

Section 3 – Referral & Investigation

Contents

	Page No.
3.1 Recognition & Referral	3
<u>Being alert to children’s welfare</u>	
<u>Safeguarding & Specialist Services Eligibility Criteria</u>	4
<i>Children in Need of Protection</i>	
<i>Children in Need</i>	
<u>Responding to a child/young person who reports abuse or neglect</u>	5
<u>Parental involvement and agreement</u>	6
<u>Common characteristics of abusive situations</u>	7
<i>Some indicators of possible Physical Abuse</i>	
<i>Some indicators of possible Neglect</i>	8
<i>Some indicators of possible Emotional Abuse including emotional harm in situations of Honour Based Violence and Forced Marriage</i>	
<i>Some indicators of possible Sexual Abuse including Sexual Exploitation</i>	9
<i>Risks Associated with Sexual Exploitation</i>	
3.2 Duty to Conduct Enquiries under Section 47 of the 1989 Children Act	10
<u>Obligations and responsibilities of all agencies</u>	
3.3 Threshold for s47 Enquiries	11
<u>Risk Assessment</u>	
<u>Feedback from enquiries</u>	12
3.4 Referrals by Members of the Public	13
3.5 Professional Referrals	14
<u>Own agency discussions</u>	
<u>Referrals to Safeguarding & Specialist Services</u>	15
<u>Recording</u>	
3.6 Immediate Protection	16
3.7 Agency Checks	17
<u>Application under Family Law</u>	19
3.8 Strategy Discussion and/or Meeting	20
<u>Chairing of Strategy Discussion and/or Meeting</u>	22
<u>Participants to Strategy Discussion and/or Meeting</u>	
<u>Notes of Meeting</u>	23
<u>Notes of Discussion</u>	
<u>Timing of Strategy Discussion and/or Meeting</u>	
<u>Location of Strategy Meeting</u>	
<u>Possible outcomes of a Strategy Discussion</u>	
3.9 Criminal Investigations	26
<u>Referral to Vulnerability Units</u>	
<u>Criminal Investigations & Strategy Discussion and/or Meeting</u>	27
<u>Historical Abuse</u>	
<u>Stranger Abuse</u>	

3.10	Joint Agency Investigation	29
3.11	Involving Parents, Family Members & Children	31
3.12	Meeting & Interviewing the Child	33
3.13	Vulnerable & Intimidated Witnesses – Visually Recorded Interviews	35
	<u>Criteria for recording an interview</u>	
3.14	Inability to Access the Child Subject to the Enquiries	37
3.15	Medical/Paediatric Assessment	38
	<u>Admission of a child to hospital where there is a suspicion of deliberate harm</u>	40
	<u>Discharge checklist criteria</u>	41
3.16	Risk Assessment	43
3.17	Outcome of Child Protection Enquiries	44
	<u>Disputed Decisions</u>	
3.18	Timescales	45
	<u>Routine</u>	
	<u>Exceptions</u>	
3.19	Recording	46
3.20	Flowcharts	47
	<u>Referral</u>	
	<u>What happens following an Initial Assessment?</u>	48
	<u>Urgent action to safeguard children</u>	49
	<u>What happens after the Strategy Discussion?</u>	50
	<u>What happens after the child protection conference including the review process?</u>	51

3.1 Recognition & Referral

3.1.1 This section describes what should happen in County Durham when someone has concerns about the welfare of a child and is concerned that a child may be suffering, or is at risk of suffering, abuse or neglect. It includes:

- children living at home;
- children living away from home;
- children in public care;

3.1.2 The most effective predictor of long term adverse effects of children in the co-existence of family disharmony. There is a complex inter-relationship between domestic abuse, substance misuse and mental illness. It is the association between substance misuse and domestic abuse that gives the greatest risk of significant harm to a child.

3.1.3 This section sets out clear expectations that all agencies and professionals will work together in the interests of children's safety and wellbeing. In addition, each agency, organisation or professional group is recommended to have in place its own set of written procedures which are compatible with their responsibilities as described in *Working Together to Safeguard Children*¹ (2006).

3.1.4 In line with *Working Together to Safeguard Children (2006)* the new terminology is used in this document. Children who were previously on the Child Protection Register are now subject of a Child Protection Plan and their names included on the Child Protection List.

3.1.5 [Section 6](#) contains more detailed information for children in specific circumstances which includes:

- Safeguarding the Unborn Child
- Fabricated or Induced Illness
- Domestic Abuse – safeguarding children and young people
- Cross Boundary Issues
- Missing Children/Young People and Pregnant Women
- Complex/Organised Abuse

Being alert to children's welfare

3.1.6 Everybody who works with children and young people, with parents and with other adults in contact with children should have an awareness that child abuse and neglect may occur. They should understand that children may be abused or neglected anywhere including in their own homes, in day care, in educational and play settings, in residential settings away from home and in leisure environments. They should know that children can be abused or neglected by a wide range of people including relatives, paid carers, professionals, staff, managers and volunteers in any service or organisation and by other young people inside or outside the family home.

¹ <http://www.everychildmatters.gov.uk/resources-and-practice/IG00060/>

3.1.7 Concerns about abuse and neglect may arise from a number of sources including:

- a child or young person speaking about being abused or neglected;
- another child or an adult reporting that a child is being abused or neglected;
- direct observation of abusive or neglectful behaviour by an adult or another young person towards a child;
- observation of a child behaving in a way which suggests that that child is not adequately cared for or is being harmed or threatened with harm;
- observations of injuries to a child;
- aspects of a child's health and development which suggests inadequate care or harmful treatment;
- evidence or suspicion of domestic abuse.

Safeguarding & Specialist Services Eligibility Criteria

Children in Need of Protection

3.1.8 The Children Act 1989 states the Local Authority has a duty to investigate when they "have reasonable cause to suspect a child who lives, or is found, in their area is suffering, or is likely to suffer significant harm". (s47², Children Act 1989)

Children in Need

3.1.9 All referrals to Safeguarding & Specialist Services are referrals of Children in Need and Safeguarding & Specialist Services undertake assessments of children, under [Children in Need procedures](#)³, where a child's health or development is being impaired or there is a high risk of impairment without services (s17⁴, Children Act 1989).

3.1.10 Where there is only one specific issue the identified need may be met within universal services such as Health or it may be more appropriate to refer to another agency/service, e.g.:

- Self-harm – Child & Adolescent Mental Health Service (CAMHS).
- Non-school attendance – Education Welfare Officers.
- Isolated young parents – Children's Centres (previously Sure Start), Parent and Toddlers, etc.
- Contact/Residence disputes between estranged parents – Solicitors advice.

² http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

³ <http://durham-lscb.gov.uk/CIN-Procedures/CIN-procedures.shtml>

⁴ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_4#pt3-pb1-l1g17

Responding to a child/young person who reports abuse or neglect

- 3.1.11 It should be borne in mind that it is difficult for children and young people to report abuse or neglect. If they choose to do so, the person who they have trusted to receive this information is in a key position to support and help that child. How that person responds to any disclosure will influence what the child is able to do next, and how that child feels about having disclosed.
- 3.1.12 Any child or young person who reports abuse or neglect either about themselves or another child should be taken seriously and responded to in accordance with the following guidance:
- The child should be listened to carefully and encouraged to say whatever he/she wishes to say both about the reported abuse or neglect and about his/her concerns about the consequences of reporting it.
 - The child should be supported emotionally and reassured that talking to someone about his/her concerns is the right thing to do.
 - The child's information should be received with impartiality and with no implied judgements about the child or the child's carers or what he/she says has happened.
 - The child should be reassured that he/she is not to blame for the abuse or neglect that they may have suffered.
 - The child should not be questioned or probed about the detail of their allegations beyond what is necessary for the person being spoken to understand what the child is trying to say and to ascertain whether there are any immediate issues of safety for the child or other children.
 - No promises should be made to the child which the person being spoken to cannot guarantee to keep, for example the child should not be told that the information can remain confidential or that there will be no consequences for the child or the alleged perpetrator.
 - The child should be told truthfully and in accordance with their age and understanding what the person they have spoken to will do with the information and why, and what is known about what will happen next.
 - The person to whom the child has spoken should continue to provide care and support for the child in keeping with the professional role and relationship that they have with the child.

Parental Involvement & Agreement

- 3.1.13 While in general, you should seek to discuss any concerns with the family and, where possible, seek their agreement to making referrals, this should only be done where such discussion and agreement-seeking will not place a child at increased risk of significant harm or lead to interference with any potential investigation.
- 3.1.14 It is good practice usually in the interests of children that, wherever possible, agencies and parents should work together to safeguard and promote children's welfare but there will be times where this is not possible.
- 3.1.15 In cases where there are reasonable grounds to believe that the child is at risk of serious harm the necessary inter-agency discussions and referrals should proceed whether or not parents are in agreement, but the parents should usually be fully informed beforehand about what is being done and why. The exception to this is when it is believed that to inform a parent(s) and/or seek their agreement would place the child at further risk of significant harm or seriously jeopardise the safety of other children, the child's carers or others.
- 3.1.16 Examples of when it may be unsafe to inform parents before making a referral to Police or Safeguarding & Specialist Services are:
- where a child/young person is in a safe place and disclosed current acts of physical and/or sexual assault by a member of the household;
 - where a child is afraid to go home;
 - where there are reasonable grounds to believe that someone in the child's household may be violent towards the child or other children as a result of information being given;
 - where a parent/carer is subject to a criminal investigation or where consulting the parent/carer may lead to another person suspected of a criminal offence being alerted or to important evidence being destroyed;
 - where there are grounds to believe that a child/young person may be threatened or coerced into silence;
 - where there are significant concerns about risks to staff;
 - where Fabricated and Induced Illness is suspected.
- 3.1.17 In such circumstances how and when to inform and involve the parents and whether to interview the child without a parent's consent should be a decision of a Strategy Discussion and/or Meeting that involves the Police, Safeguarding & Specialist Services and other relevant professionals who have knowledge of the child and family.

Common characteristics of abusive situations

3.1.18 Certain characteristics have been frequently noted in child abuse situations and whereas child abuse can occur in any situation, a high concentration of these should raise awareness regarding possible risk:

- Parental history of deprivation/abuse/rejection.
- History of unstable and damaging adult relationship.
- History of drug, alcohol and substance abuse.
- History of mental illness.
- Domestic abuse, in or out of the home, towards a child/ren or another person within the home.
- Self harm.
- Social isolation.
- Previous concerns about the care of any other child/ren.
- Scapegoating of a child as “difficult” or blaming the child.
- Jealousy and rivalry towards the child/ren.
- Unusual possessiveness towards a child/ren.
- Evidence of a “special” relationship.
- Not allowing a child/ren to interact with peers.
- Delay in seeking treatment for child/ren.
- Conflicting explanation or no explanations for injuries.
- Inappropriate response to a child/ren’s needs.
- Lies and deceit in dealings with professionals, including threats and intimidation to staff.
- Inability to gain access to a child or the family home.

Some indicators of possible Physical Abuse

- Lack of adequate or consistent explanation.
- Reluctance of child to undress in certain situations, e.g. school.
- Any bruising on a non-mobile baby.
- Bruises and scratches to face.
- Bruising to the eyes.
- Fingertip bruising.
- Linear or shaped bruises.
- Fractures to a baby.
- Torn frenulum.
- Finger or hand marks on any part of the body.
- Bite marks or pinch marks.
- Cigarette burns.
- Linear or shaped burns.
- Ligature marks.
- Burns and scalds.
- Head injury.
- Poisoning.
- Untreated injuries.
- Delay seeking professional advice for treatment.

Some indicators of possible Neglect

- Unkempt appearance.
- Poor personal hygiene.
- Poor skin condition.
- Notable change in growth/weight percentiles without adequate explanation.
- Ingestion of harmful substances.
- Dry sparse hair.
- Severe nappy rash.
- Swelling of hands and feet (red and cold).
- Emaciation.
- Low self-esteem.
- Frequent lateness/non-attendance at school.
- Destructive tendencies.
- Rocking, hair twisting, thumb sucking.
- Chronic running way.
- Compulsive stealing.
- Scavenging for food and/or clothes.
- Persistent hunger.
- Constant tiredness.
- Untreated medical problems.
- No social relationship.
- Lack of supervision.
- Withdrawn or attention seeking.

Some indicators of possible Emotional Abuse including emotional harm in situations of Honour Based Violence and Forced Marriage ([see section 6.10](#))

- Physical, mental or emotional developmental delay.
- Emotional disturbance.
- Speech disorder.
- Enuresis/encopresis.
- Excessive fear of new situations.
- Excessive separation anxiety.
- Inappropriate emotional responses to stressful situations.
- Extreme anxiety about parents being contacted.
- Overreaction to mistakes.
- Rocking, hair twisting and thumb sucking.
- Compulsive stealing.
- Extremes of passivity or aggression.
- Chronic running away.
- Punishment which seems excessive.
- Self mutilation.
- Drug solvent misuse.
- Depression.
- Eating disorder.
- Suicidal tendencies.
- Low self-esteem.

Some indicators of possible Sexual Abuse including sexual exploitation

- There may be no physical signs.
- Allegation – always treat what the child says seriously.
- Soreness or bleeding or injury to genital or anal or around.
- Vaginal discharge – vaginal warts.
- Enuresis (bedwetting) – particular when previously dry.
- Encopresis (soiling).
- Sexual transmitted infections.
- Psychosomatic symptoms, e.g. persistent headaches.
- Pregnancy.
- Gender identity difficulties.
- Withdrawn and unhappy or insecure and “clingy”.
- Promiscuity.
- Affection seeking.
- Change of academic performance.
- Sleep disturbance – nightmares/insomnia.
- Sexualised behaviour.
- Inappropriate/explicit sexual knowledge/behaviour for age.
- Inappropriate masturbation.
- Exhibitionism, voyeurism.
- Running away.
- Obsessive washing.
- Fear of a particular person/place.
- Cry hysterically when nappy changed or undressed.
- Poor concentration.
- Low self-esteem.
- Eating disorder.
- Attempted suicide/self mutilation.
- Alcohol, drug and solvent misuse.
- Unexplained large sums of money/gifts.
- Sexually explicit drawings.

Risks associated with sexual exploitation

- Sexualised risk taking.
- Beginning to truant.
- Occasionally going missing.
- Early signs of problem drug or alcohol use.
- Problem drug or alcohol use.
- Excessive mobile and internet use.
- Excessive mobile and internet use.
- Swapping sex for money/gifts and talking about swapping sex for money/gifts.
- Intimidation and fear.
- Contact with known perpetrators regularly going missing.

[For more information see Section 6.7.](#)

3.2 Duty to Conduct Enquiries under Section 47 of the 1989 Children Act

3.2.1 Safeguarding & Specialist Services has the statutory duty to make, or cause to be made, enquiries when the circumstances defined in s47⁵ exist. This section gives Local Authorities a duty to make enquires as to whether to take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm.

3.2.2 The Police have a parallel duty to protect life and are responsible for any criminal investigation.

3.2.3 The responsibility for undertaking s47⁶ enquiries lies with the Local Authority in which the child lives or is found. Where this is a different authority to where the child lives (his/her 'home' authority) this may be usually be described as the 'host' authority.

3.2.4 Where a child is living in another authority his/her 'home' authority should be informed as soon as possible and be involved in Strategy Discussions and/or Meetings. The 'home' authority may undertake the necessary enquiries on behalf of the 'host' authority. This is likely to be appropriate in the case of a Looked After child. ([Refer to Section 6 "Cross Boundary Issues"](#)⁷).

3.2.5 Following a referral to Social Care Direct, a screening process will determine whether an Initial Assessment is carried out by the Initial Assessment Team. If there is sufficient information to indicate that a s47⁸ enquiry is needed, this will be immediately referred to the relevant Children in Need Team where arrangements for a Strategy Discussion and/or Meeting will take place.

Obligations and Responsibilities of All Agencies

3.2.6 Assessing the needs of a child and the capacity of his/her parents or wider family network to adequately ensure the child's safety, health and development depends on building a picture of the child's situation on the basis of information from a wide variety of sources.

3.2.7 All agencies have a duty to assist and provide information in support of child protection enquiries.

⁵ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

⁶ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

⁷ <http://durham-lscb.gov.uk/Procedures/Section-6.pdf>

⁸ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

3.3 Threshold for s47⁹ Enquiries

3.3.1 A child's status, e.g. "in need", or "at risk of significant harm" must be ascribed in a flexible manner, which recognises the possibility of change and a consequent need to re-ascribe it.

3.3.2 An Initial or Core Assessment should be undertaken unless it is clear at any point that the threshold for s47¹⁰ enquiries is met.

3.3.3 s47¹¹ enquiries start when there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect.

3.3.4 Safeguarding & Specialist Services and the Police should inform and consult each other about any potential child protection referrals received so that relevant information can be taken into account before a final decision is made on whether the threshold is met for a s47¹² enquiry. The Named Nurse Safeguarding Children should also be consulted.

3.3.5 The Police should be notified immediately by the agency/organisation receiving the information where a criminal offence appears to have been committed, or is suspected of having been committed, against a child.

3.3.6 A criminal investigation or further Police involvement may not be required in every case. The Police decision will take account of the best interests of the child/ren.

Risk Assessment

3.3.7 The following is a non-exhaustive list of situations that require consideration of the need for a s47¹³ enquiry, which must be evidenced:

- A child with an unexplained or suspicious injury or repeated allegations of non-accidental physical injury.
- Observed injury to an immobile baby, or suspicious bruising/soft tissue injuries to a mobile baby.
- A child who has alleged physical or sexual abuse.
- Direct allegations of sexual abuse or abuser's confession to such abuse.
- Repeated allegations involving serious verbal threats and emotional abuse.
- A child who is suffering specific incidents of emotional abuse or neglect that is harming, or likely to harm their health and/or development (including non-organic failure to thrive).

⁹ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

¹⁰ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

¹¹ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

¹² http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

¹³ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

- A child hurt in a serious incident of domestic abuse (even inadvertently) or affected by a chronic history of domestic abuse.
- A child where a person deemed to be a risk to children has moved/plans to move into the household – or there is regular contact.
- An allegation suggesting connections between sexually abused children in different families, or more than one abuser and possibly internet abuse.
- Induced or fabricated illness (Munchausen’s By Proxy).
- Serious concern about the risk of significant harm to an unborn baby (please **do not** refer before 20 weeks gestation unless the mother is known to abuse substances or there are serious concerns regarding the unborn baby). Refer to “**Safeguarding the Unborn Baby**¹⁴” [Section 6](#) of these procedures.
- A young/vulnerable child left alone (if child is known to be alone the Police should be contacted immediately at that time).
- A child who is the subject of parental delusions which implies risk.
- Sexual activity in children under the age of 13 (13-15 year olds if there are concerns about coercion, abuse or power imbalances, etc.).
- Baby born with neonatal abstinence syndrome.

3.3.8 A combination of any of the factors which taken individually would require only an Initial Assessment, but with the additional factors of parental mental illness, excessive drinking or drug use may justify considering an immediate **s47**¹⁵ enquiry.

Feedback from Enquiries

3.3.9 Outcomes of enquiries must be clearly recorded by the Social Worker, with the reasons for decisions clearly stated and signed off by his/her Team Manager.

3.3.10 Feedback about outcomes should be provided to non-professional referrers in a manner which respects the confidentiality and welfare of the child.

3.3.11 Parents, children (depending on their level of understanding), professionals and other agencies, with significant involvement, must be provided with a copy of the written record of the outcome of the enquiry within one week.

¹⁴ <http://durham-lscb.gov.uk/Procedures/Section-6.pdf>

¹⁵ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

3.4 Referrals by Members of the Public

3.4.1 When members of the public are concerned about the welfare of a child or an unborn baby, they should contact Social Care Direct 0845 850 50 10.

3.4.2 The **NSPCC helpline**¹⁶ offers an alternative means of reporting concerns.

3.4.3 Individuals may prefer not to give their name when referring a concern. Alternatively, they may disclose their identity but not wish for it to be revealed to the parents/carers of the child concerned. Wherever possible, staff will respect the referrer's request for anonymity. However, staff cannot give referrers any guarantees of confidentiality, as there are certain limited circumstances in which the identity of a referrer may have to be given, for example in court proceedings or criminal investigations.

3.4.4 Feedback to members of the public will be given where possible within the rights to confidentiality of the child and her/his family.

¹⁶ http://www.nspcc.org.uk/helpandadvice/NSPCCHelpline/Helplines_wda67452.html

3.5 Professional Referrals

Own agency discussions

3.5.1 Professionals should follow their own agency procedures and discuss concerns with the nominated person their agency.

3.5.2 Prior to making a referral to Safeguarding & Specialist Services consideration should be given to the complexity of the child's needs and the need for an assessment. Complex situations requiring co ordination of services and in depth assessment are appropriate referrals under the [Children in Need Procedures](#)¹⁷.

3.5.3 Outcomes of discussions within the agency may be:

- No further action.
- Child is not at risk of significant harm but has additional needs;
 - If the child is subject to a Common Assessment contact Lead Professional and discuss concerns to assess further action according to CAF guidance.
 - If no Common Assessment, refer to CAF procedures to identify service.
- Child is suspected to be at risk of, or likely to suffer, significant harm.
 - Contact [Social Care Direct](#)¹⁸ or the Emergency Duty Team¹⁹ if out of office hours to make referral as a child at risk.
- Urgent medical attention needed;
 - Medical attention must be sought immediately from Accident & Emergency, (dialling 999 where appropriate).
 - In any other circumstances, Safeguarding & Specialist Services and the Police are responsible for ensuring that any medical examinations required as part of enquiries are initiated.
- Immediate safety action needed – see above.
- Children admitted to hospital;
 - Where abuse is alleged or suspected and the child has been taken to hospital, they must not be discharged until Social Care Direct are notified by telephone that there are child protection concerns.

¹⁷ <http://durham-lscb.gov.uk/CIN-Procedures/CIN-procedures.shtml>

¹⁸ <http://durham-lscb.gov.uk/Procedures/Procedures-Sept09/Appendix%204%20-%20Contacts%20-%20update%20Sep%202009.pdf>

¹⁹ <http://durham-lscb.gov.uk/Procedures/Procedures-Sept09/Appendix%204%20-%20Contacts%20-%20update%20Sep%202009.pdf>

Referrals to Safeguarding & Specialist Services

3.5.4 Referrals should generally be made to Social Care Direct 0845 850 50 10 for a child living within the County. Social Care Direct will advise, re-direct or take a referral. All new referrals are screened and, if deemed of moderate or serious concern, passed to the appropriate Children in Need Team Manager.

3.5.5 A referral should be made if there are any signs that a child under the age of 18 years, is experiencing or may already have experienced abuse or neglect or is suffering, or likely to suffer 'significant harm' in the future. Professionals should never delay a referral if there is a concern that a child may be, or is likely to suffer significant harm. If a referral is made verbally, this should be followed up in writing within two working days.

3.5.6 Referrals should be specific to an individual child and not on sibling groups, unless the referrer believes each one requires an assessment.

3.5.7 They will need as much of the following information as possible to complete the referral, e.g.:

- Referrer's details, including name, contact number, professional status;
- Child's name, date of birth, address, telephone number, gender, ethnicity, religion and family composition dates of birth of parents/carers if known and any siblings and any known alias or preceding surnames;
- A concise outline of the current situation;
- Relevant history;
- Any known/potential risks to staff.

3.5.8 Referrers should receive acknowledgement from Safeguarding & Specialist Services in writing within one working day of receipt.

3.5.9 It is the responsibility of the referrer to contact Safeguarding & Specialist Services if a response to the referral has not been received. If the referrer is not satisfied with the response they should contact the Children in Need Team Manager to discuss their concerns.

Recording

3.5.10 The referrer should keep a written record of:

- discussions with the child.
- discussions with the parent.
- discussions with the managers.
- information provided to Safeguarding & Specialist Services.
- decisions taken (clearly timed, dated and signed).

3.6 Immediate Protection

3.6.1 Where there is a risk to the life of a child or the possibility of serious immediate harm, the Police Officer or Social Worker must act quickly to secure the safety of the child. If any agency encounters a child, in what they consider to be a life endangerment situation requiring immediate protection, contact should be made with the Police in the first instance.

3.6.2 Emergency action may be necessary as soon as the referral is received or at any point during involvement with children and families.

3.6.3 Responsibility for immediate action rests with the authority where the child is found, but should be in consultation with any “home” authority.

3.6.4 Immediate protection is achieved by:

- an alleged abuser agreeing to leave the home;
- the removal of the alleged abuser;
- voluntary agreement for the child/ren to move to a safer place with/without a protective person;
- application for an Emergency Protection Order (EPO);
- removal of the child/ren under Police Protection;
- gaining entry to the household under Police Powers.

3.6.5 The Social Worker must seek the agreement of his/her Team Manager and obtain legal advice before initiating legal action.

3.6.6 Safeguarding & Specialist Services should seek the assistance of the Police to use Police Protection if the child’s safety is at immediate risk.

3.6.7 The agency taking protective action must always consider whether action is also required to safeguard other children in the same household, in the household of an alleged perpetrator or elsewhere.

3.6.8 Planned immediate protection will normally take place following a Strategy Discussion and/or Meeting.

3.6.9 Where an agency (e.g. the Police) has to act immediately to protect a child, a Strategy Discussion and/or Meeting must take place within one working day to plan the next steps.

3.7 Agency Checks

3.7.1 The Children in Need Team Manager must make any decision that the threshold for **s47²⁰** enquiries has been met and consequently authorise the instigation of **s47²¹** enquiries.

3.7.2 The Social Worker must consult the Team Manager to decide, on the basis of known information, whether to seek consent to undertake inter-agency checks from one person with Parental Responsibility.

3.7.3 If there are safeguarding issues in regard to a disabled child, the Disabled Children & Their Families Team Manager will make the decision whether to undertake a **s47²²**. If the safeguarding issues are in regard to a family where there are disabled child/children and non disabled child/children then discussions will take place between Team Manager of the Children in Need Team and the Team Manager of the Disabled Children & Their Families Team and clear recorded decisions made regarding who will conduct the Strategy Meeting and be responsible for investigation. Co-working will take place with the Disabled Children and Their Families Team taking case responsibility for the disabled child/children and working closely with the Children in Need Team.

3.7.4 The Social Worker must consult with other agencies involved with the child and family in order to obtain a fuller picture of the child's circumstances, including risk factors and parenting strengths.

3.7.5 If an Initial Assessment has already taken place, involving consultation with other agencies, the Team Manager must decide if further checks are required. The checks should normally be undertaken again unless they were completed within the previous working week and are based on current information and concerns.

3.7.6 If the Team Manager decides not to seek consent, he/she must record the reasons demonstrating the following grounds:

- Prejudicial to the child's welfare;
- Serious concern about the behaviours of the adult;
- Concern that the child would be at risk of further significant harm.

3.7.7 Where consent is sought and denied, the Team Manager must decide whether to proceed without this consent, and record the reasons.

3.7.8 The checks should be undertaken directly with involved professionals and not through messages with intermediaries. These checks will include:

- an enquiry to the **Child Protection List²³** to find out whether the child or a child in the same household, is already subject of a Child Protection Plan, or has been the subject of any other child protection investigation;
- an enquiry regarding people who are a risk to children;

²⁰ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

²¹ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

²² http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

²³ <http://durham-lscb.gov.uk/Procedures/Procedures-Sept09/Appendix%20-%20-%20Contacts%20-%20update%20Sep%202009.pdf>

- appropriate checks with other Local Authority case records and Child Protection Lists;
- a check of Safeguarding & Specialist Service's records to see if the child and/or family is receiving, or has received, services from the Department;
- the Police;
- the child's/family's GP;
- contacting the following to see if they have any relevant information about the child and/or their family:
 - Named Nurse Safeguarding Children.
 - Midwife.
 - Health Visitor.
 - School Nurse.
 - School, Nursery, Day Nursery or Family Centre.
 - Probation.
 - Housing.
 - Sure Start local programmes.
 - Youth Offending Service.
 - Any other professional/carer known to be involved.

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

3.7.10 If parents have not given consent, information can still be shared in light of child protection matters.

3.7.11 All referrals of children in need of protection will be subject to an Initial Assessment. Social Care Direct and the Initial Assessment Team will plan and carry out such enquiries, as it considers appropriate. If a situation constitutes, or may constitute a criminal offence, against a child, the Police must be informed at the earliest opportunity in these circumstances.

3.7.12 All Initial Assessments for disabled children are undertaken by the Disabled Children and Their Families Team.

- 3.7.13 The Initial Assessment is carried out in accordance with the **Framework for Assessment of Children in Need and their Families**²⁴ DoH (2000) Guidelines (Appendix 3) and should be initiated within 24 hours of receipt of a referral and completed in a maximum of seven working days from this. An Initial Assessment and should be carried out on all relevant children for whom there are health or welfare concerns. An Initial or Core Assessment should be undertaken for a child in need unless it is clear that the threshold criteria for **s47**²⁵ enquires have been met.

Application under Family Law

- 3.7.14 Where an application is made by family under Private Law proceedings in respect of the residence of a child during or following **s47**²⁶ enquires but prior to completion of enquires, Safeguarding & Specialist Services must consult with Corporate & Legal Services to allow the Local Authority to inform the Court that **s47**²⁷ enquires are underway and have not been completed. This will allow any known relevant information to be given to the Court in order for them to make informed decisions.

²⁴ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003256

²⁵ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

²⁶ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

²⁷ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

3.8 Strategy Discussion and/or Meeting

3.8.1 A Strategy Discussion and/or Meeting should be held:

- where there is likely to be a need for a joint investigation;
- where there are allegations against staff, carers and volunteers or anyone professionally involved with the child;
- where there is an allegation that a child has abused another child (separate Strategy Meetings should be held for both children and Youth Offending Service must be involved);
- where there are ongoing, cumulative concerns about the child's welfare and a need to share concerns and agree a course of action;
- where there are concerns about the future risk to an unborn child;
- where a person who poses a risk to children joins the family;
- where a young person under 13 years is sexually active.

3.8.2 Section 6²⁸ contains more detailed information for children in specific circumstances which includes:

- Safeguarding the Unborn Child
- Fabricated or Induced Illness
- Domestic Abuse – safeguarding children and young people
- Cross Boundary Issues
- Missing Children/Young People and Pregnant Women
- Complex/Organised Abuse

3.8.3 All referrals about possible/actual forced marriage are to initially be dealt with under child protection processes and an inter-agency Strategy Meeting/Discussion held. See Section 6.10²⁹.

3.8.4 Strategy Discussion and/or Meetings can be held in other situations to help plan enquiries. There may be occasions when more than one Strategy Discussion and/or Meeting is necessary according to the characteristics of the case.

²⁸ <http://durham-lscb.gov.uk/Procedures/Section-6.pdf>

²⁹ <http://durham-lscb.gov.uk/Procedures/Section-6.pdf>

3.8.5 The timing of the Strategy Discussion and/or Meeting will be determined by the assessed level of risk and the urgency of the required intervention. Where there are concerns about serious inflicted injuries, sexual abuse involving penetration, a Strategy Discussion involving telephone contact between the Police and Safeguarding & Specialist Services should be held. If the child is a hospital in or outpatient or receiving services from a child development team, the medical consultant responsible for the child's health care should be involved, as should the senior ward nurse if the child is an inpatient. Where a medical examination may be necessary or has taken place a senior doctor from those providing the services should also be involved. Consideration to be given to contacting the Consultant Paediatrician, in order to ensure that forensic evidence is collected and parties interviewed without the risk of contamination.

3.8.6 A Strategy Discussion and/or Meeting must be held between Safeguarding & Specialist Services, the Police and other relevant professionals. The purpose of this is to:

- share information;
- agree whether to initiate a s47³⁰ enquiry with/without a criminal investigation;
- agree whether single or joint Safeguarding & Specialist Services /Police enquiries/investigations are appropriate;
- agree what action is required to safeguard and promote the welfare of the child and/or provide interim services and support. If the child is in hospital decide what action should be taken to secure the safe discharge of a child.
- **risk assess the safety and vulnerability of the child when considering action.**

3.8.7 Both Strategy Discussions and/or Meetings must:

- evaluate information and confirm the need for an enquiry taking full account of needs arising from ethnicity, language, race and religion;
- agree responsibility of enquiries;
- plan the scope of the enquiry, including other children at possible risk;
- agree and timetable tasks, including, if appropriate, the need for any paediatric assessment which needs to be assessed in consultation with a paediatrician;
- agree how the child's wishes and feelings will be ascertained and taken account of in s47³¹ enquiries;
- agree and timetable interview with the child/ren and whether this should be a joint interview (if so, the lead interviewer should be nominated and the planning meeting arranged);

³⁰ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

³¹ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

- consider and assess the needs of other children in contact with the alleged abuser(s);
- decide whether to interview referrer or anyone else;
- agree timescales;
- agree what other actions may be needed to protect the child or provide interim services and support;
- agree what information may be shared, with whom and when;
- ensure that the conduct of enquiries serves the best interests of the child, e.g. meets any additional needs such as that of an interpreter, appropriate means of communication;
- agree any contact arrangements;
- determine if legal action is required;
- be sensitive to special needs, e.g. disabled children/children with communication difficulties, and consideration should be given to consultation with the Disabled Children & Their Families Team;
- consider if there will be a need to reconvene a Strategy Meeting during the enquiry if the circumstances are particularly complex or unknown. (See guidance on **Complex/Organised Abuse**³²; Section 6);
- agree a mechanism and date of reviewing completion of the actions;
- consider if there are any public protection issues.

Chairing of Strategy Discussion and/or Meetings

3.8.8 The Strategy Discussion and/or Meeting should be co-ordinated and chaired by the Team Manager.

Participants to Strategy Discussion and/or Meeting

3.8.9 The Strategy Discussion and/or Meeting must involve Children & Young People's Services, the Vulnerability Unit, Named Nurse Safeguarding Children, referrer (if from an education setting) and other agencies as appropriate. These colleagues should be advised of the meeting and given the opportunity to attend.

3.8.10 Where a paediatric opinion is likely to be required, consultation should be made with a paediatrician prior to the meeting to discuss their availability.

3.8.11 Substance Misuse Services staff must be invited to a Strategy Meeting if involved.

³² <http://durham-lscb.gov.uk/Procedures/Section-6.pdf>

- 3.8.12 Where there is an allegation that a child has abused another child separate Strategy Meeting should be held for both children and Youth Offending Service staff must be involved.
- 3.8.13 In the event that an allegation or concern is received relating to a person who works with children and young people, the Local Authority Designated Officer (LADO) and the Nominated Officer (NO) from the person's employing officer should be invited to the Strategy Meeting. Guidance is given in Section 6 of these procedures for **Allegations Against Staff, Volunteers And Carers**³³.
- 3.8.14 Other agencies to consider including, as appropriate are:
- the referring agency;
 - the child's nursery/school;
 - health professionals, normally Health Visitor, Public Health Nurse and in certain circumstances the designated/named professional;
 - the Local Authority solicitor if considered necessary;
 - Paediatrician if a medical examination may be necessary, who should be consulted with prior to the meeting to discuss availability;
 - a representative from other services if involved, e.g. the Youth Offending Service, Probation, the Leaving Care Service, hospital services, Adult & Community Services;
 - a professional with expertise in particular cases of complex forms of alleged abuse and neglect, if appropriate.

Notes of Meeting

- 3.8.15 It is the responsibility of the Chair of the meeting to ensure that decisions are fully recorded using the Strategy Meeting form and a copy made available for all involved, including participants, those who gave apologies and those consulted within one working day. This could be in handwritten form as long as it is legible.
- 3.8.16 It is essential that all apologies are recorded.

Notes of Discussion

- 3.8.17 The Team Manager should use the Strategy Meeting form and circulate to those invited and those consulted as part of initial checks within one working day. This could be in handwritten form as long as it is legible.

³³ <http://durham-lscb.gov.uk/Procedures/Section-6.pdf>

Timing of Strategy Discussion and/or Meeting

3.8.18 Strategy Discussions and/or Meetings should be convened within two working days except in the following circumstances:

- For allegations/concerns indicating a serious risk to the child (e.g. serious physical injury or serious neglect) the Strategy Discussion and/or Meeting must be held on the same day as the receipt of the referral;
- For allegations of penetrative sexual abuse, the Strategy Discussion and/or Meeting must be held on the same day as the receipt of the referral;
- Where immediate action is required by either agency, the Strategy Discussion and/or Meeting must be held within one working day;
- Where the concerns are particularly complex, e.g. organised abuse, the Strategy Discussion and/or Meeting must be held within a maximum of five working days, but sooner if there is a need to provide immediate protection to a child.

3.8.19 The plan made at the Strategy Discussion and/or Meeting must be consistent with the requirement to convene an Initial Child Protection Conference within 15 working days of the commencement of the s47³⁴ enquiry.

Location of Strategy Meeting

3.8.20 Generally the Strategy Meeting is held at the Children in Need locality office, but can be convened elsewhere to facilitate the attendance of key personnel.

3.8.21 If the child is in hospital, the Strategy Meeting must be held in hospital in order ensure the full involvement of the consultant paediatrician/medical/nursing staff.

Possible Outcomes of a Strategy Discussion

- No further action under child protection procedures but intervention as a child in need requiring completion of the Initial Assessment within seven working days of referral;
- Continued concerns and monitoring of a child's welfare by professionals with a clear purpose;
- Commencement or continuation of a Core Assessment;
- Commencement or continuation of s47³⁵ enquiry as part of a Core Assessment – with or without a Police investigation;

³⁴ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

³⁵ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

- Decision to make joint Police/Safeguarding & Specialist Services enquiries/assessment, which may include possible situations as follows:
 - An allegation that may indicate that an offence has been committed within the **Sexual Offences Act 2003**³⁶ or Indecency with Children Act 1960;
 - An allegation that involves violence to a child constituting an assault;
 - An allegation of serious neglect or cruelty that may constitute an offence under Section 1 of the Children and Young Persons Act 1933;
 - Abandonment of a young child;
 - Medical evidence of physical, sexual abuse or neglect;
 - Suspicions that organised or network abuse has taken place and a Strategy Discussion at a senior level has decided that, on the information available, joint enquiries/assessment should take place.
 - An allegation of a criminal offence involving abuse of a child who is, or has been, looked after by the Local Authority and the abuser is/was a carer.

3.8.22 In the case of a sudden or suspicious death or serious injury of a child the subsequent enquiries would be Police led. However, Police would share all relevant information and allow access to family members as appropriate for Safeguarding & Specialist Services to safeguard the welfare of all children who may be involved. In such circumstances consideration would be given to the need for the convening of the **Serious Case Review Panel**³⁷. Refer to **Section 8**³⁸ of these procedures.

³⁶ <http://www.opsi.gov.uk/ACTS/acts2003/20030042.htm>

³⁷ <http://durham-lscb.gov.uk/Procedures/Section-8.pdf>

³⁸ <http://durham-lscb.gov.uk/Procedures/Section-8.pdf>

3.9 Criminal Investigations

3.9.1 The primary responsibility of Vulnerability Unit staff is to undertake criminal investigations of suspected or actual crime. Safeguarding & Specialist Services have the statutory duty to make, or cause to be made, enquiries when the circumstances defined in **s47**³⁹ Children Act 1989 exist.

3.9.2 Where both agencies have responsibilities with respect to a child, they must co-ordinate to ensure the parallel process of a **s47**⁴⁰ enquiry and a criminal investigation is undertaken in the best interests of the child. This should primarily be achieved through the co-ordination of activities at all Strategy Discussions and/or Meetings.

Referral to Vulnerability Units

3.9.3 Any suspected, alleged or actual crime must be referred to the Vulnerability Units within 24 hours. Telephone referrals should be followed up, within the next 48 hours, in writing.

3.9.4 The Vulnerability Unit will make a decision based on checks and information shared whether to initiate a criminal investigation.

3.9.5 The following matters will always be investigated by the Police:

- All sexual assaults;
- Physical abuse amounting to offences of actual bodily harm (s47 Offences Against the Person Act 1861) and more serious assaults;
- Serious neglect/cruelty offences;
- Minor offences where there are aggravating features.

3.9.6 In respect of other offences of a minor nature the Vulnerability Unit will determine the necessity for a criminal investigation according to a number of criteria which include whether the facts are clear and undisputed, known history and likely impact on the child, etc.

3.9.7 If a minor crime, initially assessed by the Vulnerability Unit as inappropriate of further investigation, is subsequently discovered to be more serious than originally perceived, then the case must be referred back to the Vulnerability Unit for assessment.

³⁹ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

⁴⁰ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

Criminal Investigation & Strategy Discussion and/or Meeting

3.9.8 Where the Vulnerability Unit is undertaking a criminal investigation, the Police are responsible for all the associated investigative activities, e.g. conducting interviews of witnesses and suspects; visiting crime scenes and in conjunction with Safeguarding & Specialist Services arrange medical examinations.

3.9.9 The Vulnerability Unit should through Strategy Discussions and/or Meetings discuss with those involved in processes relevant to other agencies, in particular timing and methods of information gathering likely to impinge on a s47⁴¹ enquiry.

3.9.10 Some activities will be best undertaken collaboratively between Safeguarding & Specialist Services and the Police, e.g. interviews of child/ren and parents/carers, unless this is prejudicial to the criminal investigation.

3.9.11 In urgent criminal cases (critical incidents) the Police may need to act independently of partner agencies, however the Police will advise the appropriate agencies of the matter as soon as is practicable.

3.9.12 Following a full assessment of the available facts the Vulnerability Unit may decide at any stage, e.g. during or following a Strategy Discussion and/or Meeting, to terminate a criminal investigation and will inform Safeguarding & Specialist Services of the decision.

Historical Abuse

3.9.13 Allegations of child abuse are sometimes made by adults and children a long time after the abuse has occurred. There are many reasons for an allegation not being made at the time including fear of reprisals, the degree of control exercised by the abuse, shame, or simply fear that the allegation may not be believed. The allegation may be triggered by awareness that the abuser is being investigated for a similar matter or suspicion that the abuse is continuing against other children.

3.9.14 Staff dealing with cases of this nature should bear in mind that even though the offences are termed as “historical” the alleged perpetrator could well be in contact with children/young people as a parent, carer or volunteer, at the time of the investigation.

Stranger Abuse

3.9.15 There are cases in which it is thought that abuse has been carried out by an adult previously unknown to the child and the family. In such cases, the application of inter-agency procedures may not be necessary or appropriate for the purpose of investigation but a lack of adequate parental care may be a factor or the child’s parents may not be able to give him/her the necessary care, support and protection in the future. The alleged abuser may live with or in close proximity to other children.

⁴¹ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

- 3.9.16 For all these reasons the Police should, at the appropriate time, consult with Safeguarding & Specialist Services via Social Care Direct to enable them to decide the most appropriate course of action. This process should not inhibit the Police action to secure evidence on which to prosecute the alleged abuser.

3.10 Joint Agency Investigation

3.10.1 A joint investigation must **always** commence when there is an allegation or reasonable suspicion that one of the criminal offences described below has been committed:

- Any suspected sexual offence committed against a child aged up to 18 years;
- Neglect or ill treatment actionable under s1 Children & Young Person Act 1933 (to be distinguished from minor deficiencies in parenting);
- Physical injury to a child, aged up to and including 17 years old – this includes murder, manslaughter, any assault involving actual or grievous bodily harm, repeated assaults involving minor injury, (ABH includes bruising and/or mental trauma. If the only injury is mental trauma there must be medically recognised signs before prosecution can be contemplated);
- Offences involving organised or institutional abuse;
- Offences which involve unusual circumstances such as bizarre behaviour/medical conditions including suspected fabricated or induced illness by carers with Parental Responsibility.

3.10.2 A joint investigation must also be considered in cases of:

- minor injuries to a child subject to a Child Protection Plan or looked after by a Local Authority;
- injury to a non-mobile baby.

3.10.3 For other cases of minor injury the following factors must be considered in determining the seriousness of the allegation or concerns and whether the threshold for joint investigation has been met:

- The vulnerability of the child (including age, disability and special needs);
- A previous history of minor injuries;
- The intent of the assault, e.g. strangulation may leave no marks, but is very serious;
- Use of weapon;
- Previous concerns from a caring agency;
- The consistency with and clarity and credibility of the child's accounts of the injuries;
- Other predisposing factors about the alleged perpetrator, e.g. criminal convictions, alcohol/drug abuse, mental health issues;
- Threats to kill a child.

- 3.10.4 Disputes about the threshold for a joint enquiry must be resolved between senior managers of the agencies involved.

3.11 Involving Parents, Family Members & Children

- 3.11.1 Those with Parental Responsibility must be informed at the earliest opportunity of concerns, unless to do so would jeopardise the child's safety, or that of other children, or undermine a criminal investigation.
- 3.11.2 Parents should, in addition to being offered a verbal explanation of the child protection enquiry process, be provided with a copy of the **Durham LSCB information**⁴².
- 3.11.3 In planning any intervention with parents, the following points must be covered:
- An explanation of the reason for concern and, where appropriate, the source of information;
 - The procedures to be followed (this must include an explanation of the need for the child to be seen, interviewed and/or medically examined and seeking parental agreement for these aspects of the enquiry);
 - An explanation of their rights as parents including the need for support and guidance from an advocate whom they trust (advice should be given about the right to seek legal advice);
 - An explanation of the role of various agencies involved in the enquiry and explanation of the wish to work in partnership with them to secure the welfare of their child;
 - The need to gather initial information on the history and structure of the family, the child and other relevant information to enable an assessment of the injuries and/or allegations and the continuing risk to the child to be made;
 - The provision of an opportunity for parents to be able to ask questions and receive support and guidance.
- 3.11.4 In the event of any conflict between the needs and wishes of the parents and those of the child, the child's welfare is the paramount consideration in any decision or action.
- 3.11.5 Parents should be provided with an early opportunity to explain their perception of the concerns, recognising that there may be alternative accounts and disparities.
- 3.11.6 The Social Worker has the prime responsibility to engage with family members in order to assess the overall capacity of the family to safeguard the child, as well as ascertaining the facts of the situation causing concern.
- 3.11.7 Due consideration must be given to the capacity of the parents to understand this information in a situation of significant anxiety and stress.

⁴² <http://durham-lscb.gov.uk/documents/parents%20and%20carers/CP%20Enquiry.pdf> and <http://durham-lscb.gov.uk/documents/parents%20and%20carers/CP%20Conference%20-%20Paren.pdf>

- 3.11.8 Consideration must be given to those for whom English is not their preferred language or who may have a physical/sensory disability and may need the services of an appropriate interpreter.
- 3.11.9 It may be necessary to provide the information in stages and this must be taken into account in planning the enquiry.
- 3.11.10 In conducting **s47**⁴³ enquiries, it is essential that factors such as race, language, culture, religion and gender and sexuality together with issues arising from disability and health are taken into account.
- 3.11.11 In the course of an enquiry it may be necessary for statutory agencies to take decisions or actions to protect children, or require the parents to agree to such action. The Social Worker must confirm such decisions/actions in writing within two working days of any verbal notification.

⁴³ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

3.12 Meeting & Interviewing the Child

- 3.12.1 **All** children within the household must be visited and spoken to during an enquiry. Those who are the focus of concern should be seen alone, subject to age and preferably with parental permission.
- 3.12.2 Consideration must be given to the child's developmental stage and cognitive ability. Children may need time and more than one opportunity to develop sufficient trust to communicate concerns.
- 3.12.3 The objectives in seeing the child is to:
- record and evaluate his/her appearance, demeanour, mood state and behaviour.
 - hear the child's account of allegations or concerns.
 - ascertain his/her wishes and feelings.
 - observe and record the interactions of the child and his/her carers.
 - see and record the circumstances in which the child is currently living and sleeping and if different his/her ordinary residence.
 - evaluate the physical safety of the environment including the storage of hazardous substances, e.g. bleach, drugs.
 - ensure that any other children who need to be seen are identified.
 - assess the degree of risk and possible need for protective action.
 - meet the child's needs for information and reassurance.
- 3.12.4 In order to avoid undermining any subsequent criminal case, in any contact with a child prior to an interview, staff must:
- listen to the child rather than directly questioning him/her.
 - never stop the child freely recounting significant events.
 - fully record the discussion including timing, setting, presence of others as well as what was said.
 - record all subsequent events up to the time of the interview.

3.12.5 All interviews with children should be conducted in a sensitive manner by those with specialist training and experience in interviewing children. Additional specialist help may be required:

- if the child's preferred language is not English;
- if the child is experiencing a mental health problem;
- if the child has a disability or a communication impairment;
- where interviewers do not have adequate knowledge and understanding of the child's racial, religious or cultural background;
- where it would be appropriate to have a same gender interviewer, particularly in cases of alleged sexual abuse.

3.13 Vulnerable & Intimidated Witnesses - Visually Recorded Interviews

- 3.13.1 The conduct of and criteria for visually recorded interviews with children are clearly laid out in the current guidance Achieving Best Evidence in Criminal Proceedings (HO published in 2002 and revised in 2007).
- 3.13.2 DVD recorded interviews serve two primary purposes:
1. Evidence gathering for criminal proceedings.
 2. Examination in Chief of a child witness.
- 3.13.3 Interviews with witnesses with special communication needs may require the use of an interpreter or an intermediary and are generally much slower. The interview may be long and tiring for the witness and may need to be broken into two or three parts, preferably, but not necessarily held on the same day. A child should always be interviewed in the language of his/her choice.
- 3.13.4 Relevant information from this process can be used to inform s47⁴⁴ enquiries, subsequent civil childcare proceedings or disciplinary proceedings against adult carers.

Criteria for recording an interview

- 3.13.5 DVD recorded interviews should be used for children giving evidence in sexual offence cases or in cases involving an offence of violence, abduction or neglect, unless the child objects and/or there are other difficulties, e.g. abuse of the child has involved the use of recording equipment.
- 3.13.6 Consideration whether or not to record a child's evidence should take place at a Strategy Meeting. In other cases of children giving evidence the decision on whether or not to record should take account of the:
- individual child's needs and circumstances.
 - likelihood of maximising the quality of that particular child's evidence.
 - type and severity of offence.
 - circumstances of offence, e.g. relationship to alleged abuser.
 - child's state of mind.
 - perceived fears regarding intimidation and reprimand.

⁴⁴ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

3.13.7 Consideration should be given to:

- the purpose and likely value of the specific DVD recorded interview;
- the competency, compellability and availability of child for cross-examination; *and*
- the child's ability and willingness to talk in a formal interview.

3.13.8 A full written record of the assessment must be kept and referred to in the statement, which records the interview.

3.13.9 At all times interviewers should take steps to inform the child of the purpose of the DVD recorded interview, at a level appropriate to the child's age and understanding.

3.13.10 The child should be advised that, whether a recording is made or not, s/he may be required to attend court to answer questions directly (e.g. cross-examination).

3.13.11 Written consent to be recorded is not necessary from the child but it is unlikely to be practicable or desirable to record an interview with a reluctant or hostile child.

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

3.13.13 The child's non-abusing carer(s) should be provided with suitable information at this stage.

3.13.14 The investigating team should consider who is best qualified to conduct the interview. The lead interviewer should be a person who understands how to communicate effectively with children and who has a proper grasp of the rules of evidence and criminal offences. Provided both the Police Officer and the Social Worker have been adequately trained in evidential interviewing, there is no reason why either should not lead the interview.

3.13.15 The designated member of the interviewing team should take responsibility for checking the availability and working order of the equipment ahead of the interview.

3.13.16 The pace of the interview itself will be dictated by the age of the child and interviewers should allow comfort breaks during the interview as necessary. The interviewer should always explain the reason for any breaks on the DVD recording.

3.14 Inability to Access the Child subject to the Enquiries

- 3.14.1 If a child's whereabouts are unknown, or they cannot be traced, by the Social Worker within 24 hours the following action must be taken:
- A Strategy Meeting and/or Discussion with the Vulnerability Unit.
 - Agreement reached with the Team Manager responsible as to what further action is required to locate and see the child and conduct a **s47**⁴⁵ enquiry. The Keyworker/ Team Manager should consider all the family contacts known in order to locate the child. Consideration should also be given to seeking legal advice, informing the Head of Safeguarding & Specialist Services who will circulate around other Local Authority areas. The Keyworker/Team Manager must inform the Emergency Duty Team.
- 3.14.2 If access to a child is refused or obstructed, the allocated Social Worker, in consultation with her/his Team Manager, should have a Strategy Discussion with the Police and seek legal advice as appropriate in order to reach a decision as to what steps to take next.

⁴⁵ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_7#pt5-l1g47

3.15 Medical/Paediatric Assessment

- 3.15.1 Where the child is in urgent need of medical attention (e.g. suffering from fractures, bleeding, loss of consciousness) he/she should be taken to the nearest Accident & Emergency Department.
- 3.15.2 In other circumstances the Strategy Discussion and/or Meeting will determine, in consultation with the Consultant Paediatrician, the need for a Paediatric Assessment.
- 3.15.3 A Paediatric Assessment involves a holistic approach to the child and considers the child's wellbeing, including development, if under five years old and cognitive ability if older.
- 3.15.4 Only doctors may physically examine the whole child, but other staff should note any visible marks or injuries on a body map.
- 3.15.5 Paediatric Assessments for alleged child abuse are undertaken by a Consultant Paediatrician at the request of Vulnerability Unit/Social Worker or as a second opinion from other medical colleagues, e.g. GPs.
- 3.15.6 Consultant Paediatricians can be contacted via the hospital switchboard or their secretaries, on a rota basis.
- 3.15.7 Consent for a medical must be obtained from:
- parents/carers with Parental Responsibility;
 - a child of sufficient age and understanding (as assessed by the doctor with advice from professionals) (See **Appendix 1**⁴⁶ for Fraser Guidelines);
 - a Local Authority where the child is subject of a Care Order;
 - the High Court where a child is a Ward of Court;
 - a Family Proceedings Court as part of a direction attached to an Interim Care Order, an Emergency Protection Order or a Child Assessment Order.
- 3.15.8 In non-emergency situations when parental consent is not obtained, the allocated social worker and Team Manager, in consultation with other agencies, must consider whether it is in the child's interest to seek a court order.
- 3.15.9 **If consent is refused**, consideration must be given to the possibility of an application for a Child Assessment Order/Emergency Protection Order as appropriate in consultation with the Local Authority Corporate & Legal Services.

⁴⁶ <http://durham-lscb.gov.uk/documents/procedures/Appendix%201-%20The%20Legal%20Framework%20-%20update%20Feb%2009.pdf>

- 3.15.10 The assessing Social Worker must provide the Medical Practitioner with as much relevant information as possible, and if possible, in writing.
- 3.15.11 If there is a disagreement between professionals in relation to cause of injury and whether the child is at risk of significant harm, an inter-agency meeting must be convened, Chaired by a Team Manager, or a telephone call if time is limited, attended by the Medical Practitioner, to discuss the next steps.
- 3.15.12 Following the examination, the Consultant Paediatrician's opinions, conclusions and follow up arrangements (where appropriate) should be verbally communicated to the attending Police Officer and/or Social Worker as well as the child/parents/carers, if present.
- 3.15.13 The assessment of the child/young person should include:
- History leading to enquiries and other relevant background information, including brief developmental assessment;
 - Physical examination including height and weight measurements and where appropriate head circumference measurement;
 - Genital and anal examination, where appropriate;
 - Investigations and photography, where appropriate.
- 3.15.14 The consultation should be clearly documented in the child's medical records.
- 3.15.15 The Consultant Paediatrician should provide a written report of the assessment within seven days of the assessment.
- 3.15.16 The written report should cover the following areas:
- Brief history of allegation;
 - Relevant background information about child and family;
 - Outcome of physical (and genital) examination, as appropriate;
 - Interpretation of and opinion on clinical findings;
 - Clear conclusions and recommendations, including follow up arrangements, if appropriate;
 - The list of individuals to whom the report would be sent.

- 3.15.17 Copies of the Consultant's assessment report should be sent, in all cases, to the investigating Social Worker, the child's GP, Named Nurse Safeguarding Children and a copy retained in the child's medical records. The need to send copies to other professional colleagues and agencies would depend on the circumstances of each case; this decision would be at the discretion of the Consultant Paediatrician. The Named Nurse Safeguarding Children will liaise with the Health Visitor or School Nurse. Professionals should also refer to the [County Durham Children's Trust \(Information Sharing & Assessment of Children and Young People\)](#)⁴⁷ (2009) and "[HM Government information sharing guidance](#)⁴⁸" DCSF, 2008.
- 3.15.18 Referrals to other services where appropriate, (including screening for sexually transmitted infections, in cases of penetrative sexual abuse) should be made as soon as possible after the assessment.

Admission of a child to hospital where there is a suspicion of deliberate harm

- 3.15.19 When a child is admitted to hospital with suspected deliberate harm:

- If a referral has not already been made, hospital staff should ensure that a referral is made to Social Care Direct;
- Nursing and medical records must take full account of the diagnosis;
- The name of the child's Consultant Paediatrician must be clearly documented in the child's notes;
- Every effort must be made to access information from all recent hospital admissions and notes sought (including hospitals outside of local area);
- The child must receive a full and fully documented physical examination by a Consultant Paediatrician within 24 hours of admission;
- When a Doctor has examined a child and concerns about deliberate harm have been raised, no subsequent appraisal of these concerns should be considered complete until each of the concerns have been fully addressed, accounted for and documented;
- All explanations to the parent/carer regarding the need for enquiries to be carried out, where there is a suspicion of deliberate harm, must be undertaken by a Consultant Paediatrician;
- Where differences of medical opinion occur in relation to the diagnosis of deliberate harm, a recorded discussion must take place between the persons holding the differing views. The diagnosis must not be rejected without full discussion. If unresolved, the opinion of the Named Doctor should be sought. If resolution is not achieved, advice should be sought from the Designated Doctor, with whom rests the final decision;
- When there is a difference of nursing and medical opinion with regard to the process, full discussion should take place and be recorded. If resolution is not achieved discussion with the Named Nurse Safeguarding Children and Named Doctor must take place;

⁴⁷ <http://www.durham-lscb.gov.uk/documents/Procedures-referrals/CIN012assessment.pdf>

⁴⁸ <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00340/>

- A contemporaneous record of all discussions/telephone conversations must be made which identifies who is responsible for carrying out actions agreed during such conversations.

3.15.20 If a parent/carer threatens or actually attempts to remove a child from hospital, staff should:

- discuss with Consultant;
- contact Police;
- contact Social Care Direct/Safeguarding & Specialist Services;
- contact Security;
- inform Line Manager and Named Nurse Safeguarding Children as soon as possible.

3.15.21 The issue of Police Protection needs to be seriously considered and where applicable instituted.

Discharge Checklist Criteria

3.15.22 Prior to discharge there should be an agreement between the Consultant Paediatrician and Safeguarding & Specialist Services about discharge arrangements for children and the following checklist completed.

1. Telephone referral to Social Care Direct.
2. Written referral to Safeguarding & Specialist Services (within two working days of contact).
3. All child protection concerns addressed and documented.
4. Any disagreement regarding diagnosis? Any disagreement recorded.
5. Have previous hospital notes been checked?
6. Have other hospitals' notes been checked?
7. Health plan documented and approved by Consultant Paediatrician/Consultant Psychiatrist.
8. Safeguarding & Specialist Services agree to discharge plan and timing.
9. If not registered with GP, has the PCT been informed?
10. Follow up arrangements.
11. Copies of checklist faxed to GP, Social Worker, Named Nurse Safeguarding Children.

12. Named Nurse Safeguarding Children informed of discharge.
13. Medical reports completed.

3.16 Risk Assessment

3.16.1 The scope and focus of the assessment during the enquiry will be that of a Risk Assessment which:

- identifies the cause for concern;
- evaluates the strengths of the family;
- evaluates the risks to the child/ren;
- considers the child's needs for protection;
- considers the parents and wider family and social networks ability to safeguard and promote the child's welfare.

3.16.2 There are two phases of Risk Assessment to determine the level of suitable intervention:

1. Immediately following checks and information gathering to determine if a s47 enquiry should be progressed – to be recorded on Strategy Meeting form.
2. At the conclusion of the enquiry to determine the outcome and subsequent levels of intervention to be offered – to be recorded on Outcome of s47 Enquiries form.

3.16.3 Risk assessment when assessing the circumstances of children where there are drug or alcohol concerns should also consider the information contained in Section 6.3⁴⁹. This section concerns the pattern of parental drug/alcohol misuse and the extent to which this affects their capacity to effectively meet the child's needs. Risks to children are greater where a partner also has drug/alcohol problems. Higher risks are associated with:

- Drug/alcohol use that results in periods of severe intoxication and withdrawal.
- Chaotic drug/alcohol misuse may lead to dramatic changes in parental behaviour.
- Drugs/alcohol equipment left around the house.
- Social contact includes others with drug/alcohol problems, e.g. dealers.
- Where children witness drug/alcohol use and other inappropriate or frightening behaviour, e.g. domestic abuse.

⁴⁹ <http://durham-lscb.gov.uk/Procedures/Section-6.pdf>

3.17 Outcome of Child Protection Enquiries

- 3.17.1 At the completion of the planned enquiry, a Debriefing Meeting should be held for joint enquiries to agree the outcome of the enquiry or plan any further investigations.
- 3.17.2 When the outcome is agreed, the original concerns may be:
- unsubstantiated;
 - substantiated, but assessed as posing no continuing risk of significant harm;
 - substantiated and at continuing risk of significant harm.
- 3.17.3 Where concerns are substantiated and the child is assessed to be at continuing risk of significant harm the Children in Need Team Manager is responsible for the decision to convene an Initial Child Protection Conference and should ensure this happens.
- 3.17.4 Where the concerns are not substantiated or substantiated but the situation is assessed as no continuing risk of significant harm consideration must be given to:
- the continuation of the Core Assessment of the child's needs to help determine the support required;
 - making recommendations about support and help;
 - establishing commitment to inter-agency working, particularly where the child's needs are complex.
- 3.17.5 A planning meeting should be considered where a child has suffered significant harm but that his/her needs can be met as a child in need. The meeting to develop a plan which sets out what services are to be offered, by whom and with what expected outcome and outcome measure. The meeting should be Chaired by a Team Manager where concerns were/are significant and the plan should include what action will be taken if not successfully implemented and include a review mechanism. All involved agencies should be invited and the Named Nurse Safeguarding Children.

Disputed Decisions

- 3.17.6 Where Safeguarding & Specialist Services have concluded that no further action is required but professionals in other agencies remain seriously concerned about the safety of a child, they should seek further discussion with the Social Worker and his/her manager.
- 3.17.7 If concerns remain, the issue must be referred without delay through the agency's line management to the relevant Service Manager (Children in Need) and if not resolved, to the Strategic Manager (Safeguarding & Specialist Services).

3.18 Timescales

Routine

- 3.18.1 The initial Strategy Discussion and/or Meeting instigates the s47 enquiry.
- 3.18.2 The Initial Assessment must be completed within seven working days from the date of the referral, unless s47 enquiries have been instigated.
- 3.18.3 The Core Assessment must be completed within 35 working days from the date of the Strategy Discussion and/or Meeting.
- 3.18.4 The maximum period from the decision to commence s47 to the date of the Initial Child Protection Conference is 15 working days, which means that Initial Child Protection Conferences are held even though the Core Assessment may be incomplete.

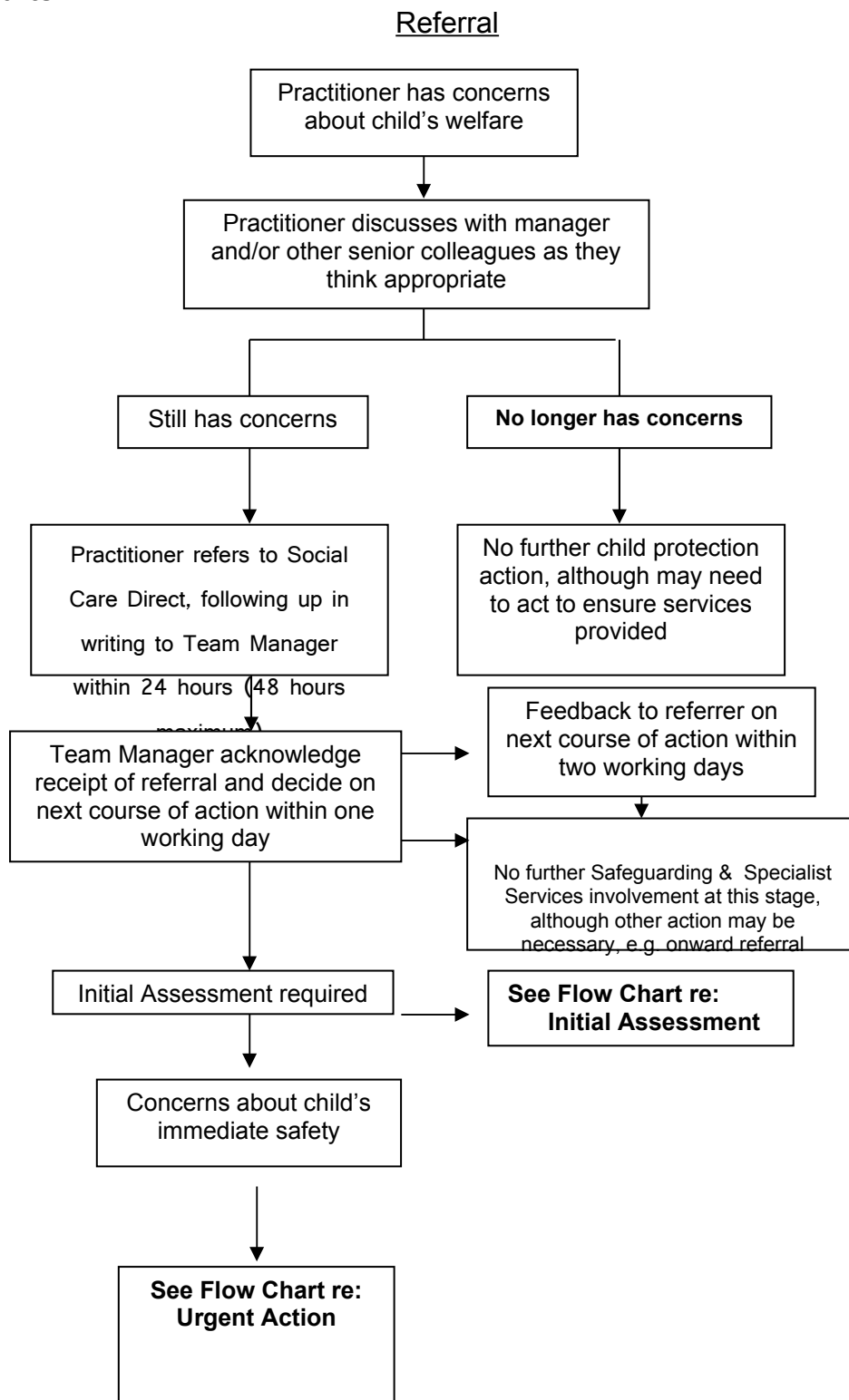
Exceptions

- 3.18.5 The timescales above are the minimum standards. Where the welfare of the child requires shorter timescales these must be achieved.
- 3.18.6 There may be exceptional circumstances where it is not in the child's interests to work to the above timescales. The circumstances which may lead to an alternative timescale include:
 - children in whom illness is suspected of being induced or fabricated by parents/carers;
 - pre-birth assessments;
 - complex cases including those involving suspected organised or institutional abuse, cases where paid or voluntary carers are involved and cases which require co-ordination with other Local Authorities because the child is found outside of the borough.
- 3.18.7 Any proposal to justify variation of routine timescales must be authorised by the relevant Service Manager (Children in Need) following the Team Manager's consultation with the Police and any relevant agencies, whose views should be recorded.
- 3.18.8 Reasons for diverging from these timescales must be fully recorded together with a plan of action detailing alternative arrangements.

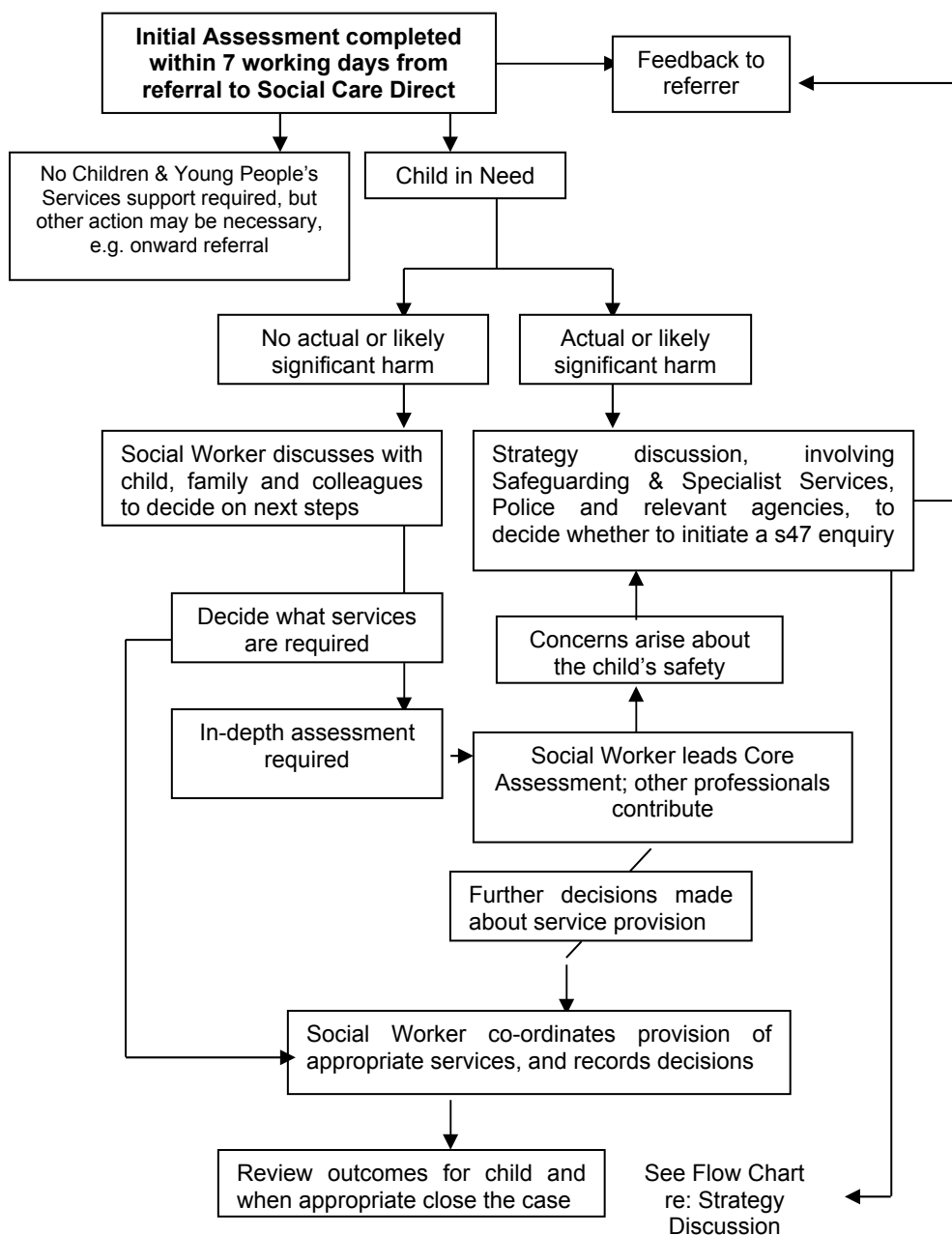
3.19 **Recording**

- 3.19.1 A full written record must be completed by each agency involved in a s47 enquiry, using agency agreements.
- 3.19.2 All rough notes made must be retained for any future legal proceedings.

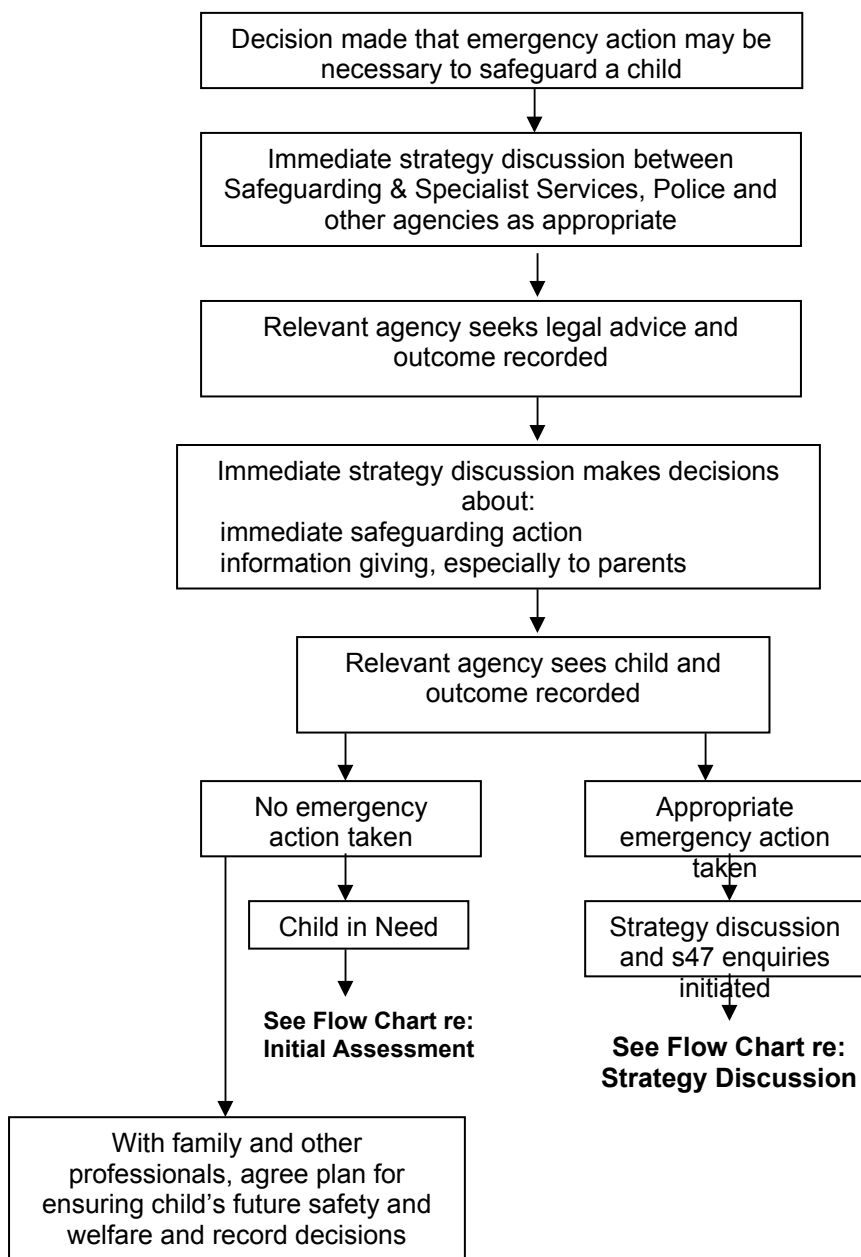
3.20 Flowcharts



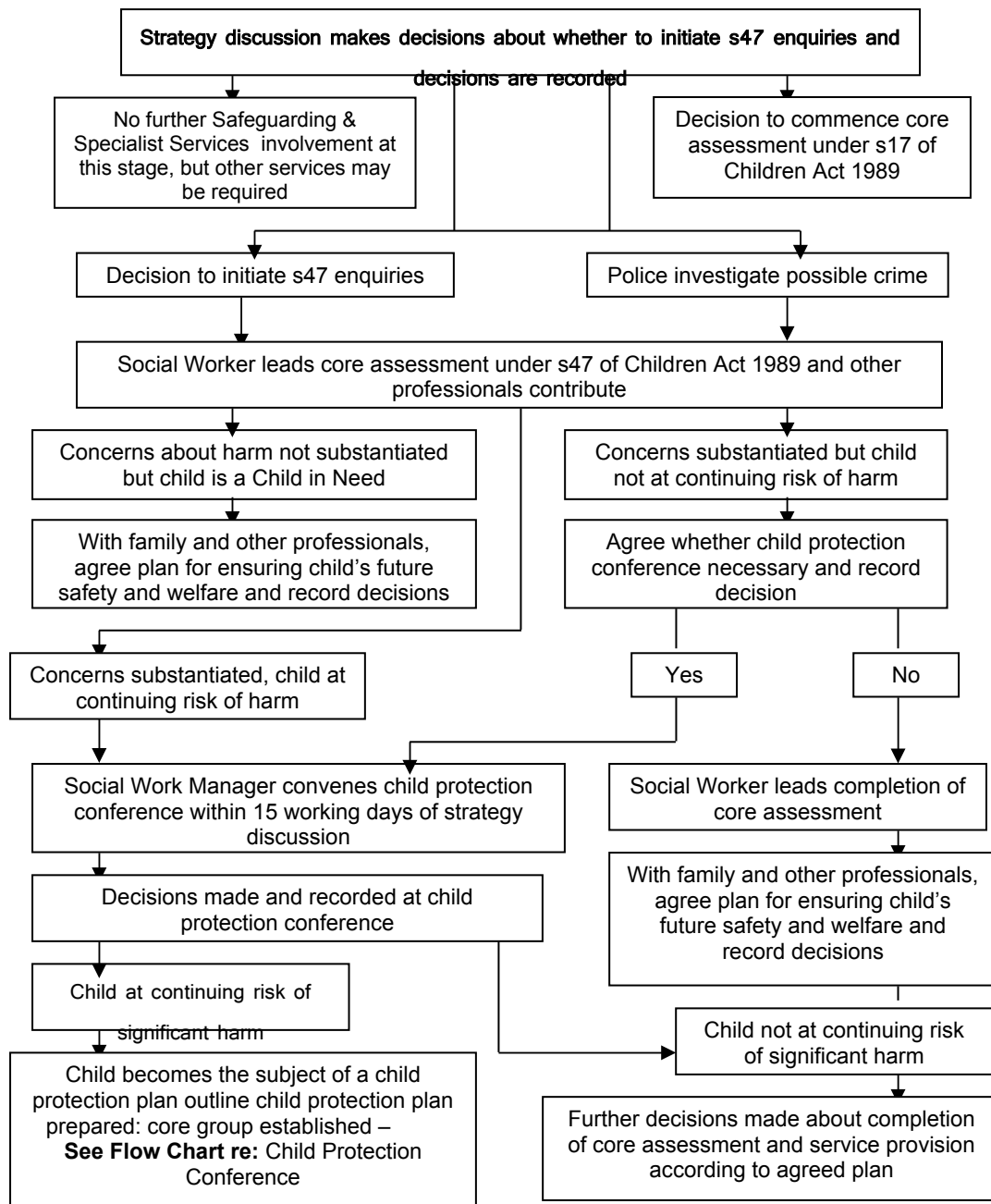
What Happens Following Initial Assessment?



Urgent Action to Safeguard Children



What Happens after the Strategy Discussion?



What Happens after the Child Protection Conference including the Review Process?

