



PAN DORSET INTER-AGENCY SAFEGUARDING PROCEDURES

CHAPTER 3

3.2 DORSET POLICE/BOURNEMOUTH, DORSET AND POOLE CHILDREN AND FAMILIES JOINT WORKING ARRANGEMENTS

Procedures Effective from: May 2009

Review Date: January 2012

If you have any comments or queries about the pan-Dorset procedures please contact your agency representative on the Pan Dorset Policy and Procedures Group or notify the LSCB using the following email addresses:

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DORSET POLICE/BOURNEMOUTH DORSET AND POOLE CHILDREN'S SERVICES JOINT WORKING ARRANGEMENTS

1 INTRODUCTION

- 1.1 This guidance supplements the guidance contained in Part 1, and should be read in conjunction with Chapter 2 of the Inter-Agency Safeguarding Procedures.
- 1.2 It is intended to provide guidance for Bournemouth, Dorset and Poole Children's Services and Dorset Police in deciding how section 47 enquiries and associated Police investigations should be conducted and in particular in what circumstances section 47 enquiries under the Children Act 1989 and linked criminal investigations are necessary and/or appropriate (see appendix A, flowchart of joint investigation process). For clarity the remit of the Child Abuse Investigation Team (CAIT) is attached at Appendix C.
- 1.3 Whilst Children's Services and Police have distinct and separate roles in the investigation of concerns about significant harm to children, they have a joint responsibility to safeguard children. Thus the planning and assessment should be a continual joint process until the s47 enquiry is concluded.
- 1.4 It is appreciated that it is not possible for guidance to cover all eventualities. The over-riding principle must be the safeguarding of children and compliance with the law and good practice guidance. It is essential that the key personnel in each agency maintain a frequent dialogue and agree any departure from this guidance, which is necessary in relation to individual children. Any such departure must be endorsed and documented by a manager or someone with delegated responsibility in each agency.

2 REFERRAL

- 2.1 Whenever Children's Services encounter concerns about a child's welfare that constitutes, or may constitute, a criminal offence against a child, they must discuss the case with their local Child Abuse Investigation Team (CAIT). Where Children's Services are unable to make contact with their local CAIT they should contact the Communication Centre (COMCEN) at Police headquarters within a timeframe commensurate with the child's needs. Staff at the COMCEN will be able to facilitate communication with an appropriately trained officer. This will particularly apply to situations which arise out of office hours.
- 2.2 When Police make a telephone referral to Children's Services about actual or likely significant harm, the details of the referral should be confirmed in writing and faxed to Children's Services within 24 hours. Children's Services should acknowledge in writing receipt of the referral within one working day. (NB. This may be by distribution of the record of strategy discussion).
- 2.3 Referrals from members of the public should also be acknowledged and information given in a manner which is consistent with respecting the confidentiality of those referred.

3 STRATEGY DISCUSSION MEETING

- 3.1 Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, there should be a strategy discussion involving Children's Services and the Police, and other bodies as appropriate (for example, Children's Centre/School and Health), and in particular any referring agency.
- 3.2 The strategy discussion should be convened by Children's Services and those participating should be sufficiently senior and able, therefore, to contribute to the discussion of available information and to make decisions on behalf of their agencies.
In Children's Services this will normally be a manager, assistant manager or senior practitioner. In the Police, this may be any CAIT officer, but the plan and decisions made will be seen and agreed by a Detective Sergeant within 24 hours.
- 3.3 If the child is a hospital patient (in or outpatient) or receiving services from a child development team, the medical consultant responsible for the child's health care should be involved, as should the senior ward nurse if the child is an in-patient. Where the child is receiving therapeutic services, the therapist should be involved, and account taken of the likely impact of any enquiries on the individual child's ability to access ongoing therapy. However, the individual child's therapeutic needs must be balanced against the need to safeguard him / her and any other children who may be at risk. Where a medical examination may be necessary or has taken place a senior doctor from those providing services should also be involved.
- 3.4 A strategy discussion may take place following a referral, or at any other time (for example, if concerns about significant harm emerge in respect of child receiving support under s17).
- 3.5 When Children's Services receive a referral that indicates that there is risk to the life of a child or a likelihood of serious immediate harm, they must initiate a strategy discussion with Police immediately to discuss planned emergency action or as soon as possible if an agency has had to take immediate protective action.
- 3.6 Where a situation arises which is not in normal working hours, a strategy discussion will take place between the Children's Services out of hours service and the Police to discuss immediate protective action. The outcome of this strategy discussion and any action taken will then be passed to the appropriate staff in Children's Services and the Police the next working day.
- 3.7 The action from a strategy discussion must be within a timescale that ensures:
- that where there is a risk to the life of a child or a likelihood of serious immediate harm as a result of abuse and/or neglect, the intervention to protect the child must take place without delay;
 - that where the information suggests that the child has been physically abused or subject to serious neglect, this may require an immediate or same day response. A judgement must be made about the urgency of the intervention, which in any event should include seeing the child within 24 hours of the strategy discussion;

- all other concerns about a child's safety should be within a timescale that ensures the safety and protection of the child and all other children in the household.

3.8 The strategy discussion should be used to:

- share available information;
- agree the conduct and timing of any criminal investigation;
- decide whether a core assessment under s47 of the Children Act 1989 (s47 enquiries) should be initiated, or continued if it has already begun;
- 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 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); and
- determine if legal action is required.

3.9 Relevant matters will include:

- agreeing a plan for how the core 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 increasing the likelihood of maintaining constructive working relationships with families. When a criminal offence may have been committed against a child, the timing and handling of interviews with victims, their families and witnesses, can have important implications for the collection and preservation of evidence;
- agreeing, in particular, how the child's wishes and feelings will be ascertained so that they can be taken into account when making decisions under s47 of the Children Act 1989;
- in the light of the race and ethnicity of the child and family, considering how this should be taken into account, and establishing whether an interpreter will be required; and
- considering the needs of other children who may be affected, for example, siblings and other children, such as those living in the same establishment, or those who may come into contact with alleged abusers, through the alleged abusers employment, voluntary activities or family/friendships.

3.10 A strategy discussion may take place at a meeting or by other means (for example, by telephone). In complex types of maltreatment a meeting is likely to be the most effective way of discussing the child's welfare and planning future action. Such a meeting should be held at a convenient location for the

key attendees, such as a hospital, school, police station or children's services office.

- 3.11 Any information shared, all decisions reached, and the basis for those decisions, should be clearly recorded by the chair of the strategy discussion and circulated within one working day to all parties to the discussion. This should be on the "Record of Strategy Discussion Form". When Police and other professionals receive the copy of this record, they should check the content and any inaccuracies should be reported immediately so that amendments can be made or matters resolved between the relevant managers.
- 3.12 Where there are unresolved differences of opinion about the decisions and actions planned in a strategy discussion, these should be resolved by senior operational managers of the respective agencies in liaison with each other. This should be actioned within a timescale commensurate with the need to safeguard the child or other children but does not override an individual agency's responsibilities to act in accordance with these procedures and/or their own agency procedures.
- 3.13 Any decisions about taking immediate action should be kept under constant review. Exceptionally more than one strategy discussion may be necessary. This is likely to be where the child's circumstances are very complex and a number of discussions are required to consider whether and, if so, when to initiate s47 enquiries, as well as how best to undertake them.
- 3.14 However once the decision to initiate S47 enquiries has been made (via a strategy discussion) there may still be a need to discuss progress with the key agencies involved. This is **NOT** a strategy discussion, but more simply a review of progress before the outcome of S47 enquiries is decided.
- 3.15 Significant harm to children gives rise to both child welfare concerns and law enforcement concerns, and s47 enquiries may run concurrently with police investigations concerning possible associated crime(s). The Police have a duty to carry out thorough and professional investigations into allegations of crime, and the obtaining of clear strong evidence is in the best interests of a child, since it makes it less likely that a child victim will have to give evidence in criminal court. Enquiries may, therefore, give rise to information that is relevant to decisions that will be taken by both children's services and the Police. The findings from the assessment and/or police investigation should be used to inform plans about future support and help to the child and family. They may also contribute to legal proceedings, whether criminal, civil or both.

4. MEDICAL ASSESSMENTS

- 4.1 The conduct and timing of any criminal investigation will include a decision regarding the requirement and timing, where appropriate, of a medical examination / assessment of the child (ren). Where this is required to obtain evidence of a criminal offence the Police Officer/Social Worker investigating the case will make contact with the appropriate health professional to instigate the examination / assessment. Where it is anticipated that there may be recovery of forensic evidence from the child (ren) then the medical examination will usually be conducted jointly by a Forensic Medical Examiner and Paediatrician.

- 4.2 Police should also consider whether it is necessary to have photographs or a video taken as part of their enquiries. Where this involved recording injuries this should be arranged as sensitively, yet as soon, as possible. Gathering the best possible evidence may help to safeguard a child through other means even if a prosecution is ultimately not pursued.
- 4.3 In instances where a criminal investigation is not being conducted, a medical examination/assessment of the child (ren) may be necessary as part of the s47 enquiries to ensure the child's physical and/or emotional well-being. In order to facilitate such an examination/assessment the Social Worker should instigate contact with the relevant health professional and provide details using the multi-agency referral form whenever possible.
- 4.4 The flowchart for Paediatric Assessments in relation to possible child sexual abuse is contained in Appendix B.

5. JOINT INVESTIGATION

- 5.1 All children about whom there are concerns regarding significant harm should be seen and spoken to providing their age or cognitive ability does not prohibit this. A child should never be interviewed in the presence of an alleged or suspected perpetrator of abuse or somebody who may be colluding with the perpetrator.
- 5.2 Circumstances when a joint investigation is likely to be necessary are:
- allegations/reasonable suspicions that sexual abuse of a child has been committed by a person known to a child;
 - allegations/reasonable suspicions of physical injury of a child by a person known to the child.
 - allegations/reasonable suspicions of cruelty or neglect which may be actionable under Section 1 of the Children and Young Persons Act 1933. (This section of the Children and Young Persons Act 1933 includes offences of assaulting, ill treating or abandoning the child, or causes or procures or exposes the child to any of these so that the child suffers unnecessarily or his/her health is damaged).
 - allegations/reasonable suspicions which involve unusual circumstances e.g. organised or institutional abuse or concerns about Fabricated or Induced Illness (FII).
 - Person against whom the allegations/concerns exist works with children (see also Inter-agency safeguarding procedures Part 1, Ch. 3.9)
- 5.3 **Additionally**, there may be other circumstances where a joint investigation is necessary, outside of the criteria above e.g. where it is evident that input from the Police will enable Children's Services to protect and secure the best outcome for the child.

6. FACTORS TO CONSIDER AT THE PLANNING STAGE

6.1 Prior to any joint interview, whether to be video-recorded or not, the investigating police officer and social worker must plan how the interview will be conducted. This is a critical stage in safeguarding children effectively. Account should be taken of the child's needs and a plan drawn up which details how these needs will be met. (for further guidance see "Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses Including Children". Chapter 2, paragraphs 2.47 – 2.54.) Factors to be considered include:

- Child's age
- Child's gender and sexuality
- Child's race, culture, ethnicity, religion
- Child's first language and preferred name/mode of address
- The child's use of language/ability to communicate and understanding of relevant concepts such as time and age. *Does the child appear clear and in touch yet actually have confused and limited thinking?*
- Any apparent clinical or psychiatric problems (e.g. panic attacks, depression) which may impact upon the interview, and for which the child may require referral for a formal assessment.
- The child's cognitive, social and emotional development. *Does the child appear 'street-wise' yet in reality have limited understanding?*
- Any special requirements the child may have. *Does s/he suffer from separation anxiety or have an impairment? Is s/he known to have suffered past abuse, or to have previously undergone an investigative interview?*
- Family members, carers and relationships
- Overall sexual education, knowledge and experience.
- Routines
- An assessment of the child's competency to give consent to interview and medical examination.
- How and by whom the interview should be conducted and who should have lead if undertaken jointly.

6.2 Planning for the interview must be recorded on police form SUJ2. Where needs are identified that are likely to have an impact on any interview, form SUJ2A must also be completed. This should detail how these needs will be addressed. Both the police officer and the social worker MUST sign the SUJ2 and a copy retained by both.

7. ASSESSMENT PRIOR TO INTERVIEW

7.1 Interviewers may often decide that the needs of the child and the needs of criminal justice are best served by an assessment of the child prior to the interview taking place, particularly if the child has not had previous or current involvement with Children Services or other public services. Such an assessment should be considered for any child, and offers the opportunity to explore further the factors detailed in 6.1.

7.2 In any contact with the child before the videotaped interview, interviewers must be careful to balance the need to ensure the child is ready and informed about the interview process against the possibility of allegations

at trial of coaching or collusion.

- 7.3 Interviewers should have clear objectives for assessment(s) prior to interview, and should apply this guidance on talking with children during such assessment. For example, they should avoid discussing substantive issues (in any detail) and must not lead the child on substantive matters. Interviewers should never stop a child who is freely recalling significant events. Instead, the interviewers must make a full written record of the discussion, making a note of the timing and personnel present, as well as what was said and in what order using police form SUJ1. The interviewers should begin by explaining the objectives of the interview to the child; one possibility may be as follows:

“Tomorrow, we will talk about the things you are concerned about. Today, I want to get to know you a bit better and explain what will happen if we do a video interview”

- 7.4 The interviewer can also use the opportunity to answer any questions the child may have about the conduct of the interview and explain any transport arrangements. Some interviewers use this opportunity to introduce some of the ground rules to the child, while others do so exclusively on the videotape. If any of the ground rules are introduced at this stage, then they should be repeated in the formal interview to demonstrate that the necessary procedures have been completed.
- 7.5 The needs of the child may require that this assessment should take place in the child’s home or another setting and/or over a number of sessions. No inducements should be offered for complying with the investigative process.
- 7.6 It is likely that for some children, assessment (s) will indicate that their needs are not best met by proceeding with a full formal interview.
- 7.7 The assessment should be made jointly and should inform the planning process.
- 7.8 Additional factors to be explored in the assessment prior to a video interview may include:
- The child’s ability and willingness to talk within a formal interview setting to a police officer, social worker or other trained interviewer;
 - An explanation to the child of the reason for a video interview for criminal proceedings;
 - The ground rules for the interview;
 - The opportunity to practise answering open questions
 - Will the needs of the child and the needs of Criminal Justice best be met by use of a video record?

8. VIDEO TAPED INTERVIEW

- 8.1 All joint video interviews will be conducted using the PEACE model of investigative interviewing, as detailed in The Practical Guide to Investigative Interviewing.

- 8.2 As part of the planning for interview, the joint interviewing pair will need to consider how and by whom the video interview is conducted. Where the interview is to be undertaken jointly, consideration should be given to who will take the lead based on the needs of the child.
- 8.3 Whilst Police and Children Services have distinct and separate roles in the investigation of concerns, both have a joint responsibility to assess risk and ensure appropriate safeguards are in place to protect the child. Thus at the conclusion of a joint interview, the conclusions arising from the interview, and any subsequent actions required will be discussed and agreed between the police officer and the social worker.

9. CONSENT

- 9.1 The decision about when to inform the parent or carer will have a bearing on the conduct of police investigations. The strategy discussion should therefore decide how and when parents/carers will be informed and their subsequent level of participation.
- 9.2 Interviewers are responsible for ensuring that, as far as possible, the child is freely participating in the interview, and not merely complying with a request from adult authority figures.
- 9.3 Permission to interview a child, whether video-recorded or not, will normally be sought from a person with parental responsibility for the child.
- 9.4 There may be occasions when the investigating team needs to interview a child without the knowledge of the parent or carer. Relevant circumstances would include:
- the possibility that a child might be threatened or otherwise coerced into silence
 - a strong likelihood that evidence might be destroyed
 - the child does not wish the parent to be involved at that stage, and is competent to make such a decision.

Proceeding with the interview without parental knowledge will need to be carefully managed and legal advice should normally be sought.

10. RECORDING

- 10.1 Police and Children's Services will each produce their own records in accordance with their own agency procedures.
- 10.2 However, Police forms SUJ1 (Contact with a vulnerable witness) and SUJ2/A (Planning for vulnerable witness) should be completed jointly in joint investigations, and a copy retained by the Police Officer and Social Worker.
- 10.3 When a joint interview is video-recorded, this will provide the main record – however, the conclusions arising from the interview and any subsequent action required will be discussed and the outcome agreed between the Police Officer and Social Worker. This will be recorded on SUJ1. Additionally, the social worker will need to record the details of the

interview for the case record.

- 10.4 At the conclusion of the S47 enquiry, Children's Services will complete a "Record of the outcome of S47 enquiries" form, in consultation with the Police (and other agencies where appropriate), and a copy will be retained on both Police and Children's Services files.
- 10.5 Sample copies of SUJ 1 and 2/A are included at appendix 4.

11. SINGLE AGENCY INVESTIGATIONS

11.1 Children's Services

This section relates to circumstances when a strategy discussion has concluded that s47 enquiries should be initiated, or continued but that a criminal investigation is not indicated.

- 11.2 The following are circumstances where the strategy discussion/meeting is likely to indicate an initial response by Children's Services alone:

- Allegations/reasonable suspicions of physical abuse where no injuries are apparent or the injuries are very minor.
- Allegations/reasonable suspicions of child sexual abuse which are indirect or anonymous and there is no other evidence available to substantiate concern; or the child is exhibiting over-sexualised behaviour.
- Allegations or reasonable suspicions of inadequate supervision, lack of parental care.
- Allegations/reasonable suspicions of emotional abuse unless there are additional circumstances.

- 11.3 If, following initial enquiries by Children's Services, further information gained suggests that a criminal offence may have been committed against a child, the Police should be informed as soon as possible and a further strategy discussion held.

NB There may be occasions when Children's Services staff request Police involvement other than to conduct a joint investigation, for example in potentially violent situations. In these circumstances the reason for the request should be made specific, with the call for assistance normally being to the Police Control Room.

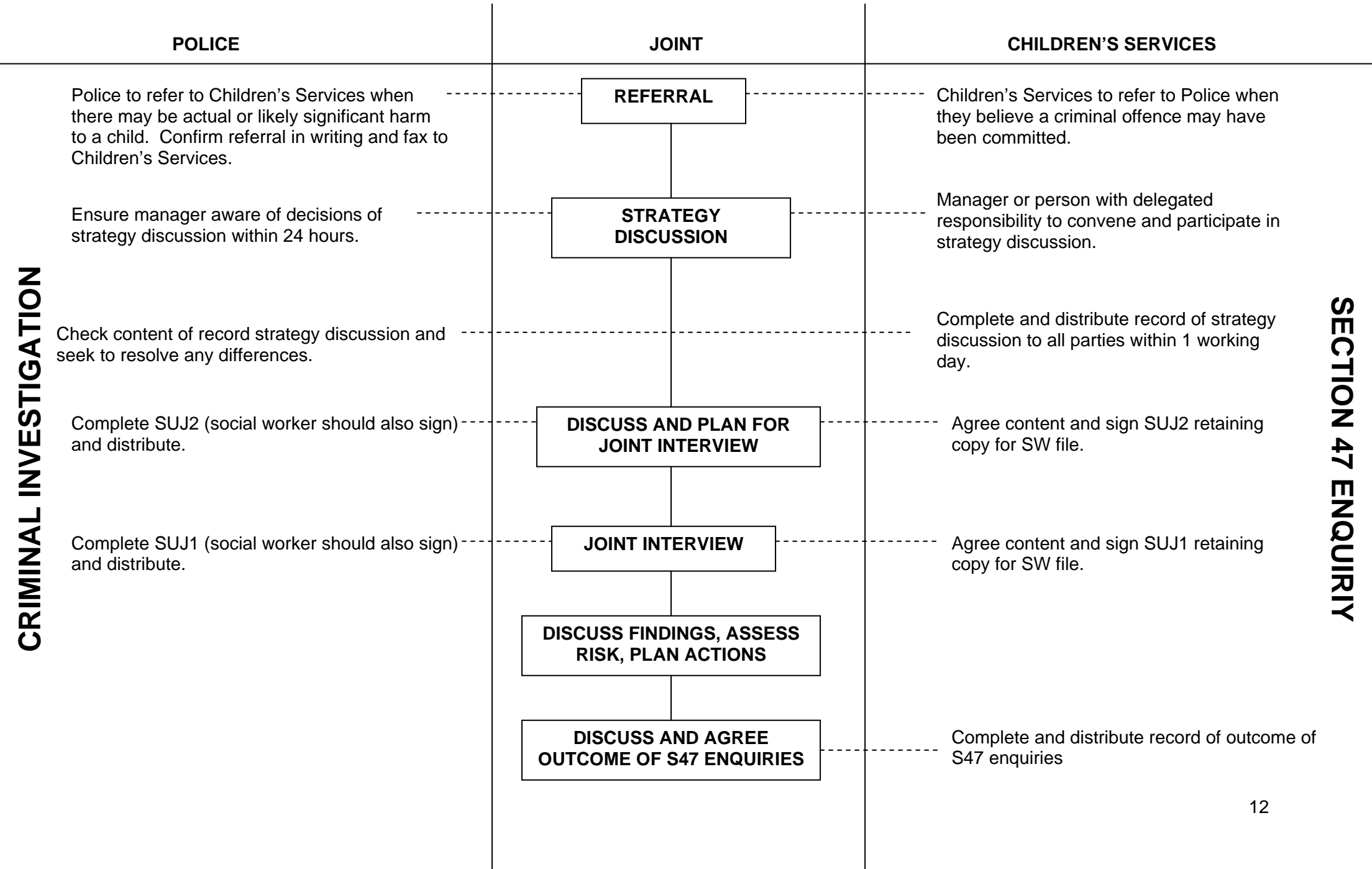
11.4 Police

There may be occasions when the Police will liaise with Children's Services concerning vulnerable witnesses. This will occur where the Police identify historical or current child welfare concerns and may lead to a strategy discussion.

12. CONCLUSION

- 12.1 The above criteria for the joint or single agency response cannot be prescriptive or exhaustive and judgement will need to be exercised in individual circumstances.

- 12.2 A flexible approach is required. Concerns about significant harm may cause a Children's Services single agency enquiry to commence, but this may then need to change to a joint agency response because the initial enquiries find that the parent or child/young person wants this, or there are additional factors which identify the need for this, and/or it is apparent further enquiries need to be made about a potential criminal offence.
- 12.3 Similarly, the Police may initially respond on their own to a situation and it may then become clear that there are unresolved child protection or welfare issues, in which case the Police Officer involved should ensure that the issues are communicated to the relevant Children's Services staff.
- 12.4 If, following discussion between the Police and Children's Services managers, disagreement remains over any matter such as the necessity for a joint investigation or a contentious decision by either party, the matter should be referred to the Detective Inspector, Police Child Abuse Investigation Unit and relevant operational Senior Manager, Children's Services.
- 12.5 Whenever there is a single agency response in child protection cases, by either Children's Services or Police, the outcome should be shared in writing with the other agency.
E.G. via outcome of s47 enquiries form (Children's Services)



APPENDIX B

Guidance for Social Workers & Police re: Referral of Children for Medical Assessment in relation to Safeguarding.

In order to aid joint working and to meet the best interests of the child it is important that the referrer communicates clearly to the doctor a) their specific concerns b) the child's details c) a description of the injury/ suspected injury and d) what it is hoped the assessment will achieve. This will then ensure that the child is seen by the most appropriate clinician.

Verbal referrals should be followed up by a written referral, using where possible an interagency referral form.

Please see the separate flowchart and referral processes into Paediatrics for East Dorset, Poole & Bournemouth and for West Dorset at the end of this document.

1. Physical Injury

This is most likely to represent bruising / suspected bruising but may include other suspected injury such as a swelling.

Referrals should be directed to **Paediatrics** in the following instances:

- Very young children (and particularly infants < 1 year of age)
- Child not previously known to Children's Social Care & NAI suspected
- Significant but not life-threatening physical injury which may require *medical* intervention. (Children with life-threatening injuries should be referred to A&E via a 999 ambulance call. Children with obvious fractures should be accompanied to A&E – the A&E team will involve the paediatrician if NAI is suspected.)
- GP declines to perform the assessment
- If in doubt, please discuss with community paediatrician on call (East) / paediatrician for the week or paediatrician on call if outside of normal working hours (West)

Referrals may be directed to the child's **GP** in the following circumstances:

- Child known to Children's Social Care presents with minor physical injury and for which documentation of the injury is requested.

Whenever a GP accepts such a referral an examination should be made of the whole child, not just the area injured (unless the child refuses a full medical assessment and is of sufficient age to do so). Any injuries must be documented on appropriate body maps.

The GP may decline to perform the assessment if they feel that they have insufficient training / expertise in this area of work. In such cases the referral should be redirected to Paediatrics.

2. Concerns re: Emotional Abuse or Neglect

Referrals should be made to Paediatrics.

3. Concerns re: Sexual abuse

Referrals should be made to Paediatrics. It is important that an initial multi-agency discussion takes place for the reasons outlined within the flowchart below.

For cases where it is considered likely that acute injuries could still visible or forensic evidence could be obtained the assessment should be conducted within 24 - 72 hours.

For cases where chronic or historic abuse is suspected then children/young people will normally be seen within the next available CSA clinic

(usually conducted jointly by Dr Doherty & Dr Mancais for West Dorset children). This may in practice mean waiting time of up to 5 weeks.

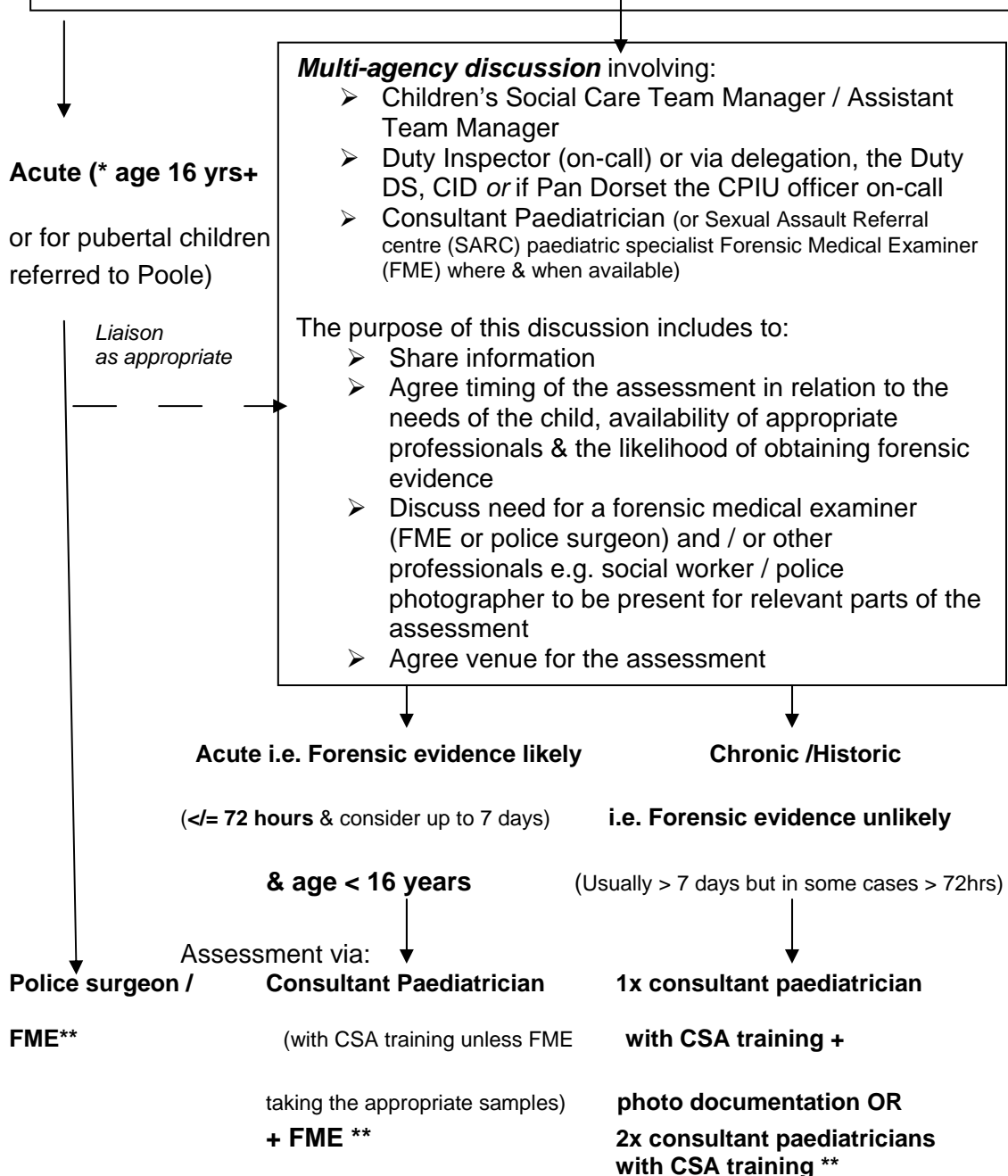
Flowchart for Paediatric Assessments in relation to possible Child Sexual Abuse

In practice, most paediatric referrals for a medical assessment arise following an initial strategy discussion between Social Care and Police Child Abuse Investigation Team (CAIT).

An assessment should be considered if:

- A disclosure has been made
- Child sexual abuse (CSA) suspected e.g. vaginal bleeding in a prepubertal child
- There is evidence of other types of abuse

If you have any concerns regarding whether to request an assessment please discuss with consultant paediatrician



* Referral to a Paediatrician may be more appropriate if the child:

- Is already under the care of a Paediatrician (West Dorset) or Community Paediatrician (East Dorset, Poole & Bournemouth)
- Has learning difficulties
- Is aged 16 or 17 years and a request for a paediatric assessment is made

** OR SARC with paediatric specialist training where this facility is available

Consultant Paediatrician Contact details (for all categories of suspected child abuse / Non-Accidental Injury):

West Dorset (includes children residing in the areas of Dorchester; Bridport; North Dorset; Weymouth & Portland; Wareham; Wool)-

Via child protection administrator for health on 01305 254748 during normal working hours
Out of Hours please contact Dorset County Hospital switchboard on 01305 251150 and ask for the consultant paediatrician on-call.

There is also a rota for the availability of on-call paediatricians specialising in the assessment of children who may have been sexually abused across the South West network. This rota is for *urgent CSA* cases only & may be accessed in the event of either Dr. Doherty or Dr Mancais from West Dorset being unavailable. Access to this rota is via the child protection office or the consultant paediatricians at Dorset County Hospital.

East Dorset (including children from Poole, Bournemouth, Purbeck, Ferndown and Christchurch)

Via child protection coordinator on 01202 448312 during normal working hours.

Out of Hours please contact Poole Hospital switchboard on 01202 665511 and ask for the consultant paediatrician on-call for child protection.

REMIT OF THE CHILD ABUSE INVESTIGATION TEAM (CAIT)

CAIT have responsibility for investigating allegations involving the following: -

1. Adult on Juvenile Abuse

Sexual abuse, physical abuse, emotional abuse, neglect and cruelty where the victim is a child or young person under the age of 18 years, in the following circumstances: -

i) The victim and the alleged perpetrator are related (blood tie or step family)

or

ii) The alleged perpetrator was acting as carer or in a professional or voluntary capacity when entrusted with the care of the victim at the time of the alleged offence.

or

When the offence(s) have taken place historically and either i) or ii) above applied at the time of the offence.

2. Juvenile on Juvenile Abuse

Sexual abuse, physical abuse, emotional abuse, neglect and cruelty involving a child victim where the alleged perpetrator is a juvenile in the following circumstances;

i) The victim and the alleged perpetrator are related (blood tie or step family)

or

ii) The alleged perpetrator was acting as carer or had responsibility for the victim at the time of the alleged offence.

or

iii) Where the allegation is of a sexual nature, the victim is 12 years old or younger at the time of the allegation AND the victim previously knew the alleged perpetrator.

N.B. All other child related investigations are dealt with by Divisional staff.

**DORSET POLICE
AND DORSET, POOLE & BOURNEMOUTH CHILDREN'S SERVICES**

CONTACT WITH VULNERABLE WITNESS

This form is required to be completed on each occasion where there is contact by Police/or Children's Services with a vulnerable witness subject of an investigation.

Witness's Name:

DOB:

Meeting Place:
(Do not show home address, 'home' will suffice)

Time and Date:

Purpose of Visit:

Persons present, job title, relationship with witness:

Nature of concerns:

Focus of discussion with witness and record in verbatim of anything said by the witness in relation to the allegation by the witness or in the presence of the witness.

Further actions to be undertaken/when and by whom as a result of this contact:

	SIGNATURE	DATE
POLICE		
SOCIAL WORKER		

**DORSET POLICE AND BOURNEMOUTH, DORSET AND POOLE CHILDREN'S SERVICES
PLANNING FOR VULNERABLE WITNESS**

Name of Witness:Place:

Date:Persons Present:

FACTOR CHECKLIST	CONSIDERED ✓	COMMENT/NEED IDENTIFIED	HOW NEED WILL BE MET IN INTERVIEW
Witness's age			
Witness's race, culture, ethnicity and first language			
Witness's religion			
Witness's gender and sexuality			
Any physical and/or mental health needs			
Witness's cognitive abilities (e.g. memory, attention span)			
Witness's linguistic abilities (e.g. how well do they understand spoken language and how well do they use it?)			
Witness's current emotional state and range of behaviours			

Witness's family members/carers and nature of relationships			
Witness's overall sexual education, knowledge and experiences			
Any significant stresses recently experienced by the child and/or family (e.g. bereavement, sickness, domestic violence, divorce, job loss etc.)			
Bathing, toileting and bedtime routines			
Sleeping arrangements			
Requirement for social support in interview room			
Any other issue identified? E.G> Dietary needs			

Where will the interview take place?..... Date: Time:

Proposed Lead Interviewer: Name:..... Signature:

Proposed Co-interviewer: Name: Signature: