

STOCKPORT SAFEGUARDING CHILDREN BOARD



**POLICY AND PRACTICE
HANDBOOK**

MAY 2007

PREFACE	11
GLOSSARY OF TERMS.....	12
SECTION 1: STOCKPORT SAFEGUARDING CHILDREN BOARD	14
SECTION 2: ROLES AND RESPONSIBILITIES OF INDIVIDUAL AGENCIES AND ORGANISATIONS	37
2.1 COMMON FEATURES OF ALL AGENCIES	37
2.2 CHILDRENS SOCIAL CARE SERVICES	38
Out-of-Hours Team (OOH)	38
2.3 ADULT SOCIAL CARE SERVICES	38
2.4 EDUCATION SERVICES	39
Principal Education Welfare Officer	41
Missing Children (Education)	41
Independent Schools	41
2.5 THE GREATER MANCHESTER POLICE SERVICE	42
FAMILY SUPPORT UNIT (FSU).....	43
Criminal Proceedings.....	43
2.6 THE HEALTH SERVICES	44
Strategic Health Authority	46
Responsibility of the PCT	46
Designated & Named Professionals	48
NHS And Foundation Trusts	49
Ambulance Trusts, NHS Direct Sites & NHS Walk In Centres	50

GPs and Primary Health Care Team	51
Practice Nurses	53
Health Visitors and School Nurses	54
Midwives	55
Staff in the Emergency Department.....	55
Paediatric Medical Staff	58
Nurses and All Staff on Paediatric Ward.....	59
Children’s Disability Service.....	60
Other health professionals	61
Child & Adolescent Mental Health Services.....	62
Mental Health Services	63
Private Health Care	64
Confidentiality	64
2.7 HOUSING SERVICES.....	66
Registered Social Landlords (RSLs).....	67
2.8 GREATER MANCHESTER PROBATION SERVICE (GMPS)	67
2.9 PRISONS	68
2.10 YOUTH OFFENDING TEAMS (YOTS)	69
2.11 YOUNG OFFENDER INSTITUTIONS	70
2.12 CHILDREN AND FAMILY COURTS ADVISORY AND SUPPORT SERVICE (CAFCASS)	71
2.13 CONNEXIONS	73
2.14 OFFICE FOR STANDARDS IN EDUCATION (OFSTED)	73

2.15 NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN (NSPCC)	74
2.16 ARMED FORCES	75
2.17 IMMIGRATION SERVICE	77
2.18 HIGH SECURE HOSPITALS	77
2.19 VOLUNTARY AGENCIES/ GROUPS	78
2.20 FAITH COMMUNITIES .	78
2.21 MEMBERS OF THE COMMUNITY	79
2.22 LICENSING AUTHORITY	80
2.23 RSPCA.....	81
2.24 REFUGEE COUNCIL....	82
SECTION 3: EARLY INTERVENTION AND PREVENTION.....	83
3.1 COMMON ASSESSMENT FRAMEWORK AND COMMON PROCESSES FOR STOCKPORT	83
3.2 FAMILY GROUP MEETINGS	87
3.3 GUIDANCE FOR WORKING WITH SEXUALLY ACTIVE YOUNG PEOPLE UNDER THE AGE OF 18 YEARS	89
AGENCY SPECIFIC PROTOCOLS.....	93
4.1 PROTOCOL FOR HEALTH WORKERS.....	93
4.2 PROTOCOL FOR THE YOUTH OFFENDING TEAM (YOT)..	97
4.3 PROTOCOL FOR EDUCATION	99
4.4 PROTOCOL FOR YOUTH WORKERS	102
4.5 PROTOCOL FOR CHILDREN'S SOCIAL CARE.....	104

4.6	PROTOCOL FOR POLICE	106
	FLOWCHART: GUIDANCE FOR WORKING WITH SEXUALLY ACTIVE YOUNG PEOPLE UNDER THE AGE OF 18 YEARS	108
	APPENDIX 1: JOINT POLICE/ SOCIAL WORK INVESTIGATIONS	109
3.4: NEGLECT PROTOCOL. 111		
	USE OF THE GCP	113
3.5: STOCKPORT GUIDANCE ON INFORMATION SHARING FOR PRACTITIONERS WORKING WITH CHILDREN AND YOUNG PEOPLE.....		
		117
SECTION 4: RECOGNISING ABUSE		
		144
4.1	DEFINITIONS	144
4.2.1	RECOGNISING PHYSICAL ABUSE.....	147
	RECOGNISING EMOTIONAL ABUSE	150
	RECOGNISING SEXUAL ABUSE	151
	RECOGNISING NEGLECT	152
SECTION 5: CHILD PROTECTION ENQUIRIES.....		
		163
5.1	THE ASSESSMENT FRAMEWORK.....	163
5.2	IMMEDIATE PROTECTION.....	166
5.3	STRATEGY DISCUSSION.....	167
5.4	THE ROLE OF POLICE OFFICERS IN CHILD PROTECTION INVESTIGATIONS.....	168
5.5	INVOLVING PARENTS, FAMILY MEMBERS AND CHILDREN	168
5.6	MEDICAL ASSESSMENT OF THE CHILD	169
5.7	EVIDENTIAL VIDEO INTERVIEWS.....	170

5.8	RISK ASSESSMENT	172
5.9	OUTCOME OF CHILD PROTECTION ENQUIRIES	172

SECTION 6: INITIAL CHILD PROTECTION CONFERENCE AND DECISION MAKING 176

6.1	INTER-AGENCY COLLABORATION.....	176
6.2	CRITERIA FOR CONVENING AN INITIAL CHILD PROTECTION CONFERENCE	177
6.3	PROFESSIONAL ATTENDANCE OF AN INITIAL CHILD PROTECTION CONFERENCE	180
6.4	INVOLVING CHILDREN AND FAMILY MEMBERS IN AN INITIAL CHILD PROTECTION CONFERENCE.....	182
6.5	PRE-BIRTH CONFERENCES	186
6.6	PROVISION OF INFORMATION FOR AN INITIAL CHILD PROTECTION CONFERENCE	188
6.7	THE ROLE OF THE CHAIR OF THE CONFERENCE.....	189
6.8	DECISION MAKING AT AN INITIAL CHILD PROTECTION CONFERENCE	190
6.9	ADMINISTRATION ARRANGEMENTS AND RECORD KEEPING FOR INITIAL CHILD PROTECTION CONFERENCE .	196
6.10	FORMULATION OF THE CHILD PROTECTION PLAN... ..	196
6.11	PARTICIPATION OF CHILDREN AND YOUNG PEOPLE AT CHILD PROTECTION MEETINGS: POLICY AND PROCEDURE	199

SECTION 7: IMPLEMENTATION OF THE CHILD PROTECTION PLAN BY THE CORE GROUP 212

7.1	ROLE OF THE KEY WORKER.....	212
7.2	THE CORE GROUP	213

7.3	THE CHILD PROTECTION PLAN	214
7.4	URGENTLY RE-CONVENED CHILD PROTECTION CONFERENCE	216

**SECTION 8: CHILD PROTECTION REVIEW
CONFERENCES AND ENDING THE CHILD
PROTECTION PLAN..... 217**

8.1	PURPOSE AND ROLE OF THE REVIEW CONFERENCE 217	
8.2	TIMESCALES FOR THE REVIEW CONFERENCE	217
8.3	PROFESSIONAL ATTENDANCE OF THE REVIEW CONFERENCE	218
8.4	INFORMATION FOR THE REVIEW CONFERENCE	218
8.5	DECISION OF THE REVIEW CONFERENCE	218
8.6	REVISED CHILD PROTECTION PLAN	219
8.7	CRITERIA FOR ENDING A CHILD PROTECTION PLAN .	219
8.8	COMPLAINT MADE BY PARENTS OR YOUNG PEOPLE ABOUT AN INITIAL CHILD PROTECTION CONFERENCE OR CHILD PROTECTION REVIEW	222
8.9	POLICY FOR ADDRESSING COMPLAINTS, CONCERNS AND REPRESENTATIONS FROM OTHER AGENCIES	224

**SECTION 9: RECORD OF CASES WHERE CHILDREN
HAVE A CHILD PROTECTION PLAN..... 226**

9.1	PURPOSE OF THE RECORD	226
9.2	CHILD PROTECTION PLAN CHECKS.....	227
9.3	PROCESS FOR RECORDING THAT A CHILD IS THE SUBJECT OF A CHILD PROTECTION PLAN.....	227
9.4	CHANGE OF CIRCUMSTANCES OF A CHILD WITH A CHILD PROTECTION PLAN	228

9.5 CHILDREN WITH CHILD PROTECTION PLANS MOVING BETWEEN AUTHORITIES	228
9.6 CHILDREN WITH CHILD PROTECTION PLANS WHO GO MISSING	231
SECTION 10: SAFEGUARDING CHILDREN IN SPECIFIC CIRCUMSTANCES	233
SECTION 10.1: SAFEGUARDING CHILDREN LIVING AWAY FROM HOME	233
SECTION 10.2: SAFEGUARDING YOUNG PEOPLE IN PENAL INSTITUTIONS.....	235
SECTION 10.3: SAFEGUARDING CHILDREN FROM ABROAD	237
10.3.4 THE STATUS OF CHILDREN WHO ARRIVE FROM ABROAD AND LEGAL DUTIES TOWARDS THEM	238
10.3.8 HOW TO SEEK INFORMATION FROM ABROAD	240
10.3.11 THE TRAFFICKING OF CHILDREN.....	244
APPENDIX 1 LEGAL STATUS.....	246
RELEVANT PIECES OF LEGISLATION	247
APPENDIX 2 SOURCES OF INFORMATION	248
APPENDIX 3 PRIVATE FOSTERING	249
SECTION 10.4: USE OF INTERPRETERS, SIGNERS OR OTHERS WITH SPECIAL COMMUNICATION SKILLS	250
SECTION 10.5: CHILDREN AND YOUNG PEOPLE WHO GO MISSING OR RUNAWAY FROM HOME AND CARE	255
SECTION 10.6: PROCEDURE FOR ALLOWING CHILDREN TO LEAVE HOSPITAL WHERE THERE ARE CONCERNS ABOUT THEIR SAFETY.....	270

SECTION 10.7: ACCESSING INFORMATION CONCERNING VULNERABLE CHILDREN, WHICH MAY BE HELD IN OTHER COUNTRIES	272
SECTION 10.8: PROTOCOL FOR YOUNG PEOPLE FACING FORCED MARRIAGE.....275	275
SECTION 10.9: INFORMATION TECHNOLOGY AND CHILD ABUSE IMAGES.....	296
SECTION 10.10: FEMALE GENITAL MUTILATION	309
SECTION 10.11 FABRICATED OR INDUCED ILLNESS IN A CHILD	314
SECTION 10.12: ORGANISED ABUSE	325
SECTION 10.13 ALLEGATIONS AGAINST STAFF, CARERS AND VOLUNTEERS	328
SECTION 10.14 ASSESSING THE RISK TO CHILDREN FROM KNOWN SEX OFFENDERS AND VIOLENT OFFENDERS	352
SECTION 10.15 CHILDREN AND YOUNG PEOPLE WHO SEXUALLY ABUSE OTHERS	356
SECTION 10.16: MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA) AND LINKS TO CHILD PROTECTION.....	363
SECTION 10.17: GUIDANCE ON CHILD PROTECTION POLICY & PROCEDURES FOR VOLUNTARY YOUTH ORGANISATIONS	375
SECTION 10.18: CHILD PROSTITUTION	408
SECTION 10.19: CHILDREN/ YOUNG PEOPLE INVOLVED IN, OR AT RISK OF SEXUAL EXPLOITATION	410
SECTION 11: SERIOUS CASE REVIEWS	422
SECTION 12: CHILD DEATH REVIEW PROCESS	432

SECTION 13: TABLE OF APPENDICES	433
<i>Appendix 1: Thresholds for intervention</i>	433
<i>Appendix 2: Joint Police and Social Worker Investigations</i>	433
<i>Appendix 3: Initial Assessment and enquiries: ten pitfalls and how to avoid them</i>	433
<i>Appendix 4: Initial Case Conferences Documentation</i>	436
AGENDA	443
<i>Appendix 5: Core Group Forms and Documentation</i>	447
<i>Appendix 6: Review child protection forms and documentation.....</i>	448
AGENDA	449
<i>Appendix 7: Guidance on individuals who present a risk to children – review of 'schedule 1' offences</i>	451
<i>APPENDIX 8: Criminal Injuries Compensation Board</i>	460
LEGAL FRAMEWORK.....	461
USEFUL RESOURCES AND INTERNET LINKS.....	462
WEB-SITES.....	462
GUIDANCE.....	462
REPORTS	466
LEAFLETS.....	466

PREFACE

This Safeguarding Children Policy and Procedures handbook has been agreed and endorsed by the Chair of Stockport's Local Safeguarding Children Board, and by the Chief Officers of its constituent agencies.

The handbook sets out how all the agencies and professionals should work together and in partnership with parents to promote the welfare of children in Stockport and safeguard them from abuse and neglect. There is a need for co-operation between the different agencies.

The handbook is addressed to all those who work in Social Care, Education, Health Services, the Police, the Probation Service, CAFCASS 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.

.....	SMBC Chief Executive
.....	Corporate Director, Children and Young People
.....	Chief Executive Stockport NHS Trust
.....	Chief Executive Health Authority
.....	Chief Executive Stockport Primary Care Trust
.....	Chief Superintendent Greater Manchester Police
.....	District Manager Stockport Probation Service
.....	Regional Manager CAFCASS
.....	Head of Legal Services
.....	Regional Manager NSPCC

GLOSSARY OF TERMS

AIM	Assessment, Intervention and Moving On Project
CAF	Common Assessment Framework
CAFCASS	Children & Families Courts' Advisory & Support Services
CAMHS	Child & Adolescent Mental Health Service
CERMT	Customer Enquiry Referral Management Team
CIN	Child in Need
CPN	Community Psychiatric Nurse
CRB	Criminal Records Bureau
DfES	Department of Education & Skills
DH or DOH	Department of Health
DI	Detective Inspector
DS	Detective Sergeant
EPO	Emergency Protection Order
EWO	Education Welfare Officer
EWS	Education Welfare Service
FCO	Foreign and Commonwealth Office
FME	Forensic Medical Examiner
FSU	Family Support Unit
GMP	Greater Manchester Police
LSCB	Local Safeguarding Children Board (previously known as the Area Child Protection Committee)
MAPPP	Multi-agency Public Protection Panel
MHT	Mental Health Trust
MISPER	Police acronym for missing persons

MIT	Police Serious Crime Group Major Investigation Team
NASS	National Asylum Support Service
NCSC	National Care Standards Commission
NSPCC	National Society for the Prevention of Cruelty to Children
OFSTED	Office for Standards in Education
OOH	Out of hours Team
PART 8	Relates to Chapter 8 of <i>Working Together</i> , which details the death or serious injury of a child where abuse or neglect are known or suspected. Updated to Serious Case Review
PCHR	Personal Child Health Record
PCT	Primary Care Trust
PPU	Public Protection Unit
RMP	Risk Management Plan
SARC	Sexual Assault Referral Centre
SHIP	Stockport Health Improvement Panel
SNO	Senior Nominated Officer
SS	Social Services. Now referred as Children's Social Care
Section 47 (S.47)	A reference to S47 of the Children Act, relating to Child Protection Enquiries carried out by social workers.
Working Together	Relates to 'Working Together to Safeguard Children' - the Government guidance for inter-agency working to safeguard and promote the welfare of children.
YOT	Youth Offending Team: multi-agency youth justice group.

SECTION 1: STOCKPORT SAFEGUARDING CHILDREN BOARD



Local Safeguarding Children's Board

COMPACT

CONTENTS

SECTION		Page No
1	Introduction	4
2	What do we mean by Safeguarding?	4
3	Purpose of the LSCB	5
4	Key Functions of the LSCB	6
5	Roles and Responsibilities of Organisations Represented on the LSCB	7
6	Children and Young Peoples' Priorities	8
7	Responsibilities of the LSCB	10
8	Governance and Accountability of the LSCB Responsibilities	12
9	Principles on which the Agreement is Based	14
10	Membership of the LSCB	14
11	Financial and Resource Contribution	15
12	Conclusion	16

APPENDIX 1	Roles & Responsibilities of Board Members	17
APPENDIX 2	LSCB Structure Flowchart	21

THE STOCKPORT LSCB COMPACT

This Compact sets out the priorities, aspirations, commitments and standards of the Local Safeguarding Children Board (LSCB). It is a working document and will be reviewed annually by the LSCB in line with other policy developments relating to children and young people.

The LSCB comprises of representatives from Stockport Children's Services, Stockport Primary Care Trust, Stockport NHS Foundation Trust, Pennine Mental Health Trust, Greater Manchester Police, and a range of voluntary and independent organisations.

The work of the LSCB is closely linked with the work of the Stockport Children and Young People's Partnership.

The Compact is an essential part of all services for Children and Families, and is endorsed by all the Partners below:

John Schultz Chief Executive, Stockport Metropolitan Borough Council	Date
---	-------------

Richard Popplewell Chief Executive, Stockport Primary Care Trust.	Date
--	-------------

Dr. Chris Burke. Chief Executive, Stockport Foundation Trust.	Date
--	-------------

Neil Wain Chief Superintendent, Greater Manchester Police	Date
--	-------------

Rob Cookson Director, Stockport Council for Voluntary Services	Date
---	-------------

John Archer Chief Executive. Pennine Care NHS Trust	Date
--	-------------

1. INTRODUCTION

The purpose of this Compact is to provide a basis for all agencies, statutory and voluntary, to develop effective safeguarding measures. Through raised awareness, good practice and robust systems and procedures, staff will be supported to ensure the safeguarding and promotion of welfare of children is effective and sustainable.

The principles of this compact are based upon the following National guidance and statutory requirements ; **Working Together 2006, Children Act 2004**, and the **National Service Framework, Children, Young People and Maternity Services (2005)**.

The work of LSCBs is part of the wider context of children's trust arrangements that aim to improve the overall wellbeing (i.e. the five Every Child Matters outcomes) of all children in the local area which are expressed in The **Children and Young Peoples' Strategic Plan**.

All services for Stockport's Children and Young People are united across professional boundaries in their aim to ensure that all children in Stockport grow up safely, with their families where possible, in their own community and that they enjoy the best possible health and education, and develop to their maximum potential.

The Local Safeguarding Children Board (LSCB) has the lead role in co-ordinating and improving services to safeguard children and young people in Stockport. To enable the LSCB to carry out this function effectively all agencies have given a commitment that:

- There will be effective accountability across and between all agencies to raise the priority of safeguarding children.
- Clear practice standards, policies and procedures will be implemented to ensure the early intervention and effective safeguarding and promotion of welfare of children.
- The LSCB will be supported by its member organisations with adequate and reliable resource.
- All agencies will be committed to the integration and continuous improvement of services to safeguard and promote the welfare children.
- The skills, effectiveness and competency of the Children's Workforce will be enhanced by single organisational and multi-agency training.

2. WHAT DO WE MEAN BY SAFEGUARDING?

The term 'safeguarding and promoting the welfare of children' is well understood within the context of the Children Act 1989 which provides the statutory framework for safeguarding and promoting the welfare of children in need. In this compact, welfare is defined, as in the Children Act 1989, in terms of children's health and development, where health means 'physical or mental health' and development, 'physical, intellectual, emotional, social or behavioural

development'. The term 'children' refers to all children and young people aged 0-18.

Safeguarding and promoting the welfare of children are defined in Working Together (2006) as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and undertaking that role so as to enable children to have optimum life chances such that they can enter adulthood successfully.

In Stockport the LSCB has agreed the following definition of safeguarding:

“TO ENSURE CHILDREN ARE KEPT SAFE FROM HARM AND TO CREATE AN ENVIRONMENT TO PROMOTE THEIR WELL BEING AND LIFE CHANCES”

The LSCB has extended the definition of safeguarding to include prevention and promotion of welfare, and will have a remit to promote the safety and welfare of all children in Stockport, in addition to continuing to lead in the well established area of child protection for those who are vulnerable.

3. PURPOSE OF THE LSCB

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

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

Stockport will achieve these objectives within the context of the Children and Young People's Strategic Plan which outlines six local outcomes to be achieved for children and young people in Stockport which are for them to:

- Be well cared for, healthy and able to make healthy choices
- Feel safe and secure
- Enjoy learning and reach their full potential
- Make a positive contribution and feel valued
- Take an active part in and gain from Stockport's success
- Through services that are planned and organised around the needs of children and make best use of available resources.

The LSCB is committed to these outcomes and will have a key role in ensuring children feel safe and secure.

4. KEY FUNCTIONS OF THE LSCB

Working Together (2006) defines the following key functions for the LSCB:

Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority.

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

Monitoring and evaluating the effectiveness of what is done by the Local Authority and board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve.

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

Undertaking reviews of cases where a child has died or has been seriously harmed in circumstances where abuse or neglect is known or suspected and advising on lessons that can be learned. (plus additional functions relating to child deaths compulsory from April 2008).

In Stockport the following key roles will be undertaken via the board:

Provide the strategic lead in the continued development of safeguarding services

Co-ordinate and scrutinise local agencies' arrangements for safeguarding children

Ensure the effectiveness of the Children's Trust approach and other agencies' agreements for safeguarding children

Ensure safeguarding is planned within all service development

Ensure that lessons are learnt from every child's death and serious incident and that families are provided with appropriate support after a child dies

Promote safeguarding prevention strategies to minimise the requirement for protection.

In undertaking these roles and working with other strategic groups and planning forums we aim to maximise the safety, security and stability of children and young people in relation to:

Accidental injury and death

Maltreatment, neglect, violence and sexual exploitation

Bullying and discrimination

Crime and anti-social behaviour

the care they receive from their parents, carers and families

5. ROLES AND RESPONSIBILITIES OF ORGANISATIONS REPRESENTED ON THE LSCB

Each organisation has a responsibility as a member of the LSCB to support the standards of the LSCB and communicate the work of the LSCB within their organisation in order to promote positive outcomes for children. An awareness and appreciation of the role of others is also essential to achieve effective working together and shared responsibility for safeguarding and promoting the welfare of children. The key responsibilities of organisations in this respect are defined in the Section 11 guidance for the Children Act 2004 in addition to Working Together. They therefore form a LSCB commitment in order for the work of the Board to be achieved.

COMMON RESPONSIBILITIES

All organisations providing services for children will have in place:

- A clear commitment from senior management as to the importance of safeguarding and promoting children's welfare.
- A clear line of accountability within the organisation for work relating to the safeguarding and promoting of children's welfare.
- Recruitment and human resources management procedures that take account of the need to safeguard and promote the welfare of children including appropriate checks on new staff and volunteers.
- Appropriate procedures for dealing with allegations of abuse against members of staff and volunteers.
- Appropriate training arrangements to ensure all staff are trained to undertake their responsibilities effectively and understand their establishment's arrangements for safeguarding and promoting the welfare of children. This will include regular training updates as necessary.
- Appropriate and effective policies and procedures in relation to safeguarding children and promoting their welfare that are in accordance with their inter-agency procedures.
- Effective arrangements for working with other organisations to safeguard and promote the welfare of children including arrangements for sharing information.
- Appropriate whistle blowing procedures and a culture that enables safeguarding issues to be addressed – monitoring programmes in place to provide assurance of compliance within the above.

In addition to these responsibilities, all organisations will undertake profession specific roles to contribute to the overall objective of safeguarding and promoting the welfare of children. Key responsibilities are defined below:

Children and Young Peoples' Directorate

- Deliver safe and accessible services and involve children and young people as appropriate in their development.
- Identify children who may be vulnerable or at risk of harm and offer appropriate assessments and intervention
- Provide children with safe environments and ensure they are educated about managing risk and improving resilience.

- Manage situations where child welfare concerns exist

Stockport PCT, Stockport NHS Foundation Trust, Pennine Care Mental Health Trust and the Strategic Health Authority

- Meet appropriate Health and Social Care standards, and standard five of the National Service Framework
- Provide advice and expertise and promote good professional practice by the provision of designated and named nurses and doctors in relation to safeguarding.
- Ensure staff receive appropriate training and are alert to indicators of abuse
- ***Crime prevention and detection services***
- Ensure a protocol is in place to support the sharing of information with LSCB members to support the safeguarding of children
- Work to prevent crime against or involving children and minimise the potential for children to become victims
- Implement clear policies and procedures in relation to safeguarding with appropriate links to other agencies, and a proactive approach.

6. CHILDREN'S PRIORITIES

In November 2004, February and March 2005 and January 2006, a series of consultation sessions were held with groups of children and young people, to ask their views about their worries, what they would change and what their priorities were for Staying Safe.

The consultation sessions were run by Stockport Corporate Youth Strategy Team, Stockport Children's Fund Participation Officer, Stockport Play Development Team, GHK Consulting (as part of the evaluation of Stockport Children's Fund), the Children in Need evaluation, and the LSCB project Group.

These are the themes identified by children and young people (in their own words) as priority areas for Staying Safe. Some of these issues are not solely the responsibility of the LSCB and will be addressed in other multi-agency forums including the Children and Young Peoples Strategic Partnership and Safer Stockport partnership.

Road Safety:

Better street lighting;
 Improved school and 'puffin' crossings;
 Less cars and car pollution;
 Traffic control;
 More police in local areas;
 Communicating and respecting young people;
 Better bus and taxi security.
 Clearer identification of cycle lanes to promote a safer environment for cycling to school.

Safety at School and Outside School:

Safer playgrounds;
 No bullying and name-calling, inside and outside of school;

Monitoring of visitors in school – name badges (visitors books no good to children only teachers);
Less children dropping children off at school;
No vandalism.
American systems for having separate bus supervisors from drivers – might help the problem of managing children and young people on school buses.

Environment:

Safe areas for young people to meet, better security patrols;
CCTV;
Less pollution;
Less litter;
Passive smoking;
Drug dealing.

At Home:

More alarms (fire, burglar, smoke);
Being looked after with someone careful, and that knows what's right and what's wrong;
Having a mum and dad to care for me and stick up for me;
Having at great family who never gets mad;
Listening to children.

With thanks to the children and young people from: Westmoreland Primary School, St Matthew's School, North Heaton Primary School, Brookhead Primary School, Reddish Vale Technology College, Children's Fund Leisure Referral Project and for vulnerable and looked after children, APPNA (Asian Girls Group) Edgeley Playscheme, the Corporate Youth Strategy Group, the Children in Need evaluation and the Reddish Vale Technology College School Council.

The Children and Young Peoples' Strategic Plan 2006-09 identifies priorities for staying safe and this compact is written in accordance with those priorities.

- To reduce accidental injuries (e.g. RTAs) in targeted areas of deprivation
- To reduce the percentage of children and young people who are looked after
- To reduce the reliance (and expenditure) on external placements
- To improve the stability of looked after children and increase adoption rates.
- The introduction of comprehensive monitoring in relation to bullying and improvements in intervention
- Provision of safe homes and stability.

7. RESPONSIBILITIES OF THE LSCB

The 3 year strategic outcomes to be achieved by the board relate to all children and young people and their carers in Stockport including those from diverse cultures or with diverse needs who may require additional input in order for their safeguarding needs to be met. The outcomes are grouped and will be measured using the standards outlined below:

Standard 1 CHILDREN AND YOUNG PEOPLE AND THEIR CARERS ARE INFORMED ABOUT KEY RISKS AND HOW TO DEAL WITH THEM

- Information for the purposes of safeguarding children is shared and used appropriately between organisations and with children, young people and carers in order to maximise children's safety.
- Children, young people and carer's understanding and perceptions of key risks are accurate, up to date and informed by the provision of appropriate information.
- Organisations have an accurate and evidence based understanding of key risks that informs their publicity and communication.

Standard 2 STEPS ARE TAKEN TO PROVIDE CHILDREN AND YOUNG PEOPLE WITH A SAFE ENVIRONMENT

- The LSCB raises safeguarding awareness and scrutinises the safeguarding of children across service planning and delivery, contributing as appropriate to service development.
- The LSCB ensure advice and expertise is available in relation to safeguarding requirements for organisations developing services in Stockport.
- The LSCB publicises the importance of safeguarding responsibilities to non-statutory organisations throughout Stockport.

Standard 3 STEPS ARE TAKEN TO MINIMISE THE INCIDENCE OF CHILD ABUSE AND NEGLECT

- The LSCB promotes use of the Common Assessment Framework to ensure the meeting of children's welfare needs at the earliest possible stage via single or multi-agency support for families.
- The LSCB ensure all organisations whose staff (including volunteers) have contact with children and/or families, have in place clear policies, strategies and procedures to promote and safeguard children's welfare.
- Robust procedures are in place in all organisations working with children to ensure that appropriate safety checks are carried out on all staff pre-employment.

Standard 4 **CHILD PROTECTION ARRANGEMENTS MEET THE REQUIREMENTS OF WORKING TOGETHER TO SAFEGUARD CHILDREN**

- The LSCB ensures that all staff in organisations working with children are alert to potential signs of abuse or neglect and know how to make an appropriate referral for support/enquiry.
- The LSCB promotes effective and appropriate information sharing in relation to child protection between agencies and authorities in order to ensure children in need of protection are safeguarded.
- The LSCB requires organisations to work in accordance with safeguarding policies and procedures to develop and implement systems for ensuring children are safeguarded, and monitors and evaluates their effectiveness in protecting children.

Standard 5 **CHILDREN AND YOUNG PEOPLE GROWING UP IN SPECIAL CIRCUMSTANCES ARE HELPED TO STAY SAFE**

- Organisations acknowledge that children and young people are more vulnerable if growing up in special circumstances and have policies, procedures and practice that reflect this.

Special circumstances are defined in the section 11 guidance of the Children Act 2004 as children and young people who are : Looked After; in custody; have a disability; from a black or minority ethnic group; placed for adoption; in hospital; or are a refugee or seeking asylum.

Standard 6 **THERE IS A CONSISTENT RIGOROUS AND OPEN APPROACH TO QUALITY ASSURANCE AND ACCOUNTABILITY WITHIN AGENCIES IN RELATION TO SAFEGUARDING CHILDREN AND YOUNG PEOPLE**

- The LSCB develops effective evidence based systems to ensure that children are safeguarded across services, and promotes continuous service improvement.
- The LSCB takes a robust approach to ensure that policies and procedures are adhered to by the relevant organisations.
- Openness and accountability within and between organisations in relation to the safeguarding of children is promoted.

Standard 7 **THERE IS A CLEAR COMMITMENT TO THE DEVELOPMENT OF KNOWLEDGE AND SKILLS IN ORDER TO SUPPORT SERVICE DELIVERY AND IMPROVEMENT.**

- The LSCB ensures that staff and volunteers of all relevant organisations who work with children, young people and carers are appropriately trained in respect of good safeguarding practice and are appropriately skilled for the task.
- The LSCB will demonstrate the effectiveness of safeguarding training through a process of audit, and evaluation of services delivered, encouraging continuous improvement.
- The LSCB will ensure an appropriate level of resources is dedicated to the promotion of a confident and skilled workforce.

Standard 8 **SERVICES FOR SAFEGUARDING CHILDREN AND PROMOTING THEIR WELFARE ARE WELL MANAGED AND ORGANISED AROUND THE NEEDS OF CHILDREN**

- The LSCB ensures good information systems are in place to map and analyse incidents of harm to children and target service delivery.
- The LSCB promotes constructive service planning in consultation with service users.
- The LSCB promotes effective use of multi-agency resources to maximise children's welfare and safety.

Detailed information regarding the work required to achieve these outcomes and so meet these standards together with the monitoring arrangements being established are included in the LSCB Business Plan. This plan will be reviewed and refreshed in line with the planning cycle of the Stockport Children and Young People's Plan, and an annual report of the work of the LSCB will be prepared and approved by the Board.

8. GOVERNANCE AND ACCOUNTABILITY RESPONSIBILITIES OF THE LSCB

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

The Lead Member for Children's Services within the Local Authority will have a particular focus on how the Local Authority is fulfilling its responsibilities to safeguard and promote the welfare of children and will hold the Corporate Director for Children and Young People to account for the work of the LSCB.

Each member of the LSCB has a corporate responsibility to keep their own organisation informed of the work of the LSCB and particularly to highlight through their organisation's governance arrangements any risks associated with that organisation not meeting its statutory responsibility in relation to safeguarding children. Members are specifically accountable to their respective employing organisation

The LSCB has a particular responsibility for ensuring key people and organisations fulfil their duties under section 11 of the Children Act 2004 or Section 175 or 157 of the Education Act 2002. In addition it is expected to ensure that the local planning and commissioning of children's services takes safeguarding and the promoting of welfare into account, and that single and multi-agency training on those issues is provided in order to meet local needs.

In order to fulfil this key function of monitoring and evaluating the work undertaken individually and collectively by Board partners to safeguard and promote the welfare of children, the LSCB will use the principles in Working Together 2006 and will:

- Establish a peer review process based on self evaluation, performance indicators and joint audits
- Promote a culture of continuous improvement and advise the Local Authority and Board partners on ways to improve
- Complement and contribute to the work of the Children's Trust, the Inspectorates, and other scrutiny arrangements as appropriate

Although the LSCB does not have the power to direct other organisations to act, it is required to explain any concerns about performance in relation to Safeguarding and promotion of welfare to any Board partner or organisation as necessary.

Where the LSCB considers that a Board Partner is failing to meet its commitments and performance measures or is failing to work in partnerships with other agencies, it will require the agency in question to prepare an action plan to be submitted to the LSCB in order to remedy such failings.

In addition the LSCB may:-

Place a specific item as to performance on the next available LSCB agenda and require the defaulting organisation to submit a formal report or presentation to the LSCB;

and/ or

Require the organisation in question to report through its own governance arrangements any associated risks in the organisation not meeting its statutory obligations in safeguarding children. The organisation will then be expected to formally report back to the LSCB with mechanisms to address those risks;

and/ or

In exceptional circumstances the chair of the LSCB, with full agreement from the Board, may summon the Chair or Chief Executive of the partner agency to the next available meeting of the LSCB in order to explain the performance failings of that member agency, and the chair of the Board may then if appropriate, refer the concerns of the Board to the relevant inspectorate and if necessary, Government Department.

9. PRINCIPLES ON WHICH THE AGREEMENT IS BASED

The Compact is for all children, young people and their families.

It is particularly for those children and young people who, at some time in their lives, face difficulties which require the awareness, support and engagement of adults and professionals.

It relates to all children and young people with a range of diverse needs, irrespective of culture, religion, ethnic background, disability.

It is also for all staff and agencies involved in the protection of children, both directly and indirectly and it also applies to all staff and volunteers working with children and young people.

This Compact will be utilised in all Service Level Agreements whereby Stockport Metropolitan Borough Council (SMBC) and Stockport PCT commission services in which providers come into contact with children.

10. MEMBERSHIP OF THE LSCB

Members of the LSCB are individuals with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation, they are specifically accountable to their responsive employing organisation. They are expected to have the level of authority to:

- Speak on behalf of their organisation.
- Hold their organisation to account.
- Ensure that their organisation fulfils its safeguarding responsibilities

In addition many members have specific responsibilities knowledge, experience or expertise to contribute to the effective functioning of the Board. The aim of the total board membership is to encompass all aspects of work with children within Stockport. Current membership is outlined below:

BOARD MEMBERSHIP

CHILDREN & YOUNG PEOPLES' DIRECTORATE

Corporate Director, Children & Young People
Assistant Director, Social Care & Health
Service Manager, Referral & Assessment Team, Social Care
Service Manager, Safeguarding Children Unit
Primary School Head Teacher
Secondary School Head Teacher
Principal Education Welfare Officer
Sure Start Manager
Head of Young People's Services
Manager of the Youth Offending Team

HEALTH

Director of Clinical Services – PCT
Senior Nurse – Child Protection Designated Nurse – Stockport PCT
Health Promotion Manager – Stockport PCT
Consultant in Public Health Medicine – Stockport PCT
Directorate Manager – Women and Children – Stockport Foundation Trust
Consultant Paediatrician – Designated Doctor – Stockport Foundation Trust
General Practitioner
Consultant in Child & Adolescent Mental Health – Pennine Care NHS Trust
Service Manager – CAMHS – Pennine Care NHS Trust
Service Manager – Adult Services – Pennine Care NHS Trust

POLICE SERVICES

Greater Manchester Police Chief Superintendent, Neighbourhoods and Partnerships.

OTHER ORGANISATIONS/SERVICES

District Manager – Probation
Litigation Manager – Legal Services SMBC
Children's Service Manager – NSPCC
Manager – CAFCASS
Crown Prosecution Service
Director – Community Voluntary Services
Sport Development Officer – Leisure Services.

11. FINANCIAL AND RESOURCE CONTRIBUTION

It is recognised that to function effectively the work of the Board needs to be adequately and reliably resourced. The member organisations' shared responsibility for the discharge of the LSCB functions includes shared responsibility for determining how the necessary resources are to be provided to support it.

Resources may be financial payments or contributions in kind such as the provision of staff or accommodation.

The partners to the LSCB who currently contribute financially are:

- Children Services previously education and children's social care
- PCT/NHS trusts
- Greater Manchester Police
- Youth Offending Team
- Probation Service
- CAFCASS

The core contributions are provided by the Local Authority, Health Trusts and the Police, with other organisations contributing in line with their resources and circumstances.

Contributions are paid into a pooled fund and the host agency for the fund will be Children Services led by the (Corporate Director C&YP) and Chair of the LSCB.

The Chair of the LSCB will be responsible for the safe and effective management of the fund, and revisions to the financial and resource commitment arrangements will be undertaken by the Board, in order to resource the work agreed as necessary to achieve the required LSCB outcomes.

Levels of contributions both subscriptions and resources in kind, together with financial management and audit arrangements will be reviewed and updated annually in line with business planning arrangements, and the business plan will be established in line with the resources available.

GOVERNANCE ISSUES

Decisions about budget allocations will be made by the board, and signed off by the Chair.

A financial statement will be proposed and confirmed within the arrangements for LSCB business planning. Contributions will be set each year bearing in mind inflation uplift and resources required for developments. Any dissentions will be addressed at the business planning stage.

Where possible contributors will be asked to commit resources on a 3 year cycle to promote continuity.

Budget allocations to projects and developments will be determined by the submission of a business case to the board for approval.

Each agency will complete a financial / resource commitment undertaking, which will detail the level/s of contributions and expected standards.

Access to the budget

The following criteria will determine access to the budget as, the board must ensure that value for money is achieved by any budget outlays.

Recommended criteria are:

- The business case contributes to improvements in outcomes for young people in relation to safeguarding matters.
- The work has a multi agency perspective
- The work links to the LSCB strategic objectives
- The low cost no cost test has been applied
- The work can demonstrate potential value added to other outcomes

The purpose of clear resourcing arrangements is to ensure the objectives of the Board can be achieved. The detailed financial management arrangements are outlined in the financial arrangements protocol.

12. Conclusion

The LSCB is committed to the principles and objectives outlined in this compact and will work both as a Board and as member organisations to achieve the desired outcomes in order to ensure that safeguarding and promotion of welfare is achieved for children in Stockport.

Appendix 1

Roles & Responsibilities of Board Members

Children's Services

- **Corporate Director, Children & Young People**
Chair of the board, and accountable for its effectiveness to the Lead Member for Children's Services and the Chief Executive. Responsible for ensuring the Board has an independent voice in relation to Safeguarding and promotion of welfare for children and for leading and enabling the Board to promote continuous improvement in those areas, addressing specific organisational concerns that arise. Also responsible for how the work of LSCB fits within the wider context of children's trust arrangements that aim to improve the overall well being (5 outcomes) for all children
- **Assistant Director, Social Care & Health**
Safeguarding lead for the Directorate with responsibility to provide a strategic safeguarding lead and ensure all elements of the Directorate are compliant with their responsibilities under section 11 of the Children Act 2004 and section 175 and 157 of the Education Act 2002. Contributes strategic expertise to the Board and chairs the performance Management Sub Group. Promotes effective communication and openness to challenge between the LSCB and C&YPD Strategic Partnership. Promotes staying safe contribution to children's overall well being (5 outcomes) as well as vulnerable groups particularly looked after children and special needs
- **Service Manager, Referral & Assessment Team, Social Care**
Responsible for overseeing the operational interface between preventative and protective services for new referrals to social care and for ensuring children are appropriately prioritised and safeguarded within available resources. Contributes operational expertise and performance management information to the Board
- **Service Manager, Safeguarding Children Unit.**
Co-ordinates the work of the SCU and provides strategic and operational oversight of the implementation of safeguarding intervention across all thresholds of multi-agency need. Influences and / or leads operational work on behalf of the LSCB with regard to the development of multi-agency safeguarding practice, and chairs the LSCB implementation group. Member of the performance management group, policy and practice sub group and chair of the publicity and communication group. Contributes strategic and operational perspectives to the LSCB and prepares the LSCB agenda.
- **Primary School Head Teacher**
Contributes operational expertise to the Board with regard to the impact of the LSCB work on primary schools, and provides information about primary school needs and priorities.

- **Secondary School Designated Teacher**
 Contributes operational expertise to the Board with regard to the impact of the LSCB work on secondary schools, and provides information about secondary school needs and priorities.
- **Principle Education Welfare Officer**
 Responsible for promoting the safeguarding of children within schools in order for schools to fulfil their responsibilities under section 175 and 157 of the Education Act 2002. Co-ordinates single agency safeguarding training in schools and consultation in relation to safeguarding in schools. Contributes a strategic and operational overview of these issues to the LSCB. Member of the LSCB implementation group.
- **Sure Start Manager**
 Responsible for safeguarding and promotion of welfare within the Early Years sector including nurseries and child minders. Contributes operational expertise to the LSCB and acts in a liaison role between the Workforce Development Strategy and the LSCB, promoting safeguarding training in that setting and developing effective links with the LSCB training sub group. Chair of the Training sub group, developing multi-agency safeguarding training and providing performance information for the Board.
- **Head of Young People’s Services**
 Responsible for ensuring young people’s services are compliant with the requirements of Section 11 of the Children Act 2004, and for contributing strategic and operational expertise to the board from the perspective of those services. Will ensure effective two way communication of information between them.
- **Manager of the Youth Offending Team**
 Responsible for ensuring the Youth Offending Team is compliant with the requirements of Section 11 of the Children Act 2004, and for contributing strategic and operational expertise to the Board from the perspective of that service. Will also enhance communication between the Safer Stockport Partnership (SSP) and LSCB and promote safeguarding within SSP with regard to young people at risk of offending. Member of the Performance Management sub-group.

HEALTH

- **Director of Clinical Services – Stockport PCT**
 Lead provider of health services for children in community/primary care. Responsible for ensuring the requirements of section 11 of the Children’s Act 2004 are met within the PCT in addition to implementing the National Service Framework Standard 5. Provides strategic expertise for the LSCB in relation to health. Has the PCT Board Lead for safeguarding and has responsibility for communicating the priorities of the LSCB to the PCT and contributing their views to the LSCB. Has a link role to the SHA in relation to safeguarding and has responsibility for informing them of any significant incidents/issues. The PCT has the responsibility for commissioning services for Children.

- **Senior Nurse – Child Protection Designated Nurse – Stockport PCT**
 The designated nurse has a strategic professional lead on all aspects of the health service contribution to safeguarding children across Stockport and to the local safeguarding children board. The designated nurse provides skilled professional involvement in line with LSCB procedures and in serious case reviews. Responsible for promoting the safeguarding of children by providing consultation and advice to health and social care practitioners and developing and implementing single agency training in health as well as being a key member of the LSCB Training Sub Group and regular multi-agency trainer. Chair of the Policy & Practice Sub Group and responsible for contributing operational health expertise to the work of the Board.
- **Public Health Specialist, Health Promotion – Stockport PCT**
 Responsible via the management of the PCT element of both the National Healthy Schools Programme and the Accident Prevention Programme and via taking the lead for the implementation of Standards 1 and 4 of the National Service Framework for Children and Young People for ensuring the safeguarding and promotion of welfare for children and for promoting the health needs of Looked After Children. Contributes strategic expertise to the Board in relation to promoting these priorities, especially promoting healthy schools and accident prevention.
- **Consultant in Public Health Medicine – Stockport PCT**
 Responsible for promoting public health with a particular emphasis on children and young people, and for understanding the patterns of variation in public health outcomes in order to effect improvements. Contributes strategic expertise to the Board in these areas, and is responsible for leading on the development of the Child Death Overview Panel.
- **Divisional General Manager / Head of Midwifery – Women & Children Services, Stockport NHS Foundation Trust.**
 Responsible for ensuring children and babies who are cared for on hospital premises and by hospital and community staff employed by the NHS foundation trust are safeguarded and have their welfare needs promoted via implementation of the Section 11 responsibilities and the National Service Framework. Contributes strategic expertise to the LSCB and has responsibility for communicating the priorities of the LSCB to Directors within the Trust and to the Strategic Health Authority and contributing their views to the LSCB. Vice Chair of the LSCB.
- **Consultant Paediatrician – Designated Doctor – Stockport NHS Foundation Trust**
 Strategic responsibility for child protection matters, training and clinical governance issues in relation to safeguarding in addition to ensuring that medical practice in relation to safeguarding issues is accurate, effective, and compliant with the National Service Framework and Section 11 of the Children Act 2004. Contributes strategic and operational expertise for the LSCB in relation to these issues, and chairs the developing Child Death Overview Panel in order to promote a reduction in child deaths and near misses.
- **General Practitioner**

Represents the operational expertise of general practitioners with regard to safeguarding and promotion of welfare, and provides a practitioner perspective on the effectiveness of the work of the LSCB.

- **Consultant in Child & Adolescent Mental Health – Pennine Care NHS Trust**
Responsible for ensuring children and young people with significant mental health needs are safeguarded and have their needs promoted, and for contributing strategic and operational expertise to the Board in relation to children's mental health and its impact on Safeguarding. Liaises with the Strategic Partnership for the Pennine Care Trust about the work of the LSCB.
- **Service Manager – CAMHS – Pennine Care NHS Trust**
Responsible for promoting safeguarding practice within the CAMH service and for liaising between the LSCB and psychiatrists as necessary.
- **Service Manager – Adult Services – Pennine Care NHS Trust**
Manages a crucial link between the needs of adults who are vulnerable due to mental health needs and / or drug or alcohol misuse, and the need for the children of those adults to be safeguarded and have their welfare promoted. Contributes expertise to the LSCB in relation to adult mental health and its impact on children, and promotes effective communication between services for adults and those for children. Member of the LSCB Implementation Group

Police Services

- **Greater Manchester Police Chief Superintendent, Neighbourhoods and Partnerships.**
Responsible for promoting safeguarding and promotion of welfare for children within the police context of preventing and detecting crime. Ensures that police services in Stockport are compliant with the requirements of Section 11 of the Children Act 2004, and liaises with GMP to that effect. Represents the Drug Action Team and Safer Stockport Partnership at the LSCB and promotes effective communication and openness to challenge between the two Boards.

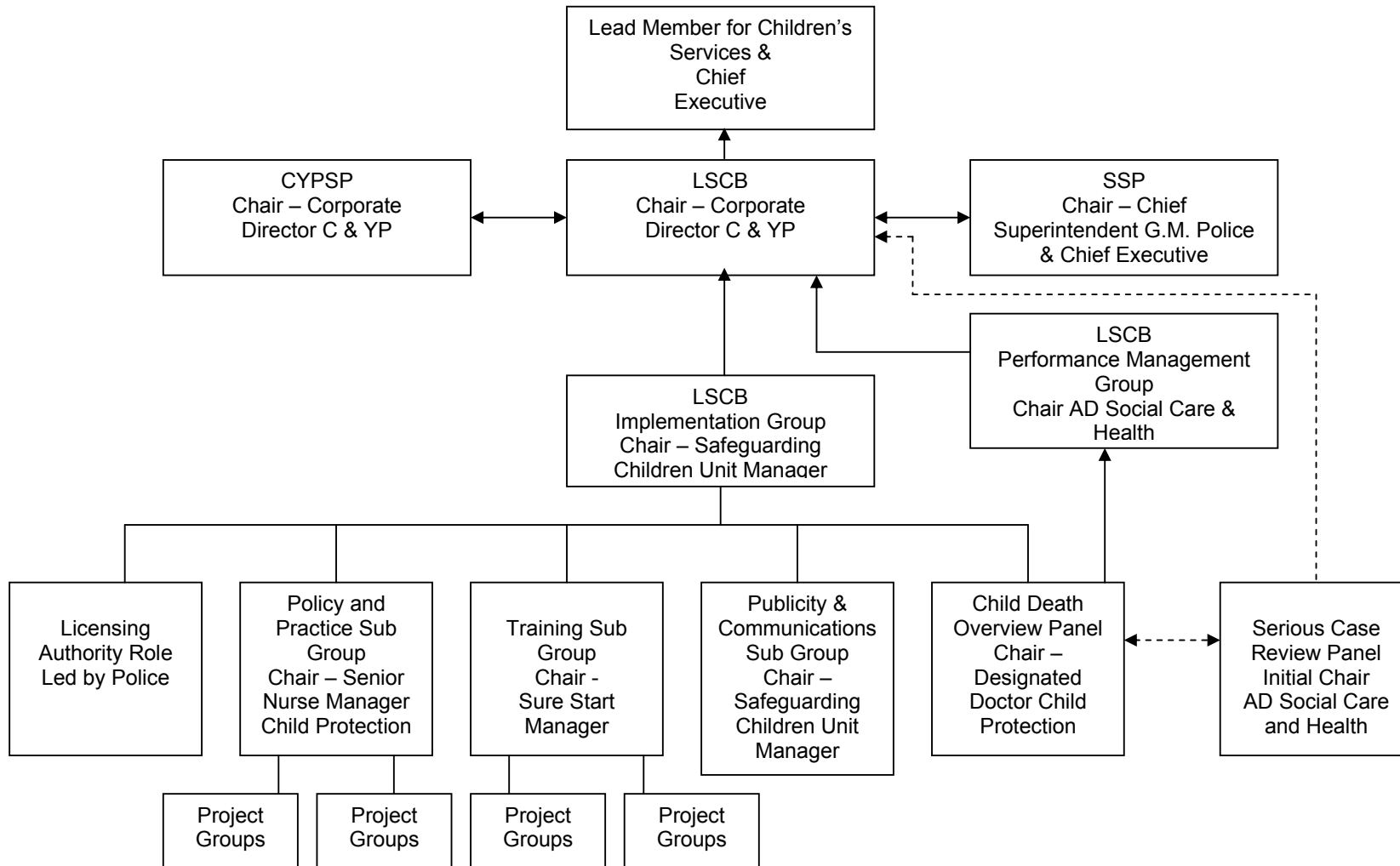
Other Organisations/Services

- **District Manager - Probation**
Responsible via the National Probation Service priority two for ensuring that children and young people are safeguarded from known adults who may present a risk to them by promoting effective risk management of them and their situations. Contributes strategic and operational expertise to the LSCB in respect of these issues and is responsible for ensuring the probation service is compliant with Section 11 of the Children Act 2004.
- **Litigation Manager – Legal Services SMBC**
Contributes legal advice and expertise to the Board in relation to all relevant matters.
- **NSPCC Children's Services Manager**

Contributes an independent strategic perspective to the work of the LSCB with regard to safeguarding and promotion of welfare which is a role undertaken by the NSPCC in all Greater Manchester authorities. Member of the LSCB policy & practice sub-group.

- **CAFCASS, Manager**
Contributes an independent strategic perspective to the work of the LSCB with regard to safeguarding and promotion of welfare. Member of the LSCB implementation sub-group.
- **Crown Prosecution Service**
Contributes an independent legal perspective to the work of the LSCB, especially with regard to criminal justice issues relating to the safeguarding of children.
- **Community Voluntary Services - Director**
Responsible for encouraging the safeguarding and promotion of welfare of children via the work of CVS and for encouraging voluntary groups to undertake their work in accordance with the principles of Section 11 of the Children Act 2004, and the multi-agency guidance provided by the LSCB. Contributes an independent perspective to the work of the Board, especially with regard to its viability in the voluntary sector.
- **Sport Development Officer (Young People) Leisure Services**
Responsible for communicating the requirements of section 11 of the Children Act 2004 to senior managers within the Leisure Trust in order to ensure children are effectively safeguarded within leisure and have their welfare promoted. Contributes an operational perspective to the LSCB with regard to the implementation of safeguarding in leisure.

APPENDIX 2



SECTION 2: ROLES AND RESPONSIBILITIES OF INDIVIDUAL AGENCIES AND ORGANISATIONS

This section sets out the roles of statutory and voluntary agencies and other associated groups in relation to safeguarding activities and how their duties and functions are organised in order to contribute to inter-agency co-operation for the safeguarding and protection of children.

Although this section relates specifically to the duties of particular professionals or groups, it has to be read in the context of the Safeguarding procedures as a whole. In addition, each agency has more detailed internal procedures which should also be consulted.

2.1 COMMON FEATURES OF ALL AGENCIES

All organisations that work with children need to have in place:

- Clear priorities for safeguarding and promoting the welfare of children explicitly stated in strategic policy documents
- A clear commitment by senior management to the importance of safeguarding and promoting children's welfare
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- Recruitment and human resources management procedures that take account of the need to protect children and young people including arrangements for appropriate checks on new staff and volunteers
- Procedures for dealing with allegations of abuse against members of staff and volunteers
- Arrangements to ensure all staff undertake appropriate training to equip them to carry out their responsibilities effectively, and keep this up to date by refresher training at regular intervals, and that all staff, including temporary staff and volunteers who work with children, are made aware of the establishment's arrangements for safeguarding and promoting the welfare of children and their responsibilities for that
- Policies in place for safeguarding and promoting the welfare of children including a child protection policy, and procedures that are in accordance with guidance from the local authority and locally agreed inter-agency procedures
- Arrangements to work effectively with other organisations to safeguard and promote the welfare of children, including arrangements for sharing information and
- Appropriate whistle blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

2.2 CHILDRENS SOCIAL CARE SERVICES

Children's services have the following responsibilities:

- Assess, plan and provide support to children in need, including those suffering or likely to suffer significant harm
- Undertake, in conjunction with the police, enquiries under section 47 of the Children Act 1989 wherever there is reason to suspect that a child in its area is at risk
- Convene and chair child protection conferences
- Maintain the record of Children subject to a Child Protection Plan
- Provide a key worker for every child with a Child Protection Plan
- Ensure that the agencies who are party to the protection plan coordinate their activities to protect the child
- Undertake a core assessment in relation to each child with a Child Protection Plan, ensuring that other agencies contribute as necessary to the assessment
- Convene regular reviews of the child's progress through both core group and child protection conference review meetings
- Instigate legal proceedings where required

2.2.2 The primary duty of all staff, whatever their nominated role, is to protect children from significant harm.

Out-of-Hours Team (OOH)

The Out of Hours service provides emergency social work cover out of office hours, at weekends and during public holidays. This cover is necessarily limited to dealing with situations that occur out of office hours and cannot wait until office hours resume.

The Out of Hours service has access to the Integrated Children's System of Social Care case information and can access the Record of Children with Child Protection Plans.

When there is concern about alleged/ suspected abuse, the Out of Hours service should be contacted to consult about the situation. Out of Hours will complete the relevant form for every check of the Record of Children with Child Protection Plans and fax this to the Safeguarding Unit the following day, and check the record to ascertain whether the subject of the concern is already known to that record.

Where there are grounds to initiate section 47 enquiries OOH will take whatever protective action is necessary.

In all cases, the OOH will follow the procedures within this handbook as they apply to their practice out of hours.

2.3 ADULT SOCIAL CARE SERVICES

Those who work with adults must consider the implications of service users' behaviour for the safety and well being of any dependent children and/or

children with whom those adults are in contact. In particular, child protection issues may arise amongst parents or pregnant women who are in receipt of the following:

- ◆ Community mental health support
- ◆ Substance misuse services
- ◆ Learning disability services

In cases where both adults' and children's services are providing services to a family staff must communicate with each other and agree their interventions. Adult services staff who receive referrals about adults who are also parents must always formally consider and record whether there is a need to alert children's services to a child who is 'in need' and may be 'at risk of significant harm'.

If a child is in urgent need of protection the Child Protection procedures in this handbook must be followed including a referral to Children's Social Care. If the concerns are of a child "in need", the procedures in the Common Processes procedure should be followed in consultation with Social Care and/or the Common Processes team if appropriate.

2.4 EDUCATION SERVICES

Staff including: teachers, nursery nurses, teaching/non-teaching assistants, school support staff, staff in further education establishments, home tutors, education psychologists, education welfare officers, and youth workers.

Through their day-to-day contact with pupils, and direct work with families, education staff members have a crucial role to play in noticing indicators of possible abuse or neglect, and in referring concerns to the appropriate agency, normally Children's Social Care. When a child has special educational needs, or is disabled, schools 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.

Any member of staff who receives information or suspects that a child may be suffering, or may be at risk of suffering, significant harm should immediately consult the school Designated Teacher (Child Protection) or Head of Establishment, or in their absence, the most senior member of staff available.

In all cases, where child abuse is suspected and the child is in school, it is the responsibility of the Head or Designated (or senior) member of staff NOT that of the health visitor or school nurse or education welfare officer, to proceed as follows:

- If a decision is reached to refer the matter to Children's Social Care, professionals should seek to discuss any concerns with the family and, where possible, seek their agreement to make the referral prior to the referral being made.

NB: This should only be done where such discussion and agreement seeking will not place a child at increasing risk of significant harm.

- In cases of alleged sexual abuse, a referral should be made to Children's Social Care without notifying or discussing the allegations with the parents.
- All urgent and child protection referrals, in the first instance, must be made by telephone to the Customer Enquiry and Referral Management Team on 0845 644 4313. Clear decisions should be made between the referrer and the social work duty officer, about who will be taking what action or that no further action will be taken; both parties should record these.
- Out of hours, contact the Out of Hours Team on 0161 718 2118.
- Follow up in writing on a CAF – a copy of the CAF should also be sent to the Common Processes Manager at Sanderling fax no: 0161 491 0654
- Document carefully the examination of the child and details of the interview with parent/carers about the inquiry or problem.
- A further copy of the form should be sent to Principal Education Welfare Officer.

Referrers should complete the form in as much detail as possible. Information should be factual and where possible qualified with the use of examples. It is not expected that referring agencies will undertake interviews with the child or family in order to obtain information that is not already known. However, every attempt should be made to ensure that as much information as possible is included on the form in order to prevent unnecessary delay.

Staff working in Education have no direct investigative responsibility and should not attempt any action that might negate or "contaminate" vital future evidence. Children's Social Care, Police, and medical personnel will carry out investigations, and are trained in the investigation of abuse.

If emergency medical treatment or advice is required, school nursing and medical staff should be consulted. If there are difficulties in deciding what steps to take, the CERMT duty officer or the Education Welfare Service are available for advice.

On occasions, and as part of their everyday duties, members of education staff will have involvement with children and their families within their own home, in schools and other settings, and outside of normal school or working hours.

In the event that child abuse is suspected, the relevant officer should make a telephone referral to the appropriate Children's Social Care (or Out of Hours Team). Clear decisions should be made between the referrer and the social work duty officer about who will be taking what action, or that no further action will be taken, these should be recorded by both parties. A completed CAF must be forwarded to Children's Social Care as soon as possible after a telephone referral. A further copy of the form should be sent to Principal Education Welfare Officer.

A member of staff making a referral should inform their line manager of the action as soon as possible. If there are difficulties in deciding what steps to take, the relevant Children's Social Care duty officer, Principal, Education Welfare Officer or the Out of Hours Team are available for advice.

Principal Education Welfare Officer

The Principal Education Welfare Officer is responsible for promoting the safeguarding of children within schools in order for schools and governing bodies to fulfil their responsibilities under section 175 and 157 of the Education Act 2002. The Principal Education Welfare Officer also has strategic and operational responsibilities as Lead Officer (Education) for Allegations of Professional abuse. The Principal Education Welfare Officer co-ordinates single agency safeguarding training for schools and consultation in relation to safeguarding in schools. The Principal Education Welfare Officer contributes a strategic and operational overview of these issues to the LSCB. Member of the LSCB sub groups - Implementation group, Policy and Practice and Performance Management group .The Principal Education Welfare Officer provides skilled professional involvement in line with the LSCB procedures and in Serious Case Reviews

Missing Children (Education)

If a child fails to appear at the school where they are a registered pupil or if there are any aspects of a pupils transfer which gives rise to concerns about a child's welfare, schools should report concerns to the Safeguarding Children's Unit or to the Education Welfare Service (see Statutory Guidance for Local Authorities in England to Identify Children not Receiving an Education and Pupil Registration Regulations 2006)

Independent Schools

The role of independent schools and independent residential schools in relation to safeguarding children is the same as that of all other schools. Children's Social Care offer support and advice and Education Welfare provide training and advice to independent schools in matters of safeguarding and children missing from education.

2.5 THE GREATER MANCHESTER POLICE SERVICE

The police have a general responsibility for the protection of life. The prevention and detection of crime and involvement in cases of child protection stems from this responsibility. The police focus is to determine whether a criminal offence has been committed, to identify the offender/s and to secure the best possible evidence so as to inform consideration of the institution of criminal proceedings.

The Headquarters Family Support Unit (VA 3/7) co-ordinates the protection of children and victims of domestic violence from abuse for Greater Manchester. All invitations to case conferences must be made to the Chief Inspector at Headquarters Family Support Unit (VA3/7) who will arrange representation at the Conference.

All police must, if they conclude a child may be at risk of significant harm liaise with the Family Support Unit (FSU) (see below). When considered necessary, emergency protective action must be taken.

The Divisional Family Support Unit should be informed as soon as possible where a criminal offence has been committed, or is suspected of having been committed against a child, in order that all relevant information can be taken into account, in determining what action should be taken in conjunction with the child's wishes, Children's Social Care and any other relevant agency. Consideration should always be given as to whether a prosecution would be in the best interests of the child.

Wherever possible, the investigation of abuse of children by those who have care, custody or control of them, or where there is child on child sexual abuse i.e. within the family setting, where the alleged perpetrator has care custody or control, should be conducted by officers who have received specialist training, and who are preferably from the Divisional Family Support Unit working in accordance with their terms of reference.

Investigations into allegations of stranger sexual abuse will be monitored by the Divisional Family Support Unit.

Children's Social Care must be informed of incidents of stranger sexual abuse where an assessment is required to determine the risk to any children in the offender's family.

Domestic Violence: Officers attending domestic violence incidents should always be aware of the emotional effect that domestic violence can have on children in the family. The Divisional Domestic Violence Officer should always be informed of domestic violence incidents, especially where there are children residing in the household. Reports of domestic violence incidents should also be sent to the Contact Centre for Children's Social Care.

Child Prostitution and sexual exploitation: Children and young people who become involved in prostitution or sexual exploitation must be treated as a

child likely to suffer significant harm and as such will be viewed as victims. Similarly, those individuals who exploit such children should be regarded as child abusers.

Child Pornography on the Internet: All incidents of child pornography on the Internet should be referred to the Abusive Images Unit at Grey Mare Lane Police Station.

FAMILY SUPPORT UNIT (FSU)

The FSU provide a service to:

- ◆ Protect life and prevent crime
- ◆ Investigate (often serious) crimes against children
- ◆ Instigate criminal proceedings (in conjunction with the CPS) provided that there is sufficient evidence, it is in the public interest to do so and that it is in the best interests of the child
- ◆ Share information within, and where necessary outside of the police service to protect children
- ◆ Support civil proceedings
- ◆ Set professional standards

The FSU's terms of reference are to investigate possible offences which occur:

- ◆ Within the family or extended family*
- ◆ In respect of looked after children where the alleged abuser is the carer or an employee of the organisation
- ◆ Where the victim is an adult but the abuse occurred whilst s/he was a child and under either of the above circumstances

*The term 'within the family or extended family' includes:

- ◆ All persons living within the same household as the child
- ◆ Any person, both voluntary and professional, entrusted with the care at the time of the alleged offence e.g. school teachers, youth workers, child minders etc and
- ◆ Regular visitors to the household e.g. neighbours, family friends, etc

Investigations falling within the above terms of reference will be conducted by the FSU responsible for the area in which the child was harmed.

Investigations, outside the FSUs terms of reference, will be dealt with (to the same standard) by CID officers from the police station which covers the area in which the offence occurred.

Criminal Proceedings

The police must be notified immediately when a criminal offence has been, or is suspected of having been committed against a child. The decision

concerning the instigation of criminal proceedings is made by police, whenever possible after consultation with other agencies and the decision is primarily based upon:

- Sufficiency of evidence.
- Interests of the child, and
- Public interest.

2.6 THE HEALTH SERVICES

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.

Health professionals have a major role in inter-agency care of children. This includes:

- Making initial referrals and assessments
- Contributing to child protection case conferences
- Playing a part, through the child protection plan, in protecting children from significant harm
- Providing ongoing care and support.

Safeguarding children is a theme throughout the National Service Framework (NSF) and one of its 11 standards deals with safeguarding and promoting the welfare of children.

The Health and Children's Services (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' (s.45) and gave the Secretary of State the power to set out standards to be taken into account by every English NHS body in discharging that duty (s.46).

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

Core standard C2, within the 'safety' domain states, 'health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations'. The NSF for Children, Young People and Maternity Services Foreword states the Government expects health, social and educational services to have met the standards set in that document by 2014.

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

All NHS agencies must ensure they have in place safe recruitment policies and practices, including CRB checks, for all staff, including agency staff, students and volunteers, working with children.

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
- 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 their families
- Participating in Child Protection Conferences
- Planning support for children at risk of significant harm
- Providing therapeutic help to abused children and parents under stress (e.g. mental illness)
- Playing a part, through the Child Protection Plan, in safeguarding children from significant harm
- Contributing to Case Reviews

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

Health services contribute to child protection through the:

- Recognition of children in need of support and/or protection during routine services e.g. child health promotion (immunisations, etc), GP and hospital out-patient visits, school health services etc
- Planning and provision of support to children in need
- Contribution to enquiries about the needs of an individual child, including attendance at strategy meetings
- Assessment of a child's needs and the parents' capacity to meet them
- Assessment of risks posed by adult patients, including those receiving treatment for substance misuse, those with mental health difficulties and/or learning difficulties

- Assessment of suitability for treatment of perpetrators of abuse
- Participation in child protection conferences
- Planning and participation in protection plans to support a child at risk of significant harm
- Provision of therapeutic help to a child and/or parents
- Contribution to case reviews

All health services staff have a duty to protect children and these procedures apply to staff in all NHS and other health services, all trusts, acute hospital Trusts, PCTs and Mental Health Trusts (MHTs). Health services staff includes:

- Community-based nurses, health visitors and midwives
- Hospital medical, nursing and midwifery staff
- General Practitioners (GPs)
- Dentists
- All mental health medical and nursing practitioners
- All learning disability medical and nursing practitioners
- NHS Direct medical and nursing staff
- Professions allied to medicine e.g. therapists, counsellors, administrative staff such as receptionists in GP practices

All health services staff must be:

- Alert to the possibility of child abuse and neglect
- Able to recognise, and know how to act upon, indicators that a child's welfare or safety may be at risk
- Familiar with these and any additional local procedures
- Able to access immediately contact details of the named or designated professionals from whom advice can be sought (see appendix 1 for local contact details)

Strategic Health Authority

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

Responsibility of the PCT

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

PCT Chief Executives have responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the PCTs commissioning arrangements. PCTs should work with local authorities that are children's services authorities to commission and provide services which are coordinated across agencies and integrated wherever possible.

The PCT's statutory duties include involvement in, and commitment to, the work of the LSCBs including representation on the Boards at an appropriate level of seniority.

PCTs are additionally responsible for providing and/or ensuring the availability of advice and support to the LSCBs in respect of a range of specialist health functions e.g. primary care, mental health (adult and child and adolescent) and sexual health, and for co-ordinating the health component of case reviews.

The PCT must also ensure that all health agencies with which it has commissioning arrangements have links with a specific LSCB and that agencies work in partnership in accordance with their agreed LSCB annual business plan. This is particularly important where Trusts' boundaries straddle those of LSCBs. This includes ambulance trusts and NHS Direct services.

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

The PCT is accountable for its own child protection structures and processes as well as for those in agencies from whom it commissions services. These responsibilities include:

- Providing the strategic health lead in inter-agency planning within the PCT area
- Ensuring that health services and health care workers contribute to inter-agency working
- Ensuring that all trusts are linked into the LSCB and that there is appropriate representation
- Co-ordinating the health component of serious case reviews
- Including clear standards in commissioning arrangements
- Appointing designated professionals
- Identifying a named public health professional for children in need and those in need of protection

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

PCTs should ensure that all their staff are

- Alert to the need to safeguard and promote the welfare of children
- Have knowledge of local procedures and
- Know how to contact the named and designated professionals

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

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

PCT commissioners are responsible with the 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.

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

Designated & Named Professionals

The PCT is responsible for designating a senior paediatrician and a senior nurse to take a professional lead on all aspects of the health service contribution to safeguarding children.

All health service trusts are also required to appoint 'named' professionals, a doctor and nurse and midwife (where appropriate) to take the professional lead on child protection matters within their respective trusts and service areas.

The responsibilities of designated professionals can be summarised as follows:

- Providing the strategic health lead on all aspects of the health service contribution to safeguarding children within the PCT area

- Supporting the named professionals in meeting child protection specifications
- Providing professional advice on child protection matters to the multi-agency specifications
- Providing professional advice on child protection matters to the multi-agency network
- Representing all health service providers on the LSCB and ensuring that each trust has a specified link to the LSCB
- Monitoring, evaluating and reviewing the health service contribution to the protection of children
- Collaborating with the LSCBs in each area and the named professionals in each trust in reviewing the involvement of health services in serious incidents which meet the criteria for serious case reviews

The responsibilities of named professionals can be summarised as follows:

- Being a source of advice and expertise on child protection matters to all staff at the point need
- Promoting good practice and effective communication within and between trusts and all agencies on all matters relating to the protection of children
- Ensuring that arrangements are in place for child protection supervision and training of all staff involved in providing services to children and families and vulnerable adults who are parents or carers and/or who may pose a risk to children
- Ensuring that child protection is an integral part of the trust's risk management strategy and that key staff are aware of the thresholds for triggering child protection enquiries and an assessment of risk
- Conducting the trust's internal case reviews
- Developing, monitoring and reviewing health service specifications and standards for child protection practice
- Ensuring there are effective systems of child protection audit to monitor the application of agreed child protection standards

NHS And Foundation Trusts

NHS trusts, including mental health trusts and foundation trusts, along with other health partners, are responsible for providing health services in hospital and community settings. They have a duty to participate in LSCBs and a duty to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.

All staff should be trained in how to safeguard and promote the welfare of children and to be alert to potential indicators of abuse or neglect in children, and know how to act upon their concerns in line with LSCB procedures.

All NHS and foundation trusts should identify a named doctor and a named nurse/midwife for child protection.

All staff should be alert to the possibility of child abuse or neglect, have knowledge of local procedures and know the names and contact details of the relevant named and designated professionals. In particular, staff working in Emergency Departments (ED), ambulatory care units, walk in centres and minor injury units should be familiar with local procedures for making enquiries to find out whether a child is subject to a child protection plan.

They should be alert to carers who seek medical care from a number of sources in order to conceal the repeated nature of a child's injuries. Specialist paediatric advice should be available at all times to EDs and all units where children receive care.

If a child – or children from the same household – present repeatedly, even with slight injuries, in a way which doctors, nurses and other staff find worrying, they should act upon their concerns.

Children and families should be actively and appropriately involved in these processes unless this would result in harm to the child.

All visits by children to a hospital emergency department, ambulatory care unit, walk-in centre or minor injury unit should be notified quickly to the child's GP and should be recorded in the child's NHS records.

Where the child is not registered, the appropriate contact in the PCT should be notified to arrange registration.

Consent should be sought from a competent child/young person for the health visitor and school nurse to be notified, where such professionals have a role in relation to the child.

Overriding refusal to consent should only take place where there is a public interest of sufficient force e.g. a clear risk of significant harm to a child or serious harm to an adult. In such circumstances the reasons for taking such actions should be carefully documented and an explanation given to the child/young person.

Ambulance Trusts, NHS Direct Sites & NHS Walk In Centres

Staff working in these health facilities will have access to family homes or be involved in a time of crisis and may therefore be in a position to identify initial concerns regarding a child's welfare. Each of these bodies should have a named professional for child protection. All staff should be aware of these procedures.

GPs and Primary Health Care Team

The GPs and other members of the PHCT are well placed to recognise a child potentially in need of extra help or services to promote health and development, or 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 Children's Social Care for help as a 'child in need', and how to act on concerns that a child may be at risk of significant harm through abuse or neglect.

When other members of the PHCT become concerned about the welfare of a child, action should be taken in accordance with local procedures. In addition, the GP should be informed straight away. All PHCT members should know how to contact colleagues who have experience in child protection matters, such as named professionals within their PCT or local authority, in cases where there is any uncertainty.

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 risk of harm to a child. While GPs have responsibilities to all their patients, the child is particularly vulnerable and the welfare of the child is paramount.

If the PHCT has concerns that an adult's illness or behaviour may be causing, or putting a child at risk of significant harm, staff should follow the procedures set out in section 4 of this manual and *What to Do If You're Worried a Child is Being Abused*.

Because of their knowledge of children and families, GPs, together with other PHCT members, have an important role in all stages of child protection processes, from sharing information with Children's Social Care when enquiries are being made about a child and contributing to assessments, to involvement in a child protection plan to protect a child from harm, as appropriate.

GPs and other PHCT practitioners should make available to child protection conferences relevant information about a child and family, whether or not they – or a member of the PHCT – are able to attend. GPs should take part in training about safeguarding and promoting the welfare of children and have regular updates as part of their postgraduate educational programme.

As employers, practice owners are responsible for their staff and therefore should ensure that practice nurses, practice managers, receptionists and any other staff whom they employ, are given the opportunities to attend local

courses in safeguarding and promoting the welfare of children, or undergo such training within the practice team, including on a whole PHCT joint basis.

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

GPs and other members of the ante-natal service need to be alert to and competent in recognising the risk of harm to the unborn child, and existing children, including domestic violence. It is estimated that a third of domestic violence starts or escalates during pregnancy and this is associated with rises in the rates of miscarriage, foetal death and injury, low birth weight, and prematurity.

Staff should note that vulnerable women are more likely to delay seeking care and to fail to attend clinics regularly. Those who require help should be referred to appropriate support and counselling services, or to the police as appropriate.

Each GP and member of the PHCT should have access to a copy of these procedures.

PCTs are responsible for planning an integrated GP out-of-hours service in their local area and staff working within it should know how to access advice from designated and named professionals within the PCT, and these procedures.

Action to be taken

- Serious concerns should be referred immediately to the Children's Services Customer Enquiry and Referral Management Team (CERMT) on 0845 644 4313. Out of hours, contact the Out of Hours Team on 0161 718 2118.
- Follow up in writing on a CAF – a copy of the CAF should also be sent to the Common Processes Manager at Sanderling fax no: 0161 491 0654
- Document carefully the examination of the child and details of the interview with parent/carers about the inquiry or problem.
- Liaise, where appropriate, with the health visitor who may be able to provide additional information which will be of assistance to the GP or social worker in making an initial diagnosis and plan of action.

- Alternatively, and particularly when there is doubt, it may be appropriate to refer the child to the duty paediatrician at the Tree House, Stepping Hill Hospital.
- Advice can also be sought from the Designated Nurse Safeguarding Children (0161 419 2020).
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers. However, with an allegation of sexual abuse, this should be notified directly to the Children's Social Care CERMT.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.
- Planned emergency action will normally take place following an urgent strategy meeting between Children's Social Care, the Police and other relevant agencies. Where a single agency needs to take urgent protective action, a strategy meeting should take place as soon as possible.

Practice Nurses

In the course of their work those involved in this service may identify or suspect child abuse or become concerned about a child's welfare. Concerns must be shared:

- You should share your concerns with the GP and Designated/Named Nurse Safeguarding Children (do not let their absence delay your contact with Children's Social Care).
- If concerns are serious or urgent, refer by telephone to Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact the Out of Hours Team on 0161 718 2118.
- Follow up in writing on a CAF – a copy of the CAF should also be sent to the Common Processes Manager at Sanderling – fax no 0161 491 0654
- You should also share your concerns with the health visitor.
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be notified directly to Children's Social Care.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

- Planned emergency action will normally take place following an urgent strategy meeting between Children’s Social Care, the Police and other relevant agencies. Where a single agency needs to take urgent protective action, a strategy meeting should take place as soon as possible.

Health Visitors and School Nurses

The primary function 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.

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 the child protection process.

Health visitors and school nurses are routinely in contact with children and their families. Concerns about children can range from relatively minor worries about aspects of care to serious signs of abuse.

- If you have concerns or worries you should contact the Designated/Named Nurse Safeguarding Children who will offer advice and support.
- If concerns are serious or urgent, referrals must be made by telephone to the Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact the Out of Hours Team on 0161 718 2118.
- A CAF should be completed. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling – fax no 0161 491 0654. In child protection cases parental consent is not required.
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be notified directly to Children’s Social Care.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Midwives

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 identifying potential problems during pregnancy, birth and the child's early care.

Concerns about babies and children can range from relatively minor worries about aspects of care to clear signs of abuse. If you have concerns or worries:

- You should consult the Named Midwife or Designated/Named Nurse Safeguarding Children or on-call Supervisor of Midwives.
- If your concerns are urgent or serious referrals must be made by telephone or the Children's Social Care Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact the Out of Hours Team on 0161 718 2118.
- A CAF should be completed. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling, fax no – 0161 419 0654. In child protection cases parental consent is not required.
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be notified directly to Children's Social Care.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Staff in the Emergency Department

All staff need to be alert to the indicators of child abuse they see in the course of their duties. These include:

- Repeated representation of the same child or children with minor injuries
- Injuries that cannot be explained
- Injuries to babies that are not mobile
- Frequent presentation for little apparent reason or where medical care from a number of sources has been sought in order to conceal the repeated nature of a child's injuries or other symptoms

- Parents exhibiting disturbed behaviour or unusual reactions to the child's injuries/symptoms
- The child showing signs of neglect or failure to thrive.

Action to be taken:

Should any member of the Emergency Department consider that a child has suffered actual or possible significant harm, the following action should be taken:

- Request a paediatric opinion.
- Record carefully the history and all clinical findings, including the presence or absence of external bruising. The use of a body diagram is very useful.
- If the parent/guardian/carer refuses to agree to the child's admission or referral to the Paediatrician or seeks to remove him/her from hospital, advice should be sought immediately from the consultant or his deputy. It may be necessary to make an urgent call to the Children's Social Care Duty Team to discuss whether an Emergency Protection Order is necessary.
- In an emergency when speed is imperative the Police should be contacted. They can obtain an immediate Emergency Protection Order empowering the hospital to detain the child for up to 72 hours.
- In cases of neglect or other concerns where the above procedure is not judged to be appropriate a 'Cause for Concern' form should be completed.
- Staff of the Emergency Department should also be aware of the impact of adult behaviour on children.

Children can be adversely affected by:

- The mental ill health of a parent or carer
 - Prolonged and/or regular exposure to domestic violence
 - Chaotic parental drug misuse
 - Parental alcohol misuse.
- Non-consultant medical and nursing staff concerned about the welfare of a child should initially discuss their concerns with the consultant managing the case.
 - If, having discussed concerns with the consultant responsible for the case, the concerns persist, the designated doctor or designated nurse should be informed.
 - All visits by children to the Emergency Department should be notified promptly to the relevant GP or Health Visitor.

- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be notified directly to Children's Social Care.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Paediatric Medical Staff

If child abuse or neglect is suspected, a complete history must be obtained from the parents or carers. The child should receive a full medical examination with a careful and detailed written description of any injuries. The medical history should include any explanation of how any injuries occurred, documented verbatim. A body map should be completed to assist with documentation of injuries.

If there is a direct allegation of child sexual abuse Children's Social Care Duty Social Worker or the Police should be contacted immediately. The child's genitalia should NOT be examined unless there is clearly an injury that requires immediate medical attention, e.g. severe bleeding. The child should not be washed and underwear should be kept for forensic inspection. The duty team social worker and the police will contact St Mary's Children's Sexual Assault Referral Centre where a forensic medical assessment can be undertaken if considered appropriate.

If there is indirect concern re child sexual abuse the on-call paediatric consultant or designated doctor should be contacted for advice. The state of the child's physical care and behavioural presentation should be observed and recorded.

All children suspected of being abused should be admitted to hospital unless the Social Worker has investigated and agreed to the child returning home. Consideration should be given to the appropriateness of clinical photographs, selected or skeletal x-rays and bleeding/clotting tests. (See *Procedure for allowing children to leave hospital where there are concerns about their safety.*)

If child abuse/neglect is still suspected inform the consultant on call who will take responsibility for referring to the Children's Social Care Duty Team.

The parents should be informed as to the steps being taken and the reasons for them. If the parents refuse to co-operate, the duty Social Worker should be informed immediately so that appropriate legal procedures can be followed.

In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be

notified directly to Children's Social Care.

Consultant Paediatricians becoming concerned that the symptoms presented maybe fabricated or induced should discuss their concerns with Children's Social Care as per Fabricated and Induced Illness guidance to discuss the management plan. This may need to be done without parent's knowledge if this is deemed to be in the child's best interest.

In all cases of child abuse a child protection conference will be convened by the Safeguarding Children Unit. It is expected that relevant medical staff will attend and provide a written report.

Doctors are reminded of the importance of keeping a written record of the examination, statements made and action taken. They may be needed as the basis for a medical report for the courts.

In cases of neglect or other concerns, where the above procedure is judged not to be justified, he/she must discuss the matter with the GP and health visitor. The Consultant Paediatrician should be informed. This action must take place on the day suspicion is aroused, or at the latest, the next day.

The Paediatrician should make a referral to the Customer Enquiry and Referral Management Team on 0845 644 4313 or Out of Hours Team on 0161 718 2118, and complete a Professional Referral Form if concerns still exist. The GP should be informed.

Be prepared to attend or provide information for a planning meeting or case conference.

Under the provisions of the Children Act 1989 a child can refuse medical examination. If this occurs, the Medical Officer must not proceed but discuss the situation with the Consultant Paediatrician. Children's Social Care is also available for advice.

Every effort should be made to ensure that those with parental responsibility for the child are present at the time of the medical examination. In order to facilitate this, Children's Social Care should be contacted, depending upon individual circumstances.

Nurses and All Staff on Paediatric Ward

Nurses and other staff in paediatric wards have an important role in recognising child abuse.

- The Paediatric Consultant in charge of the child's care should be informed of all concerns of abuse or neglect as soon as possible.

- In many cases admission to the ward can give time to gather all necessary information to assist in managing the case.
- Following the above it may be necessary to refer to Children's Social Care. This should be done without delay to the Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact Out of Hours Team on 0161 718 2118.
- Complete the Professional Referral Form to follow up telephone referrals.
- Clinical management may include clotting studies, skeletal survey and clinical photographs. It is important where investigations are undertaken the reasons for these are explained to parents, guardian/carer and permission obtained wherever possible.
- Where permission is refused it will be necessary to discuss the course of action with Children's Social Care who may apply for an Emergency Protection Order.
- Non-consultant medical and nursing staff concerned about the welfare of a child should initially discuss their concerns with the consultant managing the case. If, having discussed concerns with the consultant responsible for the case, the concerns persist then the designated doctor or designated nurse should be informed.
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse; this should be notified directly to Children's Social Care (Children's Social Care).
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Children's Disability Service

This service includes:

- Children's Short Break Service
- Child Development Unit
- Children's Community Learning Disability Team

In the course of their work those involved in this service may identify or suspect child abuse. Concerns must be shared.

- You should share your concerns with your Line Manager or designated person. (Do not let their absence delay your contact

with Children's Social Care).

- If concerns are urgent or serious referrals must be made by telephone to the Children's Social Care Customer Enquiry and Referral Management Team on 0845 644 4313.
- Out of hours, contact Out of hours Team 0161 718 2118.
- A CAF should be completed. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling fax no – 0161 419 0654. In child protection cases parental consent is not required.
- In most cases of suspected abuse, it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be notified directly to Children's Social Care.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Other health professionals

There are a range of other health professionals work with children, young people and families to promote and support children's' health and development. These include:

- Community Alcohol Team
- Community Drugs Team
- Clinical Psychologists
- Staff in family planning clinics
- Staff working in young people's advice services
- Speech and Language Therapists
- Physiotherapists
- Occupational Therapists
- Community Paediatric Nurses
- Any health professionals visiting families at home, including District Nurses.

In the course of their work those involved in these services may identify or suspect child abuse. Concerns must be shared.

- You should share your concerns with your Line Manager or designated person.
- If concerns are urgent or serious referrals must be made by telephone to the Children's Social Care Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact Out of Hours Team 0161 718 2118.
- A CAF should be completed. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling, fax no – 0161 491 0654. In child protection cases parental consent is not required.
- In most cases of suspected abuse, it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse, this should be notified directly to Children's Social Care.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Child & Adolescent Mental Health Services

In the course of their work those involved in this service may identify or suspect child abuse. Concerns must be shared.

- You should share your concerns with your Line Manager or Designated person (Do not let their absence delay your contact with Children's Social Care).
- If your concerns are urgent or serious referrals must be made by telephone or the Children's Social Care Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact the Out of Hours Team on 0161 718 2118.
- A CAF should be completed. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling, fax no – 0161 419 0654. In child protection cases parental consent is not required.
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse; this should be notified directly to Children's Social Care.

- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Mental Health Services

‘Close collaboration and liaison between adult mental health services and children’s welfare are important in the interests of the children’. (*Working Together to Safeguard Children (2006)*)

All workers have a responsibility to safeguard children by identifying those at risk of harm whether they are working with the parent/s, carer, an abuser not related to the child or from assessment of an adult who is a potential or actual risk to children or young people. The welfare of the child is of paramount concern to all professionals. Mental health services include:

- General adult and community services
- Learning disability services
- Older people’s psychiatry service.

In the course of their work those involved in this service may identify or suspect child abuse. Concerns must be shared.

- You should share your concerns with your Line Manager or Designated person (Do not let their absence delay your contact with Children’s Social Care).
- If your concerns are urgent or serious referrals must be made by telephone or the Children’s Social Care Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, contact the Out of Hours Team on 0161 718 2118.
- A CAF should be completed. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling, fax no – 0161 419 0654. In child protection cases parental consent is not required.
- In most cases of suspected abuse it is usual to discuss concerns with the parents/carers, however with an allegation of sexual abuse; this should be notified directly to Children’s Social Care.
- Concerns about fabricated and induced illness should be discussed with the designated nurse or designated doctor and not discussed with the parent/carer before advice is sought.

Questions to ask yourself and discuss with your supervisor:

- When does an adult's mental health pose a conflict of interest within the family?
- When does a parent's mental health pose risks for the safety and well-being of the child?
- What services are needed to meet the needs of both adults and children when risks are identified?

Private Health Care

All health professionals working in private health care have a duty to protect children. They should be aware of the Safeguarding Children procedures of the area in which they are working.

They must follow these procedures if they become concerned about the care or welfare of a child. This applies whether the adult or the child is their client/patient.

Confidentiality

- Many health professionals worry about the issues of sharing information and confidentiality.
- Research and experience have shown repeatedly that keeping children safe from harm requires professionals to share information.
- Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information. Wherever possible, consent should be obtained before sharing personal information with third parties. In some circumstances, consent may not be possible or desirable but the safety and welfare of a child dictate that the information should be shared.

Professional Guidance

Medical

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

Problems may arise if you consider that the 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 on 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.

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 persons 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 interest of others

"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 persons or authority."

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

The Nursing and Midwifery Council (NMC 2004) in their "Code of professional conduct; performance and ethics" are clear that the disclosures of confidential information can be made only when:

- 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)
- They are required by law or order of court

The public interest means the interests of an individual or groups of individuals or of society as a whole and would, for example, cover matters

such as serious crime, child abuse, drug trafficking or other activities that place others at serious risk.

2.7 HOUSING SERVICES

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 by:

- 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, e.g.:

- 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 organizations
- 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 Children's Social Care carry out assessments under s.17 or s.47 Children Act 1989; conversely social care staff and other organisations working with children can have information which will make assessments of the need for certain types of housing more effective; authorities and RSLs should develop joint protocols to share information with other organisations, for example children's social care or health professionals in appropriate cases
- Environmental health officers inspecting conditions in private rented housing may become aware of conditions that impact adversely on children particularly; under Part 1 of the Housing Act 2004, authorities will take account of the impact of health and safety hazards in housing on vulnerable occupants including children when deciding the action to be taken by landlords to improve conditions

Registered Social Landlords (RSLs)

In many areas, local authorities do not directly own and manage housing, having transferred these responsibilities to one or more RSLs.

Housing authorities remain responsible for assessing the needs of families under homelessness legislation and managing nominations to registered social landlords who provide housing in their area. They continue to have an important role in safeguarding children because of their contact with families as part of assessment of need, and because of the influence they have designing and managing prioritisation, assessment and allocation of housing.

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

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

Housing authorities / associations can help reduce risk to children by:

- Providing alternative accommodation to a parent and children if they have experienced domestic violence
- Ensuring that dangerous offenders are not offered tenancies in locations offering high levels of access to children
- Ensuring that wherever possible homeless families are provided with temporary accommodation within their home borough
- Ensuring that all homeless families with child/ren on the child protection register are offered temporary accommodation within their home area, unless alternative arrangements are consistent with the protection plan

2.8 GREATER MANCHESTER PROBATION SERVICE (GMPS)

GMPS is recognised as an agency with a key role to play in protecting vulnerable children. However, they are an agency that deals with the adult carers of vulnerable children, and not an agency with responsibility for direct contact and direct observation of children's progress in difficult situation.

They may however through the provision of a direct service to children identify concerns in the following circumstances:

- Offering a service to child victims of serious sexual or violent offences

- Supervising 16 and 17 year olds on Community Punishment
- Seconding staff to join YOTs
- Supporting women victims, and indirectly children in the family, of convicted perpetrators of domestic abuse participating in accredited domestic abuse programmes

Information about possible child abuse may arise in a number of ways e.g. by personal observation, from the family, child, neighbours, Probation Centre, Courts, Family Court Welfare, Penal Institutions, Hostels or other agencies.

The key aims of the probation service are to reduce offending and to protect the public. Probation officers work predominantly with offenders aged eighteen years and over. Probation Officers may become involved with cases relevant to child protection:

- In the course of preparing reports to the criminal courts
- As a result of their responsibility for the supervision of offenders (including those convicted of offences against children)
- Where an offender had been subjected to abuse as a child
- Where a sixteen or seventeen year old offender is or has been the subject of abuse

Probation officers must refer a child to the Children's Social Care if concerned that a child may be in need or at risk of significant harm. The probation service has statutory responsibilities to assess and manage high risk offenders, principally via MAPPPs and PPU's. The probation service must contact and consult victims of serious crimes regarding release arrangements of offenders. If the victim is a child, Children's Social Care and other professionals who have contact, or good knowledge, of the child must be consulted.

Offender managers should also ensure there is clarity and communication between Multi-Agency Public Protection Arrangements (MAPPA) and other risk management processes e.g. in the case of safeguarding children, procedures covering registered sex offenders, domestic abuse management meetings, child protection procedures and procedures for the assessment of persons identified as presenting a risk or potential risk to children.

2.9 PRISONS

Governors of prisons (or, in the case of contracted prisons, their directors) also have a duty to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children, not least those who have been committed to their custody by the courts.

In particular Governors / Directors of women's establishments which have mother and baby Units have to ensure that staff working on the units are prioritised for child protection training, and that there is always a member of

staff on duty in the unit who is proficient in child protection, health and safety and first aid / child resuscitation.

Each baby must have a child care plan setting out how the best interests of the child will be maintained and promoted during the child's residence on the unit.

Governors / Directors of all prison establishments must have in place arrangements that protect the public from prisoners in their care, including effective processes to ensure prisoners are unable to cause harm to the public and particularly children.

Restrictions should be placed on prisoner's communications (visits, phone calls and correspondence) that are proportionate to the risk they present. All prisoners who have been identified as presenting a risk to children must not be allowed contact with children unless a favourable risk assessment has been undertaken that has taken into account information held by police, probation, prison and Children's Social Care.

When seeking the views of parent / person who has parental responsibility or carer, about contact, it is important that the child's views are sought and (subject to age and understanding) her/his views considered.

2.10 YOUTH OFFENDING TEAMS (YOTS)

The Youth Offending Team may come into contact with Child Protection issues through work with your perpetrators and victims. The Youth Offending Team works to safeguard the interests and wellbeing of all young people whilst recognising the need to contain and manage the risk posed by some young people.

A Youth Offending Team worker may receive a disclosure of abuse from a young person, may observe behaviours that cause concern or may receive information from community networks. When alerted to potential abuse, all staff will follow these procedures.

Cases coming to the notice of the Youth Offending Team worker:

The Youth Offending Team worker will consult the Operational Manager or Team Manager immediately when it is suspected or believed that a child or young person is at risk of significant harm. The Manager will ensure that a referral is made to Children's Social Care Customer Enquiry and Referral Management Team on 0845 644 4313. Out of office hours, the Out of Hours Team should be contacted (Tel no. 0161 718 2118).

A completed CAF form must be forwarded as soon as possible after a telephone referral. A copy of the CAF should also be sent to the Common Processes Manager at Sanderling, fax no – 0161 419 0654. In child protection cases parental consent is not required.

Parents/Carers should be advised of concerns and of the referral to Children's Social Care unless this would prejudice the safety of the child or the worker. In the case of suspected sexual abuse, fabricated or induced illness the worker should not advise the parent/carer.

- Case conferences and reviews will be attended by the Youth Offending Team worker involved with the young person. It is desirable for the team leader to attend when possible.

Management of Child Protection and Persons who pose a risk to children cases

Any young person under supervision by the Youth Offending Team who is on the Child Protection Register or is a person who poses a risk to children will be highlighted on the YOIS front screen.

All child protection cases will be reviewed monthly by the Line Manager and every four months by the Operation Manager.

All offenders who are persons who pose a risk to children will be notified to Children's Social Care by the Youth Offending Team on sentence and, where applicable, on release from custody.

Abuse in Residential or Custodial Settings

The Youth Offending Team worker will discuss any suspicions or allegations with the Team Leader or Operational Manager. If appropriate the institution should be advised immediately so that internal safeguarding children procedures are instigated. The allegation or suspicion and actions taken should be fully recorded on YOIS.

Training

All Youth Offending Team workers (excluding administrative staff) will receive training in Child Protection. A training register will be maintained to ensure workers receive updates every 3 years. Induction procedures for all staff will include how child protection impacts on their role.

2.11 YOUNG OFFENDER INSTITUTIONS

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

- A senior member of staff, known as the 'child protection co-ordinator' or the 'Safeguards Manager', who is responsible to the Governor / Director for child protection and safeguarding matters; and a child protection

committee whose membership includes a senior manager as the chair, multi-disciplinary staff and a representative of the LSCB who could be a member of the LSCB (i.e. someone from another organisation) or an LSCB employee

- A local, establishment-specific child protection and safeguarding policy, agreed with the LSCB, which has regard to the Prison Service's / YJB's overarching policy and which includes procedures for dealing with incidents or disclosures of child abuse or neglect before or during custody
- Suicide and self-harm prevention and anti-bullying strategies
- Procedures for dealing proactively, rigorously, fairly and promptly with complaints and formal requests, complemented by an advocacy service
- Specialised training for all staff working with children, together with selection, recruitment and vetting procedures to ensure that new staff may work safely and competently with children
- Action to manage and develop effective working partnerships with other organisations, including voluntary and community organisations, that can strengthen the support provided to the young person and their family during custody and on release;
- An initial assessment on reception into custody to identify the needs, abilities and aptitudes of the young person and the formulation of a sentence plan (including an individual learning plan) designed to address them, followed by regular sentence plan reviews
- Provision of education, training and personal development in line with the YJB's National Specification for Learning & Skills and the young person's identified needs
- Action to encourage the young person and her/his family to take an active role in the preparation and subsequent reviews of their sentence plan, so that they are able to contribute to, and influence, what happens to the young person in custody and following release.

2.12 CHILDREN AND FAMILY COURTS ADVISORY AND SUPPORT SERVICE (CAFCASS)

CAFCASS has the responsibility to advise the courts on the needs and interests of children who are the subject of family court proceedings principally in relation to the Children Act 1989 and the Adoption and Children Act 2002. This involves applications for residence or contact orders, care and adoption and disputes about specific issues such as preventing a child being taken abroad.

Staff employed by CAFCASS undertakes the roles of children's guardian, reporting officer, children and family reporter and parental order reporter. The functions of the service in respect of family proceedings in which the welfare of children is or may be in question are 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

CAFCASS staff should be informed of any section 47 enquiries on cases in which they have an involvement, and invited to strategy meetings, child protection conferences and child care reviews in an observer capacity.

CAFCASS' officers may be employees or self-employed and have distinct roles in private and public law proceedings which are principally:

- Children's Guardians - appointed to safeguard the interests of a child who is the subject of specified proceedings under the Children Act 1989 or who is the subject of adoption proceedings
- Parental Order Reporters - appointed to investigate and report to the court on circumstances relevant under the Human Fertilisation and Embryology Act 1990
- Children & Family Reporters who prepare welfare reports for the court in relation to applications under Section 8 of the Children Act 1989 (private law proceedings including applications for residence and contact), and increasingly also work with families at the initial stage of their application to the court
- CAFCASS officers can also be appointed to provide support under a Family Assistance Order under the Children Act 1989 Section 16 (as can local authority officers).

CAFCASS officers have a statutory right in public law cases to access and copy local authority records about the child concerned and any application under the Children Act 1989; that power also extends to other records relating to the child and the wider functions of the local authority or records held by an authorised person i.e. NSPCC.

Where a CAFCASS officer has been appointed by the court as a children's guardian and the matter before the court relates to specified proceedings (specified proceedings include public law proceedings and applications for contact, residence, specific issue and prohibited steps orders which have become particularly difficult can also be specified proceedings), s/he 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 looked after, child protection conferences and relevant adoption panels. The chair of such forums should ensure that all those attending such meetings, including the child and any family members, understand the role of the CAFCASS Officer.

2.13 CONNEXIONS

Connexions are tasked with provision of services to a wide age range of young people (13 to 19, and for the more vulnerable, up to 25 years of age). They need to refer matters either to the Children's Social Care if the child is 17 or below or to adult services if aged 18 or above.

Connexions (including sub-contractors) are responsible for:

- Identifying, keeping in touch with, and giving the necessary support to young people in their geographical area. Each young person's need are assessed and the support and continuing contact they receive is tailored to their assessed needs. A young person may receive any combination of the following according to their need: information, advice, guidance, counselling, personal development opportunities, referral to specialist services and advocacy to enable them to access opportunities funding or other services. The needs of young people from vulnerable groups such as teenage mothers, care leavers, young people supervised by YOTs, and young people with learning difficulty and/or disability are a particular priority for Connexions partnerships.
- Identifying young people who may be at risk and in these cases, for alerting the appropriate authority Connexions staff should be aware of the agencies and contacts to use to refer those at risk and be aware of the services it is reasonable to expect from these organisations.
- Minimising risk to the safety of young people on premises for which they or their subcontractors are responsible
- Minimising the risk that organisations to which they signpost young people e.g. those providing employment and training opportunities, pose a threat to the moral development, and physical and psychological well being of young people
- Ensuring that the recruitment of all staff (including volunteers to the partnership and subcontractors) complies with current vetting Regulations
- Ensuring staff (including sub contractors), are aware of risks to young people's welfare and can exercise their legal, ethical, operational and professional obligations to safeguard them from these risks. Information sharing protocols with other agencies should award high priority to safeguarding the welfare of young people and staff should comply fully with these agreements.

The Connexions partnership should be working closely with other agencies concerned with child safety and welfare to rigorously analyse the nature and distribution of risk within the cohort of young people and to use this information to design services.

2.14 OFFICE FOR STANDARDS IN EDUCATION (OFSTED)

Registered childminders and group day care providers must satisfy explicit criteria in order to meet the national standard with respect to child protection

(standard 13). Ensuring that they do so is the responsibility of the Early Years Directorate of OFSTED.

OFSTED requires that:

- All childminders and group day care staff have knowledge of child protection, including the signs and symptoms of abuse and what to do if abuse or neglect is suspected
- Those who are entrusted with the day care of children or who child mind have the personal capacity and skills to ensure children are looked after in a nurturing and safe manner

Day care providers must:

- Have child protection training policies and procedures in place, which are consistent with these procedures
- Be able to demonstrate that their procedures have been followed when an allegation is made
- Ensure the environment in which children are cared for is safe

OFSTED must contact the relevant Children's Social Care about any child protection issues and, in consultation with Children's Social Care, consider whether any action needs to be taken to protect children attending the provision.

OFSTED must be informed when a child protection referral is made to the Children's Social Care about:

- ◆ A person who works as a child minder or
- ◆ A person who works in day care for children or
- ◆ Any service regulated by OFSTED's early years directorate

OFSTED must be invited to any strategy meeting where an allegation might have implications for other users of the day care service and/or the registration of the provider. OFSTED must seek to cancel registration if children are at risk of significant harm by being looked after in childminding or group day care settings. Where warranted OFSTED will bring civil proceedings or criminal proceedings against registered or unregistered day care providers.

2.15 NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN (NSPCC)

The NSPCC provide a number of services across the boroughs of Greater Manchester to include:

- Quality Parenting Family Support Services/Therapeutic work– 0161 794 4252

- Specialist Assessment Service - 0161 743 4640
- Specialist Investigation Service - 0161 628 4444
- Sexually Harmful Behaviour - 0161 743 4640
- There4me Internet counselling for young people
 - www.there4me.org.uk

The Helpline (0808 800 5000) is a Freephone number for anyone to use to report abuse, or to obtain advice and information in relation to Child Protection issues. Where matters of abuse are reported they will be passed on to the Social Service Duty Teams for investigation. The NSPCC does not carry out child abuse investigations, unless these are commissioned from Special Investigation Service for organised or complex abuse cases.

Stockport presently has a Service Level Agreement with NSPCC Manchester Team, which provides Assessment and Intervention Services to young people who display sexually harmful behaviour and therefore resources are available for services to this group of young people. Stockport has signed up to the AIM protocol (Assessment, Intervention and Moving On).

Referrals to NSPCC for Sexually Harmful Behaviour services should be discussed with Gani Martins, Principal Officer, Baker Street – Tel: 0161 474 4607, and then with the NSPCC Duty Officer – 0161 743 4640. A referral form will then need to be completed and sent to the address below.

Queries about local NSPCC services may be directed to the duty officer at;

NSPCC
14 Carolina Way
Salford M50 2ZY

Tel: 0161 743 4640

2.16 ARMED FORCES

Responsibility for the welfare of Armed Forces families is vested in the employing service and specifically in the commanding officer. The frequency of moves makes it imperative that Armed Forces authorities are fully aware of any child deemed at risk. All three Services provide professional welfare support to augment that provided by the Children’s Social Care:

- **Royal Navy** - provided by the Naval Personal and Family Service and Royal Marines Welfare (NPFWS/RMW)
- **Army** - provided by the Army Welfare Service (AWS)
- **Royal Air Force** - by the Soldiers’, Sailors’ and Airmen’s Families Association-Forces Help (SSAFA-FH)

The frequency of Armed Services moves makes it essential that Service authorities are aware of any concerns regarding safeguarding or promoting the welfare of a child from a military family.

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, which funds the British Forces Social Work Service (Overseas). This service is contracted to SSAFA-FH which provides a fully qualified social work and community health service in major overseas locations e.g. Germany and Cyprus. 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 ensuring best practice is reflected in procedures and observed in practice.

The Service authorities co-operate with statutory agencies and support Service families where child abuse or neglect is suspected or occurs. The information they hold on any family can help in the assessment and review of child protection cases. They may also hold information on ex-Service families, which may help with current enquiries.

WITHIN UNITED KINGDOM

Service authorities, through their internal instructions, are made aware that the primary responsibility for the protection of children is with the local authority and that assistance should be given to enable it to fulfil its statutory obligations.

Army

The Army Families Welfare Service (AWS) provides a team based, confidential social work service employing trained army welfare workers, supervised by professional social workers, through the Soldiers, Sailors, Air Force Association - Forces Help (SSAFA - FH). In the event of a child protection enquiry Children's Social Care liaison should be with the welfare support officer and the SSAFA - FH social work advisor for the area.

Royal Air Force

The station's personnel department, usually the Officer Commanding Personnel Management Squadron (OCPMS), generally manages welfare support in the RAF. The department liaises and works closely with the SSAFA -FH social work assistant, and a professionally qualified social work advisor.

In the event of a child protection enquiry Children's Social Care liaison should be with the OCPMS and the SSAFA - FH social work advisor (see appendices for contact details).

Royal Navy / Royal Marines

All child protection matters are handled by the Naval Personal and Family Service (NPFs), the Royal Navy's own social work department. In the event of a child protection enquiry Children's Social Care liaison should be with the

NPFS, who are able to negotiate service action on behalf of families (see appendices for contact details).

OVERSEAS

Local authorities should ensure that SSAFA is made aware of any Service child on the register whose family is about to move overseas. SSAFA can confirm the existence of appropriate resources in the proposed overseas location to meet identified needs. Full documentation should be provided to SSAFA. SSAFA - FH provides, at the request of the Ministry of Defence (MOD), a qualified social work and health visiting service to families of all Services overseas.

Procedures exist in all three Services for the registration and monitoring of the protection of children, and the usual rules of confidentiality are observed. When it appears a child is in need of emergency protection a designated person may make an application for an EPO to a Commanding Officer. The EPO may last up to a maximum of 28 days, but reviewed every 7 days by a senior officer. If a case conference decides, whilst an EPO is in force, that it is not in the child's best interests to return to her/his parents, the child will be removed to the care of an appropriate local authority in the UK. Assistance will be given to parents to return to the UK so they can be involved with all proceedings and decisions affecting their child.

The EPO, made in the overseas command, remains in effect for 24 hours following the arrival of the child in the UK. During this period the local authority must decide whether to apply to the UK court for a further EPO. When a Service family with a child in need of protection is about to return to the UK, SSAFA or the NPFS is responsible for informing the relevant local authority and for ensuring that full documentation is provided to assist in the management of the case.

2.17 IMMIGRATION SERVICE

Immigration officers who have contact with children on arrival in the country must refer to the relevant Children's Social Care if they have concerns about the future safety of any child. In particular, all unaccompanied asylum seeking children must be referred to Children's Social Care.

2.18 HIGH SECURE HOSPITALS

High secure hospitals have a duty to implement child protection policies, liaise with their local LSCBs, provide safe venues for children's visits and provide nominated officers to oversee the assessment of whether visits by specific children would be in their best interests (Directions and Associated Guidance to Ashworth, Broadmoor and Rampton hospitals). Children's Social Care may assist by assessing if it is in the best interests for a particular child in need/ in need of protection to visit a named patient. Many prisons now operate a similar system in relation to sex offenders and other dangerous offenders

2.19 VOLUNTARY AGENCIES/ GROUPS

It is good practice for all voluntary agencies and groups to have their own safeguarding procedures, which are consistent with these procedures. The agency or group should ensure that all staff and volunteers:

- Have been checked for suitability in working with children including CRB checks as agreed appropriate and understand the extent and limits of the volunteer's role
- Are sensitive to the possibility of child abuse and neglect
- Have access to training opportunities to promote their knowledge
- Know how to report any concerns they have about possible abuse or neglect
- Are vigilant about their own actions so they cannot be misinterpreted.

The agency or group should:

- Have guidelines about the care of children in the absence of parents, which respect the rights of the child and the responsibilities of the adults towards them
- Have guidelines about safe caring practices e.g. not being alone with children without alerting others to the reason, ensuring all allegations, however minor, are reported to the agency/group manager/leader
- Nominate a senior member of staff to take responsibility for drawing up and maintaining a policy for safeguarding.
- Promote and maintain links with local statutory agencies in relation to both general and specific child protection matters

Where independent agencies have a formal relationship with statutory ones, e.g. subject to registration and inspection or contracted to provide services, the statutory agencies may reasonably be expected to provide clear advice and assistance.

Whenever there is concern that a child has been abused or neglected a referral must be made without delay to Children's Social Care for the area in which the child lives. In Stockport this is the Customer Enquiry and Referral Management Team on 0845 644 4313

2.20 FAITH COMMUNITIES

Faith communities have an important role to play in child protection reflecting children's:

- Attendance at religious services and ceremonies
- Participation in study groups / lessons
- Involvement in crèches
- Attendance of youth clubs

- Use, either alone or with parent/s of available counselling, mentoring and confessional services
- Involvement in groups using faith community property e.g. church halls

All faith communities are expected to develop and maintain their own child protection procedures, consistent with those in this document. Faith communities must ensure that all clergy, staff and volunteers who have regular contact with children:

- Have been checked for suitability in working with children and understand the extent and limits of the volunteers role;
- Are sensitive to the possibility of child abuse and neglect;
- Have access to training opportunities to promote their knowledge;
- Know how to report any concerns they have about possible abuse or neglect;
- Are vigilant about their own actions so they cannot be misinterpreted.

The faith communities must:

- Nominate a senior member of staff to take responsibility for drawing up and maintaining policy for child protection
- Have guidelines about the care of children in the absence of parents, which respect the rights of the child and the responsibilities of the adults towards them
- Have guidelines about safe caring practices e.g. not being alone with children without alerting others to the reason, ensuring all allegations, however minor, are reported to the agency/group manager/leader
- Ensure that any organisations who hire premises e.g. playgroups have child protection procedures in place
- Promote and maintain links with the statutory agencies in relation to both general and specific child protection matters

Whenever there is concern that a child has been abused or neglected the concern should be referred, without delay, to the Customer Enquiry and Referral Management Team for Children's Social Care on 0845 644 4313.

2.21 MEMBERS OF THE COMMUNITY

It is important that all members of the community understand that safeguarding children is a concern for everyone and that effectiveness of professional agencies will depend on the awareness and support of the public. If any member of the public is concerned that a child may be at risk of abuse or neglect they should either telephone:

- Children's Social Care at the Customer Enquiry and Referral Management Team (CERMT) and ask to speak to the Duty Officer on 0845 644 4313
- Police Tel: 0161 856 5050
- NSPCC national child protection line: 0808 800 5000

- NSPCC Asian Helplines:

Bengali	0800 096 7714
Gujurati	0800 096 7715
Hindi	0800 096 7716
Punjabi	0800 096 7717
Urdu	0800 096 7718
Asian/ English	0800 096 7719

Should any member of a staff team have reason to be concerned or suspicious that a child may have been abused or be at risk of abuse they must follow the procedure outlined in this handbook.

2.22 LICENSING AUTHORITY

The Licensing Act 2003 modernised the legislation governing the sale and supply of alcohol and public entertainment licensing so that:

- ◆ Various existing pieces of legislation were consolidated
- ◆ Licensing decisions could be made according to **local** considerations
- ◆ Licensing hours could be de-regulated

The Act removed liquor licensing powers from the magistrates' courts and created a 'Licensing Authority' in each local authority in England and Wales responsible for processing applications covering the sale and supply of alcohol, as well as public entertainment. Historical restrictions on the hours when alcohol could be sold were also removed so that licence applicants can request their own, independently determined hours of operation.

There are 4 'licensing objectives' contained with the Act:

- Prevention of crime and disorder
- Public safety
- **Protection of children from harm**
- Prevention of public nuisance

The Act allows the Licensing Authority to attach conditions relating to children's access to reflect the individual nature of each establishment, **if** relevant representations are made. It is therefore necessary to make representations in order to protect children from harm. Where there is no risk of harm, there need be no conditions applied.

A number of specified 'responsible authorities' must be notified of all licence variations and new applications and include:

- Police
- Fire & Rescue and
- A body which represents those who are responsible for matters relating to the safeguarding of children from harm, and is recognised by the Licensing Authority as being competent to advise it on such matters.

The LSCB is Stockport's Responsible Authority for the Safeguarding of Children but this role is undertaken by the police on their behalf. The police on behalf of the LSCB can make representations to the Licensing Authority about a 'variation' or new licence application, where applicants fail to consider the safeguarding of children. The LSCB via the police can request that the protection or safeguarding of children be incorporated by way of condition/s on the relevant premises licence or club premises certificate.

Responsible Authorities also have the power to call for a review of an existing licence, based upon 1 or more of the above 4 licensing objectives.

If a Licensing Authority has any particular concerns about an individual license in respect of a safeguarding matter this should be specifically drawn to the attention of the police on behalf of the LSCB. Staff working with children have a responsibility to share (via their nominated 'Responsible Authority') any safeguarding concerns they have about any licensed premises, with the relevant Licensing Authority, e.g.:

- Premises having a reputation for under-age drinking
- Premises with a known association with drug taking or dealing
- Children being present where there is strong element of gambling on the premises
- Young people being present when entertainment of a sexual or other adult nature is provided on the premises
- Premises where children are regularly present when they would normally be expected to be in full-time education
- Excessive noise at night outside licensed premises in residential areas
- Children living in licensed premises but being inadequately supervised
- Known concerns of a child protection nature about an applicant for a personal license, or for staff working in licensed premises where children may be present

The police on behalf of the LSCB will define the issues to be considered in Formulating a response to a licence application, e.g.:

- Direct or indirect sale of alcohol and other restricted goods to under 18s
- Use of illicit drugs on licensed premises
- Impact on local children of noise associated with premises
- Protection of children from gambling or unsuitable films
- Protection from the impact of adults' smoking
- CRB checks on those who have access to children
- Appropriate policies and procedures that recognise need to protect children

2.23 RSPCA

In the light of increased awareness of the possible links between child abuse and neglect and animal cruelty, the RSPCA introduced written reporting procedures in November 2001. A protocol agreed with RSPCA includes reciprocal reporting by Children's Social Care of animal welfare issues. If an

RSPCA inspector notices anything which they consider to be child abuse or a concern about the welfare of a child, s/he will report it to police or Children's Social Care as outlined below.

In an emergency situation the RSPCA inspector should report the concerns directly to the police using the '999' system. The inspector should record the information in their pocket book and pass it to the chief inspector. Form A (RSPCA referral form to Children Social Care) is completed and faxed to the child protection unit, marked 'POLICE DEALT' from where it is passed to the local Children's Social Care for appropriate action.

In a non-emergency situation, the RSPCA inspector should note the concerns in her/his pocket book and pass the information orally to the chief inspector, or in her/his absence, the deputy chief inspector. The information is to be recorded on Form A and submitted to the chief inspector as soon as possible, within 3 working days. The referral is then sent to the child protection unit, who will ensure that it is passed to the local office for appropriate action.

Where Children's Social Care workers have concerns about the welfare of an animal, they should report this to the RSPCA

2.24 REFUGEE COUNCIL

The Refugee Council assists families into the National Asylum Support Service (NASS) through the provision of advice about available options and help with paperwork. Unaccompanied asylum seeking children are provided with support and advice through the Refugee Council's Children's Panel. The Refugee Council has its own child protection policy and procedures and all staff receive basic induction training, with further input for those directly working with children. If a child is identified as in need of support or in need of protection a referral will be made to relevant Children's Social Care Services.

SECTION 3: EARLY INTERVENTION AND PREVENTION

3.1 COMMON ASSESSMENT FRAMEWORK AND COMMON PROCESSES FOR STOCKPORT

CHILD IN NEED PROCESS

Stockport's Child in Need process has been developed to provide a consistent approach for people working with children, who are vulnerable, including children with disabilities, children who may require support for a variety of reasons – but do not meet the threshold for intervention by Children's Social Care.

The underlying principles of the model are:

- The child's needs must come first
- The child's welfare is everybody's responsibility
- All organisations must work together
- The parents and carers rights must be considered
- The family should always be present at a 'Child in Need' Meeting

The process has been broken down into stages, which correspond, to the 4 levels outlined in the Triangle Model. The Children in Need Process is focused on early intervention and is part of the Safeguarding continuum, with Child protection being at the extreme end of the scale.

Level 1 - Universal

Children at the 'universal' level will access mainstream resources. This level relates to **all** children. This is the majority of children who access routine community resources, have routine healthcare and access education.

Action you may take:

If an organisation identifies a worry or concern about a child – and the child's needs can be met within the single agency, then the child remains at 'level 1' with progress being monitored by internal mechanisms. A Common Assessment Framework form may be completed.

Level 2 – Need for Support

Children are described at this level if they are living with parents/carers who are under stress or in circumstances which may affect their health and development.

Action you may take:

Assess what the child's needs are and if they can be met within your own organisation.

If this is not appropriate convene a Child in Need Meeting in partnership with the family to co-ordinate assistance from other organisations and resources.

Level 3 – Need for Prevention

Children at level 3 are those children whose health or development is being severely affected by circumstances surrounding them.

Action you may take:

If a child has moved to this level and has undergone intervention by organisations at level 2, Children's Social Care should be invited to attend a Child in Need Meeting to provide advice and information where a decision will be made as to whether further assessment is required. At this point Children's Social Care may assume responsibility for convening and chairing further Child in need Meetings.

Level 4 – Need for Protection

Children at this level are experiencing significant harm or are likely to suffer significant harm if circumstances do not change.

Action you must take

Refer to Children's Social Care who will begin assessments and undertake a Section 47 enquiry (Child Protection)

*Please refer to **The Children in Need Practice Manual** for further information about the Child in Need procedure.*

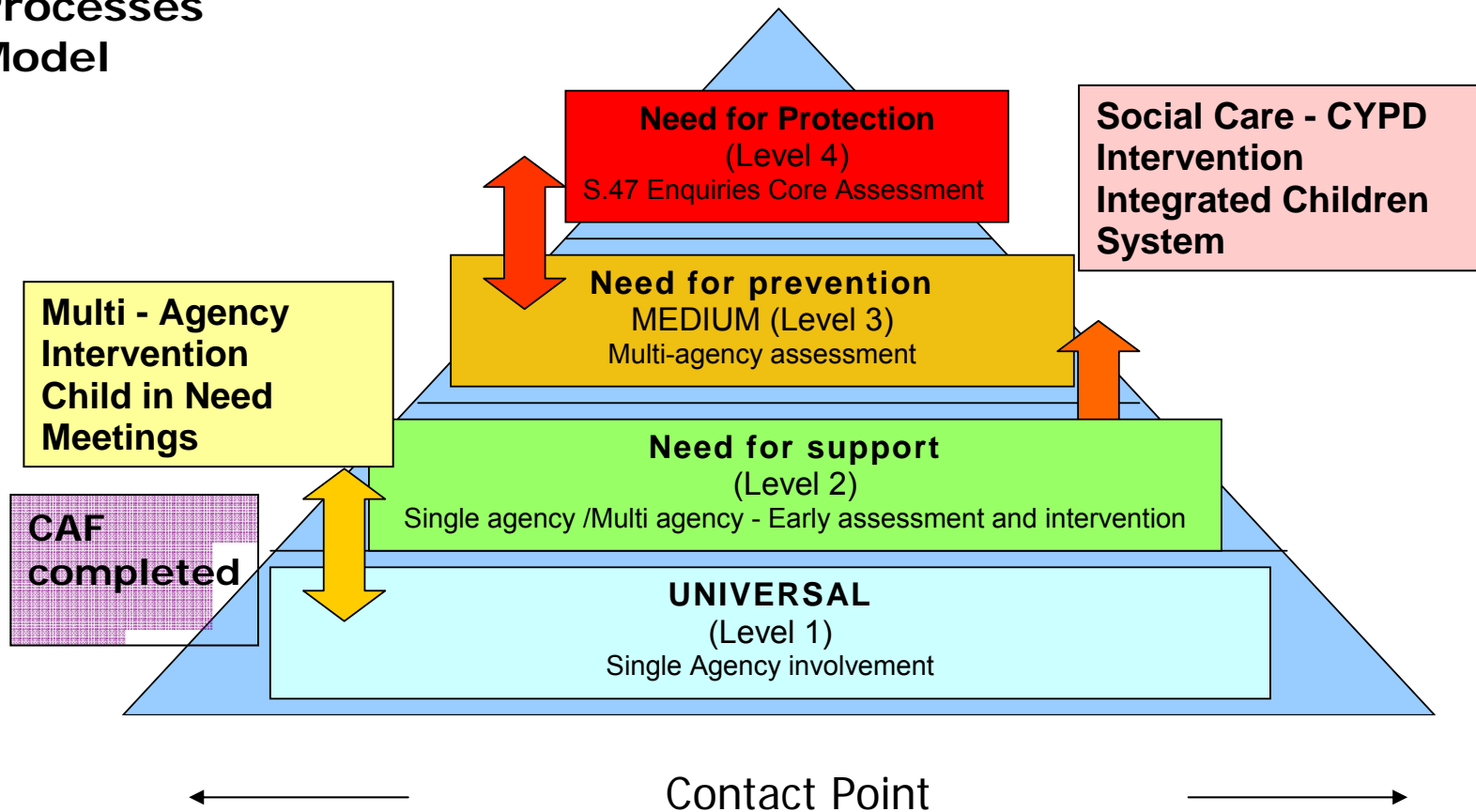
<http://www.stockport.gov.uk/caf>

Whenever a Common Assessment Framework form is completed a copy should be sent to the Common Processes Project at Sanderling (for monitoring purposes only). Fax no: 0161 419 0654.

In child protection cases parental consent is not required.

If you are unclear about the level of intervention the Common Processes Project are available to provide advice and support. Telephone: 0161 474 5657.

Stockport's Common Processes Model



3.2 FAMILY GROUP MEETINGS

Family Group Meetings (or family group conferences as they are sometimes called) are decision-making meetings, which enable families to make plans about a child or young person. Referrals come from social workers and may be about any issue where there is a need for a future focused plan for a young person.

This may be with regard to education, disability, child protection, offending behaviour, young carers or a variety of other concerns.

Family Group Meetings (FGMs) are different to other types of decision-making meetings in several ways but primarily because it is the family who make the decisions in consultation with service providers (as opposed to the other way around).

The process of a Family Group Meeting is in several stages and can take anything from one to eight weeks to set up. The stages occur roughly as follows; -

1. Before referral

The social worker contacts the family and briefly explains the Family Group Meeting process. Permission is sought from the young person (if over 10) or their immediate carers for a referral to be made. The social worker sends an initial assessment to the Family Group Meeting co-ordinator.

2. After referral

The co-ordinator will meet with the referrer to discuss the referral. S/he will then contact the family to meet with the young person and/or their carers. The co-ordinator will ask the family to identify their family network and to suggest which service providers need to be present at the meeting.

3. Preparation

The co-ordinator will meet with all of those invited to the meeting and help to prepare for the meeting. Advocates can be arranged for family members if necessary. The co-ordinator will agree a date and venue suitable for all and arrange for refreshments. S/he will help the family to arrange transport and child care.

4. The meeting

This takes place in three stages which are not time limited

Stage one.

Information sharing. This stage is chaired by the co-ordinator and starts with welcomes and introductions. This is followed by the referrer sharing his or her information about the family and outlining what decisions need to be made. The referrer and others who work with family will outline what services and resources they are able to offer.

The family is then invited to discuss these issues and ask for any further information they need.

Stage two.

Private family time. The family is left alone to discuss and develop a plan. This plan should address the concerns outlined in the first part of the meeting. During this time the family can call the co-ordinator or any of the other service providers back into the room to provide information or help them to formulate the plan.

Stage three.

Agreeing the plan. Once the family has agreed a plan the others are invited back into the room to discuss the plan. The plan is discussed and agreed by all present and minuted by the co-ordinator. A review meeting is arranged, if necessary.

Using Family Group Meetings in Child Protection.

The following was agreed in consultation with Stockport Safeguarding Children Unit Service Manager when Family Group Meetings first became operational; -

The use of Family Group Meetings in Stockport is not intended to replace normal social work practice and will not replace the need for child protection conferences. Family Group Meetings are intended for use alongside normal social work processes.

Family Group Meetings will not be used in circumstances where their use may pose a risk to a young person. Anyone who has offended against a young person will be excluded from an Family Group Meeting.

Family Group Meetings may be used in the following situations; -

- In low-risk situations where a safe plan may avoid child protection in the longer term.
- As a recommendation of a child protection conference.
- When considering de-registering a young person (a Family Group Meeting may be held to attempt to formulate a safe plan. This plan may then be used to help inform a decision regarding de-registering).

Family Group Meetings may provide a way to include wider family in child protection issues and may generate support and help for a young person and their carers. It may produce a plan that is tailor-made for that particular child and their family in a way that other interventions are unable to.

For further information, to make a referral or to discuss training needs contact:

Family Group Co-ordinator
Family group meetings
Reddish Green centre

0161 442 2055

3.3 GUIDANCE FOR WORKING WITH SEXUALLY ACTIVE YOUNG PEOPLE UNDER THE AGE OF 18 YEARS

1. INTRODUCTION

- 1.1 The Bichard Inquiry was undertaken to address the full range of issues round safeguarding and protecting children that arose from the case against Ian Huntley over the murder of Holly Wells and Jessica Chapman.
- 1.2 The Bichard Inquiry Report (2004) highlights lessons learnt from the case about the way in which agencies in North East Lincolnshire worked together to safeguard children and makes recommendations to improve inter-agency working. The Bichard Inquiry report was published on 14th June 2004 and the main findings are available at www.bichardinquiry.org.uk Recommendations require a co-ordinated and child centred approach from agencies working in child care fields including sexual health and criminal justice.
- 1.3 Recommendations 12 and 13 require local ACPC's (or LSCBs) to provide clear guidance for handling allegations of sexual offences against children to support professionals in making decisions about when to notify Police or not.
- 1.4 Government guidance is already available to provide guidance to staff on information sharing across agencies. This includes, '*Working Together to Safeguard Children*' (2006) and '*What to do if you're worried a child is being abused*' (2007), plus "Children and Families: safer from sexual crime", the Sexual Offences Act 2003 and DoH practice advice for health in relation to under 16 sexual activity (Gateway reference 3382.) This protocol is written in accordance with current guidance.

2.0 PURPOSE OF THE PROTOCOL

- 2.1 The primary concern of anyone working with sexually active young people under the age of 18 years must be to safeguard and promote the welfare of the child.
- 2.2 The purpose of this protocol is to provide clear operational guidance for all professionals and agencies working with children and young people within which the processes of assessment, decision-making and case management can take place. It requires a collaborative approach between child welfare and criminal justice agencies which ensures that no one agency will embark upon a course of action that has implications for others without appropriate consultation.

It provides:

- A set of common principles for all agencies and professionals
- Action to be taken in order to ensure sexually active young people are safeguarded
- A means of ensuring the obligation in relation to recommendation 12 of Michael Bichard's report is met:

“The Government should reaffirm the guidance in Working Together To Safeguard Children so that the police are notified as soon as possible when a criminal offence has been committed, or is suspected of having been committed, against a child – unless there are exceptional reasons not to do so”.

3.0 ASSESSMENT PROCESS

- 3.1 Whilst the legal age of sexual consent is 16, it is well recognised that some young people become sexually active before that age. It is not the intention of this protocol to prosecute consensual teenage sexual activity between two young people of a similar age and understanding. However, all known sexual activity involving young people under the age of 16 should be taken seriously by agencies involved both to promote sexual health and to ensure that a young person is not being abused or exploited.
- 3.2 All young people, who are believed to be engaged in, or planning to be engaged in, sexual activity should have their needs for sexual health education, support and/or protection assessed by the agency involved. This assessment must include an assessment of potential risk if any to the young person.
- 3.3 In assessing the risks to young people involved in sexual activity, it is essential to take account of the following factors
- whether the young person is competent to understand, and consent to, the sexual activity they are involved in

- the nature of the relationship between those involved, particularly if there are age or power imbalances evident.
- whether overt aggression, coercion or bribery is involved including misuse of substances as a dis-inhibitor.
- whether the young person's own behaviour, for example through misuse of substances, places them in a position where they are unable to make an informed choice about the activity
- any attempts to secure secrecy by the sexual partner beyond what would be considered usual in a teenage relationship
- whether the sexual partner is known by the agency as having other concerning relationships with similar young people
- whether the young person denies, minimises or accepts any concerns
- whether methods used to secure compliance and/or secrecy by the sexual partner are consistent with behaviours considered to be 'grooming' as per sexual exploitation
- whether a young person is taking steps to ensure the relationship is conducted safely and recognises potential concerns
- In addition any history of the young person going missing from home should be considered.

(List taken from recommendation 13 of Michael Bichard's report)

- 3.4 If at this stage you have concerns that the young person may be at risk of sexual exploitation, involved in child prostitution or at risk of, or experiencing abuse from another young person, please refer to Section 10 of the Safeguarding Children Handbook for the relevant procedures. A main objective of the risk assessment is to decide on the best outcome for the young person. A key decision will be whether to refer the matter to the police or to local authority children's social care. Whilst different professional bodies have different duties in relation to confidentiality, particularly health with regard to confidential contraception and sexual health advice, all decisions must be justifiable and able to withstand scrutiny in line with organisational policy and procedure. Decisions in cases perceived to present a potential risk to a young person should always be made in consultation with a line manager or designated person.

Age of the young person

- Children under the age of 13 should not usually be sexually active and are very vulnerable to grooming and exploitation. In law they are deemed unable to consent to sexual activity, and penalties for sexual activity with a child under 13 are therefore higher. Risk assessment for children under 13 is essential and any decision not to refer to Children's Social Care would require very careful consideration.
- Between ages 13-16 young people who are sexually active should not be assumed to be involved in mutual sexual relationships just because of their age, and the risk assessment remains critical in deciding on appropriate action. In law their activity remains illegal but no one wishes to criminalise them for involvement in mutually consensual sexual activity. Appropriate agency action will be dependent on the outcome of the risk assessment.
- Between ages 16-18 young people remain entitled to protection under child protection procedures and the risk assessment remains valid. It is important to address potential sexual exploitation, prostitution, rape and potential abuse by family members or those in positions of trust as outlined in the sexual offences act 2003.

3.5 When in a sexually active young person is not referred to the police or other service, on any occasion that they are seen, consideration should be given as to whether their circumstances have changed or further information is available which may lead to an increase in concerns and so require a referral to police or Children's Social Care.

AGENCY SPECIFIC PROTOCOLS

4.1 PROTOCOL FOR HEALTH WORKERS

This advice covers Doctors, Dentists, Nurses, Midwives and all Health Professionals working within Stockport including those independently contracted.

In dealing with children and young people under the age of 16 health professionals have a duty to act in the best interests of the child. These include a range of factors, and the preservation of access to health services through the maintenance of confidentiality is a factor to take into account. The child's own views on their best interests are also a factor, which should be given a weight dependent on the child's maturity and understanding. In laying down this principle in May 2005 in a case which changed some previous legal assumptions, the Court of Appeal said, "In the case of an articulate teenager there is no place for professional paternalism."

Within this overriding principle the health professions attach great importance to child protection. There is no doubt that release of information within child protection guidelines, in appropriate circumstances where it is in the child's interests, is a legitimate example of release of information in the public interest.

For health professionals the general principles of release of information in the public interest discussed in the PCT Caldicott Guidelines will apply. The release of information must be the minimum necessary, special care must be taken by young people's sexual health services. Where confidentiality has been given within these services or by direct assurance, if the young person is competent under the Fraser guidelines, there must be consultation with the young person (unless one of the recognised exceptions apply) and their view must be taken into account.

4.1.1 When working with young people it must be made clear to them at the earliest opportunity that confidentiality cannot normally be guaranteed. There will be some circumstances when the health professional will be required to share information (however see 4.1.11 for certain exceptional circumstances). If the young person is competent under the Fraser guidelines, then any release of information will need to be preceded by consultation with the young person, in accordance with the normal rules relating to release of information in the public interest and the young person can properly be assured of this.

- 4.1.2 Health professionals' codes of practice on confidentiality take child protection extremely seriously and recognise that the younger the client the greater the concern. The codes require that the health professional will assess the ability of the young person to consent to treatment without parental involvement and the need to break confidentiality to address a child protection issue is judged on the circumstances of the case not solely on the age of the child.

The importance of health professionals identifying abusive and coercive relationships and following local child protection procedures is included in the revised:-

“Best Practice Guidelines for Doctors and Other Health Professionals On The Provision of Advice and Treatment to Young People Under 16 on Contraception, Sexual and Reproductive Health “
Department of Health 2004.

The guidance includes the principle of case by case discretion and applies to all young people under 16.

- 4.1.3 When performing an assessment for a sexually active under 16 year old, a risk assessment should be completed. The young person's age, maturity and ability to appreciate the implications of the sexual activity and potential risks to themselves must be taken into consideration. (The concerns in 3.3 must be considered but rigid questioning is not appropriate.)
- 4.1.4 If there are concerns of abuse or coercion of a sexually active 16 or 17 year old a full risk assessment should be performed.
- 4.1.5 In cases where the criteria in section 3.3 are met, consideration should be given to whether a referral to Children's Social Care or the police would be appropriate. It is recommended that staff take advice from their designated child protection nurse or doctor wherever possible before making any referral.

- 4.1.6 Any decision to refer to Children's Social Care or the police should be discussed with the young person and consent obtained.
- 4.1.7 Where the young person is not willing to give consent to this referral, any breach of confidentiality must be justifiable (see *Safeguarding Children Policies and Procedures Handbook*, Confidentiality, pp 20 & 21).
- 4.1.8 Sexual activity in under 13 year olds is uncommon and a detailed risk assessment should be performed in all cases. While it is recognised that the threshold for referral to Children's Social Care or the police in these cases would be low, there may be instances when the child will not be referred as it is not deemed to be in their best interests to do so.
- 4.1.9 Health workers must consider that some children who are at risk of being abused or exploited may not return to services if a referral to Children's Social Care or the police were made and would be put at more risk by this action.
- 4.1.10 When assessing difficult cases including under 13 year olds, health professionals are advised to discuss the case with their designated child protection nurse or doctor who in appropriate circumstances will discuss with the Caldicott Guardian. Doctors who are members of defence organisations can phone their organisations for advice. Employed staff can access legal advice through the PCT or Foundation Trust.

Discussion can take place with named social workers preserving the anonymity of the child, but the professionals will have to identify themselves.

- 4.1.11 Although assurances of confidentiality should not normally be given there are circumstances where rigid adherence to this principle might not be in the interests of the child. This will occur where it is clear that the child is withholding important information, which would not be obtained unless the assurance is given. It would be quite wrong that a principle intended to protect children should lead to a vulnerable child going away unhelped. In these exceptional circumstances any

decision to maintain confidentiality must be made within appropriate professional codes of conduct and be able to withstand scrutiny. The matter should always be discussed with the Caldicott Guardian and the designated child protection nurse or doctor unless the risk to the child is considered so serious that immediate action is necessary.

4.1.12 It is recommended that individual departments have their own guidance on how to implement and audit this advice.

4.2 PROTOCOL FOR THE YOUTH OFFENDING TEAM (YOT)

- 4.2.1 When working with young people they should be made aware that their confidentiality will be respected but that in exceptional circumstances there may be a need to disclose information for reasons of public interest due to risk, an immediate need to safeguard a young person's welfare, or when a court requires information under their statutory right.
- 4.2.2 The relevant guidance should be followed through the Safeguarding Children Handbook, Section 115 of the Crime and Disorder Act 1998 (information sharing) and section 27 and 47 of the Children Act 1989 (duty to co-operate). In addition the Human Rights Act 1998 should be considered.
- 4.2.3 If concerns are raised regarding the sexual activity of a young person who comes to the attention of the YOT, the officer will in the first instance discuss the matter with their immediate line manager (operational). If necessary the Operational Manager would then bring the matter to the attention of the Deputy YOT Manager or YOT Manager.
- 4.2.4 The officer should assess the potential risk to the young person using the risk assessment criteria in section 3.3 and the case should be referred as appropriate if the concerns were such that the YOT felt other agencies need to be involved. If the matter is a criminal one then the police should be informed immediately. If the case is open to Children's Social Care then the relevant social worker, duty officer or their manager should be informed. If the case is not open to Children's Social Care and the young person is under the age of 16, then the case should be referred through the contact centre (or EDT if out of hours).
- 4.2.5 If the young person is under 16, then the YOT officer should seek the consent of the parent (or whoever holds Parental Responsibility), unless there is cause for concern in relation to the family in which case they should seek the advice of Children's Social Care. If the young person is over 16, then the officer should not presume that parental consent was needed, and should discuss consent with the young person. Exceptions to this may include young people who are over 16, but deemed not to have the capacity to understand. If the young person is over 16, yet still accommodated, or subject of a Care Order, the matter should be raised with their social worker. If the situation when assessed does not appear to require referral to Children's Social Care or the police, the officer will keep that situation under review. The decision not to refer will be agreed with a line manager, and recorded on the young person's file

4.2.6 In all cases the YOT will seek to involve the young person concerned in any necessary action and to secure their agreement to information being shared where possible.

4.3 PROTOCOL FOR EDUCATION

This advice covers those working in educational establishments and undertaking youth work.

Roles and Responsibilities

4.3.1 Education staff working in schools will be required on occasions to make judgements about the appropriateness of young people's behaviour. Statements or apparent evidence of sexual experiences cannot be ignored, but also they cannot be assumed to be fact without due consideration. The Designated Person for child protection within each establishment or service should ensure that all staff are aware of the LSCB procedures and guidance relating to sexually active young people under the age of 18 and the AIM project (Assessment Intervention & Moving On Project for Young People who display Sexually Harmful Behaviour) Education guidelines for young people who exhibit sexually harmful behaviour.

4.3.2 Schools and College staff should ensure that all young people on their roll are equipped with the knowledge of how to keep themselves safe and who to speak to if they are unsure, or worried. This message can be incorporated into PSHE (Personal Social Health Education) lessons. Other information should be generally and widely available throughout the establishment, for example on notice boards, in common rooms and from mentors and pastoral staff. Young people will feel more confident to take action to keep themselves safe if they are treated with respect and consideration. They are more likely to disclose or tell someone that they have been abused if the ethos within the establishment encourages them to feel secure and confident.

4.3.3 All staff have a responsibility to be alert to signs of possible abuse and are not at liberty to ignore information or events which may indicate that a child or young person has been, or may be, abused. They must be aware of LSCB child protection procedures and their responsibilities to expectations of appropriate conduct as, for example is laid out in 'Safeguarding Children and Safer Recruitment in Education'

Procedure

4.3.4 It is important to inform all children and young people that absolute confidentiality cannot be guaranteed and that in some cases information will be shared with others in order to safeguard and protect them from harm. Information **must** be shared if it is in the interest of the child, but not otherwise.

4.3.5 In all cases accurate records regarding all children and young people where referrals and consultation with other agencies has taken place

must be made and kept securely in accordance with LSCB procedures (refer to Schools' policies on accurate record keeping). It is important that written records of all events and information must be kept in appropriately secure systems.

- 4.3.6 Where a concern arises within school/college premises or whilst the school/college has a duty of care for the young person (for example on school trips or on a work placement – extended or otherwise), the usual procedure will be for the member of staff to pass information onto the Designated Person (DP) for Child Protection as accurately and in as much detail as possible, at the first opportunity. The member of staff should also sign and date a written record of her/his concerns, which will be kept securely with all other child protection information. If the DP is not available, or if the individual is concerned that appropriate action has not been taken, s/he has a duty to report the matter directly to Children's Social Care.
- 4.3.7 An assessment of risk should be undertaken by the DP, in consultation if appropriate with other staff and other agencies, in line with local procedures. Advice, if needed can be obtained from the LA Lead Officer for child protection or by consulting Children's Social Care. If a decision is made to make a referral to Social Care or the Police professionals should seek to discuss any concerns with the family and, where possible, seek their agreement to make a referral. **NB This should only be done where such a discussion and seeking agreement will not place a child or young person at increasing risk of harm. (See procedures for making a referral)**

If a concern arises in other circumstances, for example in a social situation, a direct referral to Children's Social Care/police should be made if the situation appears to be serious (eg; extended work placement). It may be appropriate, however, to follow up the concerns via school/college arrangements, if the concerns are not serious. Staff who work in Education have no direct investigative responsibility.

4.3.8 Children/ young people between 13 and 16

If a member of staff is concerned, or becomes aware that a young person under the age of sixteen is sexually active, they must have a discussion with the designated person (DP) for child protection. The Designated Person must make the decision as to whether to refer this information to Children's Social Care/police and whether to inform parents/carers or guardians. (See Bichard Protocol and Section 5.27 of Working Together to Safeguard Children)

4.3.9 Children under the age of 13 yrs

If a member of staff becomes aware that a young person under the age of thirteen is sexually active, a referral to Children's Social Care and police must be made. Where at all possible parents should be made aware at the earliest possible moment, however consideration must be taken regarding the parent's ability to protect (refer to Safeguarding Children Handbook and Section 5.27 of Working Together to Safeguard Children)

4.4 PROTOCOL FOR YOUTH WORKERS

Roles and Responsibilities

- 4.4.1 This advice covers Youth Workers working within specialist projects and locality based provision within Stockport Youth Service.
- 4.4.2 The Youth Service places great importance on child protection and accepts that the release of information, in the interests of a young person, is acceptable in appropriate circumstances and in accordance with the Children Act 1989.
- 4.4.3 Youth workers will give a clear explanation to young people that although confidentiality cannot be guaranteed she/he will be consulted before any information is released. The competency of the young person rather than age will determine the level of consultation.

If the young person has disclosed information that indicates they are suffering or at risk of suffering from abuse or neglect, the youth worker needs to do something with this information.

The young person must not be given an absolute guarantee of confidentiality even if it is demanded as a precondition of telling. The relevant guidance should be followed through the Safeguarding Children Policies and Procedure Handbook.

- 4.4.4 When issues around sexual activity arise and an assessment is undertaken in line with paragraph 3.3 of the guidance; the young person's maturity and appreciation of the implications of sexual activity, together with any potential risks to her/him must be taken into consideration.
- 4.4.5 This initial assessment, if there is cause for concern, must be reported to immediate line manager or Designated Person for Child Protection. After consultation, a more detailed risk assessment will take place and a discussion will follow with the line manager about whether a referral is made to either the police or social care.
- 4.4.6 Any decision to refer to social care or the police should be discussed with the line manager and young person and, dependent upon the competency of the young person consent obtained.
- 4.4.7 Sexual activity in under 13 year olds is not common. It will be necessary to carry out a detailed risk assessment in all cases and although normally areas of concern would be referred to the police, in a limited number of interests it may not be appropriate and alternative support from other agencies would serve the young person's best interests.

- 4.4.8 When assessing difficult cases, the Designated Person will discuss the details with the LA Lead Officer for Child Protection. Any decision made resulting from the discussions must be made in writing
- 4.4.9 Where there is a breach of confidentiality, the justification for the decision must be put in writing.
- 4.4.10 A written record of all issues raised under this procedure, will contain assessments, other case details, advice received and given and referrals. This will be stored in a safe place in the Service.

4.5 PROTOCOL FOR CHILDREN'S SOCIAL CARE

4.5.1 When working with young people, it must be made clear to them at the earliest appropriate point, that absolute confidentiality cannot be guaranteed, and that there will be some circumstances where their needs can only be safeguarded by sharing information with others (for guidance on information sharing and confidentiality, please refer to the Safeguarding Children Handbook).

A decision to share information with parents is encouraged but must be made using professional judgement and in consultation with the safeguarding procedures where there are concerns.

4.5.2 Decisions to share information with parents will be based on;

- The young person's age, maturity and ability to appreciate the implications of the sexual activity and potential risks to themselves
- The level of concern identified, whether a police referral is to be made and whether immediate discussion with parents may compromise a criminal investigation
- The parents' commitment to protect the young person
- The wishes and feelings of the young person

Given the responsibility that parents have for the conduct and welfare of their children, professionals should encourage the young person at all points to share information with their parents wherever safe to do so. Cases formally referred to the police must be shared with parents at the earliest opportunity.

4.5.3 Staff working with sexually active young people under the age of 18 years should refer to the Police cases when a criminal offence against a child has been committed, or is suspected of having been committed, unless there are exceptional reasons not to do so. If the decision is not to contact the Police then this should be clearly recorded with the reasons why on the young person's file and agreed by the line manager. (Refer to Safeguarding Children Handbook, Section 5).

CONSULTATION AND RECORDING

- 4.5.4 Guidelines from the DfES (2005), state, 'It is important to recognise that the police may hold information about individuals who pose a danger to young people, which is not necessarily known to other agencies. Policies and protocols should therefore include arrangements for informal, anonymous discussion with the police about cases of concern, to inform a decision about making a formal referral'. A named social worker from the Referral and Assessment team or the Safeguarding Children's Unit would be able to offer individuals informal, advice and support in relation to anonymous cases.
- 4.5.4 Anyone concerned about the sexual activity of a young person should initially discuss this with their line manager and complete a risk assessment using the criteria in section 3.3. There may then be a need for further consultation with a member of the Safeguarding Children Unit or the named social worker from R+A.
- 4.5.5 All discussions should be recorded, giving reasons for action taken and who was spoken to, as well as for the professional decisions made. It is important that all decision-making is undertaken with full professional consultation, never by one person alone and approved by the workers line manager.
- 4.5.6 Where a decision is made not to refer a case to the police after an assessment that indicates potential risk, the decision must be clearly recorded on the young person's file together with the reasons for that decision and the professionals involved in making it. The decision must be kept under review by the agencies working with the young person as part of their on-going support.
- 4.5.7 Where there are concerns leading to making a referral to the police, the joint Children's Social Care / Police protocol should be followed. This protocol provides guidance on deciding how potential child protection and associated police investigations should be conducted and the circumstances in which joint enquiries should be undertaken. (Refer to Appendix 1 for the Joint Protocol).
- 4.5.8 Clearly not all notifications to the Police will result in criminal investigation and prosecution being undertaken. The Police, Children's Social Care and other agencies exercise discretion in the interest of the child.

4.6 PROTOCOL FOR POLICE

Allegations of sexual activity with a young person that are referred to the police should be investigated as potential child abuse even when the young person claims to be consenting. The pregnancy of a young person under 16 years of age could provide evidence in a criminal investigation. In addition to specific offences relating to rape and sexual activity with a young person under the Sexual Offences Act 2003, it is an arrestable offence under section 2 of the Child Abduction Act 1984 for a person acting without lawful authority or excuse to take an unmarried girl under the age of 16 from the possession of her parent or guardian against his or her will.

Where a young person claims to be consenting to sex but has been referred to the police due to concerns raised, a discussion should take place between the police and Children's Social Care to ensure that all relevant information is shared and an informed decision is made about any risk of harm and how to proceed in the best interest of the young person. A young person's right to a private life and the claim by the young person to be consenting to sex does not affect the duties on agencies to consider the possibility that a young person may be suffering harm and to take appropriate action to protect the young person and any other young people at risk of harm. Officers should consider that there is a correlation between those convicted of unlawful sexual activity with or rape of, a child and convictions for other serious sexual offences, particularly when the child was under the age of 13 at the time of the rape.

Police may become aware of child abuse cases through contact made by a representative from another agency, e.g. children's social care, education or health sector, or the NSPCC. This information may be received as part of the child protection process, such as child protection conference. Working Together to Safeguard Children 1999 states that whenever children's social care (or the NSPCC if relevant) encounters a case which constitutes, or may constitute, a criminal offence against a child, it should always inform the police at the earliest opportunity to enable both agencies to consider jointly how to proceed in the best interests of the young person. In these circumstances the police will follow the joint police/social work investigations protocol (Appendix a).

When the police receive a referral from another agency it will be recorded and subjected to a consistent decision making and risk assessment process as outlined in this protocol with the police retaining primary responsibility for any criminal prosecution as appropriate.

5.0 CONCLUSION

All agencies are committed to working together within their professional codes of conduct, to promote the safeguarding of young people in relation to sexual activity via support and/or protection according to their needs.

6.0. REFERENCES

Bichard, M Bichard Inquiry (2004)
London, The Stationery Office 2003
www.bichardinquiry.org.uk

DfES Handling allegations of sexual offences against children
LASSL (2004)21

Dept. of Health – What to do if you are worried that a child is being abused
London, The Stationery Office 2003
<http://www.dh.gov.uk/assetRoot/04/06/13/03/04061303.pdf>

Department of Health – Working Together to Safeguard Children:
London, The Stationery Office 1999
<http://www.dh.gov.uk/assetRoot/04/07/58/24/04075824.pdf>

HMSO Sexual Offences Act 2003
London, The Stationery Office 2003
www.homeoffice.gov.uk/crime/sexualoffences/legislation/act.html

Salford The Bichard Inquiry and Ian Huntley Case Review Summary
ACPC

Sheffield Working with Sexually Active Young People under the age of 18
ACPC

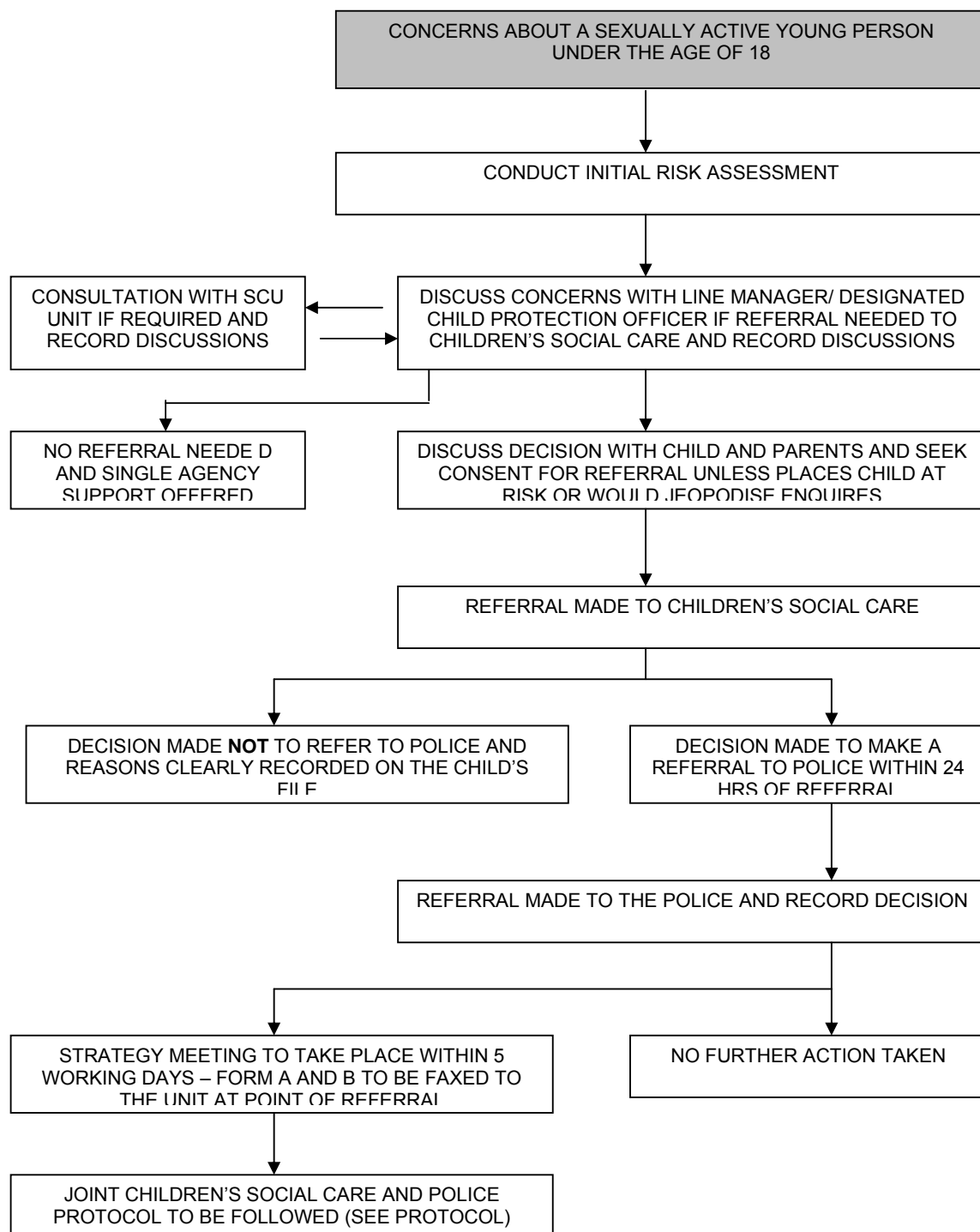
7.0. CONSULTATION

ACPC Executive date: 3rd December 2004
CSMG date:

8.0. AUTHORS

C. Ramsden SCU Service Manager
J. Warburton Strategy & Performance Project Manager
L. Reason Designated Nurse Child Protection
S. McGahey Police Family Support Unit Sergeant
J. Storey Senior Education Welfare Officer

FLOWCHART: GUIDANCE FOR WORKING WITH SEXUALLY ACTIVE YOUNG PEOPLE UNDER THE AGE OF 18 YEARS



APPENDIX 1: JOINT POLICE/ SOCIAL WORK INVESTIGATIONS

- (a) This Procedure has been agreed by Greater Manchester Police and Stockport Children's Social Care (now part of the Children and Young Peoples' Directorate) as the basis for a joint police/social work approach to child protection investigations. Only specially trained police officers and social workers can conduct video taped interviews with child witnesses.
- (b) Whilst joint investigations will mainly be undertaken in response to allegations of child sexual abuse, they may also be appropriate in other circumstances, for example in cases of suspected serious physical assault.
- (c) On receipt of a referral there should be prompt communication between the two agencies in order to determine previous knowledge, current involvement and the need for a police/social work investigation.
- (d) It may be that at this stage a joint police/social work investigation is not warranted and that further enquiries by one agency is more appropriate. In these circumstances it will be important to ensure that lines of communication remain open.
- (e) Where joint police/social work action is indicated, the workers from each agency assigned to the task must consult as soon as is practicable to plan the investigation.
- (f) The investigating team will clarify the referral details and seek information on the family from the appropriate agencies, the Child Protection Register and police records.
- (g) The investigating team will then decide on who is to be interviewed, by whom, the timing and venue. This will include a consideration of whether the child should be formally interviewed as a potential witness for criminal proceedings.
In this event, the interview will normally be video recorded and conducted within the framework of the Home Office Memorandum of Good Practice' and the Greater Manchester Police/Children's Social Care Protocol.
- (h) While the aim of the interview is to establish facts, its principal concern is the welfare of the child. The setting for the interviews should be relaxed and informal, and should not be a police station or the site of the alleged abuse. Suitable materials appropriate to the child's age should be available.
- (i) Careful planning of the content and process of the interview should take place beforehand. The lead in conducting the interview should be

taken by whichever investigator is best able to communicate with the child.

- (j) Leading questions and/or prompting the child should be avoided whenever possible. In such cases great care should be exercised in order that the evidence obtained is acceptable in criminal proceedings.

The investigators must be conscious of the need to be objective in establishing the truth and not to influence the child to tell them what s/he believes they want to hear.

- (k) After the child has been interviewed the investigating team must decide on the need for a medical examination. This should be conducted by a police surgeon or a doctor with specialist training in the forensic aspects of child sexual abuse. Consideration should be given to a joint examination with both a police surgeon and paediatrician. This not only gives another opinion but one also complements the other.
- (l) The conduct of the medical examination, like the interview should take full account of the child's wishes, feelings and best interests. In particular her/his need for the support of an 'appropriate adult' should be considered. Additionally, the child may require reassurance that s/he has not been 'damaged'.
- (m) The Social Worker must ensure that the children of the family are effectively protected. Consideration should be given to the attitude of the non-abusing parent in forming a judgement about the safety of the child, and all other children of the family, even when the suspected perpetrator leaves or is removed from the home.
- (n) At the culmination of every investigation there should be a review of all the information obtained and the adequacy of the current protective arrangements for the child. A Child Protection Conference must be convened by the Safeguarding Children Unit.
- (o) If the child has been removed from home, the parents must be provided with the means to sustain their relationship with her/him at a level of contact that will ensure no further damage is done but such as to reassure the child that she/he is safe.
- (p) The child's consent will be necessary for the interview, use of video recording equipment and any subsequent medical examination. This must be sought in ways appropriate to her/his age and understanding.
- (q) The consent of the non-abusing parents/carers must always be sought for the above. Where this is not forthcoming, consideration must be given to the need for statutory powers to be invoked.

3.4: NEGLECT PROTOCOL

INTRODUCTION

Assessing and minimising neglect within families is a complex and challenging task. The nature of neglect is of multiple issues, long term need without necessarily an event that triggers decisive intervention, and recognition that understanding the situation in order to intervene is often very difficult. The greatest uncertainty is often in deciding how serious a situation is and in identifying ways in which to intervene in order to improve outcomes for children.

The proposals outlined below are intended to provide a means of assessing the detail of neglect in order to respond in a more effective way to identify needs, and promote children's welfare at home via co-ordinated multi agency support.

KEY CHALLENGES OF NEGLECT

- Neglect is not an event, but rather an absence of appropriate care, often over a long period of time.
- The causes of neglect vary, but are crucial in understanding how to intervene:
 - Physical needs → practical help.
 - Parenting knowledge/skills → training and support.
 - Social contract/networks → community links and support.
 - Breakdown or absence of a relationship of care → focus on relationship issues.

It is vital to respond to the causes of neglect not just to the symptoms.

Time limited intervention processes often work against the needs of neglect cases, where needs are long term.

Maintaining neglected children at home will mean for a few that “social care” i.e. indefinite professional support is required for the duration of their childhood.

Perhaps as a result of the complexities of neglect, professional anxiety exists when defining the seriousness of a situation and at what point it becomes child protection rather than prevention.

This strategy will assist in clarifying that threshold, but will also promote the use of protection only if other intervention has not resulted in a sustainable level of “good enough” care, and improved outcomes are believed to be likely with a higher level response.

KEY TARGETS FOR THE NEGLECT STRATEGY

The aim of the strategy is to improve Stockport's ability to assess neglect, and to improve the effectiveness of our response in order to achieve better outcomes for children living at home.

There are, therefore, a number of targets:

- A more effective means of assessing neglect that will:
 - offer opportunities for early intervention with needs clearly identified.
 - Provide clarity in complex high risk situations in order to plan an appropriate response.
- More effective multi agency intervention in neglect cases based on improved clarity of need and level of seriousness.
- Intervention via child protection registration or care proceedings only if social care options alone are no longer believed to be in the child's best interests.
- Commitment to long term social care input for a minority of very serious neglect cases where removal from home would not be in the best interests of the child.

ASSESSING NEGLECT

When assessing neglect there are two crucial questions:

- In what way or ways is a child being neglected (what quality of care is being provided)
- Why is a child being neglected

A tool known as the "Graded Care Profile" was developed in Luton in 1995. It is a practical tool for assessing the details of care being provided to children, i.e. the quality of care. It does not address the question as to why there are gaps in that care.

Stockport plans to use the Graded Care Profile to assist in the identification of the specific strengths and weaknesses of care being offered within a family. It will be used as part of Stockport's assessment and intervention process outlined in this protocol.

The Graded Care Profile defines four areas of care which are broken down into sections:

Physical - Nutrition

- Housing
 - Clothing
 - Hygiene
 - Health
- Safety - In carer's presence
 - In carer's absence
- Love - Carer response
 - Mutual engagement
 - Stimulation
- Esteem - Approval
 - Disapproval
 - Acceptance

It is a descriptive tool which is graded to define the seriousness of the concern.

USE OF THE GCP

The GCP was designed for use with parents / carers but could also be completed as part of a professional discussion with gaps in knowledge highlighted for further assessment.

Completion of the assessment is as follows:

- Use the coding manual to answer each sub area in terms of the level of care being provided. Ideally discuss this with the parent / carer but if this is not possible, use your own perspective. The gradings although subjective are detailed enough to be reasonably accurate
- Score the items for each sub area on the full reference sheet
- For each total sub area e.g. nutrition you need to record an average score on the scoring sheet (GCP scale). To do this score each item of the sub area first then; if no item scores above a 3, use the most common score as the answer for the sub area. If there is even one score of 4 or 5, use that as the score. If the items are evenly split, use the higher score for the sub area.
- Use the same principles to achieve an area score for the four areas of care:
 - Physical
 - Safety
 - Love
 - Esteem
- Record in the comments box areas of particular strength or weakness
- Use the targeting box to highlight the very specific areas of weakness which need to be priorities for initial intervention e.g. A/1/b = physical care

/ nutrition/ quantity of food

- For areas targeted, set a target score and share with the main carer what needs to happen for this to be achieved.
- Agree an intervention plan (single or multi-agency) based on the GCP outcome and outcomes of the common / core assessment which will have answered the questions as to why the neglectful care is happening, and what family and community support may be available. The plan will therefore include:
 - Clearly targeted areas for improvement
 - Professional support and monitoring arrangements
 - Family and community support as appropriate
- Establish a timescale for full review of the profile in line with specific improvement targets agreed.
- Agree the outcome that will happen if improvement is achieved and also the outcomes if no improvement or even deterioration is observed
- Review the GCP at the agreed time and action the outcomes according to the improvement or deterioration in care as assessed.

Remember: The purpose of completing the profile is to clarify areas of concern in order to plan appropriate single or multi-agency intervention.

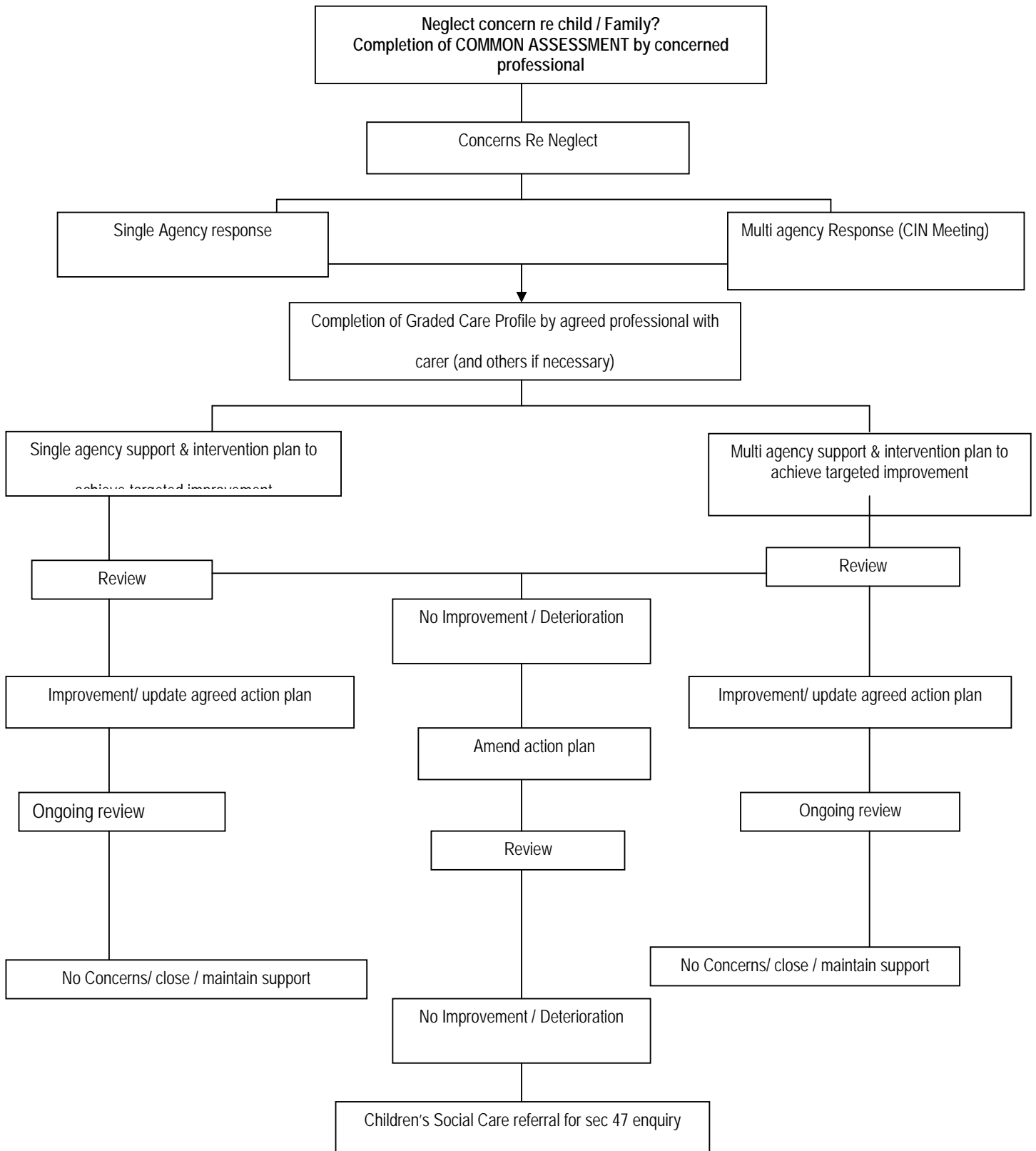
USING THE GRADED CARE PROFILE WITHIN STOCKPORT'S ASSESSMENT AND INTERVENTION SYSTEM

- If concerns around potential neglect are identified, the professional concerned should complete a common assessment using the common assessment framework.
- Using that assessment, if a single agency response is appropriate, the GCP may be used in conjunction with a carer to identify the specific neglect concerns and plan the improvements and intervention needed. The GCP needs to be used in the context of information from the Common Assessment
- If a multi-agency response is needed a Children In Need meeting should be called and a support plan established as outlined in the relevant practice guidance. For cases where neglect is an issue the plan should include completion of the GCP by an agreed professional plus the carer, with assistance from other professionals as necessary. The completed GCP should then become part of the CIN review meeting in order to assist the planning of effective intervention.
- For cases where the level of neglect is sufficient to require a referral to Children's Social Care or a section 47 enquiry, the GCP should be used as

part of the Core Assessment of need by extending the detail of the parental capacity section.

- In cases of severe neglect the assessment will need to make recommendations about a possible child protection response. In order to do so, the following questions need to be answered.
 - Can long term care for these children be “good enough” if long term professional support is provided and are the family willing to accept such support?
 - Is child protection registration essential to make a difference to the outcomes for the children?
 - If children are at risk of being removed from the home is their long term outcome likely to be better than if they remain at home with support?
- If the outcome of the assessment and intervention is that an initial child protection conference is required, the completed G.C.P. should be provided for the conference as an appendix to the initial conference report, and will be used as a point of reference when discussing the concerns in that meeting. The updating of the G.C.P. would then form part of the multi-agency child protection Plan
- For cases where long term neglect leads to the initiation of Care Proceedings, the completed GCP should form the writing of the initial court report and should be available to the court in order to evidence the actual concerns raised.

The primary purpose of the GCP is to identify with carers the areas of concern and effect improvement in the care of children via agreed plans. However, if this is not achieved, the GCP becomes an effective tool by which to evidence child protection concerns for registration or even care proceedings in order to achieve improved care for children via alternative methods. Professionals need to be confident that such intervention will offer improved outcomes and to actively consider a plan to offer long term intervention at home as an alternative



3.5: STOCKPORT GUIDANCE ON INFORMATION SHARING FOR PRACTITIONERS WORKING WITH CHILDREN AND YOUNG PEOPLE

Contents

Section 1	Purpose of this Guide	p.3
Section 2	Key Principles of Information Sharing	p.5
Section 3	Information Sharing Checklist	p.7
Section 4	Your Questions Answered	p.9
Section 5	Specific Information Sharing Situations	p.16
Section 6	Awareness of the Law: legislation relevant to information sharing	p.19
Appendices		
Appendix 1	The Legal Framework	p.20
Appendix 2	Statutory Powers and Duties	p.22
Appendix 3	Where to Find Out More About Information Sharing	p.30

Purpose of this Guide

It is often necessary for agencies to share information so that children and young people can receive the services they need. Sometimes, it is only when information held by different agencies is put together that a child or young person is seen to be in need of additional or alternative services.

The Data Protection Act 1998 places an emphasis on protecting privacy. After its introduction, agencies became very reluctant to share information for fear of breaking the law. Information which should have been shared has been kept within one agency, damaging the service provided to children and young people. There is concern to redress this balance, although this must take place within a context of recognising both the rights of the child and the duty of organisations to work together in the interests of the child.

This guidance sets out the principles, practice guidance and legal framework for information sharing between agencies working with children, young people, their families and carers in Stockport.

Clarity about when and what information can, and should, be shared is fundamental to the operation of multi-agency services for children and their families. This guidance endorses the principle that appropriate information sharing promotes effective working together to achieve positive outcomes for children.

It provides good practice guidance on sharing information for practitioners. It will clarify the function and duties of the Health and Social Care Protocol and the Crime and Disorder Protocol that have both been signed by partner agencies in Stockport. Health professionals and NHS employees will also need to act in accordance with the Caldicott Guidelines of Stockport PCT and Stockport NHS Foundation Trust which contain specific sections on children and young people and on child protection.

The Stockport Health and Social Care Protocol was originally signed in 2004 by

- Stockport MBC
- Stockport PCT
- Stockport NHS Foundation Trust
- Greater Manchester Ambulance Service
- GP 'Out of Hours'.
-

For further information please contact Sara Barnard on 0161 474 4047.

There is also a Crime and Disorder Protocol in place. The function of this is to facilitate the aim of the 1998 Crime and Disorder Act which is to prevent crime and disorder. This allows the sharing of both personalised and non-personalised information. This has been signed by:

- Stockport MBC
- Greater Manchester Police
- Stockport PCT
- Greater Manchester Probation Service
- Greater Manchester Fire Service
- Stockport NHS Foundation Trust.

The release of NHS information for the purposes of prevention of crime and disorder is subject to the drawing of a balance between the public interest in the prevention of crime and the public interest in open access to NHS services and guidance on how to draw that balance is contained within the Caldicott Guidelines.

For further information please contact Steve Brown 0161 474 3140.

Even if you do not work for one of these agencies, you will be following the Data Protection Act if you use this guide to share information. Health professionals and NHS staff, however, also need to have regard to professional codes of conduct.

Key Principles of Information Sharing

2.1 Safeguarding and promoting the welfare of a child or young person is the prime consideration in all decision making about information sharing. The Court of Appeal has laid down that this includes regard to the child's wishes and that this must be given a weight appropriate to the child's understanding and capacity. As the court said, "In the case of an articulate teenager there is no place for paternalistic professionalism."

2.2 Professionals can only work together to effectively safeguard and promote the welfare of children if there is an exchange of relevant information between them. However in the case of NHS information this must be weighed against the interests of the child in open access to services.

2.3 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'. Practitioners should only share as much information as they need to – but should share enough to achieve the purpose for which information is being shared.

2.4 All children should receive universal services. Children who have particular needs may require services from a number of agencies, where ongoing appropriate information sharing is likely to be needed between these agencies.

2.5 Article 8 of the European Convention on Human Rights gives everyone the right to respect for private family life, home and correspondence. Authorities can only override this,

- if they are pursuing a legitimate aim (including protection of health and the rights of others),
- if the action is no more than is needed. Sometimes this may mean a worker has to balance one individual's rights against another's (e.g. a child's rights against their parents') or the different rights of one individual (e.g. a young person's right to privacy against their right to protection).

2.6 It is important to work in partnership with children, young people and families, especially people with parental responsibility, whenever possible. You should be open and honest with children, young people and their families about the fact that you may share information with other practitioners unless to do so would adversely affect the purpose for which the information is to be shared. However, health professionals should also take into account the Fraser Guidelines which emphasise confidentiality but also refer to circumstances in which it can be overridden (see p.29).

2.7 Information 'belongs' to the child, young person, or adult to whom it refers, and should generally be kept confidential. Individuals should generally be kept aware of what is happening to their information and have the right of access to it.

2.8 An individual's consent, should be obtained, subject to his or her age and understanding, wherever possible. In the case of a young person who is competent under the Fraser guidelines this can often be mandatory under the normal professional rules relating to the release of information in the public interest.

Exceptions to this are where this would:

- put someone at risk of harm
- prejudice a police investigation into a serious offence,
- lead to unjustifiable delay in protecting a child.

Where consent has not been sought or refusal to give consent has been overruled, the individual should be kept informed where possible, unless this would place someone at risk of harm or prejudice a police investigation into a serious offence.

2.9. Good information sharing is based on good information keeping. Records should be accurate, relevant, kept up to date, and kept for no longer than is necessary for their purpose.

2.10 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.

Information Sharing Checklist

Before sharing personal information, ask yourself:

About your right to share the information:

- Do I already have informed consent to share this information?
- Is the information sensitive personal information? (see Q4)
- Do I need consent to share the information?
- Have I a legal duty or power to share the information? (see Q5 and Q6)
- If consent is needed, whose consent is needed? Whose information is this? (see Q11)
- Would seeking consent or informing the child, young person or adult that information will be or has been shared place someone at risk, prejudice a police investigation, or lead to unjustifiable delay? (see Q7 and Q8)
- Does the person who is giving consent understand the possible results of sharing the information? (see Q10)
- Would sharing the information without consent cause more harm than not sharing the information? (see Q8)

About the information you are sharing:

- How much information is it necessary to share in this situation? (see Q19)
- Have I distinguished between fact and opinion? (see Q19)
- Do I need to check with someone else who told me this information, or wrote this report, before I share it? (see Q11 and Q23)

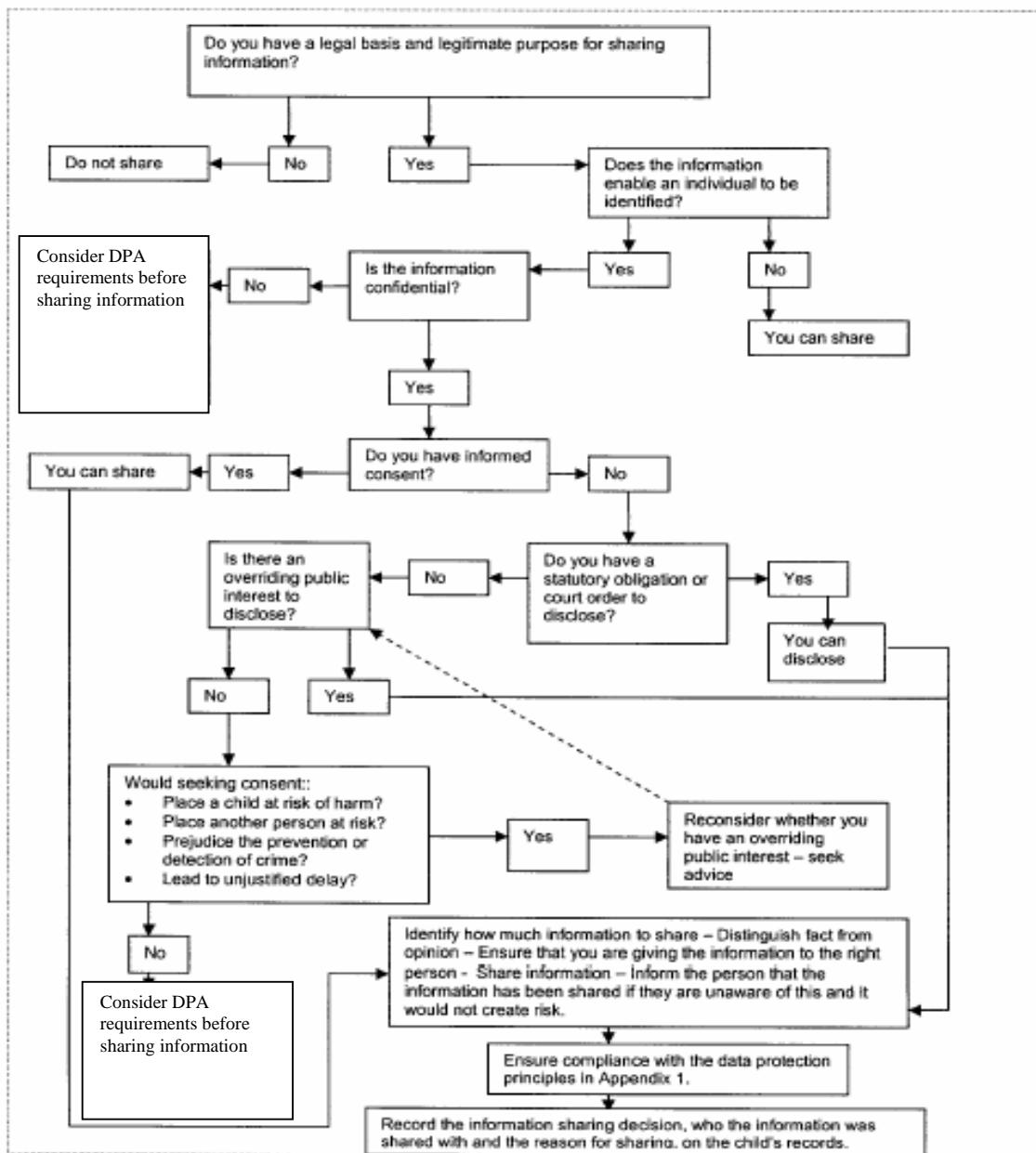
About the person you are sharing information with and how you are sharing it:

- Am I giving this information to the right person? (see Q20)
- Am I sharing this information in a secure way? (see Q20)
- Does the person I am giving it to know that it is confidential? (see Q20)
- What will they do with it? (see Q20)

After sharing information, ask yourself:

- Is the service user aware that the information has been shared (where this would not place someone at risk or prejudice a police investigation)? (see Q7)
- Have I recorded what has been shared with whom and why on case records? (see Q18)

Flowchart 1: Information Sharing



Your Questions Answered

In order to improve readability, this section has been written in question and answer format.

The guidance applies to situations when people working with children, young people and families are asked for information, or when they have information which they feel another agency ought to know.

It is based on the provisions of the Data Protection Act 1998, the Human Rights Act 1998, the Common Law Duty of Confidence, the Caldicott Guidelines and government guidance for all agencies about 'sharing information for the purposes of safeguarding and promoting the welfare of children in 'What to Do if You're Worried a Child is Being Abused', May 2003.

Family situations are often complex, and applying the principles and guidance will usually require workers to weigh up different factors and take professional decisions. In this decision making process, the welfare of the child or young person should be the key consideration.

Q1 Why do we need to share information?

- To safeguard and promote the welfare of children and young people. You may be concerned that a child is being emotionally, physically, sexually, psychologically or financially abused or neglected. In this case you have a duty to share information under the Children Act 1989.
- To develop a holistic view of a child or young persons situation over time
- To provide effective service delivery
- To improve the quality of service
- To safeguard staff

Q2 Will my organisation support me if I share information?

Yes. Information should be shared in good faith and in accordance with procedures and protocols, including in the case of NHS information the Caldicott Guidelines and professional codes of conduct. Failing to share appropriate information could compromise a child's welfare.

In 2005 Stockport Metropolitan Borough Council, Stockport Primary Care Trust, Greater Manchester Ambulance Service, Stockport NHS Foundation Trust agreed and signed the Stockport Health and Social Care Community Protocol. This protocol allows for information to be shared when the appropriate consent has been given.

There is also a Crime and Disorder Protocol which has been signed by

- Stockport MBC
- Greater Manchester Police
- Stockport PCT
- Greater Manchester Probation Service
- Greater Manchester Fire Service
- Stockport NHS Foundation Trust

For further information see section 1.

Q3a Who can I share information with?

You can share information with other agencies who are working or need to work with the child e.g. Social Workers, Health Professionals, Police, Teachers, Doctors, Youth Offending Team. Information should be shared within existing procedures and protocols, including in the case of NHS information the Caldicott Guidelines and professional codes of conduct.

Q3b Is there a difference between sharing information within my own organisation and sharing it with someone from another organisation?

The principles are the same in both situations.

People who are using a service e.g. parents of children using a school, would normally expect information to be shared between staff of one organisation.

However, if someone has asked you to keep something confidential from others in your organisation, you will need to decide whether circumstances justify you giving the information to someone else.

Sharing personal information between partner agencies is vital to the provision of co-ordinated and seamless care to an individual. Legislation does not prevent information sharing between partner agencies delivering services. However, as you would expect, there are important rules and parameters to be observed, especially with regard to security and confidentiality.

Q4 Is some information more sensitive than other information?

- The law defines 'sensitive personal information' as information about a person's
 - physical or mental health or condition
 - racial or ethnic origins
 - political opinions
 - membership of a trade union
 - religious beliefs
 - sexual life
 - criminal offences.
- Any other information that identifies a person is non sensitive personal information.
- You can share any information if you have the person's consent to do so.
- If you do not have consent, there are different rules for when you can share sensitive or non sensitive information.

Q5 When can I share sensitive information without the consent of the person it is about?

If the information you need to share is sensitive, you need to be sure that one of the following apply:

- it is necessary to establish, exercise or defend legal rights. This includes a child's rights under the Human Rights Act 1998. (This is mainly used by solicitors in preparing a case).

OR

- it is necessary to protect someone's vital interests and the person to whom the information relates cannot consent (e.g. a young child), is unreasonably withholding consent, or consent cannot reasonably be expected to be obtained. 'Vital interests' generally applies to life and death situations and serious and immediate concerns for someone's safety.

OR

- it is necessary to perform a statutory function given to your organisation under an act of parliament.

OR

- it is in the substantial public interest **and** necessary to prevent or detect an unlawful act **and** obtaining consent would prejudice those purposes.

In general terms, where seeking consent is not possible or would undermine the purposes for which the information is to be shared, sharing confidential information without consent:

- will be justified when there is evidence that the child is at risk of harm through abuse or neglect, and seeking consent is not possible or would undermine the purposes for which the information is being shared (for example a police investigation);
- will be justified in order to establish whether there is evidence that a child is at risk of harm through abuse or neglect, where this is believed to be a possibility but where it has not been established;
- will be justified in order to prevent specific crimes involving significant harm to others; and
- may be justified in order to enable action to prevent individual children and young people getting involved in offending behaviour.

Professional codes of conduct require health professionals to balance the public interest in disclosure against the public interest in open access to services. The fact that sharing is not prohibited under the Data Protection Act in no way removes this obligation. Both codes must be complied with.

Q6 When can I share personal information that is not sensitive without the consent of the person it is about?

Where

- the information does not allow the individual to be identified (e.g. in requesting a second opinion / general advice about the availability of services or future actions, or sharing statistical information)

OR

- the need to protect the person's 'vital interests' overrides the need for confidentiality (this generally applies to life and death situations and serious and immediate concerns for someone's safety)

OR

- you are required to do so by a court order (ask to see the order!)

OR

- you have a legal duty to do so

OR

- it is necessary in order to perform a statutory function given to your organisation under an act of parliament

OR

- it is necessary to perform a public function undertaken in the public interest (this would include, for instance, a voluntary or community agency working with children who have information that would promote a child's welfare)

OR

- it is necessary to prevent or help detect a crime.

OR

- it is necessary for the legitimate interests of the person sharing the information, unless to do so would conflict with the rights, freedoms and legitimate interests of the person the information is about. (This would cover, for instance, promoting the welfare of children, for all agencies working with children, but does not mean

that you have to weigh up all relevant factors and take a professional decision about whether to share the information).

Q7 If I have legal grounds to share information without consent, do I need to talk to the child/ young person / parent about this?

- It is good practice to keep people informed of what is happening to their information, even if this is difficult, as experience shows that this increases trust and openness in relationships, and gives the service user a sense of control of what is happening to them. Under professional codes of conduct for NHS information this is often mandatory.
- The individual should be told before the information is shared, unless this would place someone at risk, prejudice a police investigation, or lead to unjustifiable delay.
- If one of these applies, let the person know the information has been shared as soon as it is safe and possible to do so.
- There may well be circumstances when, although there are legal grounds for sharing information without consent, those grounds do not suffice to satisfy professional codes of conduct for medically confidential information and consent will still be required.

If none of the justifications for sharing information given in Q4 and Q5 apply, you need to seek consent before sharing information

Q8 What if I feel reluctant to seek consent?

- Ask yourself why you feel reluctant.
- Would seeking consent place someone at risk, prejudice a police investigation, or lead to unjustifiable delay? If so, you probably have legal grounds for sharing the information without consent – look at the justifications in Q4 and Q5 again.
- As part of this thinking process, it may be helpful to ask yourself “would failing to share information be more harmful than sharing information without consent?”
- If in doubt, discuss with someone more senior in your agency.

Q9 Why should I gain consent to share information?

- Because it is best practice - it gives the service user a sense of control and increases trust and openness. (If you share information with another agency without discussing this with the person it is about, and action is taken as a result, the person is likely to guess at who has shared the information, and this could lessen their trust in you).
- Because it is a legal requirement except in the circumstances outlined.
- Because even when it is not legally required it may be required by professional codes of conduct

Q10 What is ‘informed consent’ to share information?

Consent is permission given by someone with parental responsibility, or a “competent” child or young person, to share information about them (see under ‘Who should give consent’, below, for a definition of competence).

Informed consent is permission given by someone (with parental responsibility, or a “competent” child or young person) who understands why particular information needs to be shared, who will use it and how, and what might happen as a result of sharing or not sharing the information.

Q11 Who should give consent to share information?

- Any person who provided information on the understanding that it was to be kept confidential **and**
- the person the information is about. This could be:
 - Anyone aged 16 or more (unless proved not competent).
 - A child under 16 years who “has sufficient understanding and intelligence to enable him/her to understand fully what is proposed” (whether this is the case is a matter for professional decision making).
 - A person with parental responsibility for a child who does not meet this criteria.
- It is good practice to seek the consent of all whose personal information you propose to share, unless there is justification for not doing so.
- The consent of one person with parental responsibility is generally regarded as sufficient. (For looked after children, parental responsibility may lie with the Local Authority).
- Where there is disagreement, e.g. a child agrees to information sharing and a parent does not, apply the guidance below on withheld or withdrawn consent (Q.17).
- In situations where family members are in conflict, careful consideration needs to be given to whose consent should be sought.

Q13 At what point should I gain consent to share information?

Usually before you share information with, or seek information from, another agency, unless you have a reason for overriding consent (see below).

Q14 How should I gain consent to share information?

Consent can be explicit (in writing) or can be inferred from the circumstances in which information was given (implied consent), but must always be ‘informed’. The person giving consent needs to understand who will see their information and the purpose to which it will be put.

When you are working with a child, young person or their family you need to:

- Explain what happens to information that service users give to you.
- Be clear about who you wish to share what information with, and why.
- Be clear about how sharing information will allow a better service to the child/young person/family.
- Discuss what the effect of sharing information, or not sharing the information, might be on the service user.
- Allow the service user to identify particular issues which he or she does not wish to be shared, or particular agencies that he or she does not wish information to be shared with.
- Explain that in some circumstances you do not need consent to share information.
- Ask the person to complete a consent form, where possible.

Q15 Can general consent be obtained in advance for information sharing with agencies a child or young person might need services from in the future?

Yes, but only where the implications of this are clearly explained and consent is willingly given, where a high level of coordinated inter agency services will be required over a long period, as, for instance in the case of a severely disabled child.

Q16 Does such consent need to be renewed, and if so, how often?

The continuation of such consent should be checked with adults and competent children/young people at each review meeting, and recorded in the notes of that meeting.

If using the consent form, consent is valid for the duration of the purpose outlined on the form.

Q17 What if consent to share information is requested but withheld or withdrawn?

Service users can refuse all consent or refuse consent for specific pieces of information to be shared, or for specific agencies to receive information. If this happens:

- Discuss concerns with the person – is the person aware of the effect of not sharing the information? Can you address their concerns and so obtain consent?
If not:
 - Ask yourself again, as a check “is there a reason for sharing information without consent (see answers to Q4 and Q5 above).
 - In deciding this, it may be helpful to ask yourself “will the harm done by overriding lack of consent be worse than the harm which could be caused by not sharing the information?”
- If you are unsure, discuss with your manager (who may wish to take advice from legal services or a data protection officer).
- If you decide to override refusal to give consent, where possible let the service user know that you have done this and why; keep the child/young person/family involved.

Q18 Where should I record consent/lack of consent to share information?

- Record consent or lack of consent, decisions about information sharing, and what has been shared with whom and why on the service user’s records.
- If a consent form has been used, insert this into the service user’s records.

Q19 How much information should I share?

- Information should be shared on a ‘need to know’ basis. Only share enough information to achieve the necessary outcome, but do share enough information to achieve the intended outcome (i.e. don’t use a sledgehammer to crack a nut).
- If you are sharing fact and opinion, make it clear which is which.
- If consent is the agreed basis for sharing the information, share only that information which you have consent to share, and no more.

Q20 How should I share information?

Make sure that:

- you give the information to the right person.
- the recipient understands the confidential nature of the information and knows what to do with it.
- you record what has been shared when, with whom (including name, job title and contract details) and why on case records.
- correspondence is marked “private & confidential - for addressee only”.
- the recipient is aware when you are sending written information and acknowledges receipt.
- if asked for information by telephone, confirm the name, job title, department and organisation of the person making the request and the reason:
 - take a main switchboard telephone number.
 - check whether information can be provided. If in doubt, tell enquirer you will phone back.

- provide information only to the person who has requested it.
- record all detail.
- ensure that the way you share information respects the dignity of the individual, for instance, do not share information in a public area.

Q21 What should I do when another agency has shared information with me?

As soon as possible, inform the person who has given you the information (which may be a referral for a service) of what action has been taken, in a level of detail based on what the referrer needs to know and without inappropriately disclosing other personal information.

Q22 If I am working with a child or young person on an ongoing basis, should I continue to share information with other agencies who work with them?

Where a number of agencies or workers are involved with a child or young person, for instance, school, youth worker, social worker, it will normally be good practice to identify a lead agency or Lead Practitioner who will act as the co-ordinating point for information. Information from all agencies involved should be shared on a regular and need to know basis. This should be discussed with the service user, and the above guidance on consent applied.

Q23 What if a service user wants to see the information which another agency has shared with me?

In this situation, for instance where someone wishes to look at their files, the agencies which originally provided information must be informed of what this consists of, and asked for permission to share this with the service user (if the agency does not wish this information to be shared, they must give a valid reason why. In this case the information must be temporarily removed from the file before the service user looks at it).

Q24 What if information sharing might affect the safety of staff or another service user?

If you have information which suggests that, as a consequence of sharing information, a staff member or another service user may be at risk, this must be shared between agencies as appropriate, and a risk management strategy and appropriate line management support must be put in place.

Specific Information Sharing Situations

This section contains brief guidance about specific recurring information sharing situations.

The Common Assessment Framework

The Common Assessment Framework (CAF) introduces a standard approach for undertaking an assessment of a baby, child, or young person in need. The common assessment information should be shared with practitioners and services where it is necessary to enable joint working or in support of a referral. The CAF is a way of recording the discussion between a practitioner and service user and should always be undertaken with the consent of the individual concerned.

Child in Need Meetings

One outcome of undertaking the Common Assessment may be a need for a baby, child, young person and their family to have a multi-agency approach to addressing their difficulties. In this instance a CIN Meeting may be convened and in partnership with the family practitioners and services share information about the issues that the family may be facing. As consent is obtained in advance all participants are able to share information with one another.

Assessments of Children in Need

The National framework of assessment (2000) introduced the Initial assessment (7 days) and Core assessment (35 days) which are the assessment tools which local authority social care teams undertake in order to meet their duties as outlined in the Children Act 1989, section 17. This section along with section 47 (duty to investigate) enable Children's Social Care to request help from other local authorities, housing authorities, and NHS bodies, and place an obligation on these authorities to cooperate in sharing information.

The practitioner carrying out the assessment should inform families that when agencies contribute with a family's permission to an assessment of need, the written assessment will be shared with all contributors.

Strategy Discussions (Child Protection)

Strategy discussions generally involve Health, Police, and the Safeguarding Children Team. One of the tasks of the meeting is to decide what information should be shared with relevant individuals. All agencies involved must receive feedback on decisions made.

Any material disclosed to the Police is within their duties pursuant to s3 of the Criminal Procedure and investigation Act 1996. This means that in any subsequent prosecution they have a positive duty to disclose any information which may be of assistance to the defence.

For this reason, entire files should not be handed to the Police. (However, it should be noted that the Police can apply to a judge for information to be withheld from the defence).

Serious Case Reviews (Child Protection)

Where a Serious Case Review into the death or injury of a child is being conducted, the Local Safeguarding Children Board will plan when and how information will be shared with the family and relevant others, and inform the family and relevant others that information will be shared without consent. All agencies must provide information

whether consent has been obtained or not, on the grounds of possible future risk to other children.

Interviewing Children without Parental Consent

Working Together para 5.7 (pg 48) provides as follows:

‘Exceptionally, a joint child protection enquiry team may need to speak to a suspected child victim without the knowledge of parent or carer. Relevant circumstances would include the possibility that a child would be ...coerced into silence...that important evidence would be destroyed, or that the child did not wish the parent involved ...and is competent to take that decision’.

Sharing Information about People who are Convicted of Offences against Children and Potential Offenders

All agencies must alert the Contact Centre if they become aware of a person convicted of an offence against children potentially having contact with children, unless the child has an allocated social worker, in which case they would be contacted. An initial strategy discussion would be held with the Police and Probation.

Sharing Information about Young People who are Sexually at Risk

Working together to Safeguard Children stated that the Police should be ‘notified as soon as possible when a criminal offence has been committed, or is suspected of having been committed, against a child – unless there are exceptional reasons not to do so’. This guidance was re-emphasised in the Bichard Inquiry Report 2004. A specific Information Sharing Policy exists in relation to this issue (available in the Safeguarding Children Handbook). It emphasises the importance of assessing known sexual risks to young people carefully and ensuring that appropriate information is shared with Children’s Social Care and/or the Police. In cases where a young person is considered to be at a high level of risk, or the victim of a crime, information would be shared with the consent of the young person concerned wherever possible, but a ‘withholding of consent’ would not prevent the sharing of information for reasons of public interest; an immediate need to safeguard a young person; or where a Court required information under their statutory right.

In exceptional circumstances relating to the withholding of essential information by a young person, health workers may maintain confidentiality despite risk to that young person. These situations are extremely rare, are made within strict professional codes of conduct and must be able to withstand scrutiny.

Multi Agency Teams

It is good practice for multi agency teams to inform service users at the beginning of a service of the nature of the team and the information sharing which occurs within the team, and to obtain written consent to this (unless there are grounds for overriding the need for consent, as in this guidance).

Children and Young People moving out of an Agency’s Geographical Area

When a child or young person who is in need of a continuing service moves outside of an agency’s geographical area, and the new area is known, it is important that the agency contacts its counterpart in the child’s new area in writing (following the guidance on consent) to ensure that the child or young person’s needs are known. If the new location of the child or young person is unknown, and the risk to the welfare of the child would warrant sharing information without consent, enquiries should be made to find out the new location, so that information may be passed on.

Use of Interpreters

When using an interpreter, the person working with a child, young person or family should discuss the necessity of confidentiality with the interpreter in advance, and then discuss this with the service user through the interpreter at the beginning of any meeting.

Awareness of the Law: Legislation Relevant to Information Sharing

To make informed judgements on when and when not to share information, you need to know how the law may affect your decision to share information. Anyone wishing to share information about a child, young person or their family needs to be aware of the general laws that protect people from the wrongful disclosure or use of information (see Appendix 1: The Legal Framework). These are:

- The Common Law Duty of Confidence
- The Human Rights Act 1998
- The Data Protection Act 1998
- The professional codes of conduct of health professionals

A duty of Confidence will generally arise in circumstances when a person receives information that he knows, or ought to know, is being given in confidence. Some kinds of information, such as medical records, are generally recognised as being subject to a duty of confidence. However, the Duty of Confidence is not absolute. Confidential information may be shared without consent when there is an overriding public interest in disclosure. You need to make a judgement about the balance of public interest.

Appendix 1- The Legal Framework

Common Law Duty of Confidence

This is not an Act of Parliament, but has built up in case law over time as judges have taken decisions about individual situations. 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 e.g. between teacher and pupil
- An agency holds personal information in order to perform its functions

However, disclosure of information can be justified if

- The information is not confidential (e.g. whether a child is in school) or
- The person the information is about has expressly or implicitly consented to disclosure or
- There is an overriding public interest, e.g. to protect the health and well-being of a child or
- Disclosure is required by a court order or other legal obligation

The Human Rights Act 1998

Article 8 of the European Convention on Human Rights (which was incorporated into UK law under the Human Rights Act 1998) confers a right to respect for an individual's private and family life, home and correspondence, "except as is in accordance with the law and is necessary...in the interests of national security, public safety, or the economic well-being of the country, for the prevention of crime or disorder, protection of health or morals or for the protection of rights and freedom of others."

If information is being shared without consent, it is necessary to weigh on the one hand the harm which will result from the breach of confidence against on the other hand the harm which will result from failing to disclose the information. The disclosure of information must be a proportionate response to the risk of harm, and the minimum necessary to achieve the public interest objectives should be disclosed.

Information sharing can be justified under Article 8 if it is necessary to protect the health and welfare of a child, or to prevent crime.

The Data Protection Act 1998

The Data Protection Act 1998 sets down requirements for obtaining, recording, storing and disclosing information about an individual that is kept on a computer or manual filing system. It specifies data protection principles, i.e. that personal information

- Shall be processed fairly and lawfully
- Shall not be disclosed for a purpose incompatible with the purpose for which it was obtained (it can be for a different purpose if there is no direct conflict).
- Must be adequate, relevant and not excessive
- Must be accurate and kept up to date
- Shall not be kept longer than is necessary for the specified purpose
- Shall not be transferred to a country outside the European Economic Area, unless that country ensures an adequate level of protection of the rights and freedoms of data subjects in relation to the processing of personal data.

It requires that information sharing should be 'fair' and 'lawful'.

'Fairness' is being open with people about how their information is to be used or shared. To be 'lawful', there must be a legitimate reason for sharing sensitive personal information.

Legitimate reasons include:

- The person the information is about consents, or
- There is a legal obligation to share the information, or
- It is necessary to protect the vital interests of the person the information is about, or another person, where the person the information is about cannot be given or unreasonably withheld, or cannot be expected to be obtained, or
- It is necessary to establish, exercise, or defend legal rights, or
- It is necessary for the exercise of a statutory function, or other public function exercised in the public interest
- 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 person the information is about.

If the information being shared is 'sensitive', i.e. about physical or mental health, racial or ethnic origins, political opinions, religious beliefs, union membership, sexual life or criminal offences, it can only be shared if

- The subject has given explicit consent, or
- it is necessary to establish, exercise or defend legal rights, or
- it is necessary to protect someone's vital interests and the person to whom the information relates cannot consent (e.g. a young child), is unreasonable withholding consent, or consent cannot reasonably be expected to be obtained or
- it is necessary to perform a statutory function, or
- it is in the substantial public interest and necessary to prevent or detect an unlawful act and obtaining consent would prejudice those purposes, or
- it is necessary for medical purposes (including the provision of care and treatment) and undertaken by someone with a duty of confidentiality.

Government advice on this is that:

"'Legal rights' include a child's rights under the Human Rights Act 1998 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 Children's Social Care and other agencies in connection with a 'child in need' assessment or a child protection enquiry." ('Information Sharing for the purposes of safeguarding and promoting the welfare of children', in What to Do If You Are Worried a Child is Being Abused, May 2003).

Appendix 2 gives information about Acts of Parliament giving more specific duties or powers to various agencies.

Professional Codes of Conduct

These are described in the Caldicott Guidelines.

Appendix 2- Statutory Powers and Duties

1.1 One of the barriers to information sharing between agencies has been identified as a lack of trust between practitioners within and across agencies, regarding the way in which confidential information is processed. This is in some part due to a lack of understanding about the different statutory roles and responsibilities agencies and practitioners have; the different legal powers and duties they have; and the different understanding they have regarding some key principles and practice. Understanding that other practitioners have different powers and duties is crucial in developing trust between agencies and practitioners in sharing information to safeguard and promote the welfare of children.

1.2 This section gives some information about the most common Acts of Parliament that refer to children and families and the statutory duties and powers attached to them. The list is by no means exhaustive.

Sources of Law

(For the full Guidance on the Law see the Department for Constitutional Affairs 'Public Sector Data Sharing').

1.3 There is no single source of law that regulates the powers that a public body has, to use and to share personal information. The collection, use and disclosure of personal information are governed by a number of different areas of law as follows:

- The law that governs the actions of public bodies (Administrative Law)
- Common Law Duty of Confidence
- Data Protection Act
- Human Rights Act

There is no general statutory power to share data, just as there is no general power to obtain, hold or process data. But Government agencies have many statutory duties to fulfil and are given some powers to enable them to carry out their duties. e.g. duties under the Children Act 1989, Children Act 2004, and the Crime and Disorder Act 1998. Many of these duties cannot be carried out without sharing information within and between departments and organisations, so therefore there is an implied power to share data.

1.4 The relationship between the above areas of law is quite complex. The starting point is always to determine whether the public body has the power to carry out any proposed data sharing. This will be a matter of Administrative Law. Administrative Law is the law that governs public authorities. According to well established rules of Administrative law a public authority must possess the power to carry out what it intends to do. If not, its actions are considered to be 'ultra vires' i.e. beyond its lawful powers.

1.5 Government departments headed by a Crown Minister such as the Treasury, the Home Office, the Department for Education and Skills, the Department for Work and Pensions and Department of Health etc derive all of their powers including the powers to collect, use and share information from the following sources:

- Express Statutory powers
- Implied Statutory powers
- Prerogative and common law powers

Those government departments that are established by statute do not have Prerogative or Common Law powers but must look to their statutory powers (Express or Implied) to provide a legal basis for data collection, use and sharing.

Express Statutory Powers

1.6 These are often referred to as '**statutory gateways**' and are enacted to provide for the disclosure of information for particular purposes. These gateways may be permissive or mandatory.

An example of a **permissive statutory gateway** is **Section 115** of the **Crime and Disorder Act 1998**, this permits people to share information to help prevent or detect crime.

An example of a **mandatory statutory gateway** is **Section 8** of the **National Audit Act 1983**, and imposes a legal obligation on public bodies to provide relevant information to the National Audit Office.

Implied Statutory Powers

1.7 Where there is no express statutory power to share information it may still be possible to imply such a power. Many activities of statutory bodies will be carried out as a result of implied statutory powers, particularly as it may be difficult to expressly define all the numerous activities that a public body may carry out in connection with its day to day activities.

Government departments that are created by statute (Acts of Parliament) do have implied powers to share data where there is no express statutory power to do so.

1.8 Local authorities are creatures of statute and have a corporate responsibility to address the needs of children and young people in their area. The Local Government Act 2000 sets out a broad cross government expectation that there should be a concerted aim to improve the wellbeing of people and communities. To achieve this, there should be effective joint working by the Local Education Authority, Children's Social Care, Housing and Leisure, in partnership with Health, Police and other statutory services and the independent sector. These agencies will need to share information to work together effectively and so there is an implied power to share information in this Act.

2 Outlines of Statutory Powers and Duties

2.1 The Children Act 1989

Sections 17 and 47 of the Children Act 1989 place a duty on local authorities to provide services for children in need and make enquiries about any child in their area who they have reason to believe may be at risk of serious harm.

S17 and s47 also enable the local authority to request help from other local authorities, education and housing authorities and NHS bodies and places an obligation on these authorities to cooperate. You may be approached by Children's Social Care and asked:

- To provide information about a child, young person or their family where there are concerns about a child's wellbeing, or to be involved in an assessment under s17 or a child protection enquiry.
- To undertake specific types of assessments as part of a Core Assessment or to provide a service for a child in need.
- To provide a report and attend a child protection case conference

The Act does not require an unwarranted breach of confidence, but an authority should not refuse a request without considering the relative risks of sharing information, if necessary without consent, against the potential risk to a child if information is not shared.

Section 27 says that the local authority may request the help of any authority or person in:

- Any local authority
- Any local education authority
- Any health authority
- Any person authorised by the Secretary of State

for assistance in the exercise of their statutory functions which includes the provision of services for children in need and the sharing of information for these purposes.

2.2 The Children Act 2004

Under the Children Act 2004, Local Authorities have a responsibility for making arrangements to ensure their normal functions are discharged having regard to safeguarding and promoting the welfare of children in their area.

Section 10 of the Act places a duty on each children's services authority to make arrangements to *promote co-operation* between itself and relevant partner agencies to improve the wellbeing of children 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

Section 11 of the Act 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 are:

- Local authorities (including district councils)
- The police
- The probation service
- NHS bodies
- Connexions
- Youth Offending Teams
- Governors / Directors of Prisons and Young Offender Institutions
- Directors of Secure Training Centres
- The British Transport Police

The Section 11 duty does not give agencies any new functions, nor does it override 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.
- Ensure that the services they contract out to others are provided having regard to that need.

In order to safeguard and promote the welfare of children, arrangements should ensure that:

- All staff in contact with children *understand what to do and the most effective ways of sharing information* if they believe a child and family may require targeted or specialist 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 in need*, including those children suffering or at risk of significant harm.

2.3 Local Government Act 2000

The Local Government Act 2000 aims to improve the wellbeing of people and communities.

Section 2

Gives local authorities 'a power to do anything which they consider is likely to achieve any one or more of their objectives':

- To promote or improve the economic wellbeing of their area
- To promote or improve the social wellbeing of their area
- To promote or improve the environmental wellbeing of their area

Section 2 (1) provides a very wide basis for sharing information wherever that information is required to enable the local authority to fulfil its functions, which promote the well being of people [including children] within its area. It is of particular relevance because it is designed to ensure that service delivery is coordinated in ways which minimise duplication and maximise effectiveness.

Section 2 (5) makes it clear that a local authority may do anything for the benefit of a person outside their area, if it achieves one of the objectives of Section 2 (1).

The actual disclosure of any information to achieve these objectives must be conducted within the framework of the Data Protection Act and the Human Rights Act and give due consideration given to the Common Law Duty of Confidence.

2.4 Education Act 2002

The Section 11 duty of the Children Act 2004 complements the duty placed by Section 175 of the Education Act 2002 on Local Education Authorities and the governing bodies of both maintained schools and further education institutions to make arrangements to carry out their functions with a view to safeguarding and promoting the welfare of children and follow the guidance in 'Safeguarding Children in Education (DfES 2004).

Proprietors of Independent Schools also have a duty to safeguard and promote the welfare of pupils at the school under **Section 157 of the Education Act 2002 and the Education (Independent Schools Standards) Regulations 2003.**

2.5 Education Act 1996

Section 13- An 'LEA' shall (so far as their powers enable them to do so) contribute towards the spiritual, moral, mental and physical development of the community, by securing that efficient primary and secondary education is available to meet the needs of the population of the area. Details of the number of children in the local authority's area and an analysis of their needs is required in order to fulfil this duty so there may be an implied power to collect and use information for this purpose.

Section 434 (4)- Requires Local Education Authorities to request schools to provide details of children registered at a school.

2.6 Learning and Skills Act 2000

Section 117: Provides for help to a young person to enable them to take part in further education and training.

Section 119: Enables Connexions Services to share information with the Benefits Agency and Job Centre Plus to support young people to obtain appropriate benefits under the Social Security Controls Act 1992 and Social Security Administration Act 1992.

Education (SEN) Regulations 2001: Regulation 6

When the local education authority are considering making an assessment of a child's special educational needs, they are obliged to send copies of the notice to Children's Social Care, health authorities and the head teacher of the school (if any) asking for relevant information.

Under Regulation 18 all schools must provide Connexions Services with information regarding all Year 10 children who have a Statement of Special Education Needs.

2.7 Children (Leaving Care) Act 2000

The Act's main purpose is to help young people who have been looked after by a local authority move from care into living independently in as stable a fashion as possible. To do this it amends the Children Act 1989 (c.41) to place a duty on local authorities to assess and meet need. The responsible local authority is to be under a duty to assess and meet the care and support needs of *eligible* and *relevant* children and young people and to assist *former relevant children*, in particular in respect of their employment, education and training.

Sharing information with other agencies will enable the local authority to fulfil the statutory duty to provide after care services to young people leaving public care.

2.8 Protection of Children Act 1999

The Act creates a system for identifying persons considered to be unsuitable to work with children. It introduces a 'one stop shop' to compel employers designated under the Act (and allows other employers) to access a single point for checking people they propose to employ in a child care position.

This will be achieved by checks being made of criminal records with the National Criminal Records Bureau and two lists maintained by the Department of Health and the Department for Education and Employment.

2.9 Immigration and Asylum Act 1999

Section 20: Range of information sharing for the purposes of the Secretary of State

- To undertake the administration of immigration controls to detect or prevent criminal offences under the Immigration Act.
- To undertake the provision of support for asylum seekers and their dependents.

2.10 Crime and Disorder Act 1998

Section 17 applies to a local authority (as defined by the Local Government Act 1972); a joint authority; a police authority; a National Park authority; and the Broads authority. As amended by the Greater London Authority Act 1999 it applies to the London Fire and Emergency Planning Authority from July 2000 and to all fire and rescue authorities with effect from April 2003, by virtue of an amendment in the Police Reform Act 2002.

Section 17 recognises that these key authorities have responsibility for the provision of a wide and varied range of services to and within the community. In carrying out these functions, section 17 places a duty on them to do all they can to reasonably prevent crime and disorder in their area.

The purpose of section 17 is simple: the level of crime and its impact is influenced by the decisions and activities taken in the day to day business of local bodies and organisations. Section 17 is aimed at giving the vital work of crime and disorder reduction a focus across a wide range of local services that influence and impact upon community safety and putting it at the heart of local decision making. Section 17 is a key consideration for these agencies in their work in Crime and Disorder Reduction Partnerships, Drug Action Teams, Youth Offending Teams, Children's Trusts and Local Safeguarding Boards.

Section 37 Sets out that the principal aim of the youth justice system is to prevent offending by children and young people and requires everyone carrying out youth justice functions to have regard to that aim.

Section 39(5) of the Crime and Disorder Act 1998 sets out the statutory membership of **Youth Offending Teams** and consists of the following:

- At least one probation officer
- At least one police officer
- At least one person nominated by a health authority
- At least one person with experience in education
- At least one person with experience of social work in relation to children.

Youth Offending Teams have a statutory duty to deliver youth justice services including advising courts, administering community sentences and interventions, and working with juvenile custodial establishments. Youth Offending Teams are responsible for the supervision of children and young people subject to statutory disposals.

As Youth Offending Teams are multi-agency teams, members will also need to be aware of the need to safeguard and promote the welfare of children that relates to their constituent agency.

Section 115 provides a power but not an obligation for disclosure of information sharing to responsible public bodies (e.g. police, local and health authorities) and with cooperating bodies (e.g. Domestic Violence Support Groups, Victim Support Groups) participating in the formulation and implementation of the local crime and disorder strategy.

The police have an important and general power to share information to prevent, detect and reduce crime. However, some other public organisations that collect information may not have had the power previously to share it with the police and others. Section 115 clearly sets out the power of any organisation to share

information with the police authorities, local authority, Probation Service and Health Authority (or anyone acting on their behalf) for the purposes of the Act.

This enables information to be shared for a range of purposes covered by the Act e.g. for the functions of the Crime and Disorder Reduction Partnerships and Youth Offending Teams, the compilation of reports on parenting orders, antisocial behaviour orders, sex offender orders and drug testing orders. Section 115 was amended by the Police Reform Act 2002 to include parish councils and community councils, therefore enhancing the benefits to share information with partner agencies.

2.11 The National Health Service

The role of the NHS in safeguarding and promoting the welfare of children.

Section 11 of the Children Act 2004 applies to a number of NHS organisations in England:

- Strategic Health Authorities
- Designated Special Health Authorities
- Primary Care Trusts
- NHS Trusts
- NHS Foundation Trusts

As part of their duties under Section 11 of the Children Act 2004 all NHS staff need to ensure as part of their work with children and families, and with adults who are parents or carers who are experiencing personal problems, that the needs of their children are considered and that where necessary they are assessed and appropriate referrals made.

National Health Service Act 1977

To provide a comprehensive health service to England and Wales to improve the physical and mental health of the population and to prevent, diagnose and treat illness.

Section 2: Share information with other NHS professionals and practitioners from other agencies carrying out health service functions that would otherwise be carried out by the NHS.

Section 22: Share information In order for Health to exercise their health service function and for the local authority to exercise its function in order to secure and advance the health and welfare of the people of England and Wales.

2.12 The Health and Social Care (Community Health and Standards) Act 2003

Core Standard 2 is relevant to safeguarding and promoting the welfare of children and states 'Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations'.

The National Service Framework

The National Service Framework sets out in Standard 1 – Promoting health and wellbeing, identifying needs and intervening early: As part of the promotion of the positive mental health of all children and young people, assessment of need and early intervention where children are at greater risk (e.g. Children whose parents are unsupported by wider family) can make a significant difference.

The National Service Framework sets out in Standard 5 what should ensure the safeguarding of children and young people and the promotion of their welfare.

2.13 The Fraser Ruling

The Fraser ruling was a landmark ruling that provided criteria that had to be met in order to allow health professionals to provide contraceptive advice and treatment to young people under the age of 16 years without parental consent. In the case of *Gillick v West Norfolk and Wisbech Area Health Authority* (1985), the House of Lords reviewed the issue of consent with regard to young people under 16 years of age. It was held that the test to apply was whether the child had sufficient understanding and intelligence to enable full understanding for any proposed intervention. Where this was the case, parental rights should yield to the young person's right to make their own decisions.

Lord Fraser, offered a set of criteria to judge competence. These were:

- The young person understands the advice.
- The young person cannot be persuaded to inform their parents or to allow the clinician to inform them.
- It is likely that the young person will begin or continue to have sexual intercourse with or without the use of contraception.
- The young person's physical or mental health may suffer as a result of withholding contraceptive advice or treatment.
- It is in the best interests of the young person to receive contraceptive advice or treatment with or without parental consent.

The Fraser criteria above do, however, carry a rider. They state that the criteria "ought not to be regarded as a licence to disregard the wishes of parents on this matter whenever they find it convenient to do so." Young people should be 'encouraged' to discuss their engagements with agencies with their parents.

Appendix 3- Where to Find Out More About Information Sharing

The Data Protection Act 1998 – Legal Guidance:

www.informationcommissioner.gov.uk

Department for Constitutional Affairs: Public Sector Data Sharing

www.dca.gov.uk

Department for Education and Skills

www.dfes.gsi.gov.uk/isa

Department of Health (2002) Confidentiality: A Code of Practice for NHS Staff.

www.doh.gov.uk/ipu/confiden

General Medical Council (2000 Confidentiality: Protecting and Providing Information

www.gmc-uk.org

Nursing and Midwifery Council

www.nmc-uk.org

Youth Justice Board for England and Wales

www.youth-justice-board.gov.uk

The Caldicott Guidelines issued by Stockport Primary Care Trust

www.sas-tr.nwest.nhs.uk

SECTION 4: RECOGNISING ABUSE

This section sets out the process to be followed when a child who lives in Stockport or is found in Stockport, is suffering or is likely to suffer significant harm.

4.1 DEFINITIONS

4.1.1 The Children Act 1989 provides the legal framework for defining the situations in which local authorities have a duty to make enquiries about what, if any, action they should take to safeguard or promote the welfare of a child.

s.47 of the Act requires that if a local authority has '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.....'

Under s.31 (9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

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

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

There are no absolute criteria on which to rely when judging what constitutes significant harm. It is the responsibility of Children's Social Care to make a judgement if a referral about abuse and / or neglect of a child falls into the criteria for a s.47 enquiry based on the multi-agency information obtained about a case.

Working Together to Safeguard Children (2006) sets out definitions and examples of the 4 broad categories of abuse and neglect which are used for the purposes of deciding whether a child should be made the subject of a Child Protection Plan:

- Physical abuse
- Emotional abuse
- Sexual abuse and

- Neglect

These categories overlap and an abused child does frequently suffer more than one type of abuse.

- 4.1.2 Physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.
- 4.1.3 Emotional abuse** is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.
It may involve conveying to children that they are worthless or unloved, inadequate, or valued insofar as they meet the needs of another person.
It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as over-protection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- 4.1.4 Sexual abuse** involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
- 4.1.5 Neglect** is the persistent failure to meet a child's basic physical and/ or psychological needs, likely to result in the serious impairment of the child's health or development.
Neglect may occur during pregnancy as a result of maternal substance abuse.
Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment.
It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The impact of child abuse and neglect

The sustained abuse or neglect of children physically, emotionally or sexually 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.

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.

Sexual abuse has been linked to disturbed behaviour including self-harm, inappropriate sexualised behaviour, sadness, depression and a loss of self-esteem.

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 extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. A child's ability to cope with 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. A proportion of adults who sexually abuse children have themselves been sexually abused as children.

They may also have been exposed as children to domestic violence and discontinuity of care. However, it would be quite wrong to suggest that most children who are abused will inevitably go on to become abusers themselves. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the child. Domestic violence, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse. Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglect can also result, in extreme cases, in death.

4.2 RISK INDICATORS

The Department of Health '*Framework for the Assessment of Children in Need and their Families*' (2000) provides a systematic framework for collecting, analysing and recording information to support professional judgements about how to best support children and families.

The framework has been developed for the assessment of all children in need, including whether the child is suffering or likely to suffer significant harm and what actions and services are required to best meet the needs of the child and their family.

The Children Act 1989 introduced the concept of significant harm as a threshold for compulsory intervention into families in the best interests of the child. The Local Authority has a duty under Section 47 to make enquiries, or cause enquiries to be made, where it suspects that a child is at risk of significant harm or likely to be at risk. In order to understand and establish significant harm, it is necessary to be able to recognise abuse and understand the risk indications.

4.2.1 RECOGNISING PHYSICAL ABUSE

The presence of the following injuries may indicate that further enquiries should be undertaken:

- Soft tissue bruising, particularly around the head and neck
- Bruising of different ages
- Bruising or any injuries to an immobile baby
- Bruising or marks that reflect the use of an object (e.g. handprints)
- Scalds and burns inconsistent with the explanation given
- Bite marks
- Unexplained fractures
- Any unexplained injuries.

The list should not be considered comprehensive. The presence of one or more of these factors is not proof that abuse has occurred but must be viewed in the context of the wider history. If physical abuse is suspected, medical advice must be sought.

The presence of the following factors should be cause for concern:

- Discrepancy between the injury and the explanation
- Conflicting or changing explanations or no explanation for the injury
- Delay in seeking treatment
- Parents taking a child to different hospitals when injured
- Injuries of different ages
- History of previous injuries or concerns
- Previous abuse

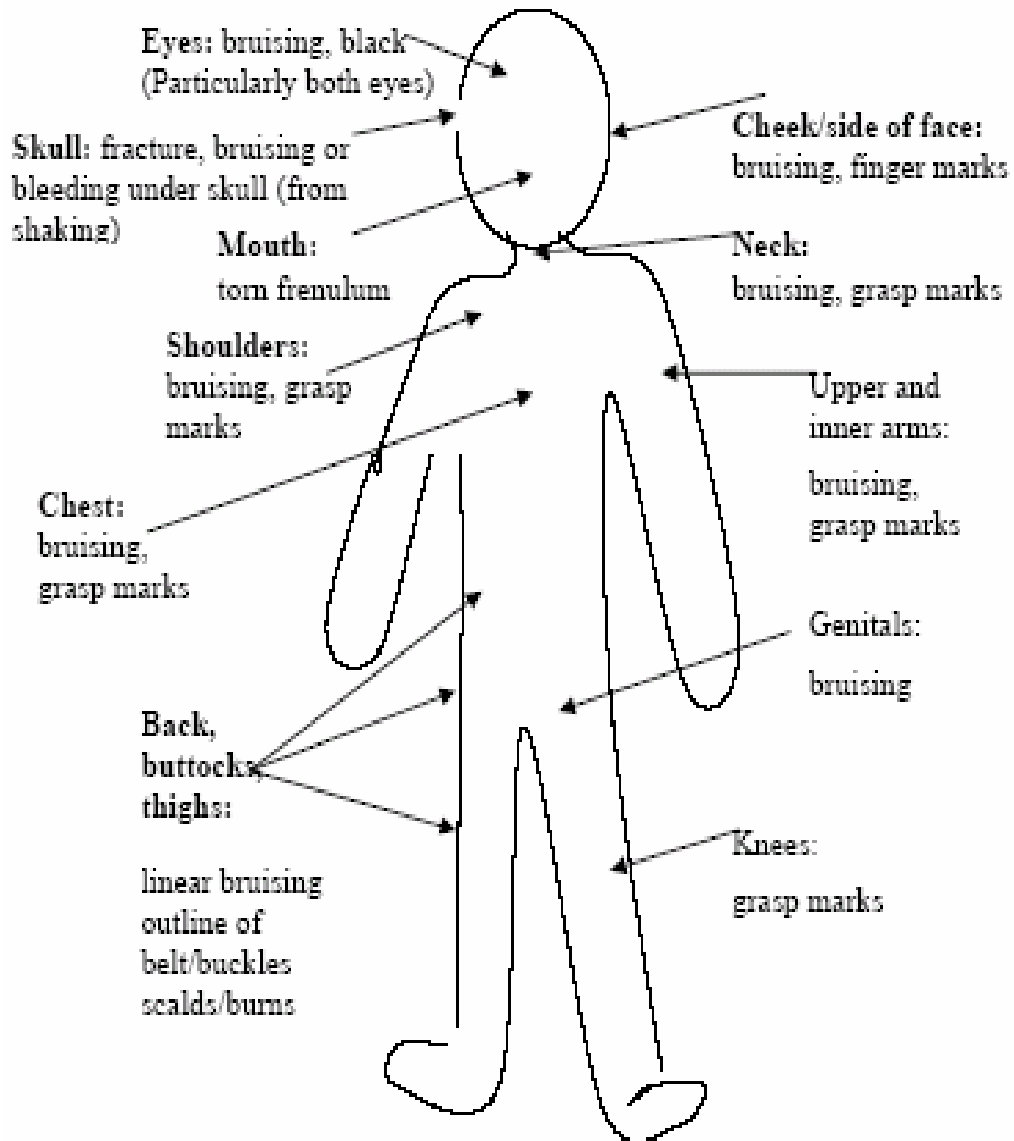
- Evidence of substance misuse
- History of aggression and past violence
- An allegation of abuse from the child.

NB. Any injuries to a baby or very young child should be viewed seriously. The homicide rate for under ones is nearly five times greater than the average with 59 offences per million of the population of under ones compared to 14 offences per million of the population as a whole. (*Home Office, 2000*).

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.

The following diagram identifies the sites where bruising may well signify non-accidental injury:

Common sites for non-accidental injury



RECOGNISING EMOTIONAL ABUSE

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse. The indicators of emotional abuse are often also associated with other forms of abuse. An emotionally abused child may show some or all of the following characteristics:

- Delays in physical, social or emotional development such as poor growth, speech delay, under-achievement in school, difficulty in forming peer relationships, difficulty becoming independent, concentration difficulties or limited ability to explore
- Abnormal attachments between a child and parent/carer e.g. anxious attachment
- Indiscriminate attachment or failure to attach
- Extreme behaviours such as over-compliant or disobedient, over-passive or aggressive
- Inability to accept boundaries
- Scape-goated within the family
- Low self esteem and lack of confidence
- Problems with habits such as rocking, thumb-sucking, over-eating, disturbed sleeping and excessive masturbation
- Problems with behaviour such as withdrawal, stealing, destructiveness, smearing and bedwetting, attention-seeking behaviour and running away
- Problem with emotion such as anxiety, depression, low self-esteem, lack of confidence, inappropriate seeking or avoiding of affection, frozen watchfulness and absence of attachment behaviour
- Self-harm behaviours such as head banging, scratching or cutting skin, pulling out hair, attempted suicide.

It must be understood that these signs may be caused by issues other than abuse in the child's living arrangements, including poverty, bereavement, stressful change, discrimination, concerns at school. They are not in themselves indicative of emotionally abusive acts by parents. It is important to remember that for emotional abuse to be said to be present there must be evidence of a causal link between the sign in the child and specific chronic abusive acts by carers. However, there are certain parental behaviours which unless changed will impact detrimentally on the child and which should meet the threshold for the likelihood of harm. Such behaviour has been categorized as follows:

Persistent negative attitude towards the child

- Repeated and persistent denigration, hostility, belittling or blaming of the child.
- Holding the child responsible for misfortunes and threats or actually severe punishment consonant with the parental belief about what the child deserves.

- Conditional parenting, in which the child's secure place within the family, is made contingent on his / her good behaviour.

Emotional unavailability, unresponsiveness and neglect

- Maternal depression, parental alcohol abuse and childhood experiences may leave parents unable to recognise or respond to their children's attachment and emotional needs.

Failure to recognise or respect the child's individuality and psychological boundary

- This is where a child is expected to fulfil the psychological needs of the parent (s) and is expressed by parental behaviours and attitudes, or deployment or deprivation of the child.

Inappropriate or inconsistent developmental expectations and considerations

- Premature impositions of physical and psychological responsibility on the child.
- Inappropriate or inconsistent expectations of a young child.
- Failure to protect from inappropriate experiences.
- Confusing communications and distortion of objective truth.
- Overprotection and failure to provide age appropriate opportunities for cognitive and emotional learning experiences.

Persistent inappropriate socialisation:

- Actively overprotecting a child and denying developmental need
Preventing participation in normal social interaction

RECOGNISING SEXUAL ABUSE

It must be remembered that child sexual abuse is an extremely emotive and sensitive subject for all concerned. Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear.

Recognition can be difficult, as there may be no physical signs and indications are likely to be emotional/behavioural. Diagnosis and management in these situations is a complex multi-disciplinary process.

A child or young person may have disturbed behaviour or changes in behaviour. This is a very difficult area as most behaviours associated with child sexual abuse are not specific to sexual abuse, only indicating that a child or young person is distressed. The cause of this distress may have other causes such as parental disharmony or bullying at school. Those behaviours with a higher but not invariable association with sexual abuse include:

- Sexualised behaviour (particularly in young children)

- Sexual knowledge or awareness beyond that expected for their age
- Prostitution or sexually risky behaviour
- Self-mutilation
- Running away

Some physical indicators which may be associated with this form of abuse are:

- Inappropriate sexualised conduct
- Pain or itching of genital area
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age
- Continuous and inappropriate or excessive masturbation
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing
- Self-harm, self mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners

In addition, the emotional disturbance witnessed in emotional abuse may be evident.

RECOGNISING NEGLECT

Many families under great stress nonetheless manage to bring up their children in a warm, loving and supportive environment in which the children's needs are met and they are safe from harm.

Sources of stress within families may, however, have a negative impact on a child's health, development and well being, either directly or indirectly, because they affect the parent's capacity to respond to their child's needs. This is particularly the case when there is no other significant adult who is able to respond to the child's needs.

Many families who seek or are referred for concerns *about* their children's welfare suffer multiple disadvantages. Poverty may mean that children live in crowded or unsuitable conditions, have poor diets, health problems or disability, be vulnerable to accidents, and lack ready access to good educational and leisure opportunities. Racism and racial harassment are additional sources of stress for some families and children.

Neglect in child protection terms must be viewed as the sustained neglect of children in certain dimensions of their lives. It may be over a long period or it may occur in episodes or 'bad patches' in parents' lives causing harm to children's development. Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Typical features include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Observed thriving of child away from the home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone
- Developmental delay without other clear cause
- Lack of social responsiveness
- Repeated failure by parent/carer to prevent injury
- Non-organic failure to thrive

Babies and children who are physically and emotionally neglected are at high risk of suffering:

- Gross under-stimulation
- Poor growth and developmental delay
- Disturbances in emotional attachment
- Language delay
- Conduct disorder
- Poor educational performance
- Severe nappy rash and other skin infections
- Recurrent and persistent minor infections

As they grow older they may feel:

- Unloved and unloving
- Powerless and hopeless
- A severe lack of self-esteem
- Isolated from peers and adults

NO ASSUMPTIONS SHOULD BE MADE ABOUT ANY OF THE ABOVE INDICATORS.

ANY INDICATOR MUST BE CONSIDERED IN THE CONTEXT OF THE APPROPRIATE ASSESSMENT OF THE CHILD IN LINE WITH THESE SAFEGUARDING PROCEDURES.

BACKGROUND FACTORS WHICH INCREASE RISK OF CHILD ABUSE OCCURRING

Parents

- Both immature and young
- Socially isolated
- History of deprivation/abuse/rejection
- Show jealousy and rivalry to child
- Expect child to meet their needs
- Unrealistic expectations/rigid ideas about child development
- The partner is not the parent of all the children, or there are:
 - Frequent changes of partner
 - A known history of aggressive behaviour.

The Child

- Bonding impeded due to neo-natal problems
- Perceived as 'difficult' by parents
- Unresponsive
- Anxious or fearful
- Indiscriminately affectionate
- Unkempt, dirty, inappropriately dressed
- 'Role reversal' in older children appearing to look after or protect parent.

Disabled Children may be particularly vulnerable for the following reasons:

- They have fewer independent contacts outside the family than other children
- They 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
- They have an impaired capacity to resist or avoid abuse
- They may have greater difficulty in communicating, so cannot tell others what is happening to them
- They may be inhibited about complaining because of fear of losing services
- They may be especially vulnerable to bullying and intimidation
- They may be more vulnerable than other children to abuse by their peers
- Their behaviour may be more challenging, possibly increasing the potential for greater risk.

Family Circumstances

Stress can be a very important factor in triggering child abuse. Stressful circumstances can include poor housing, unemployment, low income, ill health, pregnancy, a new baby, bereavement, disability etc. Several stress factors occurring within a short period of time can cause a breakdown in otherwise competent and loving families. Stressful circumstances may be particularly important when:

- The family lacks a 'lifeline' in the form of supportive family or friends, able to give practical help and understanding
- The family has moved several times and has no local roots
- There is known history of previously unexplained or inadequately explained injuries, or of previously known abuse of this child or other children in the family
- The family already has a high concentration of the characteristics described previously.

The mental illness of a parent or carer

Mental illness in a parent or carer does not necessarily have an adverse impact on a child, but it is essential to assess its implications for any children involved in the family.

The following may apply:

- 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 or 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 one hundred 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
- Postnatal depression can also be linked to both behavioural and physiological problems in the infants of such mothers
- Parental illness may markedly restrict children's social and recreational activities.

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 harmony, 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.

In all cases of abuse and neglect where a parent/carer is suffering from a mental illness, it is very important that the impact of the illness is assessed, alongside the other environmental and social factors.

It is essential that all professionals involved, including those working with the adults, ensure that the welfare of the child is paramount.

Drug and alcohol misuse

It is important not to generalise or make assumptions about the impact on a child of parental drug and alcohol abuse. However it is essential that the implications for the child are properly assessed.

The following factors should be taken into account:

- Maternal substance misuse in pregnancy may impair the development of an unborn child
- A parent/carer's practical caring skills may be diminished by misuse of drugs and/or alcohol
- 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 not give priority to the physical needs of their children and finding money for drugs and/or alcohol may reduce the money available to the household or may draw families into criminal activities
- Some children have been killed through inadvertent access to drugs
- In addition, children may be in danger if they are a passenger in a car whilst a drug/alcohol misusing carer is driving.

It is therefore very important that the impact of the parents/carers drug/alcohol abuse is assessed, alongside the other environmental and social factors.

Domestic abuse

Where agencies/professionals become aware that children are living in a household in which serious or persistent domestic violence is taking place, the matter should be referred to Children's Social Care.

The police are often the first point of contact with families experiencing domestic violence. When responding to incidents, the police should determine whether there are any children living in the household.

The police should refer to Children's Social Care those families experiencing one serious incident when children are involved, three lesser incidents of domestic violence within 12 months and always when a child in the household has a Child Protection Plan.

Children's Social Care will then need to consider whether to undertake an initial assessment on the basis that the children may be 'in need'. This may then lead to the need for a strategy discussion with the police and a Section 47 Investigation if child protection concerns are evident.

If the Section 47 Investigation concludes that children are at risk of significant harm either resulting from physical injury or impairment to their emotional and psychological development, a Child Protection Conference should be convened.

Whether or not the Conference decides to make a Child Protection Plan, it should consider how the non-violent parent might be supported and what specific services the children and family might need. If appropriate this could be via a Child-in-Need plan.

LISTENING TO THE CHILD

Responsibility for making enquiries and investigating allegations rests with Children's Social Care and Police FSU, along with other relevant agencies. It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations **you must:-**

- Listen carefully to the child. **DO NOT** directly question the child.
- Give the child time and attention.
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
- Make an accurate record of the information you have been given taking care to record the timing, setting and people present, the child's presentation as well as what was said.
- Use the child's own words where possible.

- Explain that you cannot promise not to speak to others about the information they have shared.
- Reassure the child that:
 - you are glad they have told you;
 - they have not done anything wrong;
 - what you are going to do next.
- Explain that you will need to get help to keep the child safe.
- Do NOT ask the child to repeat their account of events to anyone.

Failure to follow these guidelines may result in situation where the child is unprotected and the perpetrator of the abuse not successfully prosecuted.

The responsibility to make enquiries and investigate allegations lies with Children's Social Care and the Police FSU, and in the case of sexual abuse, specifically trained doctors. Where abuse is alleged, the response should be limited to listening carefully to what the child has to say so as to:

- Clarify the concerns
- Offer re-assurance about how s/he will be kept safe and
- What action will be taken

The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality. Such well-intentioned actions could prejudice police investigations, especially in cases of sexual abuse. If it is concluded that the child has sufficient understanding to comprehend the significance and consequences of making a referral to Children's Social Care s/he should be asked her/his view. Whilst the child's view should be considered, it remains the responsibility of the professional to take whatever action is required to ensure the child's safety.

CONSULTATION WITH A PARENT

Where possible, concerns should be discussed with the family and agreement sought for a referral to Children's Social Care unless it is concluded that the process of discussing the concern may, either by delay or the behavioural response it prompts, place the child at increased risk. If the concerns relate to a physical injury it is appropriate to seek an explanation from a parent/carer or from the child directly; the details should be recorded.

If the concern relates to issues of chronic neglect and a detrimental emotional relationship over time, it will be appropriate normally to have discussed these concerns with the parents/carers before referral, advising them of the intention to refer.

However concern should not be discussed with the parent where:

- Sexual abuse is suspected
- Where organised or multiple abuse is suspected
- Where fabricated or induced illness (Munchausen Syndrome by Proxy) is suspected.

A decision by any professional not to seek parental permission before making a referral to Children's Social Care must be recorded and the reasons given. Where a parent has agreed to a referral, this must be recorded and confirmed in the referral to Children's Social Care. Formal referrals from named professionals cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer. Where the parent refuses to give permission for the referral, further advice must be sought from a manager or the designated nurse, doctor or teacher and the outcome fully recorded. If, having taken full account of the parent's wishes, it is still considered that there is a need for a referral:

- The reason for proceeding without parental agreement must be recorded
- Social Care should be told that the parent has withheld her/his permission
- The parent should be contacted to inform her/him that after full consideration of their wishes a referral has been made

In these circumstances, it would become a joint decision between Children's Social Care and the referrer about how and when the parents would be approached.

URGENT MEDICAL ATTENTION

If the child is suffering from a serious injury, medical attention must be sought immediately, and Children's Social Care and the duty consultant paediatrician must be informed. Where immediate medical treatment is required this can be secured by calling an ambulance (dial 999) or taking the child to the nearest Accident and Emergency Department. Except in cases where emergency treatment is needed, Children's Services and the police are responsible for ensuring that any medical examinations required as part of enquiries are initiated.

DUTY TO REFER

Workers in LSCB member agencies **must** make a referral to Children's Social Care if there are signs that a child under the age of eighteen years or an unborn baby: is experiencing or may already have experienced abuse or neglect or is likely to suffer significant harm in the future. The timing of such referrals must reflect the level of perceived risk, but in any case should be within 1 working day of the recognition of risk. The safety and welfare of the child overrides all other considerations. A referral may also be appropriate in circumstances in which a parent gives consent as they may benefit from family support.

All agencies and professionals who may encounter concerns about the well being or safety of a child should know:

- What services are available locally and how to gain access to them

- What sources of further advice and expertise are available to them, who to contact and how e.g. the designated doctor or nurse, or the designated teacher in each school
- When and how to make a referral to Children's Social Care
- Check the list of children with a Child Protection Plan by telephoning the Safeguarding Children Unit on 0161 474 5657.

Initiating the Referral

A referral during office hours should be made to the duty social worker at CERMT on 0845 644 4313:

If this is not possible, the concern should be reported to the Family Support Unit of Greater Manchester Police.

If the child is known to have an allocated social worker, referrals should be made to her/him or in her/his absence the manager or a duty officer. In other circumstances referrals should be made to the duty officer.

In urgent situations, out of office hours, the referral should be made to the Emergency Duty Team (EDT)/ Out of Hours Team (OOH) on 0161 728 2118 or to the Police.

When making a referral it is important to ensure that the nature of the concern i.e. a child protection matter is fully conveyed. A simple request to ring back is not sufficient.

Cross Boundary Referrals

Children's Social Care will take referrals regarding children who are not normally resident in their area but who have or are likely to suffer significant harm while they are in the area.

Children's Social Care will take any immediate action required to secure the child's safety and then negotiate with the child's home Local Authority to undertake the child protection enquiries. If there is a significant geographical distance between the two Authorities, Children's Social Care will be guided by the child's home Authority about how they wish to proceed with the case.

Any unresolved issues regarding child protection in cross boundary situations should be referred to the Service Manager, Safeguarding.

Ensuring Immediate Safety

The safety of children is paramount in all decisions relating to their welfare. Any action taken by members of staff from an LSCB agency should ensure that no child is left in immediate danger. The law empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard her/his welfare. A teacher should for example, take all reasonable

steps to offer a child immediate protection from an aggressive parent. Where abuse is alleged, suspected or confirmed regarding children admitted to hospital, they must not be discharged to a situation of potential risk without:

- ◆ Children's Social Care being notified immediately by phone that there are child protection concerns
- ◆ Confirmation being provided within 48 hours by means of a completed CAF. A copy of the CAF should be faxed to the Common process project at Sanderling, fax no – 0161 419 0654. In child protection cases parental consent is not required.
- ◆ A strategy meeting / discussion being held involving relevant hospital staff

Children's Social Care must acknowledge referrals, in writing, within one working day of receipt. Where no acknowledgement is received within 3 working days, the referrer must contact Children's Social Care again.

RECORDING

The referrer should keep a written record of discussions with child, parent, managers and the information provided to Children's Social Care. The referral information should be confirmed in writing within 2 working days using the CAF. The referrer should keep a written record on file (including any notes made at the time) of the decisions taken in the course of the discussion with Children's Social Care and ensure that these are clearly dated, timed and signed.

REFERRALS BY MEMBERS OF THE PUBLIC

Members of the public will talk to agencies in different circumstances and may talk about the abuse of children known to them. They may specifically allege incidents or knowledge of abuse to children or may refer to it when discussing other issues. The children may be well known to them, or may be children of neighbours or others less well known. The type and nature of abuse may be quite specific or it may be described only in very general terms.

It is important that all such allegations or references to abuse are taken seriously and relevant details should be passed to Children's Social Care for further enquiries to be made.

In such circumstances, you should be clear with that person that **you** have a duty to report any alleged abuse, and encourage the person to make a direct referral to Children's Social Care themselves.

Keep clear notes of any such allegation within the child/families record if one is available and if possible, clarify details. If possible take the name and contact details of the person alleging the abuse - it may be necessary for Children's Social Care or the Police to talk to them further.

It is important to note that the identity of the worker referring the concerns will be given to the family except in exceptional circumstances. Members of the

public can remain anonymous if they wish. However it is important that you point out that the nature of the allegation often leads to families deducing who the referrer has been even when anonymity has been maintained. We must not offer an absolute guarantee of confidentiality since the matter may become the subject of legal proceedings.

Any professional from another agency receiving a child protection referral from a member of the public must:

- Advise the member of public to refer directly to Children's Social Care.
- Inform Children's Social Care of the details of the concern
- Note the details of the concern and the communication with Children's Social Care.

The NSPCC and Childline help-lines offer an alternative means of reporting concerns.

NSPCC Child Protection Help line	0808 800 5000
Childline	0800 1111

WHAT TO DO IF YOU ARE WORRIED A CHILD IS BEING ABUSED

This document is available from the Every Child Matters web-site.

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00182/>

SECTION 5: CHILD PROTECTION ENQUIRIES

This section sets out the process to be followed when a child who lives in Stockport or is found in Stockport, is suffering or is likely to suffer from significant harm.

5.1 THE ASSESSMENT FRAMEWORK

The '*Framework for Assessment of Children in Need and their Families*' (DoH, 2000) provides a systematic multi-agency way of analysing, understanding and recording what is happening to children and young people within their families and the wider context of the community in which they live.

All professionals should be aware of the framework as it provides a standardised approach to the referral and assessment process and enables clear, professional judgements to be made throughout the assessment stages. The assessment stages involve;

- Initial consideration of a referral
- Initial Assessment
- Core Assessment

Throughout the assessment processes, the safety of the child remains paramount and the *Assessment Framework* stipulates clear time scales for assessments to be undertaken, setting out standards for the gathering and analysing information across three domains;

- Child's Developmental Needs
- Parenting Capacity
- Family and Environmental Factors

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

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

5.1.1 INITIAL CONSIDERATION OF A REFERRAL

Whenever Children's Social Care receives a referral, the initial consideration of the referral will determine whether the referral should be responded to as a child in need of support (Children Act 1989, S17) or as a child in need of protection (Children Act 1989, S47).

While professionals should seek to discuss any concerns with the family and, where possible, seek their agreement to make referrals to Children's Social Care. This should only be done where such discussion and agreement seeking will not place a child at increased risk of significant harm (Working Together 2006, 5.16)

Professionals who phone Children's Social Care should confirm referrals in writing within 48 hours. The Common Assessment Framework provides a structure for the written referral. At the end of any discussion or dialogue about a child, the referrer (whether a professional or member of the public or family) and Children's Social Care should be clear about proposed action, timescales and who will be taking it, or that no further action will be taken. The decision should be recorded by Children's Social Care and by the referrer (if a professional in another service).

Children's Social Care will acknowledge receipt of a referral and make a decision on the next course of action within 1 working day, following discussion with the referring agency, other agency's, and undertaking record checks on all children in the household.

A senior practitioner (CERMT only) or manager must approve the outcome of a referral and ensure that a chronology has been commenced or updated at the front of the child's file. The decisions may include;

- No further action
- An initial assessment of need and the provision of services
- Section 47 enquiries into the safety and welfare of the child
- Emergency action to protect a child

5.1.2 INITIAL ASSESSMENT

When a parent, professional or another person contacts Children's Social Care with concerns about a child's welfare, it is the responsibility of Children's Social Care to clarify with the referrer (including self-referrals):

- The nature of the concerns ;

- Supporting evidence
- How and why they have arisen; and
- What appear to be the needs of the child and family

Where a child is suspected to be suffering or likely to suffer significant harm, children's social care is required by S.47 of the Children Act 1989 to make enquiries, to enable the Local Authority to decide whether it should take any action to safeguard or promote the child's welfare. When a referral is received and there are concerns for the welfare of the child, the social worker must:

- Consult with the team manager
- Carry out a check on `Care Assess` and EDMS, welfare checks with the Police and NSPCC to ascertain whether the child, or any family member, is known.
- Carry out a check to ascertain whether the child is the subject of a child protection plan
- Discuss with the manager the appropriate stage at which parents are seen and other agencies contacted.

If the child requires urgent medical attention, the person identifying this should consult with their line manager. Medical/health professionals should be consulted immediately and every effort must be made to contact parents/carers at the earliest opportunity.

The Initial Assessment should be completed within a maximum of 7 working days from the date of the referral. The initial assessment period may be very brief if the criteria for initiating Section 47 enquiries are met

The initial assessment should be led by a qualified and experienced social worker and this will include:

- The child's developmental needs
- Whether the parents are able to respond appropriately to the identified needs and whether the child is being adequately safeguarded
- What impact wider issues have on the parental caring capacity
- Is action required to safeguard and promote the welfare of the child?

The assessment must include

- Seeing and speaking to the child according to age and understanding, as well as appropriate family members
- Drawing together and analysing available information from a range of sources

- Involving and obtaining relevant information from professionals and others in contact with the family

Children's Social Care is required by the legislation 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.

A manager must approve the initial assessment and ensure that the child has been seen and the chronology has been updated

5.1.3 CORE ASSESSMENT

A core assessment should be undertaken whenever a S.47 enquiry is initiated

A core assessment, which includes a risk assessment component, is deemed to have commenced at the point at which the initial assessment ended, or strategy discussion decided to initiate enquiries under S.47 of the Children Act 1989, or new information obtained on an open case indicates that a core assessment should be undertaken.

A core assessment must be completed within a maximum 35 working days. Children's Social Care is responsible for the co-ordination and completion of the assessment, involving information and professionals from other agencies as appropriate.

5.2 IMMEDIATE PROTECTION

- 5.2.1 Where there is a risk to the life of a child or a likelihood of serious immediate harm, Children's Social Care and /or the Police must act quickly to secure the immediate safety of the child.
- 5.2.2 Consideration must be given to the need to safeguard other children, especially those in the same household.
- 5.2.3 Responsibility for taking immediate action rests with the Authority where the child is living. This includes children who are looked after by another Authority and children with a Child Protection Plan in another area.
- 5.2.4 The Local Authority taking immediate action should, whenever possible, seek to involve the Local Authority responsible for the child.
- 5.2.5 Planned emergency action will normally take place following an urgent strategy meeting between children's social care, the Police and other relevant agencies. Where a single agency needs to take urgent protective action, **a strategy meeting should take place as soon as possible.**

5.3 STRATEGY DISCUSSION

- 5.3.1 In most cases, immediate protection will not be necessary, as the child's life will not be under threat, and it will be possible to hold a Strategy Discussion and plan the child protection enquiries. The need for a Strategy Discussion will arise from the outcome decision of the Initial Assessment that the child is suffering or likely to suffer significant harm.
- 5.3.2 Close co-operation between all agencies involved in child welfare is essential for effective child protection. The strategy discussion should involve Children's Social Care, the Police and other agencies such as Education or Health if appropriate.
- 5.3.3 Children's Social Care has responsibility for convening the strategy discussion/meeting. If a medical examination may be required, a senior Doctor from the providing service should be included in the strategy discussion.

Purpose of the Discussion

- 5.3.4 The purpose of the strategy discussion is to;
- Share information
 - Agree the conduct and timing of any criminal investigation
 - Decide whether or not Section 47 enquiries and core assessment should be undertaken.
 - Plan how any enquiries should be undertaken and by whom.
 - Agree what immediate action is needed to safeguard the child and/or to provide interim services or support.
 - Determine what information from the strategy discussion will be shared with the family
 - Determine if legal action is required.
- 5.3.5 Matters for Consideration will include:
- Agreeing a plan for the core assessment under s47 of the Children Act 1989
 - Agreeing how the child's wishes will be ascertained so that they can be taken into account when making decisions
 - Considering the needs of other children who may be affected

5.4 THE ROLE OF POLICE OFFICERS IN CHILD PROTECTION INVESTIGATIONS

5.4.1 Actions following a Referral to Children's Social Care where a criminal offence may have been committed;

Consultation with Police

5.4.2 There is a clear expectation that the Police will be contacted in all cases where a criminal offence may have been committed. If there is a decision not to contact the Police then this should be clearly recorded with the reasons why on the child's file and agreed by the line manager.

5.4.3 It is expected that this practice is followed by workers in Stockport, and must be strictly adhered to.

5.4.4 The consultation with the Police should clarify if a single or joint agency investigation is required. A criminal investigation or further police involvement may not be required in every case. The police decision will take account of the best interests of the child/ren and this decision should be clearly recorded on the child's file.

Joint Agency Investigation

5.4.5 In response to Recommendation 99 of the Laming Report following the Victoria Climbié Inquiry, it is expected that the police will carry out 'completely, and exclusively, any criminal investigation elements in a case of suspected injury or harm to a child, including the evidential interview with a child victim. The only exception to this will be where in circumstances where the decision is based on the best interest of the child. The reasons for this action should be agreed by both investigating officers and clearly recorded on the child's file.

5.5 INVOLVING PARENTS, FAMILY MEMBERS AND CHILDREN

5.5.1 The purpose of the visit to the child's parents and/or family members is to:

- Inform the parents/carers of the referral
- Explain the purpose and possible outcome of the Section 47 enquiries to the parents and the child (having regard to age and understanding). Written information is helpful and should include information about advice, advocacy and support from independent sources.
- Gather information and begin to assess the needs of and risks to the child/children.

- Obtain the parents' co-operation in conducting the enquiries, including permission to interview the child/ren (when a decision has been made to carry out a video interview refer to the Joint Police/ Children's Social Care Protocol in Appendix 2).

5.5.2 In the great majority of cases, children remain with their families following enquiries, even where concerns about abuse or neglect are substantiated. As far as possible, enquiries should be conducted in a way, which 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.

5.6 MEDICAL ASSESSMENT OF THE CHILD

- 5.6.1 A medical assessment may need to be requested by Children's Social Care. Parents, or any person, who has parental responsibility for the child (and other children in the household where necessary), must be contacted and asked to give their consent for a medical examination and asked to attend with the child and social worker. If their consent is not forthcoming and concerns remain, then legal advice should be sought.
- 5.6.2 The timing of the medical examination should be decided at the strategy discussion/ meeting and will be dependent on the seriousness of the injuries/concerns.
- 5.6.3 The medical assessment should be undertaken by a Paediatric Consultant/Registrar or a Community Doctor, dependent on the severity of the injury/concerns and age of the child.
- 5.6.4 The medical assessment will need to address whether the child has been injured or harmed, whether there is any other medical or development concerns and provide an opinion about a possible cause.
- 5.6.5 A written report of the assessment must be forwarded to children's social care, and the parent at the earliest opportunity.

5.7 EVIDENTIAL VIDEO INTERVIEWS

- 5.7.1 The Criminal Justice Act 1991 permitted certain child witnesses in cases involving sexual abuse or violence to give their evidence-in-chief in the form of a video-recorded statement. A video interview must be conducted by a suitably trained staff in manner consistent with the guidance contained in *Achieving Best Evidence within Criminal Proceedings: Guidance for vulnerable or Intimidated Witnesses, including Children 2002*. (The guidance provided in 'Achieving Best Evidence within Criminal Proceedings 2002' replaces the 'Memorandum of Good Practice on Video Interviews for Child Witnesses for Criminal Proceedings 1992').
- 5.7.2 Police and Children's Social Care may request a video interview with the child where a criminal investigation is being undertaken alongside s.47 enquiries. Parents, or any person, who has parental responsibility for the child must be contacted and asked to give their consent to the video interview and asked to attend with the child and social worker.
- 5.7.3 The interviewing team will draw upon information about the child and the carer(s) obtained within the undertaking of the core to inform the planning and conducting of a video interview. Since the video-recorded interview may potentially serve as the child's evidence-in-chief, the Police and Children's Social Care should also consider the child's competence, compellability and availability for cross-examination.

Criteria for video recording an interview

- 5.7.4 Police and children's social care should consider a video-recorded interview where the child is;

- under 18 years
- able or can be facilitated to provide a clear account and
- It is clearly in the his/ her interests to proceed

and there has been;

- Direct statement by a child of sexual abuse made to a chosen adult or another child
- Confession by a person about sexual abuse or serious assault on named child
- Direct statement by a child of serious physical abuse

- Paediatrician's opinion that the child has experienced sexual abuse or has a serious injury/ condition where there are concerns as to its cause
- Child is a witness to a grave or serious crime

5.7.5 Any decision whether or not to video record an interview should take into account;

- The needs and circumstances of the child (e.g. age, development, impairments, disability's, degree of trauma experienced, whether the child is now in a safe environment)
- Whether the measure is likely to maximise the quality of that particular child's evidence
- The type and severity of the offence
- The circumstances of the offence e.g. relationship of the child to the alleged abuser)
- The child's state of mind (e.g. likely distress/ or shock)
- Perceived fears about intimidation and recrimination

5.7.6 Given the variety of children's backgrounds, and different circumstances leading to suspicion of abuse, the following considerations should be taken into account before proceeding with any video interview with a child;

- The individual child's circumstances, current or previous contact with public services, previous concerns around parenting, neglect or abuse, and history of the current allegations
- The purpose and likely value of a video recorded interview on this occasion
- Competency, compellability and availability of the child for cross-examination
- The child's ability and willingness to talk in a formal interview setting
- Preparation of the child before interview

5.7.7 It is likely that a video-recorded interview will be considered if a child makes a clear allegation of abuse, or if someone has witnessed a child being abused. A video interview will be inappropriate if a child's religion forbids it or if s/he has no expressive language.

5.7.8 In circumstances where it is decided that it is more appropriate to take a written statement, the reasons for this should be recorded on the child's file and the interviewer(s) should consider the P.E.A.C.E model of investigative interviewing advocated by the Association of Chief Police Officers in '*The Practical Guide to Investigative Interviewing*' (published annually by the National Crime Faculty at Bramshill).

5.8 RISK ASSESSMENT

5.8.1 The analysis of information gathered in child protection enquiries must include attention to the following points:

- Seriousness of any current or potential harm
- Previous abuse to this, or to any other child
- Degree of acknowledgement and acceptance of responsibility by parents/carers
- Factors inhibiting parents/carers capacity to provide adequate care for their child/ren
- Potential for positive change
- Services which will address needs and risks facing the child/ren
- Protective factors and supportive networks
- The child's views, wishes and feelings dependent on their age/ability and understanding.

5.9 OUTCOME OF CHILD PROTECTION ENQUIRIES

5.9.1 The outcome of the child protection enquiries should be recorded and parents, professionals and agencies that have been significantly involved, informed in writing.

5.9.2 Enquiries may result in a number of outcomes, all of which must be approved by a manager.

(i) Concerns that are not substantiated

Enquiries may not substantiate the original concerns about a child being at risk of, or suffering significant harm. In these circumstances there may be:

- No further action to be taken
- A decision to provide services to the child as a child in need
- A decision to monitor the child's welfare because there remain concerns about significant harm but not sufficient evidence.

The purpose of monitoring should always be clear, i.e. what is being monitored and why, in what way and by whom. It will also be important to inform the parents of the ongoing concern. A date should be set for reviewing the monitoring arrangements.

(ii) Concerns are substantiated, but the Child is not judged to be at continuing Risk of Significant Harm

- 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 there is no continuing risk of significant harm and that a plan for ensuring the child's future safety and welfare can be developed and implemented, without the need for a Child Protection Conference or a Child Protection Plan.
- In these circumstances, it may still be helpful to hold a meeting of professionals, the child and the family, to agree what actions need to be taken, by whom and with what intended outcomes for the child's safety and development. Family Group Meetings or Child in Need meetings may have a role in these circumstances (Refer to Chapter 3).

(iii) Concerns are substantiated and the Child is Judged to be at Continuing Risk of Significant Harm

- Where the Section 47 enquiries have established that the child may continue to suffer or to be at risk of suffering significant harm Children's Social Care should convene a Child Protection Conference. The aim is to enable those professionals most involved with the child and family, together with the family itself, to plan how to safeguard the child and promote his/her welfare. The initial case conference should be held within 15 days of the decision to initiate s.47 enquiries. Where an Initial Case Conference has been convened, an Interim Child Protection Plan should be drawn up which will remain in force until the conference is held

5.10 PRE-BIRTH REFERRAL & ASSESSMENTS

5.10.1 Where agencies or individuals anticipate that prospective parents may need support services to care for their baby or that the baby may be at risk of significant harm, a referral children's social care must be made as soon as the concerns are recognised.

5.10.2 Where the concerns centre around a category of parenting behaviour e.g. substance misuse, the referrer must make clear how this is likely to impact on the baby and what risks are predicted. Delay must be avoided when making referrals in order to:

- Provide sufficient time to make adequate plans for the baby's protection
- Provide sufficient time for a full and informed assessment
- Avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time

- Enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome to assessments
- Enable the early provision of support services so as to facilitate optimum home circumstances prior to the birth

5.10.3 Concerns should be shared with prospective parent/s and consent obtained to refer to Children's Social Care unless this action in itself may place the welfare of the unborn child at risk e.g. if there are concerns that the parent/s may move to avoid contact with Children's Social Care.

THRESHOLD FOR PRE-BIRTH ASSESSMENT

5.10.4 Pre-birth assessments are required when:

- A child has previously died whilst in the care of either parent
- A parent or other adult in the household is a person who poses a risk to children (see Appendix 7)
- A sibling has previously been removed from the household either temporarily or by court order
- Domestic violence is known to exist
- The degree of parental substance misuse is likely to significantly impact on the baby's safety or development
- The degree of parental mental illness/impairment is likely to significantly impact on the baby's safety or development
- There are concerns about parental ability to self care and/or to care for the child e.g. unsupported young or learning disabled mother
- Any other concern exists that the baby may be at risk of significant harm

PRE-BIRTH PROFESSIONALS MEETING

5.10.5 A 'professionals meeting' must be held within 10 working days of a referral being received.

5.10.6 The meeting must be chaired by a Children's Social Care manager and involve all agencies with relevant information, including the midwifery service. Where required a legal advisor should be invited. The meeting must decide:

- Whether a pre-birth assessment is required
- What areas are to be considered for assessment
- Who needs to be involved in the process
- How and when the parent/s are to be informed of the concerns

5.10.7 The assessment plan must be consistent with standards required for possible court proceedings, including clear letters of instruction.

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

PRE-BIRTH CORE ASSESSMENT

5.10.9 This must identify:

- Risk factors
- Strengths in the family environment
- Factors likely to change and why
- Factors that might change, how and why
- Factors that will change and why

5.10.10A concluding risk assessment must make recommendations regarding the need, or not, for a pre-birth child protection case conference which must be held a minimum of 10 weeks prior to the expected delivery date or earlier if a premature birth is likely.

PRE-BIRTH ASSESSMENTS WHERE A COUPLE ARE SEEKING IVF TREATMENT

5.10.11 In a family where there is no living child, but the threshold for pre-birth assessment is met, an assessment will be required once the pregnancy is confirmed. A couple seeking IVF treatment should be advised by the social worker if the threshold is met and an assessment is planned. This is also required as a response to requests from an IVF clinic.

SECTION 6: INITIAL CHILD PROTECTION CONFERENCE AND DECISION MAKING

6.1 INTER-AGENCY COLLABORATION

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

- Appropriate sharing of information
- Careful preparation for conferences, including the provision of reports
- Attendance at conferences
- Contributing to decision making
- Following up agreed action to safeguard the child

Purpose of initial conference

The initial child protection conference brings together family members, the child (where appropriate), supporters/advocates and those professionals most involved with the child and family to:

- Share and evaluate information in an inter-agency setting regarding the child/ren's health, development and functioning and the parent/carer's capacity to ensure the child's safety and promote their well being
- Make judgements about the likelihood of the child/ren suffering future significant harm and whether there are sufficient concerns to make the child/ren's the subject(s) of a child protection plan
- Decide what future action is needed to safeguard the child/ren and promote their welfare, how that action will be taken forward and with what intended outcomes and time-scales
- Allocate a key worker for children who are made the subject of a child protection plan to develop, co-ordinate and implement the plan
- Identify a multi-agency core group to formulate, implement and review the inter-agency child protection plan.
- Develop an agreed Child in Need plan and identify a lead professional where registration does not occur and refer the case down into the children in need system with an agreed outline plan of continuing work.

The conference must consider all the children in the household, even if concerns are only being expressed about one child.

Section 47 enquiries and initial child protection conferences

For all children there should be a section 47 enquiry prior to deciding to hold a child protection conference. Conferences should not be held or a decision made to make the child the subject of a Child Protection Plan without a section 47 enquiry, even in the case of an unborn child. To make a child the

subject of a child protection plan without having a section 47 enquiry contravenes the Human Rights Act 1998. Government guidance is clear that:

- A child cannot be the subject of a Child Protection Plan without an initial child protection conference having been held.
- A child cannot be the subject of an ICPC without having been the subject of a section 47 enquiry.
- All children subject to section 47 enquiries must be the subject of a core assessment.
- Not all child protection referrals should result in section 47 enquiries.
- The decision to initiate section 47 enquiries will normally be taken within the context of a strategy discussion unless already begun, e.g. in an obvious emergency situation.

6.2 CRITERIA FOR CONVENING AN INITIAL CHILD PROTECTION CONFERENCE

It will be neither necessary nor appropriate to convene an initial child protection conference in respect of every child who is subject to a section 47 enquiry. A conference should only be convened where it appears that the following criteria are met:

- Following Section 47 enquiries, where the concerns have been substantiated that a child is continuing to be at risk of significant harm
- Following Section 47 enquiries, where concerns have been substantiated that a child has suffered significant harm, unless discretion not to hold an initial conference has been agreed
- When a child currently subject to a Child Protection Plan with another Authority moves into Stockport
- When a child moves into or is born into a household in which resides a child currently the subject of a Child Protection Plan
- When a child is expected to be born and there are serious concerns that the child is likely to suffer significant harm
- A Conference may also be considered where the return home of a child is being considered and that child has previously been the subject of a Child Protection Plan and was only de-registered because s/he was living away from home
- Where a child is alleged to have abused another child and the recommendation from the enquiries/assessment is for a Child Protection Conference
- Where it becomes apparent that a person assessed as presenting a risk to children following a conviction is living in a household with children and is considered to present a risk of significant harm to them.

It is essential, however, that any section 47 enquiries that do not proceed to initial conference are agreed with the Children's Social Care Safeguarding Unit and the reasons recorded.

Where other agencies are seriously concerned that a child's welfare may not otherwise be adequately safeguarded, they should convey their judgment that a conference should be held to the appropriate Children's Social Care operational team. Any such request should normally be agreed. However, if the Team Manager and the referring agency are in dispute about the need for a child protection conference the matter should be referred to the respective agency lead for safeguarding who will discuss the matter and reach a decision. In the event of any continuing dispute, the matter will be referred to the Corporate Director, Children and Young People whose decision will be final.

Timing of initial conference

The initial child protection conference **MUST** take place within **15 working days** from the strategy/ discussion at which it was decided to start a section 47 enquiry. In those circumstances where a section 47 enquiry was not initiated (such as neglect and emotional abuse cases, concerns in relation to unborn children, or notification by another authority that a child on their register has moved into our area), then the date when a decision to convene a conference will be used as the start date of the section 47 enquiry. Within this timescale, however, it is important to convene the conference to allow a full investigation, the attendance of relevant staff, and ensure the availability of information. Should more than 15 days be necessary Social Workers must be confident that the child is adequately protected and the Safeguarding Unit must be contacted in order to record the reason for the delay. It may be appropriate to conduct an assessment before convening an initial child protection conference in those cases where an adult assessed as posing a risk to children has moved into a family to determine what the ongoing risks may be. In order to comply with police requirements for notifications and compliance with timescales, conferences should be booked within 2 days of the strategy discussion.

Pre-birth conferences

On occasion, there will be sufficient concerns about the future risks to an unborn child to warrant the convening of a child protection conference to consider the need for registration and an inter-agency child protection plan. This decision will normally follow on from a pre-birth risk assessment. This conference should have exactly the same status as any initial child protection conference.

A pre-birth conference must be held:

- Where a pre- birth assessment gives rise to concerns that an unborn child may be at risk of significant harm
- Where a previous child has died or been seriously injured or been removed from parent/s as a result of significant harm
- Following assessment where a child is to be born into a family or household which already have children on the child protection register

- Following assessment where an individual assessed as presenting a risk to children following a conviction resides in the household or is known to be a regular visitor.

Other risk factors which must be considered are:

- The impact of parental risk factors such as mental ill-health, learning disabilities, substance misuse and domestic violence
- A mother under sixteen about whom there are concerns regarding her ability to self care and/or to care for the child

All agencies involved with pregnant women should consider the need for an early referral to Children's Social Care so that assessments are undertaken and family support services provided as early as possible in the pregnancy.

TIMING OF CONFERENCE

The conference should be convened in time to pool and share information and identify an inter-agency child protection plan where necessary. The timing of the conference should take into account the expected date of delivery. Ideally the pre-birth conference should take place at least eight weeks before the due date of delivery, or earlier if there is a history of premature birth.

If a decision is made that the unborn child be included on the child protection register from birth the main cause for concern should determine the category of registration. The core group must be established at the initial conference and meet prior to the birth and certainly prior to the baby's return home after a hospital birth. The first child protection review will take place within three months from the date of birth and registration.

The Safeguarding Children Unit must be notified of the child's name and correct birth date immediately following the birth.

The Safeguarding Children Unit will record the pre birth conference decision and expected date of delivery as part of the register prior to the birth.

If it is not possible to hold a child protection conference before the birth of a baby who is considered at risk of significant harm, contact should be made with the relevant Children's Social Care team for immediate action to protect the child, and consideration should be given to them convening an initial child protection case conference at the earliest opportunity.

Transfer-in conference

When Children's Social Care are notified that a child, subject to a child protection plan in another area, is living within its own boundaries, a transfer in conference should be held within 15 working days of the notification of the move by the originating authority.

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

The key worker from the originating authority must be invited to the transfer conference and asked to submit a report.

The transfer conference is an initial conference. However, discontinuation of the child protection plan from the previous local authority should only be agreed at this conference following a full assessment of the child and family in their new situation.

If a child protection plan is agreed at a transfer conference, a review conference should be held within 3 months.

6.3 PROFESSIONAL ATTENDANCE OF AN INITIAL CHILD PROTECTION CONFERENCE

6.3.1 A conference should consist of the people consistent with effective case management, but the following should normally be invited:

- Parents/carers and other family members (see paragraph - Family involvement in Child Protection Conferences). In situations of conflict, the attendance of the person who has the primary care of the child should be prioritised.
- Children's Social Care staff, including those who have undertaken the Section 47 enquiry.
- Police Family Support (Headquarters).
- Senior Nurse, Child Protection.

Professionals directly involved with the child, eg:

- Teaching staff
- Education Welfare Officer
- Health Visitor
- School Nurse
- Early Years Staff
- Paediatrician
- G.P.
- Educational Psychologist
- Mental Health Professionals
- YOT
- Foster Carers
- Residential Workers
- CAFCASS.

Relevant Professionals directly involved with parents eg:

- Midwife
- Mental Health Staff
- Probation Officer

- Alcohol/substance abuse staff.

Consideration should also be give to:

- Local Authority Solicitor
- Representative from Voluntary Organisation (eg. Sure Start, Women's Refuge)
- Housing Officer.

6.3.2. Agencies should limit their representation to a maximum to two specialists, so as to minimise the intimidating effect of large meetings on parents and children and ensure efficiency. Those attending conferences should be there because:

- They have a significant contribution to make, arising from professional expertise, knowledge of the child and/or family
- They can enable the conference to make informed decisions about what action needs to be taken to safeguard the child and promote his or her welfare
- They can make realistic and workable proposals for taking that action forward.

All invited agencies and professionals must attend or send a representative to contribute information and to be part of the evaluation and decision making process. Professionals who are invited but unable to attend for unavoidable reasons should inform the conference administrator and submit a written report.

Quoracy

6.3.3 The primary principle for determining quoracy is that there should be sufficient agencies present to enable safe decisions to be made in the individual circumstances. *Working Together to Safeguard Children* states that as a minimum, Children's Social Care plus at least two other agencies, 'who have had direct contact with the child who is the subject of the conference', should be in attendance. Where a conference is inquorate it will not normally be able to proceed. In such circumstances the chair must ensure that either:

- An interim plan is produced or
- The existing plan is reviewed with the professionals and family members that do attend, so as to safeguard the welfare of the children. Another conference date must be set immediately, and within three weeks.

6.3.4 At review conferences in exceptional cases, where one agency is absent and they have sent a report which specifically recommends continued registration, the Chair may decide to proceed with the conference and record the reason in the minutes.

The decision to remove a child's name from the list of those subject to a child protection plan can only be made at a quorate conference.

6.3.5 In exceptional circumstances i.e. where a child has not had relevant contact with three agencies, the minimum quorum can be breached; the decision to proceed with a conference which is not quorate must be agreed by the chair and the reason clearly recorded on the minutes.

6.4 INVOLVING CHILDREN AND FAMILY MEMBERS IN AN INITIAL CHILD PROTECTION CONFERENCE

Invitations

6.4.1 Written invitations must be sent to all people to be invited to attend the Initial child protection conference by the Safeguarding Children Unit. A map should also be included.

6.4.2 Parents and young people aged 11 plus should receive an explanatory leaflet about the conference and also a pro-forma to complete if they wish to do so. Their participation should be carefully planned by the Chair and Social Worker. See also Children's Participation in Child Protection meetings

Specific communication needs

6.4.3 If the parent, family member or child have specific communication difficulties, because of language or disability, the Social Worker is responsible for ensuring the services of an interpreter or specialist worker are made available, or that specific communication aids are provided wherever possible. 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. Refer to 'Use of Interpreters, Signers or Others with Special Communication Skills Procedure', in Section 11.

6.4.4 The Social Worker must inform the conference Chair of any family member with communication difficulties and of what provision has been organised to address these.

6.4.5 Any professional invited to a conference who has specific needs is asked to inform the chair in advance of the conference, so that appropriate action can be taken.

Family Involvement In child protection case conferences

6.4.6 Stockport Local Safeguarding Children Board have agreed that relevant adults and children/young people should be able to attend throughout the conference unless they fulfil the criteria for exclusion or there is a need for confidential discussion. Family members who attend will take no part in the formulation of the decision on whether to place the child's name on the child protection register. Relevant Adults would be:

- Both parents - provided they have a significant relationship and contact with the child
- A parent's partner, if the parent and partner both have care of the child or significant relationship/contact
- Other relatives who may be providing direct care to the child
- An appropriate adult supporter whose role is to support the carer as circumstances warrant.

6.4.7 Alternatively, a parent may bring a solicitor to the conference on the understanding that the solicitor acts as a **supporter, not as a legal representative**. The role of the supporter is to enable the parent/ carer to put her/ his point of view, not to take an adversarial position or cross-examine participants. In exceptional circumstances, where a parent is unable to attend (e.g. is in hospital or prison), the Social Worker should discuss with the chair how the parents' views can be represented effectively.

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

- Providing alternative means to communicate with the chair
- Exploring the use of an advocate or supporter to attend on behalf of the parent
- Enabling the parent to write or tape their views
- Agreeing that the social worker, or any other professional, expresses their views

Preparation for attendance: parents/carers

The social worker must facilitate the constructive involvement of parents/ carers by ensuring in advance of the conference that they are given sufficient information and practical support to make a meaningful contribution. **The Social Worker report should be given to parents, carers 48 hours in advance.** The social worker must explain to parents/ carers the purpose of the meeting, who will attend, the way in which it will operate, the purpose and meaning of a child protection plan and the complaints process. Preparation should include consideration of childcare arrangements to enable the attendance of parent/s.

Written information should be left with the family regarding conferences, the right to bring a friend, supporter (including an advocate) or solicitor (in role of supporter), details of any local advice and advocacy services and the conference complaints procedure.

Parents/ carers will be invited to attend the conference venue 30 minutes prior to professionals. This will allow for a period of pre-conference preparation. They will be able to read the Social Worker's report and again meet with the chairperson in order to clarify their understanding of the conference in terms of its purpose and process. The Chair will explain that only the agency representatives will make the decision about the need for a child protection plan although the views of parents/ carers will be listened to and recorded.

Preparation for attendance of young person

Each child's ascertainable wishes and feelings and the means by which these have been obtained must be available for the conference. For some children and young people actual attendance will be in their best interests. For the policy in relation to children and young peoples' participation (see section 6.10).

Young people aged 11 plus should receive an explanatory leaflet about the conference and also a pro-forma to complete if they wish to do so. Their participation should be carefully planned by the Chair and Social Worker.

Attendance of other professionals

6.4.18 The Local Authority Legal Services are to be consulted by the responsible Children's Manager before the initial child protection conference where legal proceedings are pending to determine whether a solicitor needs to be present. When parents and children's solicitors attend conference, their role at the conference should be outlined by the chair.

6.4.19 Where a children's guardian has been appointed in relation to pending court proceedings, they should be invited to attend the conference.

6.4.20 Interpreters must be used in all cases where there is a member of the family who does not clearly understand English. Interpreters invited to initial child protection conferences must be fully briefed prior to the conference.

6.4.21 Professional requesting the attendance of observers must seek the permission of the chair prior to the conference. The views of the child and family members will be sought and will inform the decision.

Exclusions

6.4.22 In exceptional circumstances relevant adults and young people can be excluded from the conference. Any exclusion of parents/carers should be decided by the chair according to the following criteria:

- There is a continuing police investigation, which may make attendance inappropriate.
- There is a threat of violence to members of the conference or a significant threat of disruption to conference proceedings. In addition, where there has been a history of violence or disruption, exclusion will be considered.
- The adults concerned are under the influence of alcohol or other substances.
- The bail conditions, or any other legal order, preventing one person having contact with another who will be attending the conference.
- The circumstances of the case indicate that the presence of a parent may seriously prejudice the welfare of the child.
- Conflicts between different family members who may not be able to attend at the same time.

6.4.23 The chair has discretion in deciding if any particular person fulfils the criteria for exclusion. Should any agency believe that a person fulfils the criteria for exclusion then that agency has responsibility to discuss the issue with the chair as soon as they think exclusion may be necessary, prior to conference. The chair will liaise with the Police, as required, about the management of any potential risk. If parents/ carers are excluded prior to the conference, this must be communicated in writing to the parent, who should be invited to communicate their views to the conference by another means. They should also be informed how they will be told of the outcome of the conference and about the complaints procedure.

6.4.24 Parents are excluded because of above, they will not be sent copies of the minutes and reports. However the conference must agree how the decision and recommendations of the conference are to be conveyed to them and by whom.

6.4.25 If a decision to exclude a parent is made, this must be fully recorded in the minutes. If parents are excluded because of other reasons, they should, other than in exceptional circumstances, be sent copies of the minutes and reports. Any variation from this should be clearly recorded in the minutes with the reason's why. The conference must agree how the decisions and recommendations of the conference are to be conveyed to them and by whom.

- 6.4.26 Exclusion at one conference is not reason in itself for exclusion at further conferences.

Confidential slot

- 6.4.27 If any member of the conference wishes to exercise their right to withhold confidential information from the family members, this must be discussed with the chair beforehand.
- 6.4.28 If it is appropriate for the information to be withheld from the family, then the chair will ask the family to leave the conference briefly for a closed session.
- 6.4.29 It is rare for a confidential slot to be required except when there is police information about a third party. Any period of exclusion should be kept to a minimum and the reasons for this explained to parents.
- 6.4.30 On occasion it may be appropriate to agree that information shared in the confidential slot must be shared with a parent in order to protect the child. In this instance this should be clearly recorded in the minutes and the process by which this should be done, agreed. Most commonly this will be by the Social Worker outside of the conference. In cases of suspected Fabricated or Induced Illness, refer to both the specific procedure relating to this, and the Home Office Guidance.

6.5 PRE-BIRTH CONFERENCES

- 6.5.1 A pre-birth conference is an initial child protection conference concerning an unborn child. Such a conference has the same status and purpose and must be conducted in a comparable manner to an initial child protection conference.
- 6.5.2 Pre-birth conferences must always be convened where there is a need to consider if any inter-agency child protection plan is required. This **decision** will usually follow from a pre-birth assessment.

THRESHOLD CONFERENCE

- 6.5.3 Pre-birth conferences must always be convened where there is a need to consider if an inter-agency child protection plan is required. This decision will usually follow from a pre-birth assessment. A pre-birth conference must be held:
- Where a pre-birth assessment gives rise to concerns that an unborn child may be at risk of significant harm.

- Where previous child has died or been removed from parent/s as a result of significant harm.
- Following assessment where a child is to be born into a family or household which already have children on the child protection register.
- Following assessment a schedule 1 offender resides in the household or is known to be a regular visitor (see `Criteria for Conference` beginning of this section).
- Where a previous child has died or been seriously harmed because of abuse or neglect.

6.5.4 Other risk factors which must be considered are:

- The impact of parental risk factors such as mental ill-health, learning disabilities, substance misuse and domestic violence.
- A mother under sixteen about whom there are concerns regarding her ability to self care and/or to care for the child.

6.5.5 All agencies involved with pregnant women should consider the need for an early referral to Children's Social Care, so that assessments are undertaken and family support services provided as early as possible in the pregnancy.

TIMING OF CONFERENCE

6.5.6 The pre-birth conference should take place as soon as practical and at least eight weeks before the due date of delivery.

6.5.7 Where there is a known likelihood of a premature birth, the conference should be held earlier.

ATTENDANCE

6.5.8 Those who normally attend an initial child protection conference must be invited, with the important addition of a representative of the midwifery services.

6.5.9 Parents or carers should be invited as they would be to other child protection conferences and should be fully involved in plans for the child's future.

6.5.10 Consideration must always be given to the attendance of a legal representative for Children's Social Care.

- 6.5.11 If a decision is made that the child needs to be made the subject of a child protection plan, the main cause for concern must determine the category of registration and the plan outlined to commence prior to the birth of the baby.
- 6.5.12 The core group must be established and meet if at all possible prior to the birth, and certainly prior to the baby's return home after a hospital birth.
- 6.5.13 If a decision is made to register, the child's name (or `baby`, if not known) should be added to the register at birth. The name and correct birth date must be notified to the Safeguarding Children Unit immediately following the birth.
- 6.5.14 The Safeguarding Children Unit will formally record the decisions, and estimated delivery date (EDD) of all pre-birth conferencing of the baby.

TIMING OF REVIEW CONFERENCE

- 6.5.15 The first review conference will be scheduled to take place within one month of the child's birth. This may be extended to two months with the written authorisation of the service manager if information from a postnatal assessment is crucial for a well-informed review conference.

6.6 PROVISION OF INFORMATION FOR AN INITIAL CHILD PROTECTION CONFERENCE

- 6.6.1 Written reports detailing relevant information, with a summary of child protection concerns, as well as family strengths, should be prepared by all agencies represented at the conference and **forwarded to the Chair at least 48 hours before conference**. Wherever possible, the standard pro-forma should be used (see Appendix 4)
- 6.6.2 Reports must be shared by the authors with parents 48 hours prior to the initial conference and five working days in advance of a review conference. The reports should distinguish between fact, observation, allegation and opinion. Wherever possible, evidence should be provided to substantiate statements made.
- 6.6.3 All written information for conference will be shared with the parents and other members. In cases where a child or young person is attending, careful consideration should be given as to whether or not written reports are shared.
- 6.6.4 The Social Care report should include the following:
- Details of the concerns and child protection enquiries.

- Background information i.e. chronology of significant events and agency and professional contact with the child and family.
- Observations about parenting ability.
- Information about child's health and development.
- Family strengths.
- The child's views, wishes and feelings.
- Views of parents/carers and other significant family members as appropriate.
- Analysis of risk.
- Recommendation about the need for a Child Protection Plan.

6.6.5 Other professionals should prepare their reports to conference detailing:

- Their involvement with the child and family
- Information about the child's health and development
- Capacity of the parents to safeguard the child's health and development, if they are able to comment
- Information about the family's strengths and areas of concern, including child protection concerns
- It is important that all professionals share their reports with joint members prior to the conference.

6.7 THE ROLE OF THE CHAIR OF THE CONFERENCE

6.7.1 The chair of the conference should be a professional who is independent of operational or line management responsibilities for the case and the status of the chair should be sufficient to ensure inter-agency commitment to the conference and the child protection plan. In Stockport, conferences are chaired by a Reviewing Officer based in the Safeguarding Children Unit.

6.7.2 The responsibilities of the chair include:

- Meeting the parents/carers prior to the conference to ensure that they understand the purpose and the process of the conference. The chair will also ensure that they have copies of the reports.
- Ensuring that the conference is quorate, and if it is not, to make the decision as to whether, in exceptional circumstances, the conference should proceed. The chair will ensure this decision is recorded.
- Setting out the purpose of the conference to all present and emphasising the principle of confidentiality, with the conference context (See Appendix 5 – Agenda for Initial Child Protection Conference).

- Ensuring conferences adhere to Stockport's Anti-Discriminatory Policy.
- Enabling all those present to make their full contribution to the discussion.
- Ensuring that contributions from people who do not attend are circulated to conference members.
- Ensuring that the conference takes the decisions required of it, in an informed, systematic and explicit way.
- Ensuring that, if a child is made the subject of a Child Protection Plan, Core Group members are identified, the Outline Protection Plan is drawn up and a date set for the review conference. It should also be possible to agree the date for the first Core Group.
- Arranging for a conference secretary to take and produce accurate minutes.

6.8 DECISION MAKING AT AN INITIAL CHILD PROTECTION CONFERENCE

6.8.1 The main actions and decisions to be made by the conference are:

- Whether a child needs to become the subject of a Child Protection Plan and if so, to do the following:
 - To record the category of abuse or risk
 - To formulate an outline Protection Plan
 - To formulate recommendations
 - To identify the designated key worker
 - To identify the Core Group members
 - To specify the date for the review conference.

6.8.2 As outlined in *Working Together to Safeguard Children* the Conference should consider the following question when determining whether to make a child the subject of a Child Protection Plan:

- Is the child at risk of significant harm?

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 is likely. Or,

- Professional judgement, substantiated by the findings of enquiries in this individual case or 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.

NB: A child can only be made the subject of a Child Protection Plan at an Initial conference. If there are other children who are already the subject of a Child Protection Plan, they can be reviewed at the Initial conference convened on another child in the household/family.

6.8.3 The child should be recorded as a child with a Child Protection Plan under the category of physical, sexual or emotional abuse or neglect

- The category/(s) used must indicate to those consulting the record of children with Child Protection Plans the primary presenting concerns at the time of the plan being agreed.
- Multiple categories should not be used to cover all eventualities, but it may, on occasion be appropriate to use more than one category if it is clear that the child is at risk of continuing significant harm to an equal extent.
- Emotional abuse should only be used as a second category if there is evidence of substantial concern.

6.8.4 When the decision is made to make a child the subject of a Child Protection Plan the following will be agreed at the conference.

- The category – to be decided by the chair
- The outline Protection Plan
- Additional Recommendations with timescales
- Name of designated key worker
- Identification of the Core Group members and date of first Core Group Meeting
- Date for completion of the Core Assessment
- Date of the Review Conference.

Dual Process

6.8.5 Where a child is made the subject of a Child Protection Plan and is looked after at the same time, this is described as Dual Process. In such circumstances it is expected that the child would no longer be the subject of Child Protection Plan (or not given such a plan at all if it is the Initial Conference) and the child's protective needs should be met under the looked after procedures. In exceptional circumstances, where a Child Protection Plan is felt necessary, agencies should discuss this with the chair prior to the conference.

Purpose and scope of Dual Process

- 6.8.6 This procedure deals with children subject to the dual planning of a Child Protection Plan and who are looked after at the same time. This is referred to as Dual Process. The procedure is to standardise the approach in dealing with Dual Process.

Context

- 6.8.7 A Child Protection Plan involves a child living in the community who is deemed to be at risk of significant harm. A formal Protection Plan is agreed by professionals to support the child and his /her family so the risks can be managed and reduced. The Outline Plan is agreed at a child protection conference and is then built on and monitored through regular meetings (Core Groups).
- 6.8.8 The procedures underpinning Child Protection Plans are set out in *Working Together* and the Safeguarding Children policies and procedures.
- 6.8.9 The term looked after refers to children who are usually placed away from home by the Local Authority in a residential establishment, foster placement or with a relative or friend. A child can be placed away from home either through a voluntary agreement with the parent (Section 20 Children's Act 1989) or by an order of the court (Section 38 Interim Care Order when court proceedings are on-going) and (Section 31 when a final Care Order is made). Children placed at home with their parents are only classed as looked after if they are subject of an Interim or final Care Order.
- 6.8.10 It is expected practice within the Authority that where a child is the subject of Child Protection Plan and is or becomes looked after, the outstanding protection needs of the child can be managed through the looked after children review system. Both systems operate and are managed through the Safeguarding Children Unit.
- 6.8.11 When a child on subject to Child Protection Plan becomes looked after it is expected that the child will be removed from that plan at the next child protection review. The review will ensure that sufficient safeguards are in place such as frequency of meetings, inter-agency liaison and access to relevant police information to be included in the care plan of the child, which will then be reviewed through the Looked after children process. This plan should be endorsed by the relevant Team Manager and agencies involved with the child. Where it is required, it will be recommended that the Core Group identified at the child protection conference continue to meet and contribute to the overall care plan for the child.

6.8.12 However, there may be some exceptional circumstances where Dual Process is appropriate, for instance where a child becomes accommodated under Section 20 and is likely to return home in the near future.

Resolving Professional Agreement

Dissent at enquiry stage

6.8.13 If the professionals concerned are unable to resolve their differences within an acceptable time scale for both of them, their respective line managers must immediately be invited to consider the issues.

Difficulties will require a Children's Social Care Team Manager liaising with his/her equivalent in the relevant agency e.g. a Detective Sergeant in the FSU, a Senior Health Visitor/ Nurse/ GP.

6.8.14 If agreement cannot be reached following discussions between the above `first line` manager (if necessary taking advice from designated/named/lead officers), the issue must be referred without delay through the levels of accountability to the equivalent of Service Manager/ Detective Inspector/ Head Teacher or designated professional.

6.8.15 Records of discussion must be maintained by all the agencies involved.

Dissent of Child Protection Conferences

6.8.16 The chair should enable those present at the conference to reach agreement on decisions if at all possible. If there is dissent over the question of whether a child should be subject to a Child Protection Plan then the following should apply:

- The chair will be the final arbiter after giving due consideration to the views of the representatives from the statutory agencies, particularly those with lead responsibility and involvement in the Core Group.
- Dissent to the decision to develop a Child Protection Plan or not as expressed by particular agencies should be clearly recorded.
- If a professional concludes that a conference decision places a child at risk, he/she must seek advice from his/her named or designated or lead professional or manager.

6.8.17 If the named designated lead professional or manager believes that the decision reached by the chair places a child at (further) risk of significant harm, it is expected that she/he formally raises the matter

with the Custodian of the list of cases of children with child protection plans. The Custodian will liaise with the conference chair and either:

- uphold the decision reached by the conference chair or
- require that the conference be re-convened.

6.8.18 This decision will be recorded and put in writing to all those invited to attend the conference within 28 days.

Deferred Decision on whether a Child Protection Plan is needed

6.8.19 In exceptional circumstances a decision can be taken to defer a decision about a Child Protection Plan. This should not be used to avoid a difficult decision but in the event of a crucial piece of information not being available. The deferment should be as short as possible and no longer than four weeks.

Dissent regarding the implementation of the Child Protection Plan

6.8.20 Concern or disagreement may arise over another professional's decisions, actions or lack of actions in the implementation of the Child Protection Plan, including Core Group meetings. The line managers of the professionals involved should address these concerns in the first instance.

6.8.21 If agreement cannot be reached following discussions between the above 'first line' managers (if necessary taking advice from designated/ named/ lead officers), the issue must be referred without delay through the levels of accountability to the equivalent of Service Manager/ Detective Inspector/ Head Teacher or designated professional. Records of discussions must be maintained by all the agencies involved.

Where Professional differences remain

6.8.22 If professional disagreements remain unresolved, the matter must be referred to the heads of service for each agency involved.

6.8.23 In the unlikely event that the steps do not resolve the issue described previously and/or the discussions raise significant policy issues, it may be helpful to refer the matter to Safeguarding Children Board policy and practice sub-committee.

Decision that a Child Protection Plan is not needed

6.8.24 In the event of no Child Protection Plan being required, the conference should consider whether the child might still require help to promote his/her health or development. If so, the conference should transfer the case to the Child In Need process, and ensure arrangements are in place to consider, with the family, what assistance may be needed. A

Child In Need meeting should be held within 15 working days and this will be monitored by the Common Processes Team. It may still be appropriate to continue with a core assessment of the child's needs to help identify what support may be required. If further concerns arise following the conference, these must be conveyed to Children's Social Care and consideration given to convening another Initial case conference.

6.9 ADMINISTRATION ARRANGEMENTS AND RECORD KEEPING FOR INITIAL CHILD PROTECTION CONFERENCE

- 6.9.1 The Safeguarding Children Unit will be responsible for the production and distribution of the minutes of child protection case conferences
- 6.9.2 The minutes will be provided within 15 working days to all those who attended or were invited to the conference.
- 6.9.3 Child protection case conference minutes are strictly confidential to its constituent members. They should not be disclosed to third parties without the permission of the conference chair or the key worker.
- 6.9.4 However, in cases of criminal proceedings, the Police may reveal the existence of the notes to the Crown Prosecution Service in accordance with the Criminal Procedure and Investigation Act 1996.
- 6.9.5 Child protection case conference minutes and reports should be retained by the recipient agencies and professionals in accordance with their record retention policies.
- 6.9.6 Children's Social Care retain conference records for 75 years.

6.10 FORMULATION OF THE CHILD PROTECTION PLAN

6.10.1 When a child becomes the subject of a Child Protection Plan, it is the responsibility of the conference to formulate the Outline Child Protection Plan (See Appendix 5 - Outline Inter-Agency Child Protection Plan) in as much detail as possible: this should enable the family and professionals to understand exactly what is expected of them and what they can expect from others. The core group of workers will use the Outline Child Protection Plan to develop the Child Protection Plan (See Appendix 5 - Multi-Agency Child Protection Plan) with the family at the first Core Group meeting which must be held **within 10 working days** of the initial conference. A copy of the Child Protection Plan will be sent to the Safeguarding Children Unit **within 4 weeks** of the initial case conference.

6.10.2 The aim of the Child Protection Plan is to:

- Safeguard the child from further harm
- Promote the child's health and development
- To support the family and wider family members to promote the welfare of the child provided that it is in the best interests of the child.

6.10.3 The Child Protection Plan should set out what work needs to be undertaken, the reasons for this work, who is responsible for undertaking it and the agreed timescale.

6.10.4 The Core Group is responsible for drawing up in more detail the Child Protection Plan for each child covering the following areas:

- Identification of risks to the child and means of protection.
- Identification of what needs to change to reduce the risk of significant harm.
- A description of the identified needs of the child and what services are required
- Ethnic/cultural/religious consideration e.g. necessity of an interpreter or significant religious festivals to avoid.
- Issues arising from any disability, including any communication difficulties.
- Identification of actions to promote the child's health and development.
- Identification of actions to support the family and wider family members in promoting the welfare of the child.
- A clear identification of roles and responsibilities of professionals and family members.
- The nature and frequency of contact with the child and the roles and responsibilities of professionals including specialist resources.
- Identification of what further core and specialist assessment is necessary to assist in judgements about safeguarding and promoting the welfare of the child.
- Identification of who (including family members) will be responsible for what actions, taking into consideration the wishes and feelings of the child.
- A consideration of the views of the parents, insofar as this is consistent with the child's welfare.
- Establishment of specific short term and long term aims and objectives.
- Identification of time scales for the objectives to be achieved.
- Identification of measurements for success (how will the family and professionals know there has been change) and how this relates to the assessment of risk.
- Lay down points at which progress will be reviewed, noting specific dates and the means by which that progress will be judged.
- Consideration of a contingency plan if circumstances change quickly, or if insufficient change occurs.
- The key worker must ensure that a record of the Core Group meetings is made and formulate the detailed Child Protection Plan for all parties to sign.
- The Plan should be constructed with the family in its preferred language wherever possible.

- 6.10.5 Copies of the notes and the Child Protection Plan must be circulated to Core Group members **within 10 working days** of the Core Group meeting. The signed copy of the Plan must be returned to the key worker **within another 5 working days**.
- 6.10.6 Any dissent about the plan, by family or professionals, must be recorded with reasons.
- 6.10.7 The family must be told about their right to complain and the procedure for doing so.
- 6.10.8 “All members of the Core Group have equal ownership of, and responsibility for, the Child Protection Plan, and should co-operate to achieve its aims”. (*Working Together, 2006*).

6.11 PARTICIPATION OF CHILDREN AND YOUNG PEOPLE AT CHILD PROTECTION MEETINGS: POLICY AND PROCEDURE

“**Working Together to Safeguard Children 2006**” requires Local Authorities to take steps to actively consider the attendance of Children and Young People at Child Protection Conferences. (Working Together Paragraphs 5.82,5.84,5.128)

POLICY

Principles

Children and young people should, where they are able and when the experience will not be detrimental to them as individuals, be active participants in meetings making decisions about their lives.

Children and Young People’s participation should be promoted at Initial and Review Child Protection Conferences, and at Core Groups formulating and reviewing the Child Protection Plan. Meeting attendance will only be appropriate for some young people but their views must always be included.

Decisions to invite children and young people to attend conference should be based on the likelihood that their attendance be a positive experience.

Fundamental to the attendance of children and young people will be preparation, a sensitive process and post conference support.

In considering attendance at a Child Protection Case Conference the young person’s race, gender and culture should be considered and how any of these may affect their attendance. Any disability of the young person also needs to be considered and steps taken to ensure their opportunity to participate fully.

Young People’s Views

Young people were consulted in relation to their involvement in conferences and after experiencing a mock conference stated the following:

- It is important for them to be there and hear what is said about them.
- It was difficult at times to say what they wanted, especially when a parent was angry.
- They needed to be involved in the Child Protection Plan as they knew what would work at home.
- The meeting was boring at times and it was probably better just to be there for part of it.
- It was difficult to remember who everyone was and photographs beforehand might help.
- Pictures in the conference room would make it friendlier.

Professionals learnt from young people that:

- They need to keep the language clear both written and spoken and avoid jargon.
- Advocacy and good support for a young person will be essential.
- The Chair needs to allow plenty of time to talk to the young person before and after the meeting.
- Managing the meeting will be challenging and will need careful preparation and effective working together.

PROCEDURES

It is impossible to set precise criteria for the attendance of children and young people at conferences. In determining the decision, the following should be considered as well as the guide for children attending conference. (appendix A).

Factors To Be Considered When Inviting Children And Young People To Attend Child Protection Case Conferences And Reviews

1. Nature Of Participation

Participation does not necessarily equate with attendance throughout the conference. Alternatives may be partial attendance, video, text, consultation document, email to the chair, letter or drawn material.

2. Age

Given the inevitable differences between young people's levels of maturity and ability to benefit from attendance at Case Conferences there can be no prescribed age format. However, the following should be considered:

- a) Consideration should be given to young people between the ages of eleven to thirteen to attending (Year 7 to Year 8).
- b) From fourteen years to fifteen years young people should be invited unless there are clear reasons why this should not be the case.(Year 9 to Year 10)
- c) Over the age of sixteen years young people would have a right to attend unless exceptional reasons exist. (Year 11 plus)

In general it is considered that children under eleven should not attend and their views should be represented by other methods. (Year 6 and below).

3. Assessment

Once a referral has been received by the Early Intervention Team and a decision is made to call a Case Conference consideration needs to be given to whether a child or young person wishes to attend. If they are not attending consideration is needed as to how their views are going to be obtained.

Young people need to be fully informed of the purpose of a Case Conference, the procedure and their potential role in the meeting. Careful consideration should be given where there is any conflict between the interests and wishes of the young person and parents. A parent should not be in a position to veto the young person's attendance. In such circumstances it may be appropriate that they attend different parts of the conference. Having considered all of the

above further assessment using the tool in Appendix A will be required and the Social Worker will need to consider;

- a) the level and maturity of the child or young person
- b) the issues that led to the conference being convened
- c) the Young Person's ability to benefit from attendance at the conference

Any assessment of the appropriateness of the attendance of the young person should seek to consider the views of those people or professionals who have direct knowledge of the relevant issues e.g. teacher, health professionals.

If young people are to attend consideration will be given to scheduling the meeting at an appropriate time. However, it must be acknowledged that this is not always possible and agencies must be prepared to facilitate and support the young person's attendance.

The final decision to extend an invitation to a child or young person should be based on agreement between Social Worker and the relevant Chair of the conference who have considered all the factors above.

NO YOUNG PERSON SHOULD ATTEND A CONFERENCE WITHOUT THE CHAIR BEING MADE AWARE BEFOREHAND.

4. Representation Of Young Person's Views

Where an invitation to a Child Protection Conference is extended to a child and they elect not to attend or if it is not felt appropriate due to age or other factors then discussions need to be held about how the Social Worker will obtain their views.

It will be an expectation that the views of any child aged 4 years plus who is the subject of a Case Conference are represented.

It is essential that the child or young person is confident their views will be accurately and appropriately expressed. Awareness in relation to this will obviously increase with age. The representation role would generally be undertaken by the Social Worker but consideration with the Young Person, should be given to other professionals who may more effectively fulfil this role. The Young Person should be clear about what will be said on their behalf, what other information will be shared and who will hear it.

Anyone representing the views of a young person should be clear in the meeting about when they are representing the child and when they are carrying out their own professional role.

If a young person is not attending, as well as a professional obtaining their views there are also a variety of other methods which young people may prefer i.e. text (technology will hopefully be available for this to occur in the near future) video diary, email, drawing, consultation form.

Children and young people's views will be clearly minuted in conference reports.

5. Preparation for attendance

Preparation of the young person for attendance at a case conference is essential if they are to benefit from attendance. Consideration of who is most appropriate to undertake the work to prepare the young person should take place. Normally this would be the Social Worker but the young person may choose another adult (who has a working knowledge of the process of child protection meetings) because of a positive relationship with the young person. The Social Worker will discuss with the young person and identify the appropriate person or worker to support. If it is another person the Social Worker will approach them as soon as possible. The child is not responsible for organising their own support. An independent advocacy service is being developed and will be available within the next few months to prepare and support young people wishing to attend Conference.

6. Support For Young Person Attending Conference

Discussions should take place about the possibility of them being accompanied by an adult of their choice who could offer them support during the Case Conference. The Social Worker will be expected to bring the young person and support them afterwards and take them home or to make sure this task is undertaken by the chosen supporter. The young person must not make their own arrangements.

Process of the Case Conference/Review

The Chair of the Case Conference will have additional responsibility to meet with the young person immediately before the meeting (as they currently do with parents). This should be a joint meeting with parent and child unless reasons exist why this should not be the case. In addition they should ensure that the meeting proceeds in a manner that is appropriate and sensitive to the needs of the young person e.g. that the language used is appropriate to the young person's age and understanding. Chair will agree whether the young person will be present for all or part of the meeting.

1. Reports

It is essential that any written information to be presented at the Conference should be available and that the professionals share the content with young people prior to the meeting. The expectation is that Social Workers will prepare the young person before the conference and ensure that they go through their report at least 2 days before the conference. It is especially important that the Reviewing Officer receives the report in good time to ensure their preparation.

2. Confidentiality

Young people who are involved in the Child Protection process should be party to information that is necessary for them to protect themselves. Confidentiality of other members of the family must be considered as it may not be appropriate for a young person to hear information regarding either siblings or adults in the family. The Chair of the conference will have to meet with the child's parents beforehand to ascertain if there is any information which the child will be unaware of. **The Young Person should not hear new information about their family or themselves at the conference.**

3. Agenda

If the young person has expressed a wish to attend an alternative agenda will be provided to make the conference more child friendly. (Appendix B).

4. Size of Meeting

In order that the young person is not intimidated by a large number of professionals being present, only be those professional who need to attend will be present. No observers will be given permission to attend. Social Worker will have to consider who will support the young person and represent their views if necessary.

4. Decisions of the Case Conference/Review

Whether or not the child/young person attends they should be given full information regarding the decisions and recommendations that affect them. Young people will be given their own version of minutes. Social Worker needs to ensure that the young person understands the importance of confidentiality of information and explore whether the young person has a suitable place to keep them safe.

Post Case Conference Responsibilities

After the conference the young person will be debriefed by the Chair to ensure that they understand what's happened, clarify any issues, inform them of their rights and what will happen next. Social Worker or young person's supporter will be present during the debriefing meeting.

It is hoped that every young person that attends will be given a card from Kooth.com which will give them instant access to a counsellor. This will provide ongoing support that the young person can access to their own requirements.

Process for Core Group

The young person will be encouraged to attend core group meetings and to make a full contribution to The Detailed Child Protection Plan.

As the core group meeting is smaller and less formal the child/young person may be less intimidated.

1. Preparation

The key worker will be responsible for making sure that the young person knows what will be discussed at the meeting and what contribution the young person is expected to make.

2. Non Attendance

If the young person chooses not to attend the meeting, the key worker will be responsible for ensuring that the young person's views are given to the meeting. It is especially important that the core group knows what the young person wants to change, how this is to take place and who will undertake the action.

3. Detailed Child Protection Plan/Core Group Minutes

The young person should be given a copy of the Detailed Child Protection Plan. It is the key workers responsibility to make sure the young person understands the detailed plan and that the young person agrees with it. Issues around confidentiality and storage remain as before.

4. Timing of Meetings

If the young person is to attend the core group meeting it needs to be held at a time and place that is appropriate for the young person.

**APPENDIX A: MAKING DECISIONS ABOUT A CHILD
OR YOUNG PERSONS ATTENDANCE AT CHILD
PROTECTION MEETINGS**

About the child

Actions to consider when a child attends ←	Factors which would support attendance	Factors that would mitigate against attendance.	Actions to consider when a child does not attend to enable participation →
Using an advocate to attend with the child who can support him/her or video link/recording or drawing	Child is in year 7 or above	Child is still at Primary school.	Use a video/audiotape to allow child to answer or ask questions about the process. Texting the chair
Asking the child to nominate an adult friend	Is expressing a wish to attend	Is expressing a wish not to attend	Encourage the child to draw or write about their thoughts and feelings
Limiting the number of professionals at the conference	Shows a good understanding of language	Has limited understanding of language	Use a semi-structured questionnaire to ensure the child can comment about the process
Inviting the child/young person to attend part of the conference	Can read at an age appropriate level	Finds reading/ written information overwhelming	Provide support to help the child understand the information
DO use the information leaflet for children	Has some understanding of cause and effect	Has difficulties understanding cause and effect	
DO ensure that the child/young person is adequately prepared	Does not feel that he/she is totally to blame for the problem	Blames him/herself	
Do ensure that it is an empowering experience and the child understands that the process is not about blame	Does not feel afraid of any adult who will be present	Shows fear/anxiety of adults involved	Do ensure that it is an empowering experience and the child understands that the process is not about blame
	Child is emotionally mature	Child is socially or emotionally immature	

		There is evidence of emotional distress/depression including: weepiness, sleep problems, clinginess, eating problems, toileting problems	
		There is evidence of attachment problems	
		Child has serious mental health problems which are likely to be increased by the information given at the conference	If child wishes to attend check out with mental health specialist

**About the
abuse/neglect**

Actions to consider when a child attends	Factors which would support attendance	Factors that would mitigate against attendance	Actions to consider when a child does not attend to enable participation
Allowing the child to make a written statement to be read at the conference	The abusive incident occurred outside of the family	The abusive incident involved both parents	Use techniques to ensure that the child can give an accurate account of the abuse as they see it
Make arrangements for the child to have some time in and out of the conference	The incident is a single incident of alleged physical abuse	There is evidence of several incidents of physical abuse	Ensure that the child can express their fear/feelings about the alleged abuse.
Make sure that child does not hear information which is inappropriate	The incident involves physical neglect with no evidence of emotional neglect	The alleged abuse has occurred in the context of emotional abuse, involving a high level of criticism and low warmth	Help the child to think about what will help them to be or feel safe in the future
Offer the child the opportunity to talk/read out information while parents are not present	The incident involves child to child abuse and the parents believe the child	The incident involves sexual abuse and the perpetrator is to be present at the conference	Help the child to understand why the incident might harm them
Ensure that the information given by professionals is done so in a way which is empowering/supportive to the child	The incident involves sexual abuse and the alleged perpetrator remains in the home and the child is over the age of 12 years		Help the child to understand that it is the abusive act that professionals are worried about or consider to be wrong

About the family

Actions to consider when a child attends	Factors which would support attendance	Factors that would mitigate against attendance	Actions to consider when a child does not attend to enable participation
Consider child's attendance in light of all other elements	Parents do not blame the child	Parents blame the child	Consider other ways of child participating
	Parents are expressing a wish to work with services	Parents have a history of verbal or physical aggression towards professionals	
	Parents are warm in their relationship with the child	The alleged abuser remains in the home	
		Parents are known to have mental health problems	
		Parents are known to the police	
		Domestic Violence within the home	
		Alcohol/substance misuse in the home	

About the conference

Actions to consider when a child attends	Factors which would support attendance	Factors that would mitigate against attendance	Actions to consider when a child does not attend to enable participation
Suitable room with refreshments and magazines	There are a small number of professionals present	Many agencies will be present	Ensure child views represented (see previous sections)
Professionals to use child friendly language	The conference is to be split into sections	It will be difficult to organise the conference	
Professionals to explain their roles	The professionals are confident that there is no third party information to be disclosed to the child	There is considerable police and other third party information	
Professionals to be mindful of the child's emotional state throughout the conference	The issues to be presented is easy to understand	The information to be presented is complex	
Child to leave conference if disagreement arises which may distress the child	There is a fair amount of agreement between the professionals and parents	Professionals and/or parents are likely to disagree	

SECTION 7: IMPLEMENTATION OF THE CHILD PROTECTION PLAN BY THE CORE GROUP

This section outlines the process to be followed for implementation of the Child Protection Plan to ensure that children in need of protection are safeguarded.

7.1 ROLE OF THE KEY WORKER

7.1.1 The key worker's main tasks are:

- To co-ordinate the outline Child Protection Plan formulated at the Initial case conference and ensure it is developed into a detailed inter-agency Plan.
- To co-ordinate a core assessment, which must have a risk assessment component, gathering contributions from other members of the Core Group where appropriate.
- To act as lead worker for the inter-agency Core Group with the family and the child.
- To co-ordinate the planning and undertake actions needed to put the Child Protection Plan into effect.
- To co-ordinate and review progress towards achieving the objectives set out in the Plan.

7.1.2 The key worker's role involves home visits to promote and safeguard the welfare of the child/children and work with the family to promote the changes identified in the Child Protection Plan.

7.1.3 The key worker must have face to face contact with the child at least on a **6 weekly basis** in order to monitor his/her well being. This will normally include seeing the child alone and at home. If the child is not seen alone, the reasons for this must be recorded

7.1.4 If contact is refused or avoided and the child remains unseen, this should be viewed as a serious breach of the Child Protection Plan. The key worker should discuss this with their team manager who will decide whether to convene an earlier review conference or take legal action.

7.1.5 When, because of sickness or staffing issues, the key worker becomes unavailable for 6 weeks, the team manager will be expected to inform the Core Group members, the relevant Service Manager and to inform the Safeguarding Children Unit. The key worker's absence must be recorded on the child's file and on the file held at the Safeguarding Children Unit.

7.1.6 It would be expected that the team manager would ensure that Core Group Meetings continues to be held, to ensure that the Child Protection Plan can be

progressed and that either the manager or a designated Social worker will be involved in these meetings.

Change of Address and/or Circumstances of child/children

- 7.1.7 If the family changes their address, or there is a change in their circumstances, whichever agency becomes aware of this must ensure that the Social Worker is informed immediately. The Social Worker must then inform the Safeguarding Children Unit at once and the unit, in turn, will inform the other agencies. This is especially important in order to ensure police can undertake the monitoring.
- 7.1.8 If the child is about to move or has moved out of Stockport, the procedures detailed in Section 10 – ‘ Managing cases where there is a child protection plan ’ must be followed.

7.2 THE CORE GROUP

- 7.2.1 The core group will consist of the parent(s), the young person (if appropriate), the key worker and designated personnel from other agencies who have contact with the child and family. There must be a written record of all Core Group meetings, including details of who has attended. The updated child protection plan must be held on the child’s file and a copy sent to the Safeguarding Children Unit **within 5 working days**.
- 7.2.2 The key worker will be lead person and must be a qualified Social Worker from the Children and Families Service. Any change in the key worker must be notified in writing to the Safeguarding Children Unit and all agencies informed.

Frequency

- 7.2.3 The Core Group will meet within ten working days of the Child Protection Conference. The Core Group must subsequently meet at least once **every 6 weeks** and more often if necessary.

The Role of the Core Group

- 7.2.4 The Core Group is responsible for developing the Child Protection Plan as a detailed working tool and implementing it within the outline Plan agreed at the Initial case conference. A Social Care Team Manager will chair the first Core Group meeting entitled ‘Protection Planning Meeting’.
- 7.2.5 The Core Group has shared responsibilities for:
- Developing and implementing the detailed Child Protection Plan, building on conference recommendations and making explicit the roles, tasks and expectations of both family members and of each agency and determining the time scale for tasks to be achieved. The plan will include a written and signed agreement with parents/carers.

- Contributing to and completing a core assessment, with additional specialist assessments as necessary, provided by professionals not involved in the Core Group.
- Monitoring and reviewing the progress and effectiveness of the Child Protection Plan and considering any changing pattern of risks to the child. An ongoing analysis of risk must be undertaken at each Core Group meeting and the Child Protection Plan updated accordingly.
- Recording and justifying any objectives not being achieved and considering an early Review Conference.
- Making recommendations to subsequent review conferences about progress or otherwise, registration and future plans.

7.2.6 Supervision and/or managerial and professional support for members of the Core Group remains with the individual agency.

7.2.7 Where any member of the Core Group is aware of difficulties implementing the Child Protection Plan due to changed or unforeseen circumstances, the key worker must be informed immediately and consideration given to recalling the Core Group meeting to reconsider the Child Protection Plan. This includes inability to gain access to the child, for whatever reasons, on two consecutive home visits.

Venue for Core Group Meetings

7.2.8 The venue for Core Group meetings should be agreed between the Core Group members. Any agency within the Core Group membership may be asked to provide a venue.

7.2.9 The venue should be comfortable, convenient and accessible to the family and children. Consideration should be given to the wishes of the family in arriving at the decision and should be sensitive to the need to retain confidentiality.

7.2.10 Possible venues would include family centres, school, health clinics, and Children's Social Care offices. Only in extremely exceptional circumstances should the family home be used.

Attendance

7.2.11 It is essential that all identified Core Group members attend meetings or make appropriate deputising arrangements.

7.3 THE CHILD PROTECTION PLAN

7.3.1 The Child Protection Plan should:

- Specify the reason for registration and identify the risks of significant harm.
- Describe the identified needs of the child and what therapeutic services are required.

- Include specific, achievable, child-focused objectives intended to safeguard the child and promote his/her welfare, to be achieved within agreed timescales.
- Include realistic strategies and specific actions to achieve the objectives.
- Identify the specific roles and responsibilities of each Core Group member, including family members.
- Establish the frequency and purpose of contact with the child and family including the names and contact details.
- Clarify the arrangements for multi-agency communication.
- Establish dates and frequency of Core Group meetings, to include when and how progress will be monitored and reviewed.
- Establish systems for managing disagreements and conflict.
- Identify consequences and plans for protecting the child if the objectives are not achieved.

7.3.2 A copy of the Child Protection Plan must be sent to the Safeguarding Children Unit **within 4 weeks** of the initial case conference.

Clarity for the Family

7.3.3 The planning process should involve the family as fully as possible. The discussions about the Plan should take place in their first language and they should be given a copy of the minutes of the Core Group meeting in their first language. If the Plan does not include the family's preferences for safeguarding the child, the reasons for this should be explained to them.

7.3.4 The Child Protection Plan must take into consideration the wishes and feelings of the child and the views of the parents, in so far as this is consistent with the child's welfare. (*Working Together to Safeguard Children, 1999*)

Disagreement among the Professionals over the Plan

7.3.5 If there is serious disagreement amongst the professionals about the Child Protection Plan, which cannot be resolved within the Initial child protection conference or the Core Group, consultation should take place with the key worker's Team Manager, and the person/people in the equivalent positions within the relevant agency(ies) to resolve the issues. If the issue remains unresolved, further discussion should take place between the Service Managers and the equivalents in the other agency(ies) to achieve a resolution. The matter must be resolved **within 15 working days** and recorded, and held on the child's file.

7.3.6 "All members of the Core Group have equal ownership of, and responsibility for, the Child Protection Plan and should co-operate to achieve its aims". (*Working Together to Safeguard Children, 2006*)

Making Changes to a Child Protection Plan

7.3.7 Only a child protection case conference has the authority to make fundamental changes to a Child Protection Plan. This does not include the ongoing analysis of risk and review of changes required.

7.3.8 Determining what is fundamental will be a matter for professional judgement in consultation with the person who chaired the most recent case conference.

7.3.9 The following procedures apply in case of difficulties in implementing any part of a Child Protection Plan:

The key worker must be informed immediately.

If parents consistently and repeatedly refuse the lead agency access to a child, oversight of the child's needs may be carried out by other agencies within the Child Protection Plan in the short term. This is a temporary arrangement pending the convening of an urgent child protection review conference where amendments to the Child Protection Plan may be made.

7.4 URGENTLY RE-CONVENED CHILD PROTECTION CONFERENCE

7.4.1 A child protection case conference should be re-convened if there is a major change from the previously agreed direction of the case. Examples of major changes are:

- A further incident of abuse to a child/ren.
- A significant deterioration in the care of a child/ren.
- Breakdown of the Child Protection Plan.
- Access to the child by professional workers is being denied.
- Return of a perpetrator e.g. from prison.
- The family's whereabouts are unknown and they are considered to be missing.

7.4.2 This list is not exhaustive and any other major changes should be discussed with the Safeguarding Children Unit.

SECTION 8: CHILD PROTECTION REVIEW CONFERENCES AND ENDING THE CHILD PROTECTION PLAN

This section outlines the process to be followed for convening a child protection review case conference and outlines the decision-making processes to ensure that children in Stockport are safeguarded.

8.1 PURPOSE AND ROLE OF THE REVIEW CONFERENCE

- 8.1.1 The purpose of the child protection review case conference 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 adequately safeguarded; and to consider whether the Child Protection Plan should continue in place or should be changed. The review requires as much preparation, commitment and management as the Initial child protection case conference.
- 8.1.2 Every review should bring together and analyse evidence and information about the child's health, development and functioning and the parent/carers' capacity to promote and ensure the child's welfare, consider explicitly whether the child continues to be at risk of significant harm, and hence continues to need safeguarding through adherence to a formal Child Protection Plan.
- 8.1.3 The review conference should decide what action is required to safeguard the child, including any changes to the child protection plan and set desired outcomes and timescales. If the criteria are no longer met, then the child's name should be removed from the record of children with Child Protection Plans. The review case conference may also change the category of abuse under which the child is recorded.

8.2 TIMESCALES FOR THE REVIEW CONFERENCE

- 8.2.1 The first child protection review case conference should be held **within 10 weeks** of the Initial case conference and further reviews should be held at intervals of **not more than six months** for as long as the child remains the subject of a Child Protection Plan. This is to ensure that momentum is maintained in the process of safeguarding the child.
- 8.2.2 The date of the review case conference should be brought forward in the following circumstances:
- When there are significant difficulties in carrying out the Child Protection Plan.
 - Where a child is to be born in the household of a child with a Child Protection Plan (see pre-birth Child Protection Conference) and an initial pre-birth conference has been convened.
 - When a person assessed as presenting a risk to children joins a household – subject to identification outlined in the Home Office Circular “Guidance on persons who pose a risk to children” (Appendix 3).
 - Where the Core Group think that consideration should be given to the Child Protection Plan ending early .

8.3 PROFESSIONAL ATTENDANCE OF THE REVIEW CONFERENCE

8.3.1 The following people should be invited to the review case conference:

- Parents/Carers - Procedure for involving parents/carers and child/young person is the same as for Initial Case Conferences.
- All professionals belonging to the Core Group and any other professionals who may have a relevant contribution to make.
- A member of the Greater Manchester Police Family Support Unit.
- Agency Managers may attend but this should not usually be necessary.
- The procedure for the attendance of the Children's Guardian, Local Authority Solicitors, Translation and Interpretation Services and observers are the same as for Initial Child Protection Conferences.

Invitations

8.3.2 Written invitations will be sent out by post by the Safeguarding Children Unit.

8.4 INFORMATION FOR THE REVIEW CONFERENCE

8.4.1 The Core Group has a responsibility to produce a collective report for the Child Protection Review Conference. The main one being the Core Assessment which the key worker should present, with contributions from the members of the Core Group and other professional assessments which have been commissioned. The report should include the following information:

- Dates of visits to the child and family
- Dates of Core Group meetings
- Significant changes in the household during the review period
- Progress of the Child Protection Plan or any obstacles to progress including achieved outcomes
- Views of family members, including the child
- Analysis of risk
- Recommendations contained in the core assessment and changes or amendments needed to the Child Protection Plan
- Recommendation as to whether a continued Child Protection Plan is required or not.

8.5 DECISION OF THE REVIEW CONFERENCE

8.5.1 The review case conference has two main decisions to make, following consideration of all information presented to the conference and depending on whether there is a continuing risk of significant harm to the child.

8.5.2 If there is a continuing risk of significant harm then the Child Protection Plan should be updated. If there is not a continuing risk then consideration should be given to

the ending of the plan and any need to transfer the case into the Child In Need process.

8.6 REVISED CHILD PROTECTION PLAN

8.6.1 The review case conference will outline changes and amendments which are required to the original Child Protection Plan, and the Core Group will then revise the plan in more detail.

8.6.2 The revised Child Protection Plan must ensure that the impetus for change is not lost and drift is avoided. Those concerns, which led to the plan, are recorded and addressed and the plans are purposeful and systematic.

8.6.3 The Child Protection Plan will therefore include:

- A summary of assessed needs and risks agreed at the review case conference.
- A list of required changes, both short and long term with time scales required to keep the child safe, reduce the risks and meet needs.
- Clear expectations of parents/carers and of Core Group Members, detailing the work to be undertaken and of the roles and responsibilities of all those involved.
- A statement of action to be taken if the Child Protection Plan is not working.
- Agreements about liaison between agencies and the visiting pattern to the family.

8.6.4 Following each subsequent review case conference at which registration is continued, the Child Protection Plan is revised.

8.7 CRITERIA FOR ENDING A CHILD PROTECTION PLAN

8.7.1 The same decision-making procedure must be used to reach a judgement for ending a plan as is used in the Initial Conference.

8.7.2 A Child Protection Plan may be ended if:

- It is judged that the child is no longer at continuing risk of significant harm requiring safeguarding by means of a Child Protection Plan. Under these circumstances, only a child protection review case conference can decide that registration is no longer necessary.
- The child and family have moved permanently to another Local Authority area. In such cases, the receiving Authority should convene a Child Protection Conference within 15 working days of being notified of the move. Only after this conference has been held and a decision made, may a child subject to a Child Protection Plan be removed from Stockport's record.
- The child has reached 18 years of age, has died or has permanently left the U.K.

- When a child's name has been removed from the record, notification should be sent to all those agencies invited to the Initial Child Protection conference at which the Child Protection Plan was agreed, and clearly recorded on the child's file.

8.7.3 It should be noted that if a child becomes subject to an Interim Care Order (ICO), the review case conference should give careful consideration as to whether there are exceptional circumstances which would require the child to be subject to the dual process of a Child Protection Plan and care proceedings. If the child is on an ICO, placed away from home and has supervised contact it would be the usual practice to agree to the plan being ended.

8.7.4 There may be exceptional circumstances, whilst a child is on an ICO and assessments are still being carried out, and particularly if the child continues to be placed with parent(s), where a continued plan may be deemed necessary.

Support following the ending of a Child Protection Plan

8.7.5 A child who no longer has a Child Protection Plan may still require additional support and services; the ending of a plan should never lead to the automatic withdrawal of services. All cases should be considered for transfer into the Child in Need process of continued multi-agency support via an identified Child in Need plan, drawn up in discussion with the parents, and with the child if he/she is of sufficient age and understanding. Where cases are transferred to Child in Need a meeting should be held within 15 working days to agree a support plan.

8.7.6 In almost all situations a Child Protection Plan should not be ended unless the core assessment has been completed. In exceptional circumstances where a core assessment has not been completed, the reasons for this must be recorded on the child's file, and signed by the manager. This decision must be conveyed to the review case conference.

8.7.7 It is stressed that a child can not be removed from a Child Protection Plan if the review case conference is not quorate.

a) Child in Need Plan

The Plan should take account of the following:

- Any identified unmet need in relation to both child/children or parents
- Any requirements for an ongoing safety plan
- Whether ongoing monitoring is required and by whom
- Triggers for a re-referral either in terms of additional need for support or because of renewed child protection concern.

The Plan should reflect responsibility and timescales, where appropriate, for the agencies involved.

b) Non Co-operation

There will be circumstances where risks to the child may remain, but the non co-operation of the parent/carer prevents a multi-agency protection plan being effective in protecting the child. Non co-operation in itself is not a reason for ending a Child

Protection Plan, however there may be circumstances where this is appropriate. In these circumstances the following must be done:

- Where any child is believed to be at risk of significant harm consideration should always be given to seeking legal powers to protect the child.
- Legal advice must be given at the review case conference in respect of whether the grounds are met for instigating legal proceedings.
- Every avenue for gaining parent's/carer's co-operation must have been explored by all agencies.
- That the child has been seen and their views where appropriate obtained.
- That a letter has been delivered to the parent/carer informing them of the decision to consider ending the Child Protection Plan due to non-co-operation at least ten working days prior to the review case conference. Wherever possible the parents/carers should sign to say they have received this letter and this should be kept on the child's file.
- It is reasonable to believe that the management of risk is as likely to occur outside the formal child protection system

8.7.8 Where there is a decision to end a Child protection Plan through non-co-operation of a parent/carer, the following must occur:

- The legal advice and any decision not to instigate legal proceedings and the reasons for this must be clearly recorded in the minutes.
- A multi-agency safety plan must be drawn-up, outlining any ongoing support, unmet need, the monitoring and management of any identified risks and the identified triggers that would raise concerns in respect of the child/ren's safety.
- A copy of the safety plan and a separate letter must be delivered to the relevant parent/carer by the Social Worker and Team Manager giving the decision, the reasons for it, the expectations on the parent to safeguard their child/ren and the support available for them to do this. Wherever possible the parent/carer should sign to say they have received this letter and a copy of the safety plan, and this should be kept on the child's file.
- The Assistant Director, Social Care and Health and the Senior Service Manager must be sent a copy of the review case conference minutes by the Safeguarding Children Unit to inform them of the decision to end a Child Protection Plan through non co-operation of parents/carers.

8.8 COMPLAINT MADE BY PARENTS OR YOUNG PEOPLE ABOUT AN INITIAL CHILD PROTECTION CONFERENCE OR CHILD PROTECTION REVIEW

Principles

- 8.8.1 Parents/carers and, on occasion, children may have concerns about which they wish to comment or complain, in respect of the process or outcome of the child protection case conference.
- 8.8.2 The Conference Complaints System exists to provide parents/carers and young people with a means of communicating complaints and comments through a fair and impartial process. In all circumstances, decisions will be taken with the interests of the child as the paramount consideration.

Grounds for Complaint

- 8.8.3 It should be noted that complaints about individual agencies, their performance and provision (or non-provision) of services are not dealt with under this system, but should be made, and responded to, in accordance with the relevant agency's own complaints process.
- 8.8.4 *Working Together to Safeguard Children* outlines the following grounds for complaints about a child protection case conference.
- The process of the conference (e.g. where the process did not allow relevant information to be shared).
 - The outcome of the conference in terms of the fact and/or the category of an initial or continuing Child Protection Plan.
 - A decision to end or continue a Child Protection Plan

Remit of the Conference Complaint Panel:

- 8.8.5 *Working Together 2006* states that complaints should be responded to in accordance with the *Complaints Procedure for the Local Authority*. It identifies that "a panel should consider whether the relevant inter-agency protocols and procedures (as set out in this handbook) have been observed correctly and whether the decision that is being complained about follows reasonably from the proper observation of the protocol".
- 8.8.6 It must be noted that a child cannot become the subject of Child Protection Plan nor removed from having one, nor can a category be changed, except at a child protection initial or review case conference.
- 8.8.7 The panel, having considered the complaint, will decide to either:
- Uphold the complaint, or part of it, or
 - Dismiss the complaint.
- 8.8.8 If the complaint is upheld the panel chair can make a decision that an Initial case conference or review will be convened at the earliest possible date, within six weeks

of the Panel decision. The case conference members will be informed of the information given to the Panel, the outcome of the complaint process and the views of the Panel and will then review the appropriateness of the Child Protection Plan decision. It should be noted that the decision about the plan at that Conference must also consider the current context for the child.

Procedure

- 8.8.9 Complaints about aspects of a conference, covered by the grounds outlined above, should be addressed in writing in the first instance to the Chair of the conference. This should be done within 20 working days from the conference/ review date. (If help is needed to make a written complaint, users are advised to request details from the Safeguarding Children Unit or agencies that will support them in this).
- 8.8.10 The chair will respond to the letter of complaint within ten working days. If the complaint can be resolved satisfactorily at this stage, it will not be necessary to invoke the formal procedure as outlined below.
- 8.8.11 If, having considered the chair's response, a parent/carer or young person believe that they still have grounds for complaint within the criteria outlined above, they should notify the Service Manager of the Safeguarding Children Unit in writing, within 20 working days of the chair's letter being sent.
- 8.8.12 The Service Manager of the Safeguarding Children Unit will contact the chair of the Safeguarding Children Board Conference Complaints Panel, and ask that a panel meeting takes place within 20 working days of receipt of the request.
- 8.8.13 The Panel will be chaired by a Senior Manager for Children's Social Care, the Service Manager Safeguarding Children Unit and will consist of at least two members of agencies represented on the Safeguarding Children Board. They must not have attended the case conference, which led to the complaint and, if possible, should have not had previous involvement with the family. They will be professionals with a working experience of the child protection process, and be of sufficient seniority within their own organisation to make the necessary decisions. In certain circumstances, the panel chair may decide to co-opt other professionals whose specialist advice is required.
- 8.8.14 In addition to the written complaint received from the parent/carer or young person, the chair of the conference will be asked to provide a written submission. In certain circumstances the panel chair may request written information from other professionals who attended the case conference.
- 8.8.15 The Panel will then consider all the information, including the Parents'/carers' or young person's submissions and the minutes and reports of all the relevant child protection conferences (Initial and Review). New information, i.e. information not provided to the conference, will not be considered unless it forms part of the complaint submission, nor will the panel interview witnesses or allow others to do so. It will only consider information relevant to the issue of the Child Protection Plan decision. It may be necessary for the panel to adjourn briefly in order to obtain more detailed information from a parent.

8.8.16 The panel will consider and make a decision that:

- The complaint is upheld and there will be a requirement to reconvene either an Initial child protection case conference or review case conference.
- The complaint is not upheld
- In either case, if there are any practice/ training issues, these are to be referred to relevant Safeguarding Children Board sub group.
- The parent or young person should be referred to the internal agency complaint procedure

8.8.17 The panel chair will be responsible for ensuring that the decision is conveyed to the person concerned, verbally and on the same day if possible but if not, as soon as possible thereafter. This will then be confirmed in writing within five working days.

8.8.18 In addition, the panel chair will ensure that the following people will be informed of the outcome of the complaint in writing, enclosing a copy of the minutes:

- All those who sat on the Panel regarding this complaint
- The Service Manager, Safeguarding Children Unit
- The Chair, and all members of the Conference concerned
- The Chair of the Safeguarding Children Board.

Administrative Support

8.8.19 Administrative support for the panel process will be provided by the Safeguarding Children Unit.

8.9 POLICY FOR ADDRESSING COMPLAINTS, CONCERNS AND REPRESENTATIONS FROM OTHER AGENCIES

Introduction

8.9.1 The aim of this policy is to ensure that concerns from other agencies about the management of a case are taken seriously and investigated thoroughly.

8.9.2 The policy follows the principles contained in Stockport Safeguarding Children policies and procedures handbook, the Recording Policy and Recommendations 49 of the Laming Inquiry.

Policy

8.9.3 The well being and protection of Children in Need is the responsibility of all agencies. The Department of Health guidance, *Working Together to Safeguard Children* and the *Framework for the Assessment of Children in Need* states that all agencies must work together to safeguard and promote the welfare of children.

8.9.4 On occasions professionals from other agencies may disagree with the way Social Care handles a case. The individual with the concerns should in the first instance discuss these with their line manager before contacting Children's Social Care.

8.9.5 All concerns about the management of cases must be recorded and investigated by either a Service Manager or Head of Service.

Procedure

8.9.6 When a professional from another agency express concerns or make representations about the handling of a case, the details of the concerns should be recorded and passed on to a Team Manager, Service Manager or Head of Service within an hour of receiving the information.

8.9.7 The Team Manager, Service Manager or Head of Service should contact on the same day, the professional making the complaint and explain what enquiries will be made regarding the concerns. A letter to confirm the process and who will be undertaking the investigation should be sent within two days of receipt of the concerns.

8.9.8 The Service Manager responsible for the service will deal with the concerns. The Service Manager should in the first instance speak to the Team Manager within whose team the concerns originate. The Service Manager should then read and review the case file in order to determine the most appropriate response to the concerns. If necessary, the Service Manager should speak to other people involved in the case. The investigation should be completed within ten working days of receipt of the complaint.

8.9.9 On completing the investigations, the Service Manager will contact the professional with the concerns to discuss the outcome of the investigation and a resolution. The discussion should be recorded on the case file and followed up in writing to the professional with the concerns. A copy of the letter should be sent to the Children's Social Care Senior Service Manager.

8.9.10 In situations where the professional remained dissatisfied with the outcome the case should be referred to the Head of Service who will review the decision. If the concerns remained unresolved, a meeting should be convened involving relevant people from both Children's Social Care and the agencies with the complaints.

SECTION 9: RECORD OF CASES WHERE CHILDREN HAVE A CHILD PROTECTION PLAN

This section provides information about the role and function of the record of children subject to a child protection plan as a mechanism to make agencies and professionals aware of those children who are judged to be at risk of significant harm and to monitor that the safety and welfare of these children is being safeguarded.

9.1 PURPOSE OF THE RECORD

- 9.1.1 The record is maintained by the Safeguarding Children Unit Service Manager, Stockport Children's Social Care Safeguarding Children Unit, Sanderling Building, Bird Hall Lane, Cheadle Heath, Stockport SK3 ORF. Tel: 0161 474 5657/8/9 Fax: 0161 491 0654, on behalf of the Safeguarding Children Board. The record is maintained as an electronic list within the Integrated Children's System(ICS).
- 9.1.2 *Working Together to Safeguard Children (2006)* outlines that the principal purpose of the record is to make agencies and professionals aware of those children who are judged to be at continuing risk of significant harm and the subject of a child protection plan.
- 9.1.3 The record provides:
- A list of all children in Stockport:
 - a) who are considered to be continuing risk of significant harm
 - b) for whom there is an inter-agency Child Protection Plan.
 - A central point of enquiry for professional staff who are worried about a child and want or need to know whether the child is or has previously been the subject of an inter-agency Child Protection Plan.
 - A means of ensuring that key personnel are identified to work with the child and family.
 - A means of ensuring the Child Protection Plans are reviewed according to the guidance in 'Working Together to Safeguard Children'.
 - A source of quality assurance information for the child protection agencies and for the Safeguarding Children Board, policy development work and strategic planning.
- 9.1.4 Information held about the children subject to Child Protections Plans is available to Social Workers and designated senior staff members in relevant agencies who have concerns about a child. To safeguard confidentiality a call back procedure is used when information is required. All enquiries expressing concerns about a child will be recorded with the name of the enquirer, the agency concerned, the date and reason for the enquiry.

To consult the Record ring:

0161 474 5657
8.30 a.m. to 5.00 p.m. Monday - Thursday
8.30 a.m. to 4.30 p.m. Friday

Outside these hours ring:

0161 718 2118 and speak to the Out of Hours Team

9.2 CHILD PROTECTION PLAN CHECKS

9.2.1 The record of Child Protection Plans must always be checked as part of Section 47 enquiries.

9.2.2 The Safeguarding Children Unit must:

- Record all checks.
- Inform appropriate staff within Children's Social Care after;
 - a) One enquiry in respect of child with no protection plan at the same address as a child with a protection plan
 - b) Two enquiries about child without a protection plan
 - c) Any enquiries about any child who is the subject of a protection.

9.3 PROCESS FOR RECORDING THAT A CHILD IS THE SUBJECT OF A CHILD PROTECTION PLAN

9.3.1 The decision to make an individual child the subject of a child protection plan will always be taken by members of the Initial case conference. The only exception to this is where a child who is subject to a plan in another Local Authority moves into Stockport. In this instance the child's name would be placed on Stockport's record of child protection plans pending a moving in child protection conference.

9.3.2 Children should not generally be the subjects of both the child protection planning process and care planning through legal proceedings. If a child is subject to a child protection plan then the needs of that child, including the need to be kept safe are identified and will be reviewed through the formal child protection process. If a child is already subject to a Care Order or Interim Care Order, the needs of that child, including the need to be kept safe, are identified and will continue to be reviewed through the care planning process.

- 9.3.3 An exception to this is if a child is subject to an Interim Care Order and living at home whilst ongoing assessments are being undertaken. The review conference should be scheduled to take place when the Local Authority have completed their care plan, or earlier if this is necessary to keep within prescribed time scales.
- 9.3.4 Any exceptions to this are at the discretion of the chair of the child protection case conference, having heard the views of the conference members.

9.4 CHANGE OF CIRCUMSTANCES OF A CHILD WITH A CHILD PROTECTION PLAN

- 9.4.1 It is essential that information about children with child protection plan be kept up to date. All agencies have a responsibility to inform the key worker promptly of any changes in the circumstances of any child with a protection plan. This is particularly important if a child has moved, or is about to move, out of the area.
- 9.4.2 On receiving information about changes in a child's circumstances, the key worker should inform the Safeguarding Children Unit and who will inform other members of the Core Group promptly. The changes include:
- Changes in the child's address or placement
 - Changes in parents/carers address
 - Changes in household members
 - Movement of the child within, into and outside the area, including those who have gone missing
 - Changes in the child's legal status, changes in the child's name or that of parents/carers or siblings
 - Changes of key worker.

9.5 CHILDREN WITH CHILD PROTECTION PLANS MOVING BETWEEN AUTHORITIES

- 9.5.1 When a child with child protection plan moves into another Local Authority area, it is imperative that there is a speedy exchange of information with the receiving Authority, in order to safeguard the child. When informed that a child with a plan is going to move or has moved, the key worker must:
- Consider with the Team Manager whether any immediate action should be taken to safeguard the child/children.
 - Make telephone contact with the relevant Children's Social Care department the same day, giving details of the new address, the child protection plan and reasons for the current concern. This must be confirmed in writing.
 - Request the receiving Authority to establish interim arrangements for case responsibility if appropriate and necessary.
 - Inform the conference chairperson based at the Safeguarding Children Unit the same day.

- When a child protection case is transferred to another Authority, at a moving in conference there is an expectation that a Core Assessment, with a risk assessment will have been completed

9.5.2 The Safeguarding Children Unit must:

- Formally notify the Custodian of the Record of Plans promptly in the receiving Authority and forward copies of the minutes of previous child protection conferences.
- Request that the receiving Children's Social Care should hold a child protection case conference and provide the names, designations and addresses of persons in Stockport who should be invited.
- Remove the child from the record of children in Stockport with protection plans, following the child protection conference being held in the receiving Authority and receiving the minutes.
- Notify all members of the conference in Stockport that the child has been removed from the record in Stockport and the outcome of the conference in the receiving area.

9.5.3 All involved agencies must inform their equivalent agency and establish interim arrangements for case responsibility.

9.5.4 The key worker and any other key agencies should attend the child protection case conference arranged by the receiving Authority. Where distance prevents this, written reports should be provided for the conference.

Children with Child Protection Plans Who Move Temporarily Out Of Stockport

9.5.5 When a child with a protection plan moves temporarily out of Stockport the key worker must:

- Notify the Safeguarding Children Unit of the temporary change of address within one working day of becoming aware of the move.
- Notify the Children's Social Care office in the receiving Authority and negotiate temporary case management arrangements if necessary.
- Inform Core Group members in Stockport so they can make similar case management arrangements if necessary.
- The Stockport key worker retains case responsibility during this period.

9.5.6 The Safeguarding Children Unit must inform the Custodian of the Record of Child Protection Plans in the receiving Authority within one working day and ask that the child's details be included on their record as a temporary resident.

9.5.7 A temporary move should not be allowed to drift into a long-term arrangement. Temporary should mean no longer than 28 days.

9.5.8 If the stay is longer than expected, then the key worker/ Team Manager and conference chair should decide whether to request the receiving Authority to

convene a child protection conference in their area with a view to the child being placed on the record there.

Children with Child Protections Plans Who Move Into Stockport from another Authority

9.5.9 Any agency receiving information that a child with a protection plans has moved into Stockport must inform the Custodian of the record immediately. The Custodian of the Record must:

- Place the child's name on Stockport's record of protection plans the same day, pending on Initial case conference and arrange for that conference to take place.
- Notify the relevant Children's Social Care Team.
- Arrange a child protection conference in Stockport.
- Consult the key worker in the placing Authority and advise the Stockport chairperson of appropriate staff from the other Authority to be invited.
- Inform all agencies that must ensure that records are obtained from counterparts in the other Authority.

9.5.10 The Early Interventions and Family Support Team must:

- Agree case management arrangements with the other Authority for the interim period before the conference is held in Stockport. These arrangements must ensure that the child will be safeguarded. Responsibility will remain with the other Authority prior to the conference if it can safeguard the child effectively, but if this is not possible, Stockport Social Care Team Manager will accept responsibility if it is explicitly agreed with the other Authority and confirmed in writing.
- Inform the other Authority that when child protection cases are transferred to Stockport at a moving in conference there is an expectation that a core assessment with a risk assessment will have been completed. When the conference is arranged a member of staff at the Safeguarding Children Unit will bring this to the attention of the other Authority.

9.5.11 When the Conference has been held, the chairperson will inform the custodian of the record of the other Authority of the outcome.

Child/ren with Child Protection Plans Who Move Temporarily Into Stockport from Another Authority.

9.5.12 Any agency receiving information that a child who has a child protection plan in another Authority has become a temporary resident in Stockport must inform the Safeguarding Children Unit.

9.5.13 The Safeguarding Children Unit must:

- Place the child's name on the record of protection plans on a temporary basis, recording both the permanent and temporary addresses of the child and details of the key worker in the other Authority on the day of receiving the information.

- The home authority will retain case responsibility and will be expected to ensure that it has made appropriate arrangements for the protection of the child, according to the Child Protection Plan.
- Inform the relevant key agencies of the child's details, in particular making sure that the Social Care Team Manager is made aware within 24 hours.
- If this temporary arrangement extends beyond 28 working days, the Safeguarding Children Unit should discuss with the key worker from the Authority whether a conference should be convened in Stockport.
- If an allegation of abuse is received in respect of a child staying temporarily in Stockport and is subject to a Child Protection Plan in another Authority, liaison must take place with the child's home Authority, but responsibility for ensuring an investigation of the allegations are carried out rests with Stockport Children's Social Care.

9.6 CHILDREN WITH CHILD PROTECTION PLANS WHO GO MISSING

9.6.1 Some families, in which there is significant risk to children, or abuse has occurred, move home frequently. Every effort must be made to keep in contact with these families and for the child with child protection plans to be seen. The following indicators will help in determining whether the child is missing.

- The child/family does not keep pre-arranged meetings.
- The child/family are not engaging in their normal routines e.g. child missing from school, parents absent from work.
- The family home appears uninhabited.
- Contact with relatives and friends offer no explanation for the disappearance.

9.6.2 Any person or agency who thinks that a child with child protection plan has moved and their whereabouts are unknown, or that such a child is about to move without the new address being known, must inform the key worker immediately.

9.6.3 If the key worker has reason to suspect the child has gone missing, she/he must:

- Report it to the Team Manager immediately
- Inform the Safeguarding Children Unit
- Inform Core Group members
- Contact any family members or friends who may know where to locate the child
- Inform the police if all these efforts fail
- Consider seeking assistance from the Department of Social Security and the Child Benefit Office to trace the family.

- Consider convening an urgent child protection conference, if there is a risk of immediate significant harm to the missing child/children and/or seek legal advice.
- Consider legal interventions if there is any risk that the child/children may be removed from the UK.

9.6.4 The Safeguarding Children Unit must:

- Inform all agencies involved of the missing child.
- Circulate all details of the missing child and family to custodians of records of child protection plans nationally.
- Advise the Corporate Director Children and Young People and the relevant Inspectorate.
- All agencies have a responsibility to notify the Safeguarding Children Unit and/or the key worker if information about the child's whereabouts comes to their attention.
- If it becomes apparent that the family has moved outside Stockport the procedures for children with protection plans who have moved apply.

SECTION 10: SAFEGUARDING CHILDREN IN SPECIFIC CIRCUMSTANCES

SECTION 10.1: SAFEGUARDING CHILDREN LIVING AWAY FROM HOME

10.1.1 All children living away from home, including foster care, residential homes, residential schools, health settings, young offenders units, secure units and prisons are entitled to the same standards of care and protection from harm as they would receive from any reasonable parent.

10.1.2 All allegations of abuse of children by a professional, foster carer, volunteer and members of staff in voluntary organisations will be taken seriously and the procedure set out in this section must be followed. Additionally all organisations which provide services to children including day care, leisure, churches and other places of worship and voluntary organisations, must have a clear written procedure for handling such allegations which are consistent with these procedures. These procedures should be supported by the training and supervision of staff and include how any allegation of child abuse will be referred to Children's Social Care and the Police for investigation. These procedures relate to both children living away from home and children who live with their families but take part in activities outside the home.

10.1.3 When an allegation has been made and the child is the subject of a child protection enquiry then care should be taken to ensure she/he is not subjected to additional harm. If there is a conflict of interest between the adult and child the child's interests should be paramount.

10.1.4 Following the Waterhouse Report, Local Authorities have a responsibility to ensure that essential safeguards are in place where it is responsible for children living away from home. Where the services are not directly provided by the member agencies of Safeguarding Children Board, these basic safeguards should be addressed explicitly in contracts with external providers. The safeguards include that:

- Children feel valued and respected and their self-esteem is promoted.
- There is openness on the part of the institution to the external world and external scrutiny, including families and the wider community.
- Staff and foster carers are trained in all aspects of safeguarding children, alert to children's vulnerabilities and risks of harm and have knowledge about how to implement the Safeguarding Children procedures.
- Children have access to a trusted adult outside the institution, i.e. a family member, an independent visitor or a children's advocate. Children should be made aware of the help they could receive from Childline and other help lines.
- Complaint procedures are clear, effective, user friendly and readily accessible for children, including those who are disabled and for who English is not their first language.
- There should be a Complaints Register in every children's establishment, which records all representations or complaints, action taken to address them and the outcomes.

- Recruitment and selection procedures are rigorous and create a high threshold of entry to deter abusers including:
 - a) Criminal Record Bureau checks (may also be pertinent for school governors and Local Authority Councillors).
 - b) Check lists of those deemed unsuitable to work with children held by the Criminal Records Bureau and by the Departments of Health (DoH) and the Department for Education and Employment Skills (DfES).
 - c) Check professional registers where relevant, e.g. for nurses and doctors.
 - d) Verify identity, authenticity of qualifications and references directly.
 - e) Full employment history of prospective staff members and foster carers is sought, reserving the right to approach former employers and seek explanation of gaps in recording.
- Clear procedures are in place for staff and carers to express legitimate concerns about other staff and carers, i.e. whistle blowing without prejudicing their own position and prospects.
- There is a respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability.
- Staff and carers are alert to the risks to children living away from home, from people in the wider community prepared to exploit their vulnerability.

10.1.5 It should be noted that children living away from home are also more vulnerable to being abused by other children and young people. In this event, the procedures for 'Children and young people who sexually abuse others' (Section 11) must be applied.

See also 'Safeguarding children in penal institutions' (Section 10.2) and 'Safeguarding Children from Abroad' (Section 10.3)

10.1.6 Wherever an allegation is made about a child regarding abuse, refer to Section 6 of these procedures as to whether a child protection enquiry is necessary.

SECTION 10.2: SAFEGUARDING YOUNG PEOPLE IN PENAL INSTITUTIONS

10.2.1 All children and young people living away from home including those in penal institutions are entitled to receive the same standards of care and protection from harm that they would receive from any reasonable parent.

There are a number of essential safeguards which every agency should take in every setting where it holds the responsibility for children and young people living away from home to prevent harm:

- Young people feel valued and respected and their self esteem is promoted.
- There is openness on the part of the institution to the external world and external scrutiny, including families and the wider community.
- Workers are trained in all aspects of safeguarding; alert to children's vulnerabilities and risks of harm; and knowledgeable about how to implement the child protection procedures.
- Young people have access to a trusted adult outside the institution and are made aware of the help they could receive from Childline and other help lines.
- Complaints procedures are clear, effective, user friendly and readily accessible to children and young people, including those who are disabled and for whom English is not their first language.
- Recruitment and selection processes are rigorous.
- There are clear procedures available for workers to voice their own concerns about other staff without prejudicing their own position and prospects.
- There is a respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability.
- It should be noted that children and young people living away from home are more vulnerable to abuse by other children and young people.

10.2.2 It is a contractual requirement imposed by the Youth Justice Board that each Young Offenders Institution must maintain and follow policies and procedures within the Safeguarding Children handbook.

10.2.3 In order to ensure the safeguarding of young people from Stockport who are living away from home in penal institutions, every effort will be made by the Youth Offending Team to ensure that they are appraised of the policy and that the young people are made aware of this. This policy should complement routine pastoral, complaints and investigation arrangements within YOI. These obligations are to be discharged in consultation with their local Safeguarding Children Board.

10.2.4 If information comes to light from whatever source that a young person has suffered or is at risk of suffering significant harm the information must immediately be shared with the duty governor.

10.2.5 If a formal referral is made to Children's Social Care a strategy discussion/meeting will take place in accordance with their Safeguarding Children policies and procedures, led by the Local Authority within which the young person is living. This should include information shared by the Supervising Officer from Stockport YOT/ Children's Social Care

10.2.6 The strategy discussion/ meeting must agree:-

- Measures necessary to safeguard the young person's welfare, and
- Whether a formal Child Protection enquiry/investigation should be initiated by Children's Social care and the Police, and the remit and timescale for this.
- If a young person is on a Care Order there should be regular contact maintained with him/her.

10.2.7 When a young person is remanded to a Secure Unit, the Safeguarding Children Unit will undertake statutory reviews in line with the Children Act guidance for Looked After Children.

SECTION 10.3: SAFEGUARDING CHILDREN FROM ABROAD

10.3.1 Introduction

This guidance is adapted from the work carried out by the East Midlands Child Protection Network, and Stockport Safeguarding Children Board is grateful for their generosity in sharing it with us.

- a) Large numbers of children arrive into this country from overseas every day. Many of these children do so legally in the care of their parents and do not raise any concerns for statutory agencies. However, recent evidence indicates that children are arriving into the UK ;

in the care of adults who, whilst they may be their carers, have no parental responsibility for them

in the care of adults who have no documents to demonstrate a relationship with the child

- alone
 - in the care of agents
- b) Evidence shows that unaccompanied children or those accompanied by someone who is not their parent are particularly vulnerable. The children and many of their carers will need assistance to ensure that the child receives adequate care and accesses health and education services.
- c) A small number of these children may be exposed to the additional risk of commercial, sexual or domestic exploitation.
- d) Immigration Legislation impacts significantly on work under the Children Act 1989 to safeguard and promote the welfare of children and young people from abroad. This guidance refers to the current legal framework but it is important to note that regulations and legislation in this area of work are complex and subject to constant change through legal challenge etc. The guidance intends only to reflect broadly the additional issues faced by families operating also within the context of immigration law. All practitioners need to be aware of this context to their contact with such families. Legal advice on individual cases will usually be required by Children's Social Care.

10.3.2 Purpose

- a) The purpose of this guidance is to assist staff in all agencies to:

Understand the issues which can make children from abroad particularly vulnerable
Identify children from abroad who may be in need, including those who may be in need of being safeguarded

Know what action to take in accordance with their responsibilities.

- b) As with any guidance, it is not intended to provide the answer to all situations. No practitioner or agency holds all of the knowledge; the groups of children and families change and our knowledge of specific issues is developing.

10.3.3 Principles

- a) There are some key principles underpinning practice within all agencies in relation to unaccompanied children from abroad or those accompanied by someone who does not hold parental responsibility. These are:

No agency should lose sight of the fact that children from abroad are children first – this can often be forgotten in the face of legal and cultural complexities.

Children arriving from abroad who are unaccompanied or accompanied by someone who is not their parent should be assumed to be children in need unless assessment indicates that this is not the case. The assessment of need should include a separate discussion with the child in a setting where, as far as possible, they feel able to talk freely.

Assessing the needs of these children is only possible if their legal status, background experiences and culture are understood, including the culture shock of arrival in this country

Be prepared to actively seek out information from other sources. Beware of “interrogating” the child.

10.3.4 THE STATUS OF CHILDREN WHO ARRIVE FROM ABROAD AND LEGAL DUTIES TOWARDS THEM

- a) Children who arrive in the UK alone or who are left at a port of entry by an agent invariably have no right of entry and are unlawfully present. They are likely to be in a position to claim asylum and this should be arranged as soon as possible if appropriate.. They are the responsibility of the Children’s Social Care Department to support until they are 18 years of age, under section 17 or section 20 of the Children Act 1989. If their asylum claim is not resolved before they reach 18 years old, support after the age of 18 years is dependent on immigration status. The Asylum Team in Children’s Social Care can assist in obtaining knowledge about asylum status.
- b) **Children who arrive in the UK with or to be with carers without parental responsibility** may have leave to enter the country or visas or may be in the UK unlawfully. Children’s Social Care may have responsibilities towards them under the Private Fostering Regulations.
- c) If the child is assessed to be in need, support can be provided by Children’s Social Care for the child, and for the family, if this is not excluded by section 54 of the National Immigration Act 2002. If the child is cared for by relatives, Private Fostering Regulations may not apply.
- d) Some children who arrive in the UK with their parents belong to families of EEA nationals migrating into the UK. Such families cannot be supported by Children’s Social Care except for the provision of return travel (and associated accommodation). If such families decide to stay and seek further help, Children’s Social Care still has responsibilities towards any child who is in need, including the provision of accommodation for the child alone. Practice is to declare such families ordinarily resident after 3 months and to pay benefits. Housing Department practice

is to consider housing after 6 months. Children's Social Care remains in the position that services may only be provided direct to the child alone.

10.3.5 Identification and initial action

- a) Whenever any professional comes across a child who they believe has recently moved into this country the following basic information should be sought:
- Confirmation of the child's identity and immigration status
 - Confirmation of the carer's relationship with the child and immigration status
 - Confirmation of the child's health and education arrangements in this county.

This should be done in a way which is as unthreatening to the child and carer as possible.

- b) If this information indicates that the child has come from overseas and is being cared for by an unrelated adult or one whose relationship is uncertain, Children's Social Care should be notified in order that an assessment can be undertaken.
- c) The immigration status of a child and his/her family has implications for the statutory responsibilities towards the family. It governs what help, if any, can be provided to the family and how help can be offered to the child. Appendix 1 of this procedure- "Legal Status" provides information about the most relevant aspects of this legislation.
- d) Where families are subject to Immigration legislation which precludes support to the family (see Appendix 1 of this procedure -Legal Status), many may disappear into the community and wait until benefits can be awarded to them. During this interim period the children may suffer particular hardship – e.g. live in overcrowded and unsuitable conditions and with no access to health or educational services. They are particularly vulnerable to exploitation because of their circumstances.

10.3.6 Establishing the child's identity and age

- a) Age is central to the assessment and affects the child's rights to services and the response by agencies. In addition it is important to establish age so that services are age appropriate (and developmentally appropriate).
- b) Citizens of EU countries will have a passport or ID card (usually both). Unaccompanied children very rarely have possession of any documents to confirm their identity or even to substantiate that they are a child. Their physical appearance may not necessarily reflect his/her age.
- c) The assessment of age is a complex task, which often relies on professional judgement and discretion. Issues of disability may compound such assessment. Moreover, many societies do not place a high level of importance upon age and it may also be calculated in different ways. Some young people may genuinely not know their age and this can be misread as lack of co-operation. Levels of competence in some areas or tasks may exceed or fall short of our expectations of a child of the same age in this country. The advice of a paediatrician with experience in considering age may be needed to assist in this where there is any discrepancy a joint age assessment can be done with the Asylum Team.

10.3.7 Parental responsibility

- a) The Children Act 1989 is built around the concept of “parental responsibility”. This legal framework provides the starting point for considering who has established rights, responsibility and duties towards a child.
- b) In some cultures child rearing is a shared responsibility between relatives and members of the community. Adults may bring children to this country that they have cared for most of their lives, but who may be unrelated or “distantly” related.
- c) An adult whose own immigration status is unresolved cannot apply for a residence order to secure a child for whom he/she is caring.
- d) Children whose parents’ whereabouts are not known have no access to their parents for consent when making important choices about their life. Whilst their parents still have parental responsibility they have no way of exercising it.
- e) Children who do not have someone with parental responsibility caring for them can still attend school, and schools should be pragmatic in allowing the carer to make most decisions normally made by the parent.
- f) Such children are entitled to health care and have a right to be registered with a GP. If there are difficulties in accessing a GP, the local Patient’s Services should be contacted to assist.
- g) Emergency life-saving treatment would be given if required. However, should the child need medical treatment such as surgery or invasive treatment in a non life-threatening situation, the need for consent would become an issue and legal advice would be required.
- h) Children’s Social Care has statutory duties where the child is deemed privately fostered. (See appendix 3 of this procedure).
- i) Carers/parents are not eligible to claim benefits for their child unless they have both been granted some form of “leave to remain” in this country by the Home Office.

10.3.8 HOW TO SEEK INFORMATION FROM ABROAD

- a) Seeking information from abroad should be a routine part of assessing the situation of an unaccompanied child. Professionals from all key agencies – eg Health, Education, Children’s Social Care and the Police – should all be prepared to request information from their equivalent agencies in the country(ies) in which a child has lived, in order to gain as full as possible a picture of the child’s preceding circumstances. Agencies should refer to the procedure for obtaining information about a child from abroad section of these procedures
- b) It is worth noting that agencies abroad tend to respond quicker to e-mail requests/ faxed requests than by letter. Similarly, the Internet may provide a quick source of information to locate appropriate services abroad.

- c) Appendix 2 of this procedure contains contact numbers that are possible sources of information and local networks that may be of use.

10.3.9 Assessment

- a) Any unaccompanied child or child accompanied by someone who does not have parental responsibility should receive an initial assessment in order to determine whether they are a child in need of services, including the need for protection. (See also appendix 3 of this procedure regarding “private fostering” duties of Local Authorities).
- b) Such children should be assessed as a matter of urgency as they may be very geographically mobile and their vulnerabilities may be greater. All agencies should enable the child to be quickly linked into universal services, which can begin to address educational and health needs.
- c) The assessment of children from abroad can be challenging. It is helpful to use the DOH Assessment Framework, provided that it is recognised that the assessment has to address not only the barriers which arise from cultural, linguistic and religious differences, but also the particular sensitivities which come from the experiences of many such children and families.
- d) The needs of the child have to be considered based on an account given by the child or family about a situation that the professional has neither witnessed nor experienced. In addition it is often presented in a language, and about a culture and way of life with which the professional is totally unfamiliar or has only basic knowledge about.
- e) It is vital that the services of an interpreter are employed in the child’s first language and that care is taken to ensure that the interpreter knows the correct dialect. If that interpreter shares more than a common language, and are professionally trained, they can sometimes be a rich source of information about traditions, politics and history of the area from which the child has arrived. They may be able to advise on issues like the interpretation of body language and emotional expression. (See the procedure for the use of interpreters in section 10.12 of these procedures).
- f) The first contact with the child and carers is crucial to the engagement with the family and the promotion of trust which underpins the future support, advice and services. Particular sensitivities which may be present include:

Concerns around immigration status

- Fear of repatriation
- Anxiety raised by yet another professional asking similar questions to ones previously asked.
- Lack of understanding of the separate role of Children’s Social Care, that that it is not an extension of police.
- Lack of understanding of why an assessment needs to be carried out

- Previous experience of being asked questions under threat or torture, or seeing that happen to someone else.

Past Trauma

- Past Regime/ experiences can impact upon the child's mental and physical health. This experience can make concerns from the Authorities about minor injury or poor living conditions seem trivial and this mismatch may add to the fear and uncertainty
- The journey itself as well as the previous living situation may have been the source of trauma

The shock of Arrival

- The alien culture, system and language can cause shock and uncertainty, and can affect the mood, behaviour and presentation.
- g) In such circumstances reluctance to divulge information, fear, confusion or memory loss can easily be mistaken for lack of co-operation, deliberate withholding of information or untruthfulness.
- h) The first task of the initial contact is therefore engagement. Open questions are most helpful, with a clear emphasis on reassurance and simple explanations of the role and reasons for assessment. If the "engagement" with the family is good there are more likely to be opportunities to expand on the initial contact, as trust is established.
- i) Within the first contact with the child and carer (s) it is however also vital not to presume that the child's views are the same as their carer, or that the views and needs of each child are the same. Seeing each child alone is crucial, particularly to check out the stated relationships with the person accompanying them. (Someone allegedly from the same place of origin should have a similar knowledge of the place, for example). Clearly the professional is going to be seen as in "power" and as such a child may believe that they must "get it right" when they may not wholly understand the system or even the question.
- j) If the engagement is good then there will be opportunities to expand on the initial contact. The ethnicity, culture customs and identity of this child must be a focus whilst keeping this child central to the assessment. The pace of the interviewing of a child should aim to be at the pace appropriate to the child, although the need to ensure that the child is safe may become paramount in some circumstances. Some core questions to be addressed are included in appendix 4 of these procedures.

k) Child's developmental needs

Things to bear in mind include

- Health, behaviour and social presentation can be affected by trauma and loss. Famine and poverty can have an impact upon development.
- Wider health needs may need to be considered, including HIV, Hepatitis B and C and TB. (this applies to the parent/carer also)
- Education. What has school meant to this child?
- Self care skills. Not to judge competence by comparing with a child of the same age in this country. This child may have had to be very competent in looking after themselves on the journey, but unable to do other basic tasks. In some countries some children will have been working or have been involved in armed conflict. Loss of a parent can enhance or deprive a child of certain skills. Having had to overcome extreme adversity can result in a child who is either deeply troubled or both resourceful and resilient.
- Identity. Who is this child? What is their sense of themselves, their family, community, tribe, race, history?
- Physical appearance. Life experience and trauma can affect this. Lack of nourishment may make the child present as younger or older.
- Perceptions of what constitutes disability are relative and attitudes towards disabled children may be very different.
- The impact of racism on the child's self image and the particular issues currently faced by asylum seeking children and their families.

Parenting Capacity

Things to bear in mind include:

- War, famine and persecution can make a family mobile. The family may have moved frequently in order to keep safe. The stability of the family unit might be more important to the child than stability of place. Judgements that mobility may equate with inability to provide secure parenting may be entirely wrong. In some countries regular migration to deal with exhaustion of the land is part of the culture.
- The fact that a child seems to have been given up by a parent may not imply rejection, as the motive may have been to keep the child safe or seek better life chances for him/her.
- Talking about parents/ family can be stressful and painful – as can not being given the chance to do so regularly.
- Importance of the extended family/community rather than an Eurocentric view of family.
- Not to presume that you cannot contact a parent who is living abroad unless you have established that this is the case by actively seeking to do so.
- Lack of toys for a child may indicate poverty or different cultural norms rather than poor parenting capacity to provide stimulation
- The corrosive impact on parenting capacity of racism against asylum seekers
- The additional issues of parenting a child conceived through rape – either dealing with the negative response of the partner or with the stress of keeping it secret from him

Family and environmental factors

The importance of economic and social hardship is apparent. In addition there may be issues such as:

- Family history and functioning may include the loss of previous high status as well as periods of destitution
- Different concepts of who are/have been important family members and what responsibility is normally assumed by the whole community, e.g. who a child should reasonably be left with

k) Appendix 4 contains some questions that it may be helpful to cover within initial assessment of the situation of a child in these circumstances.

10.3.10 Children in need of protection

a) Where assessment indicates that a child may be in need of protection and Safeguarding Children procedures apply, additional factors need to be taken into account. These issues include such things as:

- Perceptions of Authority, the role of the Police in particular, and the level of fear which may be generated
- The additional implications for a family where deportation is a real threat of deciding to prosecute
- Balancing the impact of separation on a child with the likely history of separation/disruption
- Judgements about child care practices in the context of such different cultural backgrounds and experiences.

10.3.11 THE TRAFFICKING OF CHILDREN

a) Trafficking is defined as: “The recruitment, transportation, transfer, harbouring or receipt of children by means of threat, force or coercion for the purpose of sexual or commercial exploitation or domestic servitude.” (AFRUCA/NSPCC) It is a rapidly growing global problem, which is more than a law and order concern; it is a violation of human rights, affecting all communities. Safeguarding Children procedures will always apply where there is suspicion that a child may be being trafficked. A trafficked child or young person is a victim of a serious crime.

b) A number of factors identified by the initial assessment may indicate that a child has been trafficked:

- The child may present as unaccompanied or semi accompanied
- The child may go missing
- The multi use of the same address may indicate that it is an “unsafe house” or that the house is being used as a sorting house
- Contracts, consent and financial inducement with parents may become apparent
- The child may hint at threats to family in their home country for non co-operation or disclosure
- There may be talk of financial bonds and the withholding of documents.
- Befriending of the vulnerable child

- False hopes of improvement in their lives (escaping war, famine, poverty or discrimination)
- c) If it is identified that a child may be being trafficked for the purposes of sexual exploitation the Sexual Exploitation Protocol should be followed. As soon as suspicions are raised that a child is being trafficked, immediate action to safeguard the child is required. This includes urgent liaison with the police. Planning of the investigations should be within a strategy meeting, in order to ensure that both the safety of this individual child and the investigation of organised criminal activity are addressed.
- d) Children are also trafficked for the purpose of domestic labour. These children may be less obvious, and their use to the family may be more likely to be picked up during a private fostering assessment, or because someone notices that they are living at a house, but not in school etc. Children who enter the country apparently as part of re-unification arrangements can be particularly vulnerable to domestic exploitation.

APPENDIX 1 LEGAL STATUS

The legal status of a child/family may be apparent from the documentation which the family carries.

An unaccompanied child (under 18) with an asylum claim has no access to public funds. However, the provisions of the Children Act 1989 will still apply. At least three weeks prior to reaching 18 the young person should be referred and assisted to the National Asylum Support Service (NASS) for ongoing support if the asylum claim is still outstanding.

The level of support given by the National Asylum Support Service (NASS) to a young person who has turned 18 may vary if they continue to live with relatives, e.g. no contribution will be made towards rent.

This is often complicated by duties that exist towards their parent/carers. The Local Authority has no powers under the Children Act 1989 to support parents or carer. Support, including financial, can only directly benefit the child.

Some children may arrive in the UK to be rejoined with their parents. If their parents have an outstanding asylum claim, the children can be recognised as 'dependants' and granted the same status as the principle applicant. Dependants are those who:

- are related (as claimed on the Asylum application)

or

- were dependent on the principal applicant prior to arrival in the UK (even though unrelated)

or

- had formed part of the pre-existing family unit abroad (again even though they may be unrelated).

If **indefinite** or **exceptional** leave to remain (ILR/ELR) or **Humanitarian Protection** has already been granted to the parent, the child's application is considered as one for 'family reunion' and not as a 'dependent'. In these circumstances the child must have formed part of the pre-existing family unit abroad.

Children who are dependent on asylum seeking parents may also claim asylum in their own right and their applications are then considered individually, irrespective of the outcome of their parents' claim. The claims must be registered with the Immigration and Nationality Directorate (IND).

RELEVANT PIECES OF LEGISLATION

Nationality Immigration and Asylum Act 2002 (NIA)

Section 54 is intended to discourage the concept of 'benefit shopping' within Europe. It is retrospective and applies to anyone who comes within the categories set out below. This is not dependent on the length of time they have been in the UK.

The Act has the effect of preventing local authorities from providing support under certain provisions, including section 21 of the National Assistance Act and section 17 of the Children Act, to:

Nationals of the European Economic Area (EEA) States (other than UK)

Those with refugee status in another EEA state

Persons unlawfully present in the UK who are not asylum seekers, including those who have overstayed visa entry limit and those without confirmation of ELR/ILR leave to remain

Failed asylum seekers who refuse to cooperate with removal directions

Section 55 applies to those who have made or are intending to make an asylum claim in the UK. It prevents NASS from providing asylum support unless the Secretary of State is satisfied that the person applied for asylum as soon as reasonably practicable after arrival in the UK. Families with dependent children will, however, receive asylum support even if they did not apply as soon as reasonably practicable.

Section 55 does not apply to unaccompanied minors.

Those who have not yet officially lodged an asylum claim can be offered assistance with accommodation (usually overnight) and travel to Immigration and Nationality Directorate Public Caller Unit (IND) by Children's Social Care in order to register the claim with the Home Office. Family can then access NASS support via Refugee Action once IND has accepted the claim and provided written confirmation of this.

APPENDIX 2 SOURCES OF INFORMATION

Documentation held by the child/family

The child/family may have documentation from their previous country such as benefit letter, ID cards, GP or hospital letters, letters from other Children's Social Care departments.

The Foreign and Commonwealth Office on 020-7008 1500

The appropriate Embassy or Consulate

The London Diplomatic List, ISBN 0 11 591772 1 can be obtained from the Stationery Office on 0870 – 600 –5522 or from FCO website www.fco.gov.uk. It contains information about all the Embassies based in London.

International directory enquires dial 155. Ask for main Town Hall number as they will have details of local offices. This can be useful where an address in a town abroad is known.

International Social Service of the UK

Cranmer House, (3rd Floor), 39 Brixton Road, London SW9 6DD
Tel No 020-7735 8941/4. Fax 020-7582 0696

Stockport Asylum Team

Victoria House, Ground Floor, Wellington Street, Stockport, SK1 3AD

Tel No: 0161-474-3651.

Fax: 0161 429 8136

APPENDIX 3 PRIVATE FOSTERING

Private Fostering arrangements can be a positive response from within the community to difficulties experienced by families. However, privately fostered children remain a diverse and potentially vulnerable group.

A privately fostered child is defined in the Children Act 1989 as a child under the age of 16 (or under 18 if the child has disabilities) who is cared for and provided with accommodation for 28 days or more by someone who is not the child's parent or a close relative, or someone with parental responsibility. It is a private arrangement between parent and carer.

The private fostering policy document is available on the Social Care and Health section of the Children and Young person's intranet site.

http://172.16.1.4/smbcintr/new/content/directorates/cyp/documents/PrivateFosteringProceduresVersionFinal-Nov2005_000.pdf

SECTION 10.4: USE OF INTERPRETERS, SIGNERS OR OTHERS WITH SPECIAL COMMUNICATION SKILLS

All agencies need to ensure they are able to communicate fully with parents and children when they have concerns about child abuse and neglect and ensure that family members and professionals fully understand the exchanges that take place.

10.4.1 Recognition of communication difficulties

- a) The use of accredited interpreters, signers or others with special communication skills must be considered whenever undertaking enquiries involving one or more of the following:
 - Children and/or family members for whom English is not the first language (even if reasonably fluent in English, the option of an interpreter must be available when dealing with sensitive issues)
 - Those with a hearing impairment
 - Those with a visual impairment
 - Those whose disability impairs their speech
 - Those with learning difficulties
 - Those with specific language or communication disorder
 - Those with severe emotional and behavioural difficulties
 - Those whose primary form of communication is not speech
- b) When taking a referral social workers must establish the communication needs of the child, parents and other significant family members. Relevant specialists may need to be consulted
- c) Family members should not be used as interpreters within the interviews although can be used to arrange appointments and establish communication needs.

10.4.2 Interviewing Children

- a) The particular needs of a child who is thought to have communication problems should be considered at an early point in the planning of the enquiry (strategy meeting stage). It is important that a child can feel that s/he has been heard and taken seriously.
- b) Professionals should be aware that an interview is possible when a child communicates by means other than speech and should not assume that an interview which meets the standards for purposes of criminal proceedings is not possible.
- c) **All interviews should be tailored to the individual needs of the child and a written explanation included in the plan about any departure from usual standards.**

- d) Every effort should be made to enable such a child to tell her/his story directly to those undertaking enquiries
- e) It may be necessary to seek further advice from professionals who know the child well or are familiar with the type of impairment the child has e.g. paediatrician at the child development centre or the child's school, a social worker from the Children with Disabilities Team.
- f) When the child is interviewed it may be helpful for an appropriate professional to assist the interviewer and the child. Careful planning is required of the role of this advisor and the potential use of specialised communication equipment.
- g) Suitable professionals are likely to be drawn from the following groups:
 - Speech and language therapists
 - Teachers of the hearing impaired
 - Specialist teachers for children with learning difficulties
 - Professional translators (including people conversant with British Sign Language (BSL) for hearing impaired individuals)
 - Staff from CAMHS
 - Specific advocacy/voluntary groups
 - Social workers specialising in working with children with disabilities

10.4.3 Video interviews:

Achieving Best Evidence (Home Office 2001) provides guidance on interviewing vulnerable witnesses, including learning disabled and of the use of interpreters and intermediaries (Achieving Best Evidence HO 2001 2.36 – 2.41; 2.77) accessed via the police.

Interviews with witnesses with special communication needs, may require the use of an interpreter or an intermediary (Achieving Best Evidence HO 2001 2.36 – 2.41; 2.77), and are generally much slower. The interview may be long and tiring for the witness and might need to be broken into two or three parts, preferably, but not necessarily held on the same day.

A witness should be interviewed in the language of their choice and vulnerable or intimidated witnesses, including children, may have a supporter present when being interviewed.

10.4.4 Using Interpreters with Family Members

- a) If the family's first language is not English they should be offered an interpreter, even if they appear reasonably fluent, as it is essential that all issues are understood and fully explained.
- b) Interpreters used for child protection work should have been subject to references, CRB checks and a written agreement regarding confidentiality. Wherever possible they should be used to interpret their own first language.
- c) Social workers need to first meet with the interpreter to explain the nature of the investigation, the aim and plan of the interview, and clarify:

- The interpreter's role in translating direct communications between professionals and family members.
 - The need to avoid acting as a representative of the family.
 - When the interpreter is required to translate everything that is said and when to summarise.
 - That the interpreter is prepared to translate the words that are likely to be used - especially critical for sexual abuse.
 - When the interpreter will explain any cultural issues that might be overlooked (usually at the end of the interview, unless any issue is impeding the interview.)
 - The interpreter's availability to interpret at other interviews and meetings and provide written translations of reports (taped versions if literacy an issue).
- d) Family members may choose to bring along their own interpreter as a supporter.
- e) Invitations to child protection conferences and reports must be translated into a language/medium that is understood by the family.

10.4.5 Interpreting services available in Stockport:

a) Police:

The Police use language line. They have a website, www.language.co.uk and can be contacted on 0800 169 2879.

b) Children's Social Care/Education:

Stockport Borough Council supports the Ethnic and Diversity Service. This is a team of trained interpreters, bilingual workers and teachers. They have capacity to interpret in over 35 languages, but would help in any situation if possible. The service is free to all local authority employees with charging arrangements for outside organisations.

Contact can be made on: Tel No: 0161 477 9000
Fax No: 0161 480 1848

Email: eds.admin@stockport.gov.uk

The address is: Ethnic and Diversity Service
Bann Street
Stockport, SK3 0EX.

c) Probation:

The Probation Service on an area wide basis utilise the services of Bury Metro translations services. This is our primary source of assistance in work with offenders from non English speaking nationalities. They are not allowed to use ad hoc arrangements as individuals will not be covered for insurance purposes.

Address: Bury Metro
PO Box 68
Finance and E Government Division
Manchester
M26 2YJ

Tel No. 0161 253 5194

d) Health:

Stockport NHS Trust purchases interpreting services from the Ethnic and Diversity Service (details as before)

Stockport PCT also purchases this service for both General Practitioners and other contractors (available 24 hours) and Community Health Staff including Health Visitors and School Nurses. The latter is available only in working hours though an extension of the contract is being sought. In the meantime staff would access the service either through the Children's Social Care Out of Hours Team (if part of an investigation) or Stockport NHS Trust if urgently required.

e) YOT:

Youth Offending Team purchases interpreting services from the Ethnic and Diversity Service (details as before)

SECTION 10.5: CHILDREN AND YOUNG PEOPLE WHO GO MISSING OR RUNAWAY FROM HOME AND CARE

10.5.1 Introduction

- a) The Government's response in 1998 to the *Children's Safeguards Review (1997)* included a commitment to develop guidance on the action to be taken when a child goes missing or runs away. The Department of Health issued its guidance (November 2002) issued as Local Authority Circular (2002) 17, under Section 7 of the *Local Authority Social Services Act 1970*, which builds on the report from the Social Exclusion Unit (SEU, November 2002).
- b) *The Department of Health (DoH) Statutory Guidance (2002)* summarises messages from various research reports and makes recommendations on prevention. This aims to ensure the safety of those that run away, advises on appropriate help on their return and highlights co-ordinating responsibilities at a local and national level.
- c) Following the *Laming Report (2003)* which enquired into the death of Victoria Climbié, the 'Every Child Matters' Green Paper (September 2003) highlights the needs for better communication and collaborative practice with regard to children at risk.
- d) The DoH Guidance and SEU Report indicate that local areas should establish systems for early identification of young people likely to run away. This system needs to operate within the framework of Identification Referral and Tracking (IRT) which all local authorities are required to put in place during 2004/05 (recently re-named Information Sharing and Assessment).
- e) One of the DoH key recommendations for local authorities, the Police and partners is to:
 - *"Ensure that multi agency protocols are in place on the action to be taken when children go missing from care and home or run away"*.

10.5.2 Why do we need a protocol?

- f) Formal protocols are necessary to clarify the roles and responsibilities of agencies involved in working with children and young people who go missing from home.
- g) The following protocol has been created in order to provide a joined-up response to children and young people who are missing from home and/or care or have run away. The protocol relates to all children and young people. This protocol should fit into other locally developed procedures.

These procedures will sit alongside your local Safeguarding Children procedures and your own agencies procedures

10.5.3 National context

- a) Running away is a dangerous activity that puts children and young people at risk:
- Each year it is estimated that 100,000 young people run away from home or care citing reasons such as abuse, neglect or violence
 - One in nine children who have run away have been forced to leave home by the time they are 16
 - 67% of young runaways will stay with a stranger and get hurt
 - 25% of runaways will sleep rough
 - A significant number of children and young people are from a care background
 - 21% will be physically or sexually assaulted
 - Running away is associated with truancy and exclusion from school.

Rees, G (2001) "Working with Runaways: Learning from Practice" (London Press).

10.5.4 Local context

- a) Stockport Borough recognises the requirement for a multi-agency joint response to young runaways. This procedure should underpin all action taken across agencies.

10.5.5 Risk factors

- a) Young people who go missing face a number of risks:
- No legitimate income - leading to high risk activities
 - Involvement in crime - both as a victim and perpetrator
 - Abuse through sexual exploitation
 - Deterioration of health
 - Missing schooling and education
 - Exposure to high risk activities e.g. substance misuse, joyriding
 - In some circumstances children have died.

10.5.6 Definition

- a) For the purposes of this procedures, a child or young person under the age of 18 years is to be considered 'missing' if:

- **He/she is absent from his/her place of residence without authority, in circumstances where the absence causes concern for the safety and welfare of the child.**
- b) Clearly some children and young people absent themselves from home for a short period of time and then return: often their whereabouts are known. The children and young people that are not considered at risk and usually they are testing boundaries. Sometimes children stay out longer than agreed either on purpose or unwittingly.
- c) This kind of boundary testing activity is well within the range of normal teenage behaviour and should not come within the definition of 'missing' from this protocol.

10.5.7 Assessment Framework

- a) Multi-agency implementation of the *Assessment Framework* will provide a common language for agencies working with children and families. This will assist in defining concerns for a child and thus identifying whether the intervention of Children's Social Care is necessary and appropriate.
- b) Assessment Framework for Children in Need – *The Children Act 1989* places a duty on local authorities to provide services to children in need under Section 17 of the Act. These services should work alongside those that respond to children who require protection. In this way the intention is to produce an integrated response to the needs of children which may change over time.
- c) The Assessment Framework seeks to identify and respond to children in need by:
- The clear and consistent identification of need
 - Effective partnership between agencies and with children, young people and their families
 - Holding inter-agency planning meetings to discuss complex cases and formulate care plans with children and their parents
 - Agencies working together to provide a high level of community support for children and young people who have complex medical needs
 - Measurement, planning and review of all children in need services and evaluation of their effectiveness.

10.5.8 Additional procedures and strategy

- a) Specific additional procedures apply if a child or young person is in public care (looked after). **Refer to absence of a child without authority/young people in public care policy.**
- b) Agencies working with children and young people and their families and carers must use well established, comprehensive, transparent and consensual information sharing systems and processes that places the individual at the centre of how their information is used.
- c) This must be delivered in accordance with the:
 - Data Protection Act (1998)
 - The Children Act (1989)
 - Human Rights Act (2000)
 - And other relevant local guidance
- d) Whilst assessing risk, attention should be given with regard to sexual exploitation in line with **DoH Guidance Safeguarding Children and Young People involved in Prostitution: Practice Guidance (2000)**

10.5.9 For all children and young people

COMMENT:

Every individual has a duty to inform the authorities if a child is missing

- a) In considering a child or young person who is considered to be **missing from home** a parent, carer or worker will apply their own judgement with regard to the overall circumstances of the child or young person and the circumstances in which they have gone missing. If, in their opinion, the absence of the child or young person is more than 'boundary testing' activity, then they will, in normal circumstances, alert the Police who will then apply a risk assessment to the report being made and deal accordingly.
- b) In respect of children and young people **absent from care**, the unauthorised absence/boundary testing behaviour requires assessment by those responsible for the care of the individual in determining when to alert the Police.

10.5.10 What should a parent or carer do?

Parent and/or carer	Advise the parent/carers to notify/report to the Police. If the child is the subject of a Care Order or is accommodated by the local authority, the referrer should also inform Children's Social Care and this should be confirmed by the Police, to verify that the young person has been reported missing.
----------------------------	---

10.5.11 This section covers the role of referrers and what they need to do

<p>All Agencies and Voluntary Organisations</p>	<p>If it comes to the attention of any agency or voluntary organisation that a young person is missing from home they must:</p> <ul style="list-style-type: none"> • Conduct an initial risk assessment • Carry out the single agency response • Where concerns remain complete the personal descriptive form (Appendix 2 of this procedure). • Advise the parent/carer of the organisations' duty to ensure the matter is reported to the police who will ensure search, locate and return procedures are activated, and report to the police to verify the reporting by the parent/carer has occurred. <p>On return of the young person, where available, an independent interview to assess their needs with regard to advice, information and support will be offered.</p> <p>Information will be collated and shared with the Safeguarding Children Board to develop services which reduce the number of children and young people who go missing from home and/or care in the future.</p>
<p>Children's Social Care</p>	<p>Children's Social Care will work as appropriate within the Assessment Framework, local Safeguarding Children policies and procedures and Children in Need/ LAC Procedures.</p>
<p>Police</p>	<p>The Police will, upon receiving a report of a child or young person being absent from care or missing from home, carry out pro-active enquiries to locate, trace and return the subject as soon as possible. Upon the child or young person being returned, the Police will carry out an initial 'safe and well' check and if necessary, liaise with other agencies in relation to any concerns.</p> <p>Greater Manchester Police</p> <p>All children or young persons reported missing from home or absent from care are risk assessed by the Police as being 'Vulnerable – High Risk'. In addition to specific internal actions to locate and trace the missing person, the following times scales are of relevance:</p> <p>Within 2 hours the Police National Computer will be updated with the subjects' details.</p> <ul style="list-style-type: none"> • Regular contact with the person reporting (referrer) is to be established as soon as possible and maintained until the child or young person is returned. • Liaison with partner and other agencies to be established as soon as possible. • Continual risk assessment to be applied. <p>If missing for 24 hours:</p> <ul style="list-style-type: none"> • Children's Social Care to be informed regardless of circumstances of child or young person going missing. • Continual risk assessment to be applied. <p>If missing 48 hours:</p> <ul style="list-style-type: none"> • Education Welfare Officer/Services to be informed and the school notified. • Continual risk assessment to be applied.

	<p>If missing up to seven days:</p> <ul style="list-style-type: none"> • National Missing Person Helpline to be informed. • Close contact with partner and other relevant agencies to be maintained. <p>If missing over seven days:</p> <ul style="list-style-type: none"> • All missing children and young people to be classed as ‘Ultra High Risk’ if not already assessed at this level before this time lapse. (At this stage children will be dealt with under Safeguarding Children procedures). • Press/media strategy to be implemented – if not already in place. <p>If missing over 14 days:</p> <ul style="list-style-type: none"> • Police National Missing Persons Bureau to be informed – if not already actioned. <p>If missing for over ten weeks:</p> <ul style="list-style-type: none"> • Ensure the Police National Computer report on the subject is extended for further year period (minimum). <p>Police action upon return Once the child or young person has been located, returned and checked as being safe and well, the Police will notify other agencies and the missing person reports will be cancelled within two hours. Where Missing from Home and or Care Schemes are set up, the Police must inform the parents/carers to expect contact from the scheme.</p>
Residential unit staff (including private providers)	Staff must follow specific local protocols for missing from care.
Health	<p>Children and young people missing from home or care often present themselves for health care at various health services e.g. Accident and Emergency departments, Walk-in centres, GP surgeries. The local designated professionals (doctor, nurses etc.) will be the contact point for notification of missing children or young people in the health services, who will ensure that the relevant health services are alerted.</p> <p>If a child initially discloses that they have run away, then the Health Professional needs to refer to ‘<i>All agencies, Role of the Referrer (2.1)</i>’.</p>

Note:

1. There is an expectation that parents will report their child missing if they are absent without permission, if not, this may be raised as a child protection issue.
2. If the missing child or young person is on the Child Protection Register or there are any child protection concerns identified at the time of reporting, there must be immediate implementation of Safeguarding Children procedures.

10.5.12 Returning home

- a) If any information is gathered during the course of enquiries which indicates a child or young person will be at risk on their return home, the Police and Children's Social Care must be informed immediately, so that they may take appropriate action.
- b) On the return of a child or young person who has been reported missing, the Police will attend as soon as possible and in any event within 24 hours for the initial 'safe and well' check to perform an initial assessment that the child is safe and well. In relation to any concerns they will speak to the child in private. This is to ensure as far as possible that it is safe to return to the home or care institution or placement that they have been absent from.
- c) The Police will then cancel any circulation of the child or young person's details and inform all agencies that have been involved in the incident, together with any other appropriate agency identified in the Missing or Run Away from Home Procedure to notify them of the child's return or location.
- d) Where possible and when appropriate, the young person will be offered a further interview to assess their needs with regard to advice, information and support. The appropriate agency, or agency identified to conduct the independent interview, will then make contact with the young person and their carer as soon as is practicable and in any event within 72 hours. The purpose of this interview will be conducted in order to ascertain sensitively:
 - The reason why the child went missing
 - If there are any concerns regarding their safety or welfare
 - Where the child was during the period missing
 - To establish if any concerns exist regarding the activity or treatment of the child or young person whilst absent.
- e) The interview will be from the perspective of a welfare check, and support for the child should focus on any concerns regarding their home or care environment or influences outside home which may have caused the child to go missing.
- f) Confidentiality will be respected unless there are welfare, child protection or serious criminal issues. Any relevant concerns will be shared with the appropriate agency (Children's Social Care, Police, Health, Education etc.).
- g) Where there are child protection concerns that become evident, these will be reported immediately to Children's Social Care and the Police.

10.5.13 All Children – Longer or Significant Absences

COMMENT: The longer a child is ‘missing’, the more vulnerable and exposed they are to risks such as sexual exploitation, poor health, violence and sexual assaults.

- a) Within seven days of a child going missing, a Professionals Meeting will be held. This meeting will be convened by the Police with all relevant agencies to explore a strategy to find the child.
- b) The Professionals Meeting will be attended by the Police Divisional Commander or his/her nominee, together with the representatives from Children’s Social Care, Health, Education, and any other agencies with a statutory and/or significant involvement with the child, e.g. YOT, Connexions, or as dictated by the circumstances in which the child has gone missing, or any local issues. All agencies must prioritise attendance. Parents/carers can attend. However, in rare circumstances they may be partially excluded if evidential issues are discussed.
- c) These senior officers will elicit a clear statement of the actions being taken in respect of the absence and should satisfy themselves that all that should be done is being done.
- d) All Police missing person’s files will remain ‘live’ until the person is traced. At no stage will a missing from home or absent from care report relating to a child or young person be filed until such time that they have been located and assessed as being safe and well.
- e) Police area co-ordinators will pro-actively manage individual cases and the PNC missing report will be renewed every three years if necessary.
- f) Duties of the Police area co-ordinators are to maintain regular contact with parents and carers.

10.5.14 Monitoring children or young people who go missing

- a) Stockport Children’s Social Care must appoint a designated Senior Manager with a responsibility for monitoring the effectiveness of its missing from care and home protocol. This officer will be responsible for reporting information to Safeguarding Children Board and local authority cabinets about patterns of absence from children and young people missing from care and home.
- b) Issues to be addressed in the strategic monitoring reports should include:
 - Incidents of missing person’s episodes
 - Location – are children more likely to be absent from some placements or areas than others? Where do they run to?
 - Child protection implications
 - Actions when children return.

Appendices

Appendix 1 **Preliminary risk assessment**

Appendix 2 **Personal descriptive plans**

Appendix 3 **Stockport contact lists**

Appendix 4 **Flow Chart**

Preliminary Risk Assessment

It comes to the attention of any organisation within Stockport Council's Partnership area that the child or young person is missing from home and/or care, they should immediately undertake a risk assessment. The police require all persons with parental responsibility to make a risk assessment.

Factors to be considered should include:

- Risk of abduction
- Forced marriages
- Bullying
- Medical considerations, e.g. epilepsy/diabetes
- Age of the child
- History of self-harm and/or mental health issues
- Home environment/family history
- Previously assessed level of vulnerability
- Time of day/night
- Physical/learning difficulties
- Previous history or patterns of going missing or running away
- Any agreement reached regarding staying out beyond the usual time
- Where the child is believed to be staying
- His/her likely associations while missing
- State of mind at time of going missing
- Any other particular circumstances at the time of the incident
- Concerns around sexual exploitation
- Length of time missing
- Children on the child protection register
- Any other relevant factors.

STOCKPORT SAFEGUARDING CHILDREN BOARD (SAFEGUARDING

For use when a child/young person goes missing. A recent photograph should be attached if possible.

Photograph attached: (Please tick) YES NO

Stockport Missing Child/ren

Informing Agency:

Name: Contact Number:

Full Name: (of child/ren) D.O.B:

Ethnicity Build:

Alias/es: G.P:

School:

Current Address (missing from):

Home Address (if different):

Address of other significant family:

Legal Status of child:

Description of child/ren: (include hair length/colour, complexion, glasses, distinguishing features, jewellery).

Category of Registration (if appropriate):

Date of Registration (if appropriate):

Any circumstances that increase the risk including background, learning difficulties, previous history of running away:

Any health concerns, medication etc:

Family Details (Parents/siblings etc.):

Full Names	Relationship to Children	P.R. (Please tick)	Date of Birth

Date of Disappearance:

Did the young person have: any money?
change of clothes?
access to vehicle?

Where they may be (i.e. parents/friends etc): (address/county if possible)

<input type="text"/>	Tick if address checked (by visit or telephone) <input type="checkbox"/>
	<input type="checkbox"/>

Who has parental responsibility:

Action taken (i.e. address, friends checked):

Level of risk identified: low medium high
Identified risk factors:

Agencies: **Copy of this form to go to:**

Police YOT
 Education Health

Children's Social Care Team Team contact: _____

Safeguarding Children Unit

If you have any information on the whereabouts of this child/ren, you are invited to contact:

<i>Name</i>	<i>Position</i>	<i>Address</i>	<i>Tel. No.</i>
Stockport Social Services (Out of Hours):			0161 718 2118

Appendix 3

Stockport Contact List

Children's Social Care

Social Care contact details across Stockport

Children's Social Care

Office hours: 0845 644 4313. Fax no: 0161 476 3504	Out of hours: 0161 718 2118
--	--------------------------------

Stockport Child Protection Designated Nurse

Office hours: 0161 419 2020 Fax no: 0161 419 2025	The Redwood Unit The Tree House Stepping Hill Hospital Poplar Grove Stepping Hill Stockport SK2 7JE
--	---

Stockport Connexions Partnership Contact

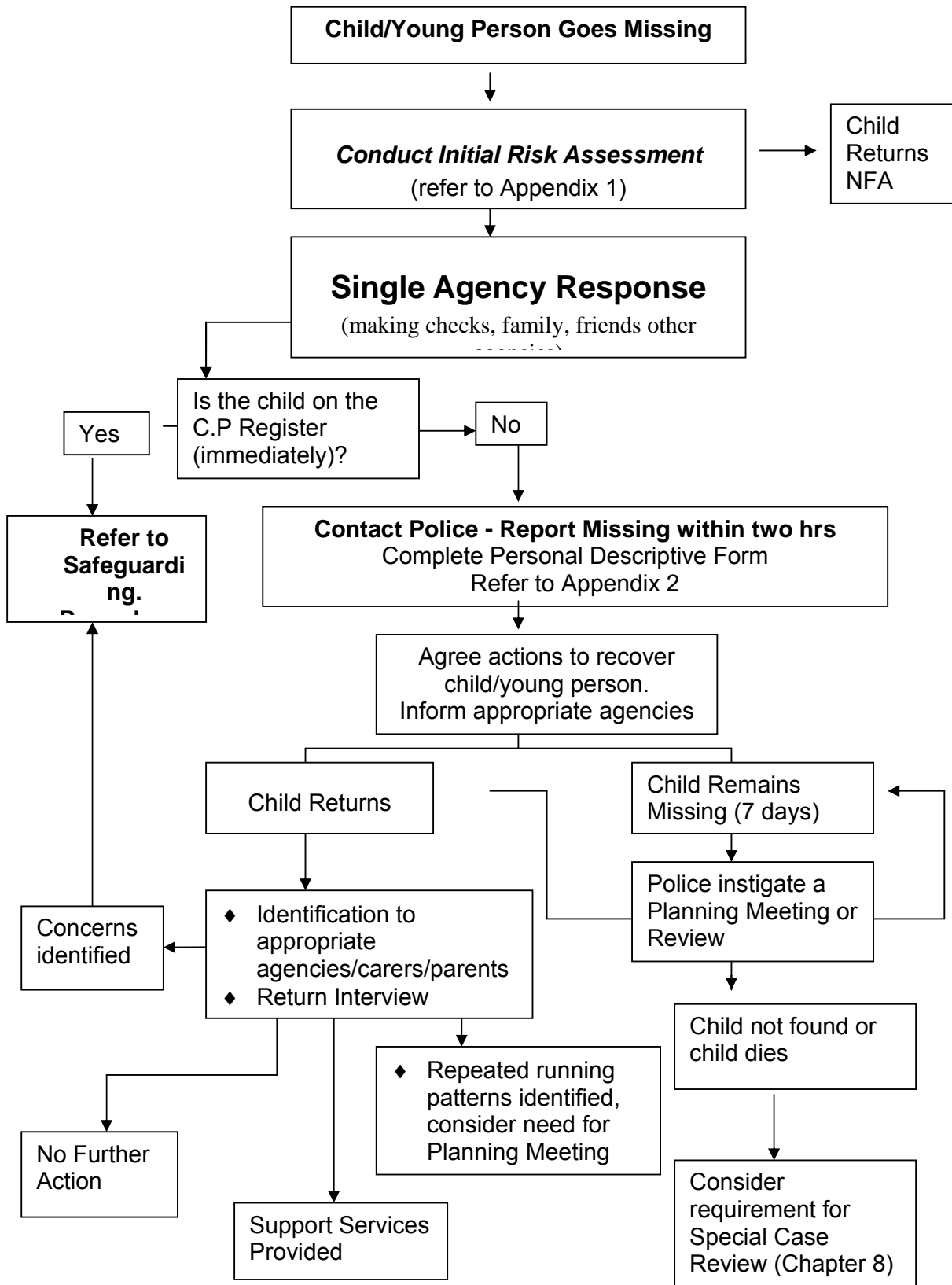
Office hours 0161 475 7700 Fax no: 0161 476 6760	Connexions 64 Chestergate Stockport SK1 1NP
---	--

Greater Manchester Police – Stockport

Emergency	999
-----------	-----

Manchester Central Control Room	0161 872 5050
---------------------------------	---------------

Appendix 4



SECTION 10.6: PROCEDURE FOR ALLOWING CHILDREN TO LEAVE HOSPITAL WHERE THERE ARE CONCERNS ABOUT THEIR SAFETY

This is a joint agency policy between Stockport PCT, Stockport NHS Trust and Stockport Children's Social Care to ensure compliance with Recommendations 56, 70 and 71 of the Laming Report.

Any child or young person presenting at Stepping Hill Hospital where there are child protection concerns will be seen by a Paediatrician of at least middle grade.

The Paediatrician will, as part of a Section 47 enquiry, make an initial assessment of the child's welfare. This will include assessment of the likely cause of any injuries, and the physical, social and emotional presentation of the child/young person.

10.6.1 In-patient admissions

As part of the Section 47 enquiry discussion will usually be held between the Paediatrician, Nursing staff, Health Visitor, Children's Social Care, and Police and where appropriate school and other agency representatives before the child/young person is discharged from hospital.

The purpose of this discussion is to identify and assess the risk factors the child or young person is exposed to and plan post discharge support. This discussion will include consideration of the need for immediate protection. The Paediatrician will have responsibility for ensuring that nature and content of the discussion is written up in the hospital case records and for ensuring that the Hospital Discharge Plan is completed.

- Areas of professional agreement and disagreement will be clearly noted.

The Paediatrician will have responsibility for ensuring that the Hospital Discharge Plan is circulated to the parent/carer; the young person (where appropriate); Children's Social Care and relevant professionals including Health, Education, CAMHS, YOT, etc.

If either the Paediatrician, medical/nursing staff Children's Social Care, have any concerns about the safety of a child/young person's planned discharge then a Hospital Discharge meeting will be called. Medical/nursing staff must liaise with Designated and Named professionals to discuss their concerns before discharge.

This meeting will usually include attendance of the Consultant Paediatrician, Designated/Named Nurse Safeguarding Children, Nursing staff, Health Visitor, Children's Social Care and Police and where appropriate school and other agency representatives. Parents or carers will also be invited to attend.

If the child or young person has been seen in the Emergency Department, the examining doctor and relevant nursing staff should be invited to the meeting, or send a report.

In the event of differential diagnosis, a legal planning meeting would be held before the child is discharged, this will be held at a maximum of two working days.

The Consultant Paediatrician will have responsibility for ensuring that this meeting is recorded using the Hospital Discharge Plan and that areas of professional agreement and disagreement are clearly noted.

All professionals should endeavour to provide written reports. Where this is not possible i.e. due to time constraints – verbal presentations are acceptable. A written report should be provided within 2 days of the meeting.

The Consultant Paediatrician will provide a report outlining their professional opinion and their assessment as to the likelihood that the child is 'suffering harm' and the degree to which this is attributable to parental or carer actions or omissions.

The nursing staff will provide a report of their involvement and observations since the child was admitted to hospital. This will include direct interactions with the child and observations of the child's behaviour and presentation and interaction with parents and carers.

Children's Social Care will provide an initial assessment, which will include a chronology of previous involvement, an outline of the child's views, an assessment of the home environment. This will be by way of a social work visit to the child's home to assess the safety of the home environment and will include observations of the whole house including the child's bedroom.

School, Health Visitor, Police and other relevant agencies will provide a report outlining details of knowledge and involvement with the child/young person.

The Consultant Paediatrician and the Designated/Named Nurse Safeguarding Children will have responsibility for ensuring that the Hospital Discharge Plan is circulated to the parent/carer; the young person (where appropriate); Children's Social Care and relevant professionals/agencies, including Health, Education, CAMHS, YOT, etc.

No child/young person about whom there are serious child protection concerns will be discharged from Hospital until Children's Social Care has completed the home environment assessment and the Hospital Discharge Plan is agreed and in place. This should happen within 2 days.

10.6.2 Requested medical on a child who is not admitted

The Paediatrician will provide an initial verbal report to Children's Social Care and the parents/carers outlining their professional opinion and their assessment as to the likelihood that the child/young person is 'suffering harm' and the degree to which this is attributable to parental or carer actions or omissions. The Paediatrician will describe the evidence on which they are basing their conclusions.

Before the child is allowed home, the Paediatrician and Children's Social Care will identify and assess the risk factors the child/young person is exposed to. Children's Social Care will take responsibility for recording and circulating notes of this discussion. Areas of professional agreement and disagreement will be clearly noted. This discussion will include consideration of the need for immediate protection. This will inform Children's Social Care's initial risk assessment and subsequent actions.

The Paediatrician will provide a written report, which will be sent to Children's Social Care within three working days.

SECTION 10.7: ACCESSING INFORMATION CONCERNING VULNERABLE CHILDREN, WHICH MAY BE HELD IN OTHER COUNTRIES

These procedures should be used in all circumstances in respect of all children who have lived abroad for a period of time and/or their parents.

10.7.1 Single agency response

- a) Initial information collated in respect of any child in need should include inquiries by all agencies as to whether the child and/or his/her parents/carer have lived abroad for any period of time. Where this is the case, details and dates of movements should be gained and the following checks made:

10.7.2 Social Care

a) For any referral

- The ethnicity of the child in need must be obtained the place of birth must be obtained
- All the countries the child and/or parents/carers have lived in, if this is longer than a holiday.

b) For any child in need

- If the child /parent/carer was born or has lived in another country for any significant length of time, then all relevant information that may be held abroad must be sought via the relevant agency, i.e. Health, Education, Police and Probation.

10.7.3 Health

- Health professionals will consult with:

Senior Nurse Advisor, Child Protection
Redwood Unit,
2nd Floor, Treehouse,
Stepping Hill Hospital,
Stockport.

Tel: 0161 419 2020
Fax: 0161 419 2025

10.7.4 Police

International enquiries (including Republic of Ireland(R.O.I))

- a) All enquiries need to be made in writing to Interpol, which is accordance with current G.M.P. procedures via the International Liaison Officers at the Force Intelligence Bureau.
- b) Her Majesty's Immigration Service (H.M.I.S) can assist in establishing a person's immigration status where that is relevant, i.e. potential custody/abduction cases.

10.7.5 Probation

- a) At any time when a member of staff assesses that a child who has recently lived overseas is in need of protection, he/she should immediately consult his/her team manager and follow the guidelines set out in Stockport Safeguarding Children Policy and Procedures handbook for Probation, and the relevant section in the Greater Manchester Probation Service Procedures. The following information should be obtained from the carer if possible, and passed onto the referral and assessment team at Children's Social Care.
 - Establish if the carer or the child has lived abroad for any period of time. If this is the case obtain details and dates of movements.
 - Establish all the countries the child and/or parents/carers have lived in if the family have lived in more than one country.
 - Establish the ethnicity and date of birth of the child in need.

10.7.6 Education

- b) If a member of school staff has any child in need concerns regarding any child who has recently arrived on their school roll from abroad, they must consult with their designated teacher for child protection and follow the Stockport Safeguarding Children Policy and Procedures.

If the cause of concern also relates to poor school attendance, then the Head Teacher or Head of Year for the school shall refer the child to the Education Welfare Service for a home visit to be completed.

- c) In all cases, if in doubt, then the designated teacher or head should consult and seek advice from the Principal EWO.
- d) In all cases, pupil admissions will notify the Education Welfare Service (EWS) if they become aware of a child from another country has requested a school place.
- f) The Education Welfare Service liaise with Asylum Seekers and the Ethnic and Diversity Service, in order to establish a child's legal status within the UK, i.e. refugee status etc.

10.7.7 Social Care

- a) Information may be sought by Social Care from a variety of sources:

- Via the Foreign and Commonwealth Office 020 7008 1500
- The appropriate Embassy or Consulate- numbers available on the FCO website www.fco.gov.uk
- Checks via the Asylum Team, who are based at Regal House in Stockport Tel: 477 3700
- Enquiries via the International Social Services of Great Britain Tel: 02077 358941 (This can only be accessed via agreement from the team manager)

10.7.8 Obtaining information as part of a S47 child protection enquiry

a) If there are significant concerns and a strategy meeting is called, the meeting will determine if further enquiries are needed. Consideration must then be made as to whether to access assistance via other agencies for information from abroad.

b) The strategy meeting should ensure that:

- The meeting must be child-centred
- Further information from overseas must be sought if a joint investigation is felt necessary.
- The Police will invoke their own procedures via Interpol and also check the immigration status of the individuals (as above).
- Every other agency involved must follow its own enquiries to provide any relevant information to the enquiry to safeguard the child.

c) The strategy meeting must also agree:

- Whether parents need to be informed of the enquiry by Children's Social Care if the child is with a guardian and the parents are resident or staying in another country/and how this should be done and by whom.
- If overseas social services checks via International Social Services are required, the Team Manager should seek permission via their Service Manager
- All decisions must be clearly recorded.

SECTION 10.8: PROTOCOL FOR YOUNG PEOPLE FACING FORCED MARRIAGE

CONTENTS

- Mission Statement
- Background, Definitions
- Stockport Local Safeguarding Children Board Policy on Forced Marriage
- Dealing with Cases of Forced Marriage Guidelines for Police
- Young People Facing Forced Marriage Guidelines for Social Worker
- Information Sharing, Confidentiality, Consent
- Information for Education Professionals
- Operational Protocols (flow chart)
- Appendices

10.8.1 MISSION STATEMENT

Forced marriage is a marriage conducted without the valid consent of both parties, where some element of duress is a factor. This is different from an arranged marriage, which is a respected tradition in many cultures.

Stockport Local Safeguarding Children Board understands forced marriage to be a form of abuse, and a breach of human rights. It is, therefore, important to safeguard any children or young people subjected to a forced marriage.

You should follow this protocol if you:

- Work directly with children and young people
- Work with or supervise others who have contact with children, young people and adults
- Are a concerned member of the public

10.8.2 BACKGROUND

In 1999 the Home Office established a working group to investigate the extent of the problem of forced marriage. The working group published a report in June 2000 'A Choice by Right'. Following this report the Home Office and the Foreign and Commonwealth Office published a joint action plan, which set out their strategy for addressing the problem. One of the first stages of the strategy was to produce 'Guidelines for Police in Dealing with Cases of Forced Marriage'. These guidelines were launched in May 2002. As many social workers present at the consultation for the police guidelines expressed interest in having guidelines for social workers, the Foreign and Commonwealth Office have formulated a set of draft guidelines. There was nation-wide consultation throughout 2003 and the Guidelines for Social Workers were launched in 2004.

This protocol is produced by Stockport Local Safeguarding Children Board to guide professionals working in this area and to assist any professional who has concerns, as it has many parallels with child abuse and domestic violence. Professionals working with young people facing forced marriage should be ready to give guidance to the young person about their rights and the choices open to them.

It should be remembered that where there are allegations of abuse or neglect, child care services have a duty to make enquiries under Section 47 of the Children Act 1989, and that forced marriage can amount to sexual and emotional abuse and put young people at risk of physical abuse.

10.8.3 DEFINITIONS

a) This protocol is not about arranged marriages

'The tradition of arranged marriage has operated successfully within many communities and many countries for along time and remains the preferred choice of may young people'. (Working Group: Forced Marriages – *A Choice by Right*, June 2000)

b) Definition of an arranged marriage:

Families of both spouses take a leading role in arranging the marriage, but the choice whether to accept the arrangement remains with the individuals.

c) Definition of a forced marriage:

A marriage which is conducted without the consent of both parties, where duress is a factor.

d) When does any arranged marriage become a forced marriage?

'A person knows when they are being forced into marriage against their will – that must be the starting point' (*Young Woman: Leicester*)

'An arranged marriage is a forced marriage when you have no choice' (*Young Woman: Wardleworth*)

Hannah Siddiqui, co-ordinator of the Southall Black Sister, a campaigning group states: 'There is a whole spectrum of pressure placed on young girls ranging from subtle, emotional pressure to harassment, threats of violence, abduction, rape and even murder. Imagine you respect your heritage and your parents. They are very nice to you and care about you, but you still feel you cannot speak up against being married off. Even in that context, an arranged marriage then becomes a forced marriage'.

- Although there is no specific criminal offence of 'forcing someone to marry', within England and Wales there are crimes that may be committed when forcing someone into marriage. The following list is not exhaustive: common assault; harassment; cruelty to persons under 16; failure to secure regular attendance at school of a registered pupil; theft (i.e. passport), child abduction; abduction of unmarried girl under the age of 16 from parent or guardian; abduction of a woman by force or for the sake of her property; aiding and abetting a criminal offence; kidnapping; false imprisonment.
- Section 12c of the Matrimonial Causes 1973 states that a marriage shall be violable if 'either party to the marriage did not validly consent to it, whether in consequence of duress, mistake, unsoundness of mind or otherwise'. In April 2002 a judge annulled a marriage following evidence that the woman had been deceived and frightened into marrying.
- Forced marriage is a violation of internationally recognised human rights standards. Marriage shall be entered into only with the free and full consent of the intending spouses.' (Universal Declaration of Human Rights, Article 16(2)).
- 'State parties shall ensure on a basis of equality of men and women ... the same right freely to choose a spouse to enter into marriage only with their full and free consent'. (Convention to Eliminate all forms of Discrimination against Women, Article 16(1) (b))

'A Women's right to choose a spouse and enter freely into marriage is central to her life and her dignity, and equality as a human being'. (General recommendation No.21, UN Committee on the Elimination of all Forms of Discrimination Against Women)

- Forced marriage cannot be justified on religious grounds. Freely given consent of both parties is a prerequisite of Christian, Hindu, Muslim and Sikh marriages.
- Forced marriage is not a religious issue and to describe it as such feeds prejudice and intolerance.

10.8.4 STOCKPORT LOCAL SAFEGUARDING CHILDREN BOARD ON FORCED MARRIAGE

POLICY

Forced marriage is a marriage conducted without the valid consent of both parties, where some element of duress is a factor. This is different from an arranged marriage, which is a respected tradition in many cultures.

Stockport Local Safeguarding Children Board understands forced marriage to be a form of abuse, and a breach of human rights. It is, therefore, important to safeguard any children or young people subject to a forced marriage.

Local child protection procedures will include reference to the protocol. The procedures allow for the exclusion of parents and/or carers from involvement in the initial investigation, and meetings, in circumstances, where to do so would have serious consequences for the child or young person. All professionals involved must be made aware of the importance of confidentiality.

The existing legal framework affords a great deal of protection to children and young people at risk of being forced into marriage. Stockport Local Safeguarding Children Board supports agencies in ensuring that the powers are proactively applied, and promoted the training of individuals and agencies to respond positively to referral and identification of forced marriage.

Stockport Local Safeguarding Children Board endorses the view from the Guidance that cases of forced marriage can involve complex and sensitive issues. Therefore, referrals should receive the attention of the named agency manager responsible for child protection, or a worker who has had specific training in dealing with the issues raised by forced marriage.

Wherever Police or child care services become aware of a child or young person party to a forced marriage, they must consider whether this requires joint enquiries/investigation or single agency child protection enquiries. This decision ought to be made as part of a strategy meeting convened by the Safeguarding Children Unit and the referring agency made aware of the intended actions.

However, given that on occasion agencies will have to act speedily, Stockport Local Safeguarding Children Board supports the view that single agency action to safeguard the child can be taken outside of a strategy meeting subject to the accepted line of accountability.

10.8.5 GENERAL GUIDELINES FOR POLICE OFFICERS DEALING CASES OF FORCED MARRIAGE

WITH

Information about a forced marriage may be received from the victim, from a friend or relative, or from another agency. Forced marriage issues may also become apparent through careful questioning in the course of investigating other incidents/crimes such as domestic violence, assault, and abduction or missing persons.

Cases of forced marriage can involve complex and sensitive issues that should receive the attention of an Inspector or an officer nominated to deal with such matters, as soon as possible.

The first priority in all cases is to do everything possible to ensure the safety and well being of the victim.

Victims of existing or prospective forced marriages may be fearful of discussing their worries with friends and teachers but may come to the attention of professionals for various behaviours or circumstances consistent with distress. These may include:

- A family history of siblings being forced to marry or marry early
- A sibling who suddenly disappeared or went abroad
- Frequent authorised school absences or truancy from school/ lessons
- Social isolation
- A sudden decline in education performance, aspirations or motivation
- Unreasonable restrictions on the child's liberty e.g. accompanied to/ from school, not allowed to attend extra curricular activities
- Depression, self-harming behaviour, eating disorders
- Lethargy and inability to concentrate
- Physical and domestic abuse
- Running away from home
- Reported to have left the country suddenly or on an extended family holiday

Reports of forced marriage, including reports from victims who fear they may be forced to marry, must be taken seriously and not just referred to another agency.

For young people under the age of 18 years, it may be appropriate to deal with the situation in a similar way to child protection procedures.

For people aged 18 years and over, procedures similar to those for domestic violence victims may be appropriate.

These guidelines refer to a nominated or specialist officer. In Stockport this officer will be the Duty Inspector.

Actions that should be taken initially include:

- See the individual immediately in a secure and private place
- See the individual on their own – even if they attend with others
- If the services of an interpreter are required, take steps to ensure the interpreter is not connected, even tenuously, with the individual
- Contact, as soon as possible, the duty Inspector
- Reassure the victim of Police confidentiality
- Establish a way of contacting them discreetly in the future
- Obtain full details to create a report to pass on to the nominated or specialist officer
- Recognise and respect the victim's wishes

DO NOT:

- Send the individual away in the belief that it is not a Police matter
- Approach the family, unless the individual expressly asks you to do so
- Approach the community leaders unless requested to do so by the individual
- Share information with anyone without the express consent of the individual
- Breach confidentiality

DO NOT ATTEMPT TO BE A MEDIATOR

Additional steps:

- Give the individual, where possible, the choice of the race and gender of the officer who deals with their case
- Inform them of their legal rights
- Given them personal safety advice
- Obtain all details of the person involved including date, place of birth, National Insurance number and a copy of their passport
- Create a restricted entry in the force intelligence system
- Identify any potential criminal offence and submit a crime report if applicable
- Secure evidence at all stages as a prosecution may follow
- Give the individual advice on what service they should expect and from whom
- Perform a risk assessment in all cases
- Maintain a full record of the decisions made and the reason for those decisions
- Ensure that the individual has the nominated officer's contact details

Try to:

- Refer the individual, with their consent, to appropriate local and national groups and counselling services
- Obtain a recent photograph or consider, with their consent, taking a photograph
- Note any distinguishing features e.g. birthmarks

10.8.6 GUIDELINES FOR SOCIAL WORKERS

Social Workers should refer to the document:

‘Young people and vulnerable adults facing forced marriage – practice guidance for Social Workers’

This protocol is supported by the Local Safeguarding Children Board training programme

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 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, relative, 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 person / runaways.

Remember:

Forced marriage places children and vulnerable adults at risk of rape, sexual assault and possible physical harm. Some cases have resulted in the reluctant spouse being murdered. Where an allegation of forced marriage or intended forced marriage is raised, the following steps should be taken.

Summary points for first steps:

- See the young person immediately in a secure and private place (this will not usually be the child care office – p.32 Practice Guidance for Social Workers).
- See the young person on their own – even if they attend with others (p.32 Practice Guidance for Social Workers).
- Explain all the options to the young person and recognise and respect their wishes. If the young person does not want childcare to intervene, the social worker will need to consider whether the young person’s wishes should be respected or whether the young person’s safety requires that further action be taken.
- Contact, where necessary, a social worker who has undertaken specialist training or the Safeguarding Unit manager/duty service.
- Where there are concerns for an individual under 18 or the young adult has children, activate local Safeguarding Children Board procedures and use existing national and local protocols for multi-agency liaison (Working Together to Safeguard Children, 2006) and the Framework for the Assessment of Children in Need and their Families (2000).

- If the victim is a vulnerable adult, i.e. they are over 18 and have mental or physical disabilities, or they are a young person with a disability/learning difficulty, refer to the appropriate team/or the Vulnerable Adult Co-ordinator.
- Please refer to Achieving Best Evidence in Criminal Proceedings: Guidelines for vulnerable or intimidated witness, where the victim or young adult is over 18, who wishes to pursue a complaint.
- Reassure the young person of childcare commitment to maintaining confidentiality, including consideration of excluding those with parental responsibility. Information should only be disclosed with the young person's permission except where they are a danger to themselves or others.
- Initiate a strategy discussion under child protection procedures to decide whether the young person is suffering, or at risk of, significant harm. Plan the next steps in accordance with Working Together to Safeguard Children (2006).
- Involve the young person in the discussion, together with the Police and other relevant professionals and detail in the plan agency roles and responsibilities, and actions taken.

General Guidelines for all Cases:

- Consider the need for immediate protection and placement away from the family
- Refer to the local Police Child Protection Unit if there is any suspicion that a crime has been, or may be, committed or the young person is, or has children, under 18.
- Liaise with the Police if there are concerns about the safety of the victim, their siblings or the victim's children.

DO NOT:

- Treat such allegations merely as a domestic issue and send the young person back to the family home as part of routine child protection procedures.
- Ignore what the young person has told you or dismiss out of hand the need for immediate protection
- Approach the young person's family, friends or those people with influence within the community, without the express consent of the young person, as this will alert them to you enquiries.
- Contact the family in advance of any enquiries, either by telephone or letter.
- Share information outside child protection information-sharing protocols without the express consent of the young person (p.33 – Practice Guidance for Social Workers).
- Breach confidentiality except where necessary in order to ensure the young person's safety.

DO NOT:

Attempt to be a mediator

Additional steps:

Following on from the Team Manager's decision to consider this open case (CP/CIN)

- Information from case files and database files should be kept strictly confidential. Every effort should be made to keep information to a restricted staff group (p.33 – Practice Guidance for Social Workers).
- Give the young person, where possible, the choice of the race and gender of the social worker who deals with their case.
- Inform them of their right to seek legal advice and representation.
- Liaise with the Child Care Legal Service.
- In all cases, assess the risk of harm facing the young person and the staff member. Risk assessment to be noted in the case file with copy to Team Manager.
- Give them personal safety advice.
- Record any injuries and arrange a medical examination. Keep detailed documentation of any injuries or history of abuse, as the Police may require this for any subsequent prosecution as detailed in child protection procedures.
- Keep the young person informed of steps taken and resources allocated and available in the community.
- Maintain a full record of the decisions made and the reason for those decisions.
- Ensure that the young person has the contact details for the service and a complaints form.

Try to:

Refer the young person, with their consent, to appropriate local and national support groups and counselling services.

Remember:

- The Children's Social Care Service has a duty to make enquiries when there is an allegation of abuse against a young person, if they are a vulnerable adult enquiries will be made by adult services and/or the police.
- Circumstances may be more complex if the young person is lesbian, gay, bisexual or transgender.
- Male victims of forced marriage may have difficulty in having their situation taken seriously.

- When referring a case of forced marriage to other organisations/agencies, ensure they are capable of handling the case appropriately. If in doubt, consider approaching established women's groups, who have a history of working with survivors or domestic violence and forced marriage and ask these groups to refer them to reputable agencies.

10.8.7 INFORMATION REQUIRED FOR ALL CASES

- Obtain details of the individual making the report, their contact details, and their relationship with the young person.
- Obtain details of the young person under threat including:
 - Date of report
 - Name of individual under threat
 - Nationality
 - Age
 - Date and place of birth
 - Passport details
 - School details
 - Employment details
 - Full details of the allegation
 - Name and address of parents
- Obtain a list from the young person under threat of all those friends and family who can be trusted.
- Establish a code word to ensure you are speaking to the right person (p.32 – Practice Guidance for Social Workers).
- Establish a way of contacting them discreetly in the future that will not put them at risk of harm (p.32 – Practice Guidance for Social Workers).
- Obtain any background information including schools attended, involvement by Police, doctors or other health services, etc.
- Record details about any threats or hostile actions against the young person, whether reported by the victim or a third party.
- Obtain a recent photograph and other identifying documents. Document any other distinguishing features such as birthmarks and tattoos, etc. Remember to get the consent form signed.
- Establish the nature and level or risk to the safety of the individual (e.g. are they pregnant, do they have a secret boyfriend/girlfriend, are they self-harming, are they already secretly married?).
- Establish if there are any other family members at risk of forced marriage or if there is a history of forced marriage and abuse.
- Check Children's Social Care records for past referrals of family members including siblings. This may also involve checks with other Local Authorities.

10.8.8 FOR SECTION 47 ENQUIRIES

Consider approaching:

- Local schools
- Local Education Authority
- Voter's Register
- Police
- Benefits Agency
- Passport Office
- Child Protection Register
- Police databases, including domestic violence databases
- Housing agencies
- Health services
- Voluntary groups
- Employers
- Fellow employees

This must be done in a discreet manner

If the young person is going overseas the following is required:

- A photocopy of the young person's passport for retention. Encourage them to keep details of their passport number and the place and date of issue. If a choice is available use a British passport to travel on.
- As much information as possible about the family is required (this will need to be gathered discreetly) including:
 - **Full name of young person**
 - **Their father's name**
 - **Any addresses where the young person may be staying overseas**
 - Potential spouse's name
 - Date of the proposed wedding
 - The name of the potential spouse's father (if known)
 - Addresses of the extended family in the UK and overseas
- Information that only the young person would be aware of (this may assist any subsequent interview at an Embassy/British High Commission in case another person of the same sex/age is produced pretending to be the young person).
- Details of any travel plans and people likely to accompany the young person
- Names and addresses of any close relatives remaining in the UK
- A safe means by which contact may be made with the young person e.g. a mobile telephone that will function overseas. Record the number
- Details of safe third party, in order to maintain contact in case the young person contacts them whilst overseas or on their return

- An estimated return date. Ask that they contact you **without fail** on their return
- A written statement by the young person explaining that they want Children's Social Care or a third party to act on their behalf if they do not return by a certain date

Remember:

- If the family is approached, they may deny that the young person is being forced to marry, move the young person, expedite any travel arrangements and bring forward the forced marriage
- Report details of the case, with full family history, to the Community Liaison Unit at the Foreign and Commonwealth Office (p.44-Practice Guidance for Social Workers). Encourage the young person to get in touch with the Community Liaison Unit. The Unit gives advice to young people who fear they may be forced to marry.
- The young person may be a dual national and have two passports (p.15-Practice Guidance for Social Workers).

10.8.9 OPERATION PROTOCOL

- Initial referral form (CAF) from agency or young person will either go to the Police or Initial Assessment Team.
- Initial Assessment Team Duty Worker will confer with Safeguarding Unit Manager or Duty Officer.
- Initial details taken by Duty Officer Safeguarding Unit on multi-agency consultation form.
- Enquiry will involve checking children, schools and families information system for agency involvement.
- Detail of incident or concerns recorded and discussed with Police Family Support Unit.
- Duty Office Safeguarding Unit will contact Initial Assessment Team Duty Officer to clarify further response, and agree action plan.

10.8.10 FORCED MARRIAGE GROUP

Following Strategy Consultation (phone or meeting):

- Decision will be: immediate protection requested or alternatively planned protection requested.
- Referral made to Initial Assessment Team, decision as to whether Child In Need or Core Assessment is required (need to mention involvement of other agencies).
- The outcome of assessment if the forced marriage criteria are not met then could refer to another agency, e.g. request for services or no further action may be decided upon.
- If the forced marriage criteria is met then the Safeguarding Unit to arrange meeting and chair a family support meeting.

Or

Children's Social Care will arrange strategy meeting the outcome of which could result in a Section 47 enquiry, following Stockport Local Safeguarding Children Board child protection procedures.

10.8.11 INFORMATION SHARING BETWEEN THE NHS AND LOCAL AUTHORITIES

Aim:

'The aim of public policy is that citizens receive the health and social care services required to meet their needs through the most effective and efficient organisation of available agency services that can be achieved for the particular circumstances of the individual. Sharing personal information between partner agencies is vital to the provision of co-ordinated and seamless care to an individual. Legislation does not prevent information sharing between partner agencies delivering services, though there are important rules and parameters to be observed, especially in handling security and confidentiality'. (NHS Executive, 1999)

Key Elements – Summary:

- Information to be shared must be purposeful and justified
- Information should be specifically geared to the task it is intended to service
- The information should be sufficient and sharing should exclude unnecessary material
- Information should normally only be shared with the informed consent of the subject
- Information should be shared as part of appropriately planned and managed procedures
- There should be designated accountability for shared information
- Information should only be shared within agreed 'information communities'
- Personal identifiers should be removed wherever possible
- Agencies should take responsibility for ensuring procedures for compliance
- Standards must be established to ensure that technologies used in information sharing are fully fit for the purpose

Good Practice – Summary:

- All agencies should be able to demonstrate that they have in place:
- Procedures (forms) for handling user access and consent
- Documentation for service users which explains their rights of access, the relevance of their consent, rules and limits on confidentiality, and how information about them is treated
- Additional documentation for specific situations, such as when the user may not be in a position to understand rights of access or provide consent
- Procedures for handling records as set out in the policies for good record keeping in the NHS and DH SCG
- Procedures for implementing and managing the requirements of the Data Protection Act 1998, including designated staff responsibility
- Staff awareness and development programmes re The Act
- Guidance and compliance procedures for staff and all those who work in or on behalf of the agency
- IT security policy and procedures
- Procedures for regular monitoring/auditing adherence to the Act
- Registration of all agencies and individuals who may have authorised access to the agency's information and relevant compliance documentation for them

10.8.12 TACKLING FORCED MARRIAGES IN SCHOOLS AND COLLEGES

Information for education professionals from the Department for Education and Skills and the Foreign and Commonwealth Office.

Educational establishments have sometimes feared that it is not their place to tackle this issue and that in doing so they are intruding on private or cultural family matters. This anxiety is unnecessary for the following reasons:

- No culture or religion sanctions forced marriage – this is quite different to arranged marriage where parties consent of their own free will
- Forced marriage is a human rights abuse
- Forced marriage directly impedes a school's ability to fulfil its duty under the Race Relations (Amendment) Act 2000 to promote equality of opportunity for all its pupils

Both the Department for Education and Skills and the Foreign and Commonwealth Office are strongly committed to stamping out forced marriage. The two departments have already co-operated to take initial action against the abuse. The Department for Education and Skills has endorsed the 'Tying the Knot' video and accompanying material for personal health and social education classes. The Department for Education and Skills has also supported the distribution of forced marriages leaflets in schools.

www.teachernet.gov.uk also deals with forced marriage as an abuse that educational professionals may come across.

Further guidance and advice

Dealing with cases of forced marriage: Guidance for Police Officers

www.acpo.police.uk/asp/policies/Data/Interactive_Forced_Marriage_2005.pdf

Young people and vulnerable adults facing forced marriage: practice guidance for social workers. Foreign and Commonwealth Office, March 2004

www.adss.org.uk/publications/guidance.marriage.pdf

Young people and vulnerable adults facing forced marriage: Guidance for Education professionals. Foreign and Commonwealth Office, January 2005

www.Publications.teachernet.gov.uk/eorderingdownload/FCO%2075263.pdf

The Forced Marriage Unit (FMU) is the Government's Central Unit dealing with forced marriage casework, policy and projects. It provides confidential information and assistance to potential victims and concerned professionals.

Telephone: 020 7008 0151

www.fco.gov.uk

References:

Recording with Care (DH Social Care Group/Social Services Inspectorate, 1999)

Code of Practice on Personnel Information in Social Services (DH / ADSS, 1999)

The Data Protection Act, 1998

Draft Guidelines for Local Authority Social Services Department on the Data Protection Act 1998 (DH SCG, 1999)

Ensuring Security and Confidentiality in NHS Organisation (NHS Resource Park)

Report on the Review of Patient Identifiable Information (Caldicott Report) (DH, 1997)

Patients Charter (DH, 3/96)

Recording with Care (DH Social Care Group/Social Services Inspectorate, (1999)

Setting the Record Straight (Audit Commission, 1995)

For the Record (HSC 1999/053)

Still Building Bridges (DH SCG / SSI, 1999)

Information for Caring & Benefits of using Clinical Information (ENB and Enabling People Programme, 1997)

Improving Clinical Communication (CSG, 1998)

Moving forward with Information Sharing (ADSS / Price Waterhouse)

Learning to Manage Health Information & Information for Health (NHS E, 1999)

Modernising Health and Social Services: National Priorities Guidance, 1999/00 – 2001/02 (DH, 1998)

Workers are also referred to:

'What to do if you're worried a child is being abused'

Appendix 3 – page 43 – Information Sharing

10.8 APPENDIX 1

STOCKPORT HEALTH IMPROVEMENT PARTNERSHIP (SHIP) approved the following statement in relation to forced marriage on 22nd November 2004

Forced marriages are marriages procured by duress in which one of the parties is not a willing participant.

Forced marriages have caused concern since the 18th century and were the prime motivation for Lord Hardwicke's Marriage Act 1753. At the time of this legislation the problem of forced marriages was connected with inheritance in rich and powerful English families. Over the years forced marriages have occurred in all sections of society, with inheritance, citizenship, and sexual motives being the main reasons.

Forced marriage usually involves criminal activity, such as threatening behaviour, assault, rape or kidnap.

Forced marriage of a person who is under age is child abuse.

As forced marriage usually entails a crime, attempting these criminal offences is also a crime.

Forced marriage remains unusual, but there have been some recent instances where forced marriage has occurred as an abuse of the arranged marriage system in ethnic cultures where that system is used. In these instances parents have abused their role in the arranged marriage by accepting bribes or favours for arranging marriages with ulterior motives, often child marriages, and have then forced the child to comply. Although still unusual – a few hundred cases nationally out of the tens of thousands of arranged marriages that take place perfectly properly and normally – it has become a sufficient problem for police officers, teachers and health and Children's Social Care staff to need to be aware of it.

It is important to emphasise that a forced marriage is entirely different from an arranged marriage. An arranged marriage is merely a different form of courtship, in which the parent acts as an agent in finding a suitable partner. The whole process has the approval of the young people involved and the ultimate marriage is consensual. It is clearly entirely up to the individual whether they seek their marital partner through chance social meetings, through matchmakers, through lonely hearts columns, through dating agencies or through the use of members of their family as courtship agents. Not only are arranged marriages an entirely acceptable form of cultural diversity but there is in any case some evidence that courtship rituals in British society as a whole are moving away from the hit and miss methods of the traditional system towards systems which involve more considered matching processes, with much more widespread use of advertisements and matching agencies. And even the traditional system often operates with a degree of help from friends and family!

Forced marriages are an entirely different matter. They are not part of legitimate cultural diversity for two reasons.

Firstly they are not acceptable within any culture. Those cultures which use arranged marriages disapprove of forced marriages as much as the general society.

Secondly, even if there were a culture within which they were acceptable, the scope of legitimate cultural diversity does not extend to criminal activity and child abuse.

It follows that if intended forced marriages come to the attention of health or Children's Social Care staff, schools or police officers, steps must be taken to prevent them.

Any suspicion of an intended forced marriage must be reported immediately through

- the child protection procedure if the victim is under 18
- the vulnerable adults protection procedure if the victim is over 18.

Steps can then be taken to protect the victim by means of child protection procedures, the criminal law, the wardship jurisdiction of the High Court and other similar arrangements. Full guidance for social workers is contained in the document "Young People & Vulnerable Adults Facing Forced Marriages" published by the Association of Directors of Children's Social Care in conjunction with the Dept. of Health, Home Office, DfES, and Foreign Office.

The Caldicott Guardians of the NHS Trust, Primary Care Trust and Children's Social Care Dept. have confirmed that this falls within that category of cases where medical confidentiality can be breached to protect the health of an individual so health professionals are not prevented by medical confidentiality from activating this process.

SECTION 10.9: INFORMATION TECHNOLOGY AND CHILD ABUSE IMAGES

10.9.1 Introduction

With the development of better and more advanced computer telecommunications i.e. the Internet and online services a whole new world of opportunities are available to children in terms of education, information, communication and entertainment. However it also brings risks to children and it has become apparent that it is one of the most prevalent techniques by which children are being sexually exploited.

Pornography is a form of sexual exploitation that takes many different forms. It includes sexually explicit information or images in books, magazines, photographs, video's and more recently the Internet. The Internet has also become a tool in the distribution of pornography involving children. Some adults will also use the Internet to try and establish contact with children with a view to grooming them for inappropriate or abusive relationships. The impact upon children as victims of this particular type of crime cannot be underestimated in particular as there is little written about the effect on the child who is the subject of the abusive images.

There is an absolute prohibition in the United Kingdom of all forms of child abuse images. The need to protect children who use the Internet requires a multi agency approach which will highlight the potential danger and raise awareness about the safe use of the Internet for children. It is for this reason that these procedures and guidance have been established.

10.9.2 Purpose of Policy

The purpose of the policy is to provide guidance on:

- a. Understanding the risks of the internet and other information technology.
- b. The risks posed by staff who access child abuse images and how to manage those who do so.
- c. The impact on children abused through child abuse images and how to support and protect them.
- d. Risks of child abuse images getting through any Agency's firewall protection and how this should be managed.

10.9.3 Principles

Children who have been or are at risk of being involved in child abuse images should be treated primarily as a victim of abuse and it is likely to have a significant impact on the child's current and future well-being. Their needs will require careful investigation and assessment. However it is often difficult to identify the victims where pornography is found.

10.9.4 Legislation

The sexual offences act 2003 sets out a legal framework to protect children from sexual abuse. Children under the age of 13 years can never legally give their consent to sexual

activity, and all penetrative sex of a child of 13 years and under carries a maximum penalty of life in prison.

Other offences in the act include:

- inciting a child to engage in sexual activity which applies even if the intended sexual activity does not take place.
- engaging in sexual activity when it is known that the child can see the activity take place or the abuser believes or intends that the child can see the
- intentionally causing a child to watch images such as videos, photos, and webcams for the purpose of the gratification of the abuser.
- anyone aged 18 years or over, who has communicated with a child under 16 years old at least twice, (including communication by phone or Internet), who meets that young person, or travels to meet them, anywhere in the world with the intention of committing an offence.
- taking, making, permitting to take, distributing, showing, possessing with the intent to distribute, or advertising indecent photographs of children.
- The Act also provides protection to young people under the age of 18 years from abuse by people in positions of trust.

10.9.5 Internet Risk Factors

a) There should be no misunderstanding, the central issue for child abuse images offenders is a sexual attraction to children – they are sexually aroused by these Images. There are many ways in which people with a sexual interest in children may misuse the Internet or other information technology. Some of these are to traffic child abuse images; to locate children to molest; to engage in inappropriate sexual communication with children and to communicate with other paedophiles. Child abuse images can also be used by some paedophiles to ‘groom’ children for abuse by normalising such behaviour for the potential child victim. Collecting of child pornography must be viewed as being part of a range of sexual offences against children. We also need to acknowledge that young people also access these images. Thus, how we handle offenders who have been caught by law enforcement becomes an important child protection issue. Additionally wherever possible a full risk assessment of those accessing child abuse images should be undertaken by the relevant agencies.

b) Adults who collect indecent images of children are becoming more sophisticated as technology advances. Illegal images are now being offered in

- The *peer to peer* file-sharing like Morpheus where detection is more difficult. Child abuse images can also be encrypted or embedded within other files i.e. music files, in order to avoid detection. (*Peer to peer* is free software that is downloaded; it creates a sharing folder on your hard-drive which allows others with the software to download files on your hard drive. It is used widely in the sharing of music but there is a high proportion that uses it to share child abuse images.)

- *Bulletin Boards* which are like chatrooms but not live time. Here messages can be left for other like minded people and images can be downloaded. Once an image is on the internet it is impossible to remove it.
- *Newsgroups* which are like email but the replies are available to everyone who joins. Files and images can be attached and are available to those who are a member. There are many very innocent *Newsgroups* such as those interested in cars etc.
- *Internet Relay Chat* (these are unregulated) where you can have private and public chat. Many paedophiles use *Internet Relay Chat* to make contact with each other as well as a way of contacting children. Most chat rooms via own networks are regulated and therefore safer.
- Sexual stories are also available on the internet. These are not illegal and are widely used by offenders.
- Web cameras have enabled a heinous marketing of abuse-to-order, where, for a fee, one can request the specific type of abuse of a child and watch it happen live.

c) It is important to note that most child abuse image collections are assembled through a quite deliberate trading with other collectors, not through the inadvertent downloading of images.

d) Research into people who view or traffic child abuse images cannot say conclusively that viewing child abuse images creates a predisposition or inclination towards having sex with children. However, there is little doubt that someone having such a predisposition greatly increases their chances of sexually offending against a child by viewing child abuse images and sexually fantasising about it. (McCarthy, 2002)

e)(*A comparative study of demographic data relating to intra- and extra-familial child sexual abusers and professional perpetrators; Joe Sullivan and Anthony Beech; Journal of Sexual Aggression, March 2004*):

Joe Sullivan of Mentor Associates and previously a therapist at the Lucy Faithfull Foundation stated that in a study group of professional workers who were convicted of offences against children, 92%, said they were aware of their sexual arousal to children by 21 years old and a further 67.5% said that they had already committed a contact sexual offence against a child by age 21. 15% said that they chose their profession exclusively to provide them with access to children to abuse. A further 41.5% said that, while abusing children was not their primary motivation for working with children, it formed part of their motivation.

The question that has to be asked is what percentage of people interested in indecent images of pornography also commit contact offences? (Ref United States Postal Inspection Services, 2001) Of the 1,082 arrested for possession of indecent images of children by the US postal services in 1997, 390 were also found to be molesters; however by the end of treatment 79.6% admitted contact sexual offences against children.

10.9.6 Impact on children

Very little has been researched about the impact on children and young people who have been exploited in child abuse images. However what we do know is that children suffer a life-sentence knowing that a record of their sexual abuse can be endlessly circulated on the Internet. The NSPCC did carry out a review to examine the evidence of child abuse images and its impact on the children in its production and reproduction. It reveals that children suffer intense powerlessness, shame and humiliation in the knowledge that a record of their abuse exists and can be circulated endlessly. This knowledge can subsequently prevent, delay or increase the fear for victims to seek help.

10.9.7 PROCEDURES

10.9.7.1 Prevention

Schools, youth clubs, care settings, libraries and all other organisations where children can access the internet must:

- ensure that all reasonable and appropriate steps have been taken to protect children
- ensure that they are fully aware of the risks and perform risk assessments
- develop their own policy covering;
 - a) risks to children of internet use
 - b) education about safe internet use
 - c) management in supervised settings such as schools
 - d) prevention and handling of unsuitable internet use by children
 - e) communicating risks to parents and carers.

The key principles of preventing risk to children are:

- i) Vigilance and supervision.**
- ii) Education of children, staff and parents.**
- iii) Filtering and limiting access.**
- iv) Developing policies and 'acceptable use' rules for adults and children to follow.**

i) Vigilance and supervision.

A criminal minority make use of the internet and related services such as chat rooms to make contact with young people. The intention of these people is to establish and develop relationships with young people with the sole purpose of persuading them into sexual activity. Paedophiles will often target specific individuals, posing as a young person with similar interests and hobbies in order to establish an online 'friendship'. These relationships may develop over days or weeks, or even months or years, as the paedophile gains the trust and confidence of the young person, perhaps progressing to other forms of contact such as text messaging as a prelude to meeting in person. These techniques are often known as 'online enticement', 'grooming' or 'child procurement'. The Sexual Offences Act 2003, which came into force in May 2004, includes a grooming offence specifically introduced to combat this abuse of the internet and young people.

There is also a risk that while online a young person might provide information that can personally identify them or others, or arrange to meet people they have met online, so posing a risk to their safety or that of their family or friends.

Organisations should be aware that e-mail and chat communication can provide opportunities for adults to make contact with children for inappropriate reasons.

Those with responsibility for children's safety should:

- Discuss with children the rules for responsible internet use.
- Consider checking all incoming and outgoing e-mail.
- Preview all sites before use and consider off-line viewing
- Assess the risks in internet access by young persons in youth clubs, libraries, public access points and at home
- Ensure that photographs of children should not be used, published or posted on the internet without the young person's, parents or carer's written permission.

ii) **Education of children, staff and parents.**

The requirement to raise awareness in children and young people of the risks associated with inappropriate contact via the internet and content on the internet is addressed as part of the wider duty of care to which all supervising adults are bound.

Online bullying is an aspect of the use of new technologies, perceived as providing an anonymous method by which bullies can torment their victims at any time of day or night. While a young person may not be in physical danger, they may receive email, chat or text messages that make them feel embarrassed, upset, depressed or afraid. This can damage their self-esteem and pose a threat to their psychological wellbeing.

Harassment of another person using ICT, or breaching their right to privacy, poses a serious threat to their physical and emotional safety, and again may have legal consequences.

Some children and young people may become involved in much more serious activities. Possible risks include involvement in identity theft or participation in hate or cult websites, or the buying and selling of stolen goods. The ease of access to online gambling, suicide sites, sites for the sale of weapons, hacking sites, and sites providing recipes for drug or bomb making are also of great concern.

Young people may also become involved in the viewing, possession, making and distribution of indecent and/or child abuse images. Any concern relating to criminally obscene or criminally racist content must be reported to the police.

It is essential that all children are taught the relevant skills and strategies to remain safe when using the internet and related technologies.

These include:

- How to cope if they come across inappropriate material.
- Information about the inappropriateness of sending abusive text messages or otherwise using information technology in bullying.

- Information about using information technology politely and appropriately.
- Information about the risks of making direct contact with people via the internet
- Many young people have their own e-mail accounts, such as the web-based Hotmail, which they use widely. If e-mail accounts are not monitored there is the risk that young people could send inappropriate material.
- Guidance about how to manage chat rooms safely
- Encouragement to seek advice and support if they encounter negative experiences on the internet.

iii) **Filtering and limiting access**

Careful monitoring and management of all filtering systems will be required. It is important that organisations establish the filtering criteria rather than simply accepting filtering default settings.

Sensitive handling of cultural aspects is important. For instance filtering software should work across community languages and internet policies will need to reflect the pupils' cultural backgrounds. Assistance from the community in drawing up the policy could be helpful.

Despite careful design, filtering systems cannot be completely effective due to the speed of change of Web content. Filtering may be performed by the ISP, by the LA, at organisational level or by any combination.

iv) **Policies and 'acceptable use' rules**

These should be developed in consultation with all stakeholders and accompanied by the necessary training and information.

Internet safety policies should be regularly monitored and reviewed, and all staff should be aware of the appropriate strategies they should adopt if they encounter problems.

Appendix A contains examples of points for use in policies and acceptable use rules.

Further help with policy development is available via BECTA website.

<http://schools.becta.org.uk>

10.9.7.2 **Protection**

a) **Procedure upon discovery or disclosure of child abuse images**

- The following procedures should be followed by any professional identifying either a professional or service user accessing child abuse images or potentially involved in other internet/technology offences:
 - Consult with line manager and/or designated safeguarding lead officer within the organisation.
 - When somebody is discovered to have placed child abuse images on the Internet or other information technology, or to have accessed child abuse images, the police must be informed.
 - The police when investigating Internet or other information technology related offences such as possessing and distribution of child abuse images need to inform Children's Social Care.

- Consideration must be given to the possibility that the individual might also be involved in the active abuse of children and her/his access to children should be established, including family and work setting and a referral made to Children's Social Care (Contact Centre).
- Where concerns exist about any child, **a strategy discussion** should be held in accordance with the Safeguarding Handbook, with the police to determine how the enquiry should proceed. This includes where the perpetrator is a child too.
- At the strategy discussion the Police and Children's Social Care will decide whether to initiate an investigation of sexual abuse under Section 47 of the Children Act 1989 and will follow Stockport's Safeguarding Procedures and the framework of Government Guidance, "Working Together to Safeguard Children" (DfES 2006).
- All workers involved in any investigation should be aware of the above offences under the Sexual Offences Act and should ask questions about the use of the internet, photography, web-cams, mobile phones or other media.
- During the investigation enquires should be made as to the existence of computers and other devices mentioned above both in the home of the victim and the alleged abuser as well as the alleged abusers work place.
- Equipment suspected as being used for these purposes must not be examined or interfered with in any way. They may be used as forensic evidence in court later, and this must not be compromised.

ii) **Consideration should be given as to whether visual recording equipment should be used for children who have been subjected to abuse in front of recording equipment and workers mindful that this aspect of the abuse is very painful and probably of great concern to the victims as the images can not be retracted.**

iii) Other issues which need to be considered during the investigation are:

- The welfare and safety of children within household or who may visit the household. This consideration is paramount.
- The impact on the children in terms of risks and needs.
- Any contact the person accessing the indecent material may have to children outside the family.
- The non-accused parent's capacity to protect the children.
- Living/domestic arrangements whilst the police and Social Work enquiries are undertaken.
- Consideration should be given to a 'without prejudice' written working agreement, in line with any bail conditions, to address contact between the person alleged to have accessed the internet and their children depending on assessed risks and needs.
- Consideration should be given to other support networks for the non-accused parent. The implications for assessment and enquiries with the likely delay in processing these criminal cases owing to the interrogation of computer material.
- Intervention should be continually reviewed if further evidence comes to light e.g. indecent images of children in the same household.

iv) where appropriate consideration should be given to making a referral to the AIM project.

b) Management of those who access child abuse images both at home and at work

If a professional working with children is found to have accessed child abuse images via any medium then the professional abuse procedures need to be followed. Consideration needs to be given to any children that the professional has access to either in the work place or at home. It is the view of Stockport's Safeguarding Board that any person found to have accessed child abuse images should not be working with children. A strategy meeting convened at the Safeguarding Children's Unit will consider the elements of child protection, potential criminal investigation and disciplinary action within the organisation concerned.

c) Professionals who receive indecent images of children either via email or any other information technology

- i) If a professional receives any indecent image either via email or any other information technology i.e. picture phone or blue tooth, whilst at work they need to report the incident to the Police via GMP switchboard, **0161 872 5050**. It is important that the material is not downloaded, printed or sent by email, because doing so will be an offence. Do not do anything with the image until the appropriate advice has been given by the police.
- ii) Any professional that receives an indecent image whilst they are at work should also report the matter to their line manager and for health professionals they need to complete a critical incident report. For council employers the matter will also need to be logged with the IT department.

10.9 Appendix A

Example of content of internet policy and acceptable use rules for schools, residential units and foster carers.

Use of Email

- Young people may only use approved e-mail accounts on the School or carers system.
- Young people must immediately tell their carer or teacher if they receive offensive e-mail.
- Young people must not reveal details of themselves or others, such as address or telephone number, or arrange to meet anyone in e-mail communication.
- Whole-class or group e-mail addresses should be used at Key Stage 2 and below.
- Access in School to external personal e-mail accounts may be blocked.
- Excessive social e-mail use can interfere with learning both at home and at school and may be restricted.
- E-mail sent to an external organisation should be written carefully and authorised before sending.
- The forwarding of chain letters is banned.

Photographs and confidentiality

- The point of contact on the Web site should be the School address, School e-mail and telephone number. Staff or pupils' home information will not be published.
- Web site photographs that include pupils will be selected carefully and will not enable individual pupils to be identified.
- Pupils' full names will not be used anywhere on the Web site, particularly associated with photographs.
- Written permission from parents or carers will be obtained before photographs or moving images of pupils are used or transmitted.
- The Web site should comply with the School's guidelines for publications.
- The head teacher or nominee will take overall editorial responsibility and ensure content is accurate and appropriate.
- The copyright of all material must be held by the School, or be attributed to the owner where permission to reproduce has been obtained.

Use of Chat rooms

- Young people will not be allowed access to unregulated chat rooms.
- Children should use only regulated educational chat environments. This use will always be supervised and the importance of chat room safety emphasised.
- Newsgroups will not be made available unless an educational requirement for their use has been demonstrated.

Developing technologies

- A risk assessment will be carried out before young people are allowed to use a new technology in School or within a residential unit.
- Mobile phones and especially camera phones will not be used during lessons or formal School time. The sending of abusive or inappropriate text messages is forbidden.

- The taking of photographs and their publication, storage or distribution via email, the internet or from phone to phone is not allowed within school. Photographs must not be taken at any time unless young people have the specific permission of both their carer/teacher and the person(s) who are the subject of the photograph.

Internet security

- The school and residential units will keep a record of all staff and pupils who are granted Internet access. The record will be kept up-to-date, for instance a member of staff leaving or the withdrawal of a pupil's access.
- Secondary students must apply for Internet access individually by agreeing to abide by the Responsible Internet Use statement.
- Parents will be asked to sign and return a consent form.
- In common with other media such as magazines, books and video, some material available via the Internet is unsuitable for young people. Schools, residential units and foster carers will take all reasonable precautions to ensure that users access only appropriate material. However, due to the international scale and linked nature of Internet content, it is not possible to guarantee that unsuitable material will never appear on a computer.
- The use of computer systems without permission or for inappropriate purposes could constitute a criminal offence under the Computer Misuse Act 1990.
- Methods to identify, assess and minimise risks should be reviewed regularly.
- The head teacher, Managers and Fostering agencies will ensure that the Internet policy is implemented and compliance with the policy monitored.
- If staff or pupils discover unsuitable sites, the URL (address) and content must be reported to the Internet Service Provider via the ICT co-ordinator.
- Senior staff of schools and residential units will ensure that regular checks are made to ensure that the filtering methods selected are appropriate, effective and reasonable. Foster carers must ensure that they have the appropriate filtering methods.
- Any material that the staff or carers believe is illegal must be referred to the police.

Education

- Rules for Internet access will be posted near all computer systems.
- Young people will be informed that Internet use will be monitored.
- Instruction in responsible and safe use should precede Internet access.
- A module on responsible Internet use will be included in the citizenship programme covering both School and home use.
- Careful consideration should be given to where and when internet safety education takes place. While discrete lessons are useful, internet safety concepts should be embedded within the curriculum wherever possible, while safety messages should be reinforced every time young people use the internet and related technologies. Classroom staff should work together with their subject co-ordinators or heads of department, the internet safety co-ordinator and the librarian, to ensure that a comprehensive, consistent and continuing programme of internet safety education takes place across subjects, year groups and throughout the school.

10.9 Appendix B

For more information:

The COPINE project which is based in the Department of Applied Psychology, University College Cork has been actively researching the area of child sexual abuse on the Internet since 1997. From the beginning the project has taken a very broad approach to the problem, researching areas such as effective treatment for offenders, prevention, assessment of risk and trying to learn more about how and why abusive images are collected. Visit their website www.copine.ie

Important Legislation to be aware of:

Internet use and abuse is governed by many civil or criminal laws. Here is a summary of some of the key provisions.

- **Computer Misuse Act 1990** (including hacking, denial of service attacks)
- **Copyright, Design and Patents Act 1988** (including copyright theft)
- **Crime and Disorder Act 1998**
- **Data Protection Act 1998**
- **Privacy and Electronic Communication (EC Directive) Regulations 2003** (including spam)
- **Protection from Harassment Act 1997** (including harassment, bullying and cyberstalking)
- **Protection of Children Act 1978, as amended by Section 84 of the Criminal Justice and Public Order Act 1994** (including indecent images of children)
- **Malicious Communications Act 1988** (including harassment, bullying and cyberstalking)
- **Sexual Offences Act 2003** (including grooming)
- **The Obscene Publications Act 1959 and 1964** (including illegal material on, or transmitted via, the web and electronic communications) *not available online*
- **The Telecommunications Act 1984** (including illegal material on, or transmitted via the web and electronic communications) *not available online*

All of these can be accessed by Her Majesty's Stationary Office website www.hmso.gov.uk

Other guidance and legislation which covers wider context of child protection

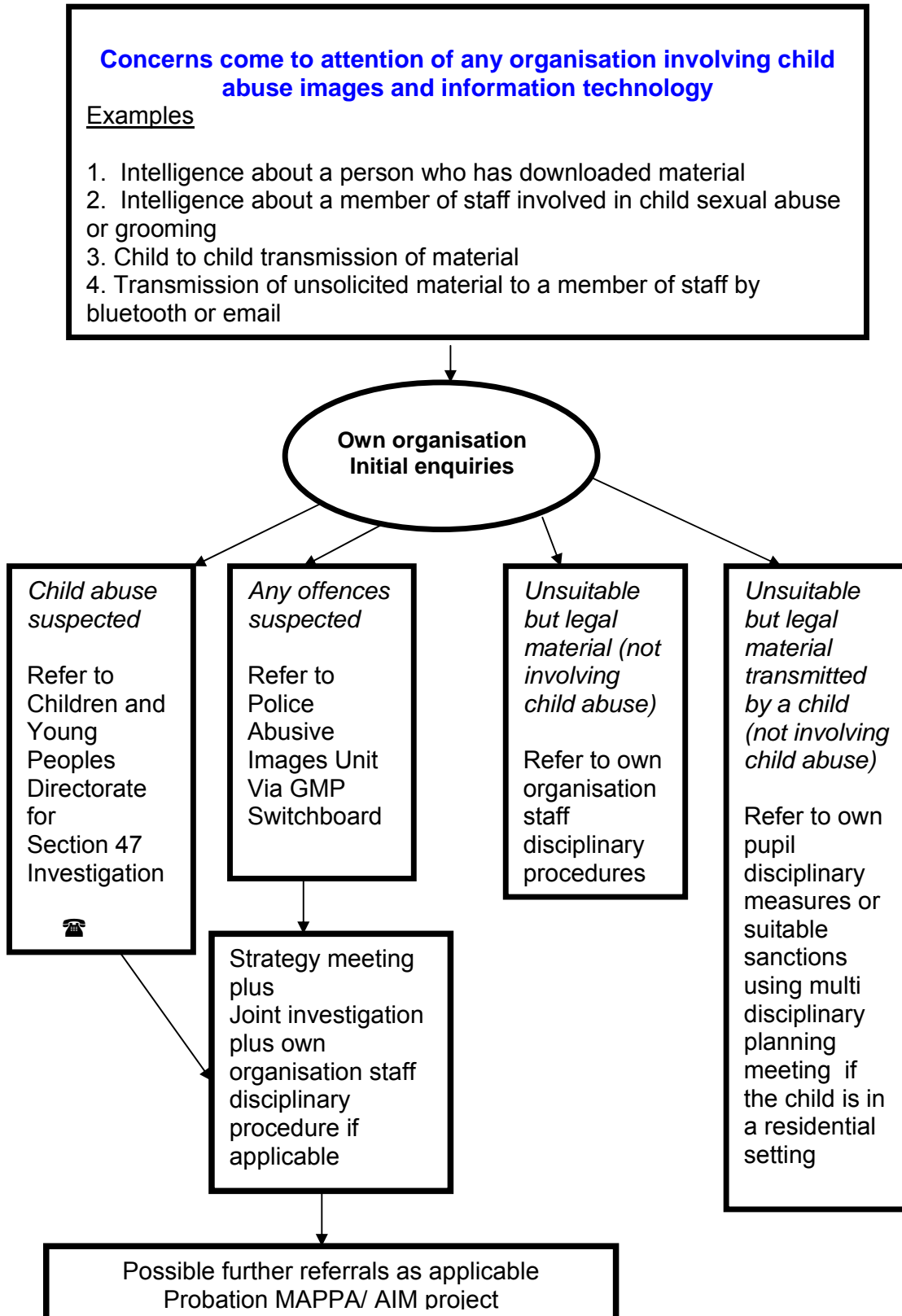
- Every Child Matters www.everychildmatters.gov.uk
- Bichard Inquiry Report www.bichardinquiry.org.uk
- Children Act 1989 www.hms0.gov.uk
- Children Act 2004 www.hms0.gov.uk
- Education Act 2002 www.hms0.gov.uk

Government guidance in areas such as e-mail, chat and websites can be obtained via www.safety.ngfl.gov.uk

- Free DfES “Superhighway Safety” pack (phone: 0845 6022260).
- Internet Watch Foundation <http://www.iwf.org.uk>
- Childnet International <http://www.childnet-int.org/safety/parents.aspx>
- Childnet International <http://www.childnet-int.org/safety/parents.aspx>
- Bullying online <http://www.bullying.co.uk>
- NCH IT OK <http://www.nch.org.uk/itok>

10.9 Appendix C

Flowchart for handling concerns about child abuse images involving information technology



SECTION 10.10: FEMALE GENITAL MUTILATION

Female Genital Mutilation constitutes all procedures that involve the partial or total removal of the external female genitalia or injury to the female genital organs.

Legal Position

The Female Genital Mutilation Act 2003 implemented on the 3 March 2004 strengthens and amends the Prohibition of Female Circumcision Act 1985. The Female Genital Mutilation Act 2003 makes Female Genital Mutilation an offence, except on specific physical and mental health grounds. The Act provides further information in support of the guidelines on Female Genital Mutilation in Working Together to Safeguard Children (2006) to enable safeguards to be improved for children.

Section 1 of the Act makes it an offence for a person to excise, infibulate or otherwise mutilate the whole or part of a girl's external genitalia (Although the Act refers throughout to a 'girl', because most victims will be girls, section 6 of the Act provides that 'girl' includes 'woman') The Act provides exception for surgical operations that are necessary for a girl's physical or mental health and operations carried out in connection with childbirth. But the exception applies only if the operation is carried out:

- In the UK by a registered medical practitioner or registered midwife or a person training to be one; or
- Outside the UK by overseas equivalents of such persons

It is not an offence for a girl to mutilate her own genitalia but section 2 of the act makes it an offence for another person to aid, abet, counsel or procure her to do so.

Section 3 of the Act makes it an offence for a person in the UK to aid, abet, counsel or procure the carrying out of Female Genital Mutilation outside of the UK, even in countries where the practice is legal. The exception for necessary surgical operations that applies for the purposes of section 1 of the Act also applies to section 3.

Offences under the Act are arrestable under the provisions of the Police and Criminal Evidence Act 1984 and to reflect the serious harm that Female Genital Mutilation causes, the act also increases the maximum penalty from 5 to 14 years imprisonment, and/ or an unlimited fine.

The Criminal Justice (Terrorism and Conspiracy) Act 1998 makes it an offence for a person to conspire to commit an offence outside the country that constitutes an offence under the law in the UK and the law in the country where the act is being committed.

Definitions

Female Genital Mutilation is "a collective term for procedures which include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons"(LASSL(2004)4.

The procedure is typically performed on girls aged between 4 and 13 years, but in some cases is performed on new born babies or on young women prior to marriage or pregnancy.

The 3 main forms of mutilation are;

- **Sunna-** the cutting of the prepuce or hood of the clitoris. This is regarded as the mildest form of Female Genital Mutilation and seems only to be undertaken on a small proportion of females.
- **Excision type 1-** the removal of the hood of the clitoris and all or part of the labia minora. It is estimated that over 80% of women and girls who experience FGM, are abused in this way.
- **Infibulation-** removal of the clitoris, labia minora and labia majora. After cutting, the raw areas of the labia majora are brought together to heal and form a hood over the urethra and the vagina with an artificial opening the size of a matchstick left for the passage of urine and menstrual blood. This affects approximately 15% of the women and girls who are abused by FGM

The practice is medically unnecessary, extremely painful and has serious physical and mental health consequences, both at the time the mutilation is carried out and later in life. Short term health implications may include;

- Severe pain and shock
- Infections
- Urine retention
- Damage to other tissues and organs

The longer term health implications may include;

- Uterus, vaginal and pelvic infections
- Excessive damage to the reproductive organs
- Difficulty in passing urine and menstruation
- Infertility
- Psychological damage
- Sexual dysfunction
- Complications in pregnancy and difficulty in giving birth,
- Death

There are no cultural or traditional requirements why the practice should be accepted. It is not a religious practice and the leaders of all major religions have condemned the practice as unnecessary and harmful. But any action must be proportionate and sensitive to the cultural norms and pressures on parents and children.

Stockport Safeguarding Board recognise that whilst there may be no conscious intent to harm a child through Female Genital Mutilation, the procedure can directly cause serious health implications and regard the practice as a physically abusive act.

Local agencies should be alert to the possibility of female circumcision among the minority ethnic communities known to practice it. The aim is to prevent the practice of Female Genital Mutilation in a way that is culturally sensitive by focusing upon education and consultation with the community and professional agencies to ensure that children are safeguarded.

Procedures

These procedures will outline the role, responsibilities and the process to follow when concerns have been identified concerning Female Genital Mutilation.

If any professional has information or concern that a child has suffered or is likely to suffer Female Genital Mutilation, they should make a referral to Children's Social Care who will undertake child protection enquiries under s47. of the Children Act 1989, in accordance with the procedures set out in '*Working Together to Safeguard Children*' (2006) and the Safeguarding Children policies and procedures.

Female Genital Mutilation is a criminal offence and the police must be informed where a referral is received. Female Genital Mutilation must always be regarded as causing significant harm and a strategy meeting which must include the Police and relevant professionals must be convened within **2 working days** of the referral if;

- There is suspicion that a girl or young woman, under the age of 18 years is at risk of undergoing Female Genital Mutilation
- It is believed that a girl or young woman is at risk of being sent abroad for that purpose; or
- There are indications that a girl or young woman has suffered mutilation or circumcision

In consultation with the team manager, professional medical assistance an examination should be arranged for the child if appropriate and for any other siblings where a likelihood of significant harm has been identified.

A Children's Social Care Team Manager should chair the Strategy meeting, an appropriate health advisor should be invited, and consideration should be given to inviting a legal adviser. A record must be made of the decisions and any agreed action, who has lead responsibility and the timescale for completing the tasks, and this should be placed on the child's file. Where a child is regarded as being at immediate risk following consultation with the Team Manager, legal advice must be obtained.

In planning any intervention, appropriate interpreting services must be provided where required. it is important to note that Female Genital Mutilation differs from other forms of child abuse in 2 main ways;

- Despite the very severe health consequences, parents and others who have done this to their children genuinely believe that it is in the child's best interest to conform to their prevailing custom. They believe it makes the child socially acceptable and do not intend it as an act of abuse; and
- There is no element of repetition – it is a one off act of abuse, although siblings of any child found to be mutilated may be at risk)

Every attempt should be made to work in partnership with parents on a voluntary basis to prevent the abuse by raising parents' awareness of the harm caused to the child. Female Genital Mutilation is deeply steeped in the culture of the practising communities who may resent what they perceive as the imposition of liberal western values on them. For a pregnant woman who has herself been the subject of FGM, staff must be alert to the potential risk to the unborn child, and use the opportunity for preventative work with the

parents. However, Female Genital Mutilation is not a matter left to be decided by personal preference or culture and custom, it is an extremely harmful practice that violates the most basic human rights that the UK has undertaken to protect.

A second strategy meeting should take place within **10 working days** of the referral, with the same chair to evaluate the information collected and make decisions as to whether further involvement is necessary to safeguard the child. This could include, the provision of support services, the need for an initial child protection case conference (Refer to Section 6 of this handbook), or legal advice to be obtained on the options which could be considered to safeguard the child. Under the Children Act 1989, possible legal proceedings could include a Prohibited Steps Order (s.8) with or without a Supervision Order (s.35). **Removal from the home should only be considered as a last resort.**

Where it appears that a person is willingly and illegally offering general services to perform such Female Genital Mutilation operations the police will undertake a criminal investigation and prosecution.

Further Advice

The Safeguarding Board policy focuses upon prevention and community education. It is important that agencies are aware of the need to protect and safeguard girls from Female Genital Mutilation, and have the knowledge, training and support to do this. Organisations that can provide more information on Female Genital Mutilation include;

Agency for Culture and Change Management
11a Arundel Gate, Sheffield, S1 2PN
Tel: 0114 275 0193
Email: smcculloch@accmsheffield.fsnet.co.uk

Black Women's Health and Family Support
82 Russia Lane, London, E2 9LU
Tel: 020 890 3503
Email: bwhfs@btconnect.com

Foundation for Women's Health, Research and Development
Unit 4, 465-467 Harrow Road, London, NW10 5NY
Tel: 020 8960 4000
Email: forward@forwardduk.org.uk

Research, Action and Information network for the Bodily integrity of Women
Suite 5a, Queens Studios, 121 Salisbury Road, London, NW6 6RG
Tel: 020 7625 3400
Email: info@rianbo.org

References:

Safeguarding Children in Education (2004)
www.teachernet.gov.uk/childprotection/guidance.htm

DoH LASSL(2004)4 Female Genital Mutilation Act 2003 February 2004
www.dh.gov.uk/publicationsandstatistics/lettersandcirculars/localauthority

Working Together to Safeguard Children (2006)

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00060/>

Female Genital Mutilation Act 2003

www.hmso.gov.uk/acts/acts2003/20030031.htm

SECTION 10.11 FABRICATED OR INDUCED ILLNESS IN A CHILD

10.2.1 Introduction

a) Fabricated or induced illness is where a parent or main carer fabricates or induces physical illness in a child. This causes the child to have unnecessary and sometimes dangerous investigations and medication.

b) There are three main ways of the carer fabricating or inducing illness in a child. (these are not mutually exclusive):

- Fabrication of signs and symptoms - may include fabrication of past medical history.
- Fabrication of signs and symptoms, falsification of hospital charts and records or specimens of bodily fluids. This may also include the falsification of letters and documents.
- Induction of illness by a variety of means.

c) Symptoms of illness may be fabricated or induced, for example, by adding blood to the child's urine or stool, withholding food, falsifying fevers or adding substances to the child's food to induce vomiting and diarrhoea.

d) Fabrication or induction of an illness in a child by a carer is considered to be rare (McCure et al 1996 - 1 child per million population per year) however, it is believed to be under reported and detected.

10.11.2 Child welfare concerns

a) There are numerous circumstances in which child welfare concerns may arise. These may be:

- Reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering.
- Examination and medical investigations do not explain the reported symptoms.
- There is a poor response to the prescribed medication and other treatments
- New symptoms are reported on resolution of previous ones, or reported symptoms and found signs are not seen to begin in absence of the carer
- Over time the child is repeatedly presented with a range of signs and symptoms
- The child's normal, daily activities are being curtailed beyond that which might be expected for any medical disorder from which the child is known to suffer.

- b) All health professionals in the NHS or private sector may come across children about whom there are concerns of fabricated or induced illness. These children may present to NHS Direct, a walk-in-centre, primary care teams or hospitals.
- c) Health professionals may also identify a carer who is fabricating or inducing illness in them self. In these cases professionals must consider whether the health and development of any child cared for by that adult is being impaired.
- d) Health practitioners that have suspicions about fabricated or induced illness should consult the Named or Designated Doctor and Nurse for Child Protection. Detailed notes should be kept of all discussions. Health professionals should not discuss their concerns with parent/carers at this time.
- e) All health professionals, whether working with children or adults, should be aware of the Safeguarding Children policies and procedures relating to fabricated or induced illness. Health professionals may experience a conflict of loyalty when their primary client is not the child. In this situation it is their duty to safeguard the child and promote their welfare.

10.11.3 Primary Care Trusts

- a) Professionals in Primary Healthcare teams may have unique knowledge of uncorroborated, odd or unusual presentations, or where there is a discrepancy between the child's reported signs and symptoms and those observed or where there is a history of abnormal illness behaviours in the family. They should:
 - Be familiar with early signs and systems of fabricated and induced illness.
 - Be aware that the welfare of the child overrides any loyalty to the family.

10.11.4 Midwives, nurses and health visitors

- a) Nurses', midwives' and health visitors' work with families and children in a range of roles and environments. Fabricated or induced illness is an aspect of safeguarding children of which all nurses, midwives and health visitors should be aware.
- b) If concerns arise that a carer is impairing a child's health and development by fabricating illness they should consider the presenting information to see where it is on the continuum from parental concern over anxiety through to suspected significant harm, in consultation with the named or designated nurse.

- c) If fabricated or induced illness is suspected, a referral must be made to Children's Social Care. Concerns should not be discussed with the parents/carers at this time. Accurate records should be kept. This part of the records should be kept secure and the parents should not have access at this stage.

Suspicious Arising within the Health Service

- d) Midwives should consider the possibility of fabricated or induced illness when booking information given by women about unusual complications of pregnancy which are not substantiated, complicated medical histories, unexplained deaths in the family. The Named Midwife should be consulted if there is any concern.
- e) Evidence of illness having been fabricated in an older sibling should be considered during any subsequent pregnancy and discussed with the Named Midwife and Designated Nurse/ Doctor.
- f) During the course of medical evaluations, nurses and doctors may be responsible for the collection of specimens and evidence. These should be collected and sent off for analysis in such a way that they cannot be tampered with.
- g) Requests for access to the child's records should be actioned in accordance with each agency's access to records policy and procedures. Where a child is not Gillick competent and a parent seeks access to their medical notes, access to all or part of the notes can be denied if disclosing the information would, in the view of an appropriate health professional, be likely to cause serious harm to the physical or mental health of the child or any other person (see the Data Protection (Subject Access Modification) (Health) Order 200 SI No. 413).

10.11.5 Role of the Paediatrician

- a) Paediatricians who suspect that some or all of the child's signs and symptoms of illness are being fabricated or induced by a carer should take lead responsibility for decisions about the child's health care – these should **not** be delegated to a more junior member of staff.
- b) The responsible consultant should consult the named doctor about child safety concerns and keep him or her informed in the process. If the consultant is the named doctor, they may wish to consult with the designated doctor. Discussion with a senior colleague in Children's Social Care may also be helpful in deciding whether and when a referral should be made.
- c) The consultant should ensure a high standard of record keeping and ensure records are kept in a secure place.

- d) In any case of suspected fabricated or induced illness it is essential to carefully review the child's medical history. This should include reviewing all available medical notes and liaising with the child and family members' GP(s) and health visitor(s). If there are separate child health records these should be accessed and consideration given to making enquiries of other local hospitals. Likewise, if the family has recently moved, contact should be made with the paediatric services in the previous area. The named doctor for the Trust from which notes are being sought can often facilitate this process. The drawing up of a medical chronology will often confirm whether or not concerns of possible fabricated or induced illness require further evaluation and if so, the urgency with which these should be undertaken. It can also help identify undiagnosed medical conditions.

Suspicious Arising within the Health Service

- e) It may be helpful to invite a colleague, not involved in the clinical care of the child, to review the notes or to give an opinion as to whether any organic condition may have been overlooked. Likewise a general or community paediatrician may wish to discuss the case with a tertiary paediatrician who has knowledge of rare disorders.
- f) Where the consultant has reasonable cause to suspect that a child is suffering or likely to suffer significant harm a referral should be made to Children's Social Care. For referrals from a tertiary hospital, this will be to the Children's Social Care local to the Hospital (unless specific other local arrangements are in place between neighbouring Children's Social Care departments). This may not be the same local authority for the area in which the child resides. If the child is an in-patient in a hospital outside their local area, Children's Social Care local to the hospital has a responsibility to liaise with their equivalent in the one in which the child normally resides. A Children's Social Care worker may already be involved with the child as a 'child in need' or have had involvement in the past with either this child or their family and know the family well. Equally, there may have been no previous involvement.

10.11.6 Child and Adolescent Mental Health Services (CAMHS)

- a) Fabricated or induced illness in mental health settings is particularly difficult to identify for a variety of reasons. The roles of CAMHS professionals may include recognition of situations where emotional (psychological or psychiatric) and behavioural symptoms are being fabricated or induced. CAMHS professionals will also receive requests for advice from other professionals who are working with families where fabricated or induced illness is considered a possibility. The Service will need to respond promptly in these circumstances.
- b) CAMHS professionals may additionally be involved in the assessment of families where fabricated or induced illness is an issue. The service will receive requests from various sources, during the course of overall assessment and should contribute to the assessment.

10.11.7 Adult Mental Health Services

- a) A range of adult mental health professionals may be involved in the assessment, planning and treatment of a carer. Through their involvement with a patient, adult mental health professionals may become concerned about the welfare of a child. In

particular, this may be if a carer has a somatising disorder or is known to fabricate or induce illness in themselves. If adult mental health professionals have concerns about a child they should discuss these concerns with a named or designated doctor/nurse in the NHS Trust or with their local Social Care.

Suspicious Arising within the Health Service

b) Use of Covert Video Surveillance:

- If, as a result of a strategy meeting, covert video surveillance is to be used, the Chief Executive of the NHS Trust should be consulted. The Chief Executive of the Primary Care Trust should also be informed.
- The Police should undertake the surveillance and accountability for it held by a police manager.
- Supervision and support should be available to all health staff involved by the Named and Designated Doctors and Nurses.

10.11.8 Education Services

- a) Schools and nurseries are best placed to detect fabricated or induced illness at an early stage. Education services have a statutory duty to report concerns where they suspect that a child may be at risk under Safeguarding Children in Education.
- b) School attendance under 85% will automatically be referred to the Education Welfare Service. The Education Welfare Service will contact the child's GP in cases where medical reasons are given for frequent school absence.
- c) If fabricated or induced illness by a carer is suspected, schools should consider first the possible reasons for the signs and symptoms. They should determine whether illness is being used, for example, to avoid certain lessons or being bullied. Whilst these have an impact on a pupil's behaviour and academic performance, these should be dealt with under existing guidance and do not fall within the scope of this policy.

d) Fabricated illness is often, but not always, associated with emotional abuse. Factors that may indicate risk of harm could include:

- Frequent and unexplained absences from school, particularly from PE lessons.
- Regular absences to keep doctor, optician, or hospital appointments.
- Repeated claims from carers that the child is frequently unwell and that he/she requires medical attention for symptoms that, when described, are vague in nature, difficult to diagnose and which teachers themselves have not noticed, e.g. headaches, stomach aches, seizures, dizzy spells, frequent contact with health professionals or referrals for second opinions.
- Over use / inappropriate use of drugs, including non-prescription drugs such as Calpol, laxatives etc.
- Refusal of permission for school medicals.
- Frequent illness, treatments or ailments not consistent, or considered to be excessive, in relation to a child's disability.

e) The child may disclose ill treatment to staff or complain about frequent doctor's visits. Carers, siblings and the child may present conflicting stories about illnesses and deaths. Where siblings are in the same school, concerns should be discussed with the relevant teachers.

f) Schools / nurseries must not make their own enquiries if they have reason to suspect possible or actual harm. School staff should refer any child welfare concern with the designated teacher for child protection, who is then responsible for notifying Children's Social Care

g) Wherever possible, schools should collate a record of absences and reasons given by the carer (if known), and record any discussions with the child, including quotes. The date, time, place and the names of any people present at the time should be recorded. This should be presented with the referral.

h) The referral should only be discussed with the carers, and agreement sought, if this will not place the child at increased risk of significant harm. The designated teacher should agree with Children's Social Care what the carers will be told, by whom and when.

i) The designated teacher will be invited to attend any strategy discussions or child protection conferences. The designated teacher will be notified of the extent to which the carers have been notified of concerns and what information can be shared.

j) If, during an OFSTED inspection, inspectors become concerned that a child may be having illness induced or fabricated, then they should apply the OFSTED procedures.

10.11.9 Referral Process

Making a Referral

- a) Before making any referral it is important that there is careful consideration given to each of the circumstances highlighted above, as there may be a number of explanations for the child's presentation. Consultation with peers or colleagues in other agencies is important to make sense of the underlying reason for these signs and symptoms.
- b) When fabricated or induced illness is suspected a referral should be made to Children's Social Care. While professionals should seek, in general, to discuss any concerns with parents, this should only be done where this will not place a child at increased risk of significant harm (*from paragraph 5.6, Working Together*). Decisions should be agreed between the referrer and the recipient of the referral, in line with Stockport Safeguarding Children policies and procedures, about what parents will be told, by whom and when. This should be recorded and held on the child's file.
- c) Within one day of the referral, Children's Social Care should decide what action/response is necessary. In order to safe guard the child's welfare it is important that all three disciplines (Health, Social Care and Police) work closely together in making and taking forward decisions about any future action, recognising each other's roles and responsibilities. All decisions about what information is to be shared with parents should be made jointly.
- d) Responsibility for the child's health care and decisions pertaining to it will lie with the paediatric consultant, whereas Children's Social Care will retain lead responsibility for action to safeguard and promote the child's welfare.

All assessments should be undertaken in accordance with the Framework for Assessment for Children in Need and their Families(2000)

10.11.10 Initial Assessment – S17 Children Act

- a) Children's Social Care has lead responsibility for the initial assessment but this should be completed in close liaison with all other relevant agencies. It needs to be carefully planned, with clarity about who is doing what and when and what information will be shared with parents. The assessment should be undertaken in collaboration with the medical consultant who is responsible for the child's health care and should cover the three dimensions of the assessment framework. It needs to be completed within seven days.
- b) On completion of the initial assessment, Children's Social Care (the Social Worker and Team Manager) together with the medical consultant should decide on the next course of action. Again careful consideration should be given to what the parents are told.
- c) If there is no suspected actual or likely significant harm, then the child may be a child in need and it may be appropriate to complete a core assessment. If there is suspected actual or likely significant harm then Children's Social Care are required to complete a S.47 enquiry. The Police will need to be informed straight away and a strategy meeting held.
- d) If medical evidence indicates that the child's life is at risk or at risk of serious harm, then immediate action should be taken to safeguard the child and consideration given to the protection of any siblings. If a child has been intentionally suffocated or poisoned then immediate action to safeguard the child should be taken.

10.11.11 Strategy Discussion

- a) If there is reasonable cause to suspect the child is suffering or is likely to suffer significant harm, the Social Worker who is allocated to the case will contact the Safeguarding Children Unit who will convene and chair a strategy discussion. Safeguarding Children Unit will record the decisions made, who is responsible for each action and the timescales agreed. Each agency invited will be expected to bring a detailed chronology of concerns and events relating to that child and their parents or carers.

The purpose of the strategy discussion is:

- To agree whether to initiate S47 enquiries
- To complete a core assessment
- Share available information
- Decide whether it is necessary for supplementary records to be kept in a secure place
- Agree the conduct and timing of any criminal investigation
- Decide whether the child requires constant professional observation;
- Reach decisions about undertaking covert video surveillance (CVS). If CVS is to be used this should be undertaken by the police.
- Agree who will carry out what actions, timescales for carrying them out and for what purpose, in particular planning of further paediatric assessment
- Identify the needs of parents or carers

- Determine if legal action is required
- Produce a multi-agency chronology of events
- Determine and plan what information will be shared with the parents or carers and the timescales for this
- Draw up contingency plans and whether any legal action is needed
- Agree a date for any further strategy discussion
- Make decisions as to whether to convene a child protection case conference.

b) The minimum representatives to be invited to the strategy discussion will be:

- Social Worker allocated to the case and their line manager
- Police
- Medical Consultant (if the child is an in-patient then senior ward nurse as well).

Consideration should also be given to inviting:

- A medical professional that has expertise in the branch of medicine, which deals with the symptoms and illness processes, caused by the suspected abuse.
- General Practitioner for the family
- Health Visitor
- Education Representative
- Local Authority's legal representative.

10.2.12 Covert Video Surveillance (CVS)

a) CVS should only be used if there is no alternative way of obtaining information which will explain the child's signs and symptoms. The multi-agency strategy discussion meeting considers that its use is justified based on the medical information available. CVS can only be used if the Police obtain the necessary authorisation. If CVS is to be used then consultation must take place with the Chief Executive of the local NHS trust.

b) Children's Social Care should have a contingency plan in place, which can be implemented immediately if CVS provides evidence of child abuse. This plan should be agreed at the meeting and recorded.

10.11.13 S47 Enquiries as part of the Core Assessment

a) In addition to the guidance for S47 enquiries it will be important to include a systematic gathering of information about the history of the child and each family member. This should include health (physical and psychiatric), education and employment (as well as any state benefits relating to a disabled child), social and family functioning and any history of criminal involvement.

b) Consideration should be given to a range of specialist assessments, both in relation to the child's development and the family dynamics. It is important to assess the child's

understanding, if they are old enough, of their symptoms and nature of their relationship with each significant family member as well as the parent's relationship and the family's position in the community.

10.11.14 Recording

- a) Careful and detailed note taking by all staff, including health professionals, is very important for any subsequent police investigation or court action.
- b) Any unusual events should be recorded and a distinction should be made between events reported by the carer and those actually witnessed by staff from the onset. Notes should be timed, dated and signed legibly. Most importantly, notes should be kept in a secure place and clearly marked on whom can have access to them.

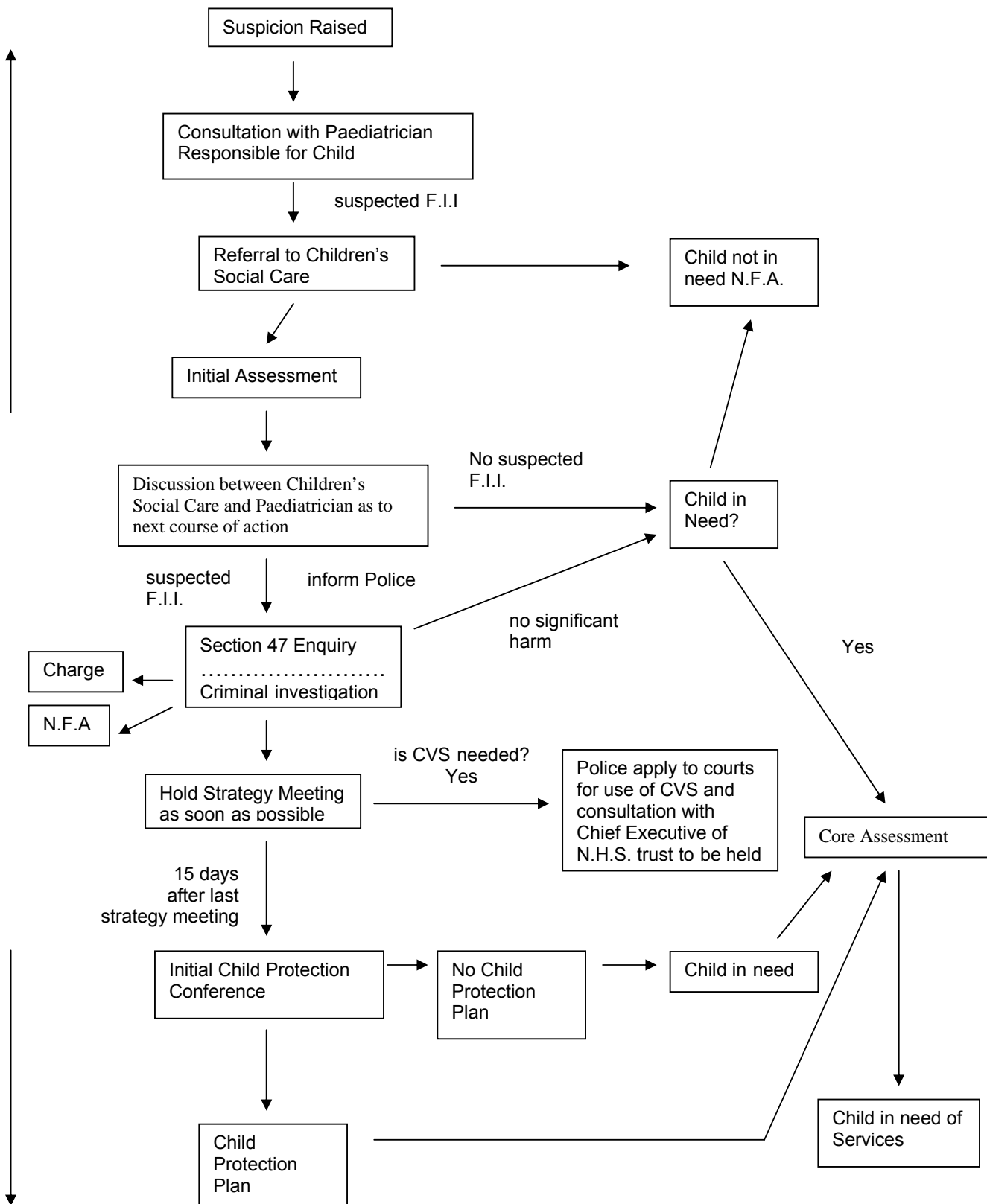
10.11.15 Child Protection Case Conference

- a) Where the agencies most involved judge that a child may continue to suffer or be at risk of suffering significant harm, then Children's Social Care should convene an initial child protection case conference. This will be held 15 working days after the last strategy meeting.
- b) Consideration should be given to inviting a professional with expertise in fabricated and induced illness in children, as well as a medical professional who has expertise in the branch of medicine that deals with the symptoms and illness processes caused by the suspected abuse.
- c) Children's Social Care will need to bring to the conference a report as well as the multi-agency chronology, which was drawn up at the Strategy Discussion. This should have special emphasis on the child's medical history. Other agencies will be expected to provide a report to conference.
- d) Careful consideration should be given as to when agency reports are shared with parents. The initial chairperson in consultation with the professional responsible for each report will make this decision.

10.11.16 Pre-birth conference

- a) Evidence of illness having been fabricated or induced in an older sibling or another child should be carefully considered during the pregnancy of a woman who is known to have abused a child in this way. Some pregnant women may have a history of fabricating illness in themselves during previous pregnancies. This could include fabrication of medical problems whilst the baby is in the womb. Her behaviour may pose a risk to the unborn baby in the current pregnancy.
- b) An assessment of the unborn baby should be undertaken and following S47 enquiries, a pre-birth conference should be convened if it is considered the unborn child's health to be at risk or the baby is likely to suffer significant harm following birth.

Flow Chart for Fabricated or Induced Illness in a Child



SECTION 10.12: ORGANISED ABUSE

10.12.1 Introduction

- a) Organised abuse (sometimes called multiple abuse) may be defined as abuse involving more than one abuser and a number of children and young people. This may include:
- Paedophile rings, where adults in the community who have contact with one another create access to large numbers of children.
 - Family based abuse, where mainly adult relatives abuse children (although non-relatives may be involved).
 - Institutional abuse, where adults working with children in community based and residential settings misuse their power and authority in order to physically, sexually or emotionally abuse children and young people.
- b) Separate Safeguarding Children Board guidelines exist for the investigation of allegations of child abuse against professionals working with children and young people (See Section 10.13). In the case of suspected institutional abuse this guidance needs to be read in conjunction with that on professional abuse.

10.3.2 Senior Officers Steering Group

- a) Professionals suspecting organised abuse should immediately consult their manager who will be responsible for liaising with the Service Manager, Safeguarding Children Unit and/ or the Police Family Support Team.
- b) Responsibility for co-ordinating the investigation of organised abuse rests initially with the Service Manager based in the Children's Social Care Safeguarding Children Unit. When the Service Manager of the Safeguarding Children Unit receives information about the possibility of organised or institutional child abuse they will :
- Liaise with Senior Managers in Children's Social Care and Greater Manchester Police and any other relevant agency i.e. Health or Education.
 - Convene an Information Sharing and planning meeting with relevant senior and operational managers.

c) When it is clear that an investigation into organised or multiple abuse needs to be mounted, Senior Officers from Children's Social Care, the Police and other relevant agencies should establish a Steering Group which is responsible for:

- The strategic planning of the investigation
- The terms of reference and the scope of the investigation
- Ensuring that the appropriate resources are deployed
- Ensuring that the staff are supported, as much of the work will be difficult and distressing
- Handling the political and media issues arising from the investigation
- Ensuring that the investigating team will have full access to records and individuals that hold important information.

10.12.3 The Role of the Steering Group

a) The role of the steering group is to:

Bring together a trusted and vetted team from Police and Children's Social Care.

- Agree terms of reference and ways of working.
 - Agree clear written protocols for recording and sharing information.
 - Make a thorough assessment of victim's needs and provide or access services to meet these needs.
 - Secure access to expert legal advice.
 - Ensure the availability of consultants/experts to support interviewing teams.
 - Ensure that records are safely and securely stored.
 - Use weekly strategic planning meetings to consider the conduct of the investigation, next steps and the effectiveness of joint working.
 - Provide a confidential and independent counselling service for victims and families. In particular, the team will need to consider how to maximise support and co-operation from 'safe' family members and to minimise the trauma to children as much as possible.
 - Arrange care and support for those involved with the investigation, including administrative staff. Refer to the Safeguarding Children Board Staff Care Scheme/ Departmental Staff Care/ Occupational Health or other resources as appropriate.
 - Consider the use of an external consultant to debrief team, in particular after traumatic situations, or at the end of the investigation.
- b) The police should appoint a Senior Investigating Officer of appropriate rank and experience and should consider using the Major Incident Room Standard Administrative Procedures and the Home Office Large Major Enquiry System.
- c) Where Children's Social Care own staff are being investigated it is essential to ensure independence and objectivity on the part of the social work team.

10.12.4 Protection of Individual Children

d) The first consideration is whether any immediate action needs to be taken to ensure that no child is left at risk of significant harm and how this can be achieved in a way which is consistent with the conduct of the criminal investigation,

- e) Organised abuse investigations create considerable difficulties for both the management and chairing of case conferences.
- f) The management of the investigation and any ongoing allegations need to be kept separate from the conference process, so that conferences on children involved in organised abuse can focus exclusively on the protection needs of the child or sibling group involved. Groups of unrelated children should not be the subject of case conferences.
- g) Professionals should only be invited to conferences because of the information they are able to provide about the specific child and family. Under current procedures parents can be excluded from case conferences where investigations are still continuing and it may well be appropriate to invoke this exclusion in cases of organised abuse. However where investigations are complete, then as far as possible, normal procedures should apply and parents should be invited in the normal way.
- h) The decision about whether to hold a case conference and whom to invite should be made by the lead members of the Steering Group, i.e. Police or Children's Social Care.

SECTION 10.13 ALLEGATIONS AGAINST STAFF, CARERS AND VOLUNTEERS

10.13.1 SCOPE

- a) The following procedures apply to situations:
- Where there are suspicions or allegations of abuse by a person who works with children in either a paid or unpaid capacity, i.e. any employee, foster carers, childminder or volunteer where the adult is in a position of trust in relation to the child and family.
 - When it is discovered that an individual known to have been involved previously in child abuse is, or has been, working with children.
 - Whether the allegation or suspicion arises in connection to the individual's work, his/her own children or in relation to other children.
- b) Where a child/ young person is living away from home, but placed in Stockport, it is the responsibility of Stockport Children's Social Care to safeguard and promote the welfare of the child/ young person under this section of the procedures.
- c) Where relevant the procedures must be applied in conjunction with those about organised or complex abuse.
- d) Compliance with the requirements detailed below should ensure that where allegations of abuse are made, or where there is suspicion, organisational responses are prompt, thorough, independent and proportionate to the concerns.

10.13.2 THRESHOLD (See Flow Diagram)

- a) Residential social workers, teachers, foster carers and early-years professionals are all prohibited by primary or subordinate law or statutory and non-statutory guidance, from making or applying more than specified types and levels of restraint, to those children for whom they are professionally responsible.
- b) Consequently, the threshold for considering the need for child protection enquiries with respect to the above professionals (all of whom have access to guidance on effective and acceptable methods of control) is lower than is the case for the population at large.
- c) Volunteers who work with children are also expected to maintain standards of conduct comparable to those prescribed for colleagues in paid employment.
- d) A philosophy must be developed within settings where children are cared for, whereby carers listen to children, actively promote their rights and develop a safety

awareness culture throughout the setting. This should be embedded within contracts of employment and every establishment's policy and guidance.

- e) Allegations or suspicions of abuse or neglect by staff, carers or volunteers, e.g. physical punishment, use of restraint other than that permitted by law or professional guidance, as well as abuse defined in Section 2 of these procedures, will be considered under these procedures.
- f) Stockport Safeguarding Children Board expects each agency to appoint a Senior Manager as its lead contact officer for all referrals of possible abuse by its employees and volunteers. This manager will be called the Senior Nominated Officer (SNO) for the purpose of these procedures (see Appendix 1 of this procedure for list).
- g) It is expected that the Safeguarding Children Board member agencies and those organisations affiliated to Stockport Safeguarding Children Board have their own internal procedures for managing professional abuse allegations, which meet the requirements of these procedures.
- h) All staff must be alert to the possibility that a child might be harmed by a professional colleague or by a volunteer.

10.13.3 Allegations against staff in their work

- a) An allegation may require consideration from any of the following four inter-related strands:
 - Child protection
 - Criminal investigation
 - Staff disciplinary or foster care, day care or child minder standards of practice and care
 - Complaint procedures.
- b) These procedures deal with child protection enquiries and any associated criminal investigation as distinct from complaints of poor practice and disciplinary procedures, though exploration of the latter may reveal abuse and/or neglect.
- c) This section applies to allegations of abuse or neglect by individuals in their working role and addresses required responses to allegations about staff in their personal lives.
- d) The employing or responsible agency must ensure that allegations are investigated and that any justifiable action is taken to ensure that the service is safe for child users. This may include consideration of the need to inform service purchasers to ensure their records are up to date.
- e) Information about an allegation must be restricted to those who have a need to know in order to:

- Protect children
- Facilitate enquiries
- Manage disciplinary/ complaints aspects.

10.13.4 Initial Response to Recognition of Concern/ Allegation

a) Recognition of concern or an allegation may arise from a number of sources e.g. a report from a child or an adult within an establishment, a complaint or information arising from a disciplinary investigation.

When a member of staff is suspicious or has received allegations of abuse by a colleague, he/she must report this to his/her line/ unit or department manager immediately.

b) The referrer should record the time, place and details of the allegation or suspicion, and potential witness and give these to their line manager, or where they are implicated in the allegation, to the Senior Nominated Officer, using the pro-forma for professional abuse allegations (Form A) within 24 hours. The allegation may refer to a current situation or to an historical situation. This must be timed, dated and include a clear name and signature. If their line/unit manager is implicated in the allegation, the concern must instead be reported immediately to the designated/ named Senior Nominated Officer in the agency concerned, even if it is out of office hours. If he/ she is not available, another senior manager must be informed.

c) Care should be taken to reassure the child that they are right to report the matter. The child should be advised that his/her statements will be taken seriously but cannot be kept confidential as it may be necessary to report the matter to another professional for the matter to be investigated in order to protect them or any other children in future.

d) It is not up to the recipient of an allegation to determine its validity, and failure to report it could lead to disciplinary action. Line managers should consult with their designated/lead/named Senior Nominated Officer for the agency who will be able to advise staff and managers if the concerns constitute sufficient grounds for the initiation of Safeguarding Children policies and procedures.

e) Any member of staff who believes that allegations or suspicions, which have been reported are not being investigated properly, has a responsibility to report it to a higher level in their agency.

f) If, for any reason, there are difficulties with following the above procedure, the whistle blowing procedure for the agency should be considered and consultation or a referral made directly to the Safeguarding Children Unit in Children's Social Care. The need for consultation must not delay a referral, which should be in accordance with the procedures.

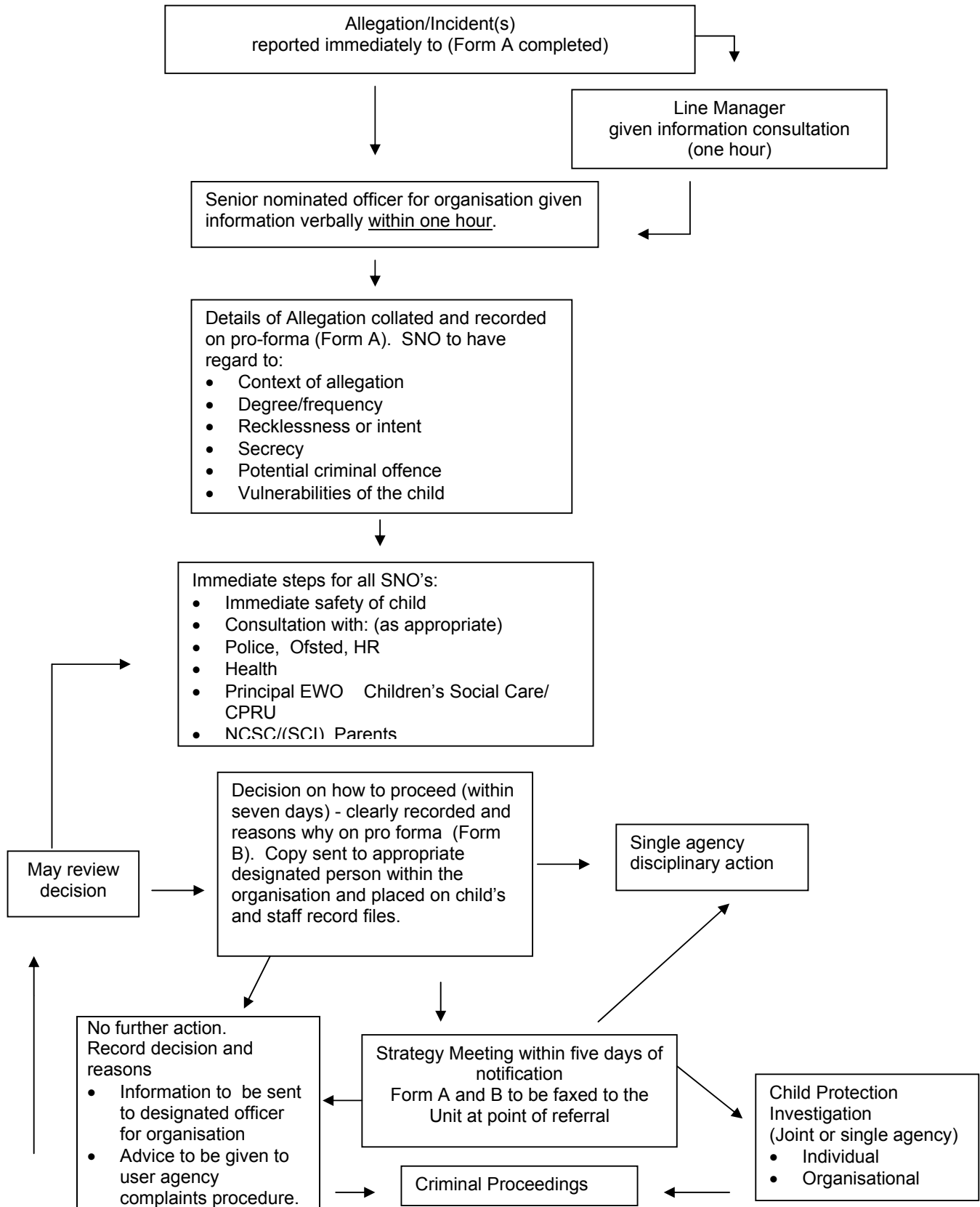
g) When an allegation has been made or it is suspected that an employee or volunteer has harmed or ill-treated a child, the Senior Nominated Officer in the agency concerned must be informed and take the following action.

- h) The Senior Nominated Officer, in consultation with the managers responsible for the care of the child, but who are not implicated in the allegation/ suspicion, should ensure the child's immediate safety, and that of other relevant children.
- i) Where applicable, the child should be informed about the process and offered the support of a trusted adult.
- j) Consideration must be given to informing the parents of the allegations at the earliest opportunity.
- k) Any necessary medical treatment for the child should be sought without delay.
- l) The Senior Nominated Officer should consider the details of the incidents/ concerns/ allegation including the time and location of the incident, information concerning what the child has said, any evidence to refute or support the allegation, and the names of any witnesses (Form A).
- m) The Senior Nominated Officer, in deciding what level of investigation, if any, should ensure they obtain sufficient information to inform them on how best to proceed **without** embarking on an investigation. In helping them to review the information available the Senior Nominated Officer should have regard to:
- The context of the allegation
 - Degree and or frequency of the allegation(s)
 - Recklessness or intent involved
 - Potential criminal offence committed
 - Vulnerabilities of the child/young person
- n) In considering this, the Senior Nominated Officer must determine which of the three following categories the allegation might represent:
- **Acceptable professional behaviour - this may include exercising appropriate discipline.**
 - **Unacceptable professional behaviour, which constitutes misconduct or gross misconduct, but falls short of abuse and may require action in accordance with the agency's disciplinary procedures.**
 - **Abusive behaviour as defined in these Safeguarding Children policies and procedures.**
- o) This may entail suspending the alleged perpetrator until such time that any child protection enquiries are complete. If it does, then the disciplinary process should be frozen until the outcome of the enquiries.
- p) The decisions and any action taken must be recorded by the Senior Nominated Officer on a Form B. This should be completed within seven days unless more information is being sought. The forms must be kept to evidence the decisions made at each stage.

10.13.5 Consultation in unclear situations

- a) Where a Senior Nominated Officer is unsure about how to proceed or cannot determine which of the three responses above applies, then contact should be made with the Duty Review Officer at the Safeguarding Children Unit in Children's Social Care (0161 474 5657)

Flow Chart for Professional Abuse



10.11.6 Referrals and Response to the Safeguarding Children Unit (CPRU)

- a) The Senior Nominated Officer should refer the matter immediately to the Safeguarding Children Unit in Children's Social Care as soon as he/she has determined that there are sufficient grounds to believe that there has or may have been abusive behaviour on the part of the employee, foster carer or volunteer. The Unit will establish the concerns and agree the steps to be taken including identifying the investigating officers and arranging the first strategy meeting.
- b) Following a referral for any investigation, it is not permissible for a member of staff to conduct an enquiry about suspicions or allegations of abuse with respect to:
- **A relative**
 - **A friend**
 - **An immediate work colleague, supervisor/supervisee or someone who has worked with him/her previously in any of these capacities, if it would seriously jeopardise the independence of an investigation.**
- c) On some occasions when there is insufficient evidence to support a criminal prosecution, complaints, regulatory or disciplinary procedures may be justified.
- d) Subject to legal constraints, any evidence gathered in the course of an enquiry about allegations against staff/carers can be made available to the staff responsible for disciplinary, regulatory or complaint investigation.
- e) If, following the conclusion of protection processes, further enquiries are pursued for the above purposes, these must be arranged in a way that avoids the repeated interviewing of children or other vulnerable witnesses.
- f) Enquiries must be conducted in the strictest confidence so that information can be given freely and without fear of victimisation and in a way that protects the rights of staff, employees, volunteers, foster carers and childminders.
- g) If an allegation relating to a child is made about a person who undertakes paid or unpaid care of vulnerable adults, consideration must be given to the possible need to alert those who manage him/her in that role.
- h) A strategy meeting must generally be arranged within five working days of notification to the Safeguarding Children Unit. Form A and B must be faxed to the Safeguarding Children Unit at the point of referral.
- i) If the complex abuse procedures are applicable (see section 10 of these procedures), they take priority over those below.

10.11.7 Allegations against Local Authority educational establishment staff

- a) Head teachers and LEA service managers must ensure that they are familiar with and have access to the document entitled *‘Education Staff and Child Protection: Staff Facing an Allegation of Abuse’, and to DfES Safeguarding Children in Education`.*
- b) Upon receipt of an allegation of a member of staff, head teachers/ service managers must inform and consult with the LEA's named Senior Nominated Officer for child protection. The named Senior Nominated Officer must be involved in strategy meetings and discussions.
- c) If the allegation is against a head teacher, the staff member receiving it must alert the chair of governors who in turn must inform and consult with the LEA's named Senior Nominated Officer for child protection.
- d) The LEA’s named Senior Nominated Officer must determine if the nature or seriousness of the allegation requires referral to Children’s Social Care and, if required initiate it.

All independent and non-maintain schools should consult with the LEA Senior Nominated Officer whenever there are allegations that may meet the threshold for further investigation under those procedures.

10.13.8 Allegations against Children’s Social Care staff

- a) If an allegation under these procedures is made about any staff member employed by Children’s Social Care, the Service Manager must inform the Safeguarding Children Unit Service Manager, and relevant Senior Service Manager. The Safeguarding Children Unit will appoint an appropriate Chair.
- b) Achieving an appropriate degree of independent scrutiny over the process and an independent element in the investigation may involve:

The appointment of external independent investigator/s to supplement or replace the team and/or to oversee the process.

Use of staff within the organisation who are sufficiently separate from the line management of those against whom the allegation is made.

10.13.9 Allegations against Health Services staff

- a) ***The relevant designated doctor or nurse of the Primary Care Trust should be informed of allegations against health service staff, and be involved in strategy discussions and meetings.***

10.13.10 Allegations against staff employed in regulated organisations

- a) The National Care Standards Commission (NCSC) must be notified of any action taken under the child protection procedures in any residential establishment, independent or voluntary fostering agency. OFSTED's early-years directorate must be notified of any action taken under these procedures in any day care establishment or with respect to a childminder.

10.13.11 Allegations against Agency Staff (including Nannies)

- a) Allegations against agency staff must be dealt with by compliance with the procedures in this section.
- b) The employing agency must be informed of the allegation, invited to strategy meetings and informed of the outcome of the enquiry. Where appropriate, the agency will be responsible for notifying the relevant list held of employees subject to investigation or unsuitable to work with children.

10.13.12 Allegations against volunteers

- a) Allegations against volunteers must be dealt with by compliance with the procedures in this section.
- b) The organisation using the volunteer must be informed of the allegation and the outcome of the enquiry.

10.13.13 Allegations against staff employed in other local authorities

- a) Where the allegation concerns staff employed in establishments located in another authority, the referral must be passed to that authority for enquiries to be made in accordance with its Safeguarding Children procedures.
- b) Referrals relating to possible abuse by an employee or volunteer of Children's Social Care will require an independent person to be involved in any child protection enquiries.

10.13.14 First Strategy Meeting

Form A and B must be completed and sent to the chair of the strategy meeting at the time of referral.

- a) A strategy meeting must be arranged within five working days of notification to the Safeguarding Children Unit of the allegation or concern with membership consisting of:
- **Reviewing Officer to chair the meeting**
 - **Relevant Social Worker to the child and his/ her manager**
 - **Nominated Children’s Social Care Investigating Officer**
 - **Police Family Support Unit**
 - **Senior member of the organisation of the worker concerned**
 - **Those responsible for regulation and inspection of the unit, e.g. NCSC or OFSTED, if applicable**
 - **Human Resources representatives as appropriate**
 - **Consultant paediatrician when appropriate**
 - **Senior Nominated Officer for child protection for the agency in question**
 - **A representative of the other local authority if the child is placed, or an alleged perpetrator is resident there**
 - **Customer Care Manager if the concern has arisen from a complaint or a complaint investigation is in progress where appropriate**
 - **Contracts Manager if appropriate.**
- b) Where the representative of an agency is implicated through an accusation of collusion or failure to respond to previous complaints, it is inappropriate for him/ her to attend the strategy meeting.
- c) The strategy meeting (for which a dedicated minute taker is required) must:
- Decide whether there should be a S47 enquiry (joint or single agency) and/ or an internal disciplinary investigation
 - Consider, if a S47 enquiry is appropriate, whether a complex abuse investigation is applicable
 - Review any previous allegations made against the member of staff and the establishment
 - Scope and plan the S47 enquiry
 - Allocate tasks
 - Set time-scales
 - Decide who to inform.
- d) This must occur prior to informing the person, against whom the allegations are made, except in exceptional circumstances, where the reasons for doing this must be recorded on Form B.
- e) The meeting must also:
- Ensure that any further emergency action needed to protect a child is taken.
 - Ensure that all children who may be affected directly and indirectly are identified, considered and provided with support, including ex-residents if appropriate.
 - Consider, where relevant, which other local authorities should be informed.
 - Ensure that the investigation is sufficiently independent.
 - Make arrangements to ensure the safety of children known to the worker outside of the workplace.

- Make arrangements to inform the child's parents, and consider how to involve them in the investigation and provide support and information during enquiries.
 - Consider the safety of children after the enquiry.
 - Recommend to the employing agency or responsible authority any action required to protect the interests of children whilst enquiries are conducted, including transfer, suspension or removal of staff (such action is the responsibility of the employing agency or responsible agency and is to be taken in the light of the details of the individual case).
 - Agree which manager within each agency will be responsible for co-ordinating the investigation.
 - Consider the need to interview other members of staff and ex- members of staff.
 - Consider the need for individual support for any workers, including those who are the subject of allegations.
 - Consider linkage and impact on industrial relations, personnel issues, registration and complaints issues.
 - Consider the use of any record of video interviews for disciplinary purposes.
 - Consider what steps need to be taken in relation to establishment where it is felt that abuse has pervaded the whole staffing group with the involvement or collusion of managers.
 - Consider the possible claims for compensation that a victim may make in the future, and the sharing of information relevant to any future claim.
 - Consider notifying the chief executive/senior officer of the employing agency.
 - Identify the information to be shared with the alleged abuser.
 - Set a date for a further strategy meeting.
- f) The strategy meeting must set a review date within one month of the referral being received, with a view to concluding the enquiry as soon as possible. Timescales and lead responsibility should be assigned to each action.

10.13.15 Conduct of enquiry

- a) Once a decision has been made at the first strategy meeting, to initiate an enquiry, the member of staff must be contacted and told the nature of the allegation, how the enquiries will be conducted and his/her co-operation sought, unless this prejudices any aspect of the investigation, e.g. criminal enquiries.
- b) The enquiry should take into account any signs or patterns, which could suggest the abuse, may be more widespread than it appears and whether it involves other perpetrators or institutions.
- c) During the course of the enquiries, the chair of the strategy meeting must be provided with regular progress reports from the investigating officers.
- d) Any investigation must be conducted in accordance with the policies and procedures Safeguarding Children handbook.
- e) If the child or young person needs to be formally interviewed, the interview must take place in accordance with the joint Children's Social Care and Police protocol involving only trained staff and video equipment.

- f) The evidence gathered in the investigation, including written material, audio or video recordings with the child and other relevant people, may be referred to in all strands of the investigation (child protection, criminal, complaints and disciplinary procedures) although a court order may be required for evidence to be released. The evidence will remain the possession of the investigating agencies in accordance with the Greater Manchester protocol on investigating child abuse.
- g) Decisions regarding the disclosure of such evidence must be considered carefully in conjunction with the relevant Human Resources procedures.
- h) At the conclusion of the investigation, an assessment and analysis of the incident will be formulated by the investigating team.

10.13.16 The employer's disciplinary investigation

- a) This will be invoked to ascertain whether there has been misconduct or gross misconduct on the part of the staff member as defined by the relevant disciplinary code. It is likely that the disciplinary process will be put on hold, following a decision about suspension, until the Child Protection and any Police investigation is concluded.

10.13.17 Second and subsequent strategy meetings

- a) In addition to the issues addressed at the first strategy meeting, subsequent meetings, if required must also address.
 - Progress and results of enquiries
 - Therapeutic and support needs of child/ren
 - Appropriate applications for criminal injuries compensation
 - Support needs of all appropriate staff
 - Future needs of the establishment.
- b) A final strategy meeting must be held at the end of enquiries

10.13.18 Concluding strategy meeting

- a) All the members of the strategy meeting will need to attend. The meeting will be chaired and serviced by the Safeguarding Children Unit.
- b) Additional relevant persons may be invited to attend by agreement with the chair. This may include, where appropriate, contracts managers.
- c) The alleged perpetrator or representative and the alleged victim and parents will not be permitted to attend.
- d) This meeting is responsible for considering the following issues:
 - Result of child protection investigation and informing child/ parents/ carers/ staff member

- Are there outstanding concerns
- Any outstanding protection issues for the alleged victim
- Any outstanding protection issues for other potential victims, including:
 - Other children with whom the alleged perpetrator has a professional relationship
 - Children of the alleged perpetrator.
- The requirement for notification to POCOL or List 99 (see below)
- Identifying the managers responsible for informing the child/their parents/ carers and alleged perpetrator of the outcome.

10.13.19 Substantiated concerns

- a) Where abuse is confirmed on the balance of probability, the parents and child must be informed in writing by the child's Social Work Team Manager or the nominated Children's Social Care Investigating Officer. The staff member concerned should also be notified in writing of the outcome of the investigation by the appropriate person agreed at the final strategy meeting.
- b) A disciplinary hearing should then be arranged within the relevant disciplinary code.

Should the need for a case conference have been identified, this will be organised by the Safeguarding Children Unit.
- c) Where the alleged perpetrator lives outside the Borough of Stockport, the Safeguarding Children Unit should, having taken legal advice and in consultation with the relevant Senior Manager, as appropriate, convey appropriate information to the relevant authority through the formal channel.

10.13.20 Informing POCOL/List 99

- a) Where the concerns are substantiated, relevant information must be passed to appropriate authorities, such as the DOH Protection of Children Act 1999 register (POCOL) or DfES (List 99) by the appropriate senior manager identified.
- b) This is the responsibility of the employing agency and where required must be a recommendation from the concluding strategy meeting.
- c) Where this recommendation is made, the Chair of the strategy meeting must write to inform POCOL or List 99 that such a recommendation has been made and copy of this letter sent to the employer. This is to ensure that when agencies fail to carry out this recommendation, there is some means of highlighting this.
- d) Consideration by the chair should be given as to whether the details of the case should be presented to a sub-committee of the Safeguarding Children Board to consider if any lessons can be learnt and any change in policy or practice is required.

10.13.21 Unsubstantiated allegations

- a) Where, following initial enquiries, it is concluded that there is insufficient evidence to determine whether the allegation is substantiated, or the allegation is not substantiated the relevant senior manager of the employing Safeguarding Children Board agency, will consider what further action, if any, should be taken.
- b) The member of staff concerned must be notified of the outcome and this must always be followed up in writing by the manager identified at the strategy meeting.
- c) Consideration must be given to any support the member of staff may need, particularly if his/her is returning to his/her post following suspension.
- d) The child and his/her parents must be informed of the outcome in writing and advice given regarding the complaints procedure.

- e) Consideration must be given to the provision of support or counselling for the child, and where appropriate, his/her parents taking full account of a child's needs where a seemingly false or malicious allegation has been made.

10.13.22 Allegations against staff in their personal lives

- a) Where an allegation is made against an individual in respect of their personal lives, the following will apply:
- Where the individual works and lives in Stockport, action under these procedures should be initiated. This should not delay any S47 enquiry, which may be required in order to safeguard any child. Notification in this instance of the referral to the individual's line manager should take place immediately, and the process of investigation agreed at an initial strategy discussion.
 - The line manager should act in accordance with these procedures to determine if further action, in respect of the individual's employment status is required.
 - Subject to legal constraints, any evidence gathered in the course of a S47 enquiry must be made available to staff responsible for disciplinary, regulatory or complaint investigation under these procedures.
- b) Where an allegation arises in the personal life of an individual who works in Stockport but lives in another local authority, any action taken in respect of them as an employee must follow the guidelines in these procedures, of any S47 investigation must have been carried out by the appropriate local authority. It may be appropriate to negotiate with the local authority concerned to hold one strategy meeting that meets both requirements. However, the primary responsibility to ensure if further appropriate action is required in respect of an employee lies with the Senior Nominated Officer in instigating these procedures where required.
- c) As in the case of allegations against staff in their work role, achieving an appropriate degree of independent scrutiny over the process and an independent element in the investigation may involve:
- The appointment of external independent investigator/s to the team or to oversee the process
 - Use of staff within the organisation who are sufficiently separate from the line management of those against whom the allegation is made
- d) The decision about the methodology to be adopted is to be made by the relevant manager in consultation with the Safeguarding Children Unit.
- e) The decision and reasons for it must be placed on the record.

10.13.23 Allegations against carers

- a) For the purpose of this procedure, the term 'carer' refers to foster carer, short break carer and supported lodgings carer.
- b) An allegation or concern about a foster carer who is caring for a child, must be reported to Children's Social Care in the area where the carer lives. In the case of a carer approved by a voluntary or independent fostering agency that agency must be informed.
- c) The Social Worker accepting the referral must inform his/her Team/Duty Manager in order to determine the appropriate action.
- d) If the supervising Family Placement Worker (fostering, short breaks) receives the allegation, his/her team manager must be informed and the referral passed to the relevant social work team.
- e) The child's Social Worker and the supervising Social Worker's Team Managers should consult and decide whether the complaint / concern / allegation is one of child protection or standards of care. If the latter, the matter should be dealt with under fostering procedures. This discussion and the decision reached must be recorded in both the child's and carer's files.
- f) Where the managers decide that the concern / complaint / allegation constitutes a child protection referral, both Service Managers must be informed.
- g) Any allegation about abuse or neglect of foster carers' own child/ren must be responded to in the same way as any other child.
- h) Fostering staff should be informed and involved in any strategy discussion/meeting, to provide information and consider the implications for future placements.
- i) If the allegation relates to a foster placement in another authority, the referral must be made to that authority and dealt with under its local safeguarding children policies and procedures.
- j) The NCSC/SCI must be notified of any allegation against a carer and invited to the strategy discussion / meeting. Invites should also include the local authority of other children who are placed with the foster carer.

10.13.24 Strategy Meeting

- a) The strategy meeting must be held within five days of notification of the referral and should be chaired from the Safeguarding Children Unit.
- b) The child's Social Worker, the Family Placement Worker and their managers must be invited to the strategy meeting, along with the social workers for any other children within the placement. The Police Family Support Unit and NCSC/SCI

must also be invited.

- c) The strategy meeting must consider, in planning the enquiry:
- The significance of any previous concerns or allegations made against the carers or their family
 - The close inter-relationship between foster carers and SSD and the need to ensure the investigating Social Worker's independence (i.e. generally **not** the child's Social Worker, the supervising Social Worker, or a worker managed by the person with line responsibility for either worker).
 - Whether any child/ren remain in placement (removal of child/ren should not be an automatic course of action – the decision making should be in the context of the best interests of the child).
 - Other children currently living in the carers household, and those previously placed with the carers (including the need for strategy discussions/meetings with regard to any of these children).
 - The status of the carers, as co-workers and individuals who have a right to be heard.
 - Who will inform the carers of the allegation and when, and the progress of the enquiry.
 - Who will inform parent/s of the enquiry and when.
 - The support to be provided to the child/ren in the placement, including the carer's children.
 - The support to be provided for the carers and where this should be provided from (i.e. Fostering Network).
 - Informing the Fostering Panel of any allegations against foster carers.
 - The process for the investigation including agreeing timescales, lead responsibility and progress of any enquiry should follow the guidance outlined earlier in these procedures under first strategy meetings. The foster carer or supporter and the alleged victim/s and parents will not be permitted to attend strategy meetings.
- d) Minutes of all strategy meetings involving allegations against foster carers must be sent to the Service Manager in Family Placement.

10.13.25 Support and advice for carers

- a) The role of the fostering team in the provision of support should be considered at the strategy discussion / meeting.
- b) The family placement worker must consider any appropriate independent support for the carer, giving relevant information about contacts for legal advice and the role of the local and National Fostering Network.

10.13.26 Conclusion of enquiries

- a) At the conclusion of an enquiry, a strategy meeting/discussion must be held to ensure all information is shared and plans are agreed for follow up work and should follow the concerns, where appropriate, as detailed previously. The Fostering Panel should be informed of the outcome of any investigation via the Family Placement.
- b) In addition, the Family Placement Worker must attend the follow up interview with the carer and his/her family, unless this is judged inappropriate.
- c) If the allegation is substantiated, the Family Placement Worker must consult with his/her manager so as to initiate the foster care review procedures and notify the Fostering Panel of this.
- d) The needs of the child and their family for any support and implications for any children currently or previously placed in the foster home must be considered.
- e) If the allegation is not substantiated, this should be recorded and made clear to the carer so as to protect him/her as far as possible, from lingering doubts and suspicions.
- f) The foster carer has a right to receive details in writing of all decisions made and actions taken. The Family Placement Team Service Manager should provide this.
- g) The Service Managers of both the child's Social Worker and the Family Placement Worker must consider whether any additional/individual support should be offered to the child, the carer and his/her family at the end of the S47 enquiry and advice provided regarding the complaints procedure provided by the child's Social Worker.
- h) The above discussion and the decision arising from it must be put in writing and placed on both the child's and carers' files.
- i) The outcome of any child protection enquiry involving a foster carer must be shared with the Panel.
- j) Following conclusion and feedback of the results of all investigations, the Family Placement Worker should generally offer the carers the opportunity to discuss with themselves and/or their team manager the process of the investigation, including its impact on the family, and future implications for the carers' approval or approval criteria.

10.13.27 Allegations against approved adopters

- a) Children's Social Care staff have obligations comparable to those which apply to foster children, to visit and ensure the welfare of a child placed for adoption and whose prospective adopter has given notice of his/her intention to adopt.
- b) In the event of an allegation with respect to a child placed for adoption (or about a prospective or approved adopter who has no child placed with him/her), the same procedures as those described above for a foster child must be followed, including notification of the enquiry's outcome (substantiated or unsubstantiated) to the Permanence Panel.
- c) Any allegation about abuse or neglect of prospective adopter's own child/ren must be responded to in the same way as any other child. Adoption staff must be informed and involved in the strategy discussion/meeting, to provide information and consider the implications with regard to adoption.
- d) The outcome of any child protection enquiry involving an approved adoptive placement must be shared with the Permanence Panel.

10.13.28 Allegations against childminders

- a) The Social Worker must initiate Safeguarding Children procedures in accordance with these procedures and inform the OFSTED Early-Years Inspectors of any allegations (relating to his/her own, minded or other children) against a registered childminder.

10.13.29 Strategy Discussion

- a) A member of OFSTED staff should be invited to the strategy discussion/meeting. Their role will be to consider the legal implications of continued registration or cancellation.

The planning must comply with the process detailed previously, where appropriate, and should include consideration of all children using the childminder, as well as the implications for any children that have used the facility in the past and the childminder's own children.

The timing, method and content of the information to be shared with parents of other children will be discussed and agreed at the strategy meeting.

Professional Abuse Procedures

List of Senior Nominated Officers

Children's Social Care		Telephone No.
Assistant Directors: Children's Services	Michael Jameson	0161 474 4624
Adult Services	Moira Wilson	0161 474 4637
Strategy & Performance	Terry Dafter	0161 474 4672
Health		
Stockport PCT Chief Executive	Richard Popplewell	0161 426 5003
Director of Clinical Services	Judith Smith	0161 426 5520
Director of Nursing & Corporate Development	David Curtis	0161 331 5003
Education		
Principal Education Welfare Officer	Penny Pugh	0161 474 2195
Human Resources	Julie Lowe	0161 474 3820
Probation	Jean Ross	0161 429 0010
District Manager	Joe Tumelty	0161 429 0010
Police		
Duty Superintendent (duty role based on rota) for Stockport Police		0161 872 5050
YOT		
Head of Youth Offending Services	Jacqui Belfield Smith	0161 476 2876

Appendix 2

Form A ALLEGATIONS AGAINST STAFF, CARERS AND VOLUNTEERS

Page 1

Initial Record of Report:

(to be completed by member of staff to whom the allegation, suspicion has been reported to)

Time:	Date:
Name of establishment and where relevant, type of establishment (i.e. residential/school/unit/team/agency):	
Tel No:	
Name of staff members (s) against whom allegation/suspicions arisen:	Date of Birth: Home Address:
Position in establishment (i.e. role and nature of employment):	
Full-time/part-time/temporary/permanent etc:	
Name of child/ren concerned Date of birth:	Home address:

Record of allegation/suspicion: (NB. Where appropriate, the words used by the child/young person should be recorded)	
Name of potential witness and contact numbers: (professional or child/young person)	
Name of individual completing this allegations/document:	Are parents aware of suspicions? YES/NO
Position/role within establishment:	Staff member implicated aware of allegations/suspensions? YES/NO
Any immediate risks/vulnerabilities to the child/young person? YES/NO If YES, state what these are:	

YOU MUST KEEP A COPY OF THIS DOCUMENT AND PASS THIS TO THE DESIGNATED/LEAD/NAMED SENIOR NOMINATED OFFICER FOR YOUR AGENCY WHO WILL ADVISE STAFF AND MANAGERS IF THE CONCERNS CONSTITUTE SUFFICIENT GROUNDS FOR ACTION UNDER SAFEGUARDING CHILDREN PROCEDURES.

SIGNATURE DATE

Indicate if additional sheets attached
 Number

Appendix 3

Form B ALLEGATIONS AGAINST STAFF, CARERS AND VOLUNTEERS

Date:	Time:
Name of Senior Nominated Officer/Manager completing decision making form:	
Workplace:	
Contact No:	
Name of staff member against whom allegations/suspicious arisen:	
Is the staff member implicated aware of the allegation/suspicious? YES / NO	
Source of Information: Name/Role: Verbal/Written:	Contact Number:

**Have you received Form A?
YES / NO**

**Additional information obtained, not included on Form A? YES / NO
(include source of information and dated obtained)**

Contact No:

Immediate action taken so far to safeguard any children:

Decisions:

(These should be made within seven days of notification)

You should clearly record the decisions and the reasons why. The options available are:

No further action / strategy meeting under Safeguarding Children procedures allegations against staff/single agency disciplinary action/action through internal complaints procedure.

Signature:

Date:

YOU SHOULD KEEP A COPY OF THIS DOCUMENT AND SEND A COPY, TO BE HELD ON THE CHILDS / STAFFS RECORDS. IF A STRATEGY MEETING IS HELD, A COPY OF THIS AND FORM A SHOULD BE SENT TO THE CHAIR AT THE SAFEGUARDING CHILDREN UNIT PRIOR TO THE MEETING.

SECTION 10.14 ASSESSING THE RISK TO CHILDREN FROM KNOWN SEX OFFENDERS AND VIOLENT OFFENDERS

10.14.1 Introduction

- a) This procedure should be read in conjunction with the '*Framework for the Assessment of Risk Regarding Adults who have Sexually Abused a Child*', prepared by the NSPCC for the Safeguarding Children Board, February 1999.
- b) There is considerable evidence that the sexual abuse of children and young people is frequently an addictive behaviour. There is, therefore, a potential risk to all children and young people posed by people who commit sex offences. It is of crucial importance that an assessment of risk is undertaken in every situation where a person convicted of committing sex offences is living in or planning to return to a household where children are present, or where the offender has regular contact with children (e.g. relatives' children). This assessment will determine what action may be required in order to protect children and to promote their welfare.

10.14.2 Applicability

- a) These procedures apply to:
 - All those convicted of Schedule 1 Offences (Refer to Appendix 7)
 - All those convicted of a sexual offence, not covered by Schedule 1, which indicates a potential risk to children, e.g. indecent exposure or pornography involving children or young people
 - All those subject to a legal 'Finding of Fact' within care proceedings that they have sexually abused a child or young person.

10.14.3 Initial action

- a) When Children's Social Care are notified that a person convicted of committing sexual offences is living in a household or having regular contact with children, Section 47 enquiries must be undertaken, and a case conference convened.
- b) Children's Social Care will need to consider whether it is necessary to safeguard the child's welfare by placing the matter before the Courts, particularly if there is insufficient protection afforded to the child by the non-abusing adult. In such instances, it is appropriate for the local authority solicitor to be specifically invited to attend the case conference. In certain circumstances, where the risk to the child is assessed as being very high, and where other attempts to protect the child (e.g. by requesting that the offender leaves the family home during the assessment process) have failed, it may be necessary to seek an Emergency Protection Order prior to the conference.

10.14.4 Initial child protection conference

- a) Details of the offences or abusive behaviour of the offender, information about the child's welfare and about the family situation, as obtained during the S47 enquiry will be shared at the conference.
- b) As noted in the '*Framework for the Assessment of Risk Regarding Adults who have Sexually Abused a Child*', it is necessary to ensure that the offender's attitudes to relevant issues are assessed over a period of time. Therefore, an initial child protection case conference will often request that a core assessment be undertaken.

10.14.5 Assessments

- a) The assessment will not only focus on the offender, but on the protective capacity of parent /carer and on the child.
- b) The '*Framework for the Assessment of Risk Regarding Adults who have Sexually Abused a Child*' should be incorporated within both an initial assessment (if this is undertaken) and within the core assessment.

10.14.6 Long term issues

- a) There is still insufficient evidence about the long-term effectiveness of therapeutic intervention with people who commit sexual offences. Most interventions rely on encouraging the offender to confront his/her behaviour and to have a raised awareness of the consequences of abuse for the victims.
- b) Whilst attention will be paid to reports of the offender's response to therapeutic intervention, whether that has been undertaken in a group or on an individual basis, it is crucial that those undertaking multi-agency assessments of risk retain an awareness of the following:
 - The seriousness of the abuse which took place.
 - The capacity of non-abusing carers to recognise the ongoing risks, to maintain vigilance and to maximise the child's protection by co-operation with the agencies involved.
 - The child's age and capacity to understand the risks and to be able to utilise the support of protective adults.
 - The possibility that some offenders would never be considered safe to have further contact with children.

10.14.7 ASSESSING THE RISK TO CHILDREN FROM KNOWN VIOLENT OFFENDERS

10.14.7.1 Introduction

- a) Certain Schedule 1 Offences relate to violence against children and young people. It is of great importance that an assessment of risk is undertaken in all situations where a known violent offender is living or planning to return to a household where children are present, or where it is known that the offender has regular contact with

children (e.g. relatives' children). The assessment will determine the action, which may be required in order to protect children and to promote their welfare.

10.14.8 Applicability

- a) The procedures apply to:
- All those convicted of Schedule 1 Offences involving violence
 - All those convicted of a violent offence, not covered by Schedule 1, which would indicate a potential risk to children
 - All those subject to a legal 'Finding of Fact' within care proceedings that they have physically harmed a child or young person
 - In addition, where it is known that an individual has physically abused a child or young person, resulting in the child's name having been placed on a Child Protection Register (in Stockport or elsewhere), these procedures apply.

10.14.9 Initial action

- a) Children's Social Care must be notified when a violent offender (as classified above) is living in a household or has regular contact with children.
- b) Section 47 enquiries must be undertaken, and a child protection conference should be convened, unless the enquiries indicate that there is now no risk to children or young people.
- c) If the S47 enquiries conclude that it is not necessary to arrange a case conference, this decision should be recorded on file, and counter-signed by the Team Manager.
- d) When a referral of this nature is received, the Children's Social Care will need to consider whether the risk to the child is so great that the matter should be placed before the Courts. In such instances the local authority solicitor should be specifically invited to attend the case conference. In certain exceptional circumstances, where other attempts to protect the child (e.g. by requesting the offender to leave the home during the assessment process) have failed, it may be necessary to seek an Emergency Protection or Police Protection Order prior to the conference.

10.14.10 Initial Child Protection Conference

- a) Details of the offences, or the previously recorded abusive behaviour of the person, will be provided at the conference, as well as information about the child's general welfare and the family situation, as obtained during the S47 enquiries. It will be important to obtain as much information as possible about any previous risk assessments that have been undertaken, and any offence-focused work in which the person has participated.

- b) The conference may conclude that a core assessment be undertaken, with particular reference to the previous offences/behaviour, the protective capacity of the non-abusing parent/carer, and to the child.

SECTION 10.15 CHILDREN AND YOUNG PEOPLE WHO SEXUALLY ABUSE OTHERS

10.15.1 Introduction

- a) These procedures are based on the increased awareness and knowledge about the incidence of child sexual abuse committed by young people under 18 years of age.
- b) The procedures are compatible with the law and the introduction of the '*Framework for the Assessment of Children in Need and their families*' (Department of Health) and *ASSET*, which is more offence-focussed (Home Office).
- c) The purpose of the procedures is to provide a clear operational framework within which the processes of assessment, decision-making and case management can take place. It requires a collaborative approach between child welfare and criminal justice agencies which ensures that no one agency will embark upon a course of action that has implications for others without appropriate consultation.
- d) In acknowledgement of the importance of this co-ordinated, multi-agency approach, the Greater Manchester local authorities and Greater Manchester Police are committed to implementing the Procedures and Assessment Framework developed by the AIM project (Assessment, Intervention and Moving on). These procedures are based on the principle that the welfare of children is paramount and the primary objective of undertaking work with young people who abuse others is to prevent future victims.

10.15.2 Principles

- a) Work with children and young people who abuse others must 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.
- b) The needs of the children and young people who sexually abuse should be considered separately from the needs of their victims.
- c) Evidence suggests that children and young people who abuse 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 from, or at risk of, significant harm and may themselves be in need of protection.
- d) The reasons why young people sexually abuse are multi-faceted and to explore these further, a full risk assessment and an assessment of need must be carried out in every case.
- e) Children and young people who abuse others should be held responsible for their abusive behaviour.

- f) Work with adult abusers has shown that many of them began committing abusive acts during their childhood or adolescence. It is not possible to be predictive regarding which children and young people are likely to continue their abusive behaviour into adulthood. It is, therefore, necessary to address **all** episodes of abusive behaviour.
- g) Early and effective, intervention with children and young people who abuse others may play an important part in protecting children, by preventing the continuation or escalation of abusive behaviour.
- h) Wherever possible, young people who sexually abuse have a right to be consulted and involved in all matters and decisions that affect their lives. Their parents have a right to information, respect and participation in matters that affect their family.

10.15.3 Recognition of abuse by a child or young person

- a) Exploration during childhood is a normal part of development, and it is important that those working with children and families develop an understanding of age appropriate sexual behaviour.
- b) In assessing a child or young person who abuses another, relevant considerations include:
The nature and extent of the abusive behaviour. 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, including the nature of the relationship between the children/young people, difference in age between the victim and alleged abuser, absence of consent, exploitation and whether the alleged abuser had authority or responsibility for the victim, secrecy, coercion, bribery or violence.
 - The child's development, and family and social circumstances.
 - The need for services, specifically focusing on the child's harmful behaviour as well as other significant needs.
 - The risk to self and others, including other children in the household, extended family, school, peer group or wider social network.
- c) A 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.
- d) It is also important that whilst responding to all incidents we do not over-react to the presenting situation as this can have long term consequences for the child, e.g. becoming ashamed about their sexuality.

10.15.4 ASSESSMENT

- a) The AIM handbook contains practice guidelines for undertaking AIM assessments, an outline for the report and a consent form which parents / carers should be asked to sign to indicate their agreement. Training in relation to completing the assessment is co-ordinated via the AIM project in order to promote consistent practice across the authorities using the AIM model.
- b) Four assessment models are available and it is important to use the model appropriate to the young person's situation. The initial Assessment models are as follows:
- Children under 10 with problematic sexual behaviour
 - Young people who sexually abuse
 - Parents / Carers of young people / children with sexually problematic behaviour
 - Young people with intellectual disabilities who present problematic / harmful sexual behaviours
- c) Where an AIM assessment is completed in the context of criminal proceedings the AIM assessment report may serve one of the two purposes:
- In the context of a young person whose offence is not serious enough to go straight to court it can be used during a 28 day bail period in order to make recommendations to the police regarding appropriate disposal of the case
 - In the context of a young person who goes to court immediately it can be used as the basis of a pre-sentence report

In either eventuality the outcome of the AIM assessment provides a recommendation to the police or court in order for a final decision to be made, but the assessors will not be the final decision makers, as to the outcome for the young person

- d) Where an AIM assessment is completed in the context of problematic sexual behaviour outside of criminal proceedings (particularly relevant for those under 10 or with a significant intellectual disability), the outcome should inform any necessary intervention plan including a possible child protection response as outlined in section 5 of the Safeguarding Children Handbook.

10.15.5 ASSESSMENT OUTCOMES

- a) The conclusions of the AIM assessment in relation to the levels of concern and strength will inform the outcome in terms of the perception of the seriousness of the incident and the level of risk presented by a young person. The most appropriate response to their circumstances can therefore be recommended.
- b) Following assessment it will be necessary to determine:
- The seriousness of the sexual behaviour / incident
 - What intervention / support is needed for the young person and their parents / carers
 - What protection issues exist in relation to other children / young people including siblings and how should these be managed.
 - Where the young person should be living

In criminal proceedings these issues will be determined in conjunction with the court. In other circumstances they will be determined through appropriate multi-agency processes as outlined in this procedure.

- c) Placement considerations for a young person will be based on the outcome of the assessment. The same principles apply whether a young person is at home or in alternative care provision:
- Full information in relation to the allegation, assessment and intervention recommendations should be shared with parents / carers including the potential level of risk presented by the young person
 - The potential risk to other children / young people at home, in the placement or likely to have contact must be assessed and a risk management plan established with parents / carers.
 - When considering alternative placements in foster or residential care the potential risks and impact across the group of children / young people should be carefully considered prior to the making of a placement, and necessary risk management plans established.
 - All discussions and plans should be recorded, and plans actively monitored.

10.15.6 REFERRAL AND ASSESSMENT PROCESS

- a) A referral may be made to either the Youth Offending Team or the Contact Centre at Houldsworth Mill if a young person is not known. If a young person already has a social worker, a referral should be made to that worker or to the Youth Offending Team depending on their age and circumstances.
- b) An initial discussion between the Youth Offending Team and Children's Social Care should occur within one hour of receiving the referral in order to agree the lead agency:
- Where a young person has been sent directly to court for sentencing, the Youth Offending Team will take the lead in recommending an AIM assessment and preparing a pre-sentence report. Children's Social Care will address any child protection issues.
 - In other circumstances for young people aged 10 plus, agreement will be reached as to the most appropriate lead.
 - For children under the age of 10, Children's Social Care will lead the assessment, and will seek a second worker from Children's Social Care or from CAMHS as the Youth Offending Team do not work with this age group. The Youth Offending Team should be kept informed of the outcomes of any assessments.
 - If immediate protective action is required Children's Social Care will take lead responsibility and initiate a S47 enquiry in line with the procedures in section 5
 - If a case is open to Children's Social Care the relevant service will be the lead agency if a Children's Social Care lead is agreed as the most appropriate.
- c) Appropriate assessors should be identified using the following principles
- At least one assessor must be AIM trained.
 - At least one assessor must hold a Social Work qualification
 - Assessment should be multi-agency; Youth Offending Team and Children's Social

Care where a criminal process is likely; Children's Social Care and community CAMHS for children under 10 or with intellectual disabilities; specialist involvement for very serious high risk cases

- Where no alternative exists to Children's Social Care workers may undertake an assessment where there are no criminal proceedings
- The Social worker for the young person should not be involved in the assessment in order to ensure it is objective.

d) In all cases where a young person who is suspected of sexually abusive behaviour comes to the attention of Children's Social Care, there should be a decision within one working day about the required response in line with procedures for initial assessment.

e) The initial strategy discussion in relation to an AIM assessment will be convened by the agreed lead agency. Its purpose will be to:

- Agree the need for an AIM assessment
- Identify the assessors and timescales for completion of the assessment
- Identify any child protection issues that need addressing via S47 including any immediate protection requirements
- Agree temporary risk management strategy based on the information available.

This initial strategy discussion may take the form of an agreement by telephone about agency responsibilities and action, or may be a multi-agency strategy meeting depending on the complexity of the situation. The outcome in terms of agreements should be recorded by the lead agencies involved and copies sent to the other agency and to the Safeguarding Children Unit within 7 days.

f) The lead agency should contact the Safeguarding Children Unit within those 7 days to book a date for an AIM strategy meeting in 4 weeks time. This meeting will then be convened by the Safeguarding Children Unit and chaired by a reviewing officer regardless of the age of the child / young person. A copy of the referral form and the invitation list should be sent to the Safeguarding Children Unit with the record of the initial strategy discussion / meeting. Relevant agencies to invite will include school, health, police, CAMHS, residential worker and others involved with the young person.

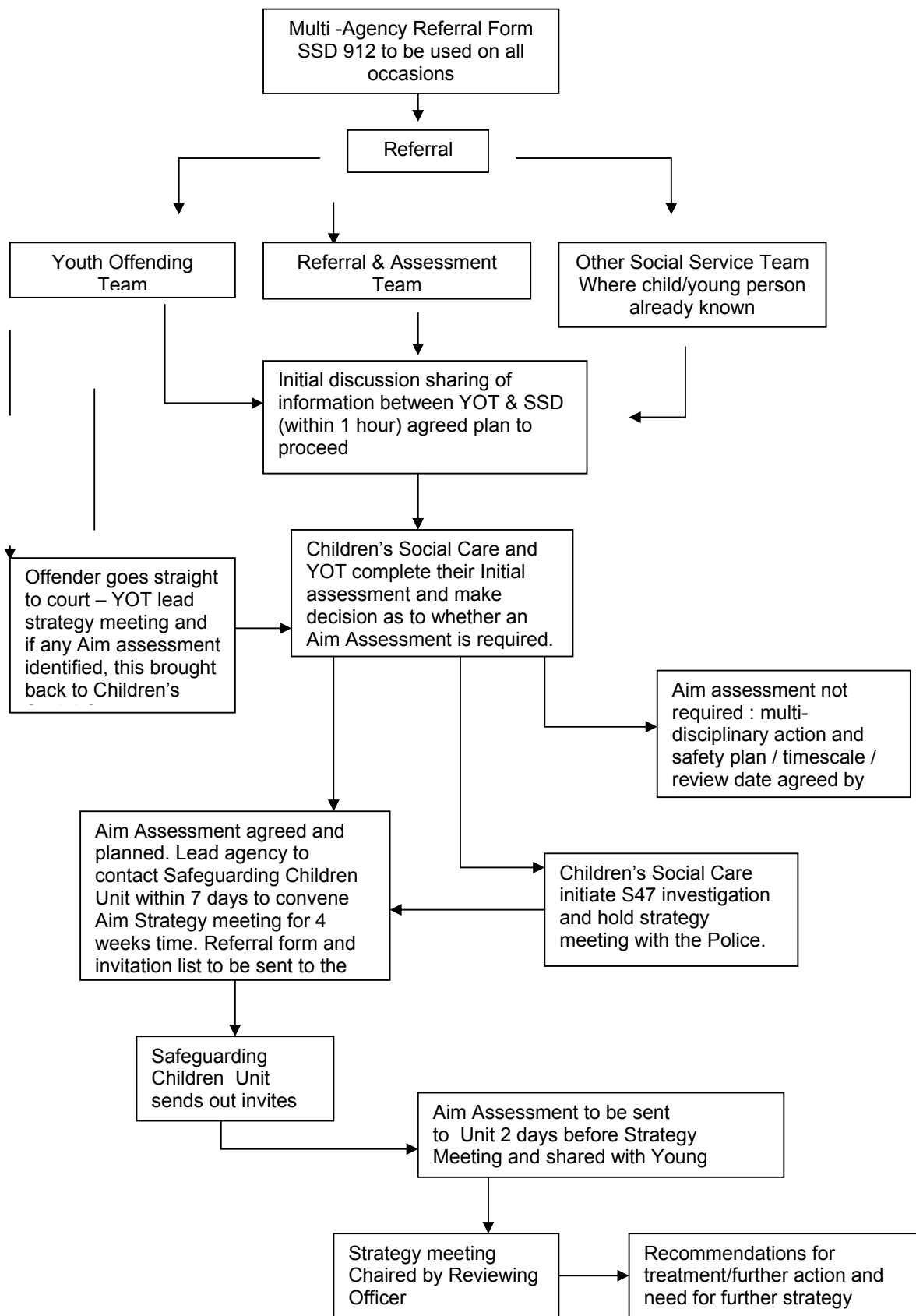
g) The purpose of the AIM strategy meeting chaired by the Safeguarding Children Unit will be to:

- Consider the conclusions of the AIM assessment and its recommendations
- Establish an appropriate plan addressing:
 - Intervention / treatment and support needs and who will be responsible for addressing these
 - A multi-disciplinary safety plan to safeguarding both the alleged perpetrator and any vulnerable young people
 - Appropriate information sharing with parents / carers
 - Recommendations within criminal proceedings where appropriate
 - A date to reconvene the meeting

h) A copy of the completed AIM assessment should be sent to the Safeguarding Children Unit two days before the meeting.

- i) The assessment should be shared with the young person and their parents before the strategy meeting has taken place.
- j) Minutes of the meeting will be circulated to those present and those with responsibility for action within 15 working days.
- k) Further strategy meetings to review the progress of the actions agreed and outcomes for the alleged perpetrator and other vulnerable young people will be convened and chaired by the Safeguarding Children Unit even if a case is no longer open to Children's Social Care.

Flow Chart for Aim Assessment



SECTION 10.16: MULTI-AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA) AND LINKS TO CHILD PROTECTION

Working together to Safeguard Children (3.56) states:-

Probation services work closely with the Police, Children's Social Care Department and other relevant organisations to assess the risk posed to children by known and suspected offenders

Introduction

Probation, Police and other agencies have worked together to manage the risk posed by identified offenders for many years. These arrangements have gradually improved and become more consistent. The Sex Offender Act 1997 required that the Police and Probation Services worked closely together, and more recently the Criminal Justice & Court Services Act 2000 required a strengthening of that relationship by placing a requirement on the 'Responsible Authority' (Probation & Police) to establish Multi-Agency Public Protection Arrangements (MAPPA) for assessing and managing the risk posed by sexual and violent offenders.

Up to this point the Multi-Agency Public Protection Arrangements had, in the main, focused around the running of Multi-Agency Public Protection Panels (MAPPPs) involving Police, Probation, Housing, Victim Support, Health, Children's Social Care, and others as appropriate. The MAPPP arrangements are in place to focus on the very few offenders who present an exceptionally high and imminent risk of harm to the public, and the majority of cases considered under the arrangements are sex offenders. The widening of the publication arrangements have added further layers of multi-agency working and information sharing that will be strengthened by the Criminal Justice Bill. The Bill will add two main elements to the process:

1. It will impose a 'duty to co-operate' with the MAPPP arrangements on a wide range of organisations, including those mentioned above, but widened to include YOTs, Jobcentres and Registered Social Landlords.
2. It will bring the Prison Service for the first time alongside the Probation and Police Services to form the 'Responsible Authority'.

Greater Manchester Police (GMP) responsibilities as outlined in the Police Act 1996, include the protection of life and property and the prevention and detection of crime. There is a clear similarity between the responsibilities of the police and the probation service. In partnership with Greater Manchester Probation Service, GMP is committed to the development and maintenance of Multi-Agency Public Protection Arrangements (MAPPA).

Summary of the new MAPPA Arrangements

The new MAPPA arrangements place a duty on the Responsible Authority to have in place arrangements for the assessment and management of risk posed by the following three categories of offenders:

- All registered sex offenders (irrespective of whether they are under any form of supervision)
- All offenders convicted since April 2001 of a sexual or violent offence which results in a sentence of imprisonment of 12 months or more, or those already serving a sentence of 12 months or more for one of those offences on 1 April 2001
- Any other offender who it is felt after assessment poses a significant risk of harm.

Information Gathering

Once an offender is identified as meeting the MAPPA criteria, there will be an information gathering exercise, which will involve a comprehensive assessment prepared by the Probation Service and / or The Police. There will be written communication with all agencies to ask if they have any information about that offender which is relevant to share regarding risk. Agencies to be contacted for information are as follows:

TBC

The MAPPA Framework comprises 4 main elements:

- Identification
- Information Sharing
- Assessment of Risk
- Management of Risk

Identification

All offenders who fall into the MAPPA category are identified centrally. These are then logged on a City MAPPA Register/Database.

Assessment of Risk

Once all the relevant information is received, a decision will be made about the level of risk management required for each particular case. There are three basic risk management categories:

- **Level 1 – Ordinary Single Agency Risk Management**

This category will be used where a single agency can manage the risk posed by the offender and will involve a standard risk management strategy, which includes regular reviews of risk, supervision planning and case management.

- **Level 2 – Local Risk Management Meetings (LRMMs)**

These multi-agency meetings will be called where the risk assessment and information gathered suggests the need for some risk management on a multi-agency basis but a full MAPPP is not required. It is envisaged that in most cases in Stockport a Local Risk Management Meeting would be a one-off meeting to share information and assist in the preparation of a risk of harm management plan. The intention is not to fall into the trap of trying to service a lower level of MAPPP within Stockport as the resource demand would be very high and it would be difficult to maintain. There are parallels with Children in Need meetings.

- **Level 3 – Multi-Agency Public Protection Panels**

Level 3 risk management is via the MAPPP, reserved for the critical few who pose the highest level of risk. The MAPPP arrangements in Stockport are working well so no significant changes are proposed.

Registration

The Probation Service has established a Stockport MAPPA Database which, as well as containing the basic case information, contains details of the current risk assessment. It is intended to ensure that all relevant offenders on the register are cross-referenced to children on the local Child Protection Register. This work pulls together the whole series of registers that exist in terms of Potentially Dangerous Offenders, Lifers, and MAPPP cases.

Summary of the MAPPA Risk Assessment and Management Procedures

Risk Assessment

- All offenders will be risk assessed (using OASys) (Offender Assessment System)
- All analyses will have an overall assessment of Low, Medium, High or Very High risk
- Child protection is a key objective of risk assessment. Risks to children will be fully analysed in any risk assessment.

Risk Management

- A risk management plan will be completed for every Medium, High or Very High risk assessment as well as for any significant risk of self-harm.
- The objectives of any risk management plan must be followed through to the case management/supervision planning process.
- In every case, the risk assessment must be subject to ongoing review, and any significant changes in circumstances in the individual case must lead to a fresh assessment.
- All relevant cases will be registered on the District MAPPA Register.
- Those offenders regarded as Child Protection cases (namely Schedule 1 offenders and offenders living or staying in a household with children or having contact with children on the Child Protection Register), will normally be assessed as High Risk, unless the nature and number of offences and the length of time since the last offence is such that they do not pose current significant concerns.
- All High risk cases meeting the MAPPA criteria should be considered as to the need to convene a Local Risk Management Meeting where there is the active involvement of more than one agency.
- Any situation in which an offender is residing with children who are on the Child Protection Register and all Schedule 1 offenders must be flagged on the MAPPA Register.
- If the Probation Service is aware that a Schedule 1 offender is living in a home where children also reside, the relevant Children's Social Care must be notified.
- Where the Probation Service is involved or likely to be involved with a family where children are subject to a Child Protection Conference, staff should attend in all cases and provide relevant information.
- In any situation where it is assessed that a child might be at risk, the local area Child Protection Procedures must be followed.

Confidentiality

- Public and Child Protection overrides confidentiality in all cases. All offenders will be notified of the arrangements, including the agencies with which information will be shared.
- Disclosure of information to a member of the public or to an agency not part of MAPPA will be reviewed and will be considered on a case-by-case basis.
- Every MAPPP and Local Risk Management Meeting will consider the information needs of victims and agree what information, if any, should be provided to the victim by the Probation Victim Unit.

Multi-Agency Public Protection Panels

Multi-Agency Public Protection Panels are convened in response to a risk assessment indicating Level 3 risk.

Such panels parallel Child Protection Conferences, but with the focus on managing the risk posed by the perpetrator. Written Protocols governing such arrangements are authorised at Chief Officer level in local areas.

High Risk Offenders. The definition of a high risk offender is: “any offender believed to present such an abnormally high risk that he or she is likely to cause serious harm to any member of the community, either directly or as a consequence of other actions”.

Purpose and Objectives of The Panel

Purpose.

The panels will consider persons believed to represent an exceptionally high risk because they have committed:

- An offence or offences of such gravity that the high level of risk to the community is clear; or
- A less serious offence but their behaviour indicates a high level of risk; or
- Whose behaviour indicates an abnormally high level of risk

Objectives.

The objectives of the panel are to :

- Share information at critical stages of an individual’s contact with any agency
- Assess the level of risk to individual people and the community as a whole
- Decide whether to register offenders
- Plan to reduce the risk of offending and of harm to individuals or the community
- Agree and take action
- Monitor and review decisions and actions taken

Confidentiality and the Data Protection Act

Greater Manchester Probation Service

The supervisory relationship between offenders and Probation Officers is necessarily based on trust and confidentiality. The routine disclosure to the police, of information gained through that relationship is likely to reduce the effectiveness of supervision and

thus the level of public protection provided. If, however, the probation service believes that an offender presents a high risk, it will disclose confidential information in the public interest. Effective supervision requires that the protection of the public should over-ride the individual right to confidentiality.

Greater Manchester Police

GMP will only provide information to a panel when its members can act to reduce risk. Only public safety concerns can over-ride the individual right to confidentiality.

Amendments have been made to the police Data Protection Act Register entries to permit disclosure of relevant risk information to key agencies within the MAPPP setting. (A more detailed account of these amendments is contained within the GMP policy statement on MAPPPs).

Information shared by both police and probation, within the MAPPPs setting, should take account of what each panel member needs to know in order to reduce risk. It should be factual, accurate and relevant to the risk presented by the offender. If other than factual information is presented e.g. police intelligence, then a clear indication should be given of how accurate the information is considered to be.

Confidentiality Statements. The GMPS District Manager and the GMP Divisional Detective Superintendent for each panel will draw up a joint statement of confidentiality. The Stockport Borough statement is shown in Appendix 7.

The Chair of the MAPPPs or review meeting must:

- Read out the statement of confidentiality at each meeting and again if an additional person arrives
- Request that representatives of all agencies acknowledge and keep to the statement of confidentiality
- Exclude anyone who refuses to keep to the statement of confidentiality from parts of the meeting involving disclosure of confidential information

In addition, it must be ensured that:

- No panel information should be disclosed outside the meeting without the consent of the originator or his or her organisation
- Legal obligations to disclose information during criminal prosecutions must be met
- All agencies involved in MAPPPs must ensure information is secured from unauthorised access
- If disclosure could result in physical or mental harm to anyone, the information should be withheld
- Public safety will always over-ride any obligation of confidentiality

The Constitution of the Panel.

Chairing.

MAPPs will be jointly chaired by the Probation District Manager and the Police Detective Superintendent. The Senior Probation Officer (risk) and the Police Detective Chief Inspector for the respective sub-division may deputise.

Frequency.

This will be jointly agreed by the District Manager and the Detective Superintendent based on the numbers of cases being referred. A meeting may be arranged at short notice in urgent cases.

Standing Members.

In addition to the chairs, standing members will include: one senior probation officer, one probation officer acting as panel co-ordinator and the Crime Management Unit (CMU) Detective Sergeant from the Subdivision from which the offender has been referred.

Additional Attendees.

- Decisions about additional attendees will be made by the District Manager and Detective Superintendent. Confidentiality means that attendance at meetings needs to be limited. However, representatives of other agencies can attend if:
 - They have specific information about the referred offender
 - They have specialist skills or knowledge which could contribute to the effectiveness of the panel
 - They have sufficient authority within their own organisation to disclose information and gain access to any required resources

Victim Information.

A victim or potential victim may supply relevant information, either in person or through a third party.

Conduct of Panel Meetings.

The aim of the meeting is to assess the level and likelihood of harm, to decide whether to register and to create an effective risk management plan. The chair will ask the referring agency representative to outline the reasons for referral, including:

- The nature of the offence(s)
- The offending history of the person referred
- Any other evidence of the level and likelihood of risk of harm

The chair will invite panel members, in turn, to present any additional information about these points. If there is agreement about an exceptionally high level of risk, then the District Manager and Detective Superintendent will make a decision about registration. A registered offender will have his or her details entered on a Probation Service database. For registered cases the meeting will produce a clear action plan and set a date for reviewing progress with this.

Action to reduce the Risk of Harm. Risk management plans are the key to effective risk reduction and should be practicable and delivered within the resources available to the agencies present. Such plans should contain clear time-scales and frequencies e.g. the frequency of home visits by the probation officer and should make explicit who, within each agency, will be responsible for the agreed action.

Informing the Offender of the Panel's Decision.

The presumption will be that the offender is informed of the following:

- That the case has been discussed
- What the discussion was about
- Of any decision about registration and action.

Such communication can be either in person or in writing. Any decision not to tell the offender will be agreed by the District Manager and Detective Superintendent and recorded in the minutes of the meeting.

Deferment of Registration. This can be an option in cases where further information or discussion is required. In deferred cases the panel can agree action to reduce risk during the interim period.

Conduct of Review Meetings

Chairing.

During the early stages of establishing the MAPPPs, review meetings may be chaired by the District Manager and Detective Superintendent, in order to establish a consistency of approach. Subsequently they will be chaired by the Senior Probation Officer and Crime Management Unit Detective Sergeant. Attendees will be those who were present at the original MAPPPS meeting plus any other additional attendees as required.

Procedure.

Review meetings will begin with a brief overview of the case and of progress with the action plan. Risk will then be re-assessed, which may lead to a revision of the action plan. If risk has reduced sufficiently to warrant de-registration, then this will be noted in the minutes and referred to the next panel meeting for decision. The procedure for notifying offenders will be the same as for panel meetings.

Referrals.

Any of the agencies signed up to the MAPPPS protocol can make a referral, though in all likelihood the majority of these will come from police and probation. The police and probation service will operate a screening process to ensure that only cases of exceptional risk are considered by the MAPPPS. It will assist the referral and screening process if all signatory agencies can appoint a nominated officer, at senior management level.

Screening.

The probation service, through its current MAPPA system, assesses the level of risk of all cases, which meet the criteria outlined below.

That the large majority of high risk offenders are more appropriately managed within this system with only a few, exceptionally dangerous offenders needing to be referred to the more resource intensive MAPPP process. The police have a similar risk assessment system. All MAPPP referrals will be passed to the probation District Manager and police Detective Superintendent, or their deputies, who will decide whether the risk is sufficiently high to require a MAPPP to be convened.

Criteria for Probation and Police Screening. These include anyone convicted of the following offences:-

- Arson
- Criminal damage endangering life
- False imprisonment and kidnapping
- Homicide or attempted murder
- Indecent assault
- Section 18 or 20 Wounding
- Offences under the Prevention of Terrorism Act
- Offences involving Firearms
- Rape
- Robbery, assault with intent to rob, aggravated burglary
- Serious offences against children

They also include:-

- Young persons sentenced under section 53 CYP 1933
- Special Hospital patients convicted of any of the above offences
- Any person about whom a statutory agency or health professional has expressed concern in respect of risk of harm

Catchment Area.

Referrals will usually only be accepted for residents of the Stockport Borough but this may be broadened to include:-

- Those who regularly visit the Borough
- Temporary residents
- Those who commit offences in the Borough

Transfers out of the Borough.

Should any MAPPP registered person move out of the Borough, both police and probation will communicate immediately with their counterparts, supplying any information relevant to the management of risk. This will be followed by transmission of MAPPP documentation, in line with service protocols.

Miscellaneous.

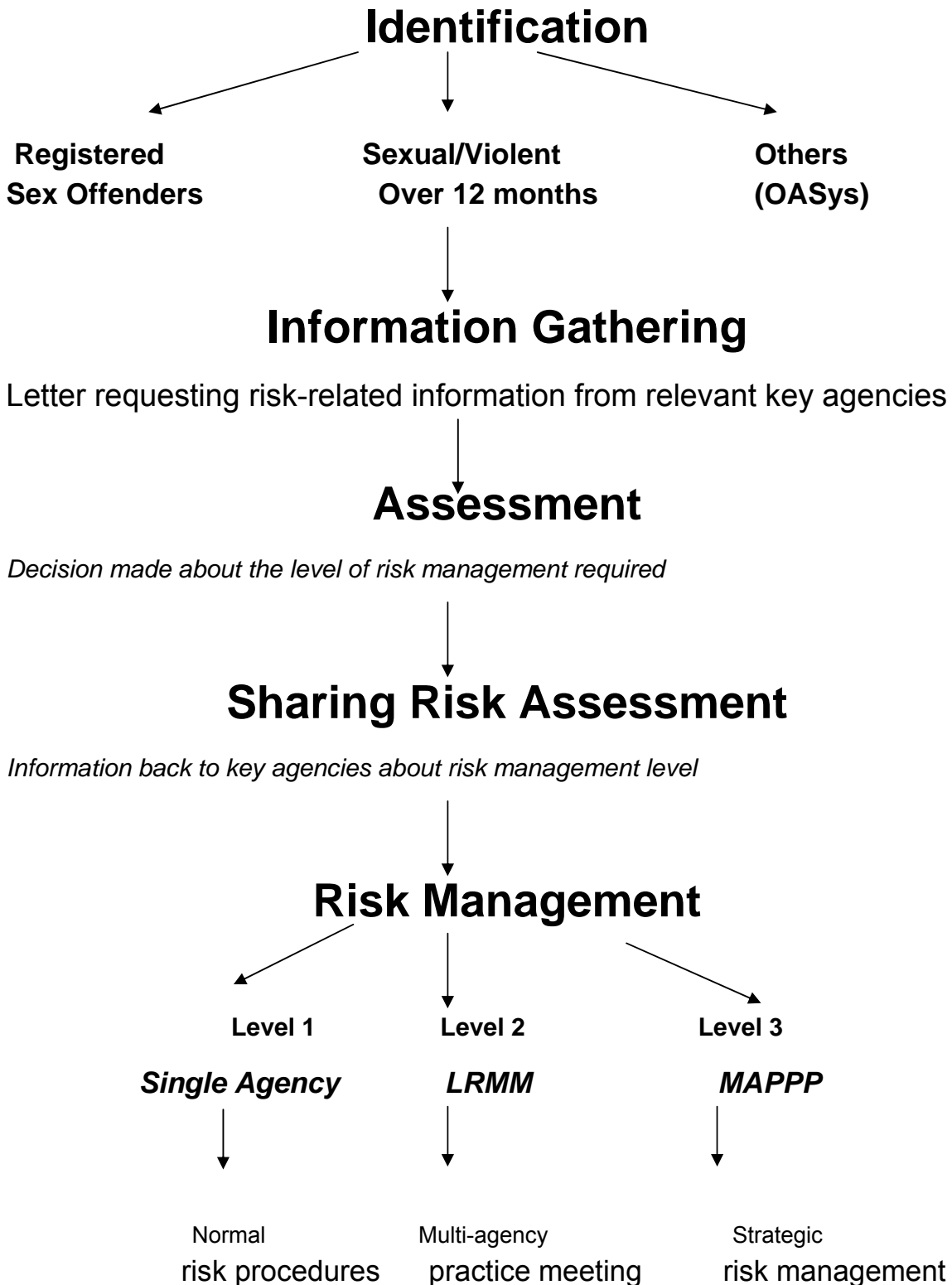
Administration. The Probation Service will administer the MAPPP register. This will include:-

- Sending out invitation letters
- Preparing minutes of panel and review meetings
- Circulating minutes to attendees
- Supplying the relevant referral forms for all agencies
- Seeking victim consent for the release of information
 - Sending letters informing offenders of the outcome of panels

Records.

The District Manager and Detective Superintendents will each keep a file for every referred offender. These will contain all panel information, including referrals, reports, minutes etc.

Multi-Agency Public Protection Arrangements



10.15 PUBLIC PROTECTION STRATEGY MEETINGS

1 If concerns arise about a situation or a person, where there is a potential risk of harm to a child or children, but where no allegation or complaint has been made, this protocol should be followed.

2 Those concerns should be referred to the Sergeant at the Police Family Support Unit (0161 483 3997) or the Service Manager, at the Safeguarding Children Unit, Sanderling Building, Bird Hall Lane, Cheadle Heath, Stockport SK3 0RF (0161 474 5657) in the first instance.

3 The Police Sergeant and Safeguarding Children Service Manager will discuss the concerns and make a decision as to whether a Public Protection Strategy Meeting is required.

4 If a Public Protection Strategy Meeting is held, this will be convened by either the Police Family Support Unit or the Safeguarding Children Unit. The convenor will give consideration to the relevant agencies to be invited, which might include Health, Education, Probation, Children's Social Care, Police, Housing, Youth Service, Youth Offending Team, etc.

5 The purpose of the meeting would be to gather information, to consider the risk, or potential risk, to children or young people, and to formulate an action plan on the basis of this assessment.

6 This action plan would include consideration being given to consultation with the Public Protection Unit (Police) and the Probation Service, if they are not represented at the meeting. Consideration would also be given to the possibility of a Multi-Agency Public Protection Panel being requested.

7 If, during the course of the meeting, information is given which indicates that a child protection referral is required, this will be actioned.

8 Any relevant information will be forwarded to the Public Protection Unit.

9 It should be noted that this Protocol is not a pre-requisite to calling a MAPPP.

10 The Public Protection Strategy Meeting is likely to be convened in situations where concerns have been expressed that, for example young children are frequently noted to be visiting a particular house and the behaviour of the occupant is considered inappropriate and concerning, but where no allegation has been made and only limited information about the occupant is available. The meetings will be held under Safeguarding Children policies and procedures and all participants will be required to adhere to confidentiality expectations.

SECTION 10.17: GUIDANCE ON CHILD PROTECTION POLICY & PROCEDURES FOR VOLUNTARY YOUTH ORGANISATIONS

This Pack includes the following Sections:

1. Child Protection Policy Guidelines.
2. Sample Child Protection Policy Statement.
3. Audit form for Member Groups of SCVYS (AU1)
4. Volunteer Worker Application Form. (VA1)
5. Specimen Letter and Form for Referees.(VA2)
6. Procedures for obtaining “Disclosures” (formerly Police Checks) via SCVYS.
7. Volunteer Worker Agreement Form.
8. Volunteer Worker Recruitment checklist.
9. Good Practice Guidelines.
10. Safety on the Internet Guidelines and Recommendations
11. Copy of Area Child Protection Leaflet.

Copies of this document may be downloaded from our WEB site www.stockportcvys.org.uk or www.scvys.org.uk

Further copies of the Area Child Protection Leaflet may be obtained from the Voluntary Sector support Worker, Training and Development Centre, Reddish Vale Road Reddish. Tel:476 1338

Section 1.

GUIDANCE ON CHILD PROTECTION POLICY & PROCEDURES FOR VOLUNTARY YOUTH ORGANISATIONS

1. INTRODUCTION

- 1.1 There is a range of voluntary, community and faith groups within Stockport, who may come into contact with children and their families.

'Working Together to Safeguard Children' (the current Government Guidance on Child Protection) states that:

"The range of roles fulfilled by organisations from the voluntary sector means that they need to have clear guidance and procedures in place to ensure appropriate referrals and co-operation with Safeguarding Children policies and procedures. Staff and volunteers will need to be trained to be aware of the risks to and needs of children with whom they have contact."

Therefore *each organisation must have its own policies and procedures which are consistent with "Working Together" and Stockport Safeguarding Board Polices and Procedures.*

- 1.2 All Voluntary Organisations must ensure that if there are concerns about the welfare of any child or young person, there is a clear procedure in place to ensure these are appropriately recognised and responded to.
- 1.3 Stockport Safeguarding Children Board strongly recommends that the following are addressed in each organisation's Safeguarding Children Policy:-

2. Child Protection Policy Guidelines

- 2.1 Policy Statement (an example is provided in Part 2). Copies of the current Safeguarding Children Guidelines and procedures and accompanying leaflets are available from the Voluntary Sector support Worker, Training and Development Centre, Reddish Vale Road Reddish. Tel:476 1338

A commitment to plan work to minimise the risk of abuse and to encourage good practice, including giving consideration to the Children Act guidelines for Adult to Child ratios. (see Recommended Good Practice Guidance in Part 8 and Keeping Children Safe on the Internet Part 9).

- 2.2 A commitment to ensure information is available to children, explaining how they could speak to someone individually e.g. Childline posters, information about designated people in the group/organisation , etc.
- 2.3 The need to take all responsible steps to ensure that relevant procedures are in place for the vetting of adults who have substantial or unsupervised contact with children and young people. Stockport Council for Voluntary Youth Service require that all member organisations undertake Disclosure checks on all paid and voluntary staff and inform SCVYS if they wish to use their own Parent bodies or the service available through SCVYS through form AU1.
- 2.4 Disclosures (formerly police checks) must be sought for all volunteers and paid staff. These are available free of charge through Stockport Council for Voluntary Youth Service.(See Part 5.) for registered groups.
- 2.5 It is important to remember that good practice in the selection of volunteers is more than just a Disclosure Check. It is also involves taking up and checking references, agreeing a probationary period. It may also include using your “intuition” that may be informed by feedback from other staff and or young people.
- 2.6 Ensure all workers, paid and unpaid, are provided with support including wherever possible, training (either via your national organisation or via Stockport CVYS).
- If appropriate a volunteer agreement form can be completed (see Part 8 as an example).
- 2.7 Ensure guidelines are in place on how to respond to serious concerns either about a child or young person or about an adult (e.g. a parent, a volunteer or paid members of staff). These guidelines must include a clear statement that if there are serious and urgent concerns about a child's welfare these must be immediately referred to Children's Social Care **Customer Enquiry and Referral Management Team on 0845 644 4313**.
- 2.8 Outside office hours referrals should be made to **the Out of Hours Team 0161 718 2118**, or in an emergency the Police.
- 2.9 The need to keep appropriate recording of relevant information should be addressed within the Safeguarding Children procedures of the organisation. Any information specific to the organisation should be included.

PLEASE ALWAYS REMEMBER: THE SAFETY AND WELFARE OF THE CHILD OVER-RIDES ALL OTHER CONSIDERATIONS.

A COPY OF THE FULL SAFEGUARDING CHILDREN POLICIES AND PROCEDURES HANDBOOK SHOULD BE OBTAINED AND KEPT IN AN ACCESSIBLE PLACE .

Section 3.

Examples of a Policy Statement

a) As members of (e.g. faith group, community centre) we

commit ourselves to the protection and safeguarding of all children and young people

who take part in our activities.

We are committed to following the Policies and Procedures of Stockport Safeguarding Board, and the Good Practice Guidelines.

We are committed to treating all children and young people with respect, irrespective of their age, race, culture or ability/disability , or gender.

Or

b) As leaders of (e.g, karate class, dancing troupe) we are

committed to the protection and safeguarding of the children and young people who

are members of this group/troupe/class. We are committed to working in accordance with the Policies and Procedures of Stockport Safeguarding Children Board and the Good Practice Guidelines.



DISCLOSURE CHECK ARRANGEMENTS AUDIT

Please complete and return in the prepaid envelope.

Name of
Group:.....

Do you obtain Disclosure checks through your parent body? Yes/No

If yes, please give contact details of parent body:

Name:.....

Address:.....

.....

.....

Tel:.....

Signed:.....

Position in group:.....

Form AU1.

Section 4.

APPLICATION TO UNDERTAKE VOLUNTARY YOUTH WORK

Name of Project/Centre/Group (optional):

1.	FULL NAME:.....	M / F
	HOME ADDRESS:.....	D.O.B.:
	
	
	POSTCODE:.....
2.	CONTACT DETAILS	
	TELEPHONE:...(Home).....	(Mobile).....
	EMAIL:.....	
3.	NAME OF PROJECT YOU ARE APPLYING TO:	
	
	NAME OF YOUTH LEADER WHO HAS GIVEN YOU THE FORM:	
	
4.	We have a policy to promote the highest standards in our work with young people. This requires that all individuals coming into contact with young people will be required to undergo a screening and probationary period this will include an 'Advanced Disclosure' (formerly Police Check) and the taking up of references.	
	Please provide 2 references, preferably one who knows you personally and one who has known you in a work or education capacity (if possible)	

	<p>Referee B</p> <p>Name:.....</p> <p>...</p> <p>Address:.....</p> <p>...</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Contact Telephone No.</p>
--	--

5. Please tell us briefly why you wish to become a volunteer

:.....

.....

.....

.....

.....

5. Please tell us about any relevant experience you have in this area of work (with dates):

.....

.....

.....

.....

.....

6. Any other interests or hobbies:.....

.....

.....

.....

8. Your preferences:

Age Group (please circle)	11-14	14-16	16-25
.....			

9. Your Availability: (Please tick)							
	MON	TUES	WEDS	THURS	FRI	SAT	SUN
A.M.							
P.M.							
EVE							

10. DECLARATION

Guidelines from the Home Office following the Children Act 1989 advise that all voluntary organisations should take steps to safeguard the children who are entrusted to their care. You are therefore required to make the following declaration.

Have you ever been convicted of a criminal offence (including any `spent convictions` under the Rehabilitation of Offenders Act 1974) or placed on probation or discharged absolutely or conditionally for a criminal offence?

Yes No (please tick)

Have you ever had a child removed from you or placed under supervision by the Local Authority?

Yes No

Do you suffer, or have you suffered from any illness, disease or disability which may affect your ability to work with children and young people?

Yes No

Has your conduct ever caused or been likely to cause harm to a child or put a child at risk, or, to your knowledge has it ever been alleged that your conduct has resulted in any of those things?

Yes No

If you answered `yes` to any of the above, please give details which may, if you wish, be enclosed in a separate sealed envelope. Any information given will be regarded as strictly confidential and will only be seen by

.....
It will be regarded as relevant only to this application and will not necessarily debar you from consideration. The object of this clause is not in any way, to reflect upon your integrity, but it is necessary to safeguard children and young people.

Signed _____ Date _____

Youth Leader:

(Name.....(Role).....(Date).....

Form AV1.

Section 5.

SPECIMEN LETTER TO REFEREES

Date

To: Referees for Voluntary Workers with..... Youth
Group

Dear

(name) has offered to work in a voluntary capacity as a helper at (name of organisation/group /club) and has given me your name as a referee.

The Children's Act (1989) states that the welfare of children is paramount, and it is therefore necessary for enquiries to be made about those working with children.

Please could you fill in the enclosed form, and return it to me. If you have any queries, or wish to speak to me, you may telephone me at any time.

You and I will recognise that these are sensitive matters, but it is now standard for questions like these to be asked of everyone who works with children and young people, whether in a paid or unpaid capacity. Your answers will be treated in utmost confidence.

May I take this opportunity of thanking you for your help.

Yours sincerely

Name
Role (eg. Youth Group Leader/Karate Coach etc).

**Form VA2.
Confidential**

SPECIMEN FORM FOR REFEREES

Reference form for those applying to work with Children and Young People in a voluntary capacity.

Name of Volunteer Worker:

Please fill in this form to the best of your ability and return it to the Chair of the Group address on accompanying letter:

Please state how long you have known the candidate and in what capacity e.g. friend, neighbour, work colleague?

Please describe any previous experience of looking after or working with children or young people that the candidate has

Does the candidate demonstrate an ability to provide appropriate and consistent care?

Does the candidate demonstrate a commitment to treat all children and young people as individuals and with equal concern?

Is the candidate a person of integrity and flexibility, whose physical and emotional well-being are appropriate for the service he or she is offering?

To your knowledge, has the candidate ever been convicted of a criminal offence (including any `spent convictions` under the Rehabilitation of Offenders Act 1974), or placed on probation, or discharged absolutely or conditionally for a criminal offence?

Yes

No

(please tick)

To your knowledge has the candidate ever had a child removed from her/his custody or placed under supervision by a Local Authority?

Yes

No

(please tick)

To your knowledge has the candidates conduct ever caused or been likely to cause harm to a child, or put a child at risk, or (to your knowledge) has ever been alleged that her/his conduct has resulted in any of these things?

Yes

No

(please tick)

If the answer to any of the questions (5-7) is yes, please give details

9. Any additional information you can provide about this.

Signed: _____

Date: _____

Referee's name, address and telephone number:

Form VA3

Section 6

SCVYS CRIMINAL RECORDS BUREAU POLICY April 2003

NB. This policy statement updates all previous statements and guidance given by SCVYS on CRB Disclosure Checks.

6.1 Stockport Council for Voluntary Youth Service now **requires that all registered groups obtain Disclosures for all Volunteers.**

All registered groups must sign an audit form, see below, to state where they obtain Disclosure Checks. SCVYS will keep a record of this audit. *(Many SCVYS members are part of larger umbrella organisations that undertake Checks on their behalf.)*

Groups who will be using the Disclosure Service offered through SCVYS in partnership with SMBC must:

- a. Have their Leader/ Chair undertake an Enhanced Disclosure. The Leader / Chair will have to produce the required original proofs of identity to Robin Tryon or Karen Laing at the Reddish office for verification and photocopying.
- b. Check all new volunteers joining their organisations immediately and await information from SCVYS about the submission Disclosure checks for all other current volunteers

(The CRB have requested that they are not flooded at first with requests for checks on all existing staff until the service is established)

Smaller newly registered organisations may submit all volunteers, for Checks immediately. Applications for any grant aid will not be considered for newly registered organisations until satisfactory checks have been carried out.

HOW TO OBTAIN ENHANCED DISCLOSURES THROUGH SCVYS

6.4 Group Leaders / Chairs of Organisations

- CRB Disclosure Application Pack to be requested from the Reddish Office voluntary sector admin support (Karen Laing).
- Application pack will be sent to individuals home address.
- Required original proofs of ID are verified and photocopied by Robin Tryon or Karen Laing at the Reddish Office.

- A separate form ID 1. (see below) will be completed by the named staff listing the ID they have seen and copied. *(There is a list of required ID on reverse of form)*
- Your completed form and photocopies will be logged and forwarded to counter signatory who will check over the form and forward it to the CRB.
- Individuals will receive a reply from the CRB directly to home address. The counter signatory will also receive a copy
- There is a clear appeals / clarification process in the event of any difficulties with the results of check. *(contact Robin Tryon Voluntary Sector Support Worker)*
- Delays may occur when the form is not filled in correctly please read instruction booklet the accompanies the form.

6.5 As a Leader / Chair once you have received your satisfactory CRB check you may your self verify your volunteers ID.

To do this you will need :

- Copies of the form ID 1. on which to record proof of ID
- Access to a photocopier.

6.6 Other Voluntary Youth Workers.

- CRB Disclosure Application Pack must be requested from Reddish Office (Karen Laing). Generally this will be done by group leader with volunteers consent.
- Application pack sent to individual's home address.
- Required original proofs of ID are verified and photocopied by Robin Tryon or Karen Laing from Reddish Office. **OR** group leader, see notes below.
- A separate form ID 1. will be completed by group leader or named staff above at Reddish office listing the ID they have seen and photocopied.
- The CRB form, form ID1 and photocopies of ID must be sent to Karen Laing at Reddish Office, marked confidential.
- Paper work will be logged and forwarded to the Counter Signatory, who will then check the form and forward it to the CRB
- Individual will receive a reply from the CRB directly to home address.
- The Counter Signatory will also receive a copy.
- There is a clear appeals / clarification process in the event of any difficulties with the results of check. *(contact Robin Tryon a the Reddish Office for details)*

NB the volunteers completed CRB form, photocopies of ID and when appropriate Form ID 1. must be posted to Karen Laing at the Reddish

Office NOT TO ANY OTHER ADDRESS. A stamp addressed envelope will be included in pack.

Please liaise with staff at Reddish office who will be able to assist with any questions you may have.

Proof of Identity form ID.

FORM ID1

To be completed by office staff or group leaders only

Applicant Name:

Post Applied for:

Location:

Passport details

Passport No.

Date of Birth

Nationality

Issue date:

Driving Licence

Driving Licence No.

Date of Birth:

Valid from:

Licence Type: Paper

Photocard

Country of Issue: UK

Other:

Birth Certificate

Date of Birth

Issue date:

Country of Issue: UK

Other:

Details of other documentation produced:

Items (Utility Bill, Bank Statement, etc):

Reference No:

- 1
- 2
- 3
- 4
- 5

Current Address details checked against documentation:

Evidence seen and checked by (Name)

I hereby confirm that I have seen the original documentation listed above:

Sign:

Date:

To be completed by office staff or group leaders only

Before submitting this document, please tick the relevant boxes below to confirm the documentation enclosed:

At least one of these boxes must be ticked:

Valid passport (any nationality)

UK Driving Licence (either photocard or paper)

Original UK Birth Certificate (issued within 12 months of date of birth)

Valid photo identity card (EU countries only)

At least two of these boxes must be ticked, or five if none of the above boxes have been ticked:

Marriage certificate

Non-original UK birth certificate (issued after 12 months of date of birth)

P45/P60 statement

Bank or building society statement

Utility bill (electricity, gas, telephone, water rates, etc)

Valid TV licence

Credit card statement/store card statement

Addressed payslip/child benefit book

Mortgage statement/financial statement (pension, endowment)

Valid insurance certificate/vehicle registration document

Correspondence from Inland Revenue, Benefits Agency, Employment Service, etc)

National Insurance number card

Exam certificate/Connexions card

Mail order catalogue statement

Certificate of British nationality

Valid NHS card

Work permit/Visa

This application cannot be processed without all relevant documentation

AUDIT FORM AU1.



DISCLOSURE CHECK ARRANGEMENTS AUDIT

Please complete and return in the prepaid envelope.

Name of Group:.....

Do you obtain Disclosure checks through your parent body? Yes/No

If yes, please give contact details of parent body:

Name:.....

Address:.....

.....

.....

Tel:.....

Signed:.....

Position in group:.....

Form AU1.

Part 6.

VOLUNTEER AGREEMENT FORM

Name of Organisation: _____

Name of Volunteer: _____

Address: _____

Volunteer's Role: _____

We put a very high value on all our work with children and young people. We want to make sure that you have the resources and support available to you. We intend that you should not work unsupported

These are the particular responsibilities of your work which have been discussed with you in detail:

You are expected to work in accordance with the Safeguarding Children policies and procedures of this organisation/group. Any further questions that may arise from time to time may be discussed with _____

We will meet with you on a regular basis to talk about your work. This will be an opportunity to discuss training opportunities so that you may continue to develop your skills.

Working with children and young people is a big responsibility but it also brings enormous rewards. We do hope that you find the work challenging and fun!

Signature _____ Date

(Leader of Project)

Signature _____ Date

(Volunteer)

NB. The Volunteer and the Project Leader should each have a copy of this Contract

Part 7

CHECKLIST

These notes should be kept with volunteer's file containing supervision notes.

1. Has the potential volunteer visited the project/centre
2. Have they observed a session
3. Have you given them an application form and information about what

they will be expected to do.
4. Have you explained that a comprehensive screening and probationary

period will take place?
5. Have you given them some outline information on your organisation,
Equal Opportunities and Safeguarding Children policies
6. Have they had a formal interview?
7. If 'NO' to 6, have you sat down and talked through their application
form?
8. Have you taken up and checked references?

***(NB. Volunteers may start working with you as long as they understand
they will not be in any unsupervised situations.)***
9. Have you agreed a probationary period?
***(NB. You will be in the best position to decide how long it will take to
observe them enough to be confident they are suitably placed.)***
10. Have you explained about time keeping and the need to make contact
if
unable to attend?
11. Have you explained about supervision and agreed first date?
(NB. We suggest you keep a written record of these meetings).

12. Have you explained about health & safety related issues for your project to them?

11. Have you told them about training opportunities, etc?

12. Have you held a meeting/supervision to tell them they have passed or not passed their probationary period?

13. Have they signed the volunteer's agreement?

Part 8.

RECOMMENDED GOOD PRACTICE

8.1 Adult / Child Ratios

Recommended minimum numbers of leaders to children according to their age:-

For 0 to 2 years – 1 leader to every 3 children (1:3)

For 2 to 3 years – 1 leader to every 4 children (1:4)

For 3 to 8 years – 1 leader to every 8 children (1:8)

For over 8s – 1 leader for the first 8 children followed by 1:12
(i.e. 32 children need 3 leaders)

N.B. If your organisation has set down minimum requirements, these must be followed, as long as they provide a higher adult to child ratio.

More Than One Leader

There should always be more than one leader for any group. (If possible have at least 1 male and 2 female leaders if the group is mixed).

Time Alone

Minimise time alone with any child or young person. If it is vital to be isolated with an individual ensure that another leader is informed of where you will be and why. If possible remain in the view of another leader. Try never to be behind a closed door and tell someone when you are.

Administration

Keep an up to date register and record of children, their parents and contact phone numbers. Also keep a record of attendance and other specific health related information (such as asthma, epilepsy, diabetes, allergies, etc). A daily register must be kept and be easily accessible in an emergency.

8.5 Insurance

It is important to check that there is adequate insurance to cover your activities.

8.6 Premises Requirements

- Toilets - The ideal is 1 toilet and 1 hand basin per 10 children.
- Warm and Clean - Group areas should be warm, adequately lit and ventilated. Maintain high standards of cleanliness.
- Special Needs - Be able and willing to accommodate children with special needs. Be aware of access to your building and toilet facilities.
- Entrances and Exits - Should be well lit and easily accessible.

- Registration - Children's Social Care need to register premises where activities take place for more than 2 hours in any one day or if a holiday club runs for more than 6 days a year. (*This is age dependant contact Voluntary Sector Support Worker for more information.*)

8.7 Health and Safety

- All leaders should know the location of the nearest telephone.
- Adults must be aware of a safety / fire procedure. A fire drill should be carried out regularly. Fire extinguishers should be available and regularly checked.
- Children with infectious illnesses must not attend.
- Smoking should be permitted near the areas children will be. Organisations should have a No Smoking policy.
- Children should submit a health form before a residential or hazardous activity. Take health forms when going off-site including emergency contact details.
- Accidents should be recorded with a note of any action taken and signed by the leader involved.
- A first aid kit should always be available and its location must be well known. No medication should be administered without written parental consent. One leader should ideally be a Registered First Aider. A responsible adult should make sure that the premises are open in good time and that children under 11 are collected at the end of a session.

8.8 Transport

If at all possible do not give lifts to children and young people on their own other than for short journeys. If they are alone ask them to sit in the back seat. Check that insurance covers the vehicle and passengers. Seat belts must be worn.

8.9 Finance

If money is collected, accounts of this should be kept and receipts given.

8.10 Volunteers

Volunteers particularly under the age of 18, should never work in isolation and should be given clear guidance and support.

8.11 Casual Visitors

Casual visitors, i.e. those who have not been authorised by (organisation or group) leaders or helpers, should not have access to children without the presence of an adult who is deemed to be responsible for the group.

8.12 Communication

Ensure that parents are clearly informed of all the activities in which children and young people may take part. In addition this information may need to be shared with those responsible for the premises where you meet (e.g. management committee of hall, leaders of faith groups, etc).

8.13 Good Practice of Workers

- Treat all children and young people with respect and dignity befitting their age; watch language, tone of voice and where you put your body.
- Do not engage in any of the following:-
 - invading the privacy of children when they are showering or toileting;
 - rough, physical or sexually provocative games;
 - making sexually suggestive comments about or to a young person even in fun;
 - inappropriate and intrusive touching of any form;
 - any scapegoating, ridiculing, or rejecting a child or young person.
- Learn to control and discipline children without using physical punishment.
- Do not let youngsters involve you in excessive attention seeking that is overtly sexual or physical in nature.
- Do not invite a child or young person to your home alone, if it is appropriate to use your home for a specific reason, invite a group, and ensure that someone else is in the house. Make sure the parents know where the child is.
- Do not share sleeping accommodation with children or young people if you take a group away.

8.14 Touch

Touch is an important part of human relationships; for example, it can be necessary to stop a young child from hurting herself or himself; it can also be a natural way of responding to someone in distress. However, everyone working with children should be sensitive to what is appropriate and inappropriate physical contact, both in general terms, and in relation to a specific individual. Leaders need to be conscious of situations in which their actions, however well intended, could be misconstrued by others or be harmful.

8.15 Good Practice With Colleagues.

If you see another member of staff acting in ways which might be misconstrued, be prepared to speak to them or to your supervisor about your concerns. Leaders should encourage an atmosphere of mutual support and care which allows all workers to be comfortable enough to discuss inappropriate attitudes or behaviour.

8.16 Room Hire

For organisations with room hire arrangements there should be a clear understanding that both parties have appropriate child protection agreements and good practice guidelines in place. This means that the organisation letting out the room has a responsibility to establish that all groups working with children and families have a child protection policy in place.

These guidelines will help to protect children and workers.

Part 9. Safeguarding Children and Young People Using the Internet

9.1 No one would argue that the Internet has transformed the way we interact, learn and think. It is a wonderful resource, which allows us to connect easily to friends, family and work colleagues locally and internationally. It provides us access to entertainment and leisure material, general and specialised information, communities of people with diverse interests, and links to places and organisations, all with the click of a few buttons. It is a wonderful resource not just for adults, but also for children and young people. Over the last five to ten years, technology has developed immensely, and when you think you understand the latest developments, it all changes! Someone somewhere develops a new exciting way to communicate with others. The Internet has given children and young people access to a virtual international 'playground', a place to meet and make new friends from all over the world. It is a great educational space where you can learn about different cultures, religions and ways of life. What's more, many young people have embraced these developments in new technology and made them their own, in schools, at home or with their friends.

9.2 Unfortunately, like most things, the Internet is not immune from misuse and criminal abuse. As the internet is made up of a community of real people, it is important to remember that "behaviour on the internet is also subject to the same rule of law as the real world, we need to be sensible and take precautions on the internet to protect ourselves from harm."

What are the issues that young people need to be aware of?

9.3 These can be briefly summarised as 3 main issues:

Exposure to inappropriate and inaccurate information

Some examples of this are sites with misleading names that are actually pornographic. Other sites can also get hijacked and redirect you to adult sites. There are also sites that promote inaccurate information like spoof sites, historical revisionism sites, race and hate sites, bomb making sites (see www.adl.org for a list of such sites). There is the risk of fraud and inappropriate marketing through deceptive marketing practices. Other problems include

misdirected emails, emails that harass or threaten, and emails or downloads that contain viruses.

Exposure to inappropriate interaction and or contact

There may be some adults who intend to abuse or exploit, and use the internet to make contact with children and young people. The danger here is of paedophiles having direct access to children and young people, possibly developing inappropriate conversations and relationships, or by transferring undesirable materials to them or arranging to meet with them in real life.

Invasion of privacy

9.5 There are many websites which collect personal information, or email addresses under false pretences, for example, crush or secret admirer sites. Some of these sites carry out mass spamming to encourage you to visit their sites and give out email addresses. There also sites that encourage you to give out email addresses of friends and family, in return for discounts or free gift. Research has shown that young people are also more likely to fill out forms online, the difficulty here is that you are not in control of who has access to this information and what they do with it

It's not just about paedophiles or harassment

9.6 The actual risk of child abusers or paedophiles making contact with children and young people are minimal, however, that doesn't mean that you can not do everything possible to protect them, just like in real life, but also bear in mind that most children and young people are more likely to be at risk of bullying or racial harassment either via email or text messaging.

So what can you do?

9.7 There is a great deal you can do, regardless of whether you work with children and young people or whether you are a parent or carer. Some adults will say that children or young people are far more knowledgeable about the internet than they are themselves, but this doesn't matter. Even if you do not know much about the internet, you can still get involved, and teach children and young people about how to use the internet safely.

9.8 There are many things that can be done such as taking an interest in what children or young people are doing online, buying filtering programmes and most importantly teaching children and young people about safety issues, informing and empowering them about what they can do if they come across or get sent information that offends them or

that is offensive. There are a number of places you can go for further expert advice and information, they have been listed in the reference section.

Chat Rooms and filters

- 9.9 Chat rooms are places people can go to 'meet' other people and have conversations about common interests. However, it is very important to remember that you cannot always tell whom you are talking to, or who else may be in the chat room. There is a risk that paedophiles or sex abusers or those who wish to exploit children and young people, may pretend to be someone else, in order to gain friendship and trust with a child or young person. Having done that, they might try to meet with that person. This is also known as 'grooming' (under the newly proposed changes to the sex offences legislation, this becomes an offence).
- 9.10 Some chat rooms are moderated. Basically this means that a person or technology can and is used to block personal details and to generally check that conversations are suitable and appropriate. However, the same safety rules still need to be applied especially as people lie! You can never be 100% sure that something is safe. Nevertheless this is not intended to create panic amongst adults, children or young people as the positive benefits of the internet far outweigh the potential dangers.
- 9.11 There are many safety measures you could give young people. Listed here are a few:

Basic safety tips:

- ✓ Never use your real name in chat rooms, choose a nickname. Use common sense in not choosing a provocative nickname.
- ✓ Never give out personal information like your mobile phone number, your address, school or youth club details in chat or email.
- ✓ Never arrange to meet anyone met online alone. Let parents, friends, youth workers know where, when and who you are arranging to meet and when they can expect you to return.
- ✓ Get rid of or do not open emails that are not familiar to you, or seem 'strange'. Emails that contain attachments that are offensive can be blocked and deleted. (As well as them containing pornographic or hate materials they could also contain viruses).
- ✓ If you are being asked strange or personal questions, which you are not comfortable in answering, or which make you feel uncomfortable, then tell someone about it.
- ✓ Just like empowering children and young people to speak up about other forms of abuse, children should be encouraged to discuss with any adult, any material or

encounter that makes them feel uncomfortable.

- ✓ Discuss with the users which sites are appropriate for them to visit, (although this may not work with older users).

9.12 As with anything in life, the worst thing to do would be to overreact as children and young people will just go elsewhere to access the internet. What you need to be doing is to stress the importance of the safety measures, so children and young people can feel confident and empowered in protecting themselves. Always bear in mind the age and maturity of the child or young person when discussing any of the above.

Filtering/screening

9.13 It is possible to buy filtering and screening programmes which aim to exclude access to unsuitable materials, and some of these programs can be used to filter sites which contain porn, violence, hate or racist materials. For more information see www.getnetwise.org.uk or contact the Internet Watch Foundation at www.iwf.org.uk or by phoning 08456 008844. However, do remember that no filter is 100% foolproof, and they should not be a substitute for developing good education or safety awareness and guidance. For more information check with your Internet Service Provider what filtering programmes and services they can offer you.

Where to report unsuitable materials:

- The Internet Watch Foundation (details above) is an industry-funded body where you can report any illegal materials.
- The Police Child Pornography Information Line –
A freephone police number to report incidents of child pornography. They can be accessed on 0808 100 0040 or www.met.police.uk

ADVICE AND INFORMATION FOR CHILDREN AND YOUNG PEOPLE

There are a number of different websites designed for children and young people giving advice and guidance on how to surf safely.

- www.thinkuknow.co.uk - launched last year as part of the government's Internet Safety campaign, the site gives information and advice to young people about how to use the internet safely, including sharing personal information and feeling, meeting face to face and reporting harassment and or abuse.
- www.wiseuptothenet.co.uk - the Home Office have produced advice on safe internet use for parents and children, including using chatrooms, sending emails, and links to other sites.
- www.fkbko.net - For Kids By Kids Online, is an independent body based at the cyberspace research unit at the University of Central Lancashire.
- www.childnet-int.org - Childnet International, a not for profit organisation aiming to make the internet a great and rewarding place for children and young people.
- www.chatdanger.com - a site set up by Childnet International which has specific safety information on chat rooms.
- www.nch.org.uk/itok - NCH is a children's charity with extensive safety information and advice. Tel: 020 7704 7000.
- www.childline.org.uk - ChildLine is a free 24-hour helpline for children and young people in trouble or danger, including tips for safe surfing. Tel: 0800 1111.
- www.nspcc.org.uk - NSPCC. Advice and information and support on a number of topics for children and young people.
- www.nspcc.org.uk/documents/hands_off.pdf - Hands Off - magazine for young people.
- www.wisekids.org.uk - WISE KIDS. A new Internet WISE initiative that will provide amongst other resources, training programmes for youth and community groups on positive and safe internet use.
- www.safety.ngfl.gov.uk/ - National Grid for Learning: Has internet safety guidelines for parents, schools and online centres.
- www.scotland.gov.uk/clickthinking/ - National Grid for Learning in Scotland have produced Click Thinking, a good information and resource guide for children and young people, and all those who work with them.

REFERENCES

- Home Office – Keeping your child safe on the Internet, can be downloaded from: www.wiseuptothenet.co.uk or phone 0800 771234 for a hard copy.
- NSPCC – Help Your Child Surf in Safety , and Surfing Safely: Tips for Young People, available from www.nspcc.org.uk/html/Home/Needadvice/advicepages.htm
- UK Youth – Web Tutorials – Safe Surfer's Guide: www.youth.org.uk
- Parents Information Network – Internet Filtering Software, www.pin.org.uk/filtering/index.htm

- WISE KIDS – guidelines for parents/youth workers/educators website:
www.wisekids.org.uk

SECTION 10.18: CHILD PROSTITUTION

10.18.1 Introduction

a) It is important that all agencies ensure children and young people involved in prostitution and other forms of sexual exploitation are treated primarily as the victims of abuse and therefore, children in need. This protocol applies to all children/young people in Stockport including those who are 'Looked After'.

10.18.2 Definition

- a) For the purpose of the handbook the following definition will be used:
- Child prostitution is a form of sexual exploitation rationalised by the concept of exchange. It is especially the exploitation of children and young people where they have needs that would compromise their ability to provide any informed consent to such activity.
 - 'Exchange' can be used to describe both tangible (e.g. money, gifts, drink, drugs) and intangible (e.g. shelter, protection) forms of payment.

10.18.3 Indicators

- a) All agencies are responsible for ensuring that their staff are aware of the possible indicators that a young person may be involved in prostitution. The child is the primary client, and the need to ensure the safety and welfare of the child takes precedence over issues of confidentiality.
- b) The following indicators, whether singly or in combination, should not be viewed as conclusive proof, but any of them may be taken as suggestive of the possibility that a child is involved in prostitution or vulnerable to becoming involved:
- Physical symptoms e.g. sexually transmitted infections, bruising suggestive of either sexual or physical assault.
 - Reports from reliable sources suggesting the likelihood of involvement in prostitution.
 - Repeatedly consorting with or exchanging letters or phonecalls with adult men outside the usual range of social contacts.
 - Repeatedly consorting with or exchanging letters or phonecalls with other children known to be involved in prostitution.
 - Accounts of social activities with no plausible explanation of the source of the necessary funding.
 - The acquisition of money, clothes or other possessions without plausible explanation.
 - Persistent absconding or late return, unusually long period of absconding, returning from absconding looking well cared for. (Any of these with no plausible explanation)

- A history of sexual abuse or poor self image.

10.18.4 Policy

- a) The Safeguarding Children Board recognises child prostitution as a child protection issue where the following specific action is required:
- Safeguarding of the children/young people involved and promoting their welfare.
 - Providing children/young people with strategies to leave prostitution
 - Investigate and prosecute those who coerce, exploit and abuse children.

10.18.5 Procedure

a) Where it is suspected that a young person may have become involved in prostitution, a referral must be made to Children's Social Care.

b) Children's Social Care will undertake an initial assessment, taking into account all the information available from other agencies.

In the event of the suspicions being confirmed a Section 47 investigation must be undertaken.

c) A Strategy Meeting involving Children's Social Care, Police and other agencies as appropriate (including the Youth Offending Team, Education and Health) will be convened by the Safeguarding Children Unit.

d) The Strategy Meeting will consider the following matters:

- How to protect the young person from harm and prevent further sexual exploitation.
- How the young person entered prostitution and who was responsible.
- What action can be taken to identify and prosecute those people who have sexually abused and coerced the young person into prostitution?
- The risk to other children/young people and the implementation of any appropriate action.
- The outcome of the Section 47 enquiries may require that further action be taken including the convening of a child protection case conference or a `core assessment` of need by Children's Social Care.

SECTION 10.19: CHILDREN/ YOUNG PEOPLE INVOLVED IN, OR AT RISK OF SEXUAL EXPLOITATION

10.19.1 Introduction

- a) It is important that all agencies ensure children and young people involved in prostitution and other forms of sexual exploitation are treated primarily as the victims of abuse and therefore, children in need. This protocol applies to all children/young people in Stockport including those `Looked After`. See `Safeguarding Children involved in Prostitution` DoH 2000 for detailed information and guidance.

10.19.2 Definition

- a) For the purpose of the handbook the following definition will be used:
- Child Prostitution is a form of sexual exploitation of any child/young person under the age of 18 rationalised by the concept of exchange. It involves the exploitation of children and young people where they have needs that would compromise their ability to provide any informed consent to such activity, despite this being the view of the child/young person.
 - `Exchange` can be used to describe both tangible (e.g. money, gifts, drink, drugs) and intangible (e.g. shelter, protection) forms of payment. It may be perpetrated by an adult through violence or threats of violence.
 - A child involved in prostitution and other forms of commercial sexual exploitation should be treated primarily as the victim of abuse, and as such her/his needs require careful assessment.

10.19.3 Aim of Intervention

- a) `The primary concern of anyone who comes into contact with a child involved in, or at risk of becoming involved in prostitution, must be to safeguard and promote the welfare of the child` (Supplementary guidance to working together to safeguard children).
- b) The aims of intervention by agencies must be to:
- Identify any child working in the sex industry, including prostitution and the production or promotion of pornography
 - Help the child understand the physical and emotional dangers of these activities

- Identify and prosecute those adults involved in either coercing or abusing the child
 - Protect the child from further abuse and to support her/him out of prostitution
- c) All agencies should establish whether adults who are known to exploit children/young people in relation to these procedures are themselves parents or carers of children. If this is the case an assessment of the needs of those children should be considered, including whether they are at risk of or are suffering significant harm.

10.19.4 Recognition

- a) All those caring for, or working with children and young people must be alert to the following behaviours, that may indicate a child's involvement (or `grooming` for involvement) but which are **not** conclusive signs in themselves:

10.19.5 Indicators

- a) All agencies are responsible for ensuring that their staff are aware of the possible indicators that a young person may be involved in prostitution. The child is the primary client, and the need to ensure the safety and welfare of the child takes precedence over issues of confidentiality.
- b) The following indicators, whether singly or in combination, should not be viewed as conclusive proof, but any of them may be taken as suggestive of the possibility that a child is involved in prostitution or vulnerable to becoming involved:
- Physical symptoms e.g. sexually transmitted infections, bruising suggestive of either sexual or physical assault.
 - Reports from reliable sources suggesting the likelihood of involvement in prostitution.
 - Repeatedly consorting with or exchanging letters or phonecalls with adult's outside the usual range of social contacts
 - Repeatedly consorting with or exchanging letters or phonecalls with other children known to be involved in prostitution
 - Accounts of social activities with no plausible explanation of the source of the necessary funding
 - The acquisition of money, clothes or other possessions without plausible explanation.
 - Persistent absconding or late return, unusually long period of absconding, returning from absconding looking well cared for. (Any of these with no plausible explanation)

- A history of sexual abuse or poor self-image.
- c) The most common pre-disposing factors associated with a child or young person becoming involved in prostitution are low self-esteem and a history of being a victim of abuse. As the DoH publication notes, 'children living away from home, in particular those living in residential care settings, may be targeted by adults seeking to coerce them into prostitution'. (DoH Supplementary Guidance to Working Together to Safeguard Children)

10.19.6 Response

- a) Parents should report concerns to Children's Social Care or the Safeguarding Children Unit
- b) Foster carers should report concerns to their supervising family placement worker and the child's social worker.
- c) Staff in children's homes must report concerns to the manager of the home, who must refer the concern to the child's social worker.
- d) Uniformed Police or CID may become aware that a child is involved in prostitution through the course of their duties. Unless immediate action is required to provide protection they should inform the Customer Enquiry and Referral Management Team on 0845 644 4313 or Out of Hours Team if out of hours 0161 718 2118.
- e) Health professionals, youth workers and teacher should consult the designated/named child protection advisor and subsequently refer to the Customer Enquiry and Referral Management Team or Out of Hours Team if out of hours.
- f) Professionals and volunteers involved with young people may have developed a trusting relationship with the child and be concerned that a referral to Children's Social Care will result in the child withdrawing from support services, e.g. contraception, counselling or substance misuse treatment. It is important that the professional/volunteer must share their dilemma with the lead child protection professionals within their own agency in the first instance. Some agencies may have officers specifically nominated to lead on child prostitution.

10.19.7 Procedure

- a) Where it is suspected that a young person may have become involved in prostitution, a referral must be made to Children's Social Care.
- b) The professional identifying concerns should seek consent from the child or her/his parent unless this may:
- Place the child at risk of further significant harm
 - Jeopardise a criminal investigation by alerting the alleged offender.
- c) All referrals must be discussed with Children's Social Care and a referral made to the Customer Enquiry and Referral Management Team or Out of Hours Team. The child/young person should be regarded as 'children in need' who may be at risk of significant harm. This discussion will determine within 24 hours of the referral whether:
- The child is a child in need, at risk of sexual exploitation and an assessment of their needs is required (s.17 response)
 - Whether the child is suspected of being at risk of significant harm (s.47 response)
 - Immediate protective action is required.

10.19.8 Threshold for child protection enquiries

- a) The threshold for child protection enquiries is:
- An immediate risk of significant harm.
 - Concern that prostitution/sexual exploitation is being actively encouraged by a parent/carer.
 - Concern that prostitution/sexual exploitation is facilitated by the parent/carer failing to protect the child.
 - Concern that a related or unrelated adult, in a position of trust or responsibility to the child, is organising or encouraging prostitution.
- b) A S47 enquiry, where required will be jointly conducted by Children's Social Care and the Police. An initial assessment will take place using the Framework for the Assessment of Children in Need and their families. This assessment will need to address the following:
- What are the needs of the child/young person?
 - Are the parents/carers able to respond to these appropriately. Is the child being adequately safeguarded from significant harm,

- and can the parents/carers promote their health and development?
 - Is action required to safeguard and promote the child/young person's welfare?
- c) Children's Social Care will need to obtain information from relevant professionals and others who are in contact with the child and family, and should consult those with expertise in this field of work (i.e. Police, Safe in the City etc). A decision will need to be made as to whether the child or young person is a child in need (S.17 The Children Act 1989) or a child who is suffering, or likely to suffer, significant harm (S.47 The Children Act 1989), requiring a multi-agency strategy meeting.
- d) Working Together stresses that agencies with statutory child protection powers must **at all stages** consider whether the child may be in need of urgent action to secure his/her safety because of the risk to the child's life or likelihood of serious harm.
- e) If the initial assessment concludes that this is a child in need, a core assessment would be undertaken, to assess the needs more fully, and to decide what services may be most appropriate to bring about the most positive outcomes for the child or young person. When the assessment has been concluded it is recommended that the inter disciplinary team involved with the child should develop a plan, based on the findings of the core assessment, and ensure this is implemented and reviewed.

10.19.9 Multi-agency planning meeting

- a) Where the threshold for child protection enquiries has not been met an initial assessment must be completed, as for any child in need, with the additional requirement of a multi-agency planning meeting including the referrer and all professionals relevant to the child and family, including the police.
- b) Children's Social Care team/duty manager must chair the meeting. Invitations should also be sent to the Safeguarding Children Unit and the lead officers for education and health. If they are unable to attend, they should consult with the professional staff representing their agency.
- c) Where possible, the parent/s and child should be invited to the meeting, but if they are not present, the meeting must consider when and how they will be informed.
- d) The purpose of the meeting is to:
 - Share and clarify information.
 - Establish the exact nature of the concerns.

- Establish risks for any other children.
 - Agree on action and make recommendations to address the concerns, provide a support plan for child and parents and an exit strategy.
- e) Unless no further action is agreed or Safeguarding Children procedures are invoked, a date for a review meeting will be agreed to take place no later than 3 months after the initial meeting.
- f) Working Together Supplementary Guidance ‘Safeguarding Children involved in prostitution’ stresses that ‘just as entry into prostitution may involve a complex set of factors, so will leaving it...the exit strategy should be developed with the child and family and should address the needs of the individual child’.
- g) If at any stage:
- There is reasonable evidence that the child is suffering, or is likely to suffer significant harm, or
 - The child is in police protection (S.46 The Children Act 1989) or
 - The child is the subject of an Emergency Protection Order, then **a Section 47 Enquiry must be started.** At this stage the social worker/team manager will contact the Duty Officer at the Safeguarding Children Unit (0161 474 5657) and arrange for a strategy meeting to be convened, involving statutory agencies and professionals with relevant experience to be convened, which will be chaired by a Reviewing Officer based at the Unit.

10.19.10 Child Protection Enquiry Strategy Meeting in relation to Child Prostitution

- a) Where the threshold for child protection enquiries is met, a strategy meeting must be held involving Children’s Social Care Safeguarding Children Unit, the community paediatrician and other relevant agencies. This should be held immediately preceding or as part of the multi-agency planning meeting described above.
- b) The strategy meeting will:
- Obtain background information about the child and her/his family
 - Treat the child primarily as a victim of abuse and consider the need for immediate protection
 - Consider how to protect the child from harm and prevent further sexual exploitation
 - Provide the child with strategies to leave prostitution
 - Consider the police role to investigate and prosecute those who coerce, exploit and abuse children

- Consider the needs of any other children in regular contact with those abused children
 - Record what action has been agreed and the lead person responsible for ensuring it is carried out
 - Agree the means by which the plan will be reviewed, and if necessary plan a further meeting to do this.
- c) The outcome of the Section 47 enquiries and strategy meeting may require that further action is taken, including convening a child protection case conference and deciding that a core assessment must be undertaken.

10.18.11 Looked After Children Involved, or at Risk of Involvement in, Prostitution

- a) As noted above, young people who are looked after can be vulnerable to being targeted by adults who coerce them into prostitution. When a social worker is informed that a looked after child is involved in, or is thought to be at risk of prostitution, they must immediately inform their team manager and the duty officer at the Safeguarding Children Unit. An initial assessment will then be made by the social worker and/or a decision made as to the requirement for a S47 enquiry led by Children's Social Care.
- b) A multi-agency planning meeting must be held to consider the factors outlined above and in addition:
- The assessment of need and risks to child/young person
 - Whether there are risks to other children in placement
 - Whether it is appropriate for the child to remain in the placement
 - The feasibility of controlling the child's movements and the likely effects of doing so
 - The meeting must consider and record the appropriateness and method of informing the child's parents of the concerns
 - The meeting must ensure that any recommendations are incorporated into the child's care plan or pathway plan. (The young person's pathway plan should reflect the strategies developed to deter and protect the young person from involvement in prostitution` Supplementary Guidance to Working Together).
- c) The meeting must record what action will be taken and by whom, and how the plan will be reviewed (i.e. as part of the statutory review or pathway review process or by convening a specific meeting to review the plan).

- d) Please note that when appropriate the multi-agency planning meeting will incorporate a S.47 Strategy Discussion. **NB.** Involvement or suspected involvement in prostitution of a child placed with foster carers must be notified to the National Care Standards Commission.

10.19.12 Involvement of groups of Looked After Children

- a) Where there is knowledge or suspicion that children are involved together or being controlled by the same person there will need to be:
- Consideration of the need for the applicability of complex abuse procedures
 - Efforts made to ensure that strategy meetings and/or multi-agency planning meetings on different children result in consistent plans.
 - Involvement of a consistent chair for the meetings

10.19.13 Organised Abuse of Children through Prostitution

- a) *Working Together to Safeguard Children* provides guidance on the investigation of organised or multiple abuse. It is very important to involve professionals who have expertise in this field, when investigating the organised abuse through prostitution.

10.19.14 Child Trafficking and Exploitation

- a) This procedure has been developed to address concerns about the disappearance, following arrival in this country, of vulnerable children from abroad by:
- Identifying and protecting those who may be at risk of significant harm through trafficking and exploitation
 - Preventing their disappearance from `care` by disrupting any organised activity to exploit children
 - Sharing information with a view to tracing such children who have disappeared from `care`.
- b) The procedure applies to both accompanied and unaccompanied children, including asylum seekers, arriving in Stockport for whom there are concerns about safety. Refer also to Safeguarding Children from Abroad procedure in Section 10 of this handbook.

10.19.15 Immigration Officers' role

- a) Immigration Officers and other professionals who have contact with children on arrival in the country must refer to Children's Social Care if, after assessment, they have concerns about the future safety of any child.
- b) Concerns may arise because of any of the following:
 - The child has false documentation
 - The person designated to collect the child is not a parent, a relative or friend
 - The child fits agreed profiles for those at risk of trafficking/exploitation
- c) Immigration will arrange for colour photographs and, where appropriate, fingerprints to be taken.
- d) Immigration staff at Manchester Airport will simultaneously refer their concerns to Manchester Airport Intelligence Unit who will in turn disseminate information to the relevant section in INDIS, HIPU or the smuggling unit.

10.19.16 Initial assessment

- a) On the basis of information supplied by immigration, Children's Social Care must conduct an initial assessment to decide:
 - If there are grounds to accommodate the child
 - If the child is in need of immediate protection
 - If a S.47 enquiry should be initiated
- b) In undertaking this assessment and all subsequent work with the child, it is vital that a suitable interpreter is provided.
- c) The child should be accommodated under a S.20 of the Children Act 1989 if:

- The child is lost or abandoned
 - There is no person with parental responsibility for the child,
 - The person who has been accommodating the child is prevented, for whatever reason, from providing suitable accommodation or care.
- d) If there is reasonable cause to believe that the child is suffering or likely to suffer significant harm, an Emergency Protection Order may be sought. Consideration should be given to Police Powers of Protection in an emergency.
- e) Where there are grounds to look after the child, but concerns remain about her/his future welfare, Children's Social Care must ensure that checks are made to confirm the intended place of residence, and adequate transport arrangements are available, with an escort if appropriate.
- f) Contact must be made with the `receiving` Children's Social Care in the area where the child is intending to reside, so that further enquiries can be undertaken.

10.19.17 S.47 Enquiry

- a) If there is a risk of significant harm the Children's Social Care CERMT must be contacted and informed of the child's arrival and all available information passed onto the police for checking. The CERMT must send details to the Safeguarding Children Unit Duty Officer within 24 hours of notification.
- b) Where the child is not looked after, the Safeguarding Children Unit must make contact with the Child Protection Unit in the `receiving` area where the child resides. A strategy meeting must be convened within 2 working days of:
- The child becoming looked after or
 - Arrival in the borough where they are intending to reside if a S.47 enquiry is appropriate
- c) The meeting must:

- Share information – this will involve Immigration, Safeguarding Children Unit, Children’s Social Care and any other relevant professionals
- Develop a strategy for making enquiries into the child’s circumstances, including consideration of a video interview
- Develop a plan for the child’s immediate protection, including the supervision and monitoring of arrangements (for looked after children this will form part of the care plan)
- Agree what information can be given about the child to any enquirers
- Agree what support the child requires

10.19.18 Looked After Children

- a) A child at risk of being trafficked who is provided with care and accommodation must, where possible, be placed within the borough in accommodation that provides the level of supervision proportionate to the need to protect them. This may include protection from possible abduction by an unidentified person and in some cases consideration of the requirement for surveillance cameras in operation around the home and monitoring of telephone calls.
- b) The location of the child must not be divulged to any enquirers until they have been interviewed by a social worker and their identity and relationship/connection with the child established, with the help of police and immigration services, if required.
- c) Where appropriate, possible steps must be taken to make contact with the child’s parents in the country of origin (immigration services may be able to help) to find out the plans they have made for their child and to seek their views. Steps must be taken to verify the relationship between the child and those thought to be their parents.
- d) A core assessment of the child’s needs must be undertaken immediately by the social worker and residential worker/carer to include:
 - establishing relevant information about the child’s background
 - understanding the reasons for coming to this country (this is to understand the child’s needs not to determine her/his rights to enter the country).

- e) Foster carers/residential workers must be vigilant about anything unusual e.g. waiting cars outside the premises and telephone enquiries. The social worker must immediately pass to the police any information of the child (concerning risks to their safety), that emerges during the placement.
- f) The residential worker/foster carer must complete an assessment of the child's vulnerability according to the missing person schedule supplied by the police as soon as practical.
- g) Anyone approaching the local authority and claiming to be a potential carer, friend member etc. of one of these young people, is to be investigated by the social worker, the police and the immigration service. If the service/team manager is satisfied that all agencies have completed identification checks and risks assessments satisfactorily, the young person may transfer to their care.

10.19.19 Missing children at risk of being trafficked

- a) If a looked after child, who is at risk of being trafficked, goes missing, residential staff/foster carers must immediately inform Children's Social Care (social worker, manager or Out of Hours Team), who must contact the police and immigration service.
- b) The police will complete a MISPER form, which is copied to the National Missing Persons' Helpline. In all cases the police must update Children's Social Care with the progress of the investigation.
- c) The procedures for missing children must be instituted (contained in Section 10 of this handbook).

SECTION 11: SERIOUS CASE REVIEWS

SCOPE

The following procedures summarise the information relating to Serious Case Reviews in accordance with Chapter 8 of Working Together (2006) and describes how a review should be carried out within Stockport;

- Their purpose and the criteria for conducting them
- The process for their initiation and subsequent conduct and
- Actions consequently required of each member agency

STATUS

'Working Together to Safeguard Children' 2006 defines the circumstances in which a Local Safeguarding Children Board (LSCB) should initiate a Serious Case Review. Regulation 5 requires LSCBs to undertake such reviews and the same criteria apply to disabled and non-disabled children.

The Guidance in Chapter 8, Working Together 2006 (pg 169) defines the circumstances for Serious Case Reviews. This should be read by staff involved in such reviews.

11.1 Purpose of a Serious Case Review

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

Additionally, LSCBs should always consider whether a Serious Case Review should be conducted where:

- a child sustains a potentially life-threatening injury or serious and permanent impairment of health and development through abuse or neglect; or
- a child has been subjected to particularly serious sexual abuse; or
- a child has been killed by a parent with a mental illness; or

- the case gives rise to concerns about inter-agency working to protect children from harm.

11.1.1 The purpose of case reviews is to:

- Establish whether there are lessons to be learned from a 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 hence
- Improve inter-agency working and better safeguard children

11.1.2 Serious cases of child abuse cause distress and anxiety within the family, for professionals and agencies involved and may raise public concerns. It is important to respond quickly, sensitively and positively to ensure that services are maintained and not undermined. Staff support is essential. The purpose of serious case is to consider lessons to be learned – not an enquiry into how a child died or who is culpable. That is a matter for the Coroners and Criminal Courts respectively to determine.

11.2 Criteria for conveying a Serious Case Review

11.2.1 A case review **must** always be held when:

- A child dies (including suicide) and abuse or neglect is known or suspected to be a factor. This is irrespective of whether LA's Children's Social Care is, or has been, involved with the child or family.
- A LSCB should always consider whether to undertake a serious case review where a child has sustained a potentially life-threatening injury through abuse or neglect, serious abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, **and** the case gives rise to concerns about the way in which local professionals and services work together to safeguard and promote the welfare of children. This includes situations where a parent has been killed in a domestic violence situation, or where a child has been killed by a parent who has a mental illness.
- Where more than one LSCB has knowledge of a child, the LSCB for the area in which the child is/was normally resident should take lead responsibility for conducting any review. Any other LSCBs that have an interest or involvement in the case should be included as partners in jointly planning and undertaking the review. In the case of looked after children, the Responsible Authority should exercise

lead responsibility for conducting any review, again involving other LSCBs with an interest or involvement.

- Any professional may refer such a case to the LSCB if it is believed that there are important lessons for inter-agency working to be learned from the case. In addition, the Secretary of State for the Department for Education and Skills has powers to demand an inquiry be held under the Inquiries Act 2005.
- The following questions may help in deciding whether or not a case should be the subject of a serious case review in circumstances other than when a child dies. The answer 'yes' to several of these questions is likely to indicate that a review could yield useful lessons.
 - Was there clear evidence of a risk of significant harm to a child that was:-
 - not recognised by organisations or individuals in contact with the child or perpetrator **or**
 - not shared with others **or**
 - not acted on appropriately?
 - Was the child killed by a mentally ill parent?
 - Was the child abused in an institutional setting (e.g. school, nursery, family centre, YOI, STC, children's home or Armed Services Training establishment)?
 - Did the child die in a custodial setting (prison, Young Offender's Institution or Secure Training Centre)?
 - Was the child abused while being looked after by the Local Authority (LA)?
 - Did the child commit suicide, or die while absent having run away from home?
 - Does one or more agency or professional consider that its concerns were not taken sufficiently seriously, or acted on appropriately, by another?
 - Does the case indicate that there may be failings in one or more aspects of the local operation of formal safeguarding children procedures, which go beyond the handling of this case?
 - Was the child the subject of a child protection plan, or had they previously been the subject of a plan or on the child protection register?

- Does the case appear to have implications for a range of agencies and/or professionals?
- Does the case suggest that the LSCB may need to change its local protocols or procedures, or that protocols and procedures are not being adequately promulgated, understood or acted on?

11.3 Initiating a Serious Case Review

Any professional or agency working within the remit of Stockport Safeguarding procedures who concludes that a case review may be required must immediately notify the chair of the Safeguarding Children Board. In Stockport, the Director of the Children and Young Person's Directorate carries the responsibility for such reviews.

Immediate Conduct

11.3.1 As soon as the chair of the Safeguarding Children Board has decided that a case review may be required s/he must immediately inform the Commission for Social Care Inspection (CSCI) at the Department of Health, and the Safeguarding Children Unit Service Manager who must then within one working day complete the following tasks:

- Confirm that arrangements have been made (where necessary via a strategy meeting) to ensure the safety of other children or family members and that support is offered to adult carers.
- Check the department's client index, the list of children subject to a Child Protection Plan.
- Check Police and Hospital for any relevant information.
- Inform the Press Office.
- Define those agencies which have been involved with the child in question and alert them to their obligation to undertake internal enquiries as a contribution to the overall case review.

11.3.2 The early warning to relevant agencies should cover the need to liaise with the case accountable social worker before making contact with the family, freeze files (within 1 day), collate relevant procedures and ensure adequate support for those staff involved.

11.3.3 When a request is made to freeze a file, a senior manager in the agency must take possession of the file and ensure that a suitable member of staff numbers and initials both sides of each page.

11.3.4 Within the CYPD, an electronic version must be 'frozen' and stored appropriately to allow ongoing work and the original is held by the

Service Manager. Other agencies will make comparable arrangements.

11.3.5 Files should not be entrusted to the postal service and must be delivered in person or couriered.

11.3.6 Within two further working days, the Safeguarding Children Unit Service Manager should:

- Complete a briefing report for the Director of CYPD, Safeguarding Children Board and Case Review Sub-Committee, the CYPD cabinet/committee member and the Press Office.

11.3.7 The Corporate Director, CYPD should submit the required Department of Health Business Unit Report form. Within a month of any such notification, the Safeguarding Children Board Chair should convene a Review Panel', membership and organisation of which is specified below. Members of this Review Panel may determine that a full case review is not justified and that internal management review/s might be more helpful. The results of any such enquiries within member agencies should be fed back to this panel. If the case review panel does conclude that a Serious Case Review is required, it should make this recommendation to the chair of the Safeguarding Children Board who has the final responsibility for making the decision.

11.3.8 The conduct of the review should be overseen by a Review Panel to be briefed at a session convened by the Safeguarding Children Board chair.

11.3.9 The overall time limit for submission of a Serious Case Review to the Department of Health is 4 months from the decision that such a review is required unless, as a result of complexity of a case or other circumstance, an alternative has been negotiated with the CSCI. The Safeguarding Children Board chair must also notify each member agency, of the need to conduct and submit its individual agency review to the chair of the Case Review Panel.

Terms of Reference

12.3.10 The Assistant Director (Social Care and Health) will draft terms reference for the proposed Serious Case Review. The Review Panel should finalise the terms of reference considering in particular:

- The most significant issues as they appear at this stage
- Who should be appointed as an Independent Chair.
- How best to obtain and analyse the relevant information
- Any need for external sources of investigation and/or expert opinion.
- How far back in time the enquiries should extend and what degree of family history is required.

- Which agencies and professionals are needed to contribute and who else should be asked to submit reports or contribute.
- The means by which family members should contribute to the review process.
- How public, family and media interest be managed.
- The need for co-ordinated approach if other parallel enquiries (eg Coroner's Court, Crown Prosecution Service) are being conducted or if another Safeguarding Children Board has an interest.
- Target dates for initiation and completion of agreed work.
- Any need for independent legal advice.

11.4 Membership of the Case Review Group

11.4.1 Membership of the case review sub-committee should consist of:

- A chair, who should be independent to the agencies represented.
- An administrator supplied by Safeguarding Children Board.
- The Safeguarding Children Unit Service Manager from the SSD.
- The designated doctor, nurse and senior member of Police FSU, probation and education (or their nominee).
- A member of Stockport's Legal Team.

11.4.2 In addition, senior members of staff from other agencies who have a relevant contribution to the particular review may be co-opted. All those on the case review panel:

- Must have no direct contact with the family, nor any management responsibility for the case.
- Must possess a sound understanding of safeguarding and child protection issues.

11.5 Individual Management Reviews

11.5.1 The main objective of an Individual Management Review is;

- To look openly and critically at individual and agency practice to see whether changes could and should be made and identify how changes will be made.

11.5.2 To achieve this objective, the following needs to be completed:

- Identification and reading of file material
- Interviews of relevant practitioners and managers
- Establishment of a chronology
- Assessment of whether decisions and actions taken were consistent with the agency's policies and procedures.
- A determination of which services were provided as a result of decisions made.

11.5.3 Recommendations for practical action should be derived from the above work.

11.5.4 Whilst the specific processes may differ, reflecting the variety of organisational arrangements which exist, each agency's approach should satisfy the following general points:

- The review should be conducted by a person of sufficient seniority with relevant knowledge and experience who has had no professional or managerial involvement in the case.
- Case reviews are not disciplinary proceedings, should be conducted in a manner which facilitates learning and appropriate arrangements made for support of those staff involved.
- Those conducting the review should have access to all relevant case records.
- All relevant staff should be interviewed and given an opportunity to comment upon the accuracy of the review before it is shared outside the agency.
- Once the need for a case review is agreed, no member agency should comment publicly upon the case without the express agreement of their senior management and the chair of the Safeguarding Children Board.
- Reports such as a health trust 'serious incident report' may be combined with the internal agency review so long as they still satisfy the criteria above.

11.5.5 The Format and Approach in Appendix 2 should be adopted and include:

- Staff should be designated social worker (SW) 1, 2 etc; health visitor (HV) 1, 2 etc and their identities not divulged outside of their own agency.
- It may be helpful to include quotations from records of contacts.
- The origin of material i.e. written records or interviews should be made clear.
- A separate chronology should be produced for each child in a family and subsequently combined (see Appendix 3 of this procedure).
- It is vital that commentary on an agency's practice is open and reflects trust in the integrity and usefulness of the process.
- Internal case reviews must be submitted to the chair of the Review Panel within 3 months of their instigation, unless an alternative time limit has been agreed.

11.5.6 Upon completion of an individual agency review, there should, in advance of the overview report, be a process for feedback to staff that have contributed.

11.6 Overview Report

Serious Case Review Panel Responsibility

11.6.1 The Case Review Panel is responsible for the production of a composite report (prepared by the Independent Chair) to the full Safeguarding Children Board which will:

- Provide an overview and include all relevant facts
- Offer an integrated chronology, using the template for internal agency chronologies.
- Make recommendations for action by the Safeguarding Children Board and individual agencies.

11.6.2 The format of the composite report should be as follows:

- **An introduction** summarising the circumstances which led to the review, includes its terms of reference and listing all contributions and contributors as well as clarifying the case review sub-committee members and the author of the report.

What was our involvement with this child and family?

- **Facts:** including a Genogram, and integrated chronology showing involvement of all agencies and an overview of what relevant information was known to each involved agency and professional, about the parent/carer, any perpetrator, and the home circumstances of the children.

Analysis of involvement

- **An analysis** which considers how and why events occurred, decisions were made and actions taken or not (this section can consider if outcomes might have differed if different decisions or actions had been taken and can also usefully include examples of good practice) – see pg 175 Working Together (2006) for guidance.

What do we learn from this case?

- **Conclusions and recommendations** in which the lessons to be drawn are outlined. Good practice highlighted as well as ways practice can be improved. Implications for ways of working, training, management, supervision, partnership.
- **Recommendations for Action** proposals included as to their progression by relevant agencies, such conclusions and recommendations should be few in number, explicit, expressed

simply and be realistic. How recommendations will be evaluated should be included.

11.6.3 The overview report should be submitted to the chair of the Safeguarding Children Board within 1 month of the internal reviews being received.

11.7 Endorsement

11.7.1 The full Safeguarding Children Board must either endorse the report and its recommendations or agree some alternative/s. In the event that agreement cannot be reached, the chair will inform the chief executives (or equivalent) of all relevant agencies and set out the areas of difference, which still prevail for negotiated resolution by those individuals.

11.7.2 The chair must ensure the Safeguarding Children Board agrees a process to disseminate the findings and recommendations of the case review to ensure that all opportunities for service improvements are acted upon.

11.7.3 A copy of the overview report, executive summary action plan and individual management reports must be submitted to the Commission for Social Care Inspection, and a copy of the overview report to the Department for Education and Skills on publication of the executive summary of the overview report.

11.7.4 When an agreed action plan is formulated, the chair must ensure that the Safeguarding Children Board put in place effective mechanisms to monitor, and within 6 months receive a report upon, the implementation of agreed action points.

11.7.5 The overview report may be made available to the Case Review Panel members, all those on the Safeguarding Children Board and to senior managers and managing authorities of all individual agencies.

11.7.6 Unless legal reasons prevent it, the involvement of members of the family of the child who died may be useful to ensure that they are:

- Given and contribute as much information as possible
- Given an opportunity to share their views about the services they were receiving and are assisted in dealing with outstanding issues.

11.7.7 The responsibility for sensitively involving family rests with the chair of the case review sub-committee who should write to the family and make it clear that they may bring a supporter to any meeting with the chair.

11.7.8 If a family indicate its intention to bring a solicitor, a member of the borough's legal team should be present and it should be stated that the occasion is not an opportunity for adversarial conduct.

11.7.9 The family are to be made aware that they are not entitled to a copy of the composite report, through the chair of the Case Review Panel should, with assistance from legal advisors, prepare a report for the family.

11.8 Media Interest in Child Abuse

11.8.1 It is the responsibility of senior managers in each agency, and the Safeguarding Children Board chair to anticipate media interest in the death or serious injury of a child, or in the investigation of organised abuse by SSD and Police.

11.8.2 The chair, together with the relevant senior managers in liaison with their press officers, must consult to formulate and agree any prepared press releases and make the necessary arrangements.

11.8.3 It is their duty to ensure that all staff undertaking enquiries, are aware of the agreed response to approaches by media representatives, and are enabled to proceed with their work without excessive public pressure and exposure.

Learning Lessons

At least as much effort should be spent on acting on recommendations as on conducting the review. Reviews are of little value unless lessons are learned and implemented.

Reviews should be an important source of information to inform National Policy and Practice. The DfES is responsible for identifying themes and trends nationally and it is intended that they commission an overview report every 2 years drawing out key findings and their implications for policy and practice.

SECTION 12: CHILD DEATH REVIEW PROCESS

To be supplied

SECTION 13: TABLE OF APPENDICES

Appendix 1: Thresholds for intervention

To be provided

Appendix 2: Joint Police and Social Worker Investigations

To be provided

Appendix 3: Initial Assessment and enquiries: ten pitfalls and how to avoid them

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

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

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

Ask yourself. *Have I been given appropriate access to all the children in the family? If I have not been able to see any child, is there a very good reason and have I made arrangements to see him/her as soon as possible, or made sure that another relevant professional sees him/her? How should I follow up any uneasiness about the child/ren's health or 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 young person's account?

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

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

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

Ask yourself. Would I see this referral as a child protection matter if it came from another source?

5. Professionals think that when they have explained something as clearly as they can, the other person will have understood it.

Ask yourself. Have I double-checked with the family and the child/ren that they understand what will happen next?

6. Assumptions and pre-judgements about families lead to observations being ignored or misinterpreted.

Ask yourself. What were my assumptions about this family? What, if any, is the hard evidence which supports them? What, if any, is the hard evidence which refutes them?

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

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

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

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

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

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

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

Ask yourself. Am I sure the information I have noted is 100% accurate? If I didn't check my notes with the family during the interview, what steps should I take to verify them? Do my notes show clearly the difference between the

information the family gave me, my own direct observations, and my interpretation or assessment of the situation? Do notes record what action I have taken/will take? What action all other relevant people have taken/will take?

(Cleaver, H., Wattam, C., Cawson, P. (1998) *Assessing Risk in Child Protection*, London: NSPCC quoted in *Working Together to Safeguard Children*, (2006), p113-114)

Appendix 4: Initial Case Conferences Documentation

The following forms are now located on the Integrated Children System (ICS) operated by Children's Social Care and are not able to be reproduced within this handbook:

- Interim child protection plan
- Initial child protection conference minute sheet
- Outline inter-agency child protection plan
- Multi-agency child protection plan

This section now contains guidance and a pro-forma for the initial child protection conference report and the initial child protection conference agenda.

The social worker's initial child protection conference report should be completed using the ICS form.

GUIDANCE NOTES FOR COMPLETION OF INITIAL CASE CONFERENCE REPORT

You should aim to include the as much as possible of the following information in your report to the initial case conference. Remember that information included in your report should be used to inform the Core Assessment.

The Safeguarding Children Unit and parents/carers and where appropriate the young person, must receive reports at least 2 days before the conference.

Please remember that any person has right to see personal information held about themselves including information contained in Child Protection Conference Minutes. This applies to whether they attend the conference or not. This information should be produced on request. This report may also be disclosed in legal proceedings. Take care to distinguish between fact, third party information and opinion.

Information shared at the conference is confidential and should not be shared outside the conference other than in special circumstances.

Please note the above when writing your report.

If you have confidential information, which cannot be divulged to, the family please write this on a separate clearly marked page.

IF YOU ARE UNCLEAR ABOUT THIS PROCESS CONTACT THE IDENTIFIED CHAIRPERSON AT THE SAFEGUARDING CHILDREN UNIT.

A pro-forma for the structure of reports is provided at the end of these guidance notes.

The beginning of the report should clearly identify the child and the date of the conference.

Case Conference DateTimeVenue

Family Structure:

Subject(s) of Report

Child's nameDOB.....

Current Address.....

Other Children of Family

Child's nameDOB.....

Current address.....

Parents

Mother's nameDOB.....

Current address.....

Previous names/alias.....

Father's name DOB.....

Current address.....
Previous
names/alias.....

Other significant persons

NameDOB.....
Address
Significance/relationship.....
....

Section 1: Details of Section 47 Enquiry. (All agencies to complete)

Section 2: Child and family's previous significant involvement with agency.

Section 3: Information about subject child. *(to be written on a separate sheet for each child)* Please comment upon the child's development and needs both past and present. As in line with the Assessment Framework, include; **Health; Education; Family and Social Relationships; Social Presentation; Emotional and Behavioural Development; Identity; Self Care Skills; Information about any legal orders the child may be subject to and the CHILD'S WISHES AND FEELINGS AND VIEW OF THE CONCERNS.** Please comment on any views expressed by the child about what is needed to assure their welfare.

Section 4: Information about other children in the household (to be written on a separate sheet for each child) Please comment upon the child's development and needs both past and present. To include; **Health; Education; Family and Social Relationships; Social Presentation; Emotional and Behavioural Development; Identity; Self-Care Skills; Information about any legal orders the child may be subject to.**

Section 5: Information about parents/carers

To include strengths and difficulties in respect of:

- **Parenting capacity**(Basic Care; Ensuring Safety; Emotional Warmth; Stimulation; Guidance and Boundaries)
- **Family and Environmental Factors** (Family History & Functioning; Wider Family; Housing; Employment; Income; Family's Social Integration; Community Resources).
- **Parents' capacity and willingness to co-operate with actions to safeguard and promote the child's welfare.**
- **Parents/Carers wishes/ feelings and view of concerns.**

Please comment on parents/carers views of the concerns and their opinion of what is needed to assure the child's welfare.

Section 6: Information about Significant Others.

To include strengths and difficulties of the relationship; it's relevance to safeguarding and promoting the welfare of the child/ren and any expressed views, wishes and feelings.

Discussion will focus on the following sections of the reports.

Section 7: Analysis of Risk – implications of information obtained for the child's future safety and welfare. Please specify both areas of risk and positive factors. Comment on the balance between these factors.

Section 8: Agency view of needs of the child. Identify what long term and short-term outcomes the agency would wish to see.

Section 9: Agency view of Registration. Give a provisional view on registration and the appropriate category. It is legitimate to change your mind after hearing new information at conference or after a discussion.

Signatures and counter-signatures

The report should be signed and dated and indicate your designation/ job role and agency.

Reports should be countersigned by managers and dated.

Stockport Safeguarding Children Board

CASE REPORT FOR INITIAL CHILD PROTECTION CONFERENCE

Please complete your report within the following format by addressing each heading in turn.

Please complete all sections. A conference agenda is enclosed for reference.

Reports, which should be typed whenever possible, should be jargon free. Please sign all pages clearly identifying the conference to which they refer.

The Safeguarding Children Unit and parents/carers and where appropriate the young person, must receive reports at least 2 days before the conference.

Any person has right to see personal information held about themselves including information contained in Child Protection Conference Minutes. This applies to whether they attend the conference or not. This information should be produced on request. This report may also be disclosed in legal proceedings. Take care to distinguish between fact, third party information and opinion.

Information shared at the conference is confidential and should not be shared outside the conference other than in special circumstances.

Please note the above when writing your report.

If you have confidential information, which cannot be divulged to, the family please write this on a separate clearly marked page.

IF YOU ARE UNCLEAR ABOUT THIS PROCESS CONTACT THE IDENTIFIED CHAIRPERSON.

Case Conference Date Time Venue

Family Structure:

Subjects of Report

Child's nameDOB.....

Current address.....

.....
.....
.....

Other Children of Family

Child's nameDOB.....

Current address.....

.....
.....

Parents

Mother's nameDOB.....
Current address.....
Previous names/alias.....

Father's name DOB.....
Current address.....
Previous Names/alias.....

Other significant persons

NameDOB.....
Address

Significance/relationship.....
....

NameDOB.....
Address

Significance/relationship
.....

NameDOB.....
Address

Significance/relationship.....
.....

Section 1: Details of Section 47 Enquiry. (All agencies to complete)

Section 2:Child and family's previous significant involvement with agency.

Section 3: Information about subject child. (to be written on a separate sheet for each child)

(NB: Please see Guidance Notes before completing)

CHILD'S WISHES AND FEELINGS AND VIEW OF THE CONCERNS

Please comment on any views expressed by the child about what is needed to assure their welfare.

Section 4: Information about other children in the household (to be written on a separate sheet for each child) (NB. Please see Guidance Notes before completing)

Section 5: Information about parents/carers:
(NB. Please see Guidance Notes before completing)

Section 6: Information about Significant Others.
(NB. Please see Guidance Notes before completing)

Discussion will focus on the following sections of the reports.

Section 7: Analysis of Risk – implications of information obtained for the child’s future safety and welfare.
(NB. Please see Guidance Notes before completing)

Section 8: Agency view of needs of the child.
(NB. Please see Guidance Notes before completing)

Section 9: Agency view of Registration.
(NB. Please see Guidance Notes before completing)

Signed.....Date.....

Designation.....Agency.....

Countersigned by Manager.....Date.....

STOCKPORT LOCAL SAFEGUARDING CHILDREN BOARD

INITIAL Child Protection Conference

AGENDA

- 1. The Chairperson's Welcome and Identification of Meeting type.**
- 2. Purpose of Conference.**
- 3. Reference to Conference Rules.**
- 4. Introductions and Apologies.**
- 5. Confirmation of basic factual details about the family.**
- 6. Case Conference History (if applicable).**
- 7. Clarification of information in written reports and presentation of verbal reports:-**
 - details of Section 47 Enquiry.**
 - child/ren and family's previous significant involvement with agency.**
 - information about subject child/ren and their views.**
 - information about other children in the household and their views.**
 - information about parents/carers and their views.**
 - information about significant others and any views they may have expressed**
- 8. Confidential Slot (if required).**
- 9. Analysis of Risk – implications of information obtained for child's future safety and welfare.**
- 10. Agency view of the needs of the child including any need for protection.**
- 11. Chair's Summary.**
- 12. Family's view.**
- 13. Appropriateness of whether the child/ren requires a Child Protection Plan**
- 14. Confirmation of Decisions and Recommendations.**

15. **Outline Child Protection Plan (including Core Group membership)**
16. **Review**

Criteria For A Child Protection Plan

The Conference should consider the following question when determining whether the child should be subject to a child protection plan:

Is the child at continuing risk of significant harm?

The test should be that either:

- a) the child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional, or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment is likely; or
- b) professional judgement, substantiated by the finding 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.

Categories

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 or is at risk of suffering. The category used (that is physical, emotional, sexual abuse or neglect) will indicate to those consulting the child's social care record the primary presenting concerns at the time the child became the subject of a child protection plan.

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/carer fabricates the symptoms of, or deliberately induces illness in a child.

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

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They

may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

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

(Working Together To Safeguard Children, Department of Health, Home Office, Department for Education and Employment, 2006, the Stationery Office)

Appendix 5: Core Group Forms and Documentation

All the core group documentation is now located in the Integrated Children's System (ICS) operated by Children's Social Care and are not able to be reproduced within this document.

Appendix 6: Review child protection forms and documentation

The Collective Report from the core group for the Review Child Protection Conference and the Review Child Protection Conference minute sheet are now contained within the Integrated Children's System (ICS) operated by Children's Social care and are not able to be included in this document.

This section now contains the Review Conference Agenda.

STOCKPORT LOCAL SAFEGUARDING CHILDREN BOARD

REVIEW Child Protection Conference

AGENDA

1. **The Chairperson's Welcome and Identification of Meeting Type.**
2. **Purpose of Conference.**
3. **Reference to Conference Rules.**
4. **Introductions and Apologies.**
5. **Confirmation of basic factual details about the family.**
(NB. Chair to check Core Assessment Commissioning Date and Completion Date)
6. **Case Conference history. (*brief summary by chair*)**
7. **Clarification of information in the written report and presentation of verbal reports.**
8. **Review of Child Protection Plan:-**
 - i) **Summary of actions taken to reduce risk and promote welfare in the Review period, as detailed in the Outline Protection Plan.**
 - ii) **Identification of outstanding risks of significant harm.**
 - iii) **Outstanding Needs.**
 - iv) **Future actions.**
9. **Confidential Slot (if required).**
10. **Family's and Child/ren's Views.**
11. **Consideration of the need for a Child Protection Plan.**
12. **Confirmation of Decisions and Recommendations.**
13. **Changes to Child Protection Plan.**
14. **Changes to Core Group (if any) and date of next Core Group Meeting.**
15. **Date for next Review (if appropriate).**
Discontinuing a child protection plan

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

- it is judged that the child is no longer at continuing risk of significant harm requiring safeguarding by means of a child protection plan (e.g. 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 may 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.

When a child's name 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 which led to the plan.

A child whose name is no longer the subject to 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.

Categories

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 or is at risk of suffering. The category used (that is physical, emotional, sexual abuse or neglect) will indicate to those consulting the child's social care record the primary presenting concerns at the time the child became the subject of a child protection plan.

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/carer fabricates the symptoms of, or deliberately induces illness in a child.

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

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

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

(Working Together To Safeguard Children, Department of Health, Home Office, Department for Education and Employment, 2006, the Stationery Office)

Appendix 7: Guidance on individuals who present a risk to children – review of 'schedule 1' offences

The Children and Young Persons Act 1933 was intended to protect children of school age from cruelty and exposure to moral and physical danger. Schedule 1 of the act set out a list of offences against children and young people to which particular provisions of the act applied.

The term 'schedule 1 offender' has subsequently come into wide use to describe anyone convicted of an offence against a child. The presence of a 'schedule 1 offender' within the home environment has normally triggered an assessment of risk by Children's Social Care.

However, a 'schedule 1' conviction attracts no statutory requirements in relation to child protection issues, and this has led to a lack of clarity about agencies' roles and responsibilities when dealing with such offenders.

Further, there has been no comprehensive list of offences to which the term 'schedule 1 offender' should apply, leading to different and sometimes conflicting interpretations of subsequent legislation to protect children.

The term 'schedule 1 offender' is a label that lasts for life with no review procedure. It takes no consideration of the circumstances of the offence, or any assessment of ongoing risk that the individual may pose. For example, a child involved in a playground fight may find themselves subject to scrutiny from Children's Social Care and other agencies for life, irrespective of their likelihood of re-offending against a child, with no opportunity to challenge that scrutiny.

This practice may well be subject to human rights challenges in the future, and the view of the Schedule 1 Review Working Group is that changes to agency procedures must be brought into immediate effect.

The review process is ongoing, and a full summary of the current position is contained in the [local authority social services letter \(LASSL\): "Identification of individuals who present a risk to children"](#).

A summary of the actions authorities are required to take is as follows:

- The term 'schedule 1 offender' is no longer helpful and indeed may become problematic legally. The term 'risk to children' should therefore be adopted for those persons who have been identified as posing an ongoing risk to a child.
- The conclusion that an individual poses a 'risk to children' should be based on all available information including that provided by relevant agencies, such as assessments of risk made by probation, police, health, whether individually or via the multi-agency public protection arrangements (MAPPA).

- The revised list of offences (see the LASSL above) provides a useful update of relevant legislation to protect children. However, it should not be deemed to be exhaustive, or used purely as a 'trigger' to denote risk. Rather the protection of children at risk of significant harm remains the responsibility of practitioners exercising their professional judgment.

The information in this section is taken from

<http://www.everychildmatters.gov.uk/socialcare/safeguarding/risktochildren/>

Guidance on Offences Against Children.

Background

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.

Currently a conviction for one of the offences in Schedule One does not trigger any statutory requirement in relation to child protection issues. The list of offences in Schedule One 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 Children's Social Care 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

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 becoming 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. We are aware that various 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.

To provide some clarity on this matter, it has therefore been decided to issue a consolidated list of offences, which all agencies can use to identify "a person identified as presenting a risk, or potential risk, to children". This list, which is attached, identifies the major offences against children currently on the statute.

Agencies, which 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.

Please note, however, the following important points:

- The list at annex A 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 Children's Social Care 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.

List of offences (chronological)

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 7 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
Causing or allowing persons under 16 to be used for begging	Section 4	Children and Young Persons Act 1933
Give / cause to be given intoxicating liquor to a child under 5 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 16 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 13	Section 5	Sexual Offences Act 1956
Intercourse with a girl under 16	Section 6	Sexual Offences Act 1956
Intercourse with defective	Section 7	Sexual Offences Act 1956
Procurement of 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 16*	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 18 from parent or guardian	Section 19	Sexual Offences Act 1956
Abduction of unmarried girl under 16 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 21	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 13 to use premises for intercourse	Section 25	Sexual Offences Act 1956
Permitting a girl between 13 and 16 to use premises for intercourse	Section 26	Sexual Offences Act 1956
Permitting defective to use premises for intercourse	Section 27	Sexual Offences Act 1956
Causing or encouraging prostitution of, or intercourse with, or indecent assault on, girl under 16	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
Living on earnings of male prostitution	Section 5	Sexual Offences Act 1967
Burglary (by entering a 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 16 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 13	Section 5	Sexual Offences Act 2003
Assault of a child under 13 by penetration	Section 6	Sexual Offences Act 2003
Sexual assault of a child under 13	Section 7	Sexual Offences Act 2003
Causing or inciting a child under 13 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 a 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
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
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**

APPENDIX 8: Criminal Injuries Compensation Board

To be supplied

LEGAL FRAMEWORK

To be supplied

Useful links:

Working Together (2006) Appendix 1 (page 223) provides information on the Children Act 2004, Children Act 1989 and other key legislation.

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00060/>

“What to do if you’re worried a child is being abused” (2007), Appendix 3 provides a comprehensive guide to the law around information sharing

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00182/>

USEFUL RESOURCES AND INTERNET LINKS

WEB-SITES

Every child matter - safeguarding

<http://www.everychildmatters.gov.uk/socialcare/safeguarding/>

National Service Framework for children, young people and maternity services

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/fs/en>

Every child matters – CAF

<http://www.everychildmatters.gov.uk/deliveringservices/caf/>

CAF form

<http://www.everychildmatters.gov.uk/resources-and-practice/TP00004/www.stockport.gov.uk/caf>

Resource Directory

www.ursorted.com

Child Protection on the Internet

<http://police.homeoffice.gov.uk/news-and-publications/publication/operational-policing/child-protection-on-the-internet/>

NSPCC inform

http://www.nspcc.org.uk/inform/Home/InformHomepage_ifega26884.html

YOT

<http://www.stockport.gov.uk/content/communitypeopleliving/commsafety/communitysafetyunit/yot/>

GUIDANCE

What to do if you're worried a child is being abused (updated 2007)

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00182/>

This document provides best practice guidance for those who work with children in order to safeguard their welfare. It also contains an appendix to help practitioners with the legal issues affecting the sharing of information.

The guidance also provides general information for anyone whose work brings them into contact with children and families, focusing particularly on those who work in social care, health, education and criminal justice services.

Addressing issues affecting each of these target audiences, the document outlines the following:

What you should do if you have concerns about a child's welfare

What will happen once you have informed someone about those concerns

What further contribution you may be asked or expected to make to the processes of assessment, planning, working with children, and reviewing that work

The guidance is accompanied with flowcharts following the procedure from referral, initial assessment, emergency action that might need to be taken, through to what happens after a strategy discussion and child protection review conference.

Working together to safeguard children (2006)

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00060/>

Working Together to Safeguard Children sets out how individuals and organisations should work together to safeguard and promote the welfare of children. The guidance has been updated since the previous version, which was published in 1999, to reflect developments in legislation, policy and practice.

The guidance is addressed to all practitioners and front-line managers who have particular responsibilities for safeguarding and promoting the welfare of children, and to senior and operational managers in organisations that are responsible for commissioning or providing services to children, young people, parents and carers.

It is also addressed to senior and operational managers in organisations that have a particular responsibility for safeguarding and promoting the welfare of children. However, it is not necessary for all practitioners to read every part of the guidance - the table on pages 19-20 sets out which parts of the document are particularly relevant to different roles.

Department of Health – Safeguarding Children and Young People involved in Prostitution; Practice Guidance

London, The Stationery Office 2000

<http://www.dfes.gov.uk/acpc/safeguardingchildren.shtml>

Department of Health – Safeguarding Children in Whom Illness is Induced or Fabricated by carers with Parenting Responsibilities

London, The Stationery Office 2001

<http://www.dh.gov.uk/assetRoot/04/05/66/46/04056646.pdf>

Department of Health – Framework for the Assessment of Children in Need and Their Families, London, The Stationery Office 2000

<http://www.dh.gov.uk/assetRoot/04/01/44/30/04014430.pdf>

Safeguarding Children and safer recruitment in education (2006)

The Safeguarding Vulnerable Groups Act 2006 will introduce a new vetting and barring scheme for all those working with children and young people from 2008. Ahead of the new scheme, the Secretary of State for Education and Skills announced in June 2006 that regulations would be tightened and new guidance introduced to clarify responsibilities for safer recruitment.

New guidance entitled Safeguarding Children and Safer Recruitment in Education was issued 14 November 2006.

The guidance is a consolidated version of earlier guidance material, and covers:

Duties for safeguarding and promoting the welfare of children in education

Recruitment and selection processes

Recruitment and vetting checks

Dealing with allegations of abuse against teachers and other staff

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00175/>

National Service Framework for Children, Young People and Maternity Services (2004)

The Children's NSF is a 10-year programme intended to stimulate long-term and sustained improvement in children's health. Setting standards for health and Children's Social Care for children, young people and pregnant women, the NSF aims to ensure fair, high quality and integrated health and social care from pregnancy, right through to adulthood.

At the heart of the Children's NSF is a fundamental change in thinking about health and social care services. It is intended to lead to a cultural shift, resulting in services being designed and delivered around the needs of children and families. The Children's NSF is aimed at everyone who comes into contact with, or delivers services to children, young people or pregnant women.

http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/ChildrenServicesInformationArticle/fs/en?CONTENT_ID=4089111&chk=U8Ecln

Safeguarding disabled children – a resource for LSCBs

Disabled children are more vulnerable to abuse or neglect than non-disabled children. This resource is intended to help those with a strategic or planning responsibility for children understand their particular needs and consider how best to safeguard and promote their welfare.

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00048/>

Guidance on individuals who pose a risk to children

<http://www.everychildmatters.gov.uk/socialcare/safeguarding/risktochildren/>

Common Assessment Framework

The CAF is a generic assessment for children with additional needs, which can be used by practitioners across all children's services in all local areas in England. It aims to help early identification of need, promote coordinated service provision and reduce the number of assessments that some children and young people go through.

The managers' guide is for all strategic and operational managers across all children's services who have responsibility for implementing the Common Assessment Framework (CAF), to ensure better outcomes for children, young people and their families.

The practitioners' guide is for all practitioners who want to know about the CAF and how to use it.

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00063/>

The lead professional is a key element of integrated support. They take the lead to coordinate provision and act as a single point of contact for a child and their family when a range of services are involved and an integrated response is required.

Appointing a lead professional is central to the effective frontline delivery of services for children with a range of additional needs. When the role is delivered in the context of multi-agency assessment and planning, underpinned by the Common Assessment Framework or relevant specialist assessments, it ensures that professional involvement is rationalised, coordinated and achieves the intended outcomes.

<http://www.everychildmatters.gov.uk/deliveringservices/leadprofessional/>

The Common Assessment Framework for Children and Young People Supporting Tools

This document was developed to accompany the Common Assessment Framework (CAF) guidance issued in April 2006. It provides additional information on CAF, including examples of when to initiate a common assessment, some frequently asked questions and some CAF case studies.

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00146/>

Guidance for video interviewing vulnerable witnesses

Home Office – Department of Health Achieving Best Evidence in Criminal Proceedings

London, HMSO 2001

<http://www.homeoffice.gov.uk/docs/vuln.pdf>

Forced marriage

Dealing with cases of forced marriage: Guidance for Police Officers

www.acpo.police.uk/asp/policies/Data/Interactive_Forced_Marriage_2005.pdf

Young people and vulnerable adults facing forced marriage: practice guidance for social workers. Foreign and Commonwealth Office, March 2004

www.adss.org.uk/publications/guidance.marriage.pdf

Young people and vulnerable adults facing forced marriage: Guidance for Education professionals. Foreign and Commonwealth Office, January 2005

www.Publications.teachernet.gov.uk/eorderingdownload/FCO%2075263.pdf

The Forced Marriage Unit (FMU) is the Government's Central Unit dealing with forced marriage casework, policy and projects. It provides confidential information and assistance to potential victims and concerned professionals.

Telephone: 020 7008 0151

www.fco.gov.uk

REPORTS

Making Safeguarding Everyone's Business (2006)

The government has published its response to the second Joint Chief Inspectors' report on arrangements to safeguard children.

The response, Making Safeguarding Everyone's Business, addresses the report's findings about the priority given to safeguarding across agencies and the needs of particular groups of children, including:

Children with disabilities

Children living away from home

Children in immigration removal centres

The response sets out the actions the government will take to address the Chief Inspectors' recommendations and the timescales for this work.

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00045/>

-

Lord Laming – The Victoria Climbié Inquiry, London, The Stationery Office 2003

<http://www.victoria-climbié-inquiry.org.uk/finreport/finreport.htm>

LEAFLETS

CAF leaflets for parents and carers

DfES has developed information leaflets about the Common Assessment Framework (CAF) and the role of the lead professional. The leaflets describe what the CAF is and when it might be used. They also outline the role of a lead professional, and explain how these initiatives will help children, young people and families. Two versions have been developed; one for children and young people and one for parents and carers.

<http://www.everychildmatters.gov.uk/resources-and-practice/IG00172/>

Sexual Offences Act 2003:

Guide to the Sexual Offences Act 2003

<http://www.homeoffice.gov.uk/documents/adults-safe-fr-sex-harm-leaflet?version=1>

Children and families - safer from sexual crime

<http://www.homeoffice.gov.uk/documents/children-safer-fr-sex-crime>

Protecting the Public: Strengthening protection against sex offenders and reforming the law on sexual offences

<http://www.homeoffice.gov.uk/documents/protecting-the-public.pdf>

Protecting you from sexual abuse: booklet about sexual abuse and the law for people with learning disabilities

<http://www.homeoffice.gov.uk/documents/sex-offence-protect-learning-dis>