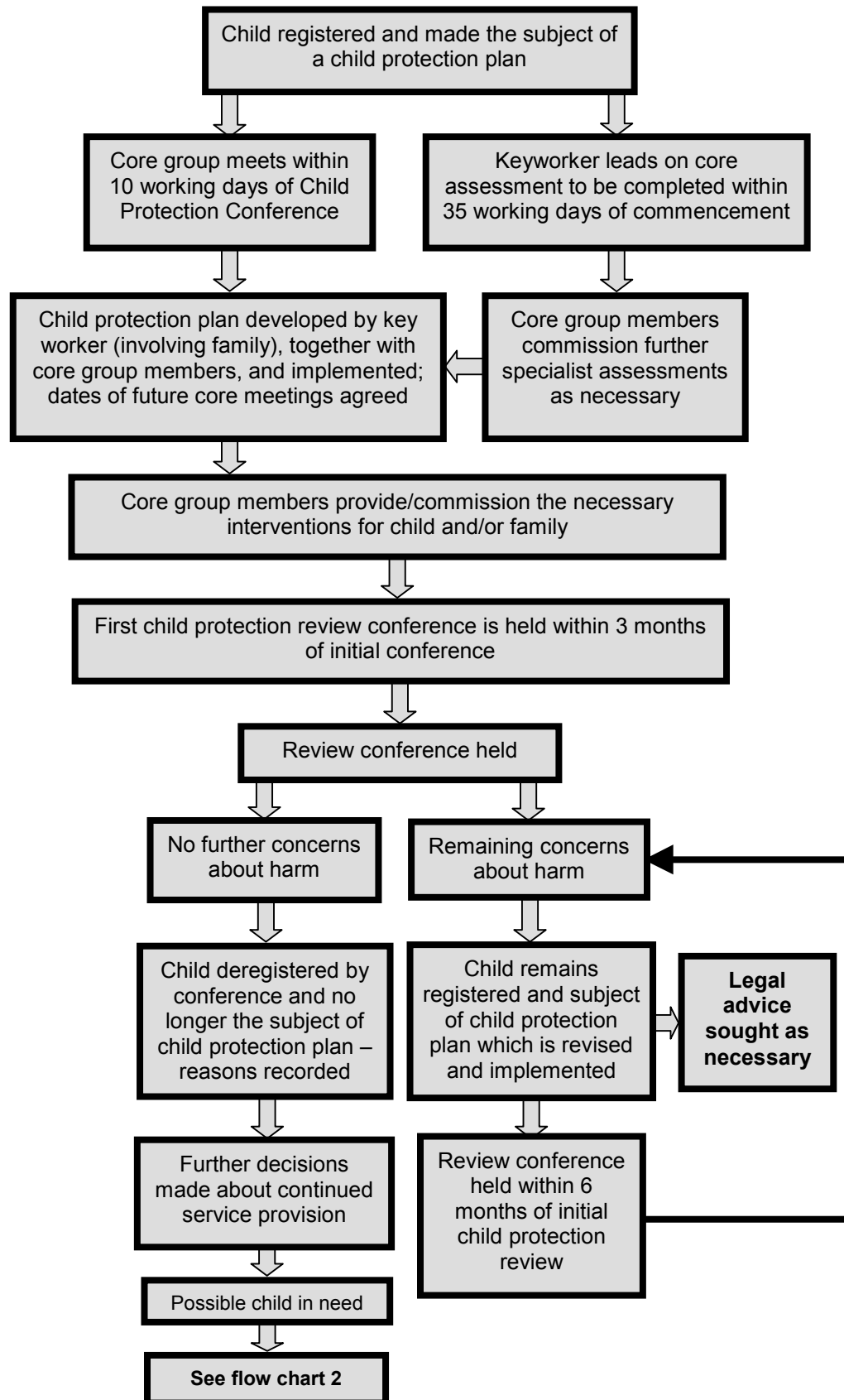
### Flow Chart 3: Urgent Action to Safeguard Children



## Flow Chart 4: What happens after the Strategy Discussion?



## Flow Chart 5: What happens after the Child Protection Conference, including the Review Process?





## **9: Safeguarding Children Who May Be Particularly Vulnerable**

### **Introduction**

- 9.1 This chapter outlines some special considerations that apply to safeguarding children in a range of specific circumstances. It adds to, rather than substitutes for Chapter 8, which sets out the basic framework of action to be taken in all circumstances when a parent, professional, or any other person has concerns about the welfare of a child.

### **Children living away from home**

#### **General**

- 9.2 Revelations of the widespread abuse and neglect of children living away from home have done much to raise awareness of the particular vulnerability of children in a residential setting. Many of these have focused on sexual abuse, but physical and emotional abuse and neglect - including peer abuse, bullying and substance misuse - are equally a threat in institutional settings. There should never be complacency that these are problems of the past - there is a need for continuing vigilance.
- 9.3 Concern for the safety of children living away from home has to be put in the context of attention to the overall developmental needs of such children, and a concern for the best possible outcomes for their health and development. Every setting in which children live away from home should provide the same basic safeguards against abuse, founded on an approach which promotes their general welfare and protects them from harm of all kinds, and treats them with dignity and respect. Many of these services are regulated in Wales by the Care Standards Inspectorate for Wales (and in England by the Commission for Social Care Inspection) to ensure, among other things, that the arrangements for safeguarding children meet the appropriate regulations and national minimum standards.
- 9.4 LSCB procedures should include a clear policy statement that local child protection procedures apply in every situation, including children living away from home. Individual agencies should have clear and unambiguous procedures in line with the LSCB's arrangements. Responsibility for initiating child protection procedures is the responsibility of the authority where the child is present. This authority will liaise with the child's home authority and any other relevant authority.

## Basic safeguards

9.5 There are a number of essential safeguards which should be observed in all settings in which children live away from home, in foster care, residential care, private fostering, health settings, residential schools, prisons, young offenders institutions, secure units and any other settings. Where services are not directly provided, basic safeguards should be explicitly addressed in contracts with external providers. These safeguards include that:

- children feel valued and respected and their self-esteem is promoted;
- there is an openness on the part of the institution to the external world and external scrutiny, including openness with families and the wider community;
- there are clear, written policies and procedures on children's safeguards that are in line with Local Safeguarding Children Board procedures for the area and that are complied with by all staff;
- staff and foster carers are trained in all aspects of safeguarding children, alert to children's vulnerabilities and risks of harm, and knowledgeable about how to implement child protection policies and procedures;
- complaints procedures are clear, effective, user friendly and are readily accessible to children and young people, including those with disabilities and those for whom English is not a first language. Children should have support to use these procedures. Procedures should address informal as well as formal complaints. Systems that do not promote open communication about 'minor' complaints will not be responsive to major ones, and a pattern of 'minor' complaints may indicate more deeply seated problems in management and culture which need to be addressed. There should be a complaints register in every children's home which records all representations or complaints, the action taken to address them, and the outcomes;
- children have ready access to a trusted adult outside the institution, e.g. a family member, the child's social worker, independent visitor, children's advocate. Children should have support to use these procedures. Children should be made aware of the help they could receive from independent advocacy services, external mentors and ChildLine;
- recruitment and selection procedures are rigorous and create a high threshold of entry to deter those unsuitable to work with children;
- clear policies, procedures and support systems are in place for dealing with expressions of concern by staff and carers about other staff or carers. Organisations should have a code of conduct instructing staff on their duty to their employer and their professional

obligation to raise legitimate concerns about the conduct of colleagues or managers.

- there should be a guarantee that procedures can be invoked in ways which do not prejudice the 'whistle-blower's' own position and prospects;
- there is respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability;
- there is effective supervision and support, which extends to temporary staff and volunteers; and
- staff and carers are alert to the risks to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home.

## **Race and racism**

- 9.6 Children from black and minority ethnic groups (and their parents) are likely to have experienced harassment, racial discrimination and institutional racism. Although racism causes significant harm it is not, in itself, a category of abuse. The experience of racism is likely to affect the responses of the child and family to assessment and enquiry processes. Failure to consider the effects of racism will undermine efforts to protect children from other forms of significant harm. The effects of racism differ for different communities and individuals, and should not be assumed to be uniform.
- 9.7 The need for neutral, high quality, gender-appropriate translation or interpretation services should be taken into account when working with children and families whose language of normal use is not English. However, children should never be used as interpreters.
- 9.8 All organisations working with children, including those operating in areas where black and minority ethnic communities are numerically small, should address institutional racism, defined in the MacPherson Inquiry Report on Stephen Lawrence as "the collective failure by an organisation to provide an appropriate and professional service to people on account of their race, culture and/or religion".

## **Bullying**

- 9.9 Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, including: physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). The inappropriate use of mobile 'phones and other technology may also be a factor and should be recognised.

- 9.10 The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm). All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti-bullying strategies.

## **Foster care**

- 9.11 Foster care is undertaken in the private domain of carers' own homes. This may make it more difficult to identify abusive situations and for children to find a voice outside the family. Social workers are required to see children in foster care on their own for a proportion of visits, and evidence of this should be recorded.
- 9.12 Foster carers should monitor the whereabouts of their foster children, their patterns of absence and contacts. Foster carers should notify the placing authority of any unauthorised absence by a child and, where this is set down in any local protocol, within any specified period.
- 9.13 Social services' duty to conduct child protection enquiries, when there are concerns about significant harm to a child, applies on the same basis to children in foster care as it does to children in their own families. Enquiries should consider the safety of any other children living in the household, including the foster carers' own children. Where these enquiries relate to foster carers provided by an independent fostering agency the Care Standards Inspectorate for Wales should be informed.
- 9.14 Where foster carers care for children who have been abused, who may have been abused or who may have abused others, they have a right to be given full information, both in the interests of the child and of the foster family.

## **Private fostering**

- 9.15 Under the Children Act 1989 private foster carers and those with parental responsibility are required to notify the local authority of their intention to privately foster or to have a child privately fostered a minimum of 6 weeks in advance of a placement and within 48 hours of the placement beginning.
- 9.16 It is the duty of every local authority to satisfy themselves that the welfare of children who are privately fostered within their area is being satisfactorily safeguarded and promoted, and to ensure that such advice as appears to be needed is given to the private foster carers. In order to do so, they must visit privately fostered children at regular intervals. The minimum visiting requirements are set out in The Children (Private Arrangements for Fostering) (Wales) Regulations 2006.



- 9.17 Local authorities must satisfy themselves as to such matters as the suitability of the private foster carer, and the private foster carer's household and accommodation. They have the power to impose requirements on the private foster carer or, if there are serious concerns about an arrangement, to prohibit it. The Children Act 1989 creates a number of offences in connection with private fostering, including failure to notify an arrangement or to comply with any requirement or prohibition imposed by the authority. Certain people are disqualified from being private foster carers.
- 9.18 The Children Act 2004 strengthens local arrangements for notification. Paragraph 7A of Schedule 8 to the Children Act 1989, requires local authorities to promote awareness in their area of notification requirements, and to ensure that such advice as appears to be needed is given to those concerned with children who are, or are proposed to be, privately fostered. This will include parents and private foster carers.
- 9.19 Local authorities are also required to satisfy themselves of the suitability of a proposed arrangement before a child is privately fostered (where advance notice is given).
- 9.20 The private fostering regulations also require local authorities to monitor their compliance with all their duties and functions in relation to private fostering, and place a duty on them to appoint an officer for this purpose.
- 9.21 Teachers, health and other professionals should notify the local authority of any private fostering arrangement that comes to their attention, where they are not satisfied that the local authority has been or would be notified of the arrangement. It is good practice to inform the foster parents of the referral but if it is considered that this could place the child at risk of harm then it is not necessary to obtain the consent of the foster parents.

### **Investigating organised or multiple abuse**

- 9.22 Organised or multiple abuse may be defined as abuse involving one or more abuser and a number of related or non-related abused children and young people. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse.
- 9.23 Organised and multiple abuse occur both as part of a network of abuse across a family or community, and within institutions such as residential homes or schools. Such abuse is profoundly traumatic for the children who become involved. Its investigation is time-consuming and demanding work requiring specialist skills from both police and social work staff. Some investigations become extremely complex because of

the number of places and people involved, and the timescale over which abuse is alleged to have occurred. The complexity is heightened where, as in historical cases, the alleged victims are no longer living in the situations where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role.

9.24 Each investigation of organised or multiple abuse will be different, according to the characteristics of each situation and the scale and complexity of the investigation. Each requires thorough planning, good inter-agency working, and attention to the welfare needs of the children involved. The guidance above on investigating allegations of abuse against professionals is equally relevant to investigating organised or multiple abuse within an institution. In addition, there are some important issues which should be addressed in all major investigations, and which should be reflected in local procedures;

- bring together a trusted and vetted team from police and social work (either social services or NSPCC or both) to manage and conduct major investigations where a criminal investigation runs alongside child protection enquiries. Set out clearly the terms of engagement for the team. Emphasise the need for confidentiality. It is essential that the managers of the team have training and expertise in conducting investigations, legal processes, disciplinary proceedings, children's welfare and profiles and methods of abusers (in cases of sexual abuse). Team members need expertise in conducting investigations, child protection processes, and children's welfare, and they should be committed to working closely together;
- involve the most senior managers from involved agencies at a strategic level. They should ensure that appropriate resources are deployed and staff are supported, and should agree upon the handling of political and media issues arising from the investigation;
- where allegations of abuse relate to a regulated setting the Care Standards Inspectorate for Wales should be included in strategy discussions;
- the police should appoint a Senior Investigating Officer of appropriate rank and experience, and should consider the use of Major Incident Room Standard Administrative Procedures and the Home Office Large Major Enquiry System;
- ensure that records are safely and securely stored;
- recognise and anticipate that an investigation may become more extensive than suggested by initial allegations;
- where a social services department's own staff (or foster carers) are being investigated, it is essential to ensure independence and objectivity on the part of the social work team. Where it is practicable, in the circumstances, to conduct a rigorous and

impartial investigation using the authority's own staff, it is essential to ensure sufficient distance (in structural and geographical terms) between such staff and those being investigated. This means that the inclusion of staff members or managers from the institution or workplace under investigation should be considered with particular care;

- begin every investigation with a strategy discussion to agree terms of reference and ways of working. Relevant areas for decision-making include the timing, parameters and conduct of the investigation; lines of accountability and communication; the safe and secure storage of records; the deployment of staff and resources; and a communications strategy encompassing authority members, staff, children and families, the media, and the Social Services Inspectorate for Wales. Terms of reference should include assurances that the team will have full access to records and individuals who hold important information;
- secure access to expert legal advice. The inter-relationship between criminal, civil and employment processes is complex;
- use regular strategic planning meetings and reviews to consider the conduct of the investigation, next steps, and the effectiveness of joint working. Always minute meetings;
- agree clear written protocols between police, social services and other agencies in relation to all key operational and policy matters, including information sharing;
- consider first whether there are any children involved who need active safeguarding and/or therapeutic help, and how this should be achieved in a way which is consistent with the conduct of criminal investigations;
- make a thorough assessment of victims' needs, and provide services to meet those needs;
- it is good practice to provide a confidential and independent counselling service for victims and families. Agree guidelines with counselling and welfare services on disclosure of information, to avoid the contamination of evidence;
- provide care and support for the investigation team - much of the work may be difficult and distressing;
- put in place a means of identifying and acting on lessons learned from the investigation (e.g. in respect of policies, procedures and working practices which may have contributed to the abuse occurring) as the investigation proceeds, and at its close; and
- at the close of the investigation, assess its handling and identify lessons for conducting similar investigations in future.

## **Children in hospital**

- 9.25 The National Service Framework for Children, Young People and Maternity Services (NSF) sets out standards for hospital services.
- 9.26 When children are in hospital, this should not in itself jeopardise the health of the child or young person further. The NSF requires hospitals to ensure that their facilities are secure, and regularly reviewed. There should be policies relating to breaches of security and involving the police. The Local Authority where the hospital is located is responsible for the welfare of children in its hospitals.
- 9.27 Children should not be cared for on an adult ward. The NSF Standard for Hospital Services requires care to be provided in an appropriate location and in an environment that is safe and well-suited to the age and stage of development of the child or young person. Hospitals should be child friendly, safe and healthy places for children. Wherever possible, children should be consulted about where they would prefer to stay in hospital and their views should be taken into account and respected. Hospital admission data should include the age of children so that hospitals can monitor whether they are being given appropriate care in appropriate wards.
- 9.28 Additionally, section 85 of the Children Act 1989 requires NHS Trusts to notify the 'responsible authority' - i.e. the local authority for the area where the child is ordinarily resident or where the child is accommodated if this is unclear - when a child who is or will be accommodated by the Trust for three months or more (for example in hospital), so that the welfare of the child can be assessed if necessary and kept under review.

## **Children in custody**

- 9.29 Following the judgement of *Munby, J* in November 2002 (R (on the application of the Howard League for Penal Reform) v. Secretary of State for the Home Department and another [2002] EWHC 2497 (Admin)), which found that local authorities continue to have obligations to children held in custody, it has been agreed that the Youth Justice Boards (YJB) will fund for two years, approximately 25 LA staff across all the juvenile Young Offenders Institutions (YOI), to undertake Children Act 1989 duties. A significant part of these duties will be in relation to safeguarding and promoting the welfare of children. In particular, these staff will be responsible for overseeing procedures to safeguard and promote the welfare of children within the secure estate, and helping to ensure that appropriate links are made between the YOI and its LSCB.

## Abuse of disabled children

9.30 The available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. Disabled children may be especially vulnerable to abuse for a number of reasons. Some disabled children may:

- have fewer outside contacts than other children;
- receive intimate personal care, possibly from a number of carers, which may both increase the risk of exposure to abusive behaviour, and make it more difficult to set and maintain physical boundaries;
- have an impaired capacity to resist or avoid abuse;
- have communication difficulties which may make it difficult to tell others what is happening;
- be inhibited about complaining because of a fear of losing services;
- be especially vulnerable to bullying and intimidation;
- be more vulnerable than other children to abuse by their peers;
- be placed at risk of abuse by a failure to recognise their particular needs or to provide appropriate safeguards, services or care.

9.31 Safeguards for disabled children are essentially the same as for non-disabled children. Many professionals refuse to believe that disabled children are subject to abuse or neglect and remain reluctant to challenge parents. Therefore particular attention needs to be paid to promoting a high level of awareness within those working with disabled children and their families of the risks and of the need for high standards of practice, and to strengthening the capacity of children and families to help themselves. Measures include:

- making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment;
- ensuring that disabled children receive appropriate personal, health, and social education (including sex education);
- making sure that all disabled children know how to raise concerns if they are worried or angry about something, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication difficulties should have available to them at all times a means of being heard;
- an explicit commitment to, and understanding of all children's safety and welfare among providers of services used by disabled children;
- close contact with families, and a culture of openness on the part of services; and

- guidelines and training for staff on good practice in intimate care, working with children of the opposite sex; handling difficult behaviour, consent to treatment; anti-bullying strategies; and sexuality and sexual behaviour among young people living away from home.
- 9.32 Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with the guidance in Chapter 8, in the same way as with any other child. The same thresholds for action apply. It would be unacceptable if poor standards of care were tolerated for disabled children which would not be tolerated for non-disabled children. Where a disabled child has communication difficulties or learning difficulties, special attention should be paid to communication needs, and to ascertain the child's perception of events, and his or her wishes and feelings.
- 9.33 In every area, social services and the police should be aware of non-verbal communication systems, when they might be useful and how to access them, and should know how to contact suitable interpreters or facilitators. In particular, agencies need to be aware of the Intermediary Support Services scheme currently being piloted in a number of police force areas in Wales and England.
- 9.34 Agencies should not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully, and helped and supported to participate in the criminal justice process when this is in the child's best interest and the interests of justice. Where a disabled child has communication impairments or learning disabilities, special attention should be paid to communication needs, and to ascertain the child's perception of events, and his or her wishes and feelings. In every area, children's social services and the police should be aware of non-verbal communication systems, when they might be useful and how to access them, and should know how to contact suitable interpreters or facilitators.
- 9.35 In criminal proceedings witnesses aged under 17 are automatically eligible for assistance with giving their evidence. The special measures they may be provided with include: screens around the witness box so they do not see the defendant, video recorded evidence in chief and live video links so that they may not have to go into the courtroom at all, and intermediaries and aids to communication to facilitate good communication. 'Achieving Best Evidence' (see paragraphs 8.97 to 8.98) guidance for investigators includes comprehensive guidance on planning and conducting interviews with children and a specific section about interviewing disabled children.

9.36 Local Safeguarding Children Boards have an important role in safeguarding disabled children through:

- raising awareness among children, families and services;
- identifying and meeting inter-agency training needs, which encourage the 'pooling' of expertise between those with knowledge and skills in respect of disabilities, and those with knowledge and skills in respect of child protection;
- ensuring that local policies and procedures for safeguarding children meet the needs of disabled children.

### **Abuse by children and young people**

9.37 Children, particularly those living away from home, are vulnerable to abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult. It should be subject to the same child protection procedures as apply in respect of any child who is suffering, or at risk of suffering significant harm. Staff and carers need clear guidance and training to identify coercive, inappropriate or exploitative peer relationships. Staff and carers need to be aware that sexual offences may be committed by teenagers and on occasion by younger children. Staff should therefore not dismiss abusive sexual behaviour as 'normal' between young people. They should avoid developing high thresholds before taking action.

9.38 Those working with children and young people who abuse others - including those who sexually abuse/offend - should recognise that such children are likely to have considerable needs themselves, and also that they may pose a significant risk of harm to other children. Evidence suggests that children who abuse others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development, and may have committed other offences. Such children and young people are likely to be children in need, and some will in addition be suffering or at risk of significant harm, and may themselves be in need of protection.

9.39 Children and young people who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others. Work with adult abusers has shown that many of them began committing abusive acts during childhood or adolescence and that significant numbers themselves have been subjected to abuse. Early intervention with children and young people who abuse others may, therefore, play an important part in protecting the public by preventing the continuation or escalation of abusive behaviour.

9.40 Three key principles should guide work with children and young people who abuse others:

- there should be a co-ordinated approach on the part of youth justice, child welfare, education (including educational psychology) and health (including child and adolescent mental health) agencies;
- the needs of children and young people who abuse others should be considered separately from the needs of their victims; and
- an assessment should be carried out in each case, appreciating that these children may have considerable unmet developmental needs, as well as specific needs arising from their behaviour.

9.41 Local Safeguarding Children Boards and Youth Offending Teams should ensure that there is a clear operational framework in place within which assessment, decision-making and case management take place. Neither child welfare nor criminal justice agencies should embark upon a course of action that has implications for the other without appropriate consultation.

9.42 In addition to the core assessment undertaken in the Assessment Framework when one is assessing a child who abuses another, consideration should also include:

- the nature and extent of the abusive behaviours. In respect of sexual abuse, there are sometimes perceived to be difficulties in distinguishing between normal childhood sexual development and experimentation and sexually inappropriate or aggressive behaviour. Expert professional judgement may be needed, within the context of knowledge about normal child sexuality;
- the context of the abusive behaviours;
- the child's development and family and social circumstances;
- needs for services, specifically focusing on the child's harmful behaviour as well as other significant needs; and
- the risks to self and others, including other children in the household, extended family, school, peer group or wider social network.

9.43 This risk is likely to be present unless: the opportunity to further abuse is ended, the young person has acknowledged the abusive behaviour and accepted responsibility and there is agreement by the young abuser and his/her family to work with relevant agencies to address the problem.



- 9.44 Decisions for local agencies (including the Crown Prosecution Service where relevant), according to the responsibilities of each, include:
- the most appropriate course of action within the criminal justice system, if the child is above the age of criminal responsibility;
  - whether the young abuser should be the subject of a child protection conference; and
  - what plan of action should be put in place to address the needs of the young abuser, detailing the involvement of all relevant agencies.
- 9.45 A young abuser should be the subject of a child protection conference if he or she is considered personally to be at risk of continuing significant harm. Where there is no reason to hold a child protection conference, there may still be a need for a multi-agency approach if the young abuser's needs are complex. Issues regarding suitable educational and accommodation arrangements often require skilled and careful consideration.

### **Children whose behaviour indicates a lack of parental control**

- 9.46 When children are brought to attention of the police or the wider community because of their behaviour, this may be an indication of vulnerability, poor supervision or neglect in its wider sense. It is important that consideration is given as to whether these are children in need and are offered assistance and services that reflect their needs. This should be done on a multi-agency basis. A range of powers should be used to engage families to improve the child's behaviour.
- 9.47 The Child Safety Order (CSO) is a compulsory intervention available below the threshold of the child being at risk of significant harm. A local authority can apply for a CSO where a child has committed an act which would have been an offence if he were aged 10 or above, where it is necessary to prevent such an act, or where the child has caused harassment, distress or alarm to others (i.e. behaved anti-socially). It is designed to help the child improve his or her behaviour and is likely to be used alongside work with the family and others to address any underlying problems.
- 9.48 A Parenting Order can be made alongside a CSO or when a CSO is breached. This provides an effective means of engaging with and supporting parents whilst helping them develop their ability to undertake their parental responsibilities.

### **Domestic abuse**

- 9.49 Domestic abuse has, until relatively recently, been seen as an issue affecting mainly adults. But of course it frequently involves households where there are children and young people and they are the victims of domestic abuse just as much as and frequently more than, the adults involved.

- 9.50 The Welsh Assembly Government's national strategy on tackling domestic abuse was launched on 30 March 2005 (<http://new.wales.gov.uk/about/strategy/strategypublications/strategypublications/935798/?lang=en> ). The strategy has been jointly developed with experts from all the agencies who deal with the victims of abuse across Wales.
- 9.51 Children will suffer, directly and indirectly, if they live in households where there is domestic abuse. Domestic abuse is likely to have a damaging effect on the health and development of children, and it will often be appropriate for such children to be regarded as children in need. Everyone working with women and children should be alert to the frequent inter-relationship between domestic abuse and the abuse and neglect of children. Where there is evidence of domestic abuse, the implications for any children in the household should be considered, including the possibility that the children may themselves be subject to violence or other harm. Conversely, where it is believed that a child is being abused, those involved with the child and family should be alert to the possibility of domestic abuse within the family.
- 9.52 The police are often the first point of contact with families in which domestic abuse takes place. When responding to incidents of violence, the police should find out whether there are any children living in the household. There should be arrangements in place between police and social services, to enable the police to find out whether any such children are on the Child Protection Register. The police are already required to determine whether any court orders or injunctions are in force in respect of members of the household. It is good practice for the police to notify the social services department when they have responded to an incident of domestic abuse and it is known that a child is a member of the household. If the police have specific concerns about the safety or welfare of a child, they should make a referral to the social services department citing the basis for their concerns. It is also important that there is clarity about whether the family is aware that a referral is to be made. Any response by social services to such referrals should be discreet, in terms of making contact with women in ways will not further endanger them or their children. In extreme cases, a child may be in need of immediate protection.
- 9.53 Normally, one serious incident or several lesser incidents of domestic abuse where there is a child in the household would indicate that the social services department should carry out an initial assessment of the child and family, including consulting existing records. Children who are experiencing domestic abuse may benefit from a range of support and services, and some may need safeguarding from harm. Often, supporting a non-violent parent is likely to be the most effective way of promoting the child's welfare. The police and other agencies have defined powers in criminal and civil law which can be used to help those who are subject to domestic abuse.

9.54 There is an extensive range of services for women and children delivered through refuge projects operated by Women's Aid and others. These have a vital role in contributing to an inter-agency approach in child protection cases where domestic abuse is an issue. In responding to situations where domestic abuse may be present, considerations include:

- asking direct questions about domestic abuse;
- checking whether domestic abuse has occurred whenever child abuse is suspected and considering the impact of this at all stages of assessment, enquiries and intervention;
- identifying those who are responsible for domestic abuse in order that relevant criminal justice responses may be made;
- providing women with full information about their legal rights and the extent and limits of statutory duties and powers;
- assisting women and children to escape from abuse by providing relevant practical and other assistance;
- supporting non-abusing parents in making safe choices for themselves and their children; and
- working separately with each parent where domestic abuse prevents non-abusing parents from speaking freely and participating without fear of retribution.

9.55 Community Safety Partnerships have the key responsibility, at the local level, for co-ordination of action to deal with the problems of domestic abuse. In addition Domestic Abuse Forums have been set up in many areas, to raise awareness of domestic abuse, to promote co-ordination between agencies in preventing and responding to violence and to encourage the development of services for those who are subjected to abuse or suffer its effects. Each Community Safety Partnership, Domestic Abuse Forum and LSCB should have clearly defined links, which should include cross-membership and identifying and working together on areas of common interest. The Community Safety Partnership, Domestic Abuse Forum and LSCB should jointly contribute - in the context of the children's services plan - to an assessment of the incidence of children caught up in domestic abuse, their needs, the adequacy of local arrangements to meet those needs, and the implications for local services.

## **Sexual exploitation of children**

9.56 Children abused through prostitution and other forms of sexual exploitation should be treated primarily as victims of abuse, and their needs require careful assessment. They are likely to be in need of welfare services and - in many cases - protection under the Children Act 1989. Children involved in prostitution may be difficult to reach, and under very strong pressure to remain in prostitution. They may be

fearful of being involved with the police or children's social services and may respond best initially to informal contact from health or voluntary sector outreach workers. Gaining the child's trust and confidence is vital if he or she is to be helped to be safe and well, and diverted from prostitution. This may include children who have been victims of trafficking (see <http://www.crimereduction.gov.uk/toolkits/tp00.htm> for further guidance). The LSCB should actively enquire into the extent to which children are involved in prostitution in the local area. They should not assume that this is not a local issue.

9.57 The Home Office, the Department of Health, the Department for Education and Employment and the National Assembly for Wales jointly published guidance in May 2000 on Safeguarding Children Involved in Prostitution (for a copy contact [assembly-publications@wales.gsi.gov.uk](mailto:assembly-publications@wales.gsi.gov.uk)). The guidance promotes an approach whereby agencies should work together to:

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

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

### **Child abuse images, the internet and information technology**

9.59 The Internet along with the growth in the use of digital cameras, webcams and mobile phone cameras have become significant tools in the production and distribution of child abuse images. Accessing abusive images of children is not a victimless action. Those who access inappropriate images of children are contributing to and encouraging continuing abuse of those children. Those children are

victims of serious abuse and the abusers, whether the perpetrators of the initial abuse or those who access the images, should be subject to appropriate and proportionate criminal action.

- 9.60 There is some evidence that persons found in possession of indecent photographs/pseudo photographs of children are likely to be involved in hands on child abuse. Thus, when somebody is discovered to have placed or accessed such material on the internet, the police should normally consider the potential risk that the individual is involved in the active abuse of children. In particular, the individual's access to children should be established, within the family, employment contexts, and in other settings (e.g. work with children as a volunteer or in other positions of trust). If there are particular concerns about one or more specific children, there may be a need to carry out section 7 enquiries in respect of those children in line with LSCB procedures. (See the Memorandum of Understanding with the police for the appropriate notification to the Internet Watch Foundation of concerns about possible child pornography and other illegal materials on the internet. <http://www.iwf.org.uk/public/page.136.htm> )
- 9.61 Abusers are also using the Internet to try to establish contact with children with a view to 'grooming' them for inappropriate or abusive relationships, which may include requests to make and transmit pornographic images of themselves or to perform sexual acts live in front of a web cam. Contacts made initially in a chat room are likely to be carried on via email, instant messaging services, mobile phone or text messaging. There is also growing cause for concern about the exposure of children to inappropriate material via interactive communication technology, e.g. adult pornography, and/or extreme forms of obscene material. Allowing or encouraging a child to view such material over an appreciable amount of time may warrant further enquiry. Children themselves can engage in text bullying and use mobile camera phones to capture violent assaults of other children for circulation.
- 9.62 As part of their role in preventing abuse and neglect, Local Safeguarding Children Boards should consider activities to raise awareness about the safe use of the Internet by children both in school and at home. This should include appropriate training for school staff and guidance on the safe use of the Internet for both children and parents. LSCBs will be a key partner in the development and delivery of training and education programmes, with the Child Exploitation and Online Protection Centre<sup>6</sup> (CEOP). This will include building on the work of the British Educational Communications and Technology Agency (BECTA), the Home

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<sup>6</sup> The Child Exploitation and Online Protection Centre, which came into being in April 2006, is a partnership between Government, law enforcement, NGOs (including children's charities) and industry, with the common aim of protecting children. It will work to protect children, families and society from paedophiles and sex offenders, in particular, those who seek to exploit children sexually online.

Office and ICT industry in raising awareness about the safe use of interactive communication technologies by children.

## **Fabricated or induced illness**

- 9.63 Concerns may be raised when it is considered that the health or development of a child is likely to be significantly impaired or further impaired by a parent or caregiver who has fabricated or induced illness. These concerns may arise when:
- reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering; or
  - physical examination and results of medical investigations do not explain reported symptoms and signs; or
  - there is an inexplicably poor response to prescribed medication and other treatment; or
  - new symptoms are reported on resolution of previous ones; or
  - reported symptoms and found signs are not seen to begin in the absence of the caregiver; or
  - over time the child repeatedly presents with a range of symptoms; or
  - the child's normal activities are being curtailed beyond that which might be expected for any medical disorder from which the child is known to suffer.
- 9.64 There may be a number of explanations for these circumstances and each requires careful consideration and review.
- 9.65 There are three main ways of fabricating or inducing illness in a child. These are not mutually exclusive:
- fabrication of signs and symptoms. This may include fabrication of past medical history;
  - fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
  - induction of illness by a variety of means.
- 9.66 In 2002 the Department of Health, the Home Office, the Department for Education and Skills and the Welsh Assembly Government published *Safeguarding Children in Whom Illness is Fabricated or Induced* [<http://www.dh.gov.uk/assetRoot/04/05/66/46/04056646.pdf>]. This Guidance provides a national framework within which agencies and professionals at a local level – individually and jointly - draw up and agree their own more detailed ways of working together where illness

may be being fabricated or induced in a child by a caregiver who has parenting responsibilities for him or her. LSCBs should incorporate this Guidance and its references to covert video surveillance, into their local procedures for safeguarding and promoting the welfare of children, rather than having separate procedures on fabricated or induced illness in children. Within the local procedures, the section on the use of covert video surveillance should make reference to the good practice advice for police officers which is available to them from the National Crime Faculty.

## **Children of substance misusing parents**

- 9.67 It is important that arrangements are in place, at LSCB level, which enable child protection and substance misuse referrals to be made in relevant cases. Where children may be suffering significant harm because of their own substance misuse, or where parental misuse may be causing such harm, referrals will need to be made by substance misuse services in accordance with LSCB procedures. Where children are not suffering significant harm, referral arrangements also need to be in place to enable children's broader needs to be assessed and responded to.
- 9.68 It is the responsibility of LSCBs to take full account of the particular challenges and complexities of work in this area by ensuring that there are appropriate:
- LSCB policies and procedures in place;
  - inter-agency protocols in place for the co-ordination of assessment and support, particularly across adult drug services and children's services; and
  - close collaboration with local Community Safety Partnerships and local drug services, as well as a number of other agencies including health, maternity services, adult and children's social services, courts, prisons and probation services.
- 9.69 The Advisory Council on the Misuse of Drugs' (ACMD) report 'Hidden Harm - Responding to the needs of children of problem drug users' estimated that there are between 200,000- 300,000 children of problem drug users in England and Wales, i.e. 2-3% of all children under the age of 16. The Report also concludes that parental drug misuse can and does cause harm to children (and young people) at every age from conception to adulthood, including physical and emotional abuse and neglect. A thorough assessment is required to determine the extent of need and level of risk in every case.

## **Child abuse linked to belief in “possession” or “witchcraft”, or in other ways related to spiritual or religious belief**

- 9.70 The belief in “possession” and “witchcraft” is widespread. It is not confined to particular countries, cultures or religions, nor is it confined to new immigrant communities in this country.
- 9.71 The number of known cases of child abuse linked to accusations of “possession” or “witchcraft” are small, but children involved can suffer damage to their physical and mental health, capacity to learn, ability to form relationships and self-esteem.
- 9.72 Such abuse generally occurs when a carer views a child as being “different”, attributes this difference to the child being “possessed” or involved in “witchcraft”, and attempts to exorcise him or her. A child could be viewed as “different” for a variety of reasons such as; disobedience; independence; bedwetting; nightmares; illness; or disability. The attempt to “exorcise” may involve severe beating, burning, starvation, cutting or stabbing, and/or isolation, and usually occurs in the household where the child lives.
- 9.73 Agencies should look for these indicators, be able to identify children at risk of this type of abuse and intervene to prevent it. They should apply basic safeguarding children principles including sharing information across agencies, being child-focused at all times; and keeping an open mind when talking to parents and carers. They should follow the guidance set out in Chapter 7 in their work with all children and families, ensure they liaise closely with colleagues and make connections with key people in the community, especially when working with new immigrant communities, so that they can ascertain the different dimensions of a family’s cultural beliefs.

## **Children and families who go missing**

- 9.74 Local agencies and professionals should bear in mind when working with children and families where there are outstanding child protection concerns (including where the concerns are about an unborn child who may be at future risk of significant harm) that a series of missed appointments or abortive home visits may indicate that the family have suddenly and unexpectedly moved out of the area. Social services and the police should be informed immediately such concerns arise.
- 9.75 In the case of children taken overseas it may be appropriate to contact the Consular Directorate at the Foreign and Commonwealth Office which offers assistance to British nationals in distress overseas ([www.fco.gov.uk](http://www.fco.gov.uk) 020 7008 1500). They may be able to follow up a case through their consular post(s) in the country concerned.



9.76 Particular consideration needs to be given to appropriate legal interventions, where it appears that a child, for whom there are outstanding child protection concerns about their safety and welfare, may be removed from the UK by his/her family in order to evade the involvement of agencies with safeguarding responsibilities. Particular consideration should also be given to appropriate legal interventions, when a child, who is subject to a care order, has been removed from the UK. Children's social services, the Police Child Protection Unit and the Child Abduction Section at the Foreign and Commonwealth Office should be informed immediately.

### **Looked after children run away or go missing from their care placement**

9.77 The various agencies responsible for the care of looked after children should understand their respective roles in circumstances where a child goes missing or runs away from their care placement. These should be set out in standard protocols describing arrangements for managing missing person's investigations developed by the local police force. It will be important to understand the reasons that lead children to go missing from their care placement. Where there is the possibility that this behaviour is a result of child protection concerns, then the responsible local authority (or others concerned for the child) must follow its procedures to safeguard and promote the welfare of children in the area where the child is living.

### **Children who go missing from education**

9.78 If a child or young person is receiving an education, not only do they have the opportunity to fulfil their potential, they are also in an environment, which enables local agencies to safeguard and promote their welfare. If a child goes missing from education they could be at risk of significant harm.

9.79 There are a number of reasons why children go missing from education and these can include:

- failing to start appropriate provision and hence never entering the system;
- ceasing to attend, due to exclusion (e.g. illegal unofficial exclusions) or withdrawal; or
- failing to complete a transition between providers (e.g. being unable to find a suitable school place after moving to a new local authority area).

9.80 Their personal circumstances or those of their families may contribute to the withdrawal process and the failure to make a transition.

9.81 There are certain groups of vulnerable children who are more likely than others to become missing from education;

- young people who have committed offences;
- children living in women's refuges;
- children of homeless families perhaps living in temporary accommodation;
- young runaways;
- children with long term medical or emotional problems;
- looked after children;
- children with a gypsy/traveller background;
- young carers;
- children from transient families;
- teenage mothers;
- children who are permanently excluded from school;
- migrant children whether in families seeking asylum or economic migrants.

9.82 Every practitioner working with a child has a responsibility to inform the local authority if they know or suspect that a child is not receiving education.

### **Children of families living in temporary accommodation**

9.83 Placement in temporary accommodation, often at a distance from previous support networks or involving frequent moves, can lead to individuals and families falling through the net and becoming disengaged from health, education, social care and welfare support systems. Some families who have experienced homelessness and are placed in temporary accommodation by local authorities under the main homeless duty can have very transient lifestyles.

9.84 It is important that effective systems are in place to ensure that the children from homeless families receive services from health and education as well as any other specific types of services because these families move regularly and may be at risk of becoming disengaged from services. Where there are concerns about a child or children the procedures set out in chapter 8 should be followed.

### **Migrant children**

9.85 Over recent years the number of migrant children in the UK has increased for a variety of reasons, including the expansion of the global economy and incidents of war and conflict. Safeguarding and

promoting the welfare of these children must remain paramount with agencies in their dealings with this group.

- 9.86 Local agencies should give particular consideration to the following groups;

### **Child victims of trafficking**

- 9.87 Trafficking in people involves a collection of crimes, spanning a variety of countries and involving an increasing number of victims – resulting in considerable suffering for those trafficked. It includes the exploitation of children through force, coercion, threat and the use of deception and human rights abuses such as debt bondage, deprivation of liberty and lack of control over one’s labour. Exploitation occurs through prostitution and other types of sexual exploitation and through labour exploitation. It includes the movement of people across borders and also the movement and exploitation within borders.
- 9.88 The UK is a destination country for trafficked children and young people. There is thought to be some exploitation of children in situations of domestic service or for the purpose of benefit fraud. There have been occasional instances of minors (mainly 16 and 17 year olds) being exploited in the sex industry. Although there is no evidence of other forms of exploitation such as ‘organ donation, or ‘harvesting’, all agencies should remain vigilant.
- 9.89 Such children enter the UK through various means. Some enter as unaccompanied asylum seekers, or students or as visitors. Children are also brought in by adults who state that they are their dependents, or are met at the airport by an adult who claims to be a relative. It has been suggested that children have been brought in via internet transactions, foster arrangements and contracts as domestic staff. In some cases girls aged 16 or 17 will have been tricked into a bogus marriage for the purpose of forcing them into prostitution.
- 9.90 If it is suspected that a child is the victim of trafficking the police or children’s social services should be informed. The Trafficking Toolkit (details of which can be found at <http://www.crimereduction.gov.uk/toolkits/> ) provides helpful guidance on dealing with trafficking. Agencies should work together to ensure a joined-up response.
- 9.91 The Sexual Offences Act 2003 introduced new wide-ranging offences covering trafficking into, out of or within the UK for any form of sexual offence, which carries a 14 year maximum penalty. It also introduced a range of new offences covering the commercial sexual exploitation of a child, protecting children up to age of 18. These include buying the sexual services of a child (for which the penalty ranges from 7 years to life depending on the age of the child); and causing or inciting, arranging or facilitating and controlling the commercial sexual

exploitation of a child in prostitution or pornography, for which the maximum penalty is 14 years imprisonment. A new offence, of 'trafficking for exploitation, which covers trafficking for forced labour and the removal of organs, was introduced in the Asylum and Immigration (Treatment of Claimants, etc.) Act 2004. These measures will also take into account the UK's international obligations under the UN Trafficking Protocol and the EU Framework Decision on Trafficking for the Purposes of Sexual and Labour Exploitation.

## **Unaccompanied asylum seeking children (UASC)**

- 9.92 An unaccompanied asylum seeking child is an asylum seeking child under the age of 18 who is not living with their parent, relative or guardian in the UK.
- 9.93 Local authorities should carry out a comprehensive assessment of needs for every child referred to them by Immigration Services, regardless of their immigration status. Based on this assessment, local authorities have a duty to provide appropriate support and services to all UASC as these children should be provided with the same quality of individual assessment and related services as any other child presenting as being 'in need'.
- 9.94 In the majority of cases this assessment will lead to them being accommodated. Once UASC become accommodated children under section 20 of the Children Act 1989 they would all be required to be the subject of a care plan (pathway plan at 16+) which must be based on this comprehensive assessment of their needs, taking account of the following dimensions;
- Health (including mental health such as whether post traumatic support and counselling is needed);
  - Education;
  - Emotional and Behavioural Development;
  - Identity;
  - Family and social relationships;
  - Social Presentation; and
  - Self care skills including the child's understanding of the implications of their immigration status and the skills required to manage transitions.
- 9.95 The responsible LA should provide services for the UASC on the basis of the above assessment, irrespective of their immigration status.

## **Female genital mutilation**

- 9.96 Female Genital Mutilation is illegal in the United Kingdom. The Prohibition of Female Circumcision Act 1985 made female genital mutilation (FGM) an offence, except on specific physical and mental health grounds.
- 9.97 In October 2003 it was replaced by the Female Genital Mutilation Act, which came into force on 3 March 2004. Guidance is contained in Home Office Circular 10/2004 [\[http://www.knowledgenetwork.gov.uk/HO/circular.nsf/79755433dd36a66980256d4f004d1514/1b9ac55f598c73f780256e280040c40d?OpenDocument\]](http://www.knowledgenetwork.gov.uk/HO/circular.nsf/79755433dd36a66980256d4f004d1514/1b9ac55f598c73f780256e280040c40d?OpenDocument). This Act strengthens and amends the 1985 legislation. It retains the crime of FGM in the UK and also it makes it an offence for the first time for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. The maximum penalty for committing or aiding the offence is increased from five to fourteen years in prison. UK policy and practice in countries where FGM is prevalent is key to the prevention of FGM in the UK because many of the women and girls at risk in the UK come from these countries and return there to have FGM performed.
- 9.98 It is essential that health care professionals are aware of the issues around FGM and can provide women and girls with the appropriate care and support. Yet research conducted in 1998 found that only 54% of UK healthcare professionals were aware of the UK law banning FGM. Most NGOs working in this area provide free services to women and children and require greater recognition and resources for this work.
- 9.99 Local agencies should be alert to the possibility of female circumcision among the ethnic minority communities known to practice it. In local areas where there are communities or individuals who traditionally practice FGM, LSCB policy should focus on a preventive strategy involving community education.

## **Forced marriages**

- 9.100 It is important to differentiate between forced marriages and arranged marriages. Arranged marriages are perfectly legal and lead to successful and stable relationships between willing, consenting partners. In a forced marriage however, consent is not given and one or both of the participants may be unwilling participants.
- 9.101 There is a clear need to help the victims of forced marriage, where they can be identified. This may involve locating and rescuing the victims and if they are abroad, helping them to escape and return to the UK.

- 9.102 Some victims are tricked into going abroad by their families, only to find that their family have prepared a marriage for them without their knowledge or consent. They often do not know where to go for help. People at risk need to be aware of this practice, and to know what to do and where to turn if it happens to them.
- 9.103 Forced marriage and holding people against their will is illegal. Some forced marriages happen in the UK with no overseas element. Others involve a partner coming from overseas or a British citizen being sent abroad to marry.
- 9.104 Young women are the main victims of forced marriage although some men also find themselves forced into marriage. Recent reports from the Foreign and Commonwealth Office, who investigate between 200 and 300 forced marriages each year, suggest that up to 15 per cent of forced marriages feature male victims. It has also been estimated by the Council of British Pakistanis that nearly 40% of forced marriages could involve reluctant men.
- 9.105 The impact of such marriages can be severe, even fatal. Research shows that young Asian runaways tend to be clustered around the age (16) at which they are likely to be compelled to marry and there are disproportionate levels of actual and attempted suicides amongst teenage Asian girls.
- 9.106 Misguided respect for cultural differences has sometimes led to neglect of the rights of individuals. In some cases there has been a failure to distinguish between forced and arranged marriage.
- 9.107 Those who seek to flee child or forced marriages are likely to turn for support to the general services available to women fleeing violence, including refuges. In order to provide effective protection to those vulnerable to, or fleeing, forced marriage there needs to be appropriate training for those professionals (especially law enforcement and social services) on the specifics of this practice and the dangers of transplanting family re-unification procedures from other areas of social work.
- 9.108 In March 2004 the Foreign and Commonwealth Office published "Young people and vulnerable adults facing forced marriage: Practice Guidance for Social Workers" [<http://www.adss.org.uk/publications/guidance/marriage.pdf>]. That guidance states that:
- " Cases of forced marriage can involve complex and sensitive issues that should receive the attention of the manager responsible for child protection (in the case of a child under the age of 18) or the team responsible for vulnerable adults. At the earliest opportunity, social workers dealing with such cases should seek advice from a specialist social worker who has had specific training in handling the issues*

*raised. Close continuous consultation and supervision with such a person should be subsequently offered.*

*Information or a referral about a forced marriage may be received from the young person or from a friend or relative, or from another agency or non-governmental/community-based organisation. Forced marriage may also become apparent when other family issues are addressed, such as domestic violence, self-harm, child abuse or neglect, family/adolescent conflict or missing persons/runaways.*

*All social services should have procedures and protocols that include dealing with cases where forced marriage is alleged or known about."*





# 10: Serious Case Reviews

## Introduction

10.1 Under section 32(2) of the Children Act 2004, a Local Safeguarding Children Board is to have such functions as the Assembly may prescribe by regulations, which may in particular include functions of review and investigation. The Local Safeguarding Children Boards (Wales) Regulations 2005 require that where abuse or neglect of a child is known or suspected and:

- a child dies; or
- a child sustains a potentially life-threatening injury or serious and permanent impairment of health or development, this may include cases where a child has been subjected to particularly serious sexual abuse.

the Local Safeguarding Children Board for the area must conduct a serious case review.

10.2 Additionally, LSCBs should always undertake a serious case review where:

- a child has committed suicide; or
- the child has been killed by a parent with a mental illness.

10.3 A Board may also undertake a serious case review where a child within its area suffers harm that does not meet the criteria set out in paragraph 10.1 or 10.2 but where there may be concerns about, for example:

- inter-agency working; or
- local procedures or policies.

10.4 The following questions may help in deciding whether or not a case should be the subject of a case review in accordance with paragraph 10.3. A 'yes' answer to several of these questions is likely to indicate that a review will yield useful lessons;

- was there clear evidence of a risk of significant harm to a child, which was;
- not recognised by agencies or professional in contact with the child or perpetrator; or
- not shared with others; or
- not acted upon appropriately?

- was the child abused in an institutional setting (e.g. school, nursery, family centre)?
- was the child abused while being looked after by the local authority?
- does one or more agency or professional consider that its concerns were not taken sufficiently seriously, or acted upon appropriately, by another?
- does the case indicate that there may be failings in one or more aspects of the local operation of formal child protection procedures, which go beyond the handling of this case?
- was the child's name on the child protection register or had it been previously on the child protection register?
- does the case appear to have implications for a range of agencies and/or professionals?
- does the case suggest that the LSCB may need to change its local protocols or procedures, or that protocols and procedures are not adequately being promulgated, understood or acted upon?

- 10.5 In some cases, criminal proceedings may follow the death or serious injury of a child. Those co-ordinating the review should discuss with the relevant criminal justice agencies how the review process should take account of such proceedings, e.g. how does this affect timing, the way in which the review is conducted (including interviews of relevant personnel), and who should contribute at what stage?
- 10.6 Case reviews should not be delayed as a matter of course because of outstanding criminal proceedings or an outstanding decision on whether or not to prosecute (see 10.18 for further details). Much useful work to understand and learn from the features of the case can often proceed without risk of contamination of witnesses in criminal proceedings. In some cases, it may not be possible to complete or to publish a review until after Coroners or criminal proceedings have been concluded but this should not prevent early lessons learned from being implemented.
- 10.7 Where a full review has to be delayed the Local Safeguarding Board should consider whether there is an alternative course of action that will enable agencies to identify areas where early action can be taken without prejudicing ongoing investigations or prosecutions. This could take the form of a management review or audit of policies and procedures without the need to interview potential witnesses in any criminal proceedings.

## **The Purpose of Reviews**

- 10.8 The purpose of serious case reviews carried out under this guidance is to identify steps that might be taken to prevent a similar death or harm occurring and in so doing, to:
- establish whether there are lessons to be learned from the case about the way in which local professionals and agencies work together to safeguard children;
  - identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result; and as a consequence;
  - improve inter-agency working and better safeguard children; and
  - identify examples of good practice.
- 10.9 Case reviews are not enquiries into how a child died or who is culpable, that is a matter for Coroners and Criminal Courts respectively to determine, as appropriate.

## **When should an LSCB undertake a case review?**

- 10.10 Where more than one LSCB has knowledge of a child, the LSCB for the area in which the child is or was normally resident should take lead responsibility for conducting any review. Any other Local Safeguarding Children Boards that have an interest or involvement in the case should be included as partners in jointly planning and undertaking the review. In the case of looked after children, the responsible authority should exercise lead responsibility for conducting any review, again involving other Local Safeguarding Children Boards with an interest or involvement.
- 10.11 Any agency or professional may refer a case to the LSCB Chair if it is believed that there are important lessons for inter-agency working to be learned from the case. In addition, the Welsh Assembly Government has powers to cause an inquiry to be held into the exercise of social services functions, under section 1 of the Inquiries Act 2005.

## **Instigating a serious case review**

### **Does the case meet the criteria?**

- 10.12 The LSCB should first decide whether or not a case should be the subject of a serious case review, applying the criteria at paragraphs 10.1 and 10.2. Local Safeguarding Children Boards should establish a Serious Cases Review Panel involving as a minimum social services, health, education and the police to consider whether a case review should take place. In some cases, it may be valuable to conduct individual agency reviews, or smaller-scale audits of individual cases which give rise to concern but which do not meet the criteria for a full

case review. In such cases, arrangements should be made to share relevant findings with the Review Panel.

- 10.13 The Review Panel's decision should be forwarded as a recommendation to the Chair of the LSCB, who has ultimate responsibility for deciding whether or not to conduct a case review. Local authorities should always inform the Welsh Assembly Government of every case that is referred to a Review Panel, with a brief outline of the circumstances of the case, and, subsequently of each case that becomes the subject of a case review.

### **Determining the scope of the review**

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

- what appear to be the most important issues to address in trying to learn from this specific case? How can the relevant information best be obtained and analysed?
- who should be appointed as the independent author for the overview report?
- are there features of the case which indicate that any part of the review process should involve, or be conducted by, a party independent of the professionals/organisations who will be required to participate in the review?
- might it help the review panel to bring in an outside expert at any stage, to shed light on crucial aspects of the case?
- over what time period should events be reviewed, i.e. how far back should enquiries cover, and what is the cut-off point? What family history/background information will help better to understand the recent past and present?
- which organisations and professionals should contribute to the review, (where appropriate, for example, the proprietors of independent school, playgroup leaders should be asked to submit reports or otherwise contribute)?
- how should family members contribute to the review and who should be responsible for facilitating their involvement?
- will the case give rise to other parallel investigations of practice, for example, independent health investigations or multi-disciplinary suicide reviews, a homicide review where a parent has been murdered, YJB Serious Incident Review and a Prisons and Probation Ombudsman investigation where the child has died in a custodial setting?

- and if so, how can a co-ordinated or jointly commissioned review process best address all the relevant questions which need to be asked, in the most economical way?
- is there a need to involve organisations/professionals in other LSCB areas (see 10.10 above), and what should be the respective roles and responsibilities of the different LSCBs with an interest?
- how should the review process take account of a Coroner's inquiry, and (if relevant) any criminal investigations or proceedings related to the case? How best to liaise with the Coroner and/or the Crown Prosecution Service?
- how should the serious case review process fit in with the processes for other types of reviews e.g. for homicide, mental health or prisons?
- who will make the link with relevant interests outside the main statutory organisations e.g. independent professionals, independent schools, voluntary organisations?
- when should the review process start and by what date should it be completed?
- how should any public, family and media interest be handled, before, during and after the review?
- does the LSCB need to obtain independent legal advice about any aspect of the proposed review?

10.15 Some of these issues may need to be re-visited as the review progresses and new information emerges.

## Timing

10.16 Reviews will vary widely in their breadth and complexity, but in all cases lessons should be learned and acted upon as quickly as possible. Within one month of a case coming to the attention of the LSCB Chair, there should be a Review Panel discussion to advise on whether a review should take place and subsequently to draw up terms of reference. Individual agencies should secure case records promptly and begin work quickly to draw up a chronology of involvement with the child and family.

10.17 Reviews should be completed within a further six months, unless an alternative timescale is agreed with the Welsh Assembly Government at the outset. Sometimes the complexity of a case does not become apparent until the review is in progress. As soon as it emerges that a review cannot be completed within six months of the LSCB Chair's decision to initiate it, there should be a discussion with the Welsh Assembly Government to agree a timescale for completion. As part of any extended timescale the Welsh Assembly Government may ask for regular progress reports on a review.

10.18 In some cases, criminal proceedings may follow the death or serious injury of a child. Those co-ordinating the review should discuss with the relevant criminal justice agencies, at an early stage, how the review process should take account of such proceedings, e.g. how does this affect timing, the way in which the review is conducted (including interviews of relevant personnel), its potential impact on criminal investigations and who should contribute at what stage? Serious case reviews should not be delayed as a matter of course because of outstanding criminal proceedings or an outstanding decision on whether or not to prosecute. Much useful work to understand and learn from the features of the case can often proceed without risk of contamination of witnesses in criminal proceedings. In some cases it may not be possible to complete or to publish a review until after Coroners or criminal proceedings have been concluded but this should not prevent early lessons learned from being implemented.

### **Who should conduct reviews?**

- 10.19 The initial scoping of the review should identify those who should contribute, although it may emerge, as information becomes available, that the involvement of others would be useful. In particular, information may become available through criminal proceedings, which may be of relevance to the review.
- 10.20 Each relevant service should undertake a separate agency review of its involvement with the child and family. This should begin as soon as a decision is taken to proceed with a review, and even sooner if a case gives rise to concerns within the individual agency. Relevant independent professionals (including GPs) should contribute reports of their involvement. Designated professionals should review and evaluate the practice of all involved health professionals and providers within a Local Health Board area. This may involve reviewing the involvement of individual practitioners and Trusts and also advising named professionals and managers who are compiling reports for the review. Designated professionals have an important role in providing guidance on how to balance confidentiality and disclosure issues.
- 10.21 Where a Welsh Family Proceedings Officer (WFPO) contributes to a review, the prior agreement of the courts should be sought so that the WFPO's duty of confidentiality under the court rules can be waived to the degree necessary.
- 10.22 The LSCB should commission an overview report which brings together and analyses the findings of the various reports from agencies and others, and which makes recommendations for future action.
- 10.23 Those conducting agency reviews of individual services, or producing the overview report, should not have been directly concerned with the child or family, or have given professional advice on the case, or be the immediate line manager of the practitioner(s) involved.

## Agency reviews

- 10.24 Once it is known that a case is being considered for review, each agency should secure records relating to the case to guard against loss or interference. Clear terms of reference should be drawn up for those conducting the review.
- 10.25 The aim of agency reviews should be to look openly and critically at individual and organisational practice to see whether the case indicates that changes could and should be made, and if so, to identify how those changes will be brought about. Agency review reports should be accepted by the senior officer in the agency who has commissioned the report and who will be responsible for ensuring that recommendations are acted upon.
- 10.26 Upon completion of the review report, there should be a process for feedback and de-briefing for staff involved, in advance of completion of the overview report by the LSCB. There may also be a need for a follow-up feedback session if the LSCB overview report raises new issues for the agency and staff members.
- 10.27 Case reviews are not a part of any disciplinary enquiry or process, but information that emerges in the course of reviews may indicate that disciplinary action should be taken under established procedures or that, in the case of regulatory matters, action should be taken by CSIW. Alternatively, reviews may be conducted concurrently with disciplinary action. In some cases (e.g. alleged institutional abuse) disciplinary action may be needed urgently to safeguard other children.
- 10.28 The following outline format should guide the preparation of agency reviews, to help ensure that the relevant questions are addressed, and to provide information to Local Safeguarding Children Boards in a consistent format to help with preparing an overview report. The questions posed do not comprise a comprehensive check-list relevant to all situations. Each case may give rise to specific questions or issues which need to be explored.

### **Agency Reviews**

#### **What Was Our Involvement with This Child and Family?**

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

## **Analysis of Involvement**

Consider the events that occurred, the decisions made, and the actions taken or not. Where judgements were made, or actions taken, which indicate that practice or management could be improved, try to get an understanding not only of what happened, but why. Consider specifically:

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

## **What Do We Learn From This Case?**

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

## **Recommendations for Action**

- What action should be taken by whom, and by when?
- What outcomes should these actions bring about, and how will the agency review whether they have been achieved?



10.29 Reviews should consider carefully the circumstances of individual cases and consideration should be given as to how best to structure a review in the light of those particular circumstances. Where staff or others are interviewed by those preparing agency reviews, a written record of such interviews should be made and this should be shared with the relevant interviewee.

## **The LSCB overview report**

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

10.31 The author of the overview report should be involved from an early stage and should have appropriate qualifications, knowledge or experience.

### **LSCB Overview Report**

#### **Introduction**

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

#### **The Facts**

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

## **Analysis**

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

## **Conclusions and Recommendations**

- This part of the report should:
  - summarise what, in the opinion of the review panel, are the lessons to be drawn from the case; and
  - how those lessons should be translated into recommendations for action:
  - identify steps to be taken to reduce the risk of a similar death or harm occurring; and
  - recommend the time by which, and identify the persons by whom, those steps should be performed.
- Recommendations should include, but not be limited to, the recommendations made in individual agency reports.
- Recommendations should be few in number, focused and specific, and capable of being implemented.
- If there are lessons for national, as well as local, policy and practice these should also be highlighted.

## **LSCB action on receiving reports**

10.32 On receiving an overview report the LSCB should;

- ensure that contributing agencies and individuals are satisfied that their information is fully and fairly represented in the overview report;
- translate recommendations into an action plan which should be endorsed and adopted at a senior level by each of the agencies involved. The plan should set out who will do what, by when, and with what intended outcome. The plan should set out by what means improvements in practice/systems will be monitored and reviewed;
- clarify to whom the report, or any part of it, should be made available;
- disseminate report or key findings to interested parties as agreed;

- make arrangements to provide feedback and de-briefing to staff, family members of the subject child, and the media, as appropriate;
- arrange for an anonymised executive summary to be prepared, to be made publicly available at the principle offices of the Board (consideration should also be given to publishing executive summaries more widely, including on agency internet sites);
- provide a copy of the overview report, executive summary, action plan and individual agency reports to the Welsh Assembly Government (Children's Health and Social Services Directorate or such other part of the Assembly that may be notified to Boards); and
- Provide each representative body with a copy of the anonymised summary and unless the Board considers it inappropriate the overview report.

## **Reviewing institutional abuse**

10.33 When serious abuse takes place in an institution, or multiple abusers are involved, the same principles of review apply. However, they are likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to the specific case. For example, if children had been abused in a residential school, it would be important to explore whether and how the school had taken steps to create a safe environment for children, and to respond to specific concerns raised.

10.34 There needs to be clarity over the interface between the different processes of:

- investigation (including criminal investigations and actions taken by regulatory and inspectorate bodies);
- case management (including help for abused children);
- immediate measures to ensure that other children are safe; and
- review (i.e. learning lessons from the case to lessen the likelihood of such events happening again).

The different processes should inform each other. Any proposals for review should be agreed with those leading criminal investigations, to make sure that they do not prejudice possible criminal proceedings.

## **Accountability and disclosure**

10.35 Local Safeguarding Children Boards should consider carefully who might have an interest in reviews - e.g. elected and appointed members of authorities, staff, members of the child's family, the public, the media - and what information should be made available to each of

these interested parties. There are difficult interests to balance, among them:

- the need to maintain confidentiality in respect of personal information contained within reports on the child, family members and others;
- the accountability of public services and the importance of maintaining public confidence in the process of internal review;
- the need to secure full and open participation from the different agencies and professionals involved;
- the responsibility to provide relevant information to those with a legitimate interest; and
- constraints on sharing information when criminal proceedings are outstanding, in that access to the contents of information may not be within the control of the LSCB.

10.36 It is important to anticipate requests for information and plan in advance how they should be met. For example, a lead agency may take responsibility for de-briefing family members, or for responding to media interest about a case, in liaison with contributing agencies and professionals. In all cases, the LSCB overview report should contain an executive summary that will be made public, which includes as a minimum, information about the review process, key issues arising from the case and the recommendations which have been made. Such publication will need to be timed in accordance with the conclusion of any related court proceedings. The content will need to be suitably anonymised in order to protect the confidentiality of relevant family members and others.

## **Learning lessons locally**

10.37 Reviews are of little value unless lessons are learned from them. At least as much effort should be spent on acting upon recommendations as on conducting the review. The following may help in getting maximum benefit from the review process:

- consider what information needs to be disseminated, how and to whom, in the light of a review. Be prepared to communicate examples of both good practice and areas where change is required;
- focus recommendations on a small number of key areas, with specific and achievable proposals for change and intended outcomes;
- the LSCB should put in place a means of auditing action against recommendations and intended outcomes;

- seek feedback on review reports from the Welsh Assembly Government, SSIW, who should use reports to inform inspections and performance management.
- 10.38 Under the Local Safeguarding Children Boards (Wales) Regulations 2006 a Safeguarding Board is required to monitor the extent to which any recommendations made in a Serious Case Review are being or have been met. Where recommendations are not implemented or are only partly implemented, the reasons for this should be recorded. The Welsh Assembly Government may require Safeguarding Boards to provide progress reports on the implementation of recommendations.
- 10.39 Day to day good practice can help ensure that reviews are conducted successfully and in a way most likely to maximise learning. LSCBs and member agencies should:
- establish a culture of audit and review to make sure that tragedies are not the only reason inter-agency work is reviewed;
  - have in place clear, systematic case recording and record keeping systems;
  - develop good communication and mutual understanding between disciplines and LSCB members;
  - communicate with the local community and media to raise awareness of the positive and 'helping' work of statutory services with children, so that attention is not focused disproportionately on tragedies;
  - make sure staff and their representatives understand what can be expected in the event of a child death/case review.

### **Learning lessons nationally**

- 10.40 Taken together, case reviews are an important source of information to inform national policy and practice. The Welsh Assembly Government is responsible for identifying and disseminating common themes and trends across review reports, and acting on lessons for policy and practice. Depending upon the number of reports received, the Assembly will commission overview reports every two years, drawing out key findings of case reviews and their implications for policy and practice.



# 11: Inter-Agency Training and Development

## Introduction

- 11.1 In order to safeguard and promote the welfare of children and young people all those working with children and with adults who are parents or carers must have the knowledge and skills to carry out their own roles. This includes being able to recognise and raise safeguarding concerns about the welfare of a child. They must also be able to work effectively with others both within their own agency and across organisational boundaries. This will be best achieved by a combination of single agency and multi-agency training.
- 11.2 Individual agencies are responsible for ensuring that their staff are competent and confident to carry out their responsibilities for safeguarding and promoting children's welfare.
- 11.3 Inter-agency work is an essential feature of all training in safeguarding and promoting the welfare of children including that provided on a single agency basis or in professional settings. Specific training and development for inter-agency work should complement such training and should have a particular focus on safeguarding and promoting children's welfare, sharing information, and inter-agency work. Training delivered on a multi-agency basis is a highly effective way of promoting a common and shared understanding of the respective roles and responsibilities of different professionals and contributes to effective working relationships.
- 11.4 All training in safeguarding and promoting the welfare of children should create an ethos which values working collaboratively with others, respects diversity (including culture, race and disability), promotes equality, is child centred and promotes the participation of children and families in the processes.

## The purpose of training for inter-agency work

- 11.5 The purpose of multi-agency training is to help develop and foster the following in order to achieve better outcomes for children and young people:
  - a shared understanding of the tasks, processes, principles and roles and responsibilities outlined in national guidance and local arrangements for safeguarding children and promoting their welfare;
  - more effective and integrated services at both the strategic and individual case level;

- improved communications between professionals including a common understanding of key terms, definitions and thresholds for action;
- effective working relationships, including an ability to work in multi-disciplinary groups or teams; and
- sound decision making based on information sharing, thorough assessment, critical analysis and professional judgement.

## Target audiences

11.6 Training and development for inter-agency work should be targeted at the following groups from voluntary, statutory and independent agencies:

- senior managers in partner agencies, including chief executives, directors, elected members and board members;
- those who have a **strategic and managerial responsibility** for commissioning and delivering services for children and families. This includes those in each of the agencies listed in section 28 of the Children Act 2004, any other members of LSCBs, school governors and trustees;
- those in **regular contact** with children and young people and with adults who are parent/s or carers. These will be people who are in a position to identify concerns about abuse, including those which may arise from use of the Common Assessment Framework (CAF). This includes housing, leisure and sport, youth workers, child minders, learning support staff;
- those who **work regularly** with children and young people and with adults who are carers, including practitioners contributing to assessments of children in need. This includes GPs, hospital and community health staff, family centre workers, teachers, education welfare officers, social workers, mental health and learning disability staff, probation officers and staff in the prison estate and the juvenile secure estate;
- those with a **particular responsibility** for safeguarding children, such as designated health and education professionals, police, social workers and other professionals undertaking section 47 enquires or working with complex cases, including fabricated and induced illness;
- **Operational managers** who supervise practitioners and volunteers in the above groups and who have responsibility for commissioning or delivering services.



11.7 The audiences for training are large and strategic. Choices are required on priorities, as part of or taking account of the local workforce strategy and with input from the LSCB. When making such choices, local partners should be mindful of their responsibility to raise awareness in the wider community, for example with local community and faith groups.

## **Roles and responsibilities for training**

11.8 Partners in each local area should decide which bodies are best placed to:

- **scope the requirement** for single and multi-agency training on safeguarding and promoting the welfare of children;
- **decide on priorities** and **allocate resources**;
- **commission** or **carry out** the training;
- **evaluate** the training and take that into account in specifying requirements and in commissioning /carrying out training.

11.9 In some areas the synergies will mean that it is best to plan and commission multi-agency training in safeguarding and promoting the welfare of children together with other workforce development or multi-agency training work. In other areas it may be decided that the responsibility for organising this training should be delegated to the LSCB.

11.10 It is important to ensure that the training involves and is available to all relevant partners.

11.11 In all areas it is the responsibility of the LSCB to ensure that single-agency and multi-agency training on safeguarding and promoting welfare that meets local needs is provided. Where the LSCB is not itself organising the training, it will still wish to:

- comment on the requirements and priorities; and
- contribute to the evaluation of the training – in particular, on whether the training is helping to improve safeguarding and promoting welfare in practice.

## **Framework for training**

11.12 Training on safeguarding and promoting the welfare of children can only be fully effective if it is embedded within a wider framework of commitment to inter-agency working, underpinned by shared goals, planning processes and values. It is most likely to be effective if it is delivered within a framework that includes:

- a clear mandate from senior managers (for example, through the LSCB), with endorsement and commitment from member agencies;
- adequate resources and capacity to deliver or commission training;
- standards of practice<sup>7</sup>;
- policies, procedures and practice guidelines to inform and support these standards;
- opportunities to consolidate learning made available within agencies;
- the identification and periodic review of local training needs using standards for practice, followed by decisions about priorities;
- a training strategy that makes clear the difference between single agency and multi-agency training responsibilities and which partnerships or bodies are responsible for commissioning and delivery of training;
- structures and processes for organising and co-ordinating delivery;
- systems for the delivery of inter-agency training; and
- quality assurance processes (for example, as part of evaluation processes put in place by the LSCB).

11.13 Systems for the delivery of single agency and multi-agency training on safeguarding and promoting the welfare of children should be established as part of wider local partnership arrangements, with LSCBs involved ensuring that the training takes place and meets local needs. The systems should foster collaboration across agencies and disciplines in relation to planning, design, delivery and administration of the training. They should be efficient as well as being designed to promote co-operation and shared ownership of the training. Training may be delivered more effectively if there is collaboration across local areas, especially where police or health boundaries embrace more than one local authority area.

## **The role of the LSCB**

11.14 Effective high quality training on safeguarding and promoting the welfare of children is most likely to be achieved if there is a member of the Board with lead responsibility for training, a training sub-group on which this Board member sits and suitably skilled staff to take forward the training and development work of the LSCB. These arrangements will be useful if the LSCB is carrying out just its core role of commenting on requirements and priorities and contributing to evaluation. They will be essential if the LSCB itself is given the role of commissioning or delivering the training. It is also helpful if the LSCB is strategically involved in the following:

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<sup>7</sup> Footnote: Standards for Inter-Agency Working, Education and Training have been developed by Salford University see [www.chscc.salford.ac.uk/scswr/projects/interagencyworking.shtml](http://www.chscc.salford.ac.uk/scswr/projects/interagencyworking.shtml).

- ensuring training needs are identified and met within the context of local and national policy and practice developments. This should be achieved by an established system for identifying training needs, and systems for the evaluation of training to ensure it is meeting local needs; and
- including training as a standard LSCB agenda item. Regular consideration should be given by the LSCB to ensuring that:
- recommendations from inspections, audits, and serious case reviews are reflected in LSCB inputs to training; training addresses current LSCB priorities and strategies; and single and inter-agency training responsibilities are negotiated and agreed upon.

11.15 The LSCB, or training sub-group acting on its behalf, is responsible for ascertaining local training needs, ensuring that appropriate training is provided, and taking a strategic overview of inter-agency training to promote effective practice to safeguard and promote the welfare of children.

11.16 Processes should be in place to determine whether member agencies are providing adequate support to enable their staff to fulfil their responsibility for safeguarding and promoting the welfare of children, and where necessary the LSCB should challenge and hold agencies to account for their training provision.

### **The role of the training sub-group**

11.17 The LSCB training sub-group is responsible for:

- managing the identification of training needs; feeding those into the planning and commissioning of training; and
- evaluation of multi-agency training to ensure it is meeting local needs;
- If it is to be effective, membership of the training sub-group should include people with organisational responsibility for those who will participate in training and with sufficient authority to make decisions in relation to training. It should also include members with sufficient knowledge of training processes to enable them to make informed decisions regarding the development and evaluation of a training strategy.

### **Quality assurance and effectiveness**

11.18 In order to be effective the LSCB should ensure that it is appropriately staffed and has sufficient capacity to take forward any training and development work it carries out. Capacity for training and development, taking account of the local workforce strategy, should include administrative support and adequate resources to contribute to the planning of training and development and to evaluate it. Clearly, appropriate resources will be needed if the LSCB is to commission or deliver training itself.

11.19 The LSCB, or the training sub-group acting on its behalf, has a responsibility to ensure that the training is delivered to a consistently high standard, and that a process exists for evaluating the effectiveness of training. This responsibility includes ensuring that all training:

- is delivered by trainers who are knowledgeable about safeguarding and promoting the welfare of children and have facilitation skills. When delivering training on complex cases trainers should have the relevant specialist knowledge and skills;
- is informed by current research evidence, lessons from serious case reviews and local and national developments;
- reflects understanding of the rights of the child and is informed by an active respect for diversity and the experience of service users and a commitment to ensuring equality of opportunity;
- is regularly reviewed to ensure that it meets the agreed learning outcomes; and
- that outcomes from evaluation inform the training strategy.

## **Role of employers**

11.20 Before attending multi-agency training, employers should ensure their employees are aware of how to recognise and respond to safeguarding concerns, including signs of possible abuse. They should also understand and have the necessary knowledge, skills and values to carry out their own roles and responsibilities and be aware of safe practice within their work setting.

11.21 Employers also have a responsibility to identify adequate and reliable resources and support for multi-agency training by:

- providing staff who have the relevant expertise to sit on the LSCB training sub-group and contribute to training;
- allocating the time needed to complete multi-agency training tasks effectively;
- releasing staff to attend the appropriate multi-agency training courses, and ensuring that members of staff receive relevant in-house training which enables them to maximise the learning derived from inter-agency training. In addition, staff should have opportunities to consolidate learning from multi-agency training; and
- contributing to the planning, resourcing, delivery and evaluation of training.

## **Audience, levels and outcomes of training**

11.22 Training should be available at a number of levels to address the learning needs of different staff. It should reflect the principles, values

and processes set out in this guidance on work with children and families. Steps should be taken to ensure the relevance of the content to different groups from the statutory, voluntary and independent sectors. The content of training programmes should be regularly reviewed and updated in the light of research and practice experience.

- 11.23 There are significant numbers of people who are in contact with children away from their families, for example youth workers, child minders, private foster carers, those working with children in residential and day care settings and those working in sport and leisure settings in both a paid and unpaid capacity. All of these should, as a minimum, be provided with an introductory level of training on safeguarding and promoting the welfare of children. Given the large numbers and work patterns of those involved, creative methods should be used to provide them with the essential training. For example, open learning materials may be helpful, or the inclusion of designated people from sport, community or faith groups within the training, who are able to support others using open learning materials or to facilitate training within their own organisation.
- 11.24 Operational managers at all levels, within organisations employing staff to work with children and families, benefit from specific training on inter-agency practice to safeguard and promote the welfare of children. Practice supervisors, professional advisers/designated child protection specialists and service managers need not only a foundation level of training, but may also need training on joint planning and commissioning, managing joint services and teams; chairing multi-disciplinary meetings; negotiating joint protocols and mediating where there is conflict and difference. Specific training on the conduct of serious case reviews will be relevant to some.
- 11.25 In order to be effective LSCBs and other local bodies such as Framework Partnerships should consider their own collective development needs as a group. There are significant benefits to be derived from periodically undertaking facilitated development work in order to improve effectiveness. Provision should also be made for the induction and development as necessary of members so that they have the necessary understanding, up to date knowledge and skills to fulfil the roles.



## **12: Allegations of Abuse or Causes of Concern about a Person Who Works With Children**

### **Introduction**

- 12.1 Children can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or abuse of children by a professional, staff member, foster carer, or volunteer must therefore be taken seriously and treated in accordance with consistent procedures. Local Safeguarding Children Boards (LSCBs) have responsibility for ensuring there are effective inter-agency procedures in place for dealing with allegations against people who work with children and monitoring and evaluating the effectiveness of those procedures.
- 12.2 LSCB member agencies and other organisations that provide services for children, or provide staff or volunteers to work with or care for children, should operate a procedure for handling such allegations that is consistent with this guidance.
- 12.3 It is important to differentiate between cases involving issues such as poor professional practice and cases that give rise to child protection concerns (including cases involving abuse of trust). Whilst the former may be handled through disciplinary procedures or other avenues, child protection concerns should always be dealt with through local child protection procedures in line with this guidance and, in particular, the guidance contained in Chapter 8.

### **Abuse of trust**

- 12.4 The Sexual Offences (Amendment) Act 2000 [<http://www.opsi.gov.uk/ACTS/acts2000/20000044.htm>] set out a series of occupations to which the abuse of position of trust laws apply.
- Institutions looking after young people who are detained under a court order or enactment, such as a Young Offenders Institution.
  - Accommodation provided by local authorities and voluntary organisations under statutory provision.
  - Hospitals, independent clinics, care homes, residential care homes, private hospitals, community homes, voluntary homes, children's homes and residential family centres.
  - Educational institutions.

## 12.5 The Sexual Offences Act 2003

[<http://www.opsi.gov.uk/ACTS/acts2003/20030042.htm>] introduces additional occupations to which the position of trust laws apply. These cover people who look after young people under 18 in the following ways:

- Looking after them on an individual basis by providing services under the Learning and Skills Act 2000;
- Regularly having unsupervised contact with them as part of local authority provision accommodation to young people who are in need, under police protection or detention, or on remand;
- Having regular, unsupervised contact with them as someone who regularly reports to a court on matters of their welfare;
- Looking after them on an individual basis as a Personal Adviser appointed under relevant legislation, such as when young people leave local authority care;
- Looking after them in an official capacity on a regular basis when they are subject to a care order, supervision order, or education supervision order;
- Acting as their guardian as set out in the Children Act 1989, the Adoption Rules 1984 and the Family Proceedings Rule 1991; and
- Looking after them on an individual basis after their release from detention or in pursuance of a court order. This includes Youth Offending Teams and treatment providers.

12.6 The primary purpose of the abuse of trust provisions is to provide protection for young people aged 16 and 17, who are considered to be particularly vulnerable to exploitation by those who hold a position of trust or authority in their lives. Subject to a number of limited definitions, it is a criminal offence for a person in a position of trust to engage in any sexual activity with a person aged under 18 with whom they have a relationship of trust, irrespective of the age of consent even if the basis for their relationship is consensual. A relationship of trust exists where a member of staff or volunteer is in a position of power or influence over young people aged 16 or 17 by virtue of the work or nature of the activity being undertaken. All staff should ensure that their relationships with young people are appropriate to their age and gender and take care that their language or conduct does not give rise to comment or speculation. Attitudes, demeanour and language all require care and thought, particularly when members of staff are dealing with adolescent boys and girls.

12.7 From time to time staff may encounter young people who display attention-seeking behaviour, or profess to be attracted to them. Staff should aim to deal with those situations sensitively and appropriately, but ensure that their behaviour cannot be misinterpreted. In these circumstances, the member of staff should also ensure that a senior colleague is aware of the situation.



## Scope

12.8 The framework for managing cases set out in this guidance applies to a wider range of allegations than those in which there is reasonable cause to believe a child is suffering, or is likely to suffer, significant harm. It also caters for cases of allegations that might indicate that s/he is unsuitable to continue to work with children in their present position, or in any capacity. It should be used in respect of all cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

12.9 There may be up to three strands in the consideration of an allegation:

- a police investigation of a possible criminal offence;
- enquiries and assessment by children's social services about whether a child is in need of protection or in need of services;
- consideration by an employer\* of disciplinary action in respect of the individual;

\*For convenience the term employer is used throughout this guidance to refer to organisations that have a working relationship with the individual against whom the allegation is made. That includes organisations that use the services of volunteers, or people who are self employed, as well as service providers, voluntary organisations, employment agencies or businesses, contractors, fostering services, regulatory bodies and others that may not have a direct employment relationship with the individual, but will need to consider whether to continue to use the person's services, or to provide the person for work with children in future. N.B. In some circumstances the term "employer" for these purposes will encompass more than one organisation. For example where staff providing services for children in an organisation are employed by a contractor, or where temporary staff are provided by an agency. In those circumstances both the contractor or agency and the organisation in which the accused individual worked will need to be involved in dealing with the allegation.

- 12.10 If concerns arise about someone's behaviour in regard to their own children, the police and/or social services need to consider informing the person's employer in order to assess whether there may be implications for children with whom the person has contact at work. Such action should however only be considered after seeking legal advice.
- 12.11 There have been a number of widely reported cases of historical abuse, usually of an organised or multiple nature. Such cases have generally come to light after adults have reported abuse that they had experienced when children, while living away from home in settings provided by local authorities, the voluntary sector or independent providers. When such allegations are made, they should be responded to in the same way as contemporary concerns. In those cases it is also important to find out whether the person accused is still working with children, and if so to consider whether to inform the person's current employer or voluntary organisation.
- 12.12 Those undertaking investigations should be alert to any sign or pattern which suggests that the abuse is more widespread or organised than it appears at first sight, or that it involves other perpetrators or institutions. It is important not to assume that initial signs will necessarily be related directly to abuse and to consider occasions where boundaries have been blurred, inappropriate behaviour has taken place, and matters such as fraud, deception or pornography have been involved.
- 12.13 If an allegation is substantiated, the managers or commissioners of the relevant service should think widely about the lessons of the case and how they should be acted upon. This should include whether there are features of the organisation which may have contributed to the abuse occurring, or failed to prevent the abuse occurring. In some circumstances, a full case review may be appropriate.

## **Supporting those involved**

- 12.14 In cases where a child may have suffered significant harm, or there may be a criminal prosecution, children's social services, or the police as appropriate, should consider what support the child or children involved may need. Children and their parents or carers should be helped to understand the process, told the result of any enquiry or disciplinary process and where necessary helped to understand the outcomes reached. The provision of information and advice must take place in a manner that does not impede the proper exercise of enquiry, disciplinary and investigative processes.
- 12.15 Parents or carers of a child or children involved should be told about the allegation as soon as possible if they do not already know of it. They should also be kept informed about the progress of the case, and told the outcome where there is not a criminal prosecution.

That includes the outcome of any disciplinary process. N.B. The deliberations of a disciplinary hearing and the information taken into account in reaching a decision, cannot normally be disclosed, but those concerned should be told the outcome.

- 12.16 Staff, foster carers, volunteers and other individuals about whom there are concerns should be treated fairly and honestly, and should also be provided with support throughout the investigation process as should others who are also involved. They should be helped to understand the concerns expressed and the processes being operated, and be clearly informed of the outcome of any investigation and the implications for disciplinary or related processes. However, the police and other relevant agencies, should always be consulted before informing a person who is the subject of allegations which may possibly require a criminal investigation.
- 12.17 The employer should also keep the person who is the subject of the allegations informed of the progress of the case and arrange to provide appropriate support to the individual while the case is ongoing. (That may be provided via occupational health or employee welfare arrangements where those exist.) If the person is suspended the employer should also make arrangements to keep the individual informed about developments in the workplace. If the person is a member of a union or professional association s/he should be advised to contact that body at the outset.

## **Confidentiality**

- 12.18 Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated/considered. In accordance with ACPO guidance the police will not normally provide any information to the press or media that might identify an individual who is under investigation, unless and until the person is charged with a criminal offence. (In exceptional cases where the police might depart from that rule, e.g. an appeal to trace a suspect, the reasons should be documented and partner agencies consulted beforehand.) The system of self-regulation, overseen by the Press Complaints Commission, also provides safeguards against the publication of inaccurate or misleading information.

## **Resignations and contractual issues**

- 12.19 Employers should never use so called “compromise agreements” - by which if a person agrees to resign, the employer agrees not to pursue disciplinary action, and both parties agree a form of words to be used in any future reference. Such agreements will not prevent a thorough police investigation where it is appropriate. Nor can they override an employer’s statutory duty to make a referral to List 99 or the PoCA list where circumstances require that.

12.20 The fact that a person tenders their resignation, or ceases to provide their services, must not prevent an allegation being followed up. It is important that every effort is made to reach a conclusion in all cases of allegations bearing on the safety or welfare of children including any in which the person concerned refuses to co-operate with the process. Wherever possible the person should be given a full opportunity to answer the allegation and make representations about it. However, the process of recording the allegation and any supporting evidence and reaching a judgement about whether it can be regarded as substantiated on the basis of all the information available should continue, even if the person subject to an allegation cannot answer the allegation or make representations or does not co-operate. It may be difficult to reach a conclusion in those circumstances and it may not be possible to apply any disciplinary sanctions if a person's period of notice expires before the process is complete. But it is important to reach and record a conclusion, even where that conclusion is unsatisfactory and the decisions leading to that conclusion.

## **Record keeping**

12.21 It is important that employers keep a record of any allegations made on a person's confidential file and also record details of how the allegation was followed up and resolved including details of any action taken and decisions reached. A clear and comprehensive record will enable accurate information to be given in response to any future request for a reference. It will also provide clarification in cases where a future CRB Disclosure reveals "soft" information from the police that an allegation was made that did not result in a prosecution, and it will prevent unnecessary re-investigation if, as sometimes happens, allegations re-surface after a period of time.

## **Timescales**

12.22 It is in everyone's interest to resolve cases as quickly as possible consistent with a fair and thorough investigation. Every effort should be made to manage cases to avoid any unnecessary delay. Indicative target timescales are shown for different actions in the summary description of the process. Those are not performance indicators: the time taken to investigate and resolve individual cases depends on a variety of factors including the nature, seriousness and complexity of the allegation, but they provide useful targets to aim for, that are achievable in many cases.

## **Oversight and monitoring**

12.23 Local authority social services should have overall responsibility for:

- ensuring that the authority operates procedures for dealing with allegations in accordance with this guidance;

- resolving any inter-agency issues; and
- for liaison with the LSCB on the subject.

12.24 They should also designate officers to be involved in:

- the management and oversight of individual cases;
- providing advice and guidance to employers and voluntary organisations;
- liaising with the police and other agencies; and
- monitoring the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

12.25 Police forces should also identify officers to fill similar roles. This should include a senior officer to have strategic oversight of the arrangements, to liaise with the LSCBs in the force area and to ensure compliance and other officers, perhaps unit managers, who will be responsible for: liaising with the designated local authority officer(s), taking part in the strategy discussion process, subsequently reviewing the progress of those cases in which there is a police investigation and sharing information on completion of the investigation or any prosecution.

12.26 An employer's procedures should identify a senior manager within the organisation to whom allegations or concerns that a member of staff or volunteer may have abused a child should be reported, and should make sure that all staff and volunteers know who that is. The procedures should also identify an alternative person to whom reports should be made in the absence of the named senior manager, or in cases where that person is the subject of the allegation or concern, and include contact details for the local authority designated officer responsible for providing advice and monitoring cases.

## **Initial considerations**

12.27 Procedures need to be applied with common sense and judgement. Some allegations will be so serious as to require immediate referral to social services and the police for investigation. Others may be much less serious and at first sight might not seem to warrant consideration of a police investigation, or enquiries by children's social services. However, it is important to ensure that even apparently less serious allegations are seen to be followed up, and that they are examined objectively by someone independent of the organisation concerned. Local Authority social services should therefore always be informed, as soon as possible, of all allegations that come to the employer's attention and that give rise to child protection issues, so that police and others can be consulted as appropriate and consider whether to invoke formal child protection procedures. Local authority social services

should also be informed of any allegations that are made directly to the police.

- 12.28 Local authority social services should first establish by discussion with the employer that the allegation is not demonstrably false or unfounded and consider how and by whom the parents of a child who has allegedly been abused should be informed (if they are not already aware of the allegation). In circumstances in which the police may also need to be involved, local authority social services should consult police colleagues about how best to inform parents. However, in some circumstances an employer may need to advise parents of an incident involving their child straight away, for example if the child has been injured while in the organisation's care and requires medical treatment.
- 12.29 The employer should inform the accused person about the allegation as soon as possible after consulting local authority social services (and where appropriate, the police) but this should not be done until those agencies have agreed what information can be disclosed to the person. If the person is a member of a union or professional association they should be advised to seek support from that organisation.
- 12.30 If the allegation is not demonstrably false or unfounded, and there is cause to suspect a child is suffering or is likely to suffer significant harm, a strategy discussion should be convened. N.B. in these cases the strategy discussion should include a representative of the employer (unless there are good reasons not to do that), and take account of any information the employer can provide about the circumstances or context of the allegation. In cases where a formal strategy discussion is not appropriate but a police investigation might be needed, the local authority social services should convene a similar discussion with the police, the employer and other agencies, as appropriate.
- 12.31 If the complaint or allegation is such that it is clear that investigations by police and/or enquiries by social services are not necessary, or the strategy discussion or initial assessment decides that is the case, the local authority should discuss next steps with the employer. (N.B. The police must be consulted about any case in which a criminal offence may have been committed.) In those circumstances options open to the employer will range from taking no further action to summary dismissal or a decision not to use the person's services in future. The nature and circumstances of the allegation and the evidence and information available will determine which of the range of possible options is most appropriate.
- 12.32 In some cases further investigation will be needed to enable a decision about how to proceed. If so, the local authority should discuss with the person's employer how and by whom the investigation will be undertaken. In straightforward cases that should normally be undertaken by the employer. However in some circumstances appropriate resources may not be available in the employer's

organisation or the nature and complexity of the allegation might require an independent investigation.

## **Suspension**

12.33 The possible risk of harm to children posed by an accused person needs to be effectively evaluated and managed – in respect of the child(ren) involved in the allegations, and any other children in the individual's home, work or community life. In some cases that will require the employer to consider suspending the person. Suspension should be considered in any case where there is cause to suspect a child is at risk of significant harm, or the allegation warrants investigation by the police, or is so serious that it might be grounds for dismissal. People must not be suspended automatically, or without careful thought. Employers must consider carefully whether the circumstances of a case warrant a person being suspended from contact with children until the allegation is resolved. Neither local authority social services nor the police can require an employer to suspend a member of staff or a volunteer. The power to suspend is vested in the employer alone. However, where an employer decides not to suspend, he should be encouraged to undertake a risk management assessment that should be shared with the members of the strategy group.

12.34 Where a strategy discussion or initial evaluation discussion concludes that there should be enquiries by social services and/or an investigation by the police, local authority social services should also canvass police views about whether the accused member of staff needs to be suspended from contact with children, to inform the employer's consideration of suspension.

## **Monitoring progress**

12.35 The local authority should regularly monitor the progress of cases either via review strategy meetings or by liaising with the police, other involved agencies, or the employer as appropriate. Reviews should be conducted at fortnightly or monthly intervals depending on the complexity of the case.

12.36 If the strategy discussion or initial evaluation decides that a police investigation is required, the police should also set a target date for reviewing the progress of the investigation with the CPS to consider whether to charge the individual, continue to investigate or close the investigation. Wherever possible that review should take place no later than 4 weeks after the initial action meeting. Dates for subsequent reviews, at fortnightly or monthly intervals, should be set at the meeting if the investigation continues.

## **Information sharing**

- 12.37 In the initial consideration at a strategy discussion or other forum the agencies concerned, including the employer, should share all relevant information they have about the person who is the subject of the allegation and about the alleged victim.
- 12.38 Wherever possible the police should seek consent from the individuals they interview to share the information provided with the employer and/or regulatory body for disciplinary purposes as their investigation proceeds. That enables the police and CPS to share relevant information without delay at the conclusion of their investigation or any court case.
- 12.39 Social services should adopt a similar procedure when making enquiries to determine whether the child or children named in the allegation is in need of protection or services so that any information obtained in the course of those enquiries which is relevant to a disciplinary case can be passed to the employer or regulatory body without delay.

## **Action following a criminal investigation or a prosecution**

- 12.40 The police or the CPS should inform the employer and the local authority straightaway when a criminal investigation and any subsequent trial is complete, or if it is decided to close an investigation without charge, or not to prosecute after the person has been charged. In those circumstances local authority social services should discuss with the employer whether any further action is appropriate. The information provided by the police and/or social services should inform that decision. The options will depend on the circumstances of the case and the result of the police investigation or trial.

## **Action on conclusion of a case**

- 12.41 If the allegation is substantiated and the person is dismissed or the employer ceases to use the person's services, or the person resigns or otherwise ceases to provide his/her services, the local authority should discuss with the employer whether a referral to the Protection of Children Act List or DfES List 99 is required, or advisable and the form and content of a referral. Employers in the education sector are under a statutory duty to refer individuals in such circumstances. Specific guidance is available in National Assembly guidance circular 33/2005 [<http://www.learning.wales.gov.uk/pdfs/c3305-cases-of-misconduct05-e.pdf>]. Guidance for regulated childcare organisations on the Protection of Children Act List was revised and published by the Department for Education and Skills in September 2005 [<http://publications.teachernet.gov.uk/eOrderingDownload/DFES-1834-2005.doc>].



- 12.42 If it is decided on the conclusion of the case that a person is who has been suspended can return to work the employer should consider how best to facilitate that. Most people will benefit from some help and support to return to work after a very stressful experience. Depending on the individual's circumstances, a phased return and/or the provision of a mentor to provide assistance and support in the short term may be appropriate. The employer should also consider how the person's contact with the child or children who made the allegation can best be managed if they are still in the workplace.
- 12.43 In relevant regulated services the Care Standards Inspectorate for Wales may need to consider the circumstances of the case and its outcome in order to determine whether there is any further action that they need to take as the registration authority.

### **Learning lessons**

- 12.44 At the conclusion of a case in which an allegation is substantiated the employer should review the circumstances of the case to determine whether there are any improvements to be made to the organisation's procedures or practice to help prevent similar events in the future.

### **Action in respect of false or unfounded allegations**

- 12.45 If it is determined that an allegation is unfounded, the employer should refer the matter to social services to determine whether the child concerned is in need of services, or may have been abused by someone else. In the event that an allegation is shown to have been deliberately false or malicious, the police should be asked to consider whether any action might be appropriate against the person responsible.



## 13: Management of People who Present a Risk of Harm to Children

13.1 This section provides guidance and information about a range of mechanisms that are available when managing people who have been identified as presenting a risk or potential risk of harm to children. Areas covered include:

- collaborative working between organisations and agencies to identify and manage people who present a risk of harm to children;
- the Multi-Agency Public Protection Arrangements (MAPPA) which enable agencies to work together when dealing with people who require a greater degree of resources to manage the risk of harm they present to the public.

### Collaborative working

13.2 The Children Act 1989 recognised that the identification and investigation of child abuse together with the protection and support of victims and their families requires multi-agency collaboration. This has rightly focussed on the child and the supporting parent/carer.

13.3 This policy, whilst successful in addressing the safety of particular victims has not always acknowledged the on-going risk of harm that an individual perpetrator may present to other children in the future.

13.4 The term 'Schedule One offender' and 'Schedule One offence' has been commonly used for anyone convicted of an offence against a child listed in Schedule One of the 1933 Act. However, a conviction for an offence in Schedule One does not trigger any statutory requirement in relation to child protection issues and inclusion on the schedule was determined solely by the age of the victim and offence for which the offender was sentenced and not by an assessment of future risk of harm to children.

13.5 Therefore the term 'Schedule One offender' is no longer used. It has been replaced with 'Risk to Children'. This clearly indicates that the person has been identified as presenting a risk or potential risk of harm to children. Practitioners should assess through the MAPPA process whether individuals continue to present a risk to children.

13.6 Interim Guidance, "NAFCW 29/2005: Identification of Individuals who Present a Risk to Children" <http://new.wales.gov.uk/publications/circular/circulars05/NAFWC292005?lang=en> has been issued explaining how those people who present a potential risk or risk of harm to children should be identified. The Guidance explains that the present method of automatically identifying an offender, who has been convicted of an offence listed in Schedule One of the Children and

Young Person's Act 1933, as a risk to children, fails to focus on those who continue to present a risk.

## **Guidance on offences against children**

### **Background**

- 13.7 Schedule One of the Children and Young Persons Act 1933 provides a list of offences, amended by subsequent legislation. The offences range from murder and child abuse to any offence causing bodily injury to a child.
- 13.8 Currently, a conviction for one of the offences in Schedule One does not trigger any statutory requirement in relation to child protection issues. This list of offences in Schedule 1 is relevant to matters such as mode of charging, depositions from children and determination of age. However, in practice, conviction for a Schedule One offence triggers further assessments of risk and in practice Schedule One is considered to be a useful tool to help the probation service, the prison service, local authority social services and the police to focus on those individuals who may pose a risk to children. There are a number of problems with Schedule One, including a lack of consistency in its use and anomalies in the offences it covers.

### **The review**

- 13.9 During 2004, a review of Schedule One and associated procedures was undertaken. A Multi-Agency Working Group was convened to examine existing agency procedures, and to consider whether a more effective method of identifying those who might pose a known risk to children is necessary. This review is continuing. However, it is clear that the term 'Schedule One offender', which is used by a variety of agencies, is ill defined and, to a certain extent, unhelpful since it defines people by their offending history rather than the ongoing risks they pose. It is with this in mind that the term should be replaced with "a person identified as presenting a risk, or potential risk, to children". Obviously offending history is an important factor in such assessments, but it is not the only one. A range of child protection legislation has been enacted since the 1933 Act, and this has created a confused picture. Many practitioners are unsure of which offences are included in Schedule One, and whether there are other offences, not included in Schedule One, which may indicate that a person poses a risk to children.
- 13.10 To provide some clarity on this matter, a consolidated list of offences has been issued, that all agencies can use to identify "a person identified as presenting a risk, or potential risk, to children". This list, (Appendix B), identifies the major offences against children currently on the statute. Agencies that come into contact or are working with an

individual who has been convicted or cautioned for an offence against a child may use the list as part of their usual policies and procedures.

13.11 However, the following important points should be noted:

- The list at Appendix B carries with it no statutory requirements. It is simply a list of the major offences that might be committed against children. Schedule One of the Children and Young Persons Act has not actually been repealed or amended. The Review will give further consideration to the necessity of this.
- It is not an exhaustive list. There are also other types of offences on the statute where the child may be an intended victim, but the primary offence is not a child specific offence (i.e. telecommunications offences – obscene text messages, harassment etc). In addition, new offences may be created by new legislation. Practitioners need to exercise their professional judgement in all instances.
- Some of the offences may only indicate a risk to children in certain circumstances. Again, practitioners need to exercise their professional judgement in these instances.
- Not all convicted/cautioned individuals will pose a risk to children. Also, there will be cases where a person without a conviction may pose a risk to children.
- This is not a new directive. There are no changes to existing inter-agency procedures and child protection procedures, which should be followed as before.
- The prison service will continue to notify the police, probation and social services prior to the release of an identified offender. The present process will remain unchanged.
- The list includes both current and repealed offences. This is due to the fact that many offenders will have been convicted prior to the introduction of new legislation, such as the Sexual Offences Act 2003.

13.12 Practitioners should use the new list of offences as a ‘trigger’ to a further assessment to determine if an offender should be regarded as presenting a continued risk of harm to children. This allows agencies to focus resources on the correct group of individuals and not include those who have been identified solely because a child was harmed during the offence, for example as in the case of a road traffic accident. An offender who has harmed a child may not continue to present a risk towards them. Practitioners should also consider that where a juvenile offender offends against a child it is possible that there is little or no future risk of harm to other children and the stigma of being identified as presenting a continued risk of harm to children is potentially damaging to the development of the juvenile offender.

- 13.13 Once an individual has been sentenced and identified as presenting a risk of harm to children, agencies have a responsibility to work collaboratively to monitor and manage the risk of harm to others. Where the offender is given a community sentence, Offender Managers (or Youth Offending Team worker) will monitor the individual's risk to others and behaviour and liaise with partner agencies as appropriate.
- 13.14 In cases where the offender has been sentenced to a period of custody, prison establishments will undertake a similar responsibility and in addition, notify other agencies prior to any period of release.

## **MAPPA**

- 13.15 Multi Agency Public Protection Arrangements provide a national framework in 42 areas, in England and Wales, for the assessment and management of risk posed by serious and violent offenders. This includes individuals who are considered to pose a risk, or potential risk of harm to children. The arrangements impose statutory requirements on the police and probation services (the "Responsible Authorities") to make these arrangements under Sections 67 and 68 of the Criminal Justice and Court Services Act of 2000 [<http://www.opsi.gov.uk/acts/acts2000/00043--k.htm#67>]. Sections 325-327 of the Criminal Justice Act 2003 [<http://www.opsi.gov.uk/acts/acts2003/30044--x.htm#325>] extended and strengthened these public protection arrangements:
- By including the Prison Service as part of the Responsible Authorities;
  - By placing a duty to co-operate with the Responsible Authority on a number of agencies providing services to offenders including health, housing, social services, education, youth offending teams, jobcentre plus and electronic monitoring providers; and
  - By increasing the public engagement with MAPPA by appointing two lay advisers to assist the responsible Authority in each area to monitor and review those arrangements locally.
- 13.16 While MAPPA will not address the concerns of further serious harm posed by all perpetrators of child abuse, its purpose is to focus on convicted sexual and violent offenders returning to and in the community. The development of national databases will significantly enhance tracking capability. Tracking offenders who move between communities and across organisational boundaries.
- 13.17 Offenders are referred to the MAPPA process following conviction for a relevant offence. Following reference to MAPPA, a thorough rigorous risk assessment on an individual case basis is undertaken. Most areas now have a Co-ordinator who can be contacted via any of the local Responsible Authorities. The Area MAPPA Strategic Management

Board will be in place and comprises of lead managers from Police, Probation and Prison, a number of agencies with a Duty to Co-operate and two Lay Advisors. The full MAPPA Guidance and the Local Area Annual Reports are available on the following website.  
<http://www.probation.homeoffice.gov.uk/output/page30.asp>

## **Identification of MAPPA offenders**

13.18 Offenders falling within the remit of MAPPA in each area comprise of the following:

- Category 1: registered sex offenders - as defined by the sex Offenders Act 1997, and amended by the Criminal Justice and Court Services Act 2000 and the Sexual Offences Act 2003.
- Category 2: violent and other sex offenders – violent and sexual offenders who receive a custodial sentence of 12 months or more, those detained under hospital or guardianship orders and those who have committed specific offences against children.
- Category 3: other offenders – offenders not in Category 1 or 2 but who are considered by the responsible Authority to pose a serious risk to the public.

## **Sharing of relevant information**

13.19 Quality of the risk identification and assessment processes and the quality of both the risk assessment and the risk management plan are heavily determined by the effectiveness of information sharing arrangements. All relevant information should be available, in good time, to those making the assessments and drawing up the management plans, otherwise public protection may be compromised.

13.20 Exchange of information is essential to effective public protection. The MAPPA Guidance clarifies how MAPPA agencies may exchange information amongst themselves, and to other persons or organisations outside the MAPPA.

## **Assessment of the risk of serious harm**

13.21 Probation and prison service assess risk of harm using the Offender Assessment System (OASys). The Youth Justice Board use ASSET for under eighteen year olds. The following describe each level of risk:

- Low: no significant, indicators of risk of harm at present.
- Medium: there are currently some indicators of risk of harm. The offenders has the potential to cause harm but is unlikely to do so unless there is a change in circumstances, e.g. failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.

- High: there are currently indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.
- Very high: there is an imminent risk of harm. The potential event is more likely than not to happen imminently and the impact would be serious.

13.22 Risk is categorised by reference to whom may be the subject of that harm. This includes children who may be vulnerable to harm of various kinds, including violent or sexual behaviour, emotional harm or neglect. In this context, MAPPA will work closely with LSCBs to ensure the best, local joint arrangements can be made for any individual child being considered by either setting.

## **Managing risk**

13.23 The Responsible Authority needs to ensure that strategies to address risk are identified and plans developed, implemented and reviewed on a regular basis. Those plans must include action to monitor the behaviour and attitudes of the offender and to intervene in their life in order to control and minimise the risk of serious harm to others.

13.24 The MAPPA framework identifies three separate, but connected levels at which risk is assessed and managed:

- Level 1 – ordinary risk management: this would be where the risks posed by the offender can be managed by one agency without significantly, involving other agencies.
- Level 2 - local inter-agency risk management: this is used where significant involvement from more than one agency is required but where either the level of risk or the complexity of managing the risk is not so great as to require referral to level 3.
- Level 3 - MAPPP – Multi Agency Public Protection Panels: This relates to the “critical few” and would include an offender who:
  - Is assessed under OASys/ASSET as being a high or very high risk of causing serious harm; and
  - Presents risks that can only be managed by a plan which requires close co-operation at a senior level due to the complexity of the case and/or because of the unusual resource commitments it requires; or
  - Although not assessed as being a high or very high risk, the case is exceptional because of the likelihood of a high level of media scrutiny and/or public interest in the management of the case and there is a need to ensure that public confidence in the criminal justice system is sustained.



13.25 Multi-agency public protection panels (MAPPP) have powers to disclose information about offenders to schools, voluntary groups and others.

## **Other processes and mechanisms**

### **Disqualification from Working with Children**

13.26 The Criminal Justice and Court Services Act 2000, as amended by the Criminal Justice Act 2003, provides for people to be disqualified from working with children. A person is disqualified by either:

- disqualification orders made by the Crown Court when a person is convicted for an offence against a child (under 18) listed in Schedule 4 to the Criminal Justice and Court Services Act [<http://www.opsi.gov.uk/acts/acts2000/00043--r.htm#sch4>].
- Schedule 4 includes sexual offences, violent offences and offences of selling Class A drugs to a child; or
- being included in a permanent capacity on the list of people who are unsuitable to work with children that is kept under section 1 of the Protection of Children Act 1999; or
- being included on DfES List 99 on ground of being unsuitable to work with children.

13.27 When making a disqualification order the court uses different presumptions depending on the age of the offender and the sentence received:

- Adult offender who receives a qualifying sentence (12 months or more or equivalent) or relevant order: a disqualification order must be made unless the court is satisfied that it is unlikely that the individual will commit any further offence against a child.
- Juvenile offender who receives a qualifying sentence or relevant order: a disqualification order must be made if the court is satisfied that it is likely that the individual will commit a further offence against a child.
- Adult or juvenile offender who does not receive a qualifying sentence or relevant order: a disqualification order may be made if the court is satisfied that the offender is likely to commit a further offence against a child.

13.28 A disqualification order is of indefinite duration (i.e. for life) but application can be made for an order to be reviewed by the Care Standards Tribunal after 10 years. Orders are made as part of the sentence and therefore, cannot be made on application. However, the Criminal Justice Act 2003 has provided that the Crown Prosecution Service may refer cases back to the courts where it appears that the

court should have considered making a disqualification order but failed to do so. Therefore, if an offender is identified who it seems should have been made subject to a disqualification order then this should be discussed with other MAPPA agencies and the Crown Prosecutions Service.

- 13.29 People who are disqualified from working with children are prohibited from applying for, offering to do, accepting, or doing any work in a regulated position. This includes working with children in paid or unpaid positions whose normal duties involve caring for, training, supervising or being in sole charge of children and positions whose normal duties involve unsupervised contact with children under arrangements made by a responsible person, for example, a parent. The positions covered are specified in section 36 of the Criminal Justice and Court Services Act 2000 [<http://www.opsi.gov.uk/acts/acts2000/00043--f.htm#36>] and are broadly defined. Examples of “working with children” extend from babysitting to working as a schoolteacher and from working in a local authority education or social services department to voluntary work at a boys’ football club. They also include positions whose normal duties include the supervision or management of another individual who works directly with children, for example a member of a school governing body.
- 13.30 A person who is disqualified commits an offence if he/she knowingly applies for, offers to do, accepts or does any work with children. It is also an offence for an individual knowingly to offer work with children to, or procure work with children for, an individual who is disqualified from working with children, or to allow such an individual to continue in such work. The police should be contacted if such an offence is committed. The maximum penalty for breach is 5 years imprisonment.

### **Violent and sex offender register (ViSOR)**

- 13.31 The notification requirements of Part 2 of the Sexual Offences Act 2003 are an automatic requirement on offenders who receive a conviction, caution or final warning for certain sexual offences. The notification requirements are intended to ensure that the police are informed of the whereabouts of offenders in the community. The notification requirements do not bar offenders from certain types of employment, from being alone with children etc.
- 13.32 Offenders must notify the police of certain personal details within three days of their conviction, caution or final warning for a relevant sexual offence (or, if they are in prison on this date, within three days of their release). Such an offender must then notify the police, within three days, of any change to the notified details and whenever they spend 7 days or more at another address.

- 13.33 All offenders must reconfirm their details at least once every 12 months and notify the police, 7 days in advance of any travel overseas for a period of 3 days or more.
- 13.34 The period of time that an offender must comply with these requirements depends on whether they received a conviction or caution for their offence and where appropriate, the sentence they received. Failure to comply with these requirements is a criminal offence with a maximum penalty of 5 years imprisonment. The police should be contacted if such an offence is committed.

## **Notification orders**

- 13.35 Notification orders are intended to ensure that British citizens or residents, as well as foreign nationals, can be made subject to the notification requirements (ViSOR) in the UK if they receive convictions or cautions for sexual offences overseas.
- 13.36 Notification orders are made on application from the police to a Magistrates' Court. Therefore, if an offender is identified who has received a conviction or caution for a sexual offence overseas then the case should be referred to the local police for action.
- 13.37 If a notification order is in force then the offender becomes subject to the notification requirements (see above).
- 13.38 For example: a notification order could ensure that the notification requirements will apply to a British man who, while on holiday in South East Asia, received a caution for a sexual offence on a child.
- 13.39 Any information that an individual has received a conviction or caution for a sexual offence overseas should, where appropriate, be shared with the police.

## **Sexual Offences Prevention Orders (SOPOs)**

- 13.40 Introduced by the Sexual Offences Act 2003 [<http://www.opsi.gov.uk/ACTS/acts2003/30042--c.htm#104>], SOPOs are civil preventative orders designed to protect the public from serious sexual harm. A court may make a SOPO when it deals with an offender who has received a conviction for an offence listed at Schedule 3 (sexual offences) [<http://www.opsi.gov.uk/ACTS/acts2003/30042--g.htm#sch3>] or Schedule 5 (violent and other offences) [<http://www.opsi.gov.uk/ACTS/acts2003/30042--i.htm#sch5>] to the Act and who is assessed as posing a risk of serious sexual harm. Also, the police can apply for a SOPO to a Magistrates' court in respect of an offender who has a previous conviction or caution for a Schedule 3 or 5 offence and who poses a risk of serious sexual harm.

- 13.41 SOPOs include such prohibitions as the court considers appropriate. For example, a child sex offender who poses a risk of serious sexual harm could be prohibited from loitering near schools or playgrounds. The offender will also, if not already, become subject to the notification requirements for the duration of the order.
- 13.42 SOPOs can be made on application from the police, so any violent or sex offender who poses a risk of serious sexual harm should be referred to MAPPA agencies and the police in particular. In an application for an order the police can set out the prohibitions they would like the court to consider. Breach of any of the prohibitions in a SOPO is a criminal offence with a maximum punishment of 5 years imprisonment. Therefore, the police should be contacted whenever a SOPO is breached.
- 13.43 SOPOs can be particularly helpful in the management of sex offenders who are assessed as continuing to pose a high risk of harm but are no longer subject to supervision on licence.

### **Risk of Sexual Harm Orders (RSHOs)**

- 13.44 Introduced by the Sexual Offences Act 2003 [<http://www.opsi.gov.uk/ACTS/acts2003/30042--c.htm#123>], RSHOs are civil preventative orders used to protect children from the risks posed by individuals who do not necessarily have a previous conviction for a sexual or violent offence but who have, on at least two occasions, engaged in sexually explicit conduct or communication with a child or children and who pose a risk of further such harm. For a RSHO to be made it is not necessary for there to be a risk that the defendant will commit a sexual offence against a child – the risk may be that he intends to communicate with children in a sexually explicit way. The RSHO can contain such prohibitions, as the court considers necessary. For example, an adult could be found regularly communicating with young children in a sexual way in internet chat rooms. A RSHO could be used to prohibit the offender from using the internet in order to stop him/her from such harmful activity.
- 13.45 RSHOs are made on application from the police, so any person who is thought to pose a risk of sexual harm to children should be referred to the police. In an application for an order the police can set out the prohibitions they would like the court to consider.
- 13.46 Breach of any of the prohibitions in a RSHO is a criminal offence with a maximum punishment of 5 years imprisonment. It is also an offence which makes the offender subject to the notification requirements (see above). The police should be contacted whenever a RSHO is breached.

## **The Protection of Children Act List**

13.47 The Protection of Children Act 1999 gives the Secretary of State power to keep a list of people who are unsuitable to work with children in childcare positions. Child care organisations in the regulated sector are required to make a report to the Secretary of State in specified circumstances, principally if they dismiss a person for misconduct which has harmed a child or put a child at risk of harm, or if a person resigns in circumstances where s/he might have been dismissed for that reason. Other organisations that employ childcare workers can also make reports in those circumstances, but do not have to.

13.48 If there appear to be grounds for including the person on the List his/her name will be added provisionally while further enquiries are made, and the person will be given the opportunity to make written observations about the case. If, at the end of the day the Secretary of State is of the opinion that:

- the referring organisation reasonably believed, on the balance of probability, that the person was guilty of misconduct that harmed a child, or put a child at risk of harm;
- the person is unsuitable to work with children; and
- the person will be added to the List on a permanent basis.

13.49 Anyone who is included on the List on a permanent basis can appeal to an independent tribunal, the Care Standards Tribunal, within 3 months of the decision.

13.50 Childcare organisations must check the List before employing someone in a child care position.

## **DfES List 99**

13.51 List 99 is a confidential list of people who the Secretary of State has directed may not be employed by Local Education Authorities (LEAs), schools (including independent schools) or Further Education (FE) institutions as a teacher or in work involving regular contact with children under 18 years of age. The List also includes details of people the Secretary of State has directed can only be employed subject to specific conditions.

13.52 LEAs, schools, FE institutions and other employers have a statutory duty to make reports to DfES if they cease to use a person's services on grounds of misconduct or unsuitability to work with children, or someone leaves in circumstances where the employer might have ceased to use their services on one of those grounds. The police also make reports to DfES if a teacher or other member of staff at a school is convicted of a criminal offence.



## 14: Information Sharing

14.1 This guidance on information sharing in respect of children and young people covers all services including health; education; early years and childcare; social care; youth offending; police; advisory and support services and leisure.

14.2 Research and experience have demonstrated the importance of early identification of children who may have additional needs, in order to prevent problems worsening. The sharing of information about children and young people with such needs is vital to delivering early intervention so that children thrive against the seven Core Aims adopted by the Welsh Assembly Government. These aims are that all children and young people:

- have a flying start in life;
- have a comprehensive range of education and learning opportunities;
- enjoy the best possible health and are free from abuse, victimisation and exploitation;
- have access to play, leisure, sporting and cultural activities;
- are listened to, treated with respect, and have their race and cultural identity recognised;
- have a safe home and a community which supports physical and emotional wellbeing; and
- are not disadvantaged by poverty.

14.3 The guidance, which is non-statutory, is for all those who work with children and young people in these services, whether they are employed or volunteers and working in the public, private or voluntary sectors. It recognises that most decisions to share information require a professional judgement and aims to provide the knowledge and understanding practitioners need to inform their judgement. It covers the main reasons why practitioners may want or need to share information:

- to help children or young people achieve the key outcomes we want for all: be healthy, stay safe, enjoying and achieving, making a positive contribution and achieving economic well-being;
- to safeguard and promote the welfare of children and young people, by protecting them from abuse, preventing impairment of their health or development, or ensuring they grow up in circumstances consistent with the provision of safe and effective care; and
- to prevent children and young people from committing crime.

#### 14.4 The guidance also:

- sets out key principles of information sharing;
- highlights the difficult issues practitioners sometimes face in sharing information;
- sets out core guidance for all practitioners on information sharing issues;
- summarises the key things practitioners should know about the Common Law Duty of Confidence, the Human Rights Act and the Data Protection Act; and
- provides further information about the legislation which provides a legal basis for information collection, use and sharing.

### **Key principles of information sharing**

#### 14.5 In order to make soundly-based decisions practitioners need to understand the general principles of sharing information identifiable to a child, young person or their parent/carers.

- The safety and welfare of a child or young person must be the first consideration when making decisions about sharing information about them;
- There must be a legal basis for sharing information and a legitimate purpose for doing so;
- When dealing with confidential information you will need to be satisfied that there is either:
  - a statutory obligation to disclose;
  - express or implied consent from the persons involved; or
  - an overriding public interest in disclosing information.
- You must consider the significance, or the potential significance of the information you hold. The information you share should be relevant to the purpose for which you are sharing it and you should only share information with those practitioners or agencies that 'need to know';
- You should be open and honest with children, young people and their families about the reasons why information needs to be shared and why particular actions need to be taken, unless to do so would adversely affect the purpose for which the information is to be shared;
- You should gain consent to share information unless it is not safe or possible to do so, or if it would undermine the prevention or detection of a crime; and



- Information should be accurate, held securely and kept for no longer than necessary.
- 14.6 The best way of ensuring that information sharing is properly handled is to work within carefully worked out information sharing protocols between the agencies and professionals involved, and taking legal advice in individual cases where necessary. Whenever information is shared, with or without consent, the information shared, when, with whom and for what purpose, should be recorded. Similarly, if a decision is taken not to share information, this should also be recorded.

### **Difficult issues practitioners face**

- 14.7 Most practitioners in children's services understand that they have a duty to share information when they or others have evidence that a child is being, or is at risk of being, abused or neglected (i.e. child protection). The more difficult situations are where:
- there is little or no clear evidence, but you or others have a niggling worry that the child may be at risk of abuse or neglect;
  - the concern is not about abuse or neglect, but about other aspects of a child's welfare or well-being, such as a health issue, their attendance and performance at school, or their propensity to become involved in offending.
- 14.8 It is also increasingly recognised in practice that a failure to share information, even at a level of a 'niggling worry', may have serious consequences for the welfare of a child or young person, or for others. Often it is not until information is shared and understood, that a clearer picture emerges, which may confirm or allay concerns about a child or young person's safety and welfare.
- 14.9 The law is often cited as a barrier to sharing information in these situations. You may be uncertain about the legal or ethical issues about sharing information, particularly with other agencies. You may be anxious about sharing information, for example where:
- You worry that you may have misjudged the situation and you will be blamed, disciplined or even sued.
  - You are uncertain about how you tell a parent that you are concerned about how they are caring for their child.
  - You are concerned that you may harm your relationship with your patient or client if you voice your concerns.
  - You are concerned that other practitioners will not treat the child and family sympathetically, if you share your concerns with them.
  - You are concerned that other practitioners will not treat the information confidentially.

- You are concerned that other practitioners will make things worse and possibly break up a family.
  - You suspect there may be violence in the family and you could make things worse for a child, young person or partner in the family.
  - You are frightened that you will be attacked either verbally or physically.
- 14.10 These are real and very common worries that apply to most practitioners working with children, young people and families and are not easy to deal with.
- 14.11 Without relevant information practitioners cannot form sound judgements, assess needs or decide on the appropriate services to meet needs. Lack of information increases the risk of children 'slipping through the net'. You should not be deterred from sharing information by the feeling that there are legal hurdles nor should you assume that the 'safer' course is not to share information.
- 14.12 In most situations you will need to make a professional judgement about whether to seek consent to share information. To inform that judgement you need a basic understanding of the law. You should also be aware of any code of conduct or other guidance applicable to your profession or agency. The law and these codes of conduct almost always permit information to be disclosed with consent. When deciding whether to share confidential information without consent, you also need to make a judgement as to whether the public interest in sharing the information, for example to safeguard and promote the welfare of the child or young person or in preventing or detecting crime, overrides the public interest in maintaining confidentiality.
- 14.13 Wherever possible you should explain the issue, seek agreement and if you decide to act against a parent, young person or child's wishes, explain the reasons for doing so. This may not always be appropriate, for example in certain cases where you need to share information with the police to prevent or investigate a possible crime. Record your decision on the appropriate records. Chapters 7 and 8 set out some good practice for working with children, young people and parents.
- 14.14 Talking things over with your manager or a trusted colleague if they are experienced in these matters, may be helpful, or if you are working in the NHS or Local Authority the Caldicott Guardian may be helpful. If the concern is about abuse or neglect, all organisations have a named person who undertakes a lead role for child protection, so consulting this person may also be helpful.

## What are the legal restrictions?

14.15 The decision whether to disclose information may arise in various contexts. You may have a niggling concern about a child that might be allayed or confirmed if shared with another agency. You may be asked for information in connection with an assessment of a child's needs under section 17 of the Children Act 1989 or an enquiry under section 47 of that Act or in connection with court proceedings. In all cases the main restrictions on disclosure of information are:

- common law duty of confidence;
- Human Rights Act 1998;
- Data Protection Act 1998.

14.16 Each of those has to be considered separately. Other statutory provisions may also be relevant. But in general, the law will not prevent you from sharing information with other practitioners if:

- those likely to be affected consent; or
- the public interest in safeguarding the child's welfare overrides the need to keep the information confidential; or
- disclosure is required under a court order or other legal obligation.

## Common law duty of confidence

14.17 The circumstances in which a common law duty of confidence arises have been built up in case law over time. The duty arises when a person shares information with another in circumstances where it is reasonable to expect that the information will be kept confidential.

The courts have found a duty of confidence to exist where-

- a contract provides for information to be kept confidential;
- there is a special relationship between parties such as patient and doctor, solicitor and client, teacher and pupil;
- an agency or government department such as Her Majesty's Revenue and Customs collects and holds personal information for the purposes of its functions.
- The duty is not absolute. Disclosure can be justified if-
  - the information is not confidential in nature;
  - the person to whom the duty is owed has expressly or implicitly authorised the disclosure;
  - there is an overriding public interest in disclosure;
  - disclosure is required by a court order or other legal obligation.

## Is the information confidential?

14.18 Some kinds of information, such as medical records and communications between doctor and patient, are generally recognised as being subject to a duty of confidence. Other information may not be, particularly if it is trivial or readily available from other sources or if the person to whom it relates would not have an interest in keeping it secret. For example a social worker who was concerned about a child's whereabouts might telephone the school to establish whether the child was in school that day.

## Maintaining confidentiality

14.19 As a general rule you should treat all personal information you acquire or hold in the course of working with children and families as confidential and take particular care with sensitive information.

## Disclosure by consent

14.20 There will be no breach of confidence if the person to whom a duty of confidence is owed consents to the disclosure. Consent can be expressed (that is orally or in writing) or can be inferred from the circumstances in which the information was given (implied consent).

14.21 **Whose consent is required?** The duty of confidence is owed to the person who has provided information on the understanding it is to be kept confidential or, in the case of medical or other records, the person to whom the information relates.

14.22 **Has consent been given?** You do not need express consent if you have reasonable grounds to believe that the person to whom the duty is owed understands and accepts that the information will be disclosed. For example a person who refers an allegation of abuse to a social worker would expect that information to be shared on a (need to know) basis with those responsible for following up the allegation. Any one who receives information, knowing it is confidential, is also subject to duty of confidence. Whenever you give or receive information in confidence you should ensure there is a clear understanding as to how it may be used or shared.

14.23 **Should I seek consent?** If you are in doubt as to whether a disclosure is authorised it is best to obtain express consent. But you should not do so if you think this would be contrary to a child's welfare. For example, if the information is needed urgently the delay in obtaining consent may not be justified. Seeking consent may prejudice a police investigation or may increase the risk of harm to the child.

14.24 **What if consent is refused?** You will need to decide whether the circumstances justify the disclosure, taking into account what is being disclosed, for what purposes and to whom.

## **Disclosure in the absence of consent**

- 14.25 The law recognises that disclosure of confidential information without consent or a court order may be justified in the public interest to prevent harm to others.
- 14.26 The key factor in deciding whether or not to disclose confidential information is **proportionality**: is the proposed disclosure a proportionate response to the need to protect the welfare of the child. The amount of confidential information disclosed, and the number of people to whom it is disclosed, should be no more than is strictly necessary to meet the public interest in protecting the health and well-being of a child. The more sensitive the information is, the greater the child-focused need must be to justify disclosure and the greater the need to ensure that only those professionals who have to be informed receive the material (the need to know basis).

## **The 'Need to Know' Basis**

### **Relevant factors:**

- what is the purpose of the disclosure?
- what is the nature and the extent of the information to be disclosed?
- to whom is the disclosure to be made (and is the recipient under a duty to treat the material as confidential)?
- is the proposed disclosure a proportionate response to the need to protect the welfare of a child to whom the confidential information relates?

## **Is there a difference between disclosing information within your own organisation or to another organisation?**

- 14.27 The approach to confidential information should be the same whether any proposed disclosure is internally within one organisation (e.g. within a school, or within social services) or between agencies (e.g. from a teacher to a social worker).
- 14.28 The need to disclose confidential information to others within your own organisation will arise more frequently than will be the case for inter-agency disclosure. For example a teacher will need to discuss confidential information with the Year Head and the Head Teacher more frequently than with a social worker. Pupils and their parents would expect such discussions to take place within the school, so there will usually be implied consent. But if not (e.g. if you disclose information that a child has asked you to keep secret) you will have to decide whether the circumstances justify the disclosure.

## **What the duty is to a child or young person?**

14.29 A duty of confidence may be owed to a child or young person in their own right. A young person aged 16 or over, or a child under 16 who has the capacity to understand and make their own decisions, may give (or refuse) consent to a disclosure. Otherwise a person with parental responsibility should consent on their behalf.

## **The Human Rights Act 1998**

14.30 Article 8 of the European Convention on Human Rights (which forms part of UK law under the Human Rights Act 1998) recognises a right to respect for private and family life.

- 8.1 Everyone has the right to respect for his private and family life, his home and his correspondence.
- 8.2 There shall be no interference by a public authority with exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, protection of health or morals or for the protection of rights and freedom of others.

14.31 The right is not absolute. Disclosing confidential information to protect the welfare of a child could cause considerable disruption to a person's private or family life. This may, however, be justified by Article 8(2) if it is necessary to prevent crime or to protect the health and welfare of a child. Essentially it is same 'proportionality' test as applies to the common law duty of confidence.

14.32 If sharing information is justified under the common law duty of confidence and does not breach the data protection requirements or any other specific legal requirements, it should satisfy Article 8.

## **The Data Protection Act 1998**

14.33 The Data Protection Act 1998 (<http://www.opsi.gov.uk/ACTS/acts1998/19980029.htm>) regulates the handling of personal data. Essentially, this is information kept about an individual on computer or on a manual filing system. The Act lays down requirements for the processing of this information, which includes obtaining, recording, storing and disclosing it.

14.34 If you are making a decision to disclose personal data you must comply with the Act, which includes the eight data protection principles. These should not be an obstacle if:

- you have particular concerns about the welfare of a child;
- you disclose information to social services or to another professional; and
- the disclosure is justified under the common law duty of confidence.

14.35 The first and second data protection principles are the most relevant.

### **The First Principle**

- Personal data shall be processed fairly and lawfully and, in particular shall not be processed unless-
  - at least one of the conditions in Schedule 2 is met; and
  - in the case of sensitive personal data, at least one of the conditions in Schedule 3 is met.

### **The Second Principle**

- Personal data shall be obtained only for one or more specified lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.

14.36 "Fairness" is being open with people about how information about them is to be used and the circumstances in which it might be disclosed. Most organisations take steps to make people aware of their policy when they first obtain information from them e.g. by including it on forms or leaflets or by notices in waiting areas. There are a number of exceptions to this requirement, in particular, if the disclosure is for the prevention or detection of crime (which includes neglect or abuse of a child) or is required by a court order or a statute.

14.37 A condition in Schedule 2 must be met. Those conditions establish whether there is a legitimate reason for sharing information. They include:

- the data subject (the person to whom the data relates) consents;
- the disclosure is necessary for compliance with a legal obligation;
- it is necessary to protect the vital interests of the data subject;
- it is necessary for the exercise of a statutory function, or other public function exercised in the public interest (e.g. for the purposes of a section 17 assessment or section 47 enquiry);
- it is necessary for the purposes of legitimate interests pursued by the person sharing the information, except where it is unwarranted by reason of prejudice to the rights and freedoms or legitimate interests of the data subject.

14.38 There is a condition to cover most situations where a practitioner shares information to safeguard a child's welfare. In particular, the last condition (legitimate interest) is relevant in all cases and involves a proportionality test very similar to that applied to breaches of confidence.

14.39 If the information being shared is sensitive personal data, then a condition in Schedule 3 must also be met. Sensitive personal data relates to the data subject's:

- racial or ethnic origins;
- political opinions;
- religious beliefs;
- membership of a trade union;
- physical or mental health or condition;
- sexual life;
- criminal offences.

14.40 The relevant conditions in Schedule 3 are:

- the data subject has explicitly consented to the disclosure;
- it is necessary to protect the vital interests of the data subject or another person where the data subject's consent cannot be given or is unreasonably withheld or cannot reasonably be expected to be obtained;
- it is necessary to establish, exercise or defend legal rights;
- it is necessary for the exercise of any statutory function.

14.41 "Legal rights" include a child's rights under the Human Rights Act and defending those rights could include disclosures between professionals to establish whether a child's welfare needed to be safeguarded. Exercise of a statutory function would cover sharing of information amongst social services and other agencies in connection with a section 17 assessment or section 47 enquiry.

14.42 The second data protection principle requires that the purpose of the disclosure is not incompatible with the purpose for which the information was obtained. Most organisations include disclosures to other agencies in the purposes notified to the Information Commissioner. Disclosures for prevention or detection of crime or required by a court order or a statute are also exempt from this principle.



14.43 If you need advice about the data protection requirements, you should contact the data protection compliance officer in your organisation or, if you do not have one, you can contact the Information Commissioner (<http://www.ico.gov.uk/>).

### **Other statutory provisions**

14.44 Sections 27 and 47 of the Children Act 1989 enable local authorities to request help from specified authorities (other local authorities, education authorities, housing authorities, NHS bodies) and places an obligation on those authorities to co-operate. A request could be for information in connection with a section 17 assessment or a section 47 enquiry. Neither provision would require an unjustified breach of confidence. But an authority should not refuse a request without considering all the circumstances.

14.45 Section 115 of the Crime and Disorder Act 1998 enables any person to disclose information to a relevant authority for any purposes of the Act if they would not otherwise have the power to do so. Relevant authorities include local authorities, NHS bodies and police authorities. The purposes of the Act broadly cover the prevention and reduction of crime and the identification or apprehension of offenders.

### **Disclosure of information about sex offenders**

14.46 The Home Office has produced guidance on the exchange of information about all those who have been convicted of, cautioned for, or otherwise dealt with by the courts for a sexual offence; and those who are considered by the relevant agencies to present a risk to children and others (<http://www.homeoffice.gov.uk>). The guidance also addresses issues arising in relation to people who have not been convicted or cautioned for offences, but who are suspected of involvement in criminal sexual activity.

14.47 The guidance emphasises that the disclosure of information should always take place within an established system and protocol between agencies, and should be integrated into a risk assessment and management system. Each case should be judged on its merits by the police and other relevant agencies, taking account of the degree of risk. The guidance places on the police the responsibility to co-ordinate and lead the risk assessment and management process. It advises that agencies should work within carefully worked out information sharing protocols, and refers to good practice material in existence. It also advocates the establishment of multi-agency risk panels whose purpose is to share information about offenders and to devise strategies to manage their risk.

## **Professional guidance**

### **Medical**

14.48 The General Medical Council (GMC) has produced guidance entitled Confidentiality (1995). It emphasises the importance in most circumstances of obtaining a patient's consent to the disclosure of personal information, but makes clear that information may be released to third parties - if necessary without consent - in certain circumstances. Those circumstances include the following:

### **Disclosure in the patient's medical interests**

14.49 "Problems may arise if you consider that patient is incapable of giving consent to treatment because of immaturity, illness, or mental incapacity, and you have tried unsuccessfully to persuade the patient to allow an appropriate person to be involved in the consultation. If you are convinced that it is essential in the patient's medical interests, you may disclose relevant information to an appropriate person or authority. You must tell the patient before disclosing any information. You should remember that the judgement of whether patients are capable of giving or withholding consent to treatment or disclosure must be based on an assessment of their ability to appreciate what the treatment or advice being sought may involve, and not solely on their age.

14.50 "If you believe a patient to be a victim of neglect or physical or sexual abuse and unable to give or withhold consent to disclosure, you should usually give this information to an appropriate responsible person or statutory agency, in order to prevent further harm to the patient. In these and similar circumstances, you may release information without the patient's consent, but only if you consider that the patient is unable to give consent, and that the disclosure is in the patient's best medical interests."

### **Disclosure in the interests of others**

14.51 "Disclosures may be necessary in the public interest where a failure to disclose information may expose the patient, or others, to risk of death or serious harm. In such circumstances you should disclose the information promptly to an appropriate person or authority."

14.52 The GMC has confirmed that its guidance on the disclosure of information which may assist in the prevention or detection of abuse, applies both to information about third parties (e.g. adults who may pose a risk of harm to a child) and about children who may be the subject of abuse.

## Nursing

14.53 The Nursing and Midwifery Council (NMC) has produced advice on professional practice (2006), which contains the following advice on disclosing information [<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1560>]:

### "Disclosing information

Registrants need to take account of clauses 5.3 and 5.4 of the Code before deciding to disclose information:

5.3 If you are required to disclose information outside the team that will have personal consequences for patients or clients, you must obtain their consent. If the patient or client withholds consent, or if consent cannot be obtained for whatever reason, disclosures may be made only where:

1. They can be justified in the public interest (usually where disclosure is essential to protect the patient or client or someone else from the risk of significant harm);
2. They are required by law or by order of a court.

5.4 Where there is an issue of child protection, you must act at all times in accordance with national and local policies.

Registrants who decide to disclose confidential information without the patient's/client's consent should do so only in exceptional circumstances. They should be able to justify their actions. Disclosure without consent is done only in the public interest to protect individuals, groups or society as a whole from the risk of significant harm. Examples could include child abuse, serious crime or drug trafficking."

## Record keeping

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

- 14.55 To serve these purposes, records should be timed and dated, use clear, straightforward language, should be concise, and should be accurate not only in fact, but also in differentiating between opinion, judgements and hypothesis.
- 14.56 Well kept records provide an essential underpinning to good child protection practice. Safeguarding children requires information to be brought together from a number of sources and careful professional judgements to be made on the basis of this information. Records should be clear, accessible and comprehensive, with judgements made, and actions and decisions taken being carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear.
- 14.57 Relevant information about a child and family who are the subject of child protection concerns will normally be collated in one place by the social services department. Records should readily tell the 'story' of a case. Specifically, the reader should be able to track:
- the relevant history of the child and family which led to the intervention;
  - the nature of interventions, including intended outcomes;
  - the means by which change is to be achieved; and
  - the progress which is being made.
- 14.58 Agencies should consider which other agencies and professionals need to be informed about relevant changes of circumstances, for example the change of GP of a child whose name is on the child protection register. Each agency should ensure that when a child moves outside of their area, the child's records are transferred promptly to the relevant agency within the new area.

## **Supervision and support**

- 14.59 Working in the field of child protection entails making difficult and risky professional judgements. It is demanding work that can be distressing and stressful. All of those involved should have access to advice and support, from peers, managers, named and designated professionals, etc.
- 14.60 For many practitioners involved in day to day work with children and families, effective supervision is important to promoting good standards of practice and to supporting individual staff members. Supervision should help to ensure that practice is soundly based and consistent with LSCB and organisational procedures. It should ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority. It should also help identify

the training and development needs of practitioners, so that each has the skills to provide an effective service.

- 14.61 Supervision should include scrutinising and evaluating the work carried out, assessing the strengths and weaknesses of the practitioner and providing coaching development and pastoral support. Supervisors should be available to practitioners as an important source of advice and expertise and may be required to endorse judgements at certain key points in child protection processes. Supervisors should also record key decisions within case records.
- 14.62 Effective arrangements for safeguarding and promoting the welfare of children should include having in place agreed systems, standards and protocols for sharing information about a child and their family within each organisation and between organisations. These local protocols should be in accordance with this guidance.
- 14.63 All those whose work brings them into contact with children should understand the purpose of sharing information in order to safeguard and promote children's welfare. They need to be confident about what they can and should do under the law, including how to obtain consent to share information, and when information may be shared even though consent has not been obtained or when to seek consent would place the child at risk of increased harm.
- 14.64 Research and experience have shown repeatedly that keeping children safe from harm requires professionals and others to share information: about a child's health and development and exposure to possible harm, about a parent who may need help to, or may not be able to, care for a child adequately and safely; and about those who may pose a risk of harm to a child. Often, it is only when information from a number of sources has been shared and is then put together and evaluated that it becomes clear that a child is at risk of or is suffering harm, or that someone may pose a risk of harm to children.
- 14.65 Those providing services to adults and children will be concerned about the need to balance their duties to protect children from harm and their general duty towards their patient or service user. Some professionals and staff face the added dimension of being involved in caring for, or supporting, more than one family member – the abused child, siblings, an alleged abuser. Where there are concerns that a child is, or may be at risk of significant harm, however, the needs of that child must come first. In these circumstances, the overriding objective must be to safeguard and promote the child's welfare. In addition, there is a need for all organisations to hold information securely.
- 14.66 In order to safeguard and promote children's welfare, the LSCB should ensure that its partner agencies have in place arrangements under section 28 of the Children Act 2004 whereby:

- all staff in contact with children understand what to do and the most effective ways of sharing information if they believe that a child and family may require additional services in order to achieve their optimal outcomes;
- all staff in contact with children understand what to do and when to share information if they believe that a child may be a child in need, including those children suffering or at risk of suffering harm;
- appropriate organisation-specific guidance is produced to complement guidance issued by the Welsh Assembly Government and such guidance and appropriate training is made available to existing and new staff as part of their induction;
- guidance and training specifically covers the sharing of information between professions, organisations and agencies, as well as within them and arrangements for training take into account the value of multi-agency training as well as single agency training;
- managers in children's services are fully conversant with the legal framework and good practice guidance issued for practitioners working with children.

# Appendix A

## Framework for the Assessment of Children in Need and their Families

The Framework for the Assessment of Children in Need and their Families (outlined at Figure 1) provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child. Practitioners should use the framework to gain an understanding of a child's developmental needs; the capacity of parents or caregivers to respond appropriately to those needs, including their capacity to keep the child safe from harm; and the impact of wider family and environmental factors on the parents and child. Each of the three main aspects of the framework - the child's developmental needs, parenting capacity, and wider family and environmental factors - is outlined in more detail in Boxes 1, 2 and 3 respectively.

The framework is to be used within social services departments for the assessment of all children in need, including those where there are concerns that a child may be suffering significant harm. The process of engaging in an assessment should be viewed as being part of the range of services offered to children and families.

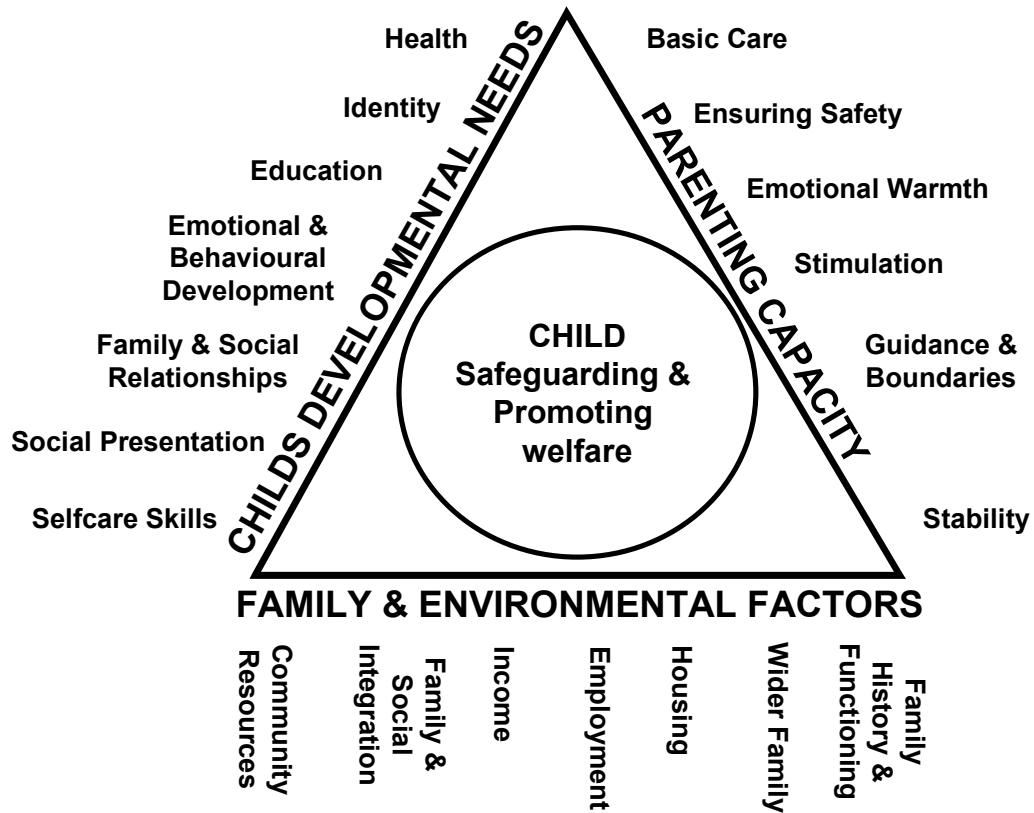
Use of the framework should provide evidence to help, guide and inform judgements about children's welfare and safety from the first point of contact, through the processes of initial and more detailed core assessments, according to the nature and extent of the child's needs. The provision of appropriate services need not and should not wait until the end of the assessment process, but should be determined according to what is required and when, to promote the welfare and safety of the child.

Evidence about children's developmental progress – and their parents' capacity to respond appropriately to the child's needs within the wider family and environmental context – should underpin judgements

- the child's welfare and safety;
- whether, and if so how, to provide help to children and family members; and
- what form of intervention will bring about the best possible outcomes for the child and what the intended outcomes of intervention are.

Figure 1 Assessment Framework

# Assessment Framework





## Box 1

### **DIMENSIONS OF CHILD'S DEVELOPMENTAL NEEDS**

#### **Health**

Includes growth and development as well as physical and mental well-being. The impact of genetic factors and of any impairment need to be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

#### **Education**

Covers all areas of a child's cognitive development which begins from birth. Includes opportunities; for play and interaction with other children to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

#### **Emotional and Behavioural Development**

Concerns the appropriateness of response, demonstrated in feelings and actions by a child, initially to parents and caregivers and as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self control.

#### **Identity**

Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self image and self esteem and having a positive sense of individuality. Race religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

#### **Family and Social Relationships**

Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

## **Social Presentation**

Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion, cleanliness and personal hygiene and availability of advice from parents or caregivers about presentation in different settings.

## **Self Care Skills**

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities and on social circumstances affecting these in the development of self care skills.

## Box 2

### **DIMENSIONS OF PARENTING CAPACITY**

#### **Basic Care**

Providing for the child's physical needs and appropriate medical and dental care.

Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

#### **Ensuring Safety**

Ensuring the child is adequately protected from harm or danger.

Includes protection from significant harm or danger and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

#### **Emotional Warmth**

Ensuring the child's emotional needs are met giving the child a sense of being specially valued and a positive sense of own racial and cultural identity.

Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

#### **Stimulation**

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities.

Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

#### **Guidance and Boundaries**

Enabling the child to regulate their own emotions and behaviour.

The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others and Guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able

to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

### **Stability**

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development. Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

## Box 3

### **FAMILY AND ENVIRONMENTAL FACTORS**

#### **Family History and Functioning**

Family history includes both genetic and psycho-social factors.

Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents; chronology of

significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

#### **Wider Family**

Who are considered to be members of the wider family by the child and the parents? This includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

#### **Housing**

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

#### **Employment**

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

#### **Income**

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

### **Family's Social Integration**

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

### **Community Resources**

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility, standard of resources and impact on the family, including disabled members.

# Appendix B

## Use of questionnaires and scales to evidence assessment and decision making

1. **The Strengths and Difficulties Questionnaires** (Goodman *et al*, 1997; Goodman *et al*, 1998). These scales are a modification of the very widely used instruments to screen for emotional and behavioural problems in children and adolescents – the Rutter A + B scales for parents and teachers. Although similar to Rutter's, the Strengths and Difficulties Questionnaire's wording was re-framed to focus on a child's emotional and behavioural strengths as well as difficulties. The actual questionnaire incorporates five scales: pro-social, hyperactivity, emotional problems, conduct (behavioural) problems, and peer problems. In the pack, there are versions of the scale to be completed by adult caregivers, or teachers for children from age 3 to 16, and children between the ages of 11–16. These questionnaires have been used with disabled children and their teachers and carers. They are available in 40 languages on the following website:  
<http://www.sdqinfo.com/>
2. **The Parenting Daily Hassles Scale** (Crinic and Greenberg, 1990; Crinic and Booth, 1991). This scale aims to assess the frequency and intensity/impact of 20 potential parenting 'daily' hassles experienced by adults caring for children. It has been used in a wide variety of research studies concerned with children and families – particularly families with young children. It has been found that parents (or caregivers) generally like filling it out, because it touches on many aspects of being a parent that are important to them.
3. **The Recent Life Events Questionnaire** (Taken from Brugha *et al*, 1985) helps to define negative life events over the last 12 months, but could be used over a longer time-scale, and significantly whether the respondent thought they have a continuing influence. Respondents are asked to identify which of the events still affects them. It was hoped that use of the scale will:
  - result in a fuller picture of a family's history and contribute to greater contextual understanding of the family's current situation;
  - help practitioners explore how particular recent life events have affected the carer and the family;
  - in some situations, identify life events which family members have not reported earlier.
4. **The Home Conditions Assessment**(Davie *et al*, 1984) helps make judgements about the context in which the child was living, dealing with questions of safety, order and cleanliness which have an important

bearing where issues of neglect are the focus of concern. The total score has been found to correlate highly with indices of the development of children.

5. **The Family Activity Scale** (Derived from The Child-Centredness Scale. Smith, 1985) gives practitioners an opportunity to explore with carers the environment provided for their children, through joint activities and support for independent activities. This includes information about the cultural and ideological environment in which children live, as well as how their carers respond to their children's actions (for example, concerning play and independence). They aim to be independent of socio-economic resources. There are two separate scales; one for children aged 2–6, and one for children aged 7–12.
6. **The Alcohol Scale.** This scale was developed by Piccinelli et al (1997). Alcohol abuse is estimated to be present in about 6% of primary carers, ranking it third in frequency behind major depression and generalised anxiety. Higher rates are found in certain localities, and particularly amongst those parents known to social services. Drinking alcohol affects different individuals in different ways. For example, some people may be relatively unaffected by the same amount of alcohol that incapacitates others. The primary concern therefore is not the amount of alcohol consumed, but how it impacts on the individual and, more particularly, on their role as a parent. This questionnaire has been found to be effective in detecting individuals with alcohol disorders and those with hazardous drinking habits.
7. **Adult Wellbeing Scale** (Irritability, Depression, Anxiety – IDA Scale. Snaith et al, 1978). This scale, which was based on the Irritability, Depression and Anxiety Scale, was devised by a social worker involved in the pilot. The questions are framed in a 'personal' fashion (that is, I feel, my appetite is...). This scale looks at how an adult is feeling in terms of their depression, anxiety and irritability. The scale allows the adult to respond from four possible answers, which enables the adult some choice, and therefore less restriction. This could enable the adult to feel more empowered.
8. **The Adolescent Wellbeing Scale** (Self-rating Scale for Depression in Young People. Birlson, 1980). It was originally validated for children aged between 7–16. It involves 18 questions each relating to different aspects of a child or adolescent's life, and how they feel about these. As a result of the pilot the wording of some questions was altered in order to be more appropriate to adolescents. Although children as young as seven and eight have used it, older children's thoughts and beliefs about themselves are more stable. The scale is intended to enable practitioners to gain more insight and understanding into how an adolescent feels about their life.



9. **The HOME Inventory** (Cox and Walker, 2002) assessment through interview and observation provides an extensive profile of the context of care provided for the child and is a reliable approach to assessment of parenting. It gives a reliable account of the parents' capacities to provide learning materials, language stimulation, and appropriate physical environment, to be responsive, stimulating, providing adequate modelling variety and acceptance. A profile of needs can be constructed in these areas, and an analysis of how considerable the changes would need to be to meet the specific needs of the significantly harmed child, and the contribution of the environment provided by the parents to the harm suffered. The HOME Inventory has been used extensively to demonstrate change in the family context as a result of intervention, and can be used to assess whether intervention has been successful.
  
10. **The Family Assessment** (Bentovim and Bingley Miller, 2001). The various modules of the Family Assessment which include an exploration of family and professional views of the current situation, the adaptability to the child's needs, and quality of parenting, various aspects of family relationships and the impact of history provides a standardised evidence based approach to current family strengths and difficulties which have played a role in the significant harm of the child and also in assessing the capacity for change, resources in the family to achieve a safe context for the child, and the reversal of family factors which may have played a role in significant harm, and aiding the recovery and future health of the child. The Family Assessment profile provides it by its qualitative and quantitative information on the parents' understanding of the child's state, and the level of responsibility they take for the significant harm, the capacity of the parents to adapt to the children's changing needs in the past and future, their abilities to promote development, provide adequate guidance, care and manage conflict, to make decisions and relate to the wider family and community. Strengths and difficulties in all these areas are delineated, the influence of history, areas of change to be achieved and the capacities of the family to make such changes.



## Appendix C

### Offences listed in Schedule One of the Children and Young Person's Act 1933

Offence	Section	Act
Murder	Common Law	
Manslaughter	Common Law	
Infanticide	Common Law	
Kidnapping	Common Law	
False Imprisonment	Common Law	
Assault or Battery	Common Law	
Indecent Exposure	Section 4	Vagrancy Act 1824
Indecent Exposure	Section 28	Town Police Clauses Act 1847
Conspiring or soliciting to commit murder	Section 4	Offences Against the Person Act 1861
Administering poison, or wounding, with intent to murder	Section 11	Offences Against the Person Act 1861
Threats to kill	Section 16	Offences Against the Person Act 1861
Wounding and causing grievous bodily harm: wounding with intent	Section 18	Offences Against the Person Act 1861
Wounding and causing grievous bodily harm: Inflicting bodily injury	Section 20	Offences Against the Person Act 1861
Maliciously administering poison	Section 23	Offences Against the Person Act 1861
Abandonment of children under two	Section 27	Offences Against the Person Act 1861
Assault occasioning actual bodily harm	Section 47	Offences Against the Person Act 1861
Child stealing	Section 56	Offences Against the Person Act 1861
Drunk in charge of a child under seven years	Section 2	Licensing Act 1902
Cruelty to Children	Section 1	Children and Young Persons Act 1933
Allowing persons under 16 to be in brothels	Section 3	Children and Young Persons Act 1933

<b>Offence</b>	<b>Section</b>	<b>Act</b>
Causing or allowing persons under sixteen to be used for begging	Section 4	Children and Young Persons Act 1933
Give/cause to be given intoxicating liquor to a child under five years	Section 5	Children and Young Persons Act 1933
Exposing children under seven to risk of burning	Section 11	Children and Young Persons Act 1933
Prohibition against persons under sixteen taking part in performances endangering life and limb	Section 23	Children and Young Persons Act 1933
Infanticide	Section 1	Infanticide Act 1938
Rape	Section 1	Sexual Offences Act 1956
Procurement of a woman by threats	Section 2	Sexual Offences Act 1956
Procurement of a woman by false pretences	Section 3	Sexual Offences Act 1956
Administering drugs to obtain or facilitate intercourse	Section 4	Sexual Offences Act 1956
Intercourse with a girl under thirteen	Section 5	Sexual Offences Act 1956
Intercourse with a girl under sixteen	Section 6	Sexual Offences Act 1956
Intercourse with a defective	Section 7	Sexual Offences Act 1956
Procurement of a defective	Section 9	Sexual Offences Act 1956
Incest by a man	Section 10	Sexual Offences Act 1956
Incest by a woman	Section 11	Sexual Offences Act 1956
Buggery where the victim is under sixteen	Section 12	Sexual Offences Act 1956
Indecency between men (gross indecency)	Section 13	Sexual Offences Act 1956
Indecent assault on a woman	Section 14	Sexual Offences Act 1956
Indecent assault on a man	Section 15	Sexual Offences Act 1956
Assault with intent to commit buggery	Section 16	Sexual Offences Act 1956
Abduction of a woman by force or for the sake of her property	Section 17	Sexual Offences Act 1956
Abduction of unmarried girl under eighteen from her parent or guardian	Section 19	Sexual Offences Act 1956

<b>Offence</b>	<b>Section</b>	<b>Act</b>
Abduction of unmarried girl under sixteen from parent or guardian	Section 20	Sexual Offences Act 1956
Abduction of defective from parent or guardian	Section 21	Sexual Offences Act 1956
Causing prostitution of women	Section 22	Sexual Offences Act 1956
Procuration of girl under twenty-one	Section 23	Sexual Offences Act 1956
Detention of a woman in a brothel or other premises	Section 24	Sexual Offences Act 1956
Permitting a girl under thirteen to use premises for intercourse	Section 25	Sexual Offences Act 1956
Permitting a girl between thirteen and sixteen to use premises for intercourse	Section 26	Sexual Offences Act 1956
Permitting defective use of premises for intercourse	Section 27	Sexual Offences Act 1956
Causing or encouraging prostitution of, or intercourse with, or indecent assault on, girl under sixteen	Section 28	Sexual Offences Act 1956
Causing or encouraging prostitution of defective	Section 29	Sexual Offences Act 1956
Man living on earnings of prostitution	Section 30	Sexual Offences Act 1956
Women exercising control over prostitute	Section 31	Sexual Offences Act 1956
Sexual intercourse with patients	Section 128	Mental Health Act 1959
Indecent conduct towards young child	Section 1	Indecency with Children Act 1960
Aiding, abetting, counselling or procuring the suicide of a child or young person	Section 2	Suicide Act 1961
Procuring others to commit homosexual acts (by procuring a child to commit an act of buggery with any person, or procuring any person to commit an act of buggery with a child)	Section 4	Sexual Offences Act 1967

<b>Offence</b>	<b>Section</b>	<b>Act</b>
Living on earnings of male prostitution	Section 5	Sexual Offences Act 1967
Burglary (by entering building or part of a building with intent to rape a child)	Section 9	Theft Act 1968
Supplying or offering to supply a Class A drug to a child, being concerned in the supplying of such a drug to a child, or being concerned in the making to a child of an offer to supply such a drug	Section 4	Misuse of Drugs Act 1971
Inciting girl under sixteen to have incestuous sexual intercourse	Section 54	Criminal Law Act 1977
Indecent photographs of children	Section 1	Protection of Children Act 1978
Offence of abduction of a child by parent	Section 1	Child Abduction Act 1984
Offence of abduction of child by other persons	Section 2	Child Abduction Act 1984
Possession of indecent photographs of children	Section 160	Criminal Justice Act 1988
Abduction of child in care/police protection – take away/induce away/assist to run away/keep away	Section 49	Children Act 1989
Recovery of missing or unlawfully held children	Section 50	Children Act 1989
Abuse of Trust	Section 3	Sexual Offences (Amendment) Act 2000
Traffic in prostitution	Section 145	Nationality, Immigration and Asylum Act 2002
Rape	Section 1	Sexual Offences Act 2003
Assault by penetration	Section 2	Sexual Offences Act 2003
Sexual assault	Section 3	Sexual Offences Act 2003
Causing a person to engage in sexual activity without consent	Section 4	Sexual Offences Act 2003
Rape of a child under thirteen	Section 5	Sexual Offences Act 2003
Assault of a child under thirteen by penetration	Section 6	Sexual Offences Act 2003
Sexual assault of a child under thirteen	Section 7	Sexual Offences Act 2003

<b>Offence</b>	<b>Section</b>	<b>Act</b>
Causing or inciting a child under thirteen to engage in sexual activity	Section 8	Sexual Offences Act 2003
Sexual activity with a child	Section 9	Sexual Offences Act 2003
Causing or inciting a child to engage in sexual activity	Section 10	Sexual Offences Act 2003
Engaging in sexual activity in the presence of a child	Section 11	Sexual Offences Act 2003
Causing a child to watch a sexual act	Section 12	Sexual Offences Act 2003
Child sex offences committed by children or young persons	Section 13	Sexual Offences Act 2003
Arranging or facilitating commission of a child sex offence	Section 14	Sexual Offences Act 2003
Meeting a child following sexual grooming etc	Section 15	Sexual Offences Act 2003
Abuse of position of trust: sexual activity with a child	Section 16	Sexual Offences Act 2003
Abuse of position of trust: causing or inciting a child to engage in sexual activity	Section 17	Sexual Offences Act 2003
Abuse of position of trust: sexual activity in the presence of a child	Section 18	Sexual Offences Act 2003
Abuse of position of trust: causing a child to watch a sexual act	Section 19	Sexual Offences Act 2003
Sexual activity with a child family member	Section 25	Sexual Offences Act 2003
Inciting a child family member to engage in sexual activity	Section 26	Sexual Offences Act 2003
Sexual activity with a person with a mental disorder impeding choice	Section 30	Sexual Offences Act 2003
Causing or inciting a person with a mental disorder impeding choice, to engage in sexual activity	Section 31	Sexual Offences Act 2003
Engaging in sexual activity in the presence of a person with a mental disorder impeding choice	Section 32	Sexual Offences Act 2003

<b>Offence</b>	<b>Section</b>	<b>Act</b>
Causing a person, with a mental disorder impeding choice, to watch a sexual act	Section 33	Sexual Offences Act 2003
Inducement, threat or deception to procure sexual activity with a person with a mental disorder	Section 34	Sexual Offences Act 2003
Causing a person with a mental disorder to engage in or agree to engage in sexual activity by inducement, threat or deception	Section 35	Sexual Offences Act 2003
Engaging in sexual activity in the presence, procured by inducement, threat or deception, of a person with a mental disorder	Section 36	Sexual Offences Act 2003
Causing a person with a mental disorder to watch a sexual act by inducement, threat or deception	Section 37	Sexual Offences Act 2003
Care workers: sexual activity with a person with a mental disorder	Section 38	Sexual Offences Act 2003
Care workers: causing or inciting sexual activity	Section 39	Sexual Offences Act 2003
Care workers: sexual activity in the presence of a person with a mental disorder	Section 40	Sexual Offences Act 2003
Care workers: causing a person with a mental disorder to watch a sexual act	Section 41	Sexual Offences Act 2003
Paying for the sexual services of a child	Section 47	Sexual Offences Act 2003
Causing or inciting child prostitution or pornography	Section 48	Sexual Offences Act 2003
Controlling a child prostitute or a child involved in pornography	Section 49	Sexual Offences Act 2003
Arranging or facilitating child prostitution or pornography	Section 50	Sexual Offences Act 2003
Causing or inciting prostitution for gain	Section 52	Sexual Offences Act 2003
Controlling prostitution for gain	Section 53	Sexual Offences Act 2003



<b>Offence</b>	<b>Section</b>	<b>Act</b>
Trafficking into the UK for sexual exploitation	Section 57	Sexual Offences Act 2003
Trafficking within the UK for sexual exploitation	Section 58	Sexual Offences Act 2003
Trafficking out of the UK for sexual exploitation	Section 59	Sexual Offences Act 2003
Administering a substance with intent	Section 61	Sexual Offences Act 2003
Committing an offence with intent to commit a sexual offence (in a case where the intended offence was an offence against a child)	Section 62	Sexual Offences Act 2003
Trespass with intent to commit a sexual offence (in a case where the intended offence was an offence against a child)	Section 63	Sexual Offences Act 2003
Exposure	Section 66	Sexual Offences Act 2003
Voyeurism	Section 67	Sexual Offences Act 2003
Trafficking people for exploitation	Section 4	Asylum and Immigration (Treatment of Claimants etc)

**A reference to an offence in this list includes:**

- a reference to an attempt, conspiracy or incitement to commit that offence, and
- a reference to aiding, abetting, counselling or procuring the commission of that offence.

**Unless stated otherwise, the victim of the offences listed above will be under 18.**

**Cautions and discharges for the offences listed above will apply.**



## Appendix D

### MOD Child Protection Contacts

1. This Appendix offers points of contact for the relevant Service agencies in child protection matters.

#### Royal Navy

2. All child protection matters within the Royal Navy are managed by the Naval Personal and Family Service (NPFS), the Royal Navy's social work department. This provides a confidential and professional social work service to all Naval personnel and their families, liaising as appropriate with local authority social services departments. Child protection issues involving the family of a member of the Royal Navy should be referred to the relevant Area Officer, NPFS.

NPFS Eastern Area Portsmouth	(02392) 722712	Fax: 725803
NPFS Northern Area Helensburgh	(01436) 672798	Fax: 674965
NPFS Western Area Plymouth	(01752) 555041	Fax: 555647

#### Royal Marines

3. The Royal Marines Welfare Service is staffed by trained but unqualified Royal Marine senior non-commissioned officers (NCOs). They are accountable to a qualified social work manager at Headquarters Royal Marines, Portsmouth. For child protection matters involving Royal Marines families, social services departments should notify SO3 (WFS) at Portsmouth. Tel: (02392) 547542.

#### Army

4. Staffed by qualified civilian Social Workers and trained and supervised Army Welfare Workers, the Army Welfare Service (AWS) provides professional welfare support to Army personnel and their families. AWS also liaises with local authorities where appropriate, particularly where a child is subject to child protection concerns. Local Authorities who have any enquiries or concerns regarding safeguarding or promoting the welfare of a child from an Army Family should contact the Senior Army Welfare Worker in the nearest AWS team location or:

Chief Personal Support Officer  
HQ AWS  
HQ Land Command  
Erskine Barracks  
Wilton  
Salisbury  
SP2 0AG

Tel: 01722 436564 Fax: 01722 436307  
e-mail [christine.blagbrough576@land.mod.uk](mailto:christine.blagbrough576@land.mod.uk)

## **Royal Air Force**

5. Welfare Support for families in the RAF is managed as a normal function of Command and co-ordinated by each Station's Personnel Officer, the Officer Commanding Personnel Management Squadron (OCPMS) or the Officer Commanding Administrative Squadron (OCA), depending on the size of the Station.
6. A number of qualified SSAFA Forces Help Social Workers and trained professionally supervised Personal and Family Support Workers are located throughout the UK to assist the chain of Command in providing welfare support.
7. Any Local Authority who have any enquiries or concerns regarding safeguarding or promoting the welfare of a child from an RAF family should contact the parent's unit, or if this is not known, contact the OC PMS/OCA of the nearest RAF Unit. Additionally, the SSAFA Forces Help Head of Service RAF can be contacted at:

Head of Service  
SSAFA-Forces Help Social Work Service RAF  
HQ Personnel & Training Command  
RAF Innsworth  
Gloucester  
GL3 1 EZ

Tel: 01452 712612 ext 5815/5840  
Fax: 01452 510875

Or

Director of Social Work SSAFA-Forces Help  
19 Queen Elizabeth Street  
London SE1 2LP

Tel: 020 7403 8783  
Fax: 020 7403 8815

## **Overseas**

The following should be consulted:

## **Royal Navy**

Area Officer (NPFS) Eastern  
HMS Nelson  
Queen Street  
Portsmouth  
PO1 3HH

Tel: (02392) 722712 Fax: (02392) 725083

## **Army and Royal Air Force**

Director of Social Work SSAFA-Forces Help, contact details shown above

*For **any** child being taken abroad and subject to child protection procedures or on a child protect register, the Director of Social Work SSAFA-Forces Help must be consulted, using the same contact details shown above.*

