

London  
safeguarding  
children board

# London Child Protection Procedures

5th Edition

2017



The London Child Protection Procedures and Guidance are available at [www.londoncp.co.uk](http://www.londoncp.co.uk)

The most up to date version of the procedures is always available on the website and we would advise practitioners to refer to the web version wherever possible.

The procedures are now updated twice yearly in line with changes to national legislation and statutory guidance. These updates take place at the end of March and the end of September.

A pdf of Part A, Core Procedures will be produced after each of these updates and will be available at [www.londonscb.gov.uk/procedures](http://www.londonscb.gov.uk/procedures)

It will always be watermarked with the date at which it will expire – please dispose of copy after this time.

If in any doubt regarding the correct procedures please refer to the website [www.londoncp.co.uk](http://www.londoncp.co.uk)

In addition, please be aware that Part B: Practice Guidance is not produced as pdf and practitioners will have to access these chapters via the same website.

Part B: Practice Guidance is available at [www.londoncp.co.uk/chapters/B\\_contents.html](http://www.londoncp.co.uk/chapters/B_contents.html)

## Part A: Core Procedures

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# 1. Responding to Concerns of Abuse and Neglect

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## Introduction

The *London Child Protection Procedures* are underpinned by the [Working Together to Safeguard Children Guidance](#) (March 2015) which sets out what should happen in any local area when a Child or Young Person is believed to be in need of support. Effective safeguarding arrangements should aim to meet the following two key principles:

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

Working Together to Safeguard Children (2015) Introduction:

*"For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future."*

*Children are best protected when professionals are clear about what is required of them individually and how they need to work together.*

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

- *protecting children from maltreatment*
- *preventing impairment of children's health or development;*
- *ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and*
- *taking action to enable all children to have the best outcomes."*

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

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

Individual children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need early co-ordinated help from health agencies, schools and education services, LA children's social care, Children's Centres the private, voluntary, community and independent sectors, including youth justice services.

All agencies and professionals should:

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

## 1.1 Concept of significant harm

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

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

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

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

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

## 1.2 Early Help

- 1.2.1 The local agencies in any area should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families as well as clear guidance and procedures for all professionals. This includes professionals and volunteers in universal services and those providing services to adults with children. The professionals should be supported through training and supervision to understand their role in identifying emerging problems and sharing information with other professionals to assist with early identification and assessment such as through the Common Assessment Framework (CAF).

Effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help;
- undertake an assessment of the need for early help; and
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities, under [section 10 of the Children Act 2004](#), have a responsibility to promote inter-agency cooperation to improve the welfare of children.

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

- is disabled and has specific additional needs

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

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

1.2.4 The LSCB in the local area should publish and disseminate a threshold document, such as [the London Threshold Document](#) that includes:

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

The Threshold Continuum of need document is a tool to assist practitioners in their decision making in relation to referrals and assessments.

## 1.3 Definitions of child abuse and neglect

As defined in 'Working Together to Safeguard Children' 2015 and 'Keeping Children Safe in Education' September 2016:

### Abuse

1.3.1 A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults or another child or children.

### Physical abuse

1.3.2 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 fabricates the symptoms of, or deliberately induces illness in a child; see [Fabricated or Induced Illness Procedure](#).

## Emotional abuse

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

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

## Sexual abuse

- 1.3.4 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.
- 1.3.5 Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
- 1.3.6 In addition; Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 [Sexual Offences Act 2003](#). See [Part B1, Practice Guidance](#).

## Neglect

- 1.3.7 Neglect is the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or development.
- 1.3.8 Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.



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

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

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

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

1.3.12 The Home Office definition of Domestic violence and abuse was updated in March 2013 as:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

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

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

## 1.4 Potential risk of harm to an unborn child

- 1.4.1 In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby (e.g. domestic violence, parental substance misuse or mental ill health).
- 1.4.2 These concerns should be addressed as early as possible before the birth, so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care.

See [Referral and Assessment Procedure, Pre-birth](#) and [Pre-birth conference](#).

## 1.5 Professional / agency response

- 1.5.1 Professionals in all agencies, whatever the nature of the agency (whether public services or commissioned provider services) who come into contact with children, who work with adult parents/carers or who gain knowledge about children through working with adults, should:
- Be alert to potential indicators of abuse or neglect;
  - Be alert to the risks which individual abusers or potential abusers, may pose to children;
  - Be alert to the impact on the child of any concerns of abuse or maltreatment;
  - Be able to gather and analyse information as part of an assessment of the child's needs.
- 1.5.2 The law empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard their welfare. Accordingly, professionals in all agencies should take appropriate action wherever necessary to ensure that no child is left in immediate danger, e.g. a teacher, foster carer, childminder, a volunteer or any professional should take all reasonable steps to offer a child immediate protection (including from an aggressive parent).. [Children Act 1989 S.3 \(5\)\(a\) and \(b\)](#).

### Child protection support for professionals

- 1.5.3 Each agency should have single / internal agency child protection procedures which are compliant with these *London Child Protection Procedures*. The Local Safeguarding Children Board will hold agencies to account for having these procedures in place as part of their arrangements to safeguard and promote the welfare of children. The Local Safeguarding Children Board. Single / internal agency procedures must provide instruction to professionals in:
- Identifying potential or actual harm to children;
  - Discussing and recording concerns with a first line manager / in supervision;

- Analysing concerns by completing an assessment;

Discussing concerns with the agency designated safeguarding professional lead (able to offer advice and decide upon the necessity for a referral to LA children's social care).

- 1.5.4 Professionals in all agencies should be sufficiently knowledgeable and competent to contact local LA children's social care or the police about their concerns directly and to complete the appropriate referral form.
- 1.5.5 A formal referral to LA children's social care, the police or accident and emergency services (for any urgent medical treatment) must not be delayed by the need for consultation with management or the designated safeguarding professional lead, or the completion of an assessment.

### Duty to co-operate and refer

- 1.5.6 Section 11 of the Children Act 2004 places a duty on key persons and bodies to make arrangements in any local area to safeguard and promote the welfare of children and improve the outcomes for children.

All professionals in agencies with contact with children and members of their families must make a referral to LA children's social care if there are signs that a child or an unborn baby:

- Has suffered significant harm through abuse or neglect;
- Or is likely to suffer significant harm in the future.

- 1.5.7 The timing of such referrals should reflect the level of perceived risk of harm, not longer than **within one working day** of identification or disclosure of harm or risk of harm.
- 1.5.8 In urgent situations, out of office hours, the referral should be made to the LA children's social care emergency duty team / out of hour's team.

### Listening to the child

- 1.5.9 Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be limited to listening carefully to what the child says to:
- Clarify the concerns;
  - Offer re-assurance about how the child will be kept safe;
  - Explain what action will be taken and within what timeframe.
- 1.5.10 The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.
- 1.5.11 If the child can understand the significance and consequences of making a referral to LA children's social care, they should be asked their view.

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

### **Parental consultation**

1.5.13 Where practicable, concerns should be discussed with the parent and agreement sought for a referral to LA children's social care unless seeking agreement is likely to place the child at risk of significant harm through delay or the parent's actions or reactions; For example in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse or induced illness has taken place.

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

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

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

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

### **Urgent medical attention**

1.5.17 If the child is suffering from a serious injury, the professional must seek medical attention immediately from accident and emergency services and must inform LA children's social care, and the duty consultant paediatrician at the hospital.

1.5.18 Where abuse is alleged, suspected or confirmed in a child admitted to hospital, the child must not be discharged until:

- LA children's social care local to the hospital and the child's home address (may be two different LA children's social care) are notified by telephone that there are child protection concerns;
- A strategy meeting / discussion has been held, if appropriate, which should then include relevant hospital and other agency professionals.

## Initiating the referral

- 1.5.19 Referrals should be made to LA children's social care for the area where the child is living or is found.
- 1.5.20 Where specific arrangements are made, or exist, for another borough to undertake an enquiry, the home LA children's social care will advise accordingly and ensure that the referral process outlined in [Part A, chapter 2, Referral and assessment](#) is followed.
- 1.5.21 If the child is known to have an allocated social worker, the referral should be made to them or in their absence to the social worker's manager or a duty children's social worker. In all other circumstances referrals should be made to the duty officer.
- 1.5.22 The referrer should confirm verbal and telephone referrals in writing, within 48 hours.
- 1.5.23 Where an assessment has been completed prior to referral, these details should also be conveyed at the point of referral.
- 1.5.24 LA children's social care should **within one working day** of receiving the referral make a decision about the type of response that will be required to meet the needs of the child. If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

## Recording

- 1.5.25 The referrer should keep a formal record, whether hardcopy or electronic, of:
- Discussions with the child;
  - Discussions with the parent;
  - Discussions with their managers;
  - Information provided to LA children's social care;
  - Decisions and actions taken (with time and date clearly noted, and signed).
- 1.5.26 The referrer should keep a copy of the written referral, confirming the verbal and telephone referral.

## 1.6 Response to and Concerns raised by members of the public

- 1.6.1 When a member of the public telephones or approaches any agency with concerns, about the welfare of a child or an unborn baby, the professional who receives the contact should always:
- Gather as much information as possible, to be able to make a judgement about the seriousness of the concerns;
  - Take basic details:

- Name, address, gender and date of birth of child;
  - Name and contact details for parent/s, educational setting (e.g. nursery, school), primary medical practitioner (e.g. GP practice), professionals providing other services, a lead professional for the child.
- Discuss the case with their manager and the agency's designated safeguarding professional lead to decide whether to:
    - Make a referral to LA children's social care;
    - Make a referral to the lead professional, if the case is open and there is one;
    - Make a referral to a specialist agency or professional e.g. educational psychology or a speech and language therapist;
    - Undertake an assessment.
  - Record the referral contemporaneously, with the detail of information received and given, separating out fact from opinion as far as possible.
- 1.6.2 The member of the public should also be given the number for their local LA children's social care and encouraged to contact them directly. The agency receiving the initial concern should **always** make a referral to LA children's social care and to the lead professional if there is one, in case the member of the public does not follow through (a common occurrence).
- 1.6.3 If there is a risk that the member of the public will disengage without giving sufficient information to enable agencies to investigate concerns about a child, the NSPCC national 24 hour [Child Protection Helpline](#) (0808 800 5000) and [Childline](#) (0800 1111) can be offered as an alternative means of reporting concerns. See [Roles and Responsibilities Procedure, NSPCC](#).
- 1.6.4 Individuals may prefer not to give their name to LA children's social care or NSPCC. Alternatively they may disclose their identity, but not wish for it to be revealed to the parent/s of the child concerned.
- 1.6.5 Wherever possible, professionals should respect the referrer's request for anonymity. However professionals should not give referrers any guarantees of confidentiality, as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena).
- 1.6.6 Local publicity material should make the above position clear to potential referrers.
- 1.6.7 LA children's social care should offer the referrer the opportunity of an interview.

## 1.7 Schools and educational establishments

- 1.7.1 One of the main sources of referrals about children is schools, which means all schools whether maintained, non- maintained or independent schools, including academies and free schools, alternative provision academies and pupil referral units. 'School' includes maintained nursery schools.

All schools and colleges must have regard to the statutory guidance [Keeping Children Safe in Education; statutory guidance for schools and colleges \(September 2016\)](#) when carrying out their duties to safeguard and promote the welfare of children. This guidance from the Department for Education has been issued under Section 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 and the Education (Non-Maintained Special Schools) (England) Regulations 2015.

'Keeping children safe in education' contains information on what schools and colleges should do and sets out the legal duties with which schools and colleges **must** comply. It should be read alongside the statutory guidance 'Working Together to Safeguard Children' 2015, which applies to all the schools referred to above, and departmental advice 'What to do if you are worried a child is being abused - Advice for practitioners'.

The different schools and education settings for all age groups should have systems in place to promote the welfare of children and a culture of listening to children taking in to account their views and wishes.

- 1.7.2 Each establishment should have a designated professional lead for safeguarding. This role should be clearly set out and supported with a regular training and development program in order to fulfil the child welfare and safeguarding responsibilities. Arrangements within each school should set out the processes for sharing information with other professionals and the local LSCB.
- 1.7.3 All school and college staff have a responsibility to provide a safe environment in which children can learn.
- 1.7.4 All school and college staff have a responsibility to identify children who may be in need of extra help or who are suffering, or are likely to suffer, significant harm. All staff then have a responsibility to take appropriate action, working with other services as needed. All school and college staff members should be aware of the signs of abuse and neglect so that they are able to identify cases of children who may be in need of help or protection. Staff members working with children are advised to maintain an attitude of 'it could happen here' where safeguarding is concerned. When concerned about the welfare of a child, staff members should always act in the interests of the child.
- 1.7.5 In addition to working with the designated safeguarding lead staff members should be aware that they may be asked to support social workers to take decisions about individual children.
- 1.7.6 All educational establishments including Free Schools, Academies, Children's Centres/ nurseries, public schools and colleges must have safe recruitment policies and procedures in place.
- 1.7.7 Clear policies and procedures in accordance with the local LSCB procedures for managing allegations against people who work with children must be in operation.

## 1.8 Adult services responsibilities in relation to children

- 1.8.1 All agencies, where professionals offer services to adults who may be parents or have close contact with children and / or to families, should have procedures and protocols

in place for safeguarding and promoting the welfare of children. These should include arrangements for timely multi-disciplinary assessments with children's specialists in their own services and with other agencies, including LA children's social care and the police. See [Roles and Responsibilities Procedure](#).

- 1.8.2 Adult services and professionals working with adults need to be competent in identifying the client or patient's role as a parent. They need to be able to consider the impact of the adult's condition or behaviour on:
- A child's development;
  - Family functioning;
  - The adult's parenting capacity.
- 1.8.3 Professionals working with adults can access further advice in the [Pan London Adult Safeguarding Policies and Procedures](#) and relevant local Adult Safeguarding Procedures.
- 1.8.4 Where a professional working with adults has concerns about the parent's capacity to care for the child and considers that the child is likely to be harmed or is being harmed, they should immediately refer the child to the police or LA children's social care, in accordance with their agency's child protection procedures.

## 1.9 Non-recent (Historical) Abuse

Non-recent abuse (also known as historical abuse) is an allegation of neglect, physical, sexual or emotional abuse made by or on behalf of someone who is now 18 years or over, relating to an incident which took place when the alleged victim was under 18 years old. [1]

Allegations of child abuse are sometimes made by adults and children many years after the abuse has occurred. There are many reasons for an allegation not being made at the time including fear of reprisals, the degree of control exercised by the abuser, shame or fear that the allegation may not be believed. The person becoming aware that the abuser is being investigated for a similar matter or their suspicions that the abuse is continuing against other children may trigger the allegation.

Reports of non – recent allegations of abuse may be complex as the alleged victims may no longer be living in the situations where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role. Such cases should be responded to in the same way as any other concerns and the [Referral and Assessment Procedure](#) should be followed. It is important to ascertain as a matter of urgency if the alleged perpetrator is still working with, or caring for, children. Children's Social Care may not become directly involved initially if the person is known not to have current access to children or be likely to have access in the future.

Organisational responses to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because:

- There is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so;



- Criminal prosecutions can still take place despite the fact that the allegations are non – recent in nature and may have taken place many years ago.

If it comes to light that the alleged non-recent abuse is part of a wider setting of institutional or organised abuse, the case will be dealt with according to the [Organised and Complex Abuse Procedure](#).

[1] NSPCC website definition, Referencing the iicsa (<https://www.iicsa.org.uk/>)

## 1.10 Health agencies, NHS reforms and information sharing

- 1.10.1 [Safeguarding Vulnerable People in the NHS - Accountability and Assurance framework - updated June 2015](#) sets out the framework for health organisations. The complexity of health agencies as provider and commissioning organisations requires particular vigilance by professionals in their different roles when concerns arise about a child. Many different health professionals may be providing a service from one location such as a General Practice but reporting to different management/professional systems, such as GPs, Health Visitors, Practice Therapists and a range of others. The use of information systems and good practice in sharing information should be part of any procedures and practice guidance in any health setting.
- 1.10.2 Other agencies should be assisted to understand how the information they share with a health professional will be managed and who will have access to it. All email correspondence containing personal information or case discussions should be sent securely and always copied into case records. Requests for information about a child from health professionals by LA children’s social care should be directed to the correct professional and not dealt with by administrative staff or intermediaries.
- 1.10.3 In April 2013, there were changes to the commissioning landscape. Local Authorities took responsibility for public health supported by Public Health England. Additionally, the commissioning responsibility for Health visiting and Family Nurse Partnership (FNP) was transferred from NHS England to Public Health in Local authorities in April 2015. Clinical Commissioning Groups (CCGs) are responsible for commissioning several local health services. NHS England supports CCGs and holds them to account. It is also responsible for directly commissioning specialist health services, primary care, prison health care and health visiting.
- 1.9.4 Commissioning and provider organisations employ safeguarding children professionals to take the lead on safeguarding children matters. The roles and responsibilities of designated and named safeguarding children professionals should be clear and accessible to all staff.
- NHS England (London Region) employ a Safeguarding Children Lead Nurse and a Safeguarding Children Paediatrician. They work closely with the Designated Professionals employed by CCGs and with Named GPs for safeguarding children on specific issues relating to primary care;
  - Each CCGs is required to have secured the expertise of Designated Professionals including a Designated Nurse and Doctor for Safeguarding Children, a Designated Doctor and Nurse for Looked After Children and a Paediatrician responsible for Child

Death Review Processes. Designated professionals for Safeguarding Children as local clinical experts and strategic leaders are a vital source of advice and support to the CCG, NHS England, the Local Authority, LSCB, Health and Wellbeing Board and health professionals in all provider organisations;

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

Expires 30 September 2017

## 2. Referral and Assessment

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- 2.1 Introduction
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- 2.5 Assessment of children in need or in need of protection
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### 2.1 Introduction

2.1.1 LA children's social care will receive approaches from professionals, agencies and the public which usually fall in to three categories:

1. Requests for information from LA children's social care.
2. Provision of information such as notifications about a child.
3. Requests, for services for a child, which will be in the form of a referral.

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

2.1.2 When professionals refer into LA children's social care, they should state if there are any pre-existing assessments such as an early assessment or a Common Assessment (CAF) in respect of the child. Any information they have about the child's developmental needs and the capacity of their parents and carers to meet these within the context of their wider family and environment should be provided as a part of the referral information. Such early help assessments should identify what services the child needs and why the child and family require further support to prevent the concerns from escalating to the child needing statutory services. The interagency early help assessments should be undertaken by a Lead professional acting as a coordinator of support services and as an advocate for the child. Local arrangements should be in place to promote effective early help assessments and services.

2.1.3 The referrer must always have the opportunity to discuss their concerns with a qualified social worker. Local authority children's social care should make clear in their local area how this should happen as local arrangements vary for receiving referrals. Some Local Authorities have arrangements in place to screen referrals via a multi agency safeguarding hub process usually referred to as the MASH.

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

2.1.5 Where an early help assessment such as a CAF assessment has been undertaken by the referring agency, it should inform the assessment to be undertaken by the social worker. All good assessments should be based on the common principles, which are set out in the three domains represented by the [assessment triangle](#)<sup>[1]</sup>. This provides a systematic approach, which addresses the interactions between the three domains when considering the impact on the child and assessing their needs. The three domains are:

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

[1] ([Working Together to Safeguard Children 2015 chapter 1 .37](#))

2.1.6 Each local authority must with its partners develop and publish their own local frameworks for assessment which must be based on good analysis, timeliness, and transparency and be proportionate to the needs of the child and their family. Principles for an assessment should include that it is:

- Child centred and focussed on the child's best interests
- Rooted in child development and informed by evidence
- Focussed on action and outcomes for children
- Holistic in approach and involves all relevant agencies
- Timely to meet the child's needs
- Involved with children and their families; including the child's views and wishes
- Builds on strengths as well as identifies difficulties
- Monitored and reviewed regularly as a continuing process
- Transparent and open to challenge

See [Quick Referral Flowchart](#).

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

- 2.1.8 Early help, assessment and intervention are important because incidents of neglect and abuse within families are on a continuum and situations where abuse is developing can, at times, be resolved by multi-agency preventative services outside the child protection procedures.
- 2.1.9 At all stages of referral and assessment, consideration must be given to issues of diversity, taking into account:
- The impact of cultural expectations and obligations on the family;
  - The family's knowledge and understanding of UK law in relation to parenting and child welfare;
  - The impact on the family if recently arrived in the UK and their immigrant status;
  - The need to use interpreters for discussions about parenting and child welfare, even though the family's day-to-day English may appear / be adequate (see [Working with interpreters / communication facilitators Procedure](#));
  - The analysis of the child's and families cultural needs must not result in a lowering of expectations in applying standards of good practice to safeguarding the child.
  - The set of principles for social workers working on child protection cases and care orders, where the child has links to a foreign country available in [Working with Foreign Authorities: Child Protection Cases and Care Orders Departmental advice for local authorities, social workers, service managers and children's services lawyers July 2014](#).
- 2.1.10 Assessments should, as far as possible, build on rather than repeat recent assessments and specialist assessments and have a clear purpose.
- 2.1.11 All assessments should be updated and reviewed regularly for example when new information comes to light or prior to consideration of case closures.

### **Related assessments:**

- 2.1.12 Where a local authority is assessing the needs of a disabled child, a carer of that child may also require the local authority to undertake an assessment of their ability to provide, or to continue to provide, care for the child, under the Care Act 2014. The Children and Families Act 2014 also includes duties for the assessment of young carers and parent carers of children under 18. The local authority must take account of the results of any such assessment when deciding whether to provide services to the disabled child.
- 2.1.13 Under provisions in the Counter-Terrorism and Security Act 2015, local authorities have established Channel panels, which will assess the extent to which identified individuals are vulnerable to being drawn into terrorism or extremism and arrange for support to be provided to those individuals. Local authorities and their partners should consider how best to ensure that these assessments align with assessments under the Children Act 1989.
- 2.1.14 In some cases where there are social workers employed by voluntary/charitable/private organisations undertaking assessments with children and families, they should be invited to share information in the best interest of the child to ensure that no aspects of significance are lost in safeguarding the child's welfare.

## 2.2 Referral criteria

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

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

## 2.3 LA Children's Social Care - Thresholds for referrals

- 2.3.1 Each local Authority will have local agreements in place for early help assessments such as the Common Assessment Framework (CAF). These are all based on an agreed set of principles and values and reflect the statutory guidance in Working Together 2015. The aim is to facilitate the access to appropriate services across local boundaries and different agencies.
- 2.3.2 The [London Local Authority Children's Social Care Threshold](#) document aims to provide guidance to explain how Local Authority Children's Social Care apply thresholds when making decisions about how to receive and respond to referrals made to them.
- 2.3.3 Referrals to services about a child where there may be concerns typically fall in to four categories and pathways:
- No further action, which may include information to signpost to other agencies.
  - Early help - referrals for intervention and prevention services within the Common Assessment Framework and Early Help services range of provision.
  - Child in Need services - assessment to be undertaken by Children's Social Care (Section 17 CA 1989).
  - Child Protection services – assessment and child protection enquiries to be undertaken by Children's Social Care (Section 47 CA 1989) with active involvement of other agencies such as the police, health professionals and education professionals..
- 2.3.4 Local arrangements vary for receiving referrals as some Local Authorities have arrangements in place to screen referrals against the [London Threshold: Continuum of Help and Support](#). Whatever the local route for a referral, it should be assessed by a qualified social worker and a decision should be made by the relevant line manager within the time scale of **one working day** about what should happen next..

## 2.4 Making and receiving a referral

2.4.1 New referrals and referrals on closed cases should be made to the LA children's social care duty social worker. New information on open cases should be made to the allocated social worker for the case (or in their absence their manager or the duty social worker). Referrals should ideally be in writing unless a child is at immediate risk of significant harm. In these circumstances, referrals should be made by telephone without delay and the referrer should discuss their concerns with a qualified social worker.

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

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

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

### Checks and information gathering

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

- Full names (including aliases and spelling variations), date of birth and gender of all child/ren in the household;
- Family address and (where relevant) school / nursery attended;
- Identity of those with parental responsibility;
- Names and date of birth of all household members;
- Where available, the child's NHS number and education UPN number.
- Ethnicity, first language and religion of children and parents;
- Any special needs of children or parents;
- Any significant / important recent or historical events / incidents in child or family's life;
- Cause for concern including details of any allegations, their sources, timing and location;
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;

- Details of alleged perpetrator, if relevant;
- Referrer's relationship and knowledge of child and parents;
- Known involvement of other agencies / professionals (e.g. GP);
- Information regarding parental knowledge of, and agreement to, the referral;
- The child's views and wishes, if known.

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

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

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

2.4.7 This assessment should establish:

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

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

2.4.9 Referrals from professionals that have been made by telephone or in person should ideally be confirmed in writing, by the referrer, within 48 hours.

2.4.10 If the referrer has not received an acknowledgement within three working days, they should contact LA children's social care again.

2.4.11 The parents' permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm. See [Sharing Information Procedure](#) about whose consent to share information should be sought.

2.4.12 Interviews with family members and, if appropriate, with the child should also be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.



- 2.4.13 A decision to discuss the referral with other agencies without parental knowledge or permission should be authorised by a LA children's social care manager, and the reasons recorded.
- 2.4.14 LA children's social care should make it clear to families (where appropriate) and other agencies that the information provided for this assessment may be shared with other agencies.
- 2.4.15 This checking and information gathering stage must involve an immediate assessment of any concerns about either the child's health and development, or actual and/or potential harm, which justify further enquiries, assessments and / or interventions.
- 2.4.16 The LA children's social care manager should be informed by a social worker of any referrals where there is reasonable cause to consider s47 enquiries and authorise the decision to initiate action. In most cases this will first involve an assessment, which may be brief when the threshold for child protection enquiries is met (see [Child Protection Enquiries Procedure](#)). If the child and / or family are well known to professional agencies or the facts clearly indicate that a s47 enquiry is required, the Local Authority should initiate a strategy meeting / discussion immediately, and together with other agencies determine how to proceed.
- 2.4.17 The threshold may be met for a s47 enquiry at the time of referral, following checks and information gathering or at any point of LA children's social care involvement.
- 2.4.18 The police must be informed at the earliest opportunity if a crime may have been committed. The police must decide whether to commence a criminal investigation and a discussion should take place to plan how parents are to be informed of concerns without jeopardising police investigations.
- 2.4.19 The Police should assist other agencies to carry out their responsibilities, where there are concerns about the child's welfare, whether or not a crime has been committed.

## Outcomes of Referrals

- 2.4.20 The immediate response to referrals may be:
- No further action at this stage;
  - Signposting to other agencies and services;
  - Provision of services;
  - An assessment of needs with a stated timescale and plan including regular reviews;
  - Emergency action to protect a child;
  - A s47 [strategy meeting / discussion](#).
- 2.4.21 A LA children's social care manager must approve the decision about the type of response that is required and ensure that a record of the outcome of the referral has been commenced and/or updated.

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

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

### No further action

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

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

## 2.5 Assessment of children in need or in need of protection

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

2.5.2 The assessment must be completed in a timely manner as identified by the social worker and LA children's social care manager but should not exceed 45 working days from the point of referral. Where it becomes apparent that this timescale will require extension, a LA children's social care first line manager must review the file, record the reason for the extension and agree the new timescale. Local Authorities may have different local Assessment framework agreements in place which may contain timescales to be observed. Any timescale should be regularly reviewed.

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

- When to interview the child/ren (within an appropriate timescale);
- Whether the child/ren should be seen and spoken to with or without their parents;
- When to interview parents and any other relevant family members;
- What the child and parents should be told of any concerns;
- What contributions (historical and contemporary information) to the assessment from other agencies should be and who will provide them;

- What background history, for whom, should be gathered including the community context;
- Whether information from abroad is required. If it is, then professionals from each agency will need to request information from their equivalent agencies in the countries in which the child has lived. See guidance in [Working with Foreign Authorities: Child Protection Cases and Care Orders Departmental advice for local authorities, social workers, service managers and children's services lawyers July 2014](#).

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

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

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

See [Sharing Information Procedure](#), about whose consent to share information should be sought.

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

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

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

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

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

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

## Principles for an assessment

2.5.11 The multi-agency assessment should be led and coordinated by a qualified social worker and must provide a rigorous analysis of the child's needs and the capacity of the child's parents to meet these needs within their family and environment. Based on this analysis the key questions to be answered are:

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

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

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

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

2.5.14 A LA children's social care manager must approve the assessment and ensure that:

- There has been direct communication with the child alone and their views and wishes have been recorded and taken into account when providing services;
- All the children in the household have been seen and their needs considered;
- The child's home address has been visited and the child's bedroom has been seen;
- The parent has been seen and their views and wishes have been recorded and taken into account;
- Background history of both mother and father ,or other adult carer, and their parenting skills and capacity has been considered;
- The analysis has been completed;
- The assessment provides clear evidence for decisions on what types of services are needed to provide good outcomes for the child and family;
- The records and the child's chronology within the records are up-to-date;
- The assessment will be reviewed regularly;
- The action points have been distributed to all participants.

## Information from previous LAs / countries

2.5.15 If the child and their parents have moved into the LA children's social care area, all practitioners should seek information from their respective agencies covering previous addresses in the UK and abroad. See also guidance in [Working with Foreign Authorities: Child Protection Cases and Care Orders Departmental advice for local authorities, social](#)

workers, service managers and children's services lawyers July 2014.

- 2.5.16 For information from foreign countries, see [Accessing information from abroad Procedure](#). In some cases, specialist assessments and information can be undertaken or obtained through independent consultants or through specialist agencies such as [International social services \(ISS\)](#) and [Children And Families Across Borders \(CFAB\)](#).
- 2.5.17 It is never acceptable to delay immediate action required whilst information from foreign countries is accessed.

### Notifying the police

- 2.5.18 It will not necessarily be clear whether a criminal offence has been committed, which means that even initial discussions with the child should be undertaken in a way that minimises distress to them and maximises the likelihood that they will provide accurate and complete information, avoiding leading or suggestive questions.
- 2.5.19 The police must be informed at the earliest opportunity if a crime may have been committed. The police will decide whether to commence a criminal investigation and should work jointly with the Local Authority. The police should assist agencies to carry out their responsibilities, where there are concerns about a child's welfare, whether or not a crime has been committed.

### Outcome of assessment

- 2.5.20 The focus of the multi-agency assessment is to gather important information about the child and family, to analyse their needs, and the level and nature of any risk and harm, and to provide support services in order to improve the outcomes for the child. In the course of the assessment, LA children's social care should ascertain:
- Is this a child in need? ([s17 Children Act 1989](#)); if so, is there a need for further social work support or provision of support?
  - Is there reasonable cause to suspect that this child is suffering, or is likely to suffer, significant harm? ([s47 Children Act 1989](#)).
  - Is this a child in need of, or requesting, accommodation? ([s20](#) or [s31 Children Act 1989](#))
- 2.5.21 Every assessment should be focussed on outcomes, deciding which services and support to provide in order to deliver improved welfare for the child.

The possible outcomes of the assessment are:

- No further action;
- The development of a multi-agency child in need plan for the provision of child in need services to promote the child's health and development;
- Specialist assessment for a more in-depth understanding of the child's needs and circumstances;
- Undertaking a strategy meeting / discussion, a s47 child protection enquiry;
- Emergency action to protect a child (see [Child Protection s47 Enquiries Procedure, Immediate protection](#)).

2.5.22 The outcome of the assessment should be:

- Discussed with the child and family and provided to them in written form. Exceptions to this are where this might place a child at risk of harm or jeopardise an enquiry;
- Taking account of confidentiality, provided to professional referrers;
- Given in writing to agencies involved in providing services to the child.

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

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

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

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

## 2.6 Pre-birth referral and assessment

### Referral

2.6.1 Where agencies or individuals anticipate that prospective parents may need support services to care for their baby or that the baby may have suffered, or be likely to suffer, significant harm, a referral to LA children's social care must be made as soon as the concerns are identified. See [Responding to Concerns of Abuse and Neglect Procedure, Potential risk to an unborn child](#).

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

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

- Provide sufficient time to make adequate plans for the baby's protection;

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

It is also important to note that Statutory Guidance<sup>[1]</sup> states that:

*“Where the local authority is considering proceedings shortly after birth, the timing of the sending of the pre-proceedings letter or letter of issue should take account of the risk of early birth and help to ensure that discussions and assessments are not rushed. Ideally the letter should be sent at or before 24 weeks.”* (p 19).

Although not all referrals will go on to require legal proceedings, it is important to bear in mind the timescales laid out in the guidance as they will not be met unless referrals are made at an early stage in the pregnancy.

[1] [Court orders and pre-proceedings For local authorities April 2014](#).

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

## Pre-birth assessment

- 2.6.5 A pre-birth assessment should be undertaken on all pre-birth referrals as early as possible, preferably before 20 weeks, and when appropriate, a strategy meeting / discussion held, where:
- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children (see [Risk Management of Known Offenders Procedure](#));
  - A sibling in the household is subject of a child protection plan;
  - A sibling has previously been removed from the household either temporarily or by court order;
  - The parent is a looked after child;
  - There are significant domestic violence issues (see [Safeguarding children affected by domestic abuse and violence Procedure](#));
  - The degree of parental substance misuse is likely to impact significantly on the baby’s safety or development (see [Parents who Misuse Substances Procedure](#));
  - The degree of parental mental illness / impairment is likely to impact significantly on the baby’s safety or development (see [Parenting Capacity and Mental Illness Procedure](#));

- There are significant concerns about parental ability to self care and / or to care for the child e.g. unsupported, young or learning disabled mother; (see [Parenting Capacity and Learning Disabilities Procedure](#))
- Any other concern exists that the baby may have suffered, or is likely to suffer, significant harm including a parent previously suspected of fabricating or inducing illness in a child (see [Fabricated or Induced Illness Procedure](#)) or harming a child;
- A child aged under 13 is found to be pregnant (see [Safeguarding Sexually Active Children Procedure](#) and [Safeguarding Children from Sexual Exploitation Procedure](#)).

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

- 2.6.6 The need for a [s47 enquiry](#) should be considered and, if appropriate, initiated at a strategy meeting / discussion held as soon as possible following receipt of the referral. The expected date of delivery will determine the urgency for the meeting.
- 2.6.7 Consideration of the need to initiate a s47 enquiry should follow the procedures described in [Child protection enquiries Procedure](#).
- 2.6.8 The strategy meeting / discussion should follow the procedures described in [Child Protection s47 Enquiries Procedure, Strategy meeting / discussion](#). It should take place at the hospital where the birth is planned or expected, or where the responsible midwifery service is or would be if the parents have not booked for service provision prior to birth.
- 2.6.9 The meeting must decide:
- Whether a s47 enquiry and pre-birth assessment is required (unless previously agreed at any earlier ante-natal meeting);
  - What areas are to be considered for assessment;
  - Who needs to be involved in the process;
  - How and when the parent/s are to be informed of the concerns;
  - The actions required by adult services working with expectant parent/s (male or female);
  - The actions required by the obstetric team as soon as the baby is born. These actions should be set out in a clear plan to be provided to the relevant professionals in good time prior to birth." This includes labour / delivery suite and post-natal ward staff and the midwifery service, including community midwives;
  - Any instructions in relation to invoking an emergency protection order (EPO) at delivery should be communicated to the midwifery manager for the labour / delivery suite.
- 2.6.10 The parents should be informed as soon as possible of the concerns and the need for assessment, except on the rare occasions when medical advice suggests this may be harmful to the health of the unborn baby and / or mother.

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



2.6.11 In undertaking a pre-birth s47 enquiry and assessment, LA children's social care, the police and relevant other agencies must follow the procedures described in [Child protection enquiries Procedure](#).

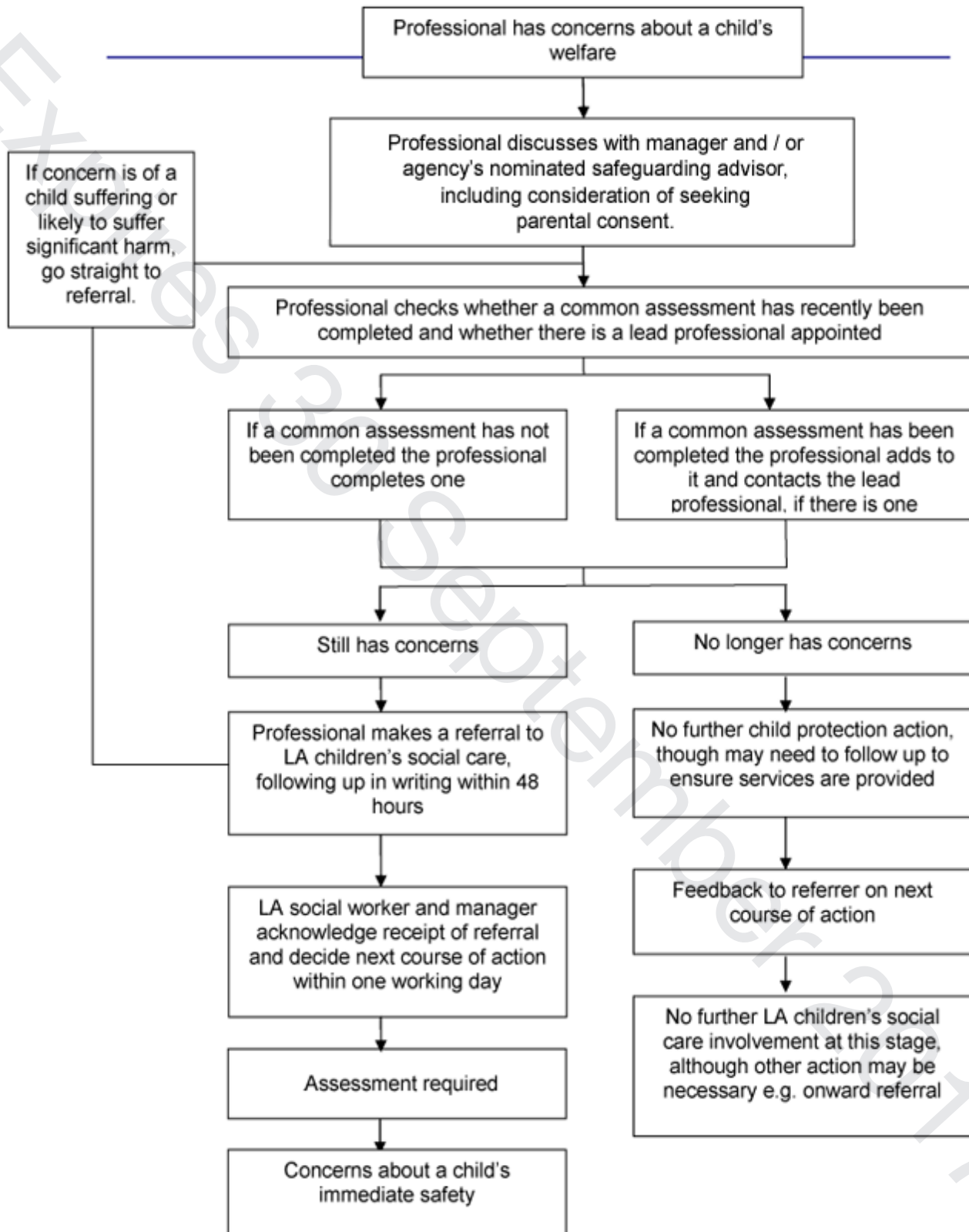
2.6.12 In summary, the enquiry should identify:

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

2.6.13 The enquiry must make recommendations regarding the need, or not, for a pre-birth child protection conference which should wherever possible be held before 24 weeks.

See [Child Protection Conferences Procedure, Pre-birth conferences](#).

## 2.7 Quick referral flowchart



## 3. Child Protection s47 Enquiries

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- 3.6 Referrals to the police
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- 3.8 Visually recorded interviews / ABE
- 3.9 Paediatric assessment
- 3.10 Outcome of s47 enquiries
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### 3.1 Duty to conduct s47 enquiries

- 3.1.1 Where a child is suspected to be suffering, or likely to suffer, significant harm, the local authority is required by s47 of the [Children Act 1989](#) to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.
- 3.1.2 Responsibility for undertaking s47 enquiries lies with LA children's social care in whose area the child lives or is found. 'Found' means the physical location where the child suffers the incident of harm or neglect (or is identified to be at risk of harm or neglect), e.g. nursery or school, boarding school, hospital, one-off event, such as a fairground, holiday home or outing or where a privately fostered or looked after child is living with their carers. For the purposes of these procedures the LA children's social care in which the child lives, is called the 'home authority' and the LA children's social care in which the child is found is the child's 'host authority'.
- 3.1.3 Whenever a child is harmed or concerns are raised that a child may be at risk of harm or neglect, the host authority is responsible for informing the home authority immediately. The home authority should be invited to participate in the strategy meeting / discussion to plan action to protect the child. Only once agreement is reached about who will take responsibility is the host authority relieved of the responsibility to take emergency and ongoing action. Such acceptance should occur as soon as possible and should be confirmed in writing.

## Responsibilities of all agencies

- 3.1.4 Each agency has a duty to assist and provide information in support of child protection enquiries. When requested to do so by LA children's social care, professionals from other parts of the local authority such as housing and those in health organisations have a duty to cooperate under [section 27 of the Children Act 1989](#) by assisting the local authority in carrying out its children's social care functions. All schools and educational establishments have the same duty in line with the statutory guidance '[Keeping Children Safe in Education September 2016](#)'.

## 3.2 Immediate protection

- 3.2.1 Where there is a risk to the life of a child or the possibility of serious immediate harm, an agency with statutory child protection powers (the police, LA children's social care and the NSPCC) should act quickly to secure the immediate safety of the child.
- 3.2.2 Emergency action may be necessary as soon as the referral is received from a member of the public or from any agency involved with children or parents. Alternatively, the need for emergency action may become apparent only over time as more is learned about a child or adult carer's circumstances. Neglect, as well as abuse, can pose such a risk of significant harm to a child that urgent protective action is needed
- 3.2.3 When considering whether emergency action is required, an agency should always consider whether action is also required to safeguard and promote the welfare of other children in the same household (e.g. siblings), the household of an alleged perpetrator, or elsewhere.
- 3.2.4 Responsibility for immediate action rests with the host authority where the child is found, but should be in consultation with any home authority (as described in [section 3.1](#) above).
- 3.2.5 Planned emergency action will normally take place following an immediate strategy meeting / discussion between police, LA children's social care, Health professionals and other agencies as appropriate (see [Strategy meeting / discussion](#)); see [Appendix 1: Links to relevant legislation](#) for the range of emergency protection powers available.
- 3.2.6 Immediate protection may be achieved by:
- A parent taking action to remove an alleged abuser;
  - An alleged abuser agreeing to leave the home;
  - The child not returning to the home;
  - The child being removed either on a voluntary basis or by obtaining an emergency protection order (EPO);
  - Removal of the child/ren or prevention of removal from a place of safety under police powers of protection;
  - Gaining entry to the household under police powers and to assess the situation.

- 3.2.7 The LA children's social worker must seek the agreement of their relevant line manager and obtain legal advice before initiating legal action.
- 3.2.8 [Police powers of protection](#) should only be used in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child.
- 3.2.9 When police powers of protection are used, an independent police officer of at least inspector rank must act as the Designated Officer.
- 3.2.10 Where an agency with statutory child protection powers has to act immediately to protect a child, a strategy meeting / discussion should take place within 1 working day of the emergency action to plan the next steps.
- 3.2.11 Emergency action addresses only the immediate circumstances of the child/ren. It should be followed quickly by a s47 enquiry and an assessment of the needs and circumstances of the child and family as necessary. Where an EPO applies, LA children's social care will have to consider quickly whether to initiate care or other proceedings or to let the order lapse and the child/ren return home.

### 3.3 S47 thresholds and the multi-agency assessment

- 3.3.1 See [Referral and assessment Procedure](#).
- 3.3.2 A s47 enquiry must always be commenced immediately when:
- There is reasonable cause to suspect that a child is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect;
  - Following an EPO or the use of police powers of protection is initiated.
- 3.3.3 The threshold criteria for a s47 enquiry may be identified during an early assessment, but may be apparent at the point of referral, during the multi-agency checks or in the course of the assessment.
- 3.3.4 A multi agency assessment should be initiated following referral and should continue whenever a s47 enquiry has commenced. The local assessment protocol will provide the framework for gathering and analysing information for the enquiry (see [Referral and assessment Procedure](#)). The conclusions and recommendations of the enquiry should inform the assessment (see also [Child Protection Conferences, The Child Protection plan](#))
- 3.3.5 Local authority social workers have a statutory duty to lead enquiries under [section 47](#) of the Children Act 1989. The police, health professionals, teachers and other relevant professionals should support the local authority in undertaking its enquiries.

## 3.4 Strategy meeting / discussion

3.4.1 Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy meeting / discussion. See [s47 thresholds and the multi-agency assessment](#).

3.4.2 A strategy meeting / discussion should be used to:

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

3.4.3 Relevant matters include:

- Agreeing ,or reviewing how the assessment under [s47 of the Children Act 1989](#) will be carried out - what further information is required about the child/ren and family and how it should be obtained and recorded;
- Agreeing who should be interviewed, by whom, for what purpose and when. The way in which interviews are conducted can play a significant part in minimising any distress caused to children, and in increasing the likelihood of maintaining constructive working relationships with families when a criminal offence may have been committed against a child, the timing and handling of interviews with victims, their families and witnesses can have important implications for the collection and preservation of evidence;
- Agreeing, in particular, when the child will be seen alone (unless to do so would be inappropriate for the child) by the social worker during the course of these enquiries and the methods by which the child's wishes and feelings will be ascertained so that they can be taken into account when making decisions under section 47 of the Children Act 1989;
- In the light of the race and ethnicity of the child and family, considering how these should be taken into account and establishing whether an interpreter will be required; and

- Considering the needs of other children who may be affected (e.g. siblings and other children, such as those living in the same establishment, in contact with alleged abusers).

3.4.4 Strategy discussions by telephone will usually be adequate to plan an enquiry, but meetings are likely to be more effective where:

- There is concern that the child is suffering complex types of neglect or maltreatment (see [Fabricated or Induced Illness Procedure](#) and [Organised and Complex Abuse Procedure](#));
- There is an allegation that a child has abused another child - separate strategy meetings should be held for both children (see [Children Harming Others Procedure](#));
- There are ongoing, cumulative concerns about the child's welfare and a need to share concerns and agree a course of action;
- There are concerns about the future risk of harm to an unborn child.

This list is not exhaustive.

3.4.5 The strategy meeting / discussion should be convened by LA children's social care. In addition to LA children's social care, the police and relevant health professionals, the meeting / discussion may need to involve the other agencies (e.g. schools and nurseries) which hold information relevant to the concerns about the child.

3.4.6 More than one strategy meeting / discussion may be required.

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

3.4.8 For sharing information between the local authority and criminal justice professionals, see the [2013 Protocol and good practice model: Disclosure of information in cases of alleged child abuse and linked criminal and care directions hearings](#). (CPS, ACPO, DfE, LGA, ADCS et al).

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

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

3.4.10 The strategy meeting / discussion should be co-ordinated and chaired by the LA children's social care first line manager.

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

- 3.4.12 Professionals participating in strategy meetings / discussions must have all their agency's information relating to the child to be able to contribute it to the meeting / discussion, and must be sufficiently senior to make decisions on behalf of their agencies.
- 3.4.13 Where issues have significant medical implications, or a paediatric examination has taken place or may be necessary, a paediatrician should always be included. If the child is receiving services from a hospital or child development team, the meeting / discussion should involve the responsible medical consultant and, in the case of in-patient treatment, a senior ward nurse.
- 3.4.14 A professional may need to be included in the strategy meeting / discussion who is not involved with the child, but who can contribute expertise relevant to the particular form of abuse or neglect in the case.

### **Strategy meeting / discussion record**

- 3.4.15 It is the responsibility of the chair of the strategy meeting / discussion to ensure that the decisions and agreed actions are fully recorded using an appropriate form / record. All agencies attending should take notes of the actions agreed at the time of the meeting/discussion.

A copy of the record should be made available for all those, who had been invited, as soon as practicable by LA children's social care.

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

### **Timing of strategy meeting / discussion**

- 3.4.17 Strategy meetings / discussions should be convened within three working days of child protection concerns being identified, except in the following circumstances:
- For allegations / concerns indicating a serious risk of harm to the child (e.g. serious physical injury or serious neglect) the strategy meeting / discussion should be held on the same day as the receipt of the referral;
  - For allegations of penetrative sexual abuse, the strategy meeting / discussion should be held on the same day as the receipt of the referral if this is required to ensure forensic evidence;
  - Where immediate action was required by either agency, the strategy meeting / discussion must be held within one working day;
  - Where the concerns are particularly complex (e.g. organised abuse / allegations against staff) the strategy meeting / discussion must be held within a maximum of five working days, but sooner if there is a need to provide immediate protection to a child.
- 3.4.18 The plan made at the strategy meeting / discussion should reflect the requirement to convene an initial child protection conference within 15 working days of the strategy



meeting / discussion at which it was decided to initiate the enquiry (if there were more than one strategy meetings). In exceptional circumstances, such as Fabricated and induced illness for example, enquiries will be more complicated and may require more than one strategy discussion. If the strategy meeting / discussion concludes that a further strategy meeting / discussion is required, then a clear timescale should be set and be subject to regular review by the social work manager bearing in mind the safety of the child at all times.

- 3.4.19 If the conclusion of the strategy discussion is that there is no cause to pursue the s47 enquiry then consideration should be given to continuing the multi agency assessment to establish the needs of the child for any early help or family support services as a child in need.

## 3.5 Initiating a s47 enquiry

- 3.5.1 LA children's social care is the lead agency for child protection enquiries and the LA children's social care manager has responsibility for authorising a s47 enquiry following a strategy discussion/meeting.
- 3.5.2 In deciding whether to call a strategy meeting / discussion, the LA children's social care manager must consider the:
- Seriousness of the concern/s;
  - Repetition or duration of concern/s;
  - Vulnerability of child (through age, developmental stage, disability or other pre-disposing factor e.g. 'looked after');
  - Source of concern/s;
  - Accumulation of sufficient information and patterns of concerns;
  - Context in which the child is living (e.g. a child in the household already subject of a current child protection plan);
  - Predisposing factors in the family that may suggest a higher level of risk of harm (e.g. mental health difficulties, parental substance misuse, domestic violence or immigrant family issues such as social isolation).
- 3.5.3 A s47 enquiry may run concurrently with police investigations. When a joint enquiry takes place, the police have the lead for the criminal investigation (see [Referrals to the Police](#)) and LA children's social care have the lead for the s47 enquiries and the child's welfare.

### Multi-agency checks

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

- 3.5.5 The social worker, together with their manager, must decide whether to seek parental permission to undertake multi-agency checks.
- 3.5.6 If the manager decides not to seek permission, they must record the reasons, e.g.:
- Prejudicial to the child's welfare;
  - Serious concern about the behaviours of the adult;
  - Concern that the child would be at risk of further significant harm.
- 3.5.7 Where permission is sought from parents and carers and denied, the manager must determine whether to proceed, and record the reasons for the decision they make.
- 3.5.8 The social worker must contact the other agencies involved with the child to inform them that a child protection enquiry has been initiated and to seek their views. The checks should be undertaken directly with involved professionals and not through messages with intermediaries.
- 3.5.9 The relevant agency should be informed of the reason for the enquiry, whether or not parental consent has been obtained and asked for their assessment of the child in the light of information presented.
- 3.5.10 Agency checks should include accessing any relevant information that may be held in one or more other countries. Practice guidance is available for social workers working on child protection cases and care orders, where the child has links to a foreign country in [Working with Foreign Authorities: Child Protection Cases and Care Orders Departmental advice for local authorities, social workers, service managers and children's services lawyers July 2014 \(PDF\)](#). See also [Accessing information from abroad Procedure](#).

## 3.6 Referrals to the police

- 3.6.1 The primary responsibility of police officers is to undertake criminal investigations of suspected or actual crime and to inform LA children's social care when they are undertaking such investigations, and where appropriate to notify the Designated Officer (formerly known as LADO)
- 3.6.2 The police and LA children's social care must co-ordinate their activities to ensure the parallel process of a s47 enquiry and a criminal investigation is undertaken in the best interests of the child. This should primarily be achieved through joint activity and planning at strategy meetings / discussions.
- 3.6.3 At the strategy meeting / discussion, the police officers should share current and historical information with other services where it is necessary to do so to ensure the protection of a child.
- 3.6.4 All suspected, alleged or actual crime must be referred to the police. Telephone referrals should be confirmed in writing, within 48 hours, using MPS form 87A (see [Referral to Police Form 87A](#)).

- 3.6.5 The police referral manager will make a decision, based on police threshold policy and following checks and information sharing, on whether to initiate a criminal investigation.
- 3.6.6 The following matters will always be investigated by the police:
- All alleged sexual assaults;
  - Allegations of physical abuse amounting to offences of actual bodily harm (s47 *Offences Against the Person Act 1861*) and more serious assaults;
  - Allegations of serious neglect / cruelty;
  - Allegations and concerns involving minor offences where there are aggravating features.

## 3.7 Involving parents, family members and children

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

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

For full details of involving children, young people and their family members see [General Practice Guidance](#) and [Child Protection Conferences Procedure, Electronic and Digital Recording](#).

### Missing or inaccessible children

- 3.7.2 If the whereabouts of a child subject to s47 enquiries are unknown and cannot be ascertained by the LA children's social care social worker, the following action must be taken within 24 hours:
- A strategy meeting / discussion with police CAIT;
  - Agreement reached with the LA children's social care manager responsible as to what further action is required to locate and see the child and carry out the enquiry.
- 3.7.3 If access to a child is refused or obstructed the social worker, in consultation with their manager, should co-ordinate a strategy meeting / discussion, including legal representation, to develop a plan to locate or access the child/ren and progress the s47 enquiry.

See also [Children Missing from Care, Home and School Procedure](#).

## 3.8 Visually recorded interviews / ABE

- 3.8.1 Visually recorded interviews must be planned and conducted jointly by trained police officers and LA social workers in accordance with the [Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable and intimidated witnesses](#) (Home Office 2011).
- 3.8.2 All events up to the time of the video interview must be fully recorded.
- 3.8.3 Visually recorded interviews serve two primary purposes:
- Evidence gathering for criminal proceedings;
  - Examination in chief of a child witness.
- 3.8.4 Relevant information from this process can also be used to inform s47 enquiries, subsequent civil childcare proceedings or disciplinary proceedings against adult carers.
- 3.8.5 In accordance with [Achieving Best Evidence](#), all joint interviews with children should be conducted by those with specialist training and experience in interviewing children. Consideration of the use of video recorded evidence should take in to account situations where the child has been subject to abuse using recording equipment.

Specialist / expert help may be needed:

- If the child's first language is not English (see [Working with interpreters / communication facilitators Procedure](#));
- They appear to have a degree of psychiatric disturbance but are deemed competent;
- They have a physical / sensory / learning disability;
- Where interviewers do not have adequate knowledge and understanding of the child's racial religious and cultural background.

## 3.9 Paediatric assessment

- 3.9.1 Where the child appears in urgent need of medical attention (e.g. suspected fractures, bleeding, loss of consciousness), they should be taken to the nearest accident and emergency department.
- 3.9.2 In other circumstances, the strategy meeting / discussion will determine, in consultation with the paediatrician, the need and timing for a paediatric assessment. Where a child is also to be interviewed by police and / or LA children's social care, this interview should take place prior to a medical examination unless there are exceptional circumstances agreed with the police and social work service.
- 3.9.3 A paediatrician may refer on to other professionals, particularly if there are suspicions of sexual abuse.
- 3.9.4 A paediatric assessment should demonstrate a holistic approach to the child and

assess the child's well being, including mental health, development and cognitive ability. Particular attention to assessments of infants under the age of one ,who can be divided into two groups: non-mobile and mobile or partially mobile are needed as there are certain injuries that do not usually occur as a result of an accident in non-mobile infants.

3.9.5 A paediatric assessment is necessary to:

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

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

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

3.9.7 The following may give consent to a paediatric assessment:

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

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

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

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

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

- 3.9.12 Wherever possible the permission of a parent should be sought for children under sixteen prior to any paediatric assessment and / or other medical treatment.
- 3.9.13 Where circumstances do not allow permission to be obtained and the child needs emergency medical treatment, the medical practitioner may:
- Regard the child to be of an age and level of understanding to give their own consent;
  - Decide to proceed without consent.
- 3.9.14 In these circumstances, parents must be informed by the medical practitioner as soon as possible and a full record must be made at the time.
- 3.9.15 In non-emergency situations, when parental permission is not obtained, the social worker and manager must consider whether it is in the child's best interests to seek a court order.

### **Arranging the paediatric assessments**

- 3.9.16 In the course of s47 enquiries, appropriately trained and experienced practitioners must undertake all paediatric assessments.
- 3.9.17 Referrals for child protection paediatric assessments from a social worker or a member of the police are made to the local service.
- 3.9.18 The paediatrician may arrange to examine the child themselves, or arrange for the child to be seen by a member of the paediatric team in the hospital or community.
- 3.9.19 In cases of suspected abuse, GPs must not perform a detailed examination unless this is agreed by the police and the LA children's social care.
- 3.9.20 The assessment may be carried out jointly by a forensic medical examiner and a paediatrician. If a forensic medical examiner is not available, two paediatricians may carry out the assessment provided one has received forensic training.
- 3.9.21 In these cases, a child abuse investigation team (CAIT) officer should directly brief the doctors and take possession of evidential items.
- 3.9.22 Single examinations should only be undertaken if the person has the requisite skills and equipment. For further guidance for paediatricians and forensic medical examiners (see the [Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse](#) (The Royal College of Paediatrics and Child Health. October 2012)).
- 3.9.23 In cases of severe neglect, physical injury or penetrative sexual abuse, the assessment should be undertaken on the day of referral, where compatible with the welfare of the child.
- 3.9.24 The need for a specialist assessment by a child psychiatrist or psychologist should be considered.

- 3.9.25 In planning the examination, the police CAIT officer and relevant doctor must consider whether it might be necessary to take photographic evidence for use in care or criminal proceedings.
- 3.9.26 Where such arrangements are necessary, the child and parents must be informed and prepared and careful consideration given to the impact on the child.
- 3.9.27 The paediatrician should supply a report to the social worker, GP and, where appropriate, the police. The timing of a letter to parents should be determined in consultation with LA children's social care and police.
- 3.9.28 The report should include:
- A verbatim record of the carer's and child's accounts of injuries and concerns noting any discrepancies or changes of story;
  - Documentary findings in both words and diagrams;
  - Site, size, shape and where possible age of any marks or injuries;
  - Opinion of whether injury is consistent with explanation;
  - Date, time and place of examination;
  - Those present;
  - Who gave consent and how (child / parent, written / verbal);
  - Other findings relevant to the child (e.g. squint, learning or speech problems etc);
  - Confirmation of the child's developmental progress (especially important in cases of neglect);
  - The time the examination ended.
- 3.9.29 All reports and diagrams should be signed and dated by the doctor undertaking the examination.

## 3.10 Outcome of s47 enquiries

- 3.10.1 LA children's social care is responsible for deciding how to proceed with the enquiries based on the strategy meeting / discussion and taking into account the views of the child, their parents and other relevant parties (e.g. a foster carer).

During the enquiry the scope and focus of the assessment will be that of a risk assessment which:

- Identifies the cause for concern;
- Evaluates the strengths of the family;
- Evaluates the risks to the child/ren;
- Considers the child's needs for protection;

- Evaluates information from all sources and previous case records;
- Considers the ability of parents and wider family and social networks to safeguard and promote the child's welfare;
- Considers how these risks can be managed.

It is important to ensure that both immediate risk assessment and long term risk assessment are considered. See also [Referral and assessment Procedure](#).

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

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

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

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

### **Concerns are not substantiated**

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

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

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

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



## Feedback from enquiries

- 3.10.7 The LA children's social worker is responsible for recording the outcome of the s47 enquiries consistent with the requirements of the relevant recording system. The outcome should be put on the child's electronic record with a clear record of the discussions, authorised by the LA children's social care manager.
- 3.10.8 Notification, verbal or written, of the outcome of the enquiries, including an evaluation of the outcome for the child, should be given to all the agencies who have been significantly involved, the parents and children of sufficient age and appropriate level of understanding, in particular in advance of any initial child conference that is convened. This information should be conveyed in an appropriate format for younger children and those people whose preferred language is not English. See [Working with interpreters / communication facilitators Procedure](#).
- 3.10.9 Feedback about outcomes should be provided to non-professional referrers in a manner that respects the confidentiality and welfare of the child.
- 3.10.10 If there are ongoing criminal investigations, the content of the LA children's social worker's feedback should be agreed with the police.
- The child, young person or appropriate family member should be made aware of the [Code of Practice for Victims of Crime \(October 2015\)](#).
- 3.10.11 Where the child concerned is living in a residential establishment which is subject to inspection, the relevant inspectorate should be informed.

## Disputed decisions

- 3.10.12 Where LA children's social care have concluded that an initial child protection conference is not required but professionals in other agencies remain seriously concerned about the safety of a child, these professionals should seek further discussion with the LA children's social worker, their manager and/or the designated safeguarding professional lead. The concerns, discussion and any agreements made should be recorded in each agency's files.
- 3.10.13 If concerns remain, the professional should discuss with a designated / named / lead person or senior manager in their agency. If concerns remain the agency may formally request that LA children's social care convene an initial child protection conference. LA children's social care should convene a conference where one or more professionals, supported by a senior manager / named or designated professional requests one.
- 3.10.14 If this approach fails to achieve agreement, the procedures for resolution of conflicts should be followed. See [Local Safeguarding Children Boards Procedure, Quality Assurance Procedure and Professional Conflict Resolution Procedure](#)

## 3.11 Timescales

### Routine

- 3.11.1 From when LA children's social care receive a referral or identify a concern that a child has suffered, or is likely to suffer, significant harm:
- The initial strategy meeting / discussion which instigates the s47 enquiry must take place within three days;
  - The multi-agency assessment taking place along with the s47 enquiries must be completed in a timely manner with progress being reviewed by a line manager regularly to avoid any unnecessary delay. (Local area agreements/protocols may stipulate different timescales).
- 3.11.2 The maximum period from the strategy meeting / discussion of an enquiry to the date of the initial child protection conference is 15 working days. In exceptional circumstances where more than one strategy meeting/ discussion takes place the timescale remains as 15 working days from the strategy meeting/discussion which initiated the s47 enquiries. A Strategy meeting may agree an extended timescale in exceptional circumstances such as Fabricated and induced illness for example.

## 3.12 Recording

- 3.12.1 A full written record must be completed by each agency involved in a s47 enquiry, using the required agency proforma, authorised and dated by the staff.
- 3.12.2 The responsible manager must countersign / authorise LA children's social care s47 recording and forms.
- 3.12.3 Practitioners should, wherever possible, retain rough notes in line with local retention of record procedures until the completion of anticipated legal proceedings.
- 3.12.4 LA children's social care recording of enquiries should include:
- Agency checks;
  - Content of contact cross referenced with any specific forms used;
  - Strategy meeting / discussion notes;
  - Details of the enquiry;
  - Body maps (where applicable);
  - Assessment including identification of risks and how they may be managed;
  - Decision making processes;
  - Outcome / further action planned.
- 3.12.5 At the completion of the enquiry, the social work manager should ensure that the concerns and outcome have been entered in the recording system including on the child's chronology and that other agencies have been informed.

## 4. Child Protection Conferences

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### 4.1 Child protection conferences

#### All conferences

**Note:** Some Local Safeguarding Children Boards may have models or approaches as an integral part of their child protection framework, for example a Strengthening Families approach or the Signs of Safety model, these approaches support assessment of risk using a strength and resilience model to engage children, young people and families. The models outline how Child Protection conferences will share and organise information and make a decision as to whether a plan needs to be in place to reduce the risk of harm to the child. It is advisable to enquire about the local approach to conferences although the basic principles in this chapter will remain the same.

- 4.1.1 A child protection conference brings together family members (and the child/ren where appropriate), supporters / advocates and those professionals most involved with the child and family to make decisions about the child's future safety, health and development. If concerns relate to an unborn child, consideration should be given as to whether to hold an initial child protection conference prior to the child's birth.

4.1.2 The tasks for all conferences are to:

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

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

4.1.4 A conference should be convened, if requested by a professional, supported by a senior manager / named or designated professional. If there is disagreement about the decision to hold the conference between agencies, the conflict resolution procedures should be applied. See [Local Safeguarding Children Boards Procedure, Quality Assurance Procedure and Professional Conflict Resolution](#).

## Types of conferences

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

- **Initial conferences;**
- **Pre-birth conferences;**
- **Transfer in conferences;**
- **Review conferences.**

**Note:** All types of child protection conferences should include not only the child subject of the specific concerns but must also include consideration of the needs of all other children in the household.

- 4.1.6 An **initial child protection conference** must be convened when the outcome of the s47 enquiry confirms that the child is suffering, or is likely to suffer, significant harm. The LA children's social care manager is responsible for making the decision on the completion of the s47 enquiry.
- 4.1.7 The initial child protection conference should take place within 15 working days of:
- The first strategy meeting / discussion when the section 47 enquiries were initiated; or
  - Notification by another local authority that a child subject of a child protection plan has moved into the borough.
- 4.1.8 If there is an emergency protection order (EPO) and it is decided to hold a child protection conference, the conference should, whenever possible, be held before the EPO expires.
- 4.1.9 Where a child assessment order has been made, the conference should be held immediately on conclusion of examinations and assessments.
- 4.1.10 Where there is delay, this must be reported to the LA children's social care manager (including reasons for the delay) and LA children's social care must ensure risks of harm to the child are monitored and action taken to safeguard the child.
- 4.1.11 **A pre-birth conference** is an initial child protection conference concerning an unborn child. Such a conference has the same status and must be conducted in a comparable manner to an initial child protection conference. The conference should be held as soon as the assessment has been completed and taking into consideration the requirement in the Statutory Guidance<sup>[1]</sup> that:

Where the local authority is considering proceedings shortly after birth, the timing of the sending of the pre-proceedings letter or letter of issue should take account of the risk of early birth and help to ensure that discussions and assessments are not rushed. Ideally the letter should be sent at or before 24 weeks.

<sup>[1]</sup> [Court orders and pre-proceedings For local authorities April 2014](#)

- 4.1.12 Pre-birth conferences should always be convened where there is a need to consider if a multi-agency child protection plan is required. This decision will usually follow from a pre-birth assessment.
- 4.1.13 A pre-birth conference should be held where:
- A pre-birth assessment gives rise to concerns that an unborn child may have suffered, or is likely to suffer, significant harm;
  - A previous child has died or been removed from parent/s as a result of significant harm;
  - A child is to be born into a family or household that already has children who are subject of a child protection plan;
  - An adult or child who is a risk to children resides in the household or is known to be a regular visitor.

4.1.14 Other risk factors to be considered are:

- The impact of parental risk factors such as mental ill health, learning disabilities, substance misuse and domestic violence. See [Part B for Guidance](#).
- A mother under 18 years of age about whom there are concerns regarding her ability to self-care and / or to care for the child.

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

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

4.1.17 **Transfer in conferences** should take place when a child, who is the subject of a child protection plan, moves from the original LA area to another LA area to live there permanently e.g. for a period of more than 3 months. Children's social care, designated health professionals and the police should be notified promptly.

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

4.1.19 A **review conference** is intended:

- To review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against the child protection plan outcomes.
- To consider whether the child protection plan should continue or should be changed.

Every review should consider explicitly whether the child is suffering, or is likely to suffer, significant harm and hence continues to require safeguarding from harm through adherence to a formal child protection plan. If the child is considered to be suffering significant harm, the local authority should consider whether to initiate family court proceedings. For further guidance see:

- [Practice Direction 12A: Care, Supervision and Other Part 4 Proceedings: Guide to Case Management](#);
- [Public Law Outline \(2014\)](#);
- [Statutory Guidance for Local Authorities on Court Orders and Pre-Proceedings \(2014\)](#);
- [Protocol and Good Practice Model: Disclosure of Information in Cases of Alleged Child Abuse and Linked Criminal and Care Direction Hearings \(October 2013\)](#).

If not, then the child should no longer be the subject of a child protection plan and the conference should consider what continuing support services may benefit the child and family and make recommendations accordingly.

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

- Sharing and analysing up-to-date information about the child's health, development and functioning and the parent's capacity to ensure and promote the child's welfare;
- Maintaining contact with Health professionals such as GPs, Health Visitors, CAMHS and adult mental health service professionals about the child;
- Considering the impact on the child of the capacity and functioning of the parent/ carer;
- Ensuring that the measures already in place to safeguard the child from harm are effective and in line with local arrangements;
- Regularly Regularly reviewing the progress of all aspects of the Child Protection Plan;
- Making changes to the child protection plan (e.g. where a family is not co-operating or a service is no longer available);
- Deciding what action is required to safeguard the child if there are changes to the child's circumstances;
- Setting or re-setting desired outcomes and timescales;
- Seeking and taking into account the child's (possibly changed) wishes and feelings;
- Making judgements about the likelihood of the child suffering significant harm in the future;
- Deciding whether there is a need for a new assessment.

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

4.1.22 Further reviews should be held at intervals of not more than six months for as long as the child remains the subject of a child protection plan. If the initial conference was a pre-birth conference the review conference should take place within one month of the child's birth or within three months of the date of the pre-birth conference, whichever is sooner. Subsequent review conferences should take place within six months thereafter.

4.1.23 All review conferences should consider the timescales to meet the needs and safety of the child. An infant or child under the age of 5 where there are serious concerns about the levels of risk might require the timescales to be shorter than those set above. The decisions should reflect the circumstances of the child and the impact on the child of the concerns rather than any agency constraints.

Additionally, some Local Safeguarding Children Boards have systems in place to routinely review children, who have been subject of a Child Protection plan for over 2 years to reconsider the progress of the plan. Such systems should be specifically concerned about children under the age of 5 years.

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

- Child protection concerns relating to a new incident or allegation of abuse have been sustained;
- There are significant difficulties in carrying out the child protection plan;
- A child is to be born into the household of a child or children already subject of child protection plans;
- An adult or child who poses a risk to children is to join, or commences regular contact with, the household;
- There is a significant change in the circumstances of the child or family not anticipated at the previous conference and with implications for the safety of the child;
- A child subject of a child protection plan is also looked after by the local authority and consideration is being given to returning them to the circumstances where care of the child previously aroused concerns (unless this step is anticipated in the existing child protection plan);
- The core group believe that an early cancellation of the need for a child protection plan should be considered.

## 4.2 Looked after children and child protection conferences

### Looked after children with child protection plans

- 4.2.1 Children, who are already looked after, will not usually be the subject of child protection conferences, though they may be the subject of a s47 enquiry. The circumstances in which a child, who is looked after, may be considered for a child protection conference or be subject to a child protection plan are likely to be a rare occurrence. The Care Plan and Placement Plan for a child who is looked after (whether there are proceedings pending an outcome, an interim Care order or a Care order in place) should provide the means to safeguard the child. The Care Plan and Placement Plan should be reviewed and updated regularly and in response to new information or concerns about the welfare of the child.
- 4.2.2 If it is proposed that a child subject to a Care order should be returned to their birth family / returned home, the members of the statutory looked after child case review ([The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review \(2015\)](#)) when considering the proposal for rehabilitation must decide and record whether an initial child protection conference should be convened prior to the change. If the decision of the Review is that an initial child protection conference should be convened, the child's social worker must request it to take place within 15 days of the case review decision.



- 4.2.3 A child looked after under s20 of the Children Act 1989, who has been or is about to be returned to a parent's care, about whom there are concerns about risk of significant harm may be subject of a s47 enquiry and a child protection conference.

See [The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review \(2015\)](#) and the [Practice Guidance for the Use of S20 Provision in the Children Act 1989 in England and the Equivalent S76 of the Social Services and Well-Being \(Wales\) Act 2014 in Wales](#).

If a parent removes or proposes to remove a child looked after under s20 from the care of the local authority and there are serious concerns about that parent's capacity to provide for the child's needs and protect them from significant harm, the LA social worker must discuss the case with the LA children's social care manager/ ceasing to care nominated manager, who will make a decision about whether a child protection enquiry should be initiated. If a s47 child protection enquiry is initiated, the reasons for this must be clearly recorded on the child's record and may lead to an initial child protection conference.

Any plan should be based on the child's welfare needs and avoid delay. In these circumstances, the LA children's social care social worker and manager should consider whether legal proceedings are required to protect the child in line with the Public Law Outline.

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

- 4.2.4 If a child subject of a child protection plan becomes looked after under s20, their legal situation is not permanently secure and the next child protection review conference should consider the child's safety in the light of the possibility that the parent can simply request their removal from the local authority's care. The child protection review conference must be sure that the looked after Care Plan and Placement Plan provide adequate security for the child and sufficiently reduces or eliminates the risk of significant harm identified by the initial child protection conference.
- 4.2.5 If a child ceases to be subject of a child protection plan as a result of a decision at a child protection review conference, and the parent then unexpectedly requests the return of the child from the local authority's care, the LA children's social care social worker and manager should discuss the need for an initial child protection conference. The social worker must record the reasons for the decision whether or not to hold a conference.
- 4.2.6 If a court grants a Care order in respect of a child who is subject of a child protection plan, the subsequent child protection review conference must make an assessment about the security of the child, considering issues such as contact and the looked after Care plan for the child. If the Care plan for the child involves remaining in or returning to the family of origin, the child protection review conference should give careful consideration to whether the child can be adequately protected through the framework of the child Care reviews.

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

- 4.2.7 Where a looked after child remains the subject of a child protection plan there must be a single plan and a single planning and reviewing process, led by the Independent Reviewing Officer (IRO). This means that the timing of the review of the child protection aspects of the care plan under the requirements of these *London Child Protection Procedures* should be the same as the review under [The Children Act 1989 Guidance](#)

and Regulations Volume 2: Care Planning, Placement and Case Review (2015) (also see the IRO Handbook). This will ensure that up to date information in relation to the child's welfare and safety is considered within the review meeting and informs the overall care planning process.

- 4.2.8 Consideration should be given to whether the criteria continue to be met for the child to remain the subject of a child protection plan and consideration to bring forward a Review conference should be addressed. Significant changes to the care plan should only be made following the looked after child's review.
- 4.2.9 Consideration should be given to the IRO chairing the child protection conference where a looked after child remains the subject of a child protection plan despite there being:
- Different requirements for independence of the IRO function compared to the chair of the child protection conference; and
  - A requirement for the child protection conference to be a multi-agency forum while children for the most part want as few external people as possible at a review meeting where they are present.
- 4.2.10 This should be decided on an individual case basis and managed to ensure that the independence of the independent reviewing officer is not compromised. Similarly the child might benefit from another independent chair and where it is possible should be consulted about the use of the IRO as chair. Where it is not possible for the IRO to chair the child protection conference the IRO will attend the child protection review conference

### **4.3 Membership of child protection conference including safety and electronic recording**

- 4.3.1 A conference should consist of only those people who have a significant contribution to make due to their knowledge of the child and family or their expertise relevant to the case. This is likely to include:
- The child or their representative;
  - Parents/those with parental responsibility;
  - The LA children social worker and, as appropriate, the LA social care manager;
  - Family members (including the wider family);
  - Foster carers (current or former);
  - Residential care staff;
  - Suitably qualified, Health and Care Professions Council ( HCPC ) registered LA children's social work professionals who have led and been involved in an assessment of the child and family (and their first line manager);
  - Professionals involved with the child (e.g. health visitor, school nurse, paediatrician, GP, school staff, CAMHS, early years staff, education welfare officers,);
  - Professionals with expertise in the particular type of harm suffered by the child or in the child's particular condition (e.g. a disability or long term illness);
  - Those involved in investigations (e.g. the police);

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

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

- Local authority legal services (child protection), if it is anticipated that legal advice will be required;
- The child/ren's guardian where there are current court proceedings;
- Professionals involved with the parents or other family members (e.g. family support services, adult mental health services, probation, the GP);
- Midwifery services where the conference concerns an unborn or new-born child
- Probation or the Youth Offending Team;
- Local authority housing services;
- Domestic violence adviser;
- Alcohol and substance abuse services;
- A representative of the armed services, in cases where there is a service connection;
- Any other relevant professional or service provider;
- A supporter / advocate for the child and/or parents (e.g. a friend or solicitor); solicitors must comply with the Law Society guidance: [Attendance of solicitors at local authority Children Act meetings 2013](#).

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

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

- Inform the conference administrator;
- Submit a written report; and
- Arrange for a well-briefed agency representative to attend and speak to the report.
- Agencies are expected to share a report about the child and family in written form with the family and other agencies as appropriate, prior to the conference, whether or not they are able to attend the conference. See [Information for conference](#).

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

## Location, timing and safety for conferences

- 4.3.6 The location and timing of the conference should be planned to ensure maximum attendance from the most critical attendees. In exceptional circumstances it may be considered for key professionals to contribute via conference calls. Conferences should not be scheduled for times when parents will be busy looking after children at home (e.g. after the end of the school day). Wherever possible, LA children's social care should provide parents with the opportunity to utilise appropriate day care for their children to enable their attendance at the conference.
- 4.3.7 LA children's social care is responsible for taking into account health and safety issues and security arrangements when planning each conference. See also [Exclusion of family members from a conference](#).

## Electronic and Digital Recording

- 4.3.8 Advances in technology make the recording of meetings and other conversations e.g. via smart phones much more easily available to individual service-users. This may be simply because they wish to have a verbatim record of the conversation to refer back to, or because they have difficulties in following or recalling conversations. They may, however, seek to use the recording for other purposes such as admission into evidence in family court proceedings, or even for wider broadcast.

This may arise in the context of child protection / safeguarding meetings, private law or public law proceedings, and may involve recording of conversations between parents, between parents and professionals, conversations between parents and children or discussions in meetings.

The recording may take place overtly or covertly.

There are no specific legal restrictions on the recording of face-to-face conversations, whether this is overt or covert. Thus, whilst good practice would suggest that advance consent should be sought for any planned recording, a blanket ban on recording is unlikely to be lawful.

This is not a clear-cut area, and legal advice must be sought as appropriate. Practitioners should be mindful that covert recording may be taking place, and should endeavour to ensure that they do not make statements during 'private' conversations which they would not be prepared to hear produced as evidence in court.

If the scale or style of recording is excessive, oppressive or disproportionate, then this may cross a threshold. For example, a parent recording their questioning of the child in a manner which is oppressive may in fact be evidence of possible emotional abuse of the child by that parent.

Where the making of an audio or video record of a child protection/safeguarding meeting is proposed then this request should be considered by an LA senior manager who will consult participating agency managers and others as required, in the light of up-to-date local policy and legal advice.

In the case of Child Protection Conferences the Conference Chair should determine the response in consultation with Conference members and/or by taking legal advice.

For Core Group meetings the chair, often an LA Manager, or Lead social worker will determine the response.

In considering the request by any party, it should be ensured that agreeing to such a request will not impact on the quality of the information-sharing and discussion, or compromise the decision-making with regard to the safeguarding of the child. The interests of the child must be the primary concern and confidentiality must be observed.

Whilst the recording itself may well be legitimate, there may be restrictions on its use.

If a party seeks to admit such material into court proceedings, then it is at the discretion of the court whether to allow this or not. Such evidence will only be admitted if it is relevant to the issues in the case and not, for example, in furtherance of a personal grievance by a parent against a social worker.

The Data Protection Act 1998 does not prohibit data processing 'by an individual only for the purposes of that individual's personal, family or household affairs' (Section 36). The scope of this in the context of recording is not clear. However, Jackson J in *M v F (Covert Recording of Children)* [2016] EWFC 29 expressed the view that the exemption is intended to protect normal domestic use, and would not cover the covert recording of individuals, and particularly children, for the purpose of evidence-gathering in family proceedings and Ward of Court proceedings.

Wider distribution, for example, making such material available via the internet, may well be in contravention of the Data Protection Act 1998. It may also be the case that the recording may contain information (including possible 'sensitive personal information') relating to third parties, and the distribution of such information so as to enable those third parties to be identified is likely to be in breach of data protection provisions. If the issues in question are the subject of ongoing court proceedings, then there is also a possible contempt of court.

## Good Practice

- 4.3.9 A clear process should be in place for dealing with requests to record meetings/ conversations or for situations where it seems likely that covert recording is taking place or is likely to take place. It is preferable for this to be addressed with all service-users at an early stage, rather than waiting until the situation arises at the start of a meeting. The process should set out how the request should be made, who will consider the request and how far in advance of the meeting the request should be made. It should also make clear to the service-user the limitations upon the use of the recorded material, e.g. that it can only be used in relation to the ongoing family proceedings and cannot be broadcast more widely. The service-user will preferably be invited to sign to indicate their agreement to and understanding of these limitations.

It is important that each such request is considered on its own merits. If the decision-maker is minded to refuse the request, then legal advice should be sought.

For Further Information see: [Parents recording social workers - A guidance note for parents and professionals \(the Transparency Project\)](#).

## Conference quorum

- 4.3.8 As a minimum quorum, at every conference there should be attendance by local authority children's social care and at least two other professional groups or agencies, which have had direct contact with each child who is the subject of the conference. In addition, attendees may also include those whose contribution relates to their professional expertise or responsibility for relevant services. In exceptional cases, where a child has not had relevant contact with three agencies (that is, local authority children's social care and two others), this minimum quorum may be breached.
- 4.3.9 In exceptional circumstances, the Chair may decide to proceed with the conference despite lack of agency representation. This would be relevant where:
- A child has not had relevant contact with three agencies (e.g. pre-birth conferences);
  - Sufficient information is available; and
  - A delay will be detrimental to the child.
- 4.3.10 Where an inquorate conference is held, an early review conference should be arranged.

## 4.4 Involving children and family members

- 4.4.1 It is important that the principles of partnership with children and parents are maintained in the child protection process. The following are minimum requirements for all attendees of the conference and the responsibility of the Chair of the conference to uphold:
- Parents must be invited and encouraged to participate in all child protection meetings unless it is likely to prejudice the welfare of the child.
  - Parents should be supported to enable them to participate by timely preparation and information, such as leaflets, being provided about the process and their role.
  - Advocates should be facilitated to support parents.
  - A meeting with the Independent Chair prior to the meeting should take place.
  - Those parents for whom English is not a first language must be offered and provided with an interpreter, if required. A family member should not be expected to act as an interpreter of spoken or signed language. See [Working with interpreters / communication facilitators](#).

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

- 4.4.2 Explicit consideration should be given to the potential for conflict between family members and possible need for children or adults to speak without other family members present.

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

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

- 4.4.6 The primary questions to be addressed are:
- Does the child have sufficient understanding of the process?
  - Have they expressed an explicit or implicit wish to be involved?
  - What are the parents' views about the child's proposed presence?
  - Is inclusion assessed to be of benefit to the child?
- 4.4.7 The test of 'sufficient understanding' is partly a function of age and partly the child's capacity to understand. The following approach is recommended:
- A (rebuttable) presumption that a child of less than twelve years of age is unlikely to be able to be a direct and/or full participant in a forum such as a child protection conference;
  - A presumption (also rebuttable by evidence to the contrary) that from the age of twelve and over, a child should be offered such an opportunity.
- 4.4.8 A declared wish not to attend a conference must be respected.
- 4.4.9 Consideration should be given to the views of and impact on parent/s of their child's proposed attendance.
- 4.4.10 Consideration must be given to the impact of the conference on the child (e.g. if they have a significant learning difficulty or where it will be impossible to ensure they are kept apart from a parent who may be hostile and / or attribute responsibility onto them). Consideration must be given in particular to the extent to which it is appropriate for a child to hear details of a parent's personal difficulties and a parent's view about this must be respected.
- 4.4.11 In such cases, energy and resources should be directed toward ensuring that, by means of an advocate and / or preparatory work by a social worker, the child's wishes and feelings are effectively represented.

## Direct involvement of a child in a conference

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

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

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

4.4.14 Provision should be made to ensure that a child who has any form of disability is enabled to participate.

4.4.15 Consideration should be given to enabling the child to be accompanied by a supporter or an advocate.

## Indirect contributions when a child is not attending

4.4.16 Indirect contributions from a child should, whenever possible, include a pre-meeting with the conference Chair.

4.4.17 Other indirect methods include written statements, e-mails, text messages and taped comments prepared alone or with independent support, and representation via an advocate.

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

## 4.5 Exclusion of family members from a conference

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

- Indications that the presence of the parent may seriously prejudice the welfare of the child;
- Sufficient evidence that a parent may behave in such a way as to interfere seriously with the work of the conference such as violence, threats of violence including situations of domestic violence, racist or other forms of discriminatory or oppressive behaviour, or being in an unfit state (e.g. through drug, alcohol consumption or acute mental health difficulty). In their absence, a friend or advocate may represent them at the conference;



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

- 4.5.2 Where a worker from any agency believes a parent should, on the basis of the above criteria, be excluded, representation must be made, if possible at least three working days in advance, to the Chair of the conference.
- 4.5.3 The agency concerned must indicate which of the grounds it believes is met and the information or evidence on which the request is based. The Chair must consider the representation carefully and may need legal advice.
- 4.5.4 If, in planning a conference, it becomes clear to the Chair that there may be a conflict of interest between the children and the parents, the conference should be planned so that the welfare and safety of the child remains paramount.
- 4.5.5 Any exclusion period should be for the minimum duration necessary and must be clearly recorded in the conference record.
- 4.5.6 It may also become clear in the course of a conference that its effectiveness will be seriously impaired by the presence of the parent/s. In these circumstances the Chair may ask them to leave.
- 4.5.7 Where a parent is on bail, or subject to an active police investigation, it is the responsibility of the Chair to ensure that the police representative can fully present their information and views and also that the parents participate as fully as circumstances allow. This might mean that if the police representative is a police officer they may be asked to leave a conference after providing information. It is not appropriate for a police officer to administer a caution to parents prior to the conference; the purpose of the conference is to enable analysis and not to progress a criminal investigation.
- 4.5.8 The decision of the Chair over matters of exclusion is final regarding both parents and the child/ren.
- 4.5.9 If, prior to the conference, the Chair has decided to exclude a parent, this must be communicated in writing with information on how they may make their views known, how they will be told the outcome of the conference and about the complaints procedure. See [Dissent from the conference decision and Complaints](#).
- 4.5.10 Those excluded should be provided with a copy of the social worker's report to the conference and be provided with the opportunity to have their views recorded and presented to the conference. The Chair will determine whether or not the excluded parent should receive the record of the conference.

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

## 4.6 The absence of parents and / or children

- 4.6.1 If parents and / or children do not wish to attend the conference they must be provided with full opportunities to contribute their views. The social worker must facilitate this by:
- The use of an advocate or supporter to attend on behalf of the parent or child;
  - Enabling the child or parent to write or tape or use drawings to represent their views;
  - Agreeing that the social worker, or any other professional, expresses their views.

## 4.7 Information for the conference

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

### LA children's social care report

- 4.7.2 LA children's social care should provide all conferences with a written report that summarises and analyses the information obtained in the course of the assessment undertaken in conjunction with the child protection enquiries under [s47 of the Children Act 1989](#) and information in existing records relating to the child and family. Reports to Review conferences should include a clear analysis of the implementation and progress of the child protection plan including any new information or obstacles to implementation. The report for a child protection conference should be consistent with the information set out in each LSCB's procedures manual.
- 4.7.3 Where decisions are being made about more than one child in a family the report should consider the safeguarding needs of each child.
- 4.7.4 The record of the assessment by the social worker should form a part of the report.
- 4.7.5 The conference report should include information on the dates the child was seen by the social worker during the course of the section 47 enquiries, if the child was seen alone and if not, who was present and for what reasons.
- 4.7.6 All children in the household need to be considered and information must be provided about the needs and circumstances of each of them, even if they are not the subject of the conference.

- 4.7.7 The report should be provided to parents and older children (to the extent that it is believed to be in their interests) at least two working days in advance of the initial conferences and a minimum of five working days before review conferences to enable any factual errors to be corrected and the family to comment on the content.
- 4.7.8 The report should be available to the conference Chair at least two working days prior to the initial conference and five working days in advance of the review conference.

### Reports from other agencies

- 4.7.9 Information by all agencies about their involvement with the family should be submitted in a written, legible and signed report for the conference. The report should be available to the conference Chair and other attendees two working days in advance of the conference and five working days for a review conference. All agencies should have a conference report pro forma, approved by the Local Safeguarding Children Board. The report should be discussed with the child, if appropriate and the family prior to the conference (to the extent that it is believed to be in their interests).

### Information from children and families

- 4.7.10 Children and family members should be helped in advance to consider what they wish to convey to the conference, how they wish to do so and what help and support they will require (e.g. they may choose to communicate in writing, by tape or with the help of an advocate).
- 4.7.11 Families may need to be reminded that submissions need to be sufficiently succinct to allow proper consideration within the time constraints of the child protection conference. See [Involving child/ren and family members](#).

## 4.8 Chairing the conference

### Conference Chair

- 4.8.1 The Chair of a child protection conference will be a LA children's social care manager or an independent Chair, accountable to the Director of Children's Services. They must not have or have had operational or line management responsibility for the case. Wherever possible, the same person should also chair subsequent child protection reviews in respect of a specific child. Independent Reviewing Officers who have had the necessary training and experience can also chair child protection conferences.
- 4.8.2 If a decision is made that a child requires a protection plan to safeguard their welfare, the Chair should ensure that:
- The risks to the child are stated and what is needed to change is specified;
  - A qualified LA children's social worker is identified as a Lead social worker to develop, co-ordinate and implement the child protection plan.
  - A core group is identified of family members and professionals;

- A date is set for the first core group meeting within ten working days of the initial conference and timescales set for subsequent meetings;
- A date for the child protection review conference is set;
- The outline child protection plan is formulated and clearly understood by all concerned including the parents and, where appropriate, the child.

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

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

## 4.9 The child protection plan

### Threshold for a child protection plan

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

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

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

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

4.9.3 If a child is likely to suffer significant harm, then they will require multi-agency help and intervention delivered through a formal child protection plan.

4.9.4 The primary purposes of this plan are to:

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

## Decision that a child needs a child protection plan

- 4.9.5 If a decision is taken that the child is likely to suffer 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 likely to suffer. The category used (that is physical, emotional, sexual abuse or neglect, see [Responding to concerns of abuse and neglect Procedure](#) for definitions) will indicate to those consulting the child's social care record the primary presenting concerns at the time the child became the subject of a child protection plan.
- 4.9.6 The need for a protection plan should be considered separately in respect of each child in the family or household.
- 4.9.7 Where a child is to be the subject of a child protection plan, the conference is responsible for recommendations on how agencies, professionals and the family should work together to ensure that the child will be safeguarded from harm in the future. This should enable both professionals and the family to understand exactly what is expected of them and what they can expect of others.
- 4.9.8 The outline plan should:
- Describe specific, achievable, child-focused outcomes intended to safeguard each child;
  - Describe the types of services required by each child (including family support) to promote their welfare;
  - Set a timescale for the completion of the assessment, if appropriate;
  - Identify any specialist assessments of each child and the family that may be required to ensure that sound judgements are being / can be made on how best to safeguard each child and promote their welfare;
  - Clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
  - Identify the resource implications for each agency as far as possible and determine the agency representation, who can commit agency resources, to the first core group meeting;
  - Lay down points at which progress will be reviewed, the means by which progress will be judged and who will monitor this;
  - required changes and the child continues to be at risk of significant harm (e.g. recommend the consideration of legal action and the circumstances which would trigger this);
  - Where a child is admitted to hospital and it was not a planned admission the Core group should consider reconvening prior to the child being discharged in order to review the Child Protection plan. In some cases a strategy discussion/ meeting could be considered instead.

## 4.10 Child does not require a protection plan

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

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

### Discontinuing a current child protection plan

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

4.10.4 A child may no longer need a protection plan if:

- A review conference judges that the child is no longer likely to suffer significant harm and no longer requires safeguarding by means of a child protection plan;
- The child has moved permanently to another local authority when a protection plan can only cease after the receiving authority has convened a transfer child protection conference (see [Children and Families moving across Local Authority boundaries Procedure, case responsibility](#)) and confirmed in writing responsibility for case management;
- The child has reached eighteen years of age, has died or has been judged to have permanently left the UK, when their name can be removed.

4.10.5 It is permissible for the LA child protection manager to agree the discontinuing of a child protection plan without the need to convene a child protection review conference only when:

- One or other of the latter two criteria in section 4.10.4 above are satisfied; and
- The manager has consulted with relevant agencies present at the conference that first concluded that a child protection plan was required.

4.10.6 When the process carried out at section 4.10.5 is followed, the consultation with other agencies and the decision to discontinue the child protection plan must be clearly recorded in the LA children's social care child's record.

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

4.10.8 When a child protection plan is discontinued, the social worker must discuss with the parents and child/ren what services might be needed and required, based on the re-assessment of the needs of the child and family. A Child in need plan should be developed for any continuing support. The plan should be reviewed at regular intervals of no more than every six months.

## 4.11 Professional dissent from the conference decision

- 4.11.1 If an agency does not agree with a decision or recommendation made at a child protection conference, their professional dissent will be recorded in the record of the conference. The procedures to apply the escalation process for professional disagreements should be implemented as soon as practicable after the conference has concluded. See [Part B: Practice Guidance](#).
- 4.11.2 Each LSCB and their partner agencies should have a local protocol in place with a policy and procedure to address professional disagreements and dissent about the outcome of child protection conferences as well as core group meetings.

## 4.12 Complaints by children and /or parents

- 4.12.1 Parents and, on occasion, children, may have concerns about which they wish to make representations or complain, in respect of one or more of the following aspects of the functioning of child protection conferences:
- The process of the conference;
  - The outcome, in terms of the fact of and/or the category of primary concern at the time the child became the subject of a child protection plan;
  - A decision for the child to become, to continue or not to become, the subject of a child protection plan.
- 4.12.2 Complaints about aspects of the functioning of conferences described above should be addressed to the conference Chair. Such complaints should be passed on to the Chair's manager in LA children's social care and the local authority complaints manager.
- 4.12.3 Whilst a complaint is being considered, the decision made by the conference stands.
- 4.12.4 The outcome of a complaint will either be that a conference is re-convened under a different Chair, that a review conference is brought forward or that the status quo is confirmed along with a suitable explanation. Local Protocols may be in place and should be made accessible to parents and families.
- 4.12.5 Complaints about individual agencies, their performance and provision (or non-provision) of services should be responded to in accordance with the relevant agency's own complaints management process.

See [Part B: Practice Guidance](#)

## 4.13 Children who are subject of a child protection plan living in another borough

See [Children and families who move across local authority boundaries Procedure](#).

## 4.14 Administrative arrangements for child protection conferences

- 4.14.1 LA children's social care is responsible for administering the child protection conference service.
- 4.14.2 Each Local Safeguarding Children Board must have clear arrangements for the organisation of child protection conferences including:
- Arrangements for sending out invitations to children, parents and professionals;
  - Information leaflets for children and for parents translated into appropriate languages;
- 4.14.3 Social workers with their managers should record decisions and actions agreed at core group meetings as well as the written views of those who were not able to attend, and follow up those actions to ensure they take place. The child protection plan should be updated as necessary.
- 4.14.4 The conference record, signed by the conference Chair, should be sent to all those who attended or were invited to the conference within 20 working days of the conference. Any amendments should be received within one week of receipt of record.
- 4.14.5 A copy of the conference record should be given to and discussed with the parents by the LA social worker within 20 working days. The conference Chair may decide that confidential material should be excluded from the parent's copy. The Decision letter should be sent to parents within 24 hours of the Conference taking place.
- 4.14.6 Where a friend, supporter or solicitor has been involved, the Chair should clarify with the parent whether a record should be provided for those individuals.
- 4.14.7 Relevant sections of the record should be explained to and discussed with the child by the LA social care children's social worker.
- 4.14.8 The conference Chair should decide whether a child should be given a copy of the record. The record may be supplied to a child's legal representative on request.
- 4.14.9 Where parents and / or the child/ren have a sensory disability or where English is not their first language, the LA children's social care social worker should ensure that they receive appropriate assistance to understand and make full use of the record. A family member should not be expected to act as an interpreter of spoken or signed language. See [Working with interpreters / communication facilitators Procedure](#).
- 4.14.10 Conference records are confidential and should not be shared with third parties without the consent of either the conference Chair or an order of the court.



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

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

### **Decision letter**

4.14.13 The outline plan, signed by the conference Chair, should be sent together with the decision letter, to all those who attended or were invited to the conference, including the parents and where appropriate the child, within one working day of the conference. The letter should give details of conference decisions and recommendations, the name of the social worker and details about the right to complain.

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

4.14.14 Each local authority should designate an experienced social care manager who has responsibility for:

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

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

## 5. Implementation of child protection plans

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- 5.1 Introduction
- 5.2 Core group
- 5.3 Formulation of child protection plan
- 5.4 The lead social worker role
- 5.5 Difficulties in implementing the child protection plan

### 5.1 Introduction

- 5.1.1 When a conference decides that a child should be the subject of a child protection plan, a qualified and experienced LA children's social worker must be appointed as the lead social worker to co-ordinate all aspects of the inter-agency child protection plan.
- 5.1.2 The core group is the forum to co-ordinate this multi-agency work and the membership will have been identified at the initial child protection conference.

### 5.2 Core group

#### Responsibilities

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

All members of the core group are jointly responsible for:

- Collecting information to assist the lead social worker in completing the assessment;
- Participating in the compilation and analysis of the assessment;
- The formulation and implementation of the detailed child protection plan, specifying who should do what, by when;
- Carrying out their part in implementing the plan including the commitment of identified resources;
- Monitoring and evaluating progress against specified outcomes for the child of the detailed child protection plan;
- Making recommendations to subsequent review conferences about future protection plans and the child's needs being met stipulating specific outcomes;

- Attending core group meetings and reviewing progress to ensure that there is no drift in achieving the aims of the Child Protection Plan;
- The core group must ensure that the child protection plan sets out the frequency for all core group members to see the child and the frequency of all contacts;
- All action points must be clearly recorded, analysis of the risk of harm to the child should be made and all the information should be shared with the lead social worker and the core group. All core group members are responsible for keeping a record of the outcome of the meeting.

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

5.2.3 Where a child is admitted to hospital and it was not a planned admission the Core group should consider reconvening prior to the child being discharged in order to review the Child Protection Plan. In some cases a strategy discussion / meeting could be considered instead.

## Membership

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

- The lead social worker/ first line manager. Which one of these professionals chairs the core group is dependent on the complexity of the case;
- The child if appropriate (see [Child Protection Conferences Procedure, Involving children and family members](#));
- Parents and relevant family members;
- Professionals involved with the child and / or parent;
- Foster carers or residential care staff who will have direct contact with the family.

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

## Timing

5.2.6 The date of the first core group meeting must be within ten working days of the initial child protection conference. After that the core group should meet within six weeks of the first meeting and at a minimum frequency of once every two months following the first review conference. More regular meetings may be required according to the needs and age of the child.

5.2.7 The first core group meeting date must be arranged at the end of the conference, along with the required frequency of subsequent meetings.

- 5.2.8 Dates for future meetings must be agreed at the first core group meeting following each conference. Where a meeting needs to be rescheduled, this must be confirmed in writing to all concerned by the lead social worker.

## 5.3 Formulation of child protection plan

### Purpose of child protection plan

- 5.3.1 The purpose of a child protection plan is to facilitate and make explicit a co-ordinated approach to:
- Ensure that each child in the household is safe and prevent them from suffering further harm;
  - Promote the child's health and development (i.e. welfare);
  - Provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child.
- 5.3.2 It must be clarified for parents:
- What the causes for concern are that have resulted in the decision that a child needs a child protection plan;
  - What needs to change and contingency plans if not;
  - What the intended outcomes of the intervention and services are;
  - What is expected of them as part of the plan for safeguarding the child.
- 5.3.3 Review of progress on achieving the outcomes set out in the child protection plan and consideration as to whether changes need to be made should be an agenda item at each review conference and core group meeting. Contingency plans should be made, if there is no evidence of change in relation to the child's safety and welfare.
- 5.3.4 The child protection plan may be used as evidence, in any legal proceedings, of the efforts that have been made to work in partnership (this must be made clear to parents).

For further details about the development of the CP plan, the interventions and services including the decision making see [Best Practice for Child Protection Conferences Procedure](#).

## Detailed child protection plan - written agreement

5.3.5 The lead social worker must ensure that there is a record of the core group meetings and must ensure that they formulate the detailed child protection plan in the form of a written agreement. Each Local Safeguarding Children Board should ensure that standard arrangements for the recording of the written agreement are in place.

5.3.6 The child protection plan / agreement should take into consideration the wishes and feelings of the child, and the views of the parents, insofar as they are consistent with the child's welfare. The lead social worker should make every effort to ensure that the child/ren and parents have a clear understanding of the planned outcomes, that they accept the plan and are willing to work to it.

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

5.3.7 Professionals should ensure that the parents understand:

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

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

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

5.3.10 Copies of the notes and the written agreement should be circulated to core group members within five working days of the core group meeting. Implementation of the child protection plan must begin immediately.

5.3.11 Any disagreements should have been discussed at the core group meeting, recorded with reasons and reflected appropriately in the written plan / agreement. It is permissible to rely on electronic signatures or emails confirming acceptance of an agency's responsibilities under the child protection plan, but all such signatures and emails must be collected in the child's LA children's social care record.

5.3.12 The child protection plan / agreement should also be on the adult service user's record if the parent is known to LA adult social care or health services.

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

## 5.4 The lead social worker role

- 5.4.1 It is important that the role of the lead social worker is fully explained at the initial child protection conference and at the core group.
- 5.4.2 At every initial or pre-birth conference, where a child protection plan is put into place, the conference chair must name a qualified social worker, identified by the LA children's social care manager, to fulfil the role of lead social worker for the child.
- 5.4.3 The lead social worker should complete the assessment of the child and family, securing contributions from core group members and others as necessary. They should co-ordinate the contribution of family members and other agencies to plan the actions which need to be taken, put the child protection plan into effect, and review progress against the planned outcomes set out in the plan.
- 5.4.4 The lead social worker should also regularly ascertain the child's wishes and feelings, and keep the child up to date with the child protection plan and any developments or changes.
- 5.4.5 The lead social worker should:
- See the child (infants and babies to be seen awake) as agreed in the child protection plan. The frequency of visiting must be determined in the child protection plan and reviewed by the core group;
  - See the child on their own on at least alternate occasions;
  - Explain the plan to the child in a manner which is in accordance with their age and understanding and agree the plan with the child;
  - See the child's bedroom as agreed in the plan but not less than alternate occasions;
  - Undertake direct work with the child and family in accordance with the child protection plan, taking into account the child's wishes and feelings and the views of the parents in so far as they are consistent with the child's welfare;
  - Convene and chair / lead second and subsequent core group meetings (if the first core group meeting was chaired / led by their manager). Complex cases as specified in local protocols will continue to be chaired/led by a manager;
  - Provide a written record of meetings for all core group members and the LA children's social care manager;
  - Ensure that the child protection plan is developed, in conjunction with members of the core group, into a detailed multi-agency protection plan;
  - Clearly note and include in the written record any areas of disagreement;
  - Produce a written agreement from the protection plan to be maintained on the child's file and circulated to the core group members;
  - Obtain a full understanding of the family's history, which must involve reading previous LA children's social care files as well as current records in use in LA children's social care, including those relating to other children who have been part of

any households involving the current carers of the child. Additional information should be obtained from relevant other agencies and local authorities;

- Complete the assessment of the child and family, securing contributions / information from core group members and any other agencies with relevant information;
- Co-ordinate the contribution of family members and all agencies in putting the plan into action and regularly reviewing the objectives stated in the plan.
- The lead social worker must maintain a complete and up-to-date signed record on the child's current file, electronic or manual.

## 5.5 Difficulties in implementing the child protection plan

- 5.5.1 Where any member of the core group is aware of difficulties implementing the protection plan, the lead social worker must be informed immediately and a core group meeting / discussion co-ordinated to agree a reconsidered child protection plan. Alternatively a strategy discussion/meeting should be convened to consider the need for immediate emergency police action to gain access to a premises where appropriate, a s47 enquiry, legal action, and/or to bring forward the date of the review child protection conference. Arranging a legal planning meeting should be considered by the lead social worker with their line manager.
- 5.5.2 Circumstances about which the lead social worker should be informed include inability to gain access to a child who is subject to a child protection plan, for whatever reasons, on two consecutive home visits (the second visit being a second attempt to see the child in close succession of the first attempt).
- 5.5.3 If members are concerned that there are difficulties implementing the protection plan arising from disagreement amongst professional agencies or a core group member not carrying out agreed responsibilities this must be addressed by:
- First, discussion with core group members;
  - Second, if required, involvement of respective managers / child protection advisers (e.g. child protection manager for LA children's social care, designated / named safeguarding children doctor / nurse, teacher or police DCI);
  - If the situation remains unresolved see [Local Safeguarding Children Boards, Quality Assurance and Professional Conflict Resolution](#).

## 6. Children and Families moving across Local Authority boundaries

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- 6.2 Children Subject to Child Protection Plans
- 6.3 Children In Need

### 6.1 Introduction

- 6.1.1 Children and young people, especially those assessed to be in need or at risk, are likely to be even more vulnerable as a consequence of homelessness and the dislocation that is likely to occur as a result of moving between local authority areas. Relationships with relatives, friends, schools and statutory services are likely to be fractured as a result of such moves; alternatively, those seeking to avoid the intrusion of statutory services may welcome the opportunity to sever relationships with those that have begun to understand them.
- 6.1.2 Families may move for a variety of reasons. Failure to comply with the terms of their tenancy, eviction, homelessness and victimization as a result of involvement in gangs or anti-social behaviour can all be reasons why families move between local authority areas. Government policy and the pressure on the housing market, especially in inner London, can all lead to the movement of vulnerable children and their families between local authority areas. Increasingly, homeless families are placed for extended periods in other local authority areas; sometimes they may choose to continue to access some universal services within their originating authority (e.g. education). However, as set out in 6.1.4, this does NOT determine responsibilities under the Children Act 1989 for safeguarding and promoting the welfare of the children of such families.
- 6.1.3 All reasonable efforts should be made to house children who are subject of a child protection plan or to a child protection enquiry within the borough unless a move is part of the child protection plan. This applies to both temporary and permanent housing provision. In most cases, this will minimize the disruption likely to occur and mean that professional networks can be maintained. The LSCB should oversee the development of a protocol for keeping children within the local area between relevant partner agencies.
- 6.1.4 Regardless of the reasons or circumstances of families moving between local authority areas, the Children Act 1989 is clear about where the responsibility for safeguarding and promoting the welfare of such children lies (Section 17 and Section 47): it is with the local authority responsible for the area in which the child is to be “found”, i.e. where they are at the time that a concern may arise, which will normally be where they are living..



## 6.2 Children Subject to Child Protection Plans

- 6.2.1 When a family with children subject to a child protection plan moves from one local authority area (the originating authority) to another local authority area (the receiving authority), then the responsibility for the monitoring, supervision and updating of that plan must transfer from the originating authority to the receiving authority. In order that the vulnerability of such children is not compromised, such case transfers should take place in a timely manner. During the period prior to the formal transfer of case responsibility, the originating authority should continue to monitor the protection plan.
- 6.2.2 When a family with children subject to a child protection plan moves to another local authority area, the originating authority should notify the receiving authority at the earliest opportunity. The originating authority should provide the receiving authority with the following documentation:
- Copies of an up to date assessment of each of the children in the family which clearly identified the risk(s) to each child;
  - Copies of the minutes of all of the child protection conferences and child protection plans relating to the current period for which the children have been subject to a child protection plan;
  - A copy of the current child protection plan;
  - An up to date case summary setting out both the current situation and all relevant background information about the children.
- 6.2.3 Within 15 days of receipt of the documentation referred to above, the receiving authority should arrange a transfer child protection conference. The receiving authority will be responsible for undertaking checks on any other residents of the new address as appropriate. At that case conference, the receiving authority will formally accept case responsibility. The conference should determine whether or not the children will remain subject to a child protection plan and the contents of that plan.
- 6.2.4 It is the responsibility of the originating authority to ensure that all other agencies working with a child subject to a child protection plan are notified that the child has moved to another area. It is the responsibility of each agency in the originating authority to notify their counterparts in the receiving area that the child has moved to their area and to transfer relevant documentation as soon as possible. Where a child of school age has moved to another area and not registered for a school place, then it will be the responsibility of the receiving authority to treat that child as if they are missing from education and to seek to ensure that their parents or carers register that child for a school place as soon as possible.
- 6.2.5 Following the transfer child protection conference, the originating authority should end their child protection plan and notify relevant agencies accordingly.
- 6.2.6 Where the originating authority has been providing or funding services for the children, they should continue to do so for the period of time originally envisaged by the child protection plan. Where the originating authority is funding the housing costs of the family, they should continue to do so until such point as the family are able to claim benefits or

pay for the housing costs themselves. For families receiving financial support because they have no recourse to public funds, the financial support should continue to be provided by the originating authority until such time as the family's immigration status is resolved although all other responsibilities for services under S17 or S47 will transfer to the receiving authority.

6.2.7 The only reasons why case responsibility for children subject to a child protection plan should not transfer from the originating authority to the receiving authority are:

- If the child is looked after by the originating authority or the subject of a statutory order to the originating authority;
- If the child has been temporarily placed by the originating authority in the area for the purposes of assessment, treatment (psychological or medical) or education, with or without their parents and will be returning to the originating authority;
- If the child has been remanded into custody or received a custodial sentence;
- If the child is temporarily living with relatives or friends in the area but will be returning to the care of a parent in the originating area [1];
- If the child and their family have been placed in temporary accommodation in the receiving authority for a specified period of time, which is less than 4 weeks, after which they will be located elsewhere.

[1] If the child is "placed with" the relative or friend by the originating authority, they the originating authority will be responsible for the assessment and approval of the relative or friend as required by the fostering regulation.

6.2.8 Where the originating authority is dealing with a child through the public law outline, a legal planning meeting has agreed that the threshold has been met but proceedings have not been initiated pending further assessments, then case responsibility should transfer to the receiving authority unless:

- There is evidence of immediate or increased risk resulting from the move; or
- There is evidence that the family have only moved to avoid legal proceedings;

In such circumstances the originating authority should instigate proceedings immediately.

6.2.9 Even if the originating authority is not transferring case responsibility for any of the reasons listed in 6.2.6, above, they should still notify the receiving authority that the child has moved into their area. The receiving authority should maintain a "register" of children subject to child protection plans with another authority but resident in their area and ensure that other agencies are notified of the circumstances of those children.

6.2.10 The nature and / or tenure of the housing provided for a family in the receiving authority is not a factor that determines cases responsibility.

6.2.11 Where a child and their family have moved or are likely to move repeatedly (more than twice) between local authority areas for short periods of time (less than 4 weeks), the originating authority should assess the suitability of the accommodation / other

residents of that accommodation to ascertain whether there is a risk to the child. If an immediate risk is identified, then they consider what action to take to safeguard the child see [Referral](#). It would be good practice for the originating authority to retain case responsibility until that child and family have settled i.e. have been placed in housing for a period that will exceed 4 weeks. This is to ensure some continuity in the arrangements for the protection of that child. If either the originating authority or the receiving authority identifies that a family are or have been moving repeatedly between areas for short periods of time, then they may discuss and agree such an exceptional arrangement.

- 6.2.12 The receiving authority may delay the date of the transfer case conference if it considers that the documentation provided by the originating authority (see [6.2.2, above](#)) is incomplete or not of a sufficient standard. Any disagreements about the quality of the documentation should be resolved between managers in the respective services and escalated to the senior manager responsible for safeguarding services in each authority in the event of a disagreement. Any disagreements should be resolved within 10 working days from the point of receipt of the documentation.
- 6.2.13 For the avoidance of doubt, the originating authority should ensure that other agencies within its area are aware that the child / family have moved to another area and that those agencies will notify their counterparts in the receiving area that this move has occurred.
- 6.2.14 These procedures relate to duties arising out of the Children Act 1989 and related legislation, regulation and guidance to provide services for children at risk of significant harm and subject to a child protection plan. The transfer of case responsibility from the originating authority to the receiving authority may not always mean that all of the responsibilities of the originating authority for the completion of an assessment of need risk have also come to an end. Whilst this is not a reason to delay the transfer of case responsibility for a child protection plan, the originating authority should seek legal advice to ensure that any duties arising out of other sections of the Children Act 1989 or other legislation have also been fulfilled.

## 6.3 Children In Need

- 6.3.1 If a family moves whilst subject to child protection enquires under s47 (CA 89) or an assessment of need under S17 (CA 89), those assessments are concluded before transfer of case responsibility takes place. This ensures that services are working together to limit the extent to which children and families are exposed to having to repeat their stories and repeat work to overcome child protection concerns. However, where a family has only been resident in the originating authority for a short period of time, then the respective authorities should consider who is best placed to undertake the assessment. This is especially important for those families who have moved frequently between authorities thereby preventing any authority or professional network from getting to know them.
- 6.3.2 If a family with children subject to a child in need plan moves to another area, then the originating authority should notify the receiving authority that the family have moved and provide copies of relevant documentation:

- Copies of the most recent assessments of the children;
- Copies of the child in need plan;
- A case summary and, if the case summary is not up to date, a social work report identifying the needs of each of the children;
- If the children have previously been the subject of a child protection plan, than the originating authority should ensure that the risks and protective factors are clearly described in the case summary.

6.3.3 Where the originating authority has been providing or funding services for the children, they should continue to do so for the period of time originally envisaged by the child in need plan. Where the originating authority is funding the housing costs of the family, they should continue to do so until such point as the family are able to claim benefits or pay for the housing costs themselves. For families receiving financial support because they have no recourse to public funds, the financial support should continue to be provided by the originating authority until such time as the family's immigration status is resolved although all other responsibilities for services under S17 or S47 will transfer to the receiving authority.

6.3.4 Although there is no formal requirement to hold a meeting to discuss the transfer of a child in need plan, it would be good practice for the receiving authority to hold such a meeting, especially where the family situation is complex or the children have previously been the subject of a protection plan.

6.3.5 The arrangements set out above for the transfer of information about children in need between authorities are subject to the consent of the family. Information about child protection concerns or a concern that a child may be missing education may be transferred without consent.

## 7. Allegations against staff or volunteers, who work with children

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### 7.1 The management of allegations against staff or volunteers who work with children

- 7.1.1 Despite all efforts to recruit safely there will be occasions when allegations of abuse against children are reported to have been committed by staff, practitioners and/or volunteers, who work in some capacity with children. Local Safeguarding Children Boards (LSCBs) should therefore have arrangements in place for monitoring and evaluating the effectiveness of their policies and procedures regularly.
- 7.1.2 These procedures should be applied when there is an allegation or concern that any person who works with children, in connection with their employment or voluntary activity, has:
  - Behaved in a way that has harmed a child, or may have harmed a child;
  - Possibly committed a criminal offence against or related to a child;
  - Behaved towards a child or children in a way that indicates they would pose a risk of harm to children.

These bullet points reflect the statutory guidance in Working Together to Safeguard Children March 2015 para 4. Chapter 2, however 'Keeping Children Safe in Education September 2016' has a different wording in the third bullet.
- 7.1.3 These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include concerns relating to inappropriate relationships between members of staff and children or young people, for example:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual (see ss16-19 [Sexual Offences Act 2003](#));
- ‘Grooming’, i.e. meeting a child under 16 with intent to commit a relevant offence (see s15 [Sexual Offences Act 2003](#));
- Other ‘grooming’ behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text / e-mail messages or images, gifts, socializing etc);
- Possession of indecent photographs / pseudo-photographs of children.

7.1.4 All references in this document to ‘members of staff’ should be interpreted as meaning all paid or unpaid staff and volunteers, including foster carers and approved adopters. This chapter also applies to any person, who manages or facilitates access to an establishment where children are present.

If concerns arise about the person’s behaviour to her/his own children, the police and/or children’s social care must consider informing the employer / organisation in order to assess whether there may be implications for children with whom the person has contact at work / in the organisation, in which case this procedure will apply.

Allegations of non-recent (historical) abuse should be responded to in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children and if so, to inform the person’s current employer or voluntary organisation or refer their family for assessment.

## Roles and responsibilities

7.1.5 Each LSCB member organisation should identify a named senior officer with overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with these *London Child Protection Procedures*;
- Resolving any inter-agency issues;
- Liaising with the LSCB on the subject.

7.1.6 Local authorities should assign a Designated Officer (DO) (formerly known as the LADO) / or a team of Dos, to

- Receive reports about allegations and to be involved in the management and oversight of individual cases;
- Provide advice and guidance to employers and voluntary organisations;
- Liaise with the police and other agencies;
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process;
- Provide advice and guidance to employers in relation to making referrals to the Disclosure and Barring Service (DBS) and regulatory bodies such as Ofsted, the GMC etc.

7.1.7 Employers should appoint:

- A designated senior manager to whom allegations or concerns should be reported;
- A deputy to whom reports should be made in the absence of the designated senior manager or where that person is the subject of the allegation or concern.

7.1.8 The police detective inspector on each child abuse investigation team will:

- Have strategic oversight of the local police arrangements for managing allegations against staff and volunteers;
- Liaise with the LSCB on the issue;
- Ensure compliance with these procedures.

7.1.9 The police should designate a detective sergeant/s to:

- Liaise with the Designated Officer and their team;
- Take part in strategy meetings / discussions;
- Review the progress of cases in which there is a police investigation;
- Share information as appropriate, on completion of an investigation or related prosecution.

7.1.10 Detailed guidance can be found for schools and all educational establishments in [Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges \(September 2016\)](#).

Additionally new statutory guidance has been issued '[Disqualification under the Childcare Act 2006](#)' (February 2015) which replaces the supplementary advice that was issued by the Department for Education on 10 October 2014.

## 7.2 General considerations relating to allegations against staff

### Persons to be notified

7.2.1 The employer must inform the Designated Officer within one working day when an allegation is made and prior to any further investigation taking place.

7.2.2 The Designated Officer will advise the employer whether or not informing the parents of the child/ren involved will impede the disciplinary or investigative processes. Acting on this advice, if it is agreed that the information can be fully or partially shared, the employer should inform the parent/s. In some circumstances, however, the parent/s may need to be told straight away (e.g. if a child is injured and requires medical treatment).

7.2.3 The parent/s and the child, if sufficiently mature, should be helped to understand the processes involved and be kept informed about the progress of the case and of the outcome where there is no criminal prosecution. This will include the outcome of any disciplinary process, but not the deliberations of, or the information used in, a hearing.

- 7.2.4 The employer should seek advice from the Designated Officer, the police and / or LA children's social care about how much information should be disclosed to the accused person.
- 7.2.5 Subject to restrictions on the information that can be shared, the employer should, as soon as possible, inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome (e.g. disciplinary action, and dismissal or referral to the DBS or regulatory body).
- 7.2.6 The accused member of staff should:
- Be treated fairly and honestly and helped to understand the concerns expressed and processes involved;
  - Be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process;
  - If suspended, be kept up to date about events in the workplace.
- 7.2.7 Ofsted should be informed of any allegation or concern made against a member of staff in any day care establishment for children under 8 or against a registered child minder. They should also be invited to take part in any subsequent strategy meeting / discussion.
- 7.2.8 LA children's social care should inform Ofsted of all allegations made against a foster carer, prospective adopter, or member of staff in a residential child care facility.

## Confidentiality

- 7.2.9 Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated or considered. Apart from keeping the child, parents and accused person (where this would not place the child at further risk) up to date with progress of the case, information should be restricted to those who have a need to know in order to protect children, facilitate enquiries, manage related disciplinary or suitability processes.
- 7.2.10 The police should not provide identifying information to the press or media, unless and until a person is charged, except in exceptional circumstances (e.g. an appeal to trace a suspect). In such cases, the reasons should be documented and partner agencies consulted beforehand.
- 7.2.11 Parents and carers should also be made aware of the requirement to maintain confidentiality about any allegations made against teachers whilst investigations are ongoing as set out in section 13 of the Education Act 2011 which introduced restrictions (implemented in September 2012) on the publication of any information that would identify a teacher who is the subject of an allegation of misconduct that would constitute a criminal offence, where the alleged victim of the offence is a registered pupil at the school. If parents or carers wish to apply to the court to have reporting restrictions removed, they should be advised to seek legal advice.

The restrictions remain in place unless or until the teacher is charged with a criminal offence, although they may be dispensed with on the application to the Magistrates' Court by any person, if the court is satisfied that it is in the interests of justice to do so, having regard to the welfare of:



- a. The person who is the subject of the allegation, and
- b. The victim of the offence to which the allegation relates.

There is a right of appeal to the Crown Court.

This restriction will apply to allegations made against any teacher who works at a school, including supply and peripatetic teachers. 'School' includes academies, Free Schools, independent schools and all types of maintained schools.

The reporting restrictions also cease to apply if the individual to whom the restrictions apply effectively waives their right to anonymity by going public themselves or by giving their written consent for another to do so or if a judge lifts restrictions in response to a request to do so.

The legislation imposing restrictions makes clear that "publication" of material that may lead to the identification of the teacher who is the subject of the allegation is prohibited. "Publication" includes "any speech, writing, relevant programme or other communication in whatever form, which is addressed to the public at large or any section of the public". This means that a parent who, for example, published details of the allegation on a social networking site would be in breach of the reporting restrictions (if what was published could lead to the identification of the teacher by members of the public).

It is a defence to show that the person publishing was not aware of the allegation having been made as set out in section 141H 'Defences' of the Act.

## Support

- 7.2.12 The organisation, together with LA children's social care and / or police, where they are involved, should consider the impact on the child concerned and provide support as appropriate. Liaison between the agencies should take place in order to ensure that the child's needs are addressed.
- 7.2.13 As soon as possible after an allegation has been received, the accused member of staff should be advised to contact their union or professional association. Human resources should be consulted at the earliest opportunity in order that appropriate support can be provided via the organisation's occupational health or employee welfare arrangements.

## Suspension

- 7.2.14 Suspension is a neutral act and it should not be automatic. It should be considered in any case where:
  - There is cause to suspect a child has suffered, or is likely to suffer significant harm; or
  - The allegation warrants investigation by the police; or
  - The allegation is so serious that it might be grounds for dismissal.
- 7.2.15 The possible risk of harm to children should be evaluated and managed in respect of the child/ren involved and any other children in the accused member of staff's home, work or community life.

- 7.2.16 If a strategy meeting / discussion is to be held or if LA children's social care or the police are to make enquiries, the Designated Officer should canvass their views on suspension and inform the employer. Only the employer, however, has the power to suspend an accused employee and they cannot be required to do so by a local authority or police.
- 7.2.17 If a suspended person is to return to work, the employer should consider what help and support might be appropriate (e.g. a phased return to work and/or provision of a mentor), and also how best to manage the member of staff's contact with the child concerned, if still in the workplace.

### Resignations and 'compromise agreements'

- 7.2.18 Every effort should be made to reach a conclusion in all cases even if:
- The individual refuses to cooperate, having been given a full opportunity to answer the allegation and make representations;
  - It may not be possible to apply any disciplinary sanctions if a person's period of notice expires before the process is complete.
- 7.2.19 'Compromise agreements' must not be used (i.e. where a member of staff agrees to resign provided that disciplinary action is not taken and that a future reference is agreed). A settlement/compromise agreement which prevents the employer from making a DBS referral when the criteria are met for so doing would likely result in a criminal offence being committed for failure to comply with the Duty to refer.

### Organised and historical abuse

- 7.2.20 Investigators should be alert to signs of organised or widespread abuse and/or the involvement of other perpetrators or institutions. They should consider whether the matter should be dealt with in accordance with complex abuse procedures which, if applicable, will take priority. See [Organised and Complex Abuse Procedure](#).
- 7.2.21 Non-recent (historical) allegations should be responded to in the same way as contemporary concerns. It will be important to ascertain if the person is currently working with children and if that is the case, to consider whether the current employer should be informed. See [Non-recent \(historical\) Abuse Procedure](#).

### Whistle-blowing

- 7.2.22 All staff should be made aware of the organisation's whistle-blowing policy and feel confident to voice concerns about the attitude or actions of colleagues.
- 7.2.23 If a member of staff believes that a reported allegation or concern is not being dealt with appropriately by their organisation, they should report the matter to the Designated Officer. See also [Local Safeguarding Children Boards Procedure](#).

## Timescales

- 7.2.24 It is in everyone's interest for cases to be dealt with expeditiously, fairly and thoroughly and for unnecessary delays to be avoided. The target timescales provided in [the flowchart at the end of this chapter](#) of the *London Child Protection Procedures* are realistic in most cases, but some cases will take longer because of their specific nature or complexity.

## 7.3 Initial response to an allegation or concern

- 7.3.1 An allegation against a member of staff may arise from a number of sources e.g. a report from a child, a concern raised by another adult in the organisation, or a complaint by a parent. It may also arise in the context of the member of staff and their life outside work or at home.

### Initial action by person receiving or identifying an allegation or concern

- 7.3.2 The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind.

- 7.3.3 They should not:

- Investigate or ask leading questions if seeking clarification;
- Make assumptions or offer alternative explanations;
- Promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.

- 7.3.4 They should:

- Make a written record of the information (where possible in the child / adult's own words), including the time, date and place of incident/s, persons present and what was said;
- Sign and date the written record;
- Immediately report the matter to the designated senior manager, or the deputy in their absence or; where the designated senior manager is the subject of the allegation report to the deputy or other appropriate senior manager

### Initial action by the designated senior manager

- 7.3.5 When informed of a concern or allegation, the designated senior manager should not investigate the matter or interview the member of staff, child concerned or potential witnesses. They should:

- Obtain written details of the concern / allegation, signed and dated by the person receiving (not the child / adult making the allegation);
- Approve and date the written details;

- Record any information about times, dates and location of incident/s and names of any potential witnesses;
- Record discussions about the child and/or member of staff, any decisions made, and the reasons for those decisions.

7.3.6 The designated senior manager should refer the allegation to the Designated Officer and their team and discuss the decision in relation to the agreed threshold criteria in [The management of allegations against staff or volunteers who work with children](#) within one working day. Referrals should not be delayed in order to gather information and a failure to report an allegation or concern in accordance with procedures is a potential disciplinary matter.

7.3.7 If an allegation requires immediate attention, but is received outside normal office hours, the designated senior manager should consult the LA children's social care emergency duty team or local police and inform the Designated Officer as soon as possible.

7.3.8 If a police officer receives an allegation, they should, without delay, report it to the designated detective sergeant on the child abuse investigation team (CAIT). The detective sergeant should then immediately inform the Designated Officer.

7.3.9 Similarly an allegation made to LA children's social care should be immediately reported to the Designated Officer and their team

### **Initial consideration by the designated senior manager and the Designated Officer**

7.3.10 There are up to three strands in the consideration of an allegation:

- A police investigation of a possible criminal offence;
- LA Children's social care enquiries and/or assessment about whether a child is in need of protection or services;
- Consideration by an employer of disciplinary action in relation to possible performance/conduct issues.

7.3.11 The Designated Officer and the designated senior manager should consider first whether further details are needed and whether there is evidence or information that establishes that the allegation is false or unfounded. Care should be taken to ensure that the child is not confused as to dates, times, locations or identity of the member of staff.

7.3.12 If the allegation is not demonstrably false and there is cause to suspect that a child is suffering or is likely to suffer significant harm, the Designated Officer should convene an immediate strategy meeting / discussion

7.3.13 The police must be consulted about any case in which a criminal offence may have been committed. If the threshold for significant harm is not reached, but a police investigation might be needed, the Designated Officer should immediately inform the police and convene an initial evaluation meeting (similar to strategy meeting / discussion), to include the police, employer and other agencies involved with the child.

7.3.14 References in this document to 'strategy meetings / discussions' should be read to include 'Initial evaluation meetings' where appropriate.

## Strategy meeting / discussion

7.3.15 Wherever possible, a strategy meeting / discussion / initial evaluation should take the form of a meeting. However, on occasions a telephone discussion may be justified. The following is a list of possible participants:

- The Designated Officer (formerly known as the LADO);
- Designated Officer (D.O.) to chair (if a strategy meeting);
- Relevant social worker and their manager;
- Detective sergeant;
- The Designated and/or named Safeguarding Children Health Professional (CCG); and always when an allegation concerns a health agency worker /professional;
- Consultant paediatrician;
- Designated senior manager for the employer concerned;
- Human resources representative;
- Legal adviser where appropriate;
- Senior representative of the employment agency or voluntary organisation if applicable;
- Manager from the fostering service provider when an allegation is made against a foster carer;
- Supervising social worker when an allegation is made against a foster carer;
- Those responsible for regulation and inspection where applicable (e.g. CQC, GMC or Ofsted);
- Where a child is placed or resident in the area of another authority, representative/s of relevant agencies in that area;
- Complaints officer if the concern has arisen from a complaint.

7.3.16 The strategy meeting / discussion / initial evaluation should:

- Decide whether there should be a s47 enquiry and / or police investigation and consider the implications;
- Consider whether any parallel disciplinary process can take place and agree protocols for sharing information;
- Consider the current allegation in the context of any previous allegations or concerns;
- Where appropriate, take account of any entitlement by staff to use reasonable force to control or restrain children (e.g. [section 93, Education and Inspections Act 2006](#) in respect of teachers and authorised staff);
- Consider whether a complex abuse investigation is applicable (see [Organised and Complex Abuse Procedure](#));
- Plan enquiries if needed, allocate tasks and set timescales;
- Decide what information can be shared, with whom and when.

7.3.17 The strategy meeting / discussion / initial evaluation should also:

- Ensure that arrangements are made to protect the child/ren involved and any other child/ren affected, including taking emergency action where needed;
- Consider what support should be provided to all children who may be affected;
- Consider what support should be provided to the member of staff and others who may be affected and how they will be kept up to date with the progress of the investigation;
- Ensure that investigations are sufficiently independent;
- Make recommendations where appropriate regarding suspension, or alternatives to suspension;
- Identify a lead contact manager within each agency;
- Agree protocols for reviewing investigations and monitoring progress by the Designated Officer, having regard to the target timescales;
- Consider issues for the attention of senior management (e.g. media interest, resource implications);
- Consider reports for consideration of barring;
- Consider risk assessments to inform the employer's safeguarding arrangements);
- Agree dates for future strategy meetings / discussions.

7.3.18 A final strategy meeting / discussion / initial evaluation should be held to ensure that all tasks have been completed, including any referrals to the DBS if appropriate, and, where appropriate, agree an action plan for future practice based on lessons learnt.

7.3.19 The strategy meeting / discussion / initial evaluation should take into account the following definitions when determining the outcome of allegation investigations:

1. **Substantiated:** there is sufficient evidence to prove the allegation;
2. **Malicious:** there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive;
3. **False:** there is sufficient evidence to disprove the allegation;
4. **Unsubstantiated:** this is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation; the term therefore does not imply guilt or innocence;
5. **Unfounded:** there is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively they may not have been aware of all the circumstances. There was no evidence that a child/children had been harmed but there were concerns regarding performance/conduct and these should be addressed by the employer.

## Allegations against staff in their personal lives

- 7.3.20 If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk of harm to child/ren for whom the member of staff is responsible, the general principles outlined in these procedures will still apply.
- 7.3.21 The strategy meeting / discussion should decide whether the concern justifies:
- Approaching the member of staff's employer for further information, in order to assess the level of risk of harm; and / or
  - Inviting the employer to a further strategy meeting / discussion about dealing with the possible risk of harm.
- 7.3.22 If the member of staff lives in a different authority area to that which covers their workplace, liaison should take place between the relevant agencies in both areas and a joint strategy meeting / discussion convened.
- 7.3.23 In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to child/ren for whom the member of staff is responsible. In these circumstances, a strategy meeting / discussion should be convened to consider:
- The ability and/or willingness of the member of staff to adequately protect the child/ren;
  - Whether measures need to be put in place to ensure their protection;
  - Whether the role of the member of staff is compromised.

## 7.4 Disciplinary process

### Disciplinary or suitability process and investigations

- 7.4.1 The Designated Officer and the designated senior manager should discuss whether disciplinary action is appropriate in all cases where:
- It is clear at the outset or decided by a strategy meeting / discussion that a police investigation or LA children's social care enquiry is not necessary; or
  - The employer or the Designated Officer is informed by the police or the Crown Prosecution Service that a criminal investigation and any subsequent trial is complete, or that an investigation is to be closed without charge, or a prosecution discontinued.
- 7.4.2 The discussion should consider any potential misconduct or gross misconduct on the part of the member of staff, and take into account:
- Information provided by the police and / or LA children's social care;
  - The result of any investigation or trial;
  - The different standard of proof in disciplinary and criminal proceedings.

- 7.4.3 In the case of supply, contract and volunteer workers, normal disciplinary procedures may not apply. In these circumstances, the Designated Officer and employer should act jointly with the providing agency, if any, in deciding whether to continue to use the person's services, or provide future work with children, and if not, whether to make a report for consideration of barring or other action. See Substantiated allegations and referral to the DBS.
- 7.4.4 If formal disciplinary action is not required, the employer should institute appropriate action within three working days. If a disciplinary hearing is required, and further investigation is not required, it should be held within 15 working days.
- 7.4.5 If further investigation is needed to decide upon disciplinary action, the employer and the Designated Officer should discuss whether the employer has appropriate resources or whether the employer should commission an independent investigation because of the nature and/or complexity of the case and in order to ensure objectivity. The investigation should not be conducted by a relative or friend of the member of staff.
- 7.4.6 The aim of an investigation is to obtain, as far as possible, a fair, balanced and accurate record in order to consider the appropriateness of disciplinary action and / or the individual's suitability to work with children. Its purpose is not to prove or disprove the allegation.
- 7.4.7 If, at any stage, new information emerges that requires a child protection referral, the investigation should be held in abeyance and only resumed if agreed with LA children's social care and the police. Consideration should again be given as to whether suspension is appropriate in light of the new information.
- 7.4.8 The investigating officer should aim to provide a report within ten working days.
- 7.4.9 On receipt of the report the employer should decide, within two working days, whether a disciplinary hearing is needed. If a hearing is required, it should be held within 15 working days.

### **Sharing information for disciplinary purposes**

- 7.4.10 Wherever possible, police and LA children's social care should, during the course of their investigations and enquiries, obtain consent to provide the employer and/or regulatory body with statements and evidence for disciplinary purposes.
- 7.4.11 If the police or CPS decide not to charge, or decide to administer a caution, or the person is acquitted, the police should pass all relevant information to the employer without delay.
- 7.4.12 If the person is convicted, the police should inform the employer and the Designated Officer straight away so that appropriate action can be taken.



## 7.5 Record keeping and monitoring progress

### Record keeping

- 7.5.1 Employers should keep a clear and comprehensive summary of the case record on a person's confidential personnel file and give a copy to the individual. The record should include details of how the allegation was followed up and resolved, the decisions reached and the action taken. It should be kept at least until the person reaches normal retirement age or for 10 years if longer.

The purpose of the record is to enable accurate information to be given in response to any future request for a reference if the person has moved on. It will provide clarification where a future DBS request reveals non convicted information, and will help to prevent unnecessary reinvestigation if an allegation re surfaces after a period of time. In this sense it may serve as a protector to the individual themselves, as well as in cases where substantiated allegations need to be known about to safeguard future children.

Details of allegations that are found to be malicious should be removed from personnel records. For education services see the DfE statutory guidance [Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges](#), which has been updated and was implemented in September 2016.

### Monitoring progress

- 7.5.2 The Designated Officer should monitor and record the progress of each case, either fortnightly or monthly depending on its complexity. This could be by way of review strategy meetings / discussions / initial evaluations or direct liaison with the police, LA children's social care, or employer, as appropriate. Where the target timescales cannot be met, the Designated Officer should record the reasons.
- 7.5.3 The Designated Officer should keep comprehensive records in order to ensure that each case is being dealt with expeditiously and that there are no undue delays. The records will also assist the LSCB to monitor and evaluate the effectiveness of the procedures for managing allegations and provide statistical information to the Department for Education (DfE) as required.
- 7.5.4 If a police investigation is to be conducted, the police should set a date for reviewing its progress and consulting the CPS about continuing or closing the investigation or charging the individual. Wherever possible, this should be no later than four weeks after the strategy meeting / discussion / initial evaluation. Dates for further reviews should also be agreed, either fortnightly or monthly depending on the complexity of the investigation..

## 7.6 Unsubstantiated and false allegations

- 7.6.1 Where it is concluded that there is insufficient evidence to substantiate an allegation, the Chair of the strategy meeting / discussion or initial evaluation should prepare a separate report of the enquiry and forward this to the designated senior manager of the employer to enable them to consider what further action, if any, should be taken.
- 7.6.2 False allegations are rare and may be a strong indicator of abuse elsewhere which requires further exploration. If an allegation is demonstrably false, the employer, in consultation with the Designated Officer, should refer the matter to LA children's social care to determine whether the child is in need of services, or might have been abused by someone else.
- 7.6.3 If it is established that an allegation has been deliberately invented, the police should be asked to consider what action may be appropriate.

## 7.7 Substantiated allegations and referral to the DBS

### Substantiated allegations

- 7.7.1 [The Disclosure and Barring Service \(DBS\)](#) was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The relevant legislation is set out in the [Protection of Freedoms Act 2012](#).
- 7.7.2 There is a legal requirement for employers to make a referral to the DBS where they think that an individual has engaged in conduct that harmed (or is likely to harm) a child; or if a person otherwise poses a risk of harm to a child.
- 7.7.3 If an allegation is substantiated and the person is dismissed or the employer ceases to use the person's service or the person resigns or otherwise ceases to provide his/her services, the Designated Officer should discuss with the employer whether a referral should be made to the Disclosure and Barring Service (DBS) and in the case of a member of teaching staff whether to refer the matter to the National College for Teaching and Leadership (NCTL) to consider prohibiting the individual from teaching.
- 7.7.4 If a referral is to be made; it should be submitted within one month of the allegation being substantiated.

### Legal duty to refer and power to refer

See the [DBS referral guidance and tools](#).

- 7.7.5 The following groups have **legal duty to refer** information to the DBS:
- [Regulated activity](#) suppliers (employers and volunteer managers);
  - Personnel suppliers that may be an employment agency, employment business or an educational institution.

### 7.7.6 The following groups have a power to refer information to the DBS:

The power to refer may be used when a local authority or regulatory body is acting in a role other than as a regulated activity provider, for example when undertaking a safeguarding role.

- Local authorities;
- A Health and Social care (HSC) trust;
- Education and Library Boards;
- Keepers of registers e.g. General Medical Council, Nursing and Midwifery Council, HCPC in England, Wales and Northern Ireland;
- Supervisory authorities e.g. Care Quality Commission, Ofsted in England, Wales and Northern Ireland.

If the person being referred to the DBS is a teacher in England they should also be referred to the [National College for Teaching and Leadership](#). This is part of the Department for Education, responsible for the regulation of teachers in respect of serious misconduct.

When an organisation is considering exercising the power to refer it should make sure that the referral is compliant with the Data Protection Act 1998 and human rights legislation. The organisation should seek legal advice if necessary.

Whenever a local authority refers a person to the DBS, they must consider whether they are doing so under the duty to refer or their power to refer.

## 7.8 Learning lessons

- 7.8.1 The employer and the Designated Officer should review the circumstances of the case to determine whether there are any improvements to be made to the organisation's procedures or practice.

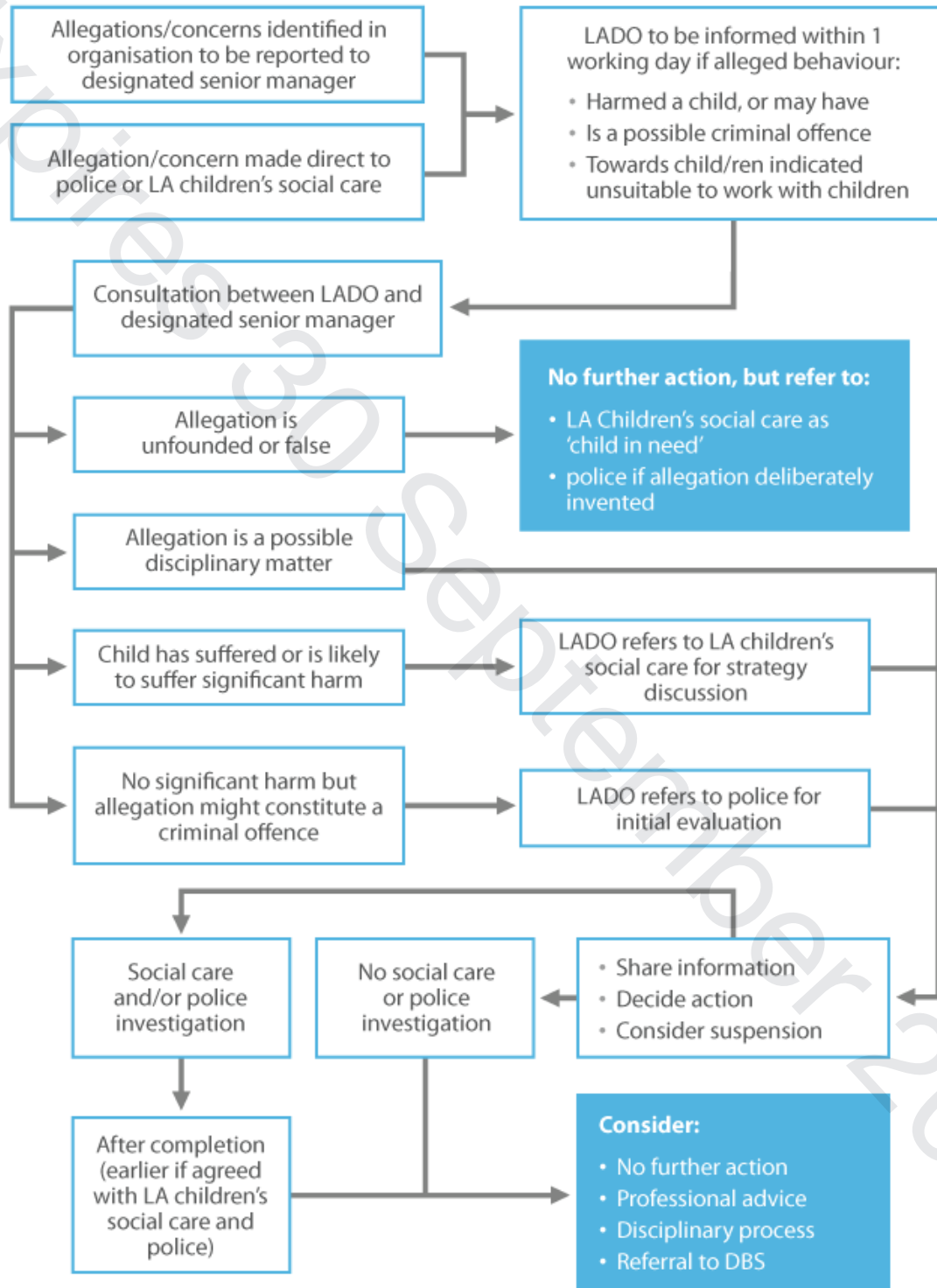
## 7.9 Procedures in specific organisations

- 7.9.1 It is recognised that many organisations will have their own procedures in place, some of which may need to take into account particular regulations and guidance (e.g. schools and registered child care providers). Where organisations do have specific procedures, they should be compatible with these procedures and additionally provide the contact details for:

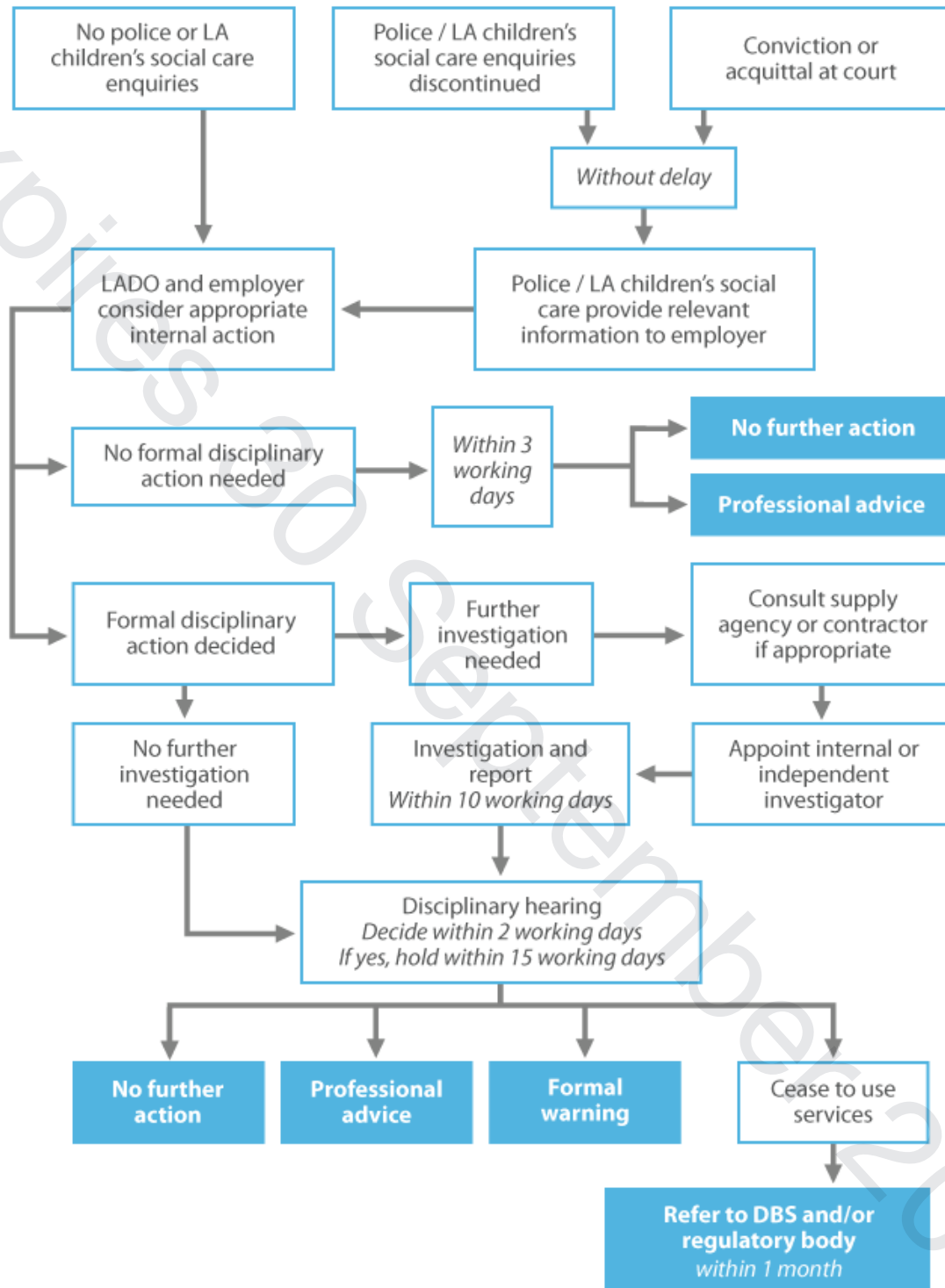
- The designated senior manager to whom all allegations should be reported;
- The person to whom all allegations should be reported in the absence of the designated senior manager or where that person is the subject of the allegation;
- The Designated Officer.

## 7.10 Allegations / concerns process flowcharts

### Allegations / Concerns Against Staff Child Protection Process



## Allegations / Concerns Against Staff Disciplinary / Suitability Process



## 8. Organised and Complex Abuse

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### Scope of this Chapter

This chapter provides a procedure for agencies about the investigation of complex and organised abuse and information about what action they should take if they suspect such abuse. All agencies, including those from the voluntary and community sector, who may be asked to contribute to complex abuse investigations, need to ensure that they follow this procedure. Registration authorities should also adhere to this procedure in cases where continuing registration of a setting may be affected by the investigation.

For further guidance see also [Complex Child Abuse Investigations: Inter-Agency Issues, HO & DH 2002](#).

These procedures must be implemented in conjunction with the procedures on abuse by those working with children where appropriate, see [Allegations against staff or volunteers, who work with children](#).

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- 8.5 The Strategy Meeting
- 8.6 The Strategic Management Group
- 8.7 The Investigation Management Group
- 8.8 End of Enquiry/Investigation Meeting and Report

### 8.1 Definition

- 8.1.1 Complex and organised abuse may be defined as abuse involving one or more abusers and a number of related or non-related abused children and may take place in any setting. The adults concerned may be acting in concert to abuse children, sometimes acting in isolation or may be using an institutional framework or position of authority such as a teacher, coach, faith group leader or be in a celebrity position to access and recruit children for abuse.
- 8.1.2 Such abuse can occur both as part of a network of abuse across a family or community and within institutions such as residential settings, boarding schools, in day care and in other provisions such as youth services, sports clubs, faith groups and voluntary groups.

There will also be cases of children being abused via the use of electronic devices, such as mobile phones, computers, games consoles etcetera which all access the internet and in particular social networking websites.

- 8.1.3 Although in most cases of complex and organised abuse the abuser(s) is an adult, it is also possible for children / young people to be the perpetrators of such harm, with or without adult abusers.

## 8.2 Investigation

- 8.2.1 Each investigation of complex and organised abuse will be different, according to the characteristics of each situation and the scale and complexity of the investigation. But all will require thorough planning, collaborative inter-agency working and attention to the needs of the child victim/s involved.
- 8.2.2 The investigation of complex abuse requires specialist skills from both police and social work staff which usually involves the formation of dedicated teams of professionals and will need consideration of the needs for victims for therapeutic services. The consequent legal proceedings may add to the timescales of such investigations.
- 8.2.3 Some investigations become extremely complex because of the number of places and people involved, and the timescale over which abuse is alleged to have occurred. In these circumstances a specialist Investigation Management Group (see [Section 8.7, The Investigation Management Group](#)), as well as a Strategic Management Group (see [Section 8.6, The Strategic Management Group](#)) may be set up.
- 8.2.4 The complexity is heightened where, as in historical cases, the alleged victims are no longer living in the setting where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role. These will all need to be taken into consideration when working with a child or adult victim. When the victim is vulnerable and unable to provide a full statement careful consideration should be given to how to proceed to ensure that other children, now in contact with the alleged perpetrator, are also protected.
- 8.2.5 A senior Police Officer may convene a Gold Group if a particular investigation merits senior oversight from a police perspective. Police may invite senior members of staff from all agencies, so that information can be shared and strategy agreed. It is not the remit of the Gold Group to direct investigations. These meetings are minuted and those minutes may be revealed to the prosecution, should criminal proceedings be undertaken.
- 8.2.6 The confidentiality of the information relevant to any [Section 47 Enquiry](#) and criminal investigation must be strictly maintained by those involved and must not be disclosed to others, including others within the agency, unless absolutely necessary.

## 8.3 The Child

- 8.3.1 The single and most important consideration is the safety and well-being of the child or children.
- 8.3.2 In reconciling the difference between the standard of evidence required for child protection purposes and the standard required for criminal proceedings, emphasis must be given to the protection of the children as the prime consideration.
- 8.3.3 The investigation and enquiries must also address the racial, religious, cultural, language, sexual orientation and gender needs of the child, together with any special needs of the child arising from illness or disability.
- 8.3.4 A victim support strategy and protocol should be established at the outset. Support will be required in pre-trial, trial and post-trial periods if the case/s proceed to court. Minimum periods for contact should be established. It is clear from experience in research about complex investigations that many victims and families feel strongly that it is important that they remain in contact with the same staff throughout the investigative process.

## 8.4 Referral

- 8.4.1 When receiving information or a referral, which may indicate complex and organised abuse, the recipient should immediately refer the matter to the police and a manager in children's social care services. Where appropriate the Designated Officer (formerly known as the LADO) should be informed, see [Allegations against staff or volunteers, who work with children](#).
- 8.4.2 If there is any suspicion that any managers currently employed by a social care agency are implicated or a member of the police, the matter should be referred to a Senior manager and the Designated Officer. Consideration should be given to informing the Chair of the Safeguarding Children Board or in their absence, the Vice-Chair and a Senior Officer within the police where specific complexities and resource implications may need to be considered quickly.

## 8.5 The Strategy Meeting

- 8.5.1 A [Strategy Meeting](#) should be arranged to take place as a matter of urgency to assess the need for future action to be taken and, in particular, whether a criminal investigation should take place.
- 8.5.2 The Strategy meeting, chaired by a senior manager of children's social care, must take place within **one** working day of the receipt of the referral and be formally recorded. The Independent Chair of the LSCB must be notified 'for information only' at this stage.



8.5.3 The nominated senior staff of children's social care and the police should attend the meeting. The meeting will involve senior staff from health, education and other agencies as required and, where necessary, must ensure coordination across local authority boundaries.

8.5.4 The Strategy discussion/meeting must carefully note:

- An assessment of the information known to date:
  - The children named;
  - The children who may be in current contact with possible abusers;
  - Children who were, but no longer are, in contact with possible abusers;
  - Possible victims who are now adults.
- Decide what further information is required at this stage;
- Make arrangements to gather the information;
- Establish if / to what extent complex abuse has been uncovered;
- Undertake an initial mapping exercise to determine the scale of the investigation and possible individuals implicated as well as prepare:
  - Witnesses to be interviewed prior to the interviews of children;
  - Multiple and simultaneous interviews.
- Consider a plan including resource implications, for investigation to be presented to the management and resources strategy group;
- Consider any immediate protective action required.

8.5.5 A strategic decision will need to be made by senior managers from the involved agencies as to whether the social work input into the enquiries/investigation can be managed in the conventional way or whether a specialist approach is required for example from a dedicated team outside the service.

8.5.6 This will usually depend on the number, geographical spread and age range of potential interviewees, as well as whether those implicated are foster carers or employees of any member agency.

8.5.7 Where the Strategy Discussion confirms that the investigation will relate to complex and organised abuse, it will appoint a multi-agency Strategic Management Group (see [Section 8.6, The Strategic Management Group](#)) to oversee the process.

8.5.8 Where a member of staff of any agency is implicated in the investigation, his or her line manager must not be a member of the Strategic Management Group.

## 8.6 The Strategic Management Group

8.6.1 The Strategic Management Group will be chaired by a senior officer in children's social care and will:

- Complete the mapping process started by the Strategy Discussion as set out in [Section 8.5, The Strategy Meeting](#);
- Establish ownership of the strategic lead in the investigation;
- Decide the terms of reference and accountability for the investigating team, including the parameters and timescales of their enquiries/investigation;
- Bring together a team of people with the necessary training, expertise and objectivity to manage and conduct the criminal investigation and/or Section 47 Enquiry on a day to day basis. NB: Line managers or colleagues of any person implicated in the investigation must not be involved and the involvement of any person from the work place under investigation must be considered with particular care;
- Decide whether there is a need for an independent team to investigate the allegations, for example, the NSPCC, particularly where the alleged perpetrators are foster carers, prospective adopters or members of staff employed by a member agency of the Local Safeguarding Children Board;
- In cases of greater scale and complexity, appoint an Investigation Management Group (IMG) (see [Section 8.7, The Investigation Management Group](#));
- Ensure that appropriate resources are deployed to the investigation including access to legal and other specialist advice, resources and information;
- Ensure that appropriate resources are available to meet the needs of the children and families or adult survivors, including any specific health issues arising from the abuse;
- Ensure the investigating team are themselves supported with personal counselling if necessary and that issues of staff safety are addressed;
- Ensure that suitable accommodation and administrative support are available for the investigation;
- Ensure that an appropriate venue is available for interviews and the interviews are conducted in accordance with [Achieving Best Evidence](#) Guidance;
- Liaise as necessary with the Crown Prosecution Service at an early stage before arranging services for a child in need of counselling or therapeutic help so that the help can be given in a way which is consistent with the conduct of the criminal investigation;
- Agree a communications strategy including the handling of political and media issues, and communication as necessary with the [Regulatory Authority](#);
- Ensure that records are kept safely and securely stored and a high level of confidentiality maintained at all times;
- Hold regular strategic meetings and reviews, which must be recorded, to consider progress, including the effectiveness of the joint working, the need for additional resources and next steps.

## 8.7 The Investigation Management Group

- 8.7.1 In cases of considerable complexity and scale, an Investigation Management Group will be appointed.
- 8.7.2 Membership of this group should include representatives from xx children's social care, the police, designated health professionals and the local authority's legal services, with other agencies being invited to participate as appropriate.
- 8.7.3 The tasks and functions of the Group will be subject to the terms of reference agreed by the Strategic Management Group (SMG), and will include the following:
- To provide a forum where professionals can meet, exchange information and discuss the implementation of the agreed investigation strategy;
  - To ensure a consistent strategy for interviewing victims within and outside the councils area;
  - To keep the SMG informed of resources and any shortfalls;
  - To ensure a consistent and appropriate inter-agency approach to support victims and their families;
  - To co-ordinate the inter-agency response to families and provide consistent information;
  - To ensure information is shared appropriately with other agencies not represented on the SMG or the IMG;
  - To ensure clarity of roles and responsibilities for staff involved in the investigation. Investigators will have full access to all records and key information;
  - To ensure that relevant intelligence is passed between agencies and to the police Major Incident Room (MIR).

## 8.8 End of Enquiry/Investigation Meeting and Report

- 8.8.1 The Waterhouse Inquiry report has noted the importance of adequate referral of information about suspected abusers. It is probable that an investigation will identify individuals who are suspected abusers but against whom prosecutions are not brought. If a suspected abuser is working with children in a child care position, or in the education service, evidence and information should be shared to support disciplinary proceedings and to enable, where appropriate, the referral of suspected abusers to the Disclosure and Barring Service (DBS) and the relevant regulatory bodies.
- 8.8.2 At the conclusion of the enquiry/investigation, the Strategic Management Group must evaluate the investigation, identify the lessons learned and prepare an Overview Report with recommendations and an Action plan for the Local Safeguarding Children Board, highlighting any practices, procedures or policies which may need further attention and require either inter-agency or individual agency action plans.

## 9. Unexpected Death of a Child

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## 9.1 The death of a child

### Introduction

9.1.1 This chapter sets out the processes to be followed when a child dies in the local safeguarding children board area/s covered by a Child Death Overview Panel. There are two inter-related processes for reviewing child deaths (either of which can trigger a serious case review, see [Serious Case Reviews Procedure](#)):

- Rapid response by a group of key professionals coming together for the purpose of enquiring into and evaluating each unexpected death of a child; and
- An overview of all child deaths up to the age of 18 years (excluding both those babies who are stillborn and planned terminations of pregnancy carried out within the law) - in the Local Safeguarding Children Board area/s, undertaken by a Child Death Overview panel.

*[Reviews of deaths which follow a planned termination under the law (Abortion Act 1967) should not be carried out by Child Death Overview Panels even in instances where a death certificate has been issued. If the local safeguarding children board has general concerns about local procedures relating to planned terminations, it should contact the Care Quality Commission ([enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)). All other deaths (i.e. excluding those deaths which follow a planned termination of pregnancy under the law) which have been registered as live with the General Registrar's Office, should be reviewed by the Child Death Overview Panel.]*

### The Regulations relating to child deaths

9.1.2 One of the local safeguarding children board functions, set out in Regulation 6 of the *Local Safeguarding Children Boards Regulations 2006*, in relation to the deaths of any children normally resident in their area is as follows:

- a. Collecting and analysing information about each death with a view to identifying -
  - i. Any case giving rise to the need for a review mentioned in Regulation 5(1)(e);
  - ii. Any matters of concern affecting the safety and welfare of children in the area of the authority; and
  - iii. Any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and
- b. Putting in place procedures for ensuring that there is a co-ordinated response by the authority, their Board partners and other relevant persons to an unexpected death.
- c. The responsibility for determining the cause of death rests with the coroner or the doctor who signs the medical certificate of the cause of death (and therefore is not the responsibility of the Child Death Overview Panel (CDOP)).
- d. In reviewing the death of each child, the CDOP should consider modifiable factors, for example, in the family environment, parenting capacity or service provision, and consider what action could be taken locally and what action could be taken at a regional or national level.

## Definition of preventable child deaths:

- 9.1.3 For the purpose of producing aggregate national data, Working Together to Safeguard Children 2015 defines preventable child deaths as those in which modifiable factors may have contributed to the death. These are factors defined as those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced.

## Children with life limiting or life threatening conditions

- 9.1.4 Chronic illness, disability and life limiting conditions account for a large proportion of child deaths. Whilst it is to be expected that children with life limiting or life threatening conditions (LL/LT conditions) will die prematurely young, it is not always easy to predict when, or in what manner they will die.
- 9.1.5 Professionals responding to the death of a child with a LL/LT condition should ensure that their response to these families is appropriate and supportive, does not cause any unnecessary distress. End of life care plans may be in place and where appropriate, families should be supported to choose where their child's body is cared for after death e.g. a children's hospice.
- 9.1.6 The unexpected, death of a child with LL/LT condition should be managed as for any other unexpected death so as to determine the cause of death and any contributory factors.

## Involvement of parents and family members (for all child deaths)

- 9.1.7 Local safeguarding children boards must have mechanisms in place for appropriately informing and involving parents and other family members in both the child death overview and the rapid response processes.
- 9.1.8 Parents should be advised that the child's death will be subject to a review in order to learn any lessons in order to improve the health, safety and well being of children with a view to preventing further such child deaths where possible. It should be emphasised that the process is not about culpability or blame. This would normally be done by the designated paediatrician confirming the child's death to the parents.
- 9.1.9 Parents and family members should be assured that the objective of the child death review process is to learn lessons in order to improve the health, safety and well being of children with a view to preventing further such child deaths where possible. The process is not about culpability or blame.
- 9.1.10 The Local Safeguarding Children Board, acting through the child death overview panel should agree what information is to be shared with parents and family members and ensure that a professional known to the family conveys to them agreed information in a sensitive and timely manner.

Decisions on what information is shared, with whom, and why must be recorded in each agency's records. It is not appropriate for parents to attend the child death overview panel meeting as this is a meeting for professionals to discuss not only the individual case but also wider public health issues. Parents should however be encouraged to contribute any comments or questions they might have to the review of their child's death.

- 9.1.11 Parents should be informed that all cases will be anonymised prior to discussion by the child death overview panel, information gathered will be stored securely and only anonymised data will be collated at a regional or national level. Parents should also be made aware that the child death overview panel will make recommendations and report on the lessons learned to the Local Safeguarding Children Board. The Local Safeguarding Children Board produces an annual report which is a public document, but it will not contain any personal information that could identify an individual child or their family.
- 9.1.12 Child death overview panels should ensure that whenever necessary, arrangements are made for the family to have the opportunity to meet with relevant professionals, e.g. a professional known to the family before their child died a paediatrician or a police officer to help answer their questions.
- 9.1.13 Child death overview panels should review the services and immediate support offered to families of children who have died (see information around care of the bereaved family in the (see Key strands of rapid response).

## 9.2 Local framework for responding to child deaths

- 9.2.1 The framework which each local safeguarding children board should have in place for responding to child deaths should include:
- A designated paediatrician for child death;
  - A single point of contact to be informed of all child deaths;
  - A child death overview panel (see [Child death overview panel](#));
  - An working relationship with the local coroner's office; and
  - A rapid response team. The Local Safeguarding Children Board should assure itself that Board partners have adequate local arrangements for responsible on-call professionals with relevant expertise to function as a multi-agency rapid response service to the unexpected death of a child (see Key strands of rapid response);
  - The CDOP should include a professional from public health as well as child health.

### Designated paediatrician for child death

- 9.2.2 Each CCG should ensure that the Local Safeguarding Children Board, through the child death overview panel, has access to a consultant paediatrician whose designated role is to provide advice on:
- The commissioning of paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood and the medical investigative services such as radiology, laboratory and histopathology services; and
  - The organisation of such services.

The designated paediatrician for child death may provide advice to more than one CCG, and is likely to be a member of the local child death overview panel. This is a separate

role to the designated doctor for child protection, but does not necessarily need to be filled by a different person. These responsibilities should be recognised in the job plan agreed between the consultant and his or her employer.

- 9.2.3 The designated paediatrician or equivalent, is responsible for co-ordinating the multi-agency response to all child deaths in a Local Safeguarding Children Board area which are unexpected or where the cause of the death is uncertain.

### **Designated Person (DP)**

- 9.2.4 In order for Local Safeguarding Children Boards (LSCBs) to fulfil their child death reviewing responsibilities, each LSCB should be informed of all deaths of children normally resident in its geographical area. The LSCB Chair should decide who will be the Designated Person (DP) to whom the notification and other data on each death, should be sent - *[A list of people designated by the Child Death Overview Panel to receive notifications of child death information is available at: the [Department of Education website](#)]*. The Chair of the child death overview panel is responsible for ensuring that this process operates effectively.
- 9.2.5 The DP will also need be informed about the death of a child normally resident in the area but who has died elsewhere and must inform the relevant other DP about a child death where the child normally resides elsewhere.
- 9.2.6 The Registrar has a duty to send a notification of each child's death to the DP. This should enable the DP to check that he or she has been notified of all child deaths in the area.
- 9.2.7 Any professional or member of the public hearing of a local child death in circumstances that mean it may not yet be known about, e.g. a death occurring abroad, can inform the designated person in the LSCB.
- 9.2.8 The details of each borough's DP must be reported to the London Safeguarding Children Board to enable a list to be kept up to date on [the London SCB website](#).

### **Notification of a child death**

- 9.2.9 National templates are available for Local Safeguarding Children Boards to use to assist collecting information about child deaths. For initial notification see the [Local Child Death Contacts page on the website](#).

London will use the Forms B - E. All forms are available at [National templates for LSCBs to use when collecting information about child deaths](#).

### **Notification process**

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

- 9.2.10 Local agencies responding to a child's death should inform:
- The coroner, within one working day as appropriate;
  - The DP; and



- The designated paediatrician or equivalent, if the death is unexpected or the cause of death is uncertain.

The information can be conveyed to the designated paediatrician or equivalent, in a confidential telephone conversation. However, there must be agreement during this call as to who will take responsibility for completing the London child death initial notification form and sending it to the DP.

- 9.2.11 The police public protection desk has a key role in informing the designated paediatrician or equivalent, and/or the DP of child deaths.

### 9.3 Child death overview panel (CDOP)

- 9.3.1 The purpose of a child death overview panel is to undertake an overview of all child deaths within the locality. This process uses a standard set of data (see the [Department of Education website](#)) based on information available from those who were involved in the care of the child, both before and immediately after the death, and other sources such as:

- Case summaries from health records;
- Case information from police, LA children's social care and education; and
- Post-mortem reports.

- 9.3.2 The CDOP has responsibility for reviewing the deaths of all children, with priority given to those deaths that are both unexpected and unexplained.

- 9.3.3 Where necessary, the CDOP has the authority to recommend that a serious case review should be undertaken by the Local Safeguarding Children Board. If there is to be a serious case review, it will be undertaken by the Local Safeguarding Children Board where the child normally resides, with the final decision taken by the Local Safeguarding Children Board Chair. See [Serious Case Reviews Procedure](#).

#### Partner agency representation and responsibility

- 9.3.4 The CDOP should have a permanent core membership drawn from the key organisations represented on the Local Safeguarding Children Board. The minimum should be senior management representation from:

- Designated paediatrician for unexpected deaths in childhood;
- Public health;
- Community child health or designated nurse for safeguarding children;
- LA children's social care;
- Police.

- 9.3.5 Other members should be co-opted as and when appropriate. This may be so that the membership of the CDOP better reflects the characteristics of the local population, to provide a perspective from the independent or voluntary sector or to contribute to the discussion of certain types of death (e.g. London Fire Brigade, adult mental health services, education / early years, bereavement services etc).
- 9.3.6 The CDOP Chair is accountable to the Local Safeguarding Children Board, but should not be involved in providing direct services to children and families in the Local Safeguarding Children Board area.
- 9.3.7 Within each organisation represented on the Local Safeguarding Children Board, a senior person with relevant expertise should be identified as the lead professional with responsibility for implementation of the local procedures on responding to child deaths. Each organisation should expect to be involved in a child death review at some time.
- 9.3.8 The CDOP should have a clear relationship and agreed channels of communication with the local coronial service.
- 9.3.9 The LSCB should ensure that appropriate single and inter-agency training is made available to ensure successful implementation of these processes. LSCB partner agencies should ensure that relevant staff have access to this training - [see [Responding when a child dies - a multi-agency training resource to support LSCBs in implementing the child death review processes have been published to support the training of staff at all levels.](#)]

### Frequency of CDOP meetings

- 9.3.10 The CDOP should hold meetings on a regular basis to enable the circumstances of each child death to be discussed in a timely manner. The frequency of the meetings should reflect the number of child deaths in the Local Safeguarding Children Board area.
- 9.3.11 The CDOP should ensure that all other processes (e.g. coronial enquiries, legal proceedings, serious case reviews etc) have concluded before reviewing a child death, although data collection should continue in the meantime.

### Key functions

- 9.3.12 The key functions of the CDOP are to:
- Receive notification on all child deaths occurring in the local area;
  - Collect and collate an agreed national minimum data set;
  - Seek information from professionals who had involvement with the child before and immediately following the death and, where relevant, the child's family members;
  - Discuss each child's case, and provide relevant information or any specific actions related to individual families to those professionals who are involved directly with the family so that they, in turn, can convey this information in a sensitive manner to the family;
  - Evaluate the data available and identify lessons to be learnt or issues of concern, with a particular focus on effective inter-agency working to safeguard and promote the welfare of children;

- Determine whether the death was deemed preventable, that is, those deaths in which modifiable factors may have contributed to the death and decide what, if any, actions could be taken to prevent future such deaths;
- Assess the cases with regard to the threshold criteria to enable specific cases to be reviewed in depth;
- Ensure that individual case discussions have taken place regarding unexpected child deaths;
- Monitor the appropriateness of the response of professionals to an unexpected death of a child, reviewing the reports produced by the rapid response team on each unexpected death of a child, making a full record of this discussion and providing the professionals with feedback on their work. Where there is an ongoing criminal investigation, the Crown Prosecution Service must be consulted as to what it is appropriate for the CDOP to consider and what actions it might take in order not to prejudice any criminal proceedings;
- Scrutinise the recommendations from the reports compiled by the designated doctor for unexpected deaths;
- Identify any common themes from individual cases and consider these in more depth (e.g. road traffic deaths, sudden unexpected death in infancy (SUDI), or deaths of children with life limiting conditions);
- Consider whether the death was preventable, if so how such deaths might be prevented in the future;
- Identify any patterns or trends in the local data and report these back to the Local Safeguarding Children Board;
- Consider the Referral and Assessment Procedure to assess any child, parent and social or environmental factors, which could contribute to developing an understanding of the individual child's death;
- Alert the Chair of the Local Safeguarding Children Board about any deaths where, on evaluating the available information, the CDOP considers there may be grounds to undertake further enquiries, investigations or a serious case review and explore why this had not previously been recognised;
- information should be passed to the coroner or other appropriate authorities;
- Monitor the support and assessment services offered to families of children who have died;
- Monitor and advise the Local Safeguarding Children Board on the resources and training required locally to ensure an effective inter-agency response to child deaths;
- Identify any public health issues and consider, with the Director/s of Public Health, how best to address these and their implications for both the provision of services and for training;
- Co-operate with regional and national initiatives to identify lessons on the prevention of unexpected child deaths e.g. the London learning from information about child deaths initiative and the 'MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK' which is a national system;

- Ensure each partner agency of the Local Safeguarding Children Board identifies a senior person with relevant expertise to have responsibility for advising on the implementation of the local procedures on responding to child deaths within their agency.

## Deaths of children out of area

- 9.3.13 The CDOP in the area where the child was normally resident will review the death and liaise with the area where the child died, where appropriate. For children not normally resident in London, the CDOP Chair for the area where the child died should also write to the CDOP conducting the review to ensure that any lessons are shared across both areas. The CDOP Chair for the area where the child was normally resident is responsible for ensuring that this process operates effectively. To avoid unnecessary additional burden on professionals and the child's family, it is not recommended that the two Local Safeguarding Children Boards conduct individual reviews.
- 9.3.14 If it is unclear in which CDOP area the child normally resided (such as in cases of shared care arrangements in different boroughs), the relevant CDOP Chairs should negotiate and agree who will lead the review. If no agreement can be reached, the CDOP chairs involved should escalate the issue to their respective Local Safeguarding Children Boards, for agreement to be reached by the Local Safeguarding Children Board Chairs. Timescales should not be allowed to slip, therefore until any dispute is resolved, the case must be treated as the responsibility of the disputing LSCB in whose area the child was last known to have been alive (note: this point is currently subject to approval).
- 9.3.15 Information sharing between two CDOPs when a child dies out of his / her normal residency area is in addition to informing the coroner and immediate notification of the designated paediatrician or equivalent, if the death was unexpected or there is uncertainty about the cause of death.
- 9.3.16 Children who die in hospital will be reviewed by the CDOP for the area in which they were normally resident.
- 9.3.17 In the case of a looked after child, the CDOP for the area of the local authority looking after the child should exercise lead responsibility for conducting the child death review.
- 9.3.18 Where a young person dies at work, the Health and Safety Executive should be informed. Youth Offending Teams' reviews of safeguarding and public protection incidents (including the deaths of children under their supervision) should also feed into the CDOP child death processes.
- 9.3.19 If there is a criminal investigation, the team of professionals must consult the lead police investigator and the Crown Prosecution Service to ensure that their enquiries do not prejudice any criminal proceedings. If the child dies in custody, there will be an investigation by the Prisons and Probation Ombudsman (or by the Independent Police Complaints Commission in the case of police custody). Organisations who worked with the child will be required to cooperate with that investigation.
- 9.3.20 Any child who dies in a secure children's home, the Prisons and Probation Ombudsman will carry out an investigation. In order to assist the Ombudsman to carry out these investigations, secure children's homes are required to notify the Ombudsman of the

death and to comply with requirements at regulation 40(2) of the Children's Homes (England) Regulations 2015 to facilitate that investigation.

- 9.3.21 The CDOP must review the circumstances of children who are normally resident in the area but who die abroad.

### **Consent and confidentiality**

- 9.3.19 Information in CDOP meetings will not be anonymised.
- 9.3.20 It is best practice to seek consent before processing information about any individual, but it will be legitimate to share information with the designated paediatrician or equivalent, for unexpected deaths in childhood / the CDOP DP without seeking parental consent. It should only be shared with those who need to know, as governed by the Caldicott Principles, the [Data Protection Act](#) and [Working Together to Safeguard Children](#).
- 9.3.21 CDOPs should have arrangements in place for parents and carers to be advised that the child's death will be subject to a review in order to learn any lessons that may help to prevent future deaths of children.
- 9.3.22 All Local Safeguarding Children Board member agencies must be aware of the need to share information on all child deaths to enable the Local Safeguarding Children Board to carry out its statutory duty.
- 9.3.23 Members of the CDOP must sign a confidentiality agreement, including sharing and securely storing information (there is a model confidentiality statement in [appendix 3 of the London Child Death Overview Panel Procedure](#)) when they join the CDOP. This agreement should be reviewed at each meeting.
- 9.3.24 In no case should any CDOP member disclose any information pertaining to any individual case which has been dealt with by the CDOP outside the meeting, other than pursuant to the mandated agency responsibilities of that individual or for the purposes of joint investigations. Public statements about the general purpose of the child death review process may be made in line with the Local Safeguarding Children Board process for managing media interest (see [Rapid response service for unexpected child death](#)), as long as they are not identified with any specific case.

### **Learning from child deaths**

- 9.3.25 The CDOP will monitor and advise the Local Safeguarding Children Board on the resources and training required locally to ensure an effective inter-agency response to child deaths.
- 9.3.26 The CDOP will identify any strategic issues (such as public health, community safety, health and safety etc) and consider how best to address these and their implications for both the provision of services and for training.
- 9.3.27 The CDOP will contribute to regional and national initiatives to identify lessons on the prevention of unexpected child deaths e.g. the [London learning from information about child deaths initiative](#).

## Reporting mechanisms

9.3.28 Each CDOP must submit an annual report to its respective Local Safeguarding Children Board.

9.3.29 The Local Safeguarding Children Board is responsible for:

- Disseminating the lessons to be learnt to all relevant organisations;
- Ensuring that relevant findings inform the Children and Young People's Plan;
- Acting on any recommendations to improve policy, professional practice and inter-agency working to safeguard and promote the welfare of children; and
- Ensuring that data relating to child deaths is submitted to relevant regional and national initiatives to identify lessons on the prevention of unexpected child deaths.

## 9.4 Information sharing in relation to child deaths

9.4.1 Registrars of Births and Deaths are required by the Children and Young Persons Act 2008 to supply Local Safeguarding Children Board s with information which they have about the deaths of:

- Persons aged under 18 in respect of whom they have registered the death; or
- Persons in respect of whom the entry of death is corrected and it is believed that person was or may have been under the age of 18 at the time of death.

Registrars must also notify LSCBs if they issue a Certificate of No Liability to Register where it appears that the deceased was or may have been under the age of 18 at the time of death.

9.4.2 Registrars are required to send the information to the appropriate Local Safeguarding Children Board no later than seven days from the date of registration, the date of making the correction/ update or the date of issuing the certificate of no liability as appropriate. (The appropriate Local Safeguarding Children Board is the Board established by the children's services authority in England within whose area is situated the sub-district for which the register is kept). These requirements only apply in respect of deaths occurring on or after 1 April 2009.

9.4.3 In order to support these new responsibilities, it is a statutory requirement for each Local Safeguarding Children Board to make arrangements for the receipt of notifications from registrars and to publish these arrangements. In order to carry out this responsibility Local Safeguarding Children Boards are therefore required to notify the Department of Education of the name and email address for the Child Death Overview DP (hereafter referred to as the 'DP') in each Local Safeguarding Children Board to whom child death notifications should be sent. This information is published by the DfE - *[A list of people designated by the Child Death Overview Panel to receive notifications of child death information is available at: the [Department of Education website](#)].*

## Duty and powers of coroners to share information

- 9.4.4 The Coroners and Justice Act 2009 and Coroners (Investigations) Regulations 2013 place a duty on coroners to inform the Local Safeguarding Children Board, for the area in which the child died, of the fact of an inquest or post mortem. It also gives coroners a duty to notify the LSCB for the area in which the child died or where the child's body was found within three working days of deciding to investigate a death or commission a post-mortem and to share information with the Local Safeguarding Children Boards for the purposes of carrying out their functions, which include reviewing child deaths and undertaking serious case reviews. Where there is more than one Local Safeguarding Children Board in a coroner's area, arrangements should be made between the coroner and the Local Safeguarding Children Boards as to which Local Safeguarding Children Board should be informed of the coroner's decisions.
- 9.4.5 On receipt of an initial report of a death of a child, the Local Safeguarding Children Board or Local Safeguarding Children Boards with an interest in this information should inform the coroner of the address(es) (including email address(es)) to which future information should be supplied. If any information comes to the attention of an Local Safeguarding Children Board which it believes should be drawn to the attention of the relevant coroner, then the Local Safeguarding Children Board should consider supplying it to the coroner as a matter of urgency - *[For further guidance see: [www.justice.gov.uk/guidance/coroners-guidance.htm](http://www.justice.gov.uk/guidance/coroners-guidance.htm)].*

## Duty and powers of medical examiners (MEs) to share information

- 9.4.6 In taking forward the proposed improvements to the process of death certification, the Department of Health will ensure that appropriate interfaces are established with these functions now being delivered by Local Safeguarding Children Boards. It is anticipated that under the [Coroners and Justice Act 2009](#), MEs will be required to share information with Local Safeguarding Children Boards about child deaths that are not investigated by a coroner.

### Specific responsibilities of Clinical Commissioning Groups (Health and Social Care Act 2012)

- 9.4.7 CCGs should employ, or have arrangements in place to secure the expertise of, consultant paediatricians whose designated responsibilities are to provide advice on commissioning paediatric services from:
- Paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood;
  - Medical investigative services; and
  - The organisation of such services.

## Definition of a preventable child death

- 9.4.8 A preventable child death is one in which modifiable factors may have contributed to the death. These are factors which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths - *[See [Working Together to Safeguarding Children 2015](#)].*

- 9.4.9 In reviewing the death of each child, the CDOP should consider modifiable factors, e.g. in the family and environment, parenting capacity or service provision, and consider what action could be taken locally and what action could be taken at a regional or national level.

### **Use of child death information to prevent future deaths**

- 9.4.10 Each CDOP should prepare an annual report of relevant information for the Local Safeguarding Children Board. This information should in turn inform the Local Safeguarding Children Board annual report. This information should include the total numbers of deaths reviewed, recommendations made by the panel about required future actions to prevent child deaths, and any further description of the deaths that the panel deems appropriate. It should also include a review of actions taken to implement the recommendations from the previous year's report, and set out any such recommendations which have not yet been fully implemented which are to be carried forward. Appropriate care should be taken to ensure confidentiality of personal information and sensitivity to the bereaved families. Information which could lead to the identification of individual children or family members should not be included in the annual report. The Local Safeguarding Children Board annual report should serve as a powerful resource for driving public health measures to prevent child deaths and promote child health, safety and wellbeing.
- 9.4.11 The Local Safeguarding Children Board has responsibility for disseminating the lessons to be learned from the child death and other reviewing processes to all relevant organisations, ensures that relevant findings inform the Children and Young People's Plan and acts on any recommendations to improve policy, professional practice and inter-agency working to safeguard and promote the welfare of children. The Local Safeguarding Children Board is also required to supply anonymised data on child deaths to the Department for Children, Schools and Families, so that the Department can commission research and publish nationally comparable analyses of these deaths. The primary aims of this research are to support a reduction in the incidence of children whose deaths can be prevented, to improve inter-agency working and to safeguard and promote the welfare of children.

## **9.5 Rapid response service for unexpected child deaths**

### **Definition of an unexpected death of a child**

- 9.5.1 An unexpected death is defined as the death of a child not anticipated as a significant possibility 24 hours before the death, or where there was a similarly unexpected collapse leading to or precipitating the events that led to the death.
- 9.5.2 The designated paediatrician or equivalent, responsible for child death (see 9.2.3 and 9.2.4, above) should be consulted where professionals are uncertain about whether the death is unexpected. If in doubt, the processes for unexpected child deaths should be followed until the available evidence enables a different decision to be made.



## Rapid response remit

- 9.5.3 The service response to an unexpected child death should be safe, consistent and sensitive to those concerned, bereaved parents and siblings should receive a similar response across London.
- 9.5.4 Professionals should be aware that, in certain circumstances, separate investigative processes may be taking place alongside those described in this procedure (e.g. murder investigations, SUDI processes etc). Professionals and agencies should liaise across processes to avoid duplication.
- 9.5.5 The purpose of a rapid response service is to ensure that the appropriate agencies are engaged and work together to:
- Ensure support for the bereaved family members, as the death of a child will always be a traumatic loss - the more so if the death was unexpected;
  - Identify and safeguard any other children in the household or affected by the death;
  - Respond quickly to the unexpected death of a child;
  - Make immediate enquiries into and evaluate the reasons for and circumstances of the death, in agreement with the coroner when required;
  - Enquire into and constructively challenge how each organisation discharged their responsibilities when a child has died unexpectedly (liaising with those who have ongoing responsibilities for other family members), and whether there are any lessons to be learnt;
  - Collate information in a standard format (see [Form B in appendix 6b of the London Rapid Response Procedure](#) (London Board, 2009) for details of national templates for local safeguarding children boards to use when collecting information about child deaths);
  - Co-operate appropriately post death, maintaining contact at regular intervals with family members and other professionals who have ongoing responsibilities to the family, to ensure that they are appropriately informed (unless such sharing of information would place other children at risk of harm or jeopardise police investigations);
  - Consider media issues and the need to alert and liaise with the appropriate agencies;
  - Provide bereavement support as needed, for any other children, family members or members of staff who may be affected by the child's death (see [www.crusebereavementcare.org.uk](http://www.crusebereavementcare.org.uk)).
- See [Key strands to rapid response for more information](#).
- 9.5.6 Rapid response begins at the point of death and ends when the final meeting has been convened and chaired by the designated paediatrician or equivalent. Any records of the meeting (i.e. Form B / meeting notes) should be forwarded to the CDOP at the time of the review.
- 9.5.7 The area in which the death of a child has been declared must take initial responsibility for convening and co-ordinating the rapid response process, until agreement for

handover can be secured with the area where the child was normally resident. See [9.5.13](#) below for information around conflict resolution in cases where it is unclear where the child normally resided.

- 9.5.8 Where notified of a death abroad, the professionals responsible for child death in the local authority where the child is normally resident must consider implementing this procedure as far as is practically possible and fully record any decisions made.

### Rapid response timeline

- 9.5.9 The Designated paediatrician or equivalent, is responsible for ensuring all actions relating to the rapid response process are completed. The rapid response timeline involves three phases:

- **Phase one (usually 0-5 days):** the management of information sharing from the point at which the child's death becomes known to any agency until the initial results of the post-mortem have been completed;
- **Phase two (usually 5-7 days):** the management of information sharing once the initial post mortem results are available; and
- **Phase three (usually 8-12 weeks):** the management of information sharing through the case discussion meeting when the final post-mortem report is available.

- 9.5.10 It is important that all agencies are clear that the rapid response process is multi-dimensional, the information flow is variable, and that a number of different processes can occur at the same time.

### Phase I: usually 0 - 5 days

#### Immediate response

- 9.5.11 Children who die unexpectedly in the community should be taken to an accident and emergency department (A&E) rather than a mortuary, and resuscitation should always be initiated unless clearly inappropriate. See the [UK Resuscitation Guidelines](#) (2010).

- 9.5.12 As with children who die in hospital, their parent/s should be allocated a member of hospital staff to support them throughout the process.

- 9.5.13 A child should not be taken to A&E in situations where:

- The circumstances of the death require the child's body to remain at the scene for forensic examination (police will be involved in these cases and decisions will be made after consideration by the police Senior Investigating Officer); or
- The death was expected in the context of the child's life limiting condition and they were receiving palliative care (the end of life care team must be involved in the decision on how to respond).

- 9.5.14 Where a child is not taken immediately to A&E, the professional confirming the death should inform the coroner, DP and the Designated paediatrician at the earliest opportunity. This death will be subject to local coronial guidelines if the doctor is unable to issue a Medical Certificate of the Cause of Death.

9.5.15 The families of children who are not taken to hospital should receive support throughout the process from a professional in the rapid response team whose role is to provide such support.

### On arrival at hospital

9.5.16 As soon as practicable (i.e. as a response to an emergency) after arrival at a hospital, the child should be examined by the consultant paediatrician or delegated senior paediatric clinician on call. In some cases, this examination might be undertaken jointly with a consultant in emergency medicine, or for some children over 16 years of age, the consultant in emergency medicine may be more appropriate than a paediatrician. A detailed and careful history of events leading up to and following the discovery of the child's collapse should be taken from the parents / carers.

9.5.17 Where the cause of death or factors contributing to it are uncertain, investigative samples should be taken immediately on arrival and after the death is confirmed. In order to be compliant with the [Human Tissue Act 2004](#), the removal of these investigative samples must take place on Human Tissue Authority licensed premises with the authorisation of the coroner (or, where the coroner is not involved, the consent of a parent) - *[Further information can be found at: [www.hta.gov.uk](http://www.hta.gov.uk)]*. The samples need to be agreed in advance with the coroner and should include the standard set (listed in [Table 1 of Sudden Unexpected Death in Infancy](#) (Royal College of Pathologists and Royal College of Paediatrics and Child Health, 2004)). Other samples may be required as guidance evolves. Consideration should always be given to undertaking a full skeletal survey, and if this is appropriate it should be done prior to autopsy.

9.5.18 In seeking to clarify the cause of death and the factors which contributed to it, the paediatrician should document:

- A full account of any resuscitation and any interventions or investigations carried out;
- An account by the carer, including narrative, of the events leading to the death; and
- A body chart documenting the examination findings and any post-mortem changes.

9.5.19 When the child is pronounced dead, the medical paediatric or A&E consultant or delegated senior clinician should inform the parents, having first reviewed all the available information. S/he should explain future police and coronial involvement, including the coroner's authority to order a post-mortem examination. This may involve taking particular tissue blocks and slides to ascertain the cause of death. The medical consultant must seek consent from those with parental responsibility for the child if the tissue is to be retained beyond the period required by the coroner.

9.5.20 The parents should normally be given the opportunity to hold and spend time with their child in a quiet designated area. The allocated member of staff should maintain a discrete presence throughout.

9.5.21 The medical consultant who saw the child must inform the designated paediatrician or equivalent, immediately after the coroner is informed. Once the death of a child has been referred to the coroner and s/he has accepted it, the coroner has jurisdiction over the body and all that pertains to it. Coroners must therefore be consulted over the local implementation of national guidance and protocols, and should be asked to give general approval for the measures agreed to reduce the need to obtain specific approval on each occasion.

- 9.5.22 The same processes will apply to a child who is admitted to a hospital ward and subsequently dies unexpectedly in hospital.
- 9.5.23 Professionals should be aware that, in certain circumstances, separate processes may be taking place alongside those described in this procedure (i.e. murder investigations, SUDI processes etc)

### **Immediate notification and information sharing**

9.5.24 The Designated paediatrician or equivalent, is responsible for co-ordinating the multi-agency response, and must ensure that the following have been notified:

- The coroner;
- The police; and
- Other agencies as appropriate (e.g. LA children's social care).

And, in a timely manner, will notify the CDOP.

- 9.5.25 The Designated paediatrician or equivalent, must ensure that information is shared and initiate a planning discussion between relevant agencies such as the police, health and LA children's social care (and others, including the coroner's office) in a timely manner to decide next steps. This may or may not involve a meeting.
- 9.5.26 Where the death occurred in a hospital, the plan should also address the actions required by the Trust's serious incidents protocol. Where the death occurred in a custodial setting, the plan should ensure appropriate liaison with the investigator from the Prisons and Probation Ombudsman.
- 9.5.27 Before leaving the hospital, or if the child died at home, before the professionals leave the home, the parents have the contact details for the lead professionals (consultant paediatrician, senior investigating police officer or coroners officer), and the details of who they should contact for information on the progress of any investigation or if they wish to visit the hospital to see their child. Parents should be kept informed of the whereabouts of their child.
- 9.5.28 For each unexpected death of a child (including those not seen in A&E) urgent contact should be made with any other agencies who know or are involved with the child (including CAMHS, school or early years) to inform them of the child's death and to obtain information on the history of the child, the family and other members of the household. If a young person is under the supervision of a Youth Offending Team (YOT), the YOT should also be approached

### **Police investigation**

9.5.29 The police will begin an investigation into the unexpected death of a child on behalf of the coroner. They will carry this out in accordance with relevant Association of Chief Police Officers guidelines..

### **Potential visit to the place where the child died**

9.5.30 When a child dies unexpectedly in a non-hospital setting the senior investigating police

officer and Designated paediatrician or equivalent, should make a decision about whether a visit to the place where the child died should be undertaken and who should attend. This should almost always take place for cases of sudden infant death (Working Together to Safeguard Children) (SUDI) - [*Sudden Unexpected Death in Infancy: a multi-agency protocol for care and investigation. The report of a working party convened by the Royal Colleges of Pathologists and the Royal College of Paediatrics and Child Health (2004). London: RCPATH*] [See paragraph 5.1 in the Kennedy Report]

## Phase II: within 5 - 7days

9.5.31 A case discussion should take place within one week of the child's death, in order to:

- Ensure the right support is available for the family;
- Ensure all agencies are aware of their roles and responsibilities;
- Review the preliminary post-mortem results (if available);
- Identify any safeguarding concerns around surviving children, and refer accordingly to the police child protection team and LA children's social care;
- Ensure agencies are collating information for Form B;
- Ensure all relevant agencies are involved in the process;
- Identify what further investigations or enquiries are required, agree which agency will undertake each task and agree timescales (which may not exceed those set out in this procedure) for doing so. If abuse or neglect appear to be possible causes of death, LA children's social care and the police should be informed and serious case review procedures considered.

9.5.32 Prior to this meeting, the Designated paediatrician or equivalent, should discuss the case with the pathologist (when a post-mortem has taken place and consent obtained from the coroner) and the police senior investigating officer, where appropriate.

### Involvement of the coroner and pathologist

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

9.5.34 All information collected relating to the circumstances of the death - including a review of all relevant medical, social and educational records - must be included in a report for the coroner prepared jointly by the lead professionals in each agency. This report should be delivered to the coroner within 28 days of the death, unless some of the crucial information is not yet available.

9.5.35 The results of the post mortem examination belong to the coroner. In most cases it is possible for these to be discussed by the paediatrician and pathologist, together with the senior investigating police officer, as soon as possible, and the coroner should be

informed immediately of the initial results. At this stage, the local safeguarding children board child death core data set - [*The nationally agreed dataset is available at the [Department of Education website](#)*] - should be updated and, if necessary, previous information corrected.

- 9.5.36 If the initial post-mortem findings or findings from the child's history suggest evidence of abuse or neglect as a possible cause of death, the police and local authority children's social care should be informed immediately, and the serious case review processes in [Serious Case Reviews Procedure](#) should be followed. If there are concerns about surviving children living in the household, professionals should follow the procedures set out in Child protection enquiry.
- 9.5.37 In all cases, the designated paediatrician or equivalent, for unexpected child deaths or the Designated paediatrician or equivalent, should convene a further multi-agency discussion (usually on the telephone) very shortly after the initial post-mortem results are available. This discussion usually takes place five to seven days after the death and should involve the pathologist, police, local authority children's social care and the paediatrician, plus any other relevant healthcare professionals, to review any further information that has come to light and that may raise additional concerns about safeguarding issues

### **Phase III: usually within 8 - 12 weeks**

- 9.5.38 Further case discussion meeting should be convened and chaired by the Designated paediatrician or equivalent, following the final results of the post-mortem examination becoming available. This should involve those who knew the child and family and those involved in investigating the death - the GP, health visitors, school nurse, paediatrician/s, pathologist or pathologist report, police senior investigating officers, coroner or coroner's officer and, where relevant, social workers.
- 9.5.39 At this stage the collection of the local safeguarding children board child death core dataset - [*The nationally agreed dataset is available at the [Department of Education website](#)*] - should be completed. The purpose of the meeting is to share information to identify the cause of death and/or those factors that may have contributed to the death and then to plan the future care for the family. Potential lessons to be learned may also be identified at this stage. The outcome of this meeting should inform the inquest, if there is one.
- 9.5.40 The meeting should explicitly address the possibility of abuse or neglect as causes or contributory factors in the death, and the outcomes of this should be recorded.
- 9.5.41 The meeting should agree how and by whom, the parents will be informed about the post-mortem results and the outcome of the meeting. The meeting should also agree how and by whom the parents will be provided with on-going support and given the opportunity to have their views taken into account by the CDOP review.
- 9.5.42 The Designated paediatrician or equivalent, must ensure that the results of the post-mortem examination are shared with parents, provided this is consistent with the requirements of the coroner and the police.
- 9.5.43 Where other investigations are ongoing, the meeting should conclude with a record of the current situation.

- 9.5.44 An agreed record of the case discussion meeting and all reports should be sent to the coroner, to take into consideration in the conduct of the inquest and, in the cause of death, notified to the Registrar of Births and Deaths. The record of the case discussions and the record of the core data set should also be made available to the relevant local CDOP. When a child dies away from their normal place of residence, a joint decision will need to be made by the rapid response team in the Local Safeguarding Children Board area in which the death occurred and the team in the child's normal area of residence as to which team will lead the investigation and in which Local Safeguarding Children Board area the case review meeting should be held. On occasion separate meetings may be appropriate in both Local Safeguarding Children Board areas, but good communication between the teams is essential..

## 9.6 Other related processes

- 9.6.1 If, during the enquiries, concerns are expressed in relation to the needs of surviving children in the family, discussions should take place with local authority children's social care. It may be decided that it is appropriate to initiate an assessment - see the [Referral and Assessment Procedure](#) or the relevant local assessment protocol. If concerns are raised at any stage about the possibility of surviving children in the household being abused or neglected, the inter-agency procedures should be followed - see the [Referral and Assessment Procedure](#). Local authority children's social care has the lead responsibility for safeguarding and promoting the welfare of children. The police will be the lead agency for any criminal investigation. The police must be informed immediately that there is a suspicion of a crime, to ensure that the evidence is properly secured and that any further interviews with family members and other relevant people accord with the requirements of the [Police and Criminal Evidence Act 1984](#).
- 9.6.2 If it is thought, at any time, that the criteria for a serious case review might apply, the Chair of the Local Safeguarding Children Board should be contacted and the [Serious Case Review](#) process should be followed. If a serious case review is initiated, the CDOP will not be able to conclude the child death reviewing process until after the serious case review report has been published. Similarly, the child death reviewing process will not be able to be completed if the CDOP is awaiting the outcomes of criminal proceedings and/or an inquest. This should not, prevent lessons from being learned and from being acted upon in a timely manner.
- 9.6.3 Where there is an ongoing criminal investigation, the Senior Investigating Officer and the Crown Prosecution Service must be consulted as to what it is appropriate for the professionals involved in reviewing a child's death to be doing, and what actions to take in order not to prejudice any criminal proceedings. Where a death of a young person occurs in custody, local agencies must co-operate with the Prisons and Probation Ombudsman.
- 9.6.4 Where a child dies unexpectedly, all registered providers of healthcare services are obliged to notify the Care Quality Commission, but may discharge this duty by notifying NHS England as set out in Regulation 16 of the Care Quality Commission (Registration) Regulations 2009 - [See 'Outcome 18 - Notification of death' in *Guidance about Compliance Essential Standards of Quality and Safety (CQC, 2009)*. NHS organisations should also follow locally agreed procedures for reporting and handling serious untoward

*and/or patient safety incidents*]. The results of these investigations should be made available to the CDOP in order to allow the information to be included in the Panel's discussions.

- 9.6.5 The Youth Justice Board for England and Wales (YJB) requires Youth Offending Teams (YOTs) to report and undertake local reviews of youth offending practice in cases where a child or young person has either died or attempted suicide whilst under supervision or within three months of the expiry of supervision. Where a child has died, the Local Management Review undertaken by the YOT in relation to the death should feed into the child death processes initiated by the CDOP.
- 9.6.6 When a child dies unexpectedly and no doctor is able to issue a medical certificate of the cause of death, the child's death must be reported to the coroner. Agencies and professionals contributing to the processes described in this chapter should co-operate with their local coroner to ensure the inquest is able to proceed appropriately. The process of the rapid response can greatly assist the coroner in gathering information to inform the inquest, whilst providing ongoing support to the family. Any information pertaining to the death arising from the rapid response, including the outcome of a final local case discussion should be passed to the coroner. The CDOP members may attend an inquest at the discretion of HM Coroner and ask questions as a 'properly interested person'; there may be issues identified through the inquest that the CDOP would then be able to review to identify any wider public health concerns.