



PAN DORSET INTER-AGENCY SAFEGUARDING PROCEDURES

CHAPTER 2

MANAGING INDIVIDUAL CASES IN BOURNEMOUTH, DORSET AND POOLE

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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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Introduction

Chapter 2 of the Dorset, Bournemouth and Poole Inter-agency procedures for safeguarding children and young people have been revised following the publication of "Working Together to Safeguard Children" (Department for Children, Schools and Families 2010). This document was approved by the multi-agency pan-Dorset Policy & Procedures Group on 19.10.2010.

It replaces the previous Chapter 2 of the Inter-agency Area Child Protection Procedures, 2006.

This document recreates the full text of "Working Together to Safeguard Children" DCSF 2010, supplementing it with Pan-Dorset agreed policy and protocol. The Working Together text has also had yellow highlights added to show where changes are made between the 2006 and 2010 versions. It is hoped this will assist those reading it to understand new expectations as well as local protocols.

"Safeguarding children" is everyone's responsibility and all are encouraged to read thoroughly the contents of this document.

CONTENTS

Introduction	5
Working with children about whom there are child welfare concerns	5
Principles underpinning work to safeguard and promote the welfare of children	5
The processes for safeguarding and promoting the welfare of children	8
Being alert to children’s welfare	8
Use of the Common Assessment Framework	9
Discussion of concerns about a child’s safety and welfare	10
The welfare of unborn children	10
Referrals to local authority children’s social care where there are concerns about a child’s safety or welfare	10
Responding to child welfare concerns where there is or may be an alleged crime	11
Response of local authority children’s social care to a referral	16
Initial Assessment	18
Next steps – child in need but no suspected actual or likely significant harm	23
Next steps – child in need and suspected actual or likely significant harm	24
Immediate Protection	24
Strategy Discussion	25
Section 47 Enquiries and Core Assessment	30
Child Assessment Orders	32
The Impact of s47 Enquiries on the Family and Child	32
The Outcome of S47 Enquiries	33
Concerns are not substantiated	33
Concerns are substantiated, but the child is not judged to be at continuing risk of significant harm	33
Concerns are substantiated and the child is judged to be at continuing risk of significant harm	35
The Initial Child Protection Conference	35
Purpose	35
Timing	35
Attendance	35
Involving the Child and Family Members	37
Chairing the Conference	41
Information for the Conference	41
Action and Decisions for the Conference	43
Chair’s right to overrule	46

Complaints about a Child Protection Conference	48
Administrative arrangements and record keeping	48
Action Following the Initial Child Protection Conference	49
The Role of the Lead Social Worker	49
The Core Group	49
Completion of the Core Assessment	50
The Child Protection Plan	51
Agreeing the plan with the child	52
Negotiating the plan with parents	52
Intervention	52
The Child Protection Review Conference	54
Timescale	54
Purpose	54
Discontinuing the Child Protection Plan	55
Children Looked After by the Local Authority	57
Pre-Birth Child Protection Conferences and Reviews	59
Recording that a child is the subject of a child protection plan	59
Managing and Providing Information about a Child	60
Recording in individual cases	62
Request for a change of worker	63
Effective Support and Supervision	63
Flow Chart 1: Referral	64
Flow Chart 2: What happens following initial assessment	65
Flow chart 3: Urgent action to safeguard children	66
Flow chart 4: What happens after the strategy discussion?	67
Flow chart 5: What happens after the child protection conference, including the review process?	68

Introduction

2.1. This chapter provides guidance on what should happen if somebody has concerns about the safety and welfare of a child (including those living away from home) and in particular, concerns that a child may be suffering, or is likely to suffer, significant harm. It incorporates the guidance on information sharing and sets out the principles which underpin work to safeguard and promote the welfare of children. **Fundamental to safeguarding and promoting the welfare of each child is having a child centred approach. This means seeing the child and keeping the child in focus throughout assessments, while working with the child and family, and when reviewing whether the child is safe and his or her needs are being met. Undertaking direct work with the child is key: seeing the child alone when appropriate, ascertaining the child's wishes and feelings and understanding the meaning of their daily life experiences to them. Throughout this process, the safety of the child should be ensured.**

2.2. This chapter is not intended as a detailed practice guide but it sets out clear expectations about the ways in which agencies and professionals should work together to safeguard and promote the welfare of children. In addition, the related practice guidance *What to do if you're worried a child is being abused*¹ is intended to be an accessible resource for practitioners and first line managers to use in their every day work.

Working with children about whom there are child welfare concerns

- 2.3. Achieving good outcomes for children requires all those with responsibility for assessment and the provision of services to work together according to an agreed plan of action. Effective collaboration requires organisations and people to be clear about:
- their roles and responsibilities for safeguarding and promoting the welfare of children (see the *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (2007)* and Chapter 2);
 - the purpose of their activity, the decisions that are required at each stage of the process and what are the planned outcomes for the child and family members;
 - the legislative basis for the work;
 - the protocols and procedures to be followed, including the way in which information will be shared across professional boundaries and within agencies, and be recorded **for each child**;
 - which organisation, team or professional has lead responsibility, and the precise roles of everyone else who is involved, including the way in which children and family members will be involved; and
 - any timescales set down in regulations or guidance which govern the completion of assessments, making of plans and timing of reviews.

Principles underpinning work to safeguard and promote the welfare of children

2.4. The following principles, which draw on findings from research, underpin work with children and their families to safeguard and promote the welfare of children (see also

¹ www.dcsf.gov.uk/safeguarding

paragraph 2.18 in the Guidance issued under S11 of the Children Act 2004). These principles should be followed when implementing the guidance set out in this chapter. They will be relevant to varying degrees depending on the functions and level of involvement of the organisation and the individual practitioner concerned.

2.5. Work to safeguard and promote the welfare of children should be:

- **Child centred**

The child should be seen (alone when appropriate) by the lead social² in addition to all other professionals who have a responsibility for the child's welfare. His or her welfare should be kept sharply in focus in all work with the child and family. The significance of seeing and observing the child cannot be overstated. The child should be spoken and listened to, and their wishes and feelings ascertained, taken into account (having regard to their age and understanding) and recorded when making decisions about the provision of services. Some of the worst failures of the system have occurred when professionals have lost sight of the child and concentrated instead on their relationship with the adults.

- **Rooted in child development**

Those working with children should have a detailed understanding of child development and how the quality of the care they are receiving can have an impact on their health and development. They should recognise that as children grow, they continue to develop their skills and abilities. Each stage, from infancy through middle years to adolescence, lays the foundation for more complex development. Plans and interventions to safeguard and promote the child's welfare should be based on a clear assessment of the child's developmental progress and the difficulties the child may be experiencing. Planned action should also be timely and appropriate for the child's age and stage of development.

- **Focused on outcomes for children**

When working directly with a child, any plan developed for the child and their family or caregiver should be based on an assessment of the child's developmental needs and the parents/caregivers' capacity to respond to these needs within their family and environmental contexts. The plan should set out the planned outcomes for each child; progress against these should be regularly reviewed and the actual outcomes should be recorded.

The purpose of all interventions should be to achieve the best possible outcomes for each child, recognising that each child is unique. These outcomes should contribute to the key outcomes set out for all children in the Children Act 2004 (see paragraph 1.1). and at review the actual outcomes should be recorded.

- **Holistic in approach**

Having an holistic approach means having an understanding of a child within the context of their family (parents or caregivers and the wider family) and of the educational setting, community and culture in which he or she is growing up. The interaction between the developmental needs of children, the capacities of parents or caregivers to respond appropriately to those needs and the impact of wider family and environmental factors on children and on parenting capacity requires careful exploration during an assessment.

² Local authority children's social care is required by the Children Act 1989 (as amended by section 53 of the Children Act 2004) to ascertain the child's wishes and feelings and to give due consideration to the child's wishes and feelings having regard to their age and understanding, when determining what (if any) services to provide.

The ultimate aim is to understand the child's developmental needs and the capacity of the parents or caregivers to meet them and to provide services to the child and to the family members that respond to these needs. The child's context will be even more complex when they are living away from home and looked after by adults who do not have parental responsibility for them.

- **Ensuring equality of opportunity**

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

- **Involving of children and families**

In the process of finding out what is happening to a child it is important to listen **to the child develop a therapeutic relationship with the child and through this gain an understanding of his or her wishes and feelings.**

The importance of developing a co-operative working relationship is emphasised, so that parents or caregivers feel respected and informed, they believe staff are being open and honest with them, and in turn they are confident about providing vital information about their child, themselves and their circumstances. The consent of children or their parents/caregivers, where appropriate, should be obtained for sharing information unless to do so would place the child at risk of significant harm. Similarly, decisions should also be made with their agreement, whenever possible, unless to do so would place the child at risk of significant harm.

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

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

- **Integrated approach**

From birth, there will be a variety of different agencies and **services** in the community involved with children and their development, particularly in relation to their health and education. Multi and inter-agency work to safeguard and promote children's welfare starts as soon **as it has been identified that the child or family members have additional needs requiring support / services beyond universal service, not just when there are questions about possible harm.**

- **A continuing process not an event**

Understanding what is happening to a vulnerable child within the context of his or her family and the local community, and taking appropriate action are continuing and interactive processes and not single events. Assessment should continue throughout a period of intervention, and intervention may start at the beginning of an assessment.

- **Providing and reviewing services**

Action and services should be provided according to the identified needs of the child and family in parallel with assessment where necessary. It is not necessary to await completion of the assessment process. Immediate and practical needs should be addressed alongside more complex and longer term ones. The impact of service provision on a child's developmental progress should **be reviewed at regular intervals.**

- **Informed by evidence**

Effective practice with children and families requires sound professional judgements which are underpinned by a rigorous evidence base, and draw on the practitioner's knowledge and experience. **Decisions based on these judgements should be kept under review, and take full account of any new information obtained during the course of work with the child and family.**

The processes for safeguarding and promoting the welfare of children

- 2.6. Four key processes underpin work with children and families, each of which has to be carried out effectively in order to achieve improvements in the lives of children in need. They are assessment, planning, intervention and reviewing **as set out in the Integrated Children's System (Department of Health, 2002).**
- 2.7. The flow charts at the end of this chapter illustrate the processes for safeguarding and promoting the welfare of children:
- from the point that concerns are raised about a child and are referred to a statutory organisation that can take action to safeguard and promote the welfare of children (Flow chart 1);
 - through an initial assessment of the child's situation and what happens after that (Flow chart 2);
 - taking urgent action, if necessary (Flow chart 3);
 - to the strategy discussion, where there are concerns about a child's safety, and beyond that to the child protection conference (Flow chart 4); and
 - what happens after the child protection conference, and the review process (Flow chart 5).

Being alert to children's welfare

- 2.8. Everybody who works or has contact with children, parents, and other adults in contact with children should be able to recognise, and know how to act upon, evidence that a child's health or development is or may be being impaired - especially when they are suffering, or likely to suffer significant harm. Practitioners, foster carers, and managers should be mindful always of the safety and welfare of children – including unborn children, older children and children living away from home or looked after by the local authority – in their work:

With children

- 2.9. *For example:* early years staff, teachers, school nurses, health visitors, GPs, Accident and Emergency and all other hospital staff, **and staff, in the youth justice system, including the secure estate,** should be able to recognise situations where a child requires extra support to prevent impairment to his or her health or development or possible signs or symptoms of abuse or neglect in children. All professionals working with children and especially those in health and social care should be familiar with the core standards set out in the *National Service Framework for Children, Young People*

Those working with children living away from home should also be familiar with the relevant statutory Regulations and National Minimum Standards³. Children living in custodial settings should be assessed as potential children in need under section 17 of the Children Act 1989 and all children subject to a court ordered secure remand (COSR) automatically acquire the status of a looked after child.

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

2.10. *For example:* adult mental health, substance misuse services and criminal justice agencies should always consider the implications for children of patients' or users' behaviours and the impact they may have on their parenting capacity. Day nurseries, children's and family centres should keep the interests of children uppermost in their minds when working with parents, work in ways intended to bring about better outcomes for children, and be alert to possible signs or symptoms of abuse or neglect. When dealing with cases of domestic violence, the police and other involved agencies should consider the impact that this behaviour has on children, in particular their emotional development, and the victim's capacity to protect a child from harm and meet their identified needs.

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

2.11. *For example:* the police probation and prison services, mental health services, and housing authorities should be alert to the possibility that an individual may pose a risk of causing harm to a particular child, or to children in a local community. Employers of staff or volunteers who have substantial unsupervised access to children should guard against the potential for abuse or neglect, through rigorous selection processes, appropriate supervision and by taking steps to maintain a safe environment for children. For further details on this matter see Chapter 12 Working Together to Safeguard Children 2010

Use of the Common Assessment Framework

2.12. The Common Assessment Framework (CAF) offers a basis for early identification of children's additional needs, sharing of this information between organisations and the co-ordination of service provision. Where it is considered a child may have additional needs, with the consent of the child, young person or parents/carers, practitioners may undertake a common assessment in accordance with the national practice guidance⁴ to assess these needs and to decide how best to support them. The findings from the common assessment may however give rise to concerns about a child's safety and welfare. Practitioners should be particularly concerned regarding children whose parents or caregivers are experiencing difficulties in meeting their needs as a result of domestic violence, substance misuse, mental illness and/or learning disability (see paragraphs 9.13–9.66). All staff members who have or become aware of concerns about the safety or welfare of a child or children should know:

- who to contact in what circumstances, and how; and
- when and how to make a referral to local authority children's social care services or the police.

³ www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/childrenincare/childrenincare/

⁴ See www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework

Discussion of concerns about a child's safety and welfare

2.13. Irrespective of whether a common assessment has been undertaken, where there are concerns that a child may be a possible child in need, and in particular where there are concerns about a child being harmed, relevant information about the child and family should be discussed with a manager, or a named or designated health professional or a designated member of staff depending on the organisational setting. Concerns can also be discussed, without necessarily identifying the child in question, with senior colleagues in another agency, (for example, children's social care services) in order to develop an understanding of the child's needs and circumstances.

2.14. Where a child is not considered to be a possible child in need under section 17 of the Children Act 1989 the practitioner should consider what other types of services, including possibly a common assessment, should be offered. If it is agreed that the child may be a child in need under the Children Act 1989 (see paragraph 1.25), then a referral to children's social care should be discussed with the child and parents. If they consent, then the child should be referred to local authority children's social care and the processes set out in this chapter followed. If the child is believed or suspected to be suffering significant harm a referral should always be made to children's social care (see paragraph 2.17 below). If concerns arise about a child who is already known to local authority children's social care the allocated social worker should be informed immediately of these concerns.

2.15. There should always be the opportunity to discuss concerns about a child's safety and welfare with, and seek advice from, colleagues, managers, a designated or named professional, or other agencies but:

- never delay emergency action to protect a child from harm;
- always record in writing concerns about a child's welfare, including whether or not further action is taken; and
- always record in writing discussions about a child's welfare in the child's file. At the close of a discussion, always reach a clear and explicit recorded agreement about who will be taking what action or that no further action will be taken.

The welfare of unborn children

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

Referrals to local authority children's social care where there are concerns about a child's safety or welfare

2.17. Local authorities with children's services functions have particular responsibilities towards all children whose health or development may be impaired without the provision of services, or who are disabled (defined in the Children Act 1989 as 'children in need'). Where a child is considered to be a possible child in need a referral to children's social care should be made in accordance with the agreed LSCB procedures and formats. Where a common assessment has already been undertaken it should be used to support a referral to children's social care: however undertaking a CAF is not a prerequisite for making a referral.

- 2.18. If somebody believes that a child may be suffering, **or is likely to suffer**, significant harm, then s/he should always refer his or her concerns to the local authority children's social care services. In addition to social care, the police and the NSPCC have powers to intervene in these circumstances.

Pan-Dorset Note

In exceptional circumstances the situation may be so urgent as to require an emergency police response, in which case professionals should dial 999.

- 2.19 Sometimes concerns will arise within children's services itself, as new information comes to light about a child and family with whom staff are already in contact. While professionals should seek, in general, to discuss any concerns with the family and, where possible, seek their agreement to making referrals to children's services, **this should only be done where such discussion and agreement-seeking will not place a child at increased risk of significant harm.**

Pan-Dorset Note

It should be noted however, that professionals cannot make anonymous referrals.

Responding to child welfare concerns where there is or may be an alleged crime

- 2.20 Whenever local authority children's social care have a case referred to them which constitutes, or may constitute, a criminal offence against a child, they should always discuss the case with the police at the earliest opportunity.
- 2.21 Whenever other agencies, or the Local Authority (LA) in its other roles, encounter concerns about a child's welfare which constitute, or may constitute, a criminal offence against a child, they must always consider sharing that information with children's services or the police in order to protect the child or other children from **suffering** significant harm. If a decision is taken not to share information, the reasons must be recorded.
- 2.22 Sharing of information in cases of concern about children's welfare will enable professionals to consider jointly how to proceed in the best interests of the child and to safeguard children more generally (see paragraph 2.3).
- 2.23 In dealing with alleged offences involving a child victim, the police should normally work in partnership with children's services and/or other agencies. **In circumstances where it is suspected that the child may have been conceived as a result of an incestuous relationship or interfamilial abuse, consideration should be given to the use of DNA testing and the role of genetics and geneticists.** Whilst the responsibility to instigate a criminal investigation rests with the police, they should consider the views expressed by other agencies. There will be less serious cases where, after discussion, it is agreed that the best interests of the child are served by a children's services led intervention rather than a full police investigation.
- 2.24 In deciding whether there is a need to share information, professionals should consider their legal obligations, including whether they have a duty of confidentiality to the child. Where there is such a duty, the professional may lawfully share information if the child consents or if there is a public interest of sufficient force. This must be judged by the professional on the facts of each case. Where there is a **clear likelihood of a child suffering significant harm or an adult suffering serious harm**, the public interest test will almost certainly be satisfied. However, there will be other cases where practitioners

will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action - the information shared should be proportionate.

- 2.25 The child's best interests must be the overriding consideration in making any such decision including in the cases of underage sexual activity on which detailed guidance is given below. The cross-government guidance, Information sharing; Guidance for practitioners and managers (2008) provides advice on these issues⁵. Any decision whether or not to share information must be properly documented. Decisions in this area need to be made by, or with the advice of, people with suitable competence in child protection work such as named or designated professionals or senior managers.

Allegations of harm arising from underage sexual activity

- 2.26 Cases of underage sexual activity which present cause for concern are likely to raise difficult issues and should be handled particularly sensitively⁶. This includes situations where girls aged under 16 years present at a termination of pregnancy.

- 2.27 A child under 13 is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate that the child is suffering, or is likely to suffer, significant harm.

- 2.28 Cases involving children aged under 13 years should always be discussed with a nominated child protection lead in the organisation. Under the Sexual Offences Act, penetrative sex with a child under 13 is classed as rape. Where the allegation concerns penetrative sex, or other intimate sexual activity occurs, there would always be reasonable cause to suspect that a child, whether girl or boy, is suffering or is likely to suffer significant harm. There should be a presumption that the case will be reported to children's social care and that a strategy discussion will be held in accordance with the guidance set out in paragraph 2.56 below. This should involve children's social care, police, health and other relevant agencies in discussing appropriate next steps with the professional. All cases involving under 13s should be fully documented including detailed reasons where a decision is taken not to share information. These decisions should be exceptional and only made with the documented approval of a senior manager.

- 2.29 Sexual activity with a child under 16 is also an offence. Where it is consensual it may be less serious than if the child were aged under 13 years but may, nevertheless, have serious consequences for the welfare of the young person. Consideration should be given in every case of sexual activity involving a child aged 13-15 as to whether there should be a discussion with other agencies and whether a referral should be made to children's social care. The professional should make this assessment using the considerations below. Within this age range, the younger the child, the stronger the presumption must be that sexual activity will be a matter of concern. Cases of concern should be discussed with the nominated child protection lead and subsequently with other agencies if required. Where confidentiality needs to be preserved, a discussion can still take place as long as it does not identify the child (directly or indirectly). Where there is reasonable cause to suspect that significant harm to a child has

⁵ See www.dcsf.gov.uk/informationsharing

⁶ Further guidance is provided by the Department of Health best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, reproductive and sexual health.

occurred **or is likely to occur**, there would be a presumption that the case is reported to children's services and a strategy discussion should be held to discuss appropriate next steps. Again, all cases should be carefully documented including where a decision is taken not to share information.

2.30 The considerations in the following checklist should be taken into account when assessing the extent to which a child (or other children) **is suffering or is likely to be suffer**, significant harm, and therefore the need to hold a strategy discussion in order to share information:

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

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

2.32 Sexual activity involving a 16 or 17 year old, **even if it does not** involve an offence, may still involve harm or the **likelihood of harm being suffered**. Professionals should still bear in mind the considerations and processes outlined in this guidance in assessing **whether harm is being suffered**, and should share information as appropriate. It is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them.

Pan Dorset Note

Appendix 3.4 of the Local Inter-agency Safeguarding Procedures cover this area and are supported by inter-agency training, which will offer more detailed guidance in this area of work.

Pan Dorset Note - Fabricated or Induced Illness

A protocol is being developed for inclusion in Local Inter-agency Safeguarding Procedures.

Concerns may be raised when it is considered that the health or development of a child is likely to be significantly impaired or further impaired by a parent or caregiver who has fabricated or induced illness. These concerns may arise when:

- reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering; or
- physical examination and results of medical investigations do not explain reported symptoms and signs; or
- there is an inexplicably poor response to prescribed medication and other treatment; or
- new symptoms are reported on resolution of previous ones; or
- reported symptoms and found signs are not seen to begin in the absence of the caregiver; or
- over time the child repeatedly presents with a range of symptoms; or
- the child's normal activities are being curtailed beyond that which might be expected for any medical disorder from which the child is known to suffer.

There may be a number of explanations for these circumstances and each requires careful consideration and review.

There are three main ways of fabricating or inducing illness in a child. These are not mutually exclusive:

- fabrication of signs and symptoms. This may include fabrication of past medical history;
- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents
- induction of illness by a variety of means.

Professionals should be alert to the possibility of fabricated or induced illness, in which a child is presented for medical treatment as sick, but the signs and/or symptoms have been fabricated, exaggerated or even induced, with the intention of obtaining unnecessary medical attention and/or treatment for the child. This is not to be confused with anxious or even overly anxious parents who want to ensure that their child's health is given the best attention possible and may inadvertently exaggerate the symptoms or the need for further tests to explore a diagnosis for their child's ill health.

When a possible explanation for the signs and symptoms present in a child is that they may have been fabricated or induced by a parent/carer and as a consequence the child's health or development is, or is likely to be impaired, a referral should be made to children's services. The same action should be taken when a pregnant woman is identified as having a history of fabricating illness in herself and/or there is evidence of illness being fabricated or induced in an older sibling or another child. Additionally it should be noted that children can be subjected to abuse by those who work with them in any and all settings.

A referral to children's services about fabricated or induced illness should be followed by a strategy meeting to include at a minimum, a consultant paediatrician with police and children's services. The strategy meeting will follow the guidance and requirements as set out in [paragraph 2.58](#) of these procedures.

It is important to note that whilst it is normally appropriate to discuss concerns with parents/carers and seek their permission to making referrals to children's services, in cases of suspected fabricated or induced illness, parents should not be alerted to the referral or to a strategy meeting until/unless the meeting or strategy discussion agrees that this is appropriate. In all cases where the police are involved, the decision about when to inform the parents must be first agreed with the police.

The strategy meeting will need to consider whether to collate relevant information about a child about whom there are concerns regarding fabricated or induced illness and which agency should do so. These records should provide a detailed chronology of the case, including the medical, psychiatric and social histories of the child, parents/carers, siblings and other significant family members.

This chronology will enable the multi-agency group to identify patterns of presenting for medical treatment not only in relation to the child but also across generations. It will also inform decisions about intervention strategies as necessary to safeguard the child.

A child presenting health problems which may be the result of fabricated or induced illness may present as a medical emergency, for example blue attacks or fits in babies caused by intentional suffocation. However some children may present with chronic illnesses which are not immediately life threatening, and in those circumstances it may take professionals some time to recognise that the child is being abused by a parent/carer fabricating or inducing illness in the child.

It is vital that medical records are kept meticulously in situations where there are concerns about fabricated or induced illness, always recording exactly what is reported by the parent/carer and also recording exactly what was observed or evidenced by the medical staff. The majority of cases of fabricated or induced illness in children are confirmed in a hospital setting, because medical findings - or the absence of them - provide evidence of this type of abuse.

For further information including information about the main roles and responsibilities of statutory agencies, professionals, the voluntary sector and the wider community in relation to circumstances where illness has been fabricated and/or induced in a child by a carer, refer to the guidance. 'Safeguarding Children in Whom Illness is Fabricated or Induced' Department of Health, August 2002 at:

<http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/fs/en>

In some instances the use of covert video surveillance may be required. Good practice advice for police officers in relation to this is available from the National Crime Faculty.

Response of local authority children's social care to a referral

2.33 When a parent, professional, or another person contacts Bournemouth, Dorset or Poole children's services with concerns about a child's welfare, it is the responsibility of the Children's Services to clarify with the referrer (including self-referrals from children and families):

- the nature of concerns
- how and why they have arisen
- what appear to be the needs of the child and family; and
- what involvement they are having or have had with the child and/or family members.

2.34 The referrer should have the opportunity to discuss their concerns with a qualified social worker. The process of clarifying the nature of the referral should always identify clearly whether there are concerns about maltreatment and the associated risk factors, the evidence for these concerns and whether it may be necessary to consider taking urgent action to ensure the child(ren) are safe from harm. Local authority children's social care should specifically ask the referrer if they hold any information about difficulties being experienced in the family/household due to domestic violence, mental illness, substance misuse and/or learning disability in order to inform its decision making.

2.35 Professionals who telephone local authority children's social care should confirm referrals in writing within 48 hours. The CAF provides a structure for the written referral but prior completion of a CAF should not be a pre-requisite for a referral being accepted by the local authority. At the end of any discussion or dialogue about a child,

the referrer (whether a professional or a member of the public or family) and children's services should be clear about

- the children's social care's proposed course of action in response to the referral,
- timescales and
- who will be taking this action, or
- if no further action will be taken.

The decision should be recorded by children's social care **in the child's case file**, and by the referrer (if a professional in another service). Local authority children's social care should acknowledge a written referral within one working day of receiving it. If the referrer has not received an acknowledgement within 3 working days, they should contact local authority children's social care again.

- 2.36 **Local authority children's social care should decide how they will respond to the referral and record next steps of action within one working day.** This information should be consistent with the information set out in the Referral and Information Record (DoH 2002).⁷ This decision should normally follow discussion with any referring professional/service⁷, consideration of information held in any existing records, and involve discussion with other professionals and services as necessary (including the police, where a criminal offence may have been committed against a child). An initial consideration of the case should address – on the basis of the available evidence – whether there are concerns about either the child's health and development **or the child suffering harm** which justifies an initial assessment to establish whether this child is a child in need. Local authority children's social care **should ensure that the social work practitioners who are responding to referrals are supported by experienced first line managers competent in making sound evidence based decisions about what to do next.** Further action by children's social care may also include referral to other agencies, the provision of information or advice – **such as suggesting the completion of a common assessment by the referring agency or organisation** – or no further action.
- 2.37 The parents' permission, or the child's where appropriate, should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at increased risk of significant harm. When responding to referrals from a member of the public rather than another professional, children's social care should bear in mind that personal information about referrers, including identifying details, should only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer. In all cases where the police are involved, the decision about when to inform the parents (about referrals from third parties) will have a bearing on the conduct of police investigations.
- 2.38 Where local authority children's social care decide to take no further action at this stage, feedback should be provided to the referrer, who should be told of this decision and the reasons for making it. In the case of public referrals, this should be done in a manner consistent with respecting the confidentiality of the child. Sometimes it may be apparent at this stage that emergency action should be taken to safeguard and promote the welfare of a child (see [paragraph 2.53](#)). Such action should normally be preceded by an immediate strategy discussion between the police, local authority children's social care and other agencies as appropriate.

⁷ ContactPoint provides an efficient way for people working with children to find out who else is working with the same child. Information is available at: www.dcsf.gov.uk/ecm/contactpoint

- 2.39 New information may be received about a child or family where the child or family member is already known to local authority children's social care. If the child's case is open, and there are concerns that the child is or is likely to be suffering significant harm then a decision should be made about whether a strategy discussion should be held in order to consider whether to initiate section 47 enquiries (see paragraph 2.58). It may, also, be appropriate to consider undertaking a core assessment or to update a previous one in order to understand the child's current needs and circumstances and inform future decision making.

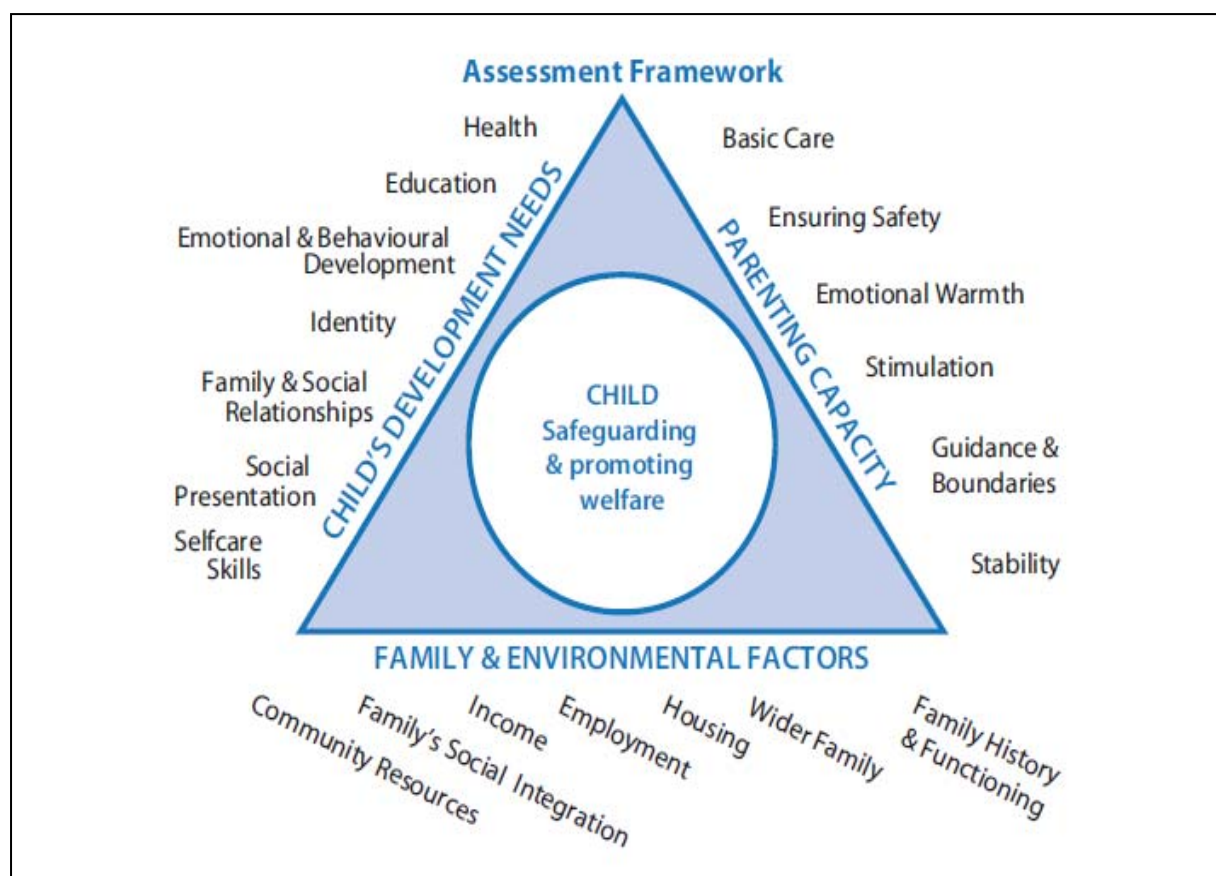
Pan Dorset Note

Where this information concerns a child subject to a Child Protection Plan see Pan-Dorset note after 2.58.

Initial Assessment

- 2.40 The initial assessment is a brief assessment of each child referred to local authority children's social care where it is necessary to determine whether
- the child is in need,
 - there is reasonable cause to suspect the child is suffering or is likely to suffer, significant harm;
 - any services required, and of what types; and
 - a further, more detailed core assessment should be undertaken (paragraph 3.9 of the Framework for the Assessment of Children in Need and their Families (2000)).
- 2.41 The initial assessment should be completed by local authority children's social care, working with colleagues, within a maximum of ten working days of the date of referral. An initial assessment is deemed to be complete once the assessment has been discussed with the child and family (or caregivers) and the team manager has viewed and authorised the assessment. The initial assessment period may be very brief if the criteria for initiating s47 enquiries are met, ie. it is suspected that the child is suffering or is likely to suffer significant harm. The initial assessment should be undertaken in accordance with the *Framework for the Assessment of Children in Need and their Families* (Department of Health et al, 2000). Where a common assessment has been completed this information should be used to inform the initial assessment. Information should be gathered and analysed within the 3 domains of the Assessment Framework (see Figure1), namely:
- the child's developmental needs;
 - the parents' or caregivers' capacity to respond appropriately to those needs; and
 - the wider family and environmental factors.

Figure 1 – The Assessment Framework



- 2.42 The initial assessment should address the following questions:
- what are the developmental needs of the child? What needs of the child are not being met and how? What needs of the child are not being met and why not?
 - are the parents able to respond appropriately to the child's identified needs? Is the child being adequately safeguarded from harm, and are the parents able to promote the child's health and development?
 - what impact are family functioning (past and present) and history, the wider family and environmental factors having on the parent's capacity to respond to their child's needs and the child's developmental progress?
 - is action required to safeguard and promote the welfare of the child? Within what timescales should this action be taken?
- 2.43 The initial assessment, should be led by a qualified and experienced social worker who is supervised by a highly experienced and qualified social work manager. It should be carefully planned, with clarity about who is doing what, as well as when and what information is to be shared with the parents. The planning process and decisions about the timing of the different assessment activities should be undertaken in collaboration with all those involved with the child and family. The process of initial assessment should involve:
- seeing and speaking to the child, including alone when appropriate
 - seeing and meeting with parents, the family and wider family members, as appropriate
 - involving and obtaining relevant information from professionals and other in contact with the child and family; and

- drawing together and analysing available information (focusing on the strengths and positive factors as well as vulnerabilities and risk factors) from a range of sources (including existing agency records)

Pan Dorset Note

In Bournemouth, Poole and Dorset a qualified and experienced social worker will undertake the initial assessment where concerns have been expressed about possible significant harm of a child. Other initial assessments may be completed by non-DIPSW trained social care practitioners.

All relevant information (including information about the history and functioning of the family both currently and in the past, and Adult problems such as domestic violence, substance misuse, mental illness and criminal behaviour / convictions) should be taken into account. This includes seeking information from relevant services if the child and family have spent time abroad. Professionals from agencies such as health, local authority children's social care or the police should request this information from their equivalent agencies in the country(ies) in which the child has lived. Information about who to contact can be obtained via the Foreign and Commonwealth Office or the appropriate Embassy or Consulate based in London⁸.

- 2.44 The child should be seen by the lead social worker, without his or her caregiver present, when appropriate, within a timescale which is appropriate to the nature of concerns expressed at the time of the referral, according to the agreed plan. Seeing the child includes observing and communicating with the child in a manner appropriate to his or her age and understanding. Local authority children's social care are required by the Children Act 1989 (as amended by s53 of the Children Act 2004) to ascertain the child's wishes and feelings and to give due consideration to the child's wishes and feelings, having regard to their age and understanding when making decisions about what (if any) services to provide. Interviews with the child should be undertaken in the preferred language of the child. For some disabled children interviews may require the use of non-verbal communication methods.
- 2.45 **It will not necessarily be clear whether a criminal offence has been committed**, which means that even initial discussions with the child should be undertaken in a way that minimises distress to them and maximises the likelihood that she or he will provide accurate and complete information, avoiding leading questions or suggesting answers.
- 2.46 Interviews with family members (which may include the child) should also be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.
- 2.47 In the course of an initial assessment, local authority children's social care should ascertain:
- is this a child in need? (s17 of the Children Act 1989); and
 - is there reasonable cause to suspect that this child is suffering, or is likely to suffer, significant harm? (s47 of the Children Act 1989).
- 2.48 The focus of the initial assessment should be both on the safety and the welfare of the child. It is important to remember that even if the reason for a referral was a concern about abuse or neglect that is not subsequently substantiated, a child and family may still benefit from support and practical help to promote a child's health and development. When services are to be provided a child in need plan should be

⁸ See the London Diplomatic List (The Stationery Office), ISBN 0 11 591772 1, the FCO website www.fco.gov.uk or phone 020 7008 1500

developed based on the findings from the initial assessment and on any previous plans for example, those made following the completion of a common assessment. If the child's needs and circumstances are complex, a more in-depth core assessment under s17 of the Children Act 1989 will be required in order to decide what other types of services are necessary to assist the child and family (see the Framework for the Assessment of Children in Need and their Families). Working Together to Safeguard Children 2010 Appendix 1 sets out the statutory framework including relevant sections of the Children Act 1989. Appendix 3 Using standardised assessment tools to evidence assessment and decision making is intended for use by practitioners to support evidence-based assessment and decision making.

2.49 Once an Initial Assessment has been completed (see [paragraph 2.41](#) for definition of completed) local authority children's social care should decide on the next course of action, following discussion with the child and family, unless such a discussion may place a child at increased risk of suffering harm. If there are concerns about a parent's ability to protect a child from harm, careful consideration should be given to what the parents should be told when and by whom, taking account of the child's welfare. Where it is clear that there should be a police investigation in parallel with an s47 enquiry, the considerations at [paragraph 2.69](#) should apply. Whatever decisions are taken, they should be endorsed at a managerial level agreed within children's services and recorded in writing. This information should be consistent with that contained in the Initial Assessment Record (DoH 2002). The local authority children's social care record in relation to the child should include whether the child was seen alone at the time of each visit and also the reasons for deciding (or not) to see the child alone. The local authority children's social care record should also set out the decisions made and future action to be taken. The family, the original referrer, and other professionals and services involved in the assessment, should as far as possible be told what action has been and will be taken, consistent with respecting the confidentiality of the child and family concerned, and not jeopardising further action in respect of concerns about harm (which may include police investigations). This information should be confirmed in writing to the agencies, the family and where appropriate the child.

Pan Dorset - Practice Guidance

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

(Cleaver H, Wattam C, and Cawson P. 1998. *Assessing Risk in Child Protection*. London: NSPCC)

1. Not enough weight is given to information from family, friends and neighbours. *Ask yourself:*

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

2. Not enough attention is paid to what children say, how they look and how they behave. *Ask yourself:*

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

3. Attention is focused on the most visible or pressing problems and other warning signs are not appreciated. *Ask yourself:*

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

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

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

5. Professionals think that when they have explained something as clearly as they can, the other person will have understood it. *Ask yourself:*

Have I double-checked with the family and the child(ren) that they understand what will happen next?

6. Assumptions and pre-judgements about families lead to observations being ignored or misinterpreted. *Ask yourself:*

What were my assumptions about this family? What, if any, is the hard evidence which supports them? What, if any, is the hard evidence which refutes them?

7. Parents' behaviour, whether co-operative or unco-operative, is often misinterpreted. *Ask yourself:*

What were the reasons for the parents' behaviour? Are there other possibilities besides the most obvious? Could their behaviour have been a reaction to something I did or said rather than to do with the child?

8. When the initial enquiry shows that the child is not at risk of significant harm, families are seldom referred to other services which they need to prevent longer term problems. *Ask yourself:*

Is this family's situation satisfactory for meeting the child(ren)'s needs? Whether or not there is a concern about harm, does the family need support or practical help? How can I make sure they know about services they are entitled to, and can access them if they wish?

9. When faced with an aggressive or frightening family, professionals are reluctant to discuss fears for their own safety and ask for help. *Ask yourself:*

Did I feel safe in this household? If not, why not? If I or another professional should go back there to ensure the child(ren)'s safety, what support should I ask for? If necessary, put your concerns and requests in writing to your manager.

10. Information taken at the point of referral is not adequately recorded, facts are not checked and reasons for decisions are not noted. *Ask yourself:*

Am I sure the information I have noted is 100% accurate? If I didn't check my notes with the family during the interview, what steps should I take to verify them? Do my notes show clearly the difference between the information the family gave me, my own direct observations, and my interpretation or assessment of the situation? Do my notes record what action I have taken/will take? What action all other relevant people have taken/will take?

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

- 2.50 An initial assessment may indicate that a child is a 'child in need' as defined by s17 of the Children Act 1989, but that there are no substantiated concerns that the child may be suffering, or **is likely to suffer**, significant harm. There may be sufficient information available on which to decide what services (if any) should be provided by whom according to an agreed plan. On the other hand a more in-depth assessment may be necessary in order to understand the child's needs and circumstances. In these circumstances, the **Assessment Framework** provides guidance on undertaking a core assessment which builds on the findings from the initial assessment and addresses the central or most important aspects of the needs of a child and the capacity of his or her parents or caregivers to respond appropriately to these needs within the wider family and community context. This core assessment can provide a sound evidence base for professional judgements on what types of services are most likely to bring about good outcomes for the child. Family Group Conferences may be an effective vehicle for taking forward work in such cases.
- 2.51 The definition of a 'child in need' is wide, and it will embrace children in a diverse range of circumstances. The types of services that may help such children and their families will vary greatly according to their needs and circumstances.

The rest of the guidance in this chapter is concerned with the processes which should be followed where a child is suspected to be suffering, or is 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. It gives local authorities a duty under section 47 to make enquiries when they have *reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or likely to suffer, significant harm* to enable them to decide whether they should take action to safeguard or promote the child's welfare.

This statutory guidance adopts specifically the legislative terminology of 'significant harm' in preference to the use of the word "risk", given the need both to reflect the legislative requirements and to avoid confusion with the wide variety of contexts and associated tools and methodologies associated with risk assessment/analysis. When assessing whether a child is suffering, or likely to suffer, significant harm local authority children's social care will of course draw on a wide variety of information including the outcomes of relevant risk assessments or judgments provided by other agencies and professionals to inform their own evidence based assessment.

Next steps – child in need and suspected actual or likely significant harm

2.52 Where it is suspected that a child is suffering, or is 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. A section 47 enquiry should be carried out through a core assessment (see paragraph 2.65). The *Framework for the Assessment of Children in Need and their Families* provides a structured framework for collecting, drawing together and analysing available information about a child and family within the following three domains:

- the child's developmental needs,
- parenting capacity and
- family and environmental factors.

Using the framework will help provide sound evidence on which to base often difficult professional judgements about whether to intervene to safeguard and promote the welfare of a child, and if so, how best to do so and with what intended outcomes.

Immediate Protection

2.53 Where there is a risk to the life of a child or a likelihood of serious immediate harm, an agency with statutory child protection powers⁹ **should act quickly to secure the immediate safety of the child**. Emergency action might be necessary as soon as a referral is received, or at any point in involvement with a child/ren and families (see Working Together to Safeguard Children 2010 Appendix 1, paragraph 18 for the range of emergency protection powers available). The need for emergency action may become apparent only over time as more is learned about the circumstances of a child or children. Neglect, as well as abuse, can result in a child suffering significant harm to the extent that urgent protective action is necessary. When considering whether emergency action is required, an agency should always consider whether action is

⁹ Agencies with statutory child protection powers comprise the local authority, the police and the NSPCC.

also required to safeguard and promote the welfare of other children in the same household, the household of an alleged perpetrator, or elsewhere.

- 2.54 Planned emergency action will normally take place following an immediate strategy discussion between police, children's services, and other agencies as appropriate (including NSPCC where involved). Where a single agency has to act immediately to protect a child, a strategy discussion should take place as soon as possible after such action to plan next steps. Legal advice should normally be obtained before initiating legal action, in particular when an Emergency Protection Order (EPO) is to be sought. For further guidance on EPOs see pages 55-65 of Volume 1 of the Children Act 1989 Guidance and Regulations, Court Orders¹⁰.
- 2.55 In some cases, it may be sufficient to secure a child's safety by a parent taking action to remove an alleged perpetrator or by the alleged perpetrator agreeing to leave the home. In other cases, it may be necessary to ensure either that the child remains in a safe place or that the child is removed to a safe place, either on a voluntary basis or by obtaining an Emergency Protection Order. The police also have powers to remove a child to suitable accommodation in cases of emergency. If it is necessary to remove a child, children's services should wherever possible – and unless a child's safety is otherwise at immediate risk – apply for an Emergency Protection Order. **Police powers should only be used in exceptional circumstances where there is insufficient time to seek an Emergency Protection Order or for reasons relating to the immediate safety of the child.**
- 2.56 The local authority in whose area a child is found, in circumstances that require emergency action, is responsible for taking that action. If the child is looked after by, or the subject of a child protection plan in another authority, the first authority should consult the authority responsible for the child. Only when the second local authority explicitly accepts responsibility is the first authority relieved of its responsibility to take emergency action. Such acceptance should be subsequently confirmed in writing.
- 2.57 Emergency action addresses only the immediate circumstances of the child(ren). The Local Authority should follow this action quickly by initiating section 47 enquiries as necessary. The agencies primarily involved with the child and family should be involved in the core assessment to understand the needs and circumstances of the child and family, and agree action to safeguard and promote the welfare of the child in the longer-term. Where an Emergency Protection Order applies, local authority children's social care will have to consider quickly whether to initiate care or other proceedings, or to let the order lapse and the child return home.

Strategy Discussion

- 2.58 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 local authority children's social care, the police, health and other bodies as appropriate (for example, children's centre/ school or family intervention projects), in particular any referring agency.

¹⁰ www.dcsf.gov.uk/everychildmatters/publications/documents/childrenactguidanceregulations/

Pan-Dorset Note

Discussion with all relevant agencies should normally take place before the strategy discussion as part of the information sharing process in relation to the initial assessment. However, before decisions are reached at a strategy discussion, as a minimum, information from the appropriate health practitioners must normally be sought and taken into account.

- 2.59 The strategy discussion should be convened by local authority children's social care 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. If the child is a hospital patient (in- or out-patient) 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 a medical examination may be necessary or has taken place a senior doctor from those providing services should also be involved. Where the parents or adults in the household are experiencing problems such as domestic violence, substance misuse or mental illness it will also be important to consider involving the relevant adult services professional(s).

Pan-Dorset Note

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.

- 2.60 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) or a child who is already subject of a child protection plan.

Pan-Dorset Note

When a child is already subject of a child protection plan and there are new concerns that the child is or is likely to be suffering significant harm there will be need to be consideration of whether immediate action is needed (section 2.53). If this is not needed, the process of strategy discussion and, where appropriate, a section 47 enquiry will be undertaken.

Strategy discussions will be undertaken in accordance with para 2.58 onwards of these procedures. Agencies who are part of the core group should be consulted/advised as appropriate, where to do so does not cause an unreasonable delay or would not cause a significant risk to the child.

The strategy discussion will consider the areas set out in 2.61. The planning for the way in which s47 and core assessment will be undertaken will take into account the level of information already known and the potential impact of the new information. It may be that a narrow focus may be taken in the s47 and core assessment or that a thorough revision of the core assessment is required in the s47 enquiries.

Planning in the strategy discussion and at the outcome of the s47 should consider whether the Review Child Protection Conference should be brought forward. The Chair of the Child Protection Conference must be informed of the most recent concern and consulted on this decision.

Pan-Dorset Note

When information is obtained that a child has been subjected to physical abuse or serious neglect, a strategy discussion involving at least the police and children's services must take place on the same working day. Where a single agency has to act immediately to protect a child, a strategy discussion should take place as soon as possible after that action is taken.

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.

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 which ensures the safety and protection of the child and all other children in the household.

2.61 The strategy discussion should be used to:

- share available information;
- agree the conduct and timing of any criminal investigation;
- decide whether section 47 enquiries should be initiated and therefore a core assessment be undertaken under s47 of the Children Act 1989 or continued if it has already begun under s17 of the Children Act 1989;
- 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 suffering significant harm or jeopardise police investigations into any alleged offence(s); and
- determine if legal action is required.

2.62 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, when the child will be seen alone (unless to do so would be inappropriate for the child) by the lead 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 s47 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, for example, siblings and other children, such as those living in the same establishment – in contact with alleged abusers.

2.63 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. 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. 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. 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. Children's Services should record information in the child's file which is consistent with the information set out in the Record of Strategy Discussion (DoH 2002). Any decisions about taking immediate action should be kept under constant review.

Pan-Dorset Note

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.

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 are decided.

2.64 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.

- 2.65 Each LSCB should have in place a protocol for Children's Services and the police, to guide both agencies in deciding how section 47 enquiries and associated police investigations should be conducted jointly and in particular, in what circumstances section 47 enquiries and linked criminal investigation are necessary and / or appropriate. When joint enquiries take place the police have the lead for the criminal investigation and Children's Services have the lead for section 47 enquiries.

Pan Dorset Note

Chapter 3.4 of the Pan-Dorset Interagency procedures - Sexual Exploitation of children and young people sets out the protocol for Bournemouth, Dorset and Poole Children's Services and Police.

Pan Dorset Note

Co-ordination of strategy meetings where the children are from more than one family

In some situations, there may be children from more than one family who are alleged to have been abused by the same perpetrator, or who are alleged to have been abused in the same setting. This situation is especially likely to occur where the alleged abuse has occurred in a residential or educational setting.

In these cases it is very useful for the strategy meetings, and any subsequent planning meetings, to be held together. This enables the effective sharing of information, a consistent approach and an overall plan of action to be devised if required.

In such situations it is helpful to have one children's services manager responsible for the co-ordination and chairing of such meetings, even where the children involved may be from more than one team or local authority area.

In order to decide which children's services manager should take this responsibility the following principles should be applied:

Residential Provision (including boarding schools) - The local authority where the children are physically present has responsibility to conduct the s47 enquiry unless this has been otherwise negotiated with another local authority.

Day care (eg non-boarding schools)- Where the educational setting is a day setting, the home address of the first child subject of the referral of harm (ie the first alleged 'victim') will be the relevant factor in deciding where lead responsibility lies. The team manager responsible for this child should normally coordinate any subsequent strategy/planning meetings of other children with that of the child for whom s/he holds casework responsibility.

Clearly, a degree of common sense and flexibility is required in the application of this procedure. It would not usually make sense for example, to have a local authority manager who has no children involved in the investigation chairing the strategy/planning meetings.

Section 47 Enquiries and Core Assessment

- 2.66 The core assessment is the means by which a section 47 enquiry is carried out. It should be led by a qualified and experienced social worker. Local authority children's social care have lead responsibility for the core assessment under section 47 of the Children Act 1989. In these circumstances the objective of the local authority's involvement is to determine whether action is required to safeguard and promote the welfare of the child or children who are the subjects of the section 47 enquiries. The *Framework for the Assessment of Children in Need and their Families (2000)* provides the structure for helping to collect and analyse information obtained in the course of s47 enquiries. The core assessment should begin by focusing primarily on the information identified during the initial assessment as being of most importance **or seriousness** when considering whether the child is suffering or is likely to suffer significant harm. It should, however, cover all relevant dimensions in the Assessment Framework before its completion. Those making enquiries about a child should always be alert to the potential needs and safety of any siblings, or other children in the household of the child in question. In addition, enquiries may also need to cover children in other households, with whom the alleged offender may have had contact. At the same time, the police will have to (where relevant) establish the facts about any offence that may have been committed against a child, and to collect evidence.
- 2.67 The Children Act 1989 places a statutory duty on health, education and other services, to help the Local Authority in carrying out its social services functions under Part III of the Children Act 1989 and **in undertaking section 47 enquiries. Assessing the needs of a child and the capacity of their parents or wider family network to ensure his or her safety, health and development, very often depends on building a picture of the child's situation on the basis of information from many sources. The Local Authority social worker, in leading the s47 enquiry should do his or her utmost to secure willing co-operation and participation from all professionals and services, by being prepared to explain and justify the local authority's actions, and to demonstrate that the process is being managed in a way that can help to bring about better outcomes for children. The LSCB has an important role to play in cultivating and promoting a climate of trust and understanding between different professionals and services.**
- 2.68 The child's wishes and feelings should be ascertained and regard given to their age and understanding when making decisions about what (if any) services to provide. Section 47 enquiries should always involve interviews with the child who is the subject of concern. The child should be seen by the lead social worker and communicated with alone when appropriate. Some children may need to be seen, for example, with an interpreter or a person who can use their preferred method of communication (see [paragraph 2.68](#)). Others, such as babies, may need to be seen in the presence of their primary caregiver so as to minimise their distress. In addition, the enquiries should involve interviews with parents and/or caregivers (both with the child present and in the child's absence) and observations of the interactions between parents and child(ren) (where appropriate in a variety of settings).

Pan-Dorset Note

Consideration should also be given to the need to separately access and interview other children in the household.

Enquiries may also include

- interviews with those who are personally (for example, wider family members) and professionally connected with the child;
- specific examinations or assessments of the child by other professionals (for example, medical or developmental checks, assessment of emotional or psychological state); and
- interviews with those who are personally and professionally connected with the child's parents and/or caregivers.

2.69 Individuals should always be enabled to participate fully in the enquiry process. Where a child or parent is disabled, it may be necessary to provide help with communication to enable the child or parent to express him/herself to the best of his or her ability. Where a child or parent speaks a language other than that spoken by the interviewer, an interpreter should be provided. If the child is unable to take part in an interview because of age or understanding, alternative means of understanding the child's wishes or feelings should be used, including observation where children are very young or where they have communication impairments.

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

2.71 Exceptionally, a joint enquiry/investigation team may need to speak to a suspected child victim without the knowledge of the parent or caregiver. Relevant circumstances would include the possibility that a child would be threatened or otherwise coerced into silence; a strong likelihood that important evidence would be destroyed; or that the child in question did not wish the parent to be involved at that stage, and is competent to take that decision. As at [paragraph 2.45](#) above, in all cases where the police are involved, the decision about when to inform the parent or caregiver will have a bearing on the conduct of police investigations, and the strategy discussion should decide on the most appropriate timing of parental participation.

2.72 In accordance with the *Achieving Best Evidence* guidance (2002), all such joint interviews with children should be conducted by those with specialist training and experience in interviewing children. Additional specialist help may be required if

- the child is very young
- the child does not speak English at a level which enables him or her to participate in the interview;
- the child appears to have a degree of psychiatric disturbance but is deemed competent;
- the child has an impairment; or

- the interviewers do not have adequate knowledge and understanding of the child's racial, religious or cultural background.

Consideration should also be given to the gender of interviewers, particularly in cases of alleged sexual abuse.

2.73 Criminal justice legislation, in particular the Youth Justice and Criminal Evidence Act 1999, creates particular obligations for Courts who are dealing with witnesses under 17 years of age. These include the presumption of evidence-giving through pre-recorded videos, as well as the use of live video links for further evidence-giving and cross examination.

Child Assessment Orders

2.74 Local authority children's social care should make all reasonable efforts to persuade parents to cooperate with s47 enquiries. If, despite these efforts, the parents continue to refuse access to a child for the purpose of establishing basic facts about the child's condition – but concerns about the child's safety are not so urgent as to require an emergency protection order – the local authority may apply to the court for a child assessment order. In these circumstances, the court may direct the parents/caregivers to co-operate with an assessment of the child, the details of which should be specified. The order does not take away the child's own right to refuse to participate in an assessment, for example, a medical examination, so long as he or she is of sufficient age and understanding. For further guidance on child assessment orders see pages 52–55 of Volume 1 of the Children Act 1989 Guidance and Regulations, Court Orders¹¹.

The Impact of s47 Enquiries on the Family and Child

2.75 Section 47 enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect. Local authority children's social care should explain the purpose and outcome of s47 enquiries to the parents and child (having regard to their age and understanding) and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child. It is particularly helpful for families if local authority children's social care provide written information about the purpose, process and potential outcomes of section 47 enquiries. The information should be both general and specific to the particular circumstances under enquiry. It should include information about how advice, advocacy and support may be obtained from independent sources.

2.76 In the great majority of cases, children remain with their families following section 47 enquiries, even where concerns about abuse or neglect are substantiated. As far as possible, s47 enquiries should be conducted in a way that allows for future constructive working relationships with families. The way in which a case is handled initially can affect the entire subsequent process. Where handled well and sensitively, there can be a positive effect on the eventual outcome for the child.

2.77 Where a child is living in a residential establishment, consideration should be given to the possible impact on other children living in the same establishment. Paragraphs 6.10–6.13 of Working Together set out a summary of the Government's practice guidance on dealing with complex abuse cases.

¹¹ www.dcsf.gov.uk/everychildmatters/publications/documents/childrenactguidanceregulations/

The Outcome of S47 Enquiries

2.78 Local authority children's social care should decide how to proceed following s47 enquiries, after discussion between all those who have conducted, or been significantly involved in those enquiries, including relevant professionals and agencies (as well as foster carers where involved) and the child and parents themselves. The information recorded on the outcome of the section 47 enquiries should be consistent with the information set out in the Outcome of the section 47 enquiries Record (DoH 2002). The children's social care record for the child should set out clearly the dates on which the child was seen by the lead social worker during the course of enquiries, if they were seen alone and if not, who was present and for what reasons. Parents and children of sufficient age and appropriate level of understanding (together with professionals and agencies who have been significantly involved) should receive a copy of this record, in particular in advance of any initial child protection conference that is convened. This information should be conveyed in an appropriate format for younger children and those people whose preferred language is not English. Consideration should be given to whether the core assessment has been completed or what further work is required before it is completed. It may be valuable, following an evaluation of the outcome of enquiries, to make recommendations for action in an inter-disciplinary forum, if the case is not going forward to a child protection conference. Enquiries may result in a number of outcomes. Where the child concerned is living in a residential establishment which is subject to inspection, the relevant inspectorate should be informed.

Concerns are not substantiated

2.79 Section 47 enquiries may not substantiate the original concerns that the child was suffering, or was likely to suffer significant harm, but it is important that the core assessment is completed. In some circumstances it may be decided that the completion of the s47 enquiry means that the core assessment is completed and no further action is necessary. However, local authority children's social care and other relevant agencies, as necessary, should always consider with the family what support and/or services maybe helpful; how the child and family might be provided with these services (if they wish it) and by whom. The focus of section 47 enquiries is the welfare of the child, and the assessment may well reveal a range of needs. The provision of services to these children and their families should not be dependent on the presence of abuse and neglect. Help and support to children in need and their families may prevent problems escalating to a point where a child is abused or neglected.

2.80 In some cases, there may remain concerns about the child's safety and welfare, despite there being no real evidence. It may be appropriate to put in place arrangements to monitor the child's welfare. Monitoring should never be used as a means of deferring or avoiding difficult decisions. The purpose of monitoring should always be clear, that is, what is being monitored and why, in what way and by whom. It will also be important to inform parents about the nature of any on-going concern. There should be a time set for reviewing the monitoring arrangements through the holding of a further discussion or meeting.

Concerns are substantiated, but the child is not judged to be at continuing risk of significant harm

2.81 There may be substantiated concerns that a child has suffered significant harm, but it is agreed between the agencies most involved and the child and family, that a plan for ensuring the child's future safety and welfare can be developed and implemented without having a child protection conference or a child protection plan. Such an

approach will be of particular relevance where it is clear to the agencies involved **that the child is not continuing to suffer, or be likely to suffer, significant harm.**

- 2.82 A child protection conference may not be required when there are sound reasons, based on an analysis of evidence obtained through section 47 enquiries, for judging that a child is not **continuing to, or likely to suffer** significant harm. This may be because, for example, the caregiver has taken responsibility for the harm they caused the child, the family's circumstances have changed or the person responsible for the harm is no longer in contact with the child. It may be because significant harm was incurred as the result of an isolated abusive incident (for example, abuse by a stranger).
- 2.83 The agencies most involved may judge that a parent, caregiver, or members of the child's wider family are willing and able to co-operate with actions to ensure the child's future safety and welfare and that the child is therefore **not continuing to, or be likely to suffer** significant harm. This judgement can only be made in the light of all relevant information obtained during a s47 enquiry, and a soundly based assessment of the likelihood of successful intervention, based on clear evidence and mindful of the dangers of misplaced professional optimism. Local authority children's social care have a duty to **ascertain children's wishes and feelings** and take these into account (having regard to the child's age and understanding) when deciding on the provision of services. A meeting of involved professionals and family members may be useful to agree what actions should be undertaken by whom, and with what intended outcomes for the child's health and development, including the provision of therapeutic services. Whatever process is used to plan future action, the resulting plan should be informed by the core assessment findings. It should set out who will have responsibility for what actions, including what course of action should be followed if the plan is not being successfully implemented. It should also include a timescale for review of progress against planned outcomes. Family Group Meetings (pages 10.2-10.4 of Working Together 2010) may have a role to play in fulfilling these tasks.
- 2.84 Local authority children's social care should take carefully any decision not to proceed to a child protection conference where it is known that a child has suffered significant harm. A suitably experienced and qualified social work manager within children's services should endorse the decision. Those professionals and agencies who are most involved with the child and family, and those who have taken part in the s47 enquiry, have the right to request that children's services convene a child protection conference if they have serious concerns that a child's welfare may not otherwise be adequately safeguarded. Any such request that is supported by a senior manager, or a named or designated professional, should normally be agreed. Where there remain differences of view over the necessity for a conference in a specific case, every effort should be made to resolve them through discussion and explanation but as a last resort, LSCBs should have in place a quick and straightforward means of resolving differences of opinion.

Pan Dorset Note

Where there remain differences of view over the necessity for a conference in a specific case, these should be resolved by senior operational managers of the respective agencies in liaison with each other.

Concerns are substantiated and the child is judged to be at continuing risk of significant harm

- 2.85 Where the agencies most involved judge that a child may continue to, or be likely to, suffer significant harm, local authority children's social care should convene a child protection conference. The aim of the conference is to enable those professionals most involved with the child and family, and the family themselves, to assess all relevant information, and plan how best to safeguard and promote the welfare of the child.

The Initial Child Protection Conference

Purpose

- 2.86 The initial child protection conference brings together family members, the child **who is the subject of the conference** (where appropriate) and those professionals most involved with the child and family, following section 47 enquiries. Its purpose is:
- to bring together and analyse, in an inter-agency setting, the information which has been obtained about the child's developmental needs, and the parents' or carers' capacity to respond to these needs to ensure the child's safety and promote the child's health and development within the context of their wider family and environment;
 - to consider the **evidence presented to the conference and taking into account the child's present situation and information about his or her family history and present and past family functioning**, make judgements about the likelihood of a child suffering significant harm in future and decide whether the child is **continuing to, or is likely to suffer** significant harm; and
 - to decide 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 achieve these.**

Timing

- 2.87 The timing of an initial child protection conference will depend on the urgency of the case and on the time required to obtain relevant information about the child and family. If the conference is to reach well-informed decisions based on evidence, it should take place following adequate preparation and assessment of the child's needs and circumstances. At the same time, cases where children **are continuing to or are likely to, suffer** significant harm should not be allowed to drift. Consequently, all initial child protection conferences should take place within 15 working days of the strategy discussion, or the strategy discussion at which section 47 enquiries were initiated, if more than one has been held (see [paragraph 2.60](#)).

Attendance

- 2.88 Those attending conferences should be there because they have a significant contribution to make, arising from professional expertise, knowledge of the child or family or both. The local authority children's social care social work manager should consider whether to seek advice from, or have present, a medical professional who can present the medical information in a manner which can be understood by conference attendees and enable such information to be evaluated from a sound evidence base. There should be sufficient information and expertise available – through personal representation and written reports – to enable the conference to

make an informed decision about what action is necessary to safeguard and promote the welfare of the child, and to make realistic and workable proposals for taking that action forward. At the same time, a conference that is larger than it needs to be can inhibit discussion and intimidate the child and family members. Those who have a relevant contribution to make may include:

- the child, or his or her representative;
- family members (including the wider family);
- local authority children's social care staff who have led and been involved in an assessment of the child and family;
- foster carers (current or former);
- residential care staff;
- professionals involved with the child (for example, health visitors, midwife, school nurse, children's guardian, paediatrician, school staff, early years staff, the GP, NHS Direct, staff in the youth justice system including the secure estate);
- professionals involved with the parents or other family members (for example, family support services, adult services (in particular those from health, substance misuse, domestic violence and learning disability), probation, the GP, NHS Direct);
- professionals with expertise in the particular type of harm suffered by the child or in the child's particular condition, for example, a disability or long term illness;
- those involved in investigations (for example, the police);
- local authority legal services (child care);
- NSPCC or other involved voluntary organisations;
- a representative of the armed services, in cases where there is a Service connection.

Pan Dorset note

Inter-Agency Representation at Child Protection Conference / Quoracy

The essential requirement for each child protection conference is that there are sufficient participants to provide appropriate information, and to contribute to a full and reasoned evaluation of risk, decision making and the formulation of a protection or action plan which will include the participation and co-operation of all relevant professionals and the family. As a minimum, at every conference, in addition to the chair, there should be at least the following:

- a professional representative from children's social care;
- representatives from at least two other professional groups or agencies who have had relevant/direct contact with each child who is subject of the conference

In addition, attendees may include those whose contribution relates to their professional expertise or responsibility for relevant services.

Professionals and agencies who are invited but are unable to attend should submit a written report.

An exception to this rule would be where a child has not had relevant/direct contact with 3 agencies (i.e. children's services and two others) in which circumstances this minimum quorum may be breached. Where there is a breach of quoracy the Chair of the Conference will write to missing agencies seeking their view/ decision.

These criteria for quoracy should be met for each child.

Involving the Child and Family Members

- 2.89 Before a conference is held, the purpose of a conference, who will attend and the way in which it will operate, should always be explained to a child of sufficient age and understanding, and to the parents, and involved family members. Where the child/family members do not speak English well enough to understand the discussions and express their views, an interpreter should be used. The parents (including absent parents) should normally be invited to attend the conference and helped to participate fully. Children's social care staff should give parents information about local advice and advocacy agencies and explain that they may bring an advocate, friend or supporter. The child, subject to consideration about age and understanding, should be invited to attend and to bring an advocate, friend or supporter if s/he wishes. Where the child's attendance is neither desired by him/her nor appropriate, the local authority children's social care professional who is working most closely with the child should ascertain what his/her wishes and feelings are and make these known to the conference.
- 2.90 The involvement of family members should be planned carefully. It may not always be possible to involve all family members at all times in the conference, for example, if one parent is the alleged abuser or if there is a high level of conflict between family members. Adults and any children who wish to make representations to the conference may not wish to speak in front of one another. Exceptionally, it may be necessary to exclude one or more family members from a conference, in whole or in part. The conference is primarily about the child and while the presence of the family is normally welcome, those professionals attending must be able to share information in a safe and non-threatening environment. Professionals may themselves have concerns about violence or intimidation, which should be communicated in advance to the conference chair.
- 2.91 LSCB procedures should set out criteria for excluding a parent or caregiver, including the evidence required. A strong risk of violence or intimidation by a family member at or subsequent to the conference, towards a child or anybody else, might be one reason for exclusion. The possibility that a parent/caregiver may be prosecuted for an offence against a child is not in itself a reason for exclusion although in these circumstances the chair should take advice from the police about any implications arising from an alleged perpetrator's attendance. If criminal proceedings have been instigated the view of the Crown Prosecution Service (CPS) should be taken into account. The decision to exclude a parent or caregiver from the child protection conference rests with the chair of the conference, acting within LSCB procedures. If the parents are excluded, or are unable or unwilling to attend a child protection conference, they should be enabled to communicate their views to the conference by another means.

Issues to be considered are:

- the child's own view on whether s/he wishes to attend;
- the view of the person with parental responsibility on whether the child should attend. If there are conflicting views from the child and parent, the weight given to each view should depend on the age and understanding of the child and on other factors below;
- the ability of the child to understand the conference procedure and to express him/herself at the conference, either directly or through an appropriate agency representative of his/her choice, an advocacy worker (where available) or a supporter (previously agreed by the chair);
- when the child does not wish to attend the conference whether s/he would like to meet prior to the conference with the chair in order to give his/her views directly. S/he may wish to meet alone or with the supporter of his/her choice;
- the ability of the child to cope emotionally with the pressure and formality of the conference. In assessing this, the views of key people in direct contact with the child should be sought;
- the type of issues to be discussed at the conference and whether it is appropriate for the child to hear such information and subsequent discussion;
- whether it is likely that the child will need to withdraw from the conference whilst confidential information about parents/carers/other children is shared;
- the degree of conflict or intimidation which might be experienced by the child from her/his parents
- whether, on balance, a child's attendance at the conference is likely to have a serious adverse effect on the parent/child relationship, and whether this could initiate further abuse
- whether, taking all the above factors into account, it is in the child's best interests to attend, and whether the experience of the conference and consequences of attending are likely to be generally positive or negative for the child or young person.

Preparation of the child

If the child is to attend the child protection conference, s/he must be well prepared. The responsibility for ensuring that preparation takes place rests with the social worker. However, the preparation work may be delegated if the child has a relationship with a trusted adult who will attend the conference. In preparing the child the following should be discussed:

- purpose and structure of the conference; who is likely to be present what kind of information will be shared; issues of confidentiality, why it may be necessary to withdraw for some parts
- whether the child would like to be accompanied
- whether the child feels able to present his/her own views and feelings or would prefer these to be represented by another relevant adult
- whether the child wishes to attend the whole or part of the conference.

Occasionally such decisions may need to be made during the course of the conference if it is being disrupted. Exclusions should be kept to a minimum and should meet one or more of the following criteria.

- *threats of or risk of physical violence to staff*
- *verbal abuse which will inhibit the process of the conference*
- *risk of physical violence from one parent to another, or to another family member*

In this situation the parent/person with parental responsibility who is the main or sole carer of the child should be invited to attend. The other parent/carer can be invited to attend part of the conference at the discretion of the chair. S/he should also be invited to submit his/her views in writing or verbally to the social worker before the conference. The parent who is not the main carer but who has parental responsibility and/or contact with the child should be invited to meet with the chair immediately following the conference or as soon as possible after this, in order to go through a summary of the information given and decisions reached.

- *Disruption of the conference by a parent who may not be violent but may be preventing the proper consideration of a child's interests*

A parent/carer who is excluded as above should receive details of the decision of the conference and where appropriate, details of the category of abuse or neglect, the name of the keyworker, the lead professional, and the core group membership, unless in order to protect the child/ren or other parties, there are valid reasons for not doing so. At the discretion of the chair s/he could also be sent the fuller record of the conference.

On occasions, it may become necessary for professionals to have a discussion, or hear confidential information, without the parent/carer being present with the child protection conference. The following are instances when this might arise:

- *Disclosure of confidential information about a third party arising from any professional source*

Where the information concerns a current partner or a parent who no longer lives with the family but has contact with the child or any other significant adult, every effort should be made to encourage that person to disclose the information him/herself to the main carer(s). It is not reasonable to expect a parent/carer to protect a child if s/he is unaware of where risks may lie. Social workers should check with the agency holding information, whether it has sought permission from the relevant party to disclose information openly in the conference. It is hoped that situations where there is exclusion of parents/other family members for the disclosure of confidential information should be the exception rather than the norm;

- *Disclosures in accordance with the Home Office Guidance*

The police should request that a person who is attending as a supporter rather than a professional, is excluded to enable the police to share convictions or concerns about any individual where they do not have that person's consent to share such information. Where this is anticipated, the police should discuss this situation with the chair in advance of the conference;

Disclosure of confidential information regarding a joint investigation of child abuse or investigations of other serious crime where this is commensurate with the handling of a criminal investigation

The possibility that a parent/caregiver may be prosecuted for an offence against a child is not in itself a reason for exclusion although in these circumstances the chair should take advice from the police about any implications arising from an alleged perpetrator's attendance.

If criminal proceedings have been instigated, the view of the Crown Prosecution Service should be taken into account:

- *Where the source of information needs to be protected*

This criteria would not normally be used where the information arises from direct observation or knowledge within an agency. Professionals should be prepared to be accountable for the information they provide to a child protection conference. It could be used for example where a neighbour or family friend has given information to a professional but does not want the client to know the source of this information;

- *Where legal advice needs to be given to the conference in confidence*

During the exclusion period, professionals would also need to consider what action would need to be taken to address any risks identified from the confidential information shared and how this would be covered in the protection plan

Parents should only be excluded for the time needed to share the confidential information and any questions arising from this.

In cases of conflict between the interests of the parent(s) and the child, priority must be given to the child's interests.

Separate attendance by family members

Whilst not strictly an exclusion, situations can arise where there is no risk of violence but one family member refuses to be in the same room as another. In this case every effort should be made to encourage both family members to stay, if this is in the best interests of the child.

If the situation remains unresolved the parent/person with parental responsibility who is the main or sole carer of the child should be invited to attend. S/he should also be invited to submit his/her views in writing or verbally to the social worker before the conference. The parent who is not the main carer but who has parental responsibility and/or contact with the child should be invited to meet with the chair immediately following the conference or as soon as possible after this, in order to go through a summary of the information given and decisions reached.

Alternatively, at the discretion of the chair, consideration could be given to each separately attending part of the conference. However, it should be ensured that there are real and genuine reasons for the refusal and that family members are not acting without due consideration or with any malicious intent.

In some circumstances a young person may wish to attend a conference but there is conflict between this and the attendance of another family member. In such situations the social worker must bring this to the attention of the chair who will exercise discretion as to how the conference should proceed.

If any member of the conference is being disruptive and repeatedly interrupting and inhibiting the progress of the conference, the chair has the discretion to exclude this person for the remainder of the conference.

Chairing the Conference

- 2.92 A professional who is independent of operational or line management responsibilities for the case should chair the conference¹². The conference chair is accountable to the Director of Children's Services. The status of the chair should be sufficient to ensure inter-agency commitment to the conference and the child protection plan. Wherever possible, the same person should also chair subsequent child protection reviews in respect of a specific child. The responsibilities of the chair include:
- meeting the child and family members in advance, to ensure that they understand the purpose of the conference and what will happen;
 - setting out the purpose of the conference to all present, determining the agenda and emphasising the confidential nature of the occasion;
 - enabling all those present, and absent contributors, to make their full contribution to discussion and decision-making;
 - ensuring that the conference takes the decisions required of it, in an informed, systematic and explicit way; and
 - being accountable to the Director of Children's Services for the conduct of conferences.
- 2.93 A conference chair should be trained in the role and should have:
- a good understanding and professional knowledge of children's welfare and development, and best practice in working with children and families;
 - the ability to look objectively at, and assess the implications of the evidence on which judgements should be based;
 - skills in chairing meetings in a way which encourages constructive participation, while maintaining a clear focus on the welfare of the child and the decisions which have to be taken;
 - knowledge and understanding of anti-discriminatory practice; and
 - knowledge of relevant legislation, including that relating to children's services and human rights.

Information for the Conference

- 2.94 Local authority children's social care should provide the conference with a written report that summarises and analyses the information obtained in the course of the initial assessment and the core assessment undertaken under s47 of the Children Act 1989 (in as far as it has been completed within the available time period) and information in existing records relating to the child and family.
- 2.95 Where decisions are being made about more than one child in a family there should be a report prepared on each child. The information in the report for a child protection conference, which is likely to be in the current core assessment record, should be consistent with the information which is set out in the Initial Child Protection Conference Report (Department of Health, 2002). The conference report should include information on the dates the child was seen by the lead 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. The core assessment is the means by which a section 47 enquiry is carried out. Although a core assessment will have been commenced, it is unlikely it will have been completed in time for the conference given the 35 working day period that such assessments can take.

¹² In addition to this guidance *Putting Care into Practice*, the statutory guidance which accompanies the Care Planning, Placement and Case Review (England) Regulations 2010, sets out the expectations of the Independent Reviewing Officer (IRO) in relation to chairing the child protection review conference as part of the overarching review of the looked after child's case.

- 2.96 The child protection conference report should include:
- a chronology of significant events and agency and professional contact with the child and family;
 - information on the child's current and past state of developmental needs;
 - information on the capacity of the parents and other family members to ensure the child is safe from harm, and to respond to the child's developmental needs, within their wider family and environmental context;
 - the expressed wishes and feelings of the child, parents, and other family members; and
 - an analysis of the information gathered and recorded using the Assessment Framework dimensions to reach a judgement on whether the child is suffering, or likely to suffer, significant harm and consider how best to meet his or her developmental needs. This analysis should address:
 - how the child's strengths and difficulties are impacting on each other;
 - how the parenting strengths and difficulties are affecting each other;
 - how the family and environmental factors are affecting each other;
 - how the parenting that is provided for the child is affecting the child's health and development both in terms of resilience and protective factors, and vulnerability and risk factors; and
 - how the family and environmental factors are impacting on parenting and/or the child directly; and
 - the local authority's recommendation to the conference.
- 2.97 Where appropriate, the parents and subject child should be provided with a copy of the report in advance of the conference. The contents of the report should be explained and discussed with the child and relevant family members in advance of the conference itself, in the preferred language(s) of the child and family members.
- 2.98 Other professionals attending the conference should bring with them details of their involvement with the child and family, and information concerning their knowledge of the child's developmental needs, capacity of the parents to meet the needs of their child within their family and environmental context. This information should include careful consideration of the impact that the current and past family functioning and family history are having on the parents' capacities to meet the child's needs. Contributors should, wherever possible, provide a written report in advance to the conference and these should be made available to those attending.
- 2.99 The child and family members should be helped in advance to think about what they want to convey to the conference and how best to get their points across on the day. Some may find it helpful to provide their own written report, which they may be assisted to prepare by their adviser/advocate.
- 2.100 Those providing information should take care to distinguish between fact, observation, allegation and opinion. When information is provided from another source, i.e. it is second or third hand, this should be made clear source, i.e. it is second or third hand, this should be made clear.

Pan Dorset Note

It is an expectation that the parents and each child (where appropriate) should be given a copy of the report (marked 'family copy') and this should be left with them to share with their supporter/solicitor as they wish. The contents of the report should be explained and discussed with the child and relevant family members at least 24 hours in advance of the conference itself, in the preferred language(s) of the child and family members.

It is expected that all contributors to a child protection conference will provide a written report to the conference which should be made available to those attending. In any event agency representatives should come to the conference well prepared and should avoid continually referring to case files throughout the conference. All those providing information should take care to distinguish between fact, what has been observed, allegation and opinion.

All agencies should;

- make every effort to share reports with the parent, and child (where relevant) **at least** 24 hours in advance of the initial conference, and 5 working days in advance of the review conference;
- give a copy of the report to parents, in the preferred language of the family;
- ensure a copy of the report is made available to the chair **at least** 24 hours in advance of the initial conference, and 5 working days (in advance) of the review conference.

Action and Decisions for the Conference

2.101 The conference should consider the following questions when determining whether the child should be the subject of a child protection plan:

- has the child suffered significant harm? And
- is the child likely to suffer significant harm in the future?

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

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

2.103 If the child protection conference decides that the child is likely to suffer significant harm in the future, the child will therefore require inter-agency help and intervention to be delivered through a formal child protection plan. The primary purposes of this plan are to prevent the child suffering harm or a recurrence of harm in the future and to promote the child's welfare.

2.104 Child protection conference participants should base their judgements on all the available evidence obtained through existing records, the initial assessment and the in-depth core assessment undertaken following the initiation of s47 enquiries, and any other relevant specialist assessments. The method of reaching a decision within the conference on whether the child should be the subject of a child protection plan should be set out in the relevant LSCB protocol. The decision making process should be

based on the views of all agencies / professional groups represented at the conference and also take account of any written contributions that have been made.

Pan Dorset Note

Decision making will also need to take into account the need to obtain any missing information.

- 2.105 If the conference decided that the child is 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) 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.

The Pan-Dorset decision making process is that:

- each member of the conference should have his/her view heard and recorded;
- each agency / professional group can each convey only one view towards the registration decision (normally determined by the senior representative);
- the decision will reflect the unanimous or majority view, as taken from agency representatives;
- the record of the conference should always include the views and names of any representative who dissents to the decision.
- The decision of the conference and, where appropriate, details of the category of abuse or neglect, the name of the key worker, the lead professional and the core group membership should be circulated to all those invited to the conference within one working day.
- When a conference cannot reach a majority decision regarding registration, the conference chair's view will create the majority required.

Pan-Dorset Missing Information / Deferred Decision Making

In some circumstances the chair and/or conference members may consider that important information is not available or that an interpretation of important information is not available, to the conference.

The chair will normally proceed with the child protection conference, especially where this is an initial conference, so that the opportunity is taken to consider corporately all available information, in order to ensure the child is safeguarded.

The information at this child protection conference may indicate that a child is in need of a child protection plan and this should be drawn up on the basis of available information. The chair should ensure that conference members identify from whom and how the information will be obtained. Missing information should be obtained as soon as possible and shared with the chair and all conference members, in order to contribute to the child protection plan. Conference members need to agree as part of the outline child protection plan how to obtain, share, evaluate and respond to the missing information. The possibility of an early review child protection conference should be considered.

Alternatively it may become evident during the child protection conference that missing information is of crucial importance, and it may be necessary to agree the following steps:

- to adjourn the child protection conference;
- to defer the decision regarding whether a child is in need of a child protection plan, or whether a child protection plan should be discontinued for the period of the adjournment;
- to obtain and respond to the missing information as soon as possible;
- to reconvene the child protection conference within a maximum of 15 working days

An action plan which ensures the safety of the child should be agreed, to cover the period until the reconvened child protection conference takes place.

Chair's right to overrule

The conference chair may not always agree with the majority or unanimous view of the conference and may share her/his view when s/he deems it appropriate. In the rare circumstance where the chair judges that the proposed decision of the conference does not protect the child, s/he would overrule the conference members, insofar as a child's name will be placed on the register or retained on it, to allow senior managers to discuss the matter.

The senior managers in children's services with responsibility for child protection must be informed by the chair, in order to review the case in consultation with appropriate managers from other agencies. Where deemed appropriate following this consultation a further child protection conference will be arranged, within a four week period.

2.106 It is the role of the initial child protection conference to formulate the outline child protection plan in as much detail as possible. The decision of the conference and, where appropriate, details of the category of abuse or neglect, the name of the lead social worker (i.e. the social worker who is the lead professional for the case) and the core group membership should be recorded in a manner that is consistent with the Initial Child Protection Conference Report (Department of Health, 2002) and circulated to all those invited to the conference within one working day.

2.107 Where a child has suffered, or is likely to suffer, significant harm in the future it is the local authority children's social care duty to consider the evidence and decide what, if any, legal action to take. The information presented to the child protection conference should inform that decision making process but it is for the local authority to consider whether it should initiate, for example, care proceedings. In some situations the child may become accommodated and acquire looked after child status. Where a child who is the subject of a child protection plan becomes looked after by the children's services, the child protection plan should form part of the looked after child's overarching care plan (see [paragraphs 2.149-2.153](#)).

2.108 A decision may have been made that a child does not require a child protection plan but he or she may nonetheless require services to promote his or her health or development. In these circumstances, the conference together with the family should consider the child's needs and what further help would assist the family in responding to them. Subject to the family's views and consent, it may be appropriate to continue and to complete the core assessment to help determine what support might best help promote the child's welfare. Where the child's needs are complex, inter-agency working will continue to be important. Where appropriate, a child in need plan should be drawn up and reviewed at regular intervals – no less frequent than every six months (see paragraphs 4.33 and 4.36 of the *Framework for the Assessment of Children in Need and their Families*).

2.109 Where a child is to be the subject of a child protection plan, it is the responsibility of the conference to consider and make recommendations on how agencies, professionals and the family should work together to ensure that the child will be safeguarded from harm in the future. This should enable both professionals and the family to understand exactly what is expected of them and what they can expect of others. Specific tasks include the following:

- appointing the lead statutory body (children's social care) and a lead social worker (who is the lead professional), who should be a qualified, experienced social worker and an employee of children's social care;
- identifying the membership of a core group of professionals and family members who will develop and implement the child protection plan as a detailed working tool;
- establishing how the child, their parents (including all those with parental responsibility) and wider family members should be involved in the ongoing assessment, planning and implementation process, and the support, advice and advocacy available to them;
- establishing timescales for meetings of the core group, production of a child protection plan, and for child protection review meetings;
- identifying in outline what further action is required to complete the core assessment and what other specialist assessments of the child and family are required to make sound judgements on how best to safeguard and promote the welfare of the child;
- outlining the child protection plan, especially, identifying what needs to change in order to achieve the planned outcomes to safeguard and promote the welfare of the child;
- ensuring a contingency plan is in place if agreed actions are not completed and/or circumstances change, for example if a caregiver fails to achieve what has been agreed, a court application is not successful or a parent removes the child from a place of safety;
- clarifying the different purpose and remit of the initial conference, the core group, and the child protection review conference; and
- agreeing a date for the first child protection review conference, and under what circumstances it might be necessary to convene the conference before that date.

2.110 The outline child protection plan should:

- identify factors associated with the likelihood of the child suffering significant harm and ways in which the child can be protected through an inter-agency plan based on the current findings from the assessment and information held from any previous involvement with the child and family;
- establish short-term and longer-term aims and objectives that are clearly linked to preventing the child suffering harm or a recurrence of the harm suffered, meeting the child's developmental needs and promoting the child's welfare, including contact with family members;
- be clear about who will have responsibility for what actions – including actions by family members – within what specified timescales;
- outline ways of monitoring and evaluating progress against the planned outcomes set out in the plan; and
- be clear about which professional is responsible for checking that the required changes have taken place, and what action will be taken, by whom, and when they have not.

Complaints about a Child Protection Conference

Pan-Dorset Note

Guidance concerning complaints about child protection conferences is detailed in Chapter 3.3 of the Pan-Dorset Inter-Agency Safeguarding procedures.

2.111 In addition, representations and complaints may be received by individual agencies in respect of services provided (or not provided) as a consequence of assessments and conferences, including those set out in child protection plans. Such concerns should be responded to by the relevant agency in accordance with its own processes for responding to such matters.

Administrative arrangements and record keeping

2.112 Those attending should be notified of conferences as far in advance as possible, and the conference should be held at a time and place likely to be convenient to as many people as possible. All child protection conferences both initial and review, should have a dedicated administrative person to take notes and produce a record of the meeting as a discrete role. The record of the conference is a crucial working document for all relevant professionals and the family. It should include:

- the essential facts of the case;
- a summary of discussion at the conference, which accurately reflects contributions made;
- all decisions and recommendations reached, with information outlining the reasons;
- a translation of decisions into an outline or revised child protection plan, enabling everyone to be clear about their tasks.

Pan Dorset Note

It will also include:

- an analysis of risk;
- an accurate record of any dissents to decisions.
- A reflection of the discussion and the decisions made.
- A contingency plan

2.113 A copy should be sent as soon as possible after the conference to all those who attended or were invited to attend, including family members, except for any part of the conference from which they were excluded. This is in addition to sharing the main decisions within one working day of the conference (see paragraph [2.106](#)).

Pan-Dorset note about sending Conference Record

The full conference record will be completed within **10 working days** and circulated to all those professionals invited to attend the child protection conference and to family members who attended. Other family members who were invited but did not attend or were excluded will receive a copy of the full record at the discretion of the chair.

2.114 The record is confidential and should not be passed by professionals to third parties without the consent of either the conference chair or the **lead professional**. However, in cases of criminal proceedings, the police may reveal the existence of the notes to the CPS in accordance with the Criminal Procedure and Investigation Act 1996. The record of the decisions of the child protection conference should be retained by the recipient agencies and professionals in accordance with their record retention policies.

Action following the Initial Child Protection Conference

The Role of the Lead Social Worker

- 2.115 When a conference decides that a child should be the subject of a child protection plan, local authority children's social care should carry statutory responsibility for the child's welfare and designate a qualified and experienced member of its social work staff to be the lead social worker, ie. the lead professional. Each child who is the subject of a child protection plan will have a named lead social worker.
- 2.116 The lead social worker is responsible for making sure that the outline child protection plan is developed into a more detailed inter-agency plan. S/he should complete the core assessment of the child and family, securing contributions from core group members and others as necessary. The lead social worker is also responsible for acting as the lead professional for the inter-agency work with the child and family. S/he should co-ordinate the contribution of family members and other agencies to planning the actions which need to be taken, putting the child protection plan into effect, and reviewing progress against the planned outcomes set out in the plan. 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.
- 2.117 The lead social worker should see the child, alone when appropriate, in accordance with the plan. She or he should develop a therapeutic relationship with the child, 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. The lead social worker should record in the child's local authority social care record when the child was seen and who else, if anyone, was present at the time of each visit and also the reasons for deciding (or not) to see the child alone.

The Core Group

- 2.118 The core group is responsible for developing the child protection plan as a detailed working tool and implementing it within the outline plan agreed at the initial child protection conference. Membership should include the lead social worker, who chairs the core group, the child if appropriate, family members, and professionals or foster carers who will have direct contact with the family. Although the lead social worker has lead responsibility for the formulation and implementation of the child protection plan, all members of the core group are jointly responsible for carrying out these tasks, refining the plan as needed, and monitoring progress against the planned outcomes set out in the plan. Agencies should ensure that members of the core group undertake their roles and responsibilities effectively in accordance with the agreed child protection plan.
- 2.119 Core groups are an important forum for working with parents, wider family members, and children of sufficient age and understanding. It can often be difficult for parents to agree to a child protection plan within the confines of a formal conference. Their co-operation may be gained later when details of the plan are worked out in the core group. Sometimes there may be conflicts of interest between family members who have a relevant interest in the work of the core group. The child's best interests should always take precedence over the interests of other family members.
- 2.120 The first meeting of the core group and take place within 10 working days of the initial child protection conference. The purpose of this first meeting is to flesh out the child

protection plan. The meeting should also decide what steps need to be taken, by whom, to complete the core assessment on time so that future decisions and the provision of services can be fully informed when making decisions about the child's safety and welfare. Thereafter, core groups should meet sufficiently regularly to facilitate working together, monitor actions and outcomes against the child protection plan, and make any necessary alterations as circumstances change.

Pan Dorset Note

The date of the first core group should be determined by the child protection conference. Timescales for core group meetings should be determined by the child protection conference.

- 2.121 The lead social worker should ensure that there is a record of the decisions taken and actions agreed at core group meetings, as well as of the written views of those who were not able to attend. The child protection plan should be updated as necessary.

Pan Dorset Note

If any professional is unable to fulfil their actions in relation to the child protection plan, including circumstances where access to a child is frustrated and / or denied, that professional should notify their line manager and the lead social worker, who will consult with their manager about future actions to be taken to ensure the child is safe.

Completion of the Core Assessment

- 2.122 Completion of the core assessment, within 35 working days, should include an analysis of the child's developmental needs and the parents' capacity to respond to those needs within the context of their family and environment. This analysis will include an understanding of the parents' capacity to ensure that the child is safe from harm. It should include consideration of the information gathered about the family's history and their present and past family functioning. It may be necessary to commission specialist assessments (for example, from child and adolescent mental health services, adult mental health or substance misuse services, or a specialist in domestic violence) which it may not be possible to complete within this time period. This should not delay the drawing together of the core assessment findings at this point. A core assessment is deemed complete once the assessment has been discussed with the child and family (or caregivers) and the team manager has viewed and authorised the assessment.
- 2.123 The analysis of the child's needs and the capacity of the child's parents or caregivers to meet these needs within their family and environment should provide evidence on which to base judgements and decisions on how best to safeguard and promote the welfare of a child and support parents in achieving this aim. Decisions based on this analysis should consider what the child's future will be like if his or her met needs continue to be met, and if his or her unmet needs continue to be unmet. The key questions 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 be used to decide what interventions are required when developing the child protection plan and, in particular, in considering what actions are necessary to prevent the child from suffering harm or to prevent a recurrence of the abuse or neglect suffered.

The Child Protection Plan

2.124 The initial child protection conference is responsible for agreeing an outline child protection plan. Professionals and parents/caregivers should develop the details of the plan in the core group. The overall aim of the plan is to:

- ensure the child is safe and prevent him or her from suffering further harm by supporting the strengths, addressing the vulnerabilities and risk factors and helping to meet the child's unmet needs;
- promote the child's health and development i.e. his or her welfare; and
- provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child.

2.125 The child protection plan should be based on the findings from the assessment following the dimensions relating to the child's developmental needs, parenting capacity and family and environmental factors, and drawing on knowledge about effective interventions. Where the child is also the subject of a care plan, the child protection plan should be part of the looked after child's care plan (see [paragraph 2.149](#)). The content of the child protection plans should be consistent with the information set out in the Child Protection Plan record (Department of Health, 2002). It should set out what work needs to be done, why, when and by whom. The plan should:

- describe the identified developmental needs of the child, and what therapeutic services are required to meet these needs;
- include specific, achievable, child-focused outcomes intended to safeguard and promote the welfare of the child;
- include realistic strategies and specific actions to bring about the changes necessary to achieve the planned outcomes;
- set out when and in what situations the child will be seen by the lead social worker, both alone and with other family members or caregivers present;
- clearly identify and set out roles and responsibilities of family members and professionals, including those with routine contact with the child (for example, health visitors, GPs and teachers) and the nature and frequency of contact by professionals with children and family members;
- include a contingency plan to be followed if circumstances change significantly and require prompt action (including initiating family court proceedings to safeguard and promote the child's welfare); and
- lay down points at which progress will be reviewed, and the means by which progress will be judged; and

2.126 The child protection plan should take into account 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 children and parents have a clear understanding of the planned outcomes, that they accept the plan and are willing to work to it. If the parents are not willing to co-operate in the implementation of the plan the local authority should consider what action, including the initiation of family proceedings, it should take to safeguard the child's welfare.

2.127 The plan should be constructed with the family in their preferred language and they should receive a written copy in this language. If family members' preferences are not accepted about how best to safeguard and promote the welfare of the child, the reasons for this should be explained. Families should be told about their right to complain and make representations, and how to do so.

Agreeing the plan with the child

2.128 The child protection plan should be explained to and agreed with the child in a manner which is in accordance with their age and understanding. An interpreter should be used if the child's level of English means that s/he is not able to participate fully in these discussions unless they are conducted in her/his own language. The child should be given a copy of the plan written at a level appropriate to his or her age and understanding, and in his or her preferred language.

Negotiating the plan with parents

2.129 Parents should be clear about the evidence of significant harm which resulted in the child becoming the subject of a child protection plan, what needs to change, and about what is expected of them as part of **implementing** the plan for safeguarding and promoting their child's welfare. All parties should be clear about the respective roles and responsibilities of family members and different agencies in implementing the plan. The parents should receive a written copy of the plan so that they are clear about who is doing what, when and the planned outcomes for the child.

Intervention

2.130 Decisions about how to intervene, including what services to offer, should be based on evidence about what is likely to work best to bring about good outcomes for the child¹³. A number of aspects of intervention should be considered in the context of the child protection plan, in the light of evidence from assessment of the child's developmental needs, the parents' capacity to respond appropriately to the child's needs, and the wider family and environmental circumstances. Particular attention should be given to family history (for example, of domestic and other forms of violence, childhood abuse, mental illness, substance misuse and/or learning disability) and present and past family functioning.

2.131 The following questions need to be considered:

- What are the options for interventions which might help support strengths and / or help meet the child's identified unmet needs as well as addressing the known vulnerabilities and risk factors?
- What resources are available?
- With which agency or professional and with which approach is the family most likely to co-operate?
- Which intervention is most likely to produce the most immediate benefit and which might take time?
- What should be the sequence of interventions and why?
- Given the severity of any ill-treatment suffered or impairment to the child's health or development, the child's current needs and the capacity of the family to co-operate, what is the likelihood of achieving sufficient change within the child's time frame?

2.132 It is important that services are provided to give the child and family the best chance of achieving the required changes. If a child cannot be cared for safely by his or her caregiver(s) she or he will have to be placed elsewhere whilst work is being

¹³ For further information from research findings on effective interventions see www.dcsf.gov.uk/nsdu/research.shtml

undertaken with the child and family. Irrespective of where the child is living, interventions should specifically address:

- the developmental needs of the child;
- the child's understanding of what has happened to him or her;
- the abusing caregiver / child relationship and parental capacity to respond to the child's needs;
- the relationship between the adult caregivers both as adults and parents;
- family relationships; and
- possible changes to the family's social and environmental circumstances.

2.133 Intervention may have a number of inter-related components:

- action to make a child safe from harm and **prevent recurrence from harm**;
- action to help promote a child's health and development i.e. welfare;
- action to help a parent(s)/caregiver(s) in safeguarding a child and promoting his or her welfare;
- therapy for an abused child; and
- support or therapy for a perpetrator of abuse **or neglect to prevent future harm to the child and where necessary to other children.**

2.134 The development of secure parent–child attachments is critical to a child's healthy development. The quality and nature of the attachment will be a key issue to be considered in decision making, especially if decisions are being made about moving a child from one setting to another; re-uniting a child with his or her birth family; or considering a permanent placement away from the child's family. If the plan is to assess whether the child can be reunited with the caregiver(s) responsible for the maltreatment, very detailed work will be required to help the caregiver(s) develop the necessary parenting skills.

2.135 A key issue in deciding on suitable interventions will be whether the child's developmental needs can be responded to within his or her family context, and **within timescales that are appropriate for the child**. These timescales may not be compatible with those for the caregiver(s) who is/are in receipt of therapeutic help. The process of decision making and planning should be as open as possible, from an ethical as well as practical point of view. Where the family situation is not improving or changing fast enough to respond to the child's needs, decisions will be necessary about the long-term future of the child. In the longer term it may mean it will be in the best interests of the child to be placed in an alternative family context. Key to these considerations is what is in the child's best interests, informed by the child's wishes and feelings **and by the parents' capacity to make the required changes.**

2.136 Children who have suffered significant harm may continue to experience the consequences of this abuse irrespective of where they are living, whether remaining with or being reunited with their families or alternatively being placed in new families; this relates particularly to their behavioural and emotional development. Therapeutic work with the child should continue, therefore, irrespective of where the child is placed, in order to ensure the needs of the child are responded to appropriately.

2.137 More information to assist with making decisions about interventions is available in the Chapter 4 of the Assessment Framework and the accompanying practice guidance

(Department of Health, 2000). Recent research evidence on effective interventions in safeguarding children has been published by DCSF and DH95¹⁴.

The Child Protection Review Conference

Timescale

2.138 The first child protection review conference should be held within three months of the initial child protection conference, and further reviews should be held at intervals of not more than six months for as long as the child remains the subject of a child protection plan. Where the child is also looked after, the child protection review should be part of the looked after child review (see paragraphs 2.149-2.153). It is important to ensure that momentum is maintained in the process of safeguarding and promoting the welfare of the child. Where necessary, reviews should be brought forward to address changes in the child's circumstances. Attendees should include those most involved with the child and family in the same way as at an initial child protection conference, and the LSCB protocols for establishing a quorum should apply.

Pan-Dorset Note

Situations when a review may be brought forward should include where there is a need to significantly revise the child protection plan.

Purpose

2.139 The purposes of the child protection review are to

- review whether the child is continuing to suffer, or is likely to suffer significant harm and their health and development against planned outcomes set out in the child protection plan;
- to ensure that the child continues to be safeguarded from harm; and
- to consider whether the child protection plan should continue or should be changed.

2.140 The reviewing of the child's progress and the effectiveness of interventions are critical to achieving the best possible outcomes for the child. The child's wishes and feelings should be sought and taken into account during the reviewing process. 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 not, then the child should no longer be the subject of a 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 Volume 1 of the Children Act 1989 Guidance and Regulations, Court Orders¹⁵.

2.141 The same LSCB decision-making procedure should be used to reach a judgement on continuing to have a child protection plan as is used at the initial child protection conference (see 2.101). As with initial child protection conferences, the relevant LSCB protocol should specify a required quorum for attendance at review conferences (see 2.88).

¹⁴ www.dcsf.gov.uk/cgi-bin/rsgateway/search.pl?cat=3&subcat=3_1&q1=Search

¹⁵ www.dcsf.gov.uk/everychildmatters/publications/documents/childrenactguidanceregulations/.

As a minimum, at every review 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 the child who is the subject of the conference. In addition, attendees may also include those whose contribution relates to their professional expertise or responsibility for relevant services. In exceptional cases, where a child has not had relevant contact with three agencies (that is, local authority children's social care and two others), this minimum quorum may be breached.

- 2.142 The review requires as much preparation, commitment and management as the initial child protection conference. Each member of the core group has a responsibility to produce an individual agency report on the child and family for the child protection review. Together these reports provide an overview of the work undertaken by family members and professionals and evaluate the impact of the interventions on the child's welfare against the planned outcomes set out in the child protection plan. Those unable to attend should send their report to the lead social worker prior to the core group meeting¹⁶ and where possible, delegate attendance to a well-briefed colleague. The content of the report to the review child protection conference should be consistent with the information set out in the Child Protection Review (DoH, 2002).

Discontinuing the Child Protection Plan

- 2.143 A child should no longer be the subject of a child protection plan if:
- it is judged that the child is no longer continuing to, or likely to suffer significant harm and therefore require safeguarding by means of a child protection plan (for example, the likelihood of harm has been reduced by action taken through the child protection plan; the child and family's circumstances have changed; or re-assessment of the child and family indicates that a child protection plan is not necessary). Under these circumstances, only a child protection review conference can decide that a child protection plan is no longer necessary;
 - the child and family have moved permanently to another local authority area. In such cases, the receiving local authority should convene a child protection conference within 15 working days of being notified of the move, only after which event may discontinuing the child protection plan take place in respect of the original local authority's child protection plan; the child has reached 18 years of age (to end the child protection plan, the local authority should have a review around the child's birthday and this should be planned in advance), has died or has permanently left the UK

¹⁶ Jill Aiken believes this is an error in WT 2010 and should refer to RCPC not core group.

Pan-Dorset Note

The status of children subject to a child protection plan must not be changed until the children's views about this have been ascertained (independently of parents) and discussed in the appropriate multi-agency forum. Specifically, the child's view must be ascertained prior to any CP review conference, with the use of advocacy service as necessary and taken into account in the decision making process.

Child Protection Plans must not be discontinued until a Core Assessment has been completed and fully recorded, including an analysis of the child's needs, parenting capacity and family dynamics, including risks and outcomes of interventions. The outcome of the Core Assessment must be included in the social worker's report and considered at the CP Conference during the decision making process.

Discontinuation at a first review conference should only occur in exceptional circumstances, for example where;

- The child is no longer cared for by or living with the person attributed with being responsible for placing them at risk of significant harm e.g. they may be looked after by a member of the extended family or in foster care and permanency planning is in place.
- The child was subject to a pre-birth conference and is the youngest of a sibling group where progress on the child protection plan has been made over a period of time.
- The initial conference was as a result of the family moving from another area i.e. a transfer conference, and the assessment concludes the family's circumstances have changed sufficiently to permanently reduce the risk of harm. This should include an assessment of stability where there is a history of moving home.
- Where an older young person has expressed a clear wish not to be subject to a child protection plan, their vulnerability/resilience has been assessed and they have sufficient support outside of their immediate family to go to for advice or help if their home circumstances change

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

2.145 A child who is no longer the subject of a child protection plan may still require additional support and services. Discontinuing the child protection plan should never lead to the automatic withdrawal of help. The key worker should discuss with the parents and the child what services might be wanted and required, based upon the re-assessment of the needs of the child and family.

Pan Dorset Note

Discontinuing a child protection plan where a key professional is not present or a minimum quorum for decision making has not been reached.

Although the chair has decided that the representation is sufficient for a conference to proceed, there may be a professional who has a key role with child / family who is not present or whose views are not clear; or it may be that the minimum quorum for decision-making has not been reached. Where the chair deems this is so, discontinuation of the child protection plan as recommended by the conference cannot take place until the agreement of the identified professional/s has been confirmed. The chair may decide this is applicable even where a professional who was not present, has provided a written report prior to the conference. The chair of the conference should write to the identified professional/s seeking their agreement to discontinuation of the child protection plan, at the point the full conference minutes are circulated.

If there are no dissenting views the parents and all key professionals will be informed of the confirmation to discontinue the child protection plan.

If dissenting views are received, the chair will communicate with the relevant professional, and if the situation remains unresolved, will bring the reasons for the dissenting views to the attention of their manager. This manager will consider the dissenting views in consultation with the chair and managers in key agencies as appropriate in reaching a decision as to whether the conference should be reconvened or whether the decision to discontinue the child protection plan can be confirmed.

Where it is necessary for a conference to be reconvened this should occur within 4 weeks of the original conference.

Children Looked After by the Local Authority

2.146 In most cases where a child who is the subject of a child protection plan becomes looked after it will no longer be necessary to maintain the child protection plan. There are however a relatively few cases where safeguarding issues will remain and a looked after child should also have a child protection plan. These cases are likely to be where a local authority obtains an interim care order in family proceedings but the child or young person who is the subject of a child protection plan remains at home, pending the outcome of the final hearing or where a young person's behaviour is likely to result in significant harm to themselves or others.

2.147 Where a looked after child remains the subject of a child protection plan it is expected that there will be a single planning and reviewing process, led by the Independent Reviewing Officer (IRO), which meets the requirements of both this guidance and the Care Planning, Placement and Case Review (England) Regulations 2010 and accompanying statutory guidance *Putting Care into Practice*.

2.148 The systems and processes for reviewing child protection plans and plans for looked after children should be carefully evaluated by the local authority and consideration given to how best to ensure the child protection aspects of the care plan are reviewed as part of the overall reviewing process leading to the development of a single plan.

Given that a review is a process and not a single meeting, both reviewing systems should be aligned in an unbureaucratic way to enable the full range of the child's or young person's needs to be considered in the looked after child's care planning and reviewing processes.

2.149 It is recognised that there are different requirements for independence of the IRO function compared to the chair of the child protection conference. In addition, it is important to note that the child protection conference is required to be a multiagency forum while children for the most part want as few external people as possible at a review meeting where they are present. However, it will not be possible for the IRO to carry out his or her statutory function without considering the child's safety in the context of the care planning process. In this context 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. Where this is not possible it will be expected that the IRO will attend the child protection review conference.

2.150 This means that the timing of the review of the child protection aspects of the care plan should be the same as the review under the Care Planning, Placement and Case Review (England) Regulations 2010, to 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. The looked after child's review when reviewing the child protection aspects of the plan should also consider whether the criteria continue to be met for the child to remain the subject of a child protection plan. Significant changes to the care plan should only be made following the looked after child's review.

Pan Dorset Note – Adoption

Children who are Accommodated and/or subject to an Order and Looked After, and for whom it is not possible to rehabilitate with their parents, extended family or other carers may be placed for adoption.

It can all too easily be assumed that these children are safe from significant harm and are not at risk from abuse. This is not always the case (see Brighton and Hove, Part 8 Report concerning JAS, 2001).

It is crucial to ensure that all children placed for adoption continue to be reviewed in accordance with Regulation 36, Adoption Agencies Regulations 2005, as part of the continuing review process until the Adoption Order is made. Vigilance should be applied to such children as would be the case for any child who is Looked After.

All adopted children including those who are in receipt of adoption support services should be provided with the same level of protection under safeguarding procedures as any other child.

Adoption support workers and others working with a child who is receiving adoption support services should ensure that allegations of abuse or neglect of a child placed in Bournemouth, Dorset or Poole are followed up in compliance with these inter agency procedures. If the child is placed in another Local Authority area but still receiving adoption support services from Bournemouth, Dorset or Poole, concerns should be referred to the Local Authority in which the child resides for follow up under local safeguarding procedures. Bournemouth, Dorset and Poole and other Local Authorities should work co-operatively to ensure allegations are fully investigated. The responsible Authority should retain a written record of any investigation and its outcome.

Historical allegations

Historical allegations of abuse or neglect made by children or adults should be followed up using these inter-agency safeguarding procedures as for any other child.

Liaison will be required between the Authority or service receiving the allegation and the Authority (and relevant agencies) where the abuse is alleged to have occurred. The advice of legal services should also be sought at the earliest opportunity since there may be issues of disclosure to consider and potential litigation, particularly where the child or adult was in the care of the Local Authority.

Historical allegations of abuse or neglect made by children and adults who have been adopted, pertaining to their care before they were placed for adoption, should be followed up using these inter-agency safeguarding procedures as for any other child or adult. Adults and children who have received an adoption support service should be made aware that they should contact the adoption support service in the event of a historical allegation of abuse or neglect, so that the adoption support service can refer to the safeguarding service in the area where it is alleged that the abuse took place.

Pre-Birth Child Protection Conferences and Reviews

- 2.151 Where a core assessment under s47 of the Children Act 1989 gives rise to concerns that an unborn child may be **likely to suffer** significant harm, local authority children's social care may decide to convene an initial child protection conference prior to the child's birth. Such a conference should have the same status, and proceed in the same way, as other initial child protection conferences, including decisions about a child protection plan. Similarly in respect of child protection review conferences. The involvement of midwifery services is vital in such cases.

Recording that a child is the subject of a child protection plan

Local authority children's social care IT systems should be capable of recording in the child's case record when the child is the subject of a child protection plan, including where the child is also looked after by the local authority. A key purpose of having the IT capacity to record that a child is the subject of a child protection plan is to enable agencies and professionals, when appropriate, to be aware that these children are the subject of a child protection plan. It is equally important that agencies and professionals can obtain relevant information about any child in need who is known or has been known to the local authority. Consequently, agencies and professionals who have concerns about a child's safety and welfare should be able to obtain information about a child that is recorded on the local authority's ICS IT system¹⁷. It is essential

¹⁷ www.everychildmatters.gov.uk/socialcare/ics

that legitimate enquirers such as police and health professionals are able to obtain this information both in and outside office hours.

- 2.152 Children should be recorded as having been, or being likely to be abused or neglected under one or more of the categories of physical, emotional, or sexual abuse or neglect, according to a decision by the chair of the child protection conference. These categories help indicate the nature of the current concerns. Recording information in this way also allows for the collation and analysis of information locally and nationally and for its use in planning the provision of services. The categories selected should reflect all the information obtained in the course of the initial assessment and core assessment under section 47 or the Children Act 1989 and subsequent analysis, and should not just relate to one or more abusive incidents. The initial category may change as new information becomes available during the time that the child is the subject of a child protection plan.

Pan Dorset Note

Bournemouth, Dorset and Poole children's services each have their own separate computerised system, which has the names of children in each respective authority area for whom there is a child protection plan. The principle purpose of being able to record that a child is the subject of a child protection plan is to enable agencies and professionals to be aware of those children who are judged to be at continuing risk of significant harm and who are the subject of a child protection plan. Additionally, agencies and professionals can obtain relevant information about other children who are known or have been known to the local authority.

Managing and Providing Information about a Child

- 2.153 Each Local Authority should designate a manager, normally an experienced social worker, who has responsibility for:

- ensuring that each local authority record on a child who has a child protection plan is kept up to date;
- ensuring enquiries about children about whom there are concerns or who have child protection plans are recorded and considered in accordance with [paragraph 2.155](#);
- managing other notifications of movements of children into or out of the local authority area such as children who have a child protection plan and looked after children;
- managing notifications of people who may pose a risk of significant harm to children who are either identified with the local authority area or have moved into the local authority area; and
- managing requests for checks to be made to ensure unsuitable people are prevented from working with children.

This manager should be accountable to the Director of Children's Services.

- 2.154 The child's individual file should provide a record of information known to local authorities children's social care about that child and therefore it should be kept up-to date on the LA's ICS IT system. The content of the child's record should be confidential, available only to legitimate enquirers. This information should be accessible at all times to such enquirers. The details of enquirers should always be checked and recorded on the system before information is provided.

- 2.155 If an enquiry is made about a child and the child's case is open to LA children's social care, the enquirer should be given the name of the **child's lead social worker**, and the **lead social worker** should be informed of this enquiry so that they can follow it up. If an enquiry is made about a child at the same address as a child who is the subject of a child protection plan, this information should be sent to the **lead social worker** of the child who is the subject of the child protection plan. If an enquiry is made but the child is not known to LA children's social care, this enquiry should be recorded on a contact sheet, together with the advice given to the enquirer. In the event of a second enquiry about a child who is not known to children's social care, not only should the fact of the earlier enquiry be notified to the later enquirer, but the designated manager should ensure that LA children's social care considers whether this is, or may be, a child in need.
- 2.156 The Department for Children, Schools and Families holds a list of the names of designated managers and should be notified of any changes in designated managers.

Pan Dorset Note

When a professional is concerned that a child living in Bournemouth, Dorset or Poole is suspected of suffering or likely to suffer significant harm, an enquiry should be made of the designated manager of the local authority in which the child is living. When it is known or suspected that a child has previously lived in another local authority, enquiries should also be made of the designated managers for each of those authorities.

All agencies and professionals may make enquiries when the above criteria is met. The Out of Hours Service acts as the designated manager for Bournemouth, Dorset and Poole outside of normal working office hours, and thus has the ability to make enquiries and checks of the information held in all three local authority areas.

The enquirer should normally discuss their concerns with the family (see [paragraph 2.14](#)) and inform that enquiries are being made of the designated manager in children's services.

The enquirer must provide as much information as is available in respect of the child and family details in order for a comprehensive check to be completed. Details required include:

- child's full name and aliases
- child's date of birth
- present address and previous addresses where known
- details of parents/carers/significant others with date of birth where available
- the Enquirer's name, role and agency/organisation.
- Details of the enquirer, e.g.: name, agency and telephone number will be taken.

All enquirers will be telephoned back with the information requested to a recognised telephone number only.

The necessary details in respect of the enquiring and enquirer will be recorded.

The following information will be provided to the enquirer:

- whether the child is currently the subject of a child protection plan
- whether the child has previously been the subject of a child protection plan
- whether there has been a child protection conference but the child was not deemed to require a child protection plan
- whether the child's case is/has been open to children's services and the name of the child's key worker
- whether there has been any other relevant information in respect of family members / members of the household.

In the event of an enquiry being made about a child who is an open case to children's services, the appropriate designated manager will ensure that the key worker for the child is notified of the enquiry.

If an enquiry is made about a child at the same address as a child who is an open case to children's services, the designated manager will ensure the key worker for the child is notified of the enquiry.

In the event of a second enquiry being received about a child who is not an open case to children's services the fact of the earlier enquiry will be notified to the latter enquirer. The designated manager will also be notified of both enquiries. The designated manager will then pass the details of both enquiries to the relevant children's services team who must then consider whether this is or may be a child in need.

Any further action to safeguard the child including referral to children's services is the responsibility of the enquirer.

Recording in individual cases

- 2.157 **Keeping a good quality record about work with a child in need and his or her family is** an important part of the accountability of professionals to those who use their services. It helps to focus work, and it is essential to working effectively across agency and professional boundaries. Clear and accurate records ensure that there is a documented account of an agency's or professional's involvement with a child and/or family or caregiver. They help with continuity when individual workers are unavailable or change, and they provide an essential tool for managers to monitor work or for peer review. **The child or adult's record is** an essential source of evidence for investigations

and inquiries, and may also be required to be disclosed in court proceedings. Where a child has been the subject of a s47 enquiry which did not result in the substantiation of referral concerns, his or her record should be retained in accordance with agency retention policies. These policies should ensure that records are stored safely and can be retrieved promptly and efficiently.

2.158 To serve these purposes records relating to work with the child and his or her family should use clear, straightforward language, be concise, and be accurate not only in fact, but also in differentiating between opinion, judgement and hypothesis.

2.159 Well kept records about work with a child and his or her family provide an essential underpinning to good professional practice. Safeguarding and promoting the welfare of children requires information to be brought together from a number of sources and careful professional judgements to be made on the basis of this information. These records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear.

2.160 The records (Department of Health, 2002) produced to support the implementation of the Integrated Children's System contain the information requirements for local authority children's social care together with others when recording information about work with an individual child in need and his or her family. The appropriate type of record to use at different stages of the process of working with a child and his or her family has been referenced throughout this chapter.

2.161 The GP should retain child protection initial conference and review reports as part of the child's health record, where practicable. Ultimately, it is down to the individual GP, depending on their type of health recording system, to make the best judgement on how to incorporate this information into the child's health record.

Request for a change of worker

2.162 Occasions may arise where relationships between parents, or other family members, are not productive in terms of working to safeguard and promote the welfare of their children. In such instances, agencies should respond sympathetically to a request for a change of worker, provided that such a change can be identified as being in the interests of the child who is the focus of concern.

Pan Dorset Note

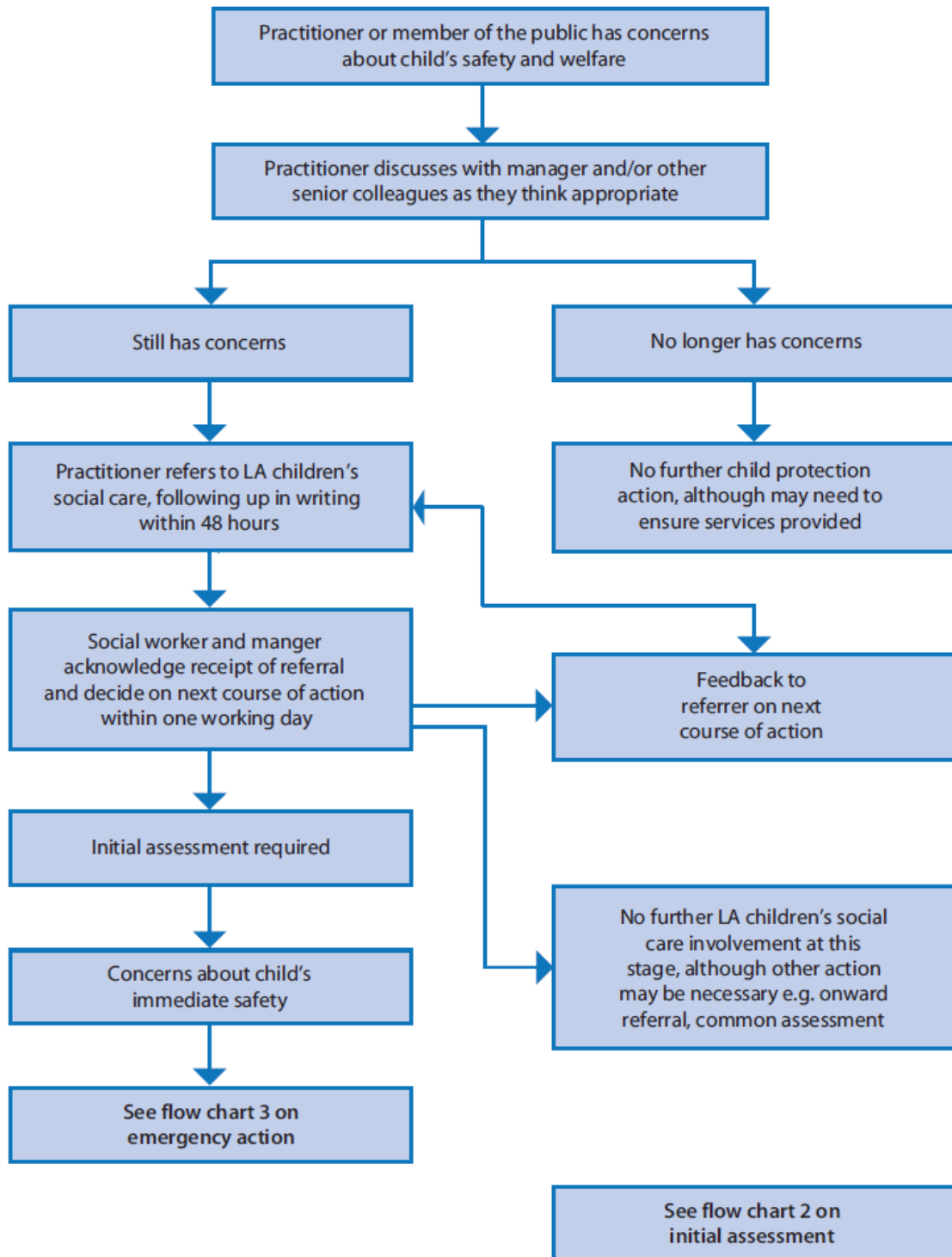
Effective Support and Supervision

Working to ensure children are protected from harm requires sound professional judgements to be made. It is demanding work that can be distressing and stressful. All of those involved should have access to advice and support from, for example, peers, managers, named and designated professionals.

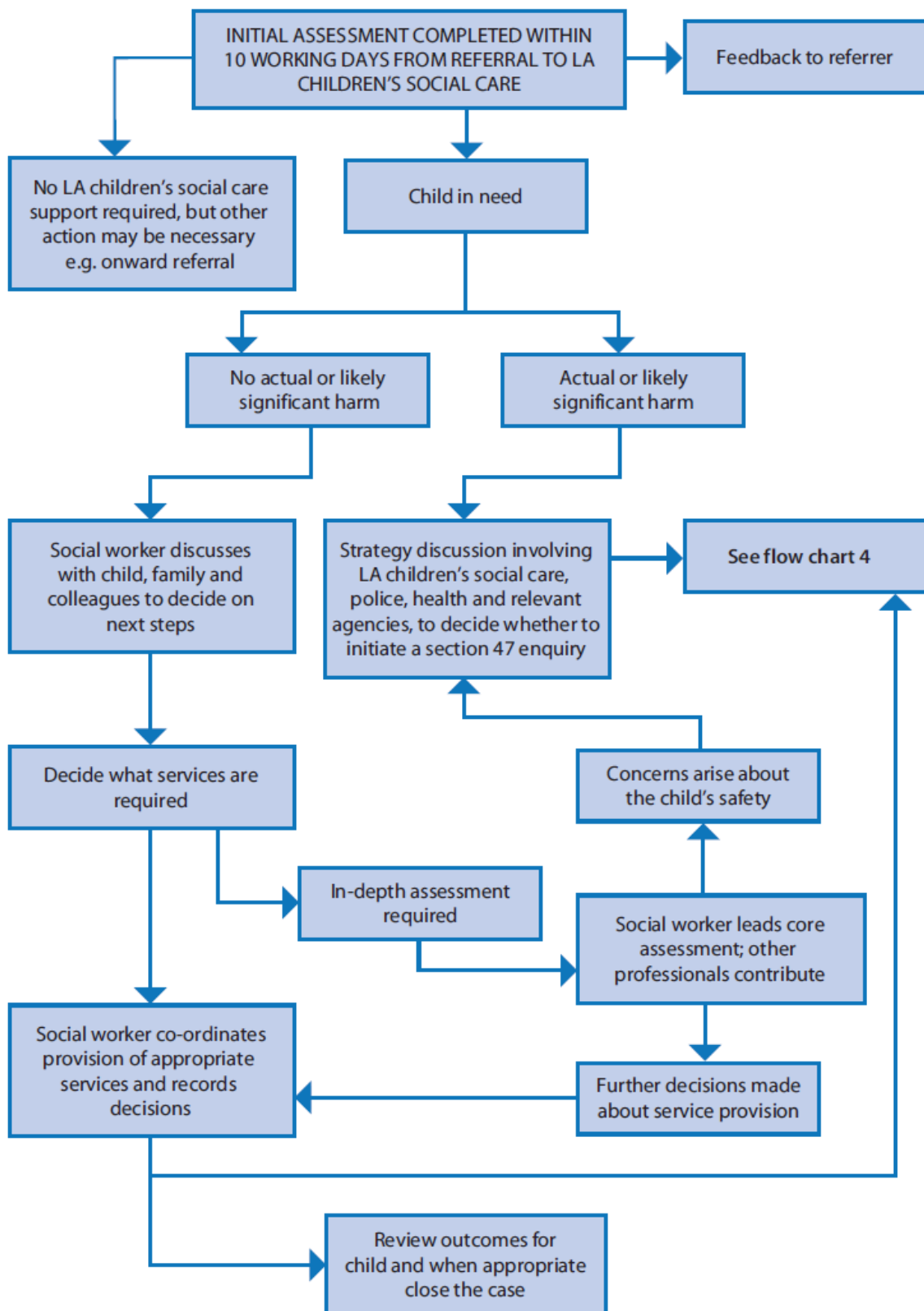
For many practitioners involved in day-to-day work with children and families, effective supervision is important to promoting good standards of practice and to supporting individual staff members. Supervision should help to ensure that practice is soundly based and consistent with good practice and organisational procedures. It should ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority. It should also help identify the training and development needs of practitioners, so that each has the skills to provide an effective service.

Supervision should include reflecting on and scrutinising and evaluating the work carried out, assessing the strengths and weaknesses of the practitioner and providing coaching development and pastoral support. Supervisors should be available to practitioners as an important source of advice and expertise and may be required to endorse judgements at certain key points in time. Supervisors should also record key decisions within the child's case records.

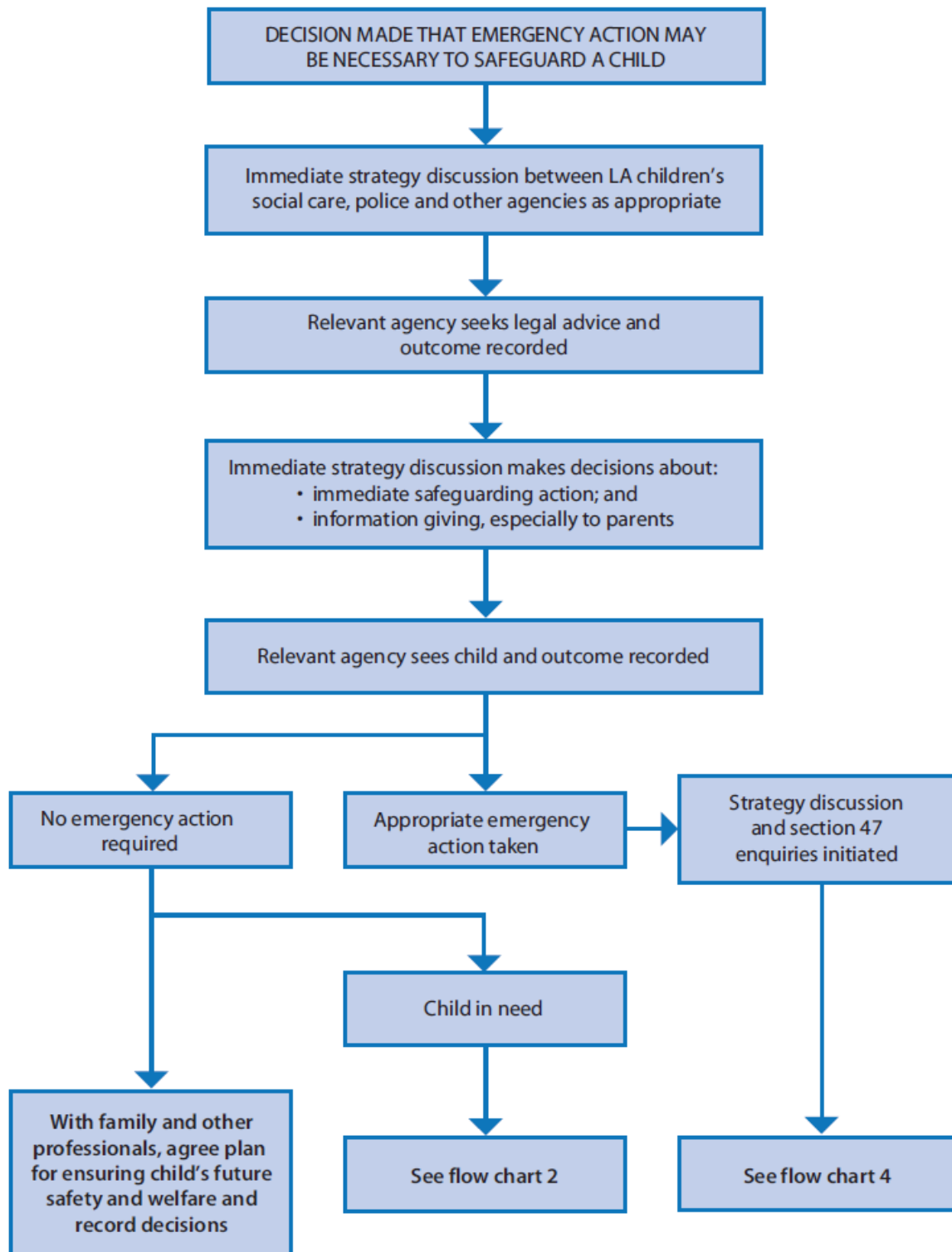
Flow Chart 1: Referral



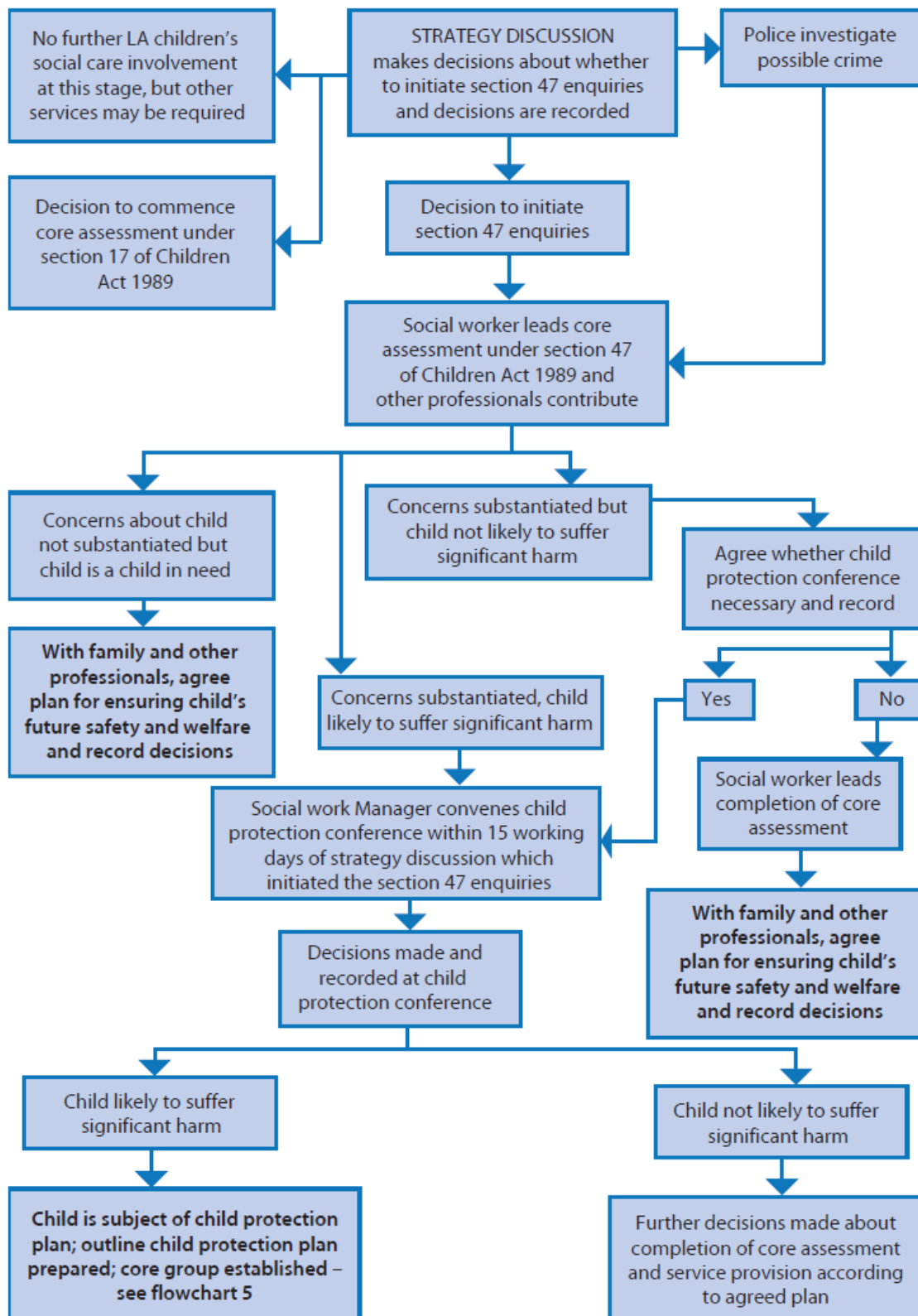
Flow Chart 2: What happens following initial assessment



Flow chart 3: Urgent action to safeguard children



Flow chart 4: What happens after the strategy discussion?



Flow chart 5: What happens after the child protection conference, including the review process?

