

# **Wigan Safeguarding Children Board Child Protection Procedures**

“Safeguarding and promoting the welfare of children requires effective co-ordination in every local area. For this reason, the Children Act 2004 requires each Local Authority to establish a Local Safeguarding Children Board (LSCB).

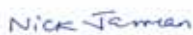
The LSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.”<sup>1</sup>

These Wigan Safeguarding Children Board (WSCB) child protection procedures represent an agreed framework for working together with respect to the prevention, identification and investigation of abuse and neglect within the Wigan Council area, based on best practice identified from local experience and from across the country.

They clarify the expectations placed on partner agencies as to how they, and their respective staff, will conduct their roles and responsibilities relating to protecting, safeguarding and promoting the welfare and development of all children and young people within the Wigan Council area, through working together.

Best practice requires those working with children and families to be sensitive to differing family patterns and lifestyles and to child rearing patterns that vary across different racial, ethnic and cultural groups. However, we “must be clear that child abuse cannot be condoned for religious or cultural reasons” and, “all children, whatever their religious or cultural background, must receive the same care and safeguards with regard to abuse and neglect”. It is the duty of individual professionals, and their employing agency, to ensure that any assessment focuses on the needs of the child, in order to ensure appropriate safeguarding steps are taken, when a child is suffering or is likely to suffer significant harm.

In conjunction with the Children, Young People and their Families Strategic Partnerships ‘Change for Children and Young People System’ (CfCYPS), which “provides a framework for promoting children and young people’s well-being and ensuring their safety,” they represent a new integrated system based on ‘Common Processes and a Common Assessment Framework’ for planning co-ordinated interventions based on collecting, sharing and using interventions to improve outcomes for children, young people and their families.



Signature of WSCB Chair

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<sup>1</sup> Except where otherwise stated, all direct quotes contained within this document are taken from Working Together to Safeguard Children, 2006, with which staff from all partner agencies should familiarise themselves.

## **1. Introduction – WSCB Child Protection Procedures**

To ensure children<sup>2</sup>, young people and families receive the most appropriate and effective support and protection all agencies must work together. It is the responsibility of each partner agency to ensure their respective staff understand this basic premise and are aware of their role and responsibilities in working together, understand how that fits with those of colleagues in the partner agencies, and follow the procedures outlined within this document.

The Wigan Safeguarding Children Board Business Plan 2006 – 2009 states: “The new ways of working should result in agencies collaborating better and have greater impact in ensuring children and young people “stay safe.”

### **1.1 Membership**

“As far as possible, organisations should designate particular, named people as their LSCB member, so that there is consistency and continuity in the membership of the LSCB.

Members need to be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation. They should be able to:

- Speak for their organisation with authority
- Commit their organisation on policy and practice matters
- Hold their organisation to account.

The individual members of the LSCB have a duty as members to contribute to the effective work of the LSCB – e.g. in making the LSCB’s assessment of performance as objective as possible, and in recommending or deciding on the necessary steps to resolve any problems. This should take precedence, if necessary, over their role as a representative of their organisation.”

The Wigan Safeguarding Children Board includes senior representation from partner bodies working with children, young people and their families.

WSCB partner bodies include:

- Wigan Council: Children and Young People’s Services  
Adult Services  
Legal and Property Services
- Greater Manchester Police
- Health: Ashton, Leigh and Wigan PCT  
Wrightington, Wigan and Leigh NHS Trust  
5 Boroughs Partnership NHS Trust
- Probation Service

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<sup>2</sup> The Children Act 1989 defines a child as anyone who has not yet achieved their 18<sup>th</sup> birthday. The term ‘young person’ is a courtesy term which has no legal status but is often used as a sign of respect to older children.

Cafcass  
Hindley HMYOI  
Education: Primary and Secondary Head Teachers representatives  
NSPCC

## **1.2 Functions**

The core functions of an LSCB are set out in ‘The LSCB regulations, 2006’ and in ‘Working Together to Safeguard Children, 2006’ which also gives further details on what is required, as well as examples of how the functions can be carried out.

The designated functions include:

*“Policies and procedures function:*

Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to the following:

- The action to be taken where there are concerns about a child’s safety or welfare, including thresholds for intervention;
- Training of people who work with children or in services affecting the safety and welfare of children;
- Safe recruitment and supervision of people who work with children;
- Investigation of allegations concerning people working with children;
- Safety and welfare of children who are privately fostered; and
- Co-operation with neighbouring children’s services authorities and their Board partners.

*Communicating and raising awareness function:*

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

*Monitoring and evaluation function:*

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

*Participating in planning and commissioning function:*

Participating in the planning and commissioning of children’s services to ensure that they are taking safeguarding and promoting the welfare of children into account.

*Serious case review function:*

Undertaking reviews of cases where abuse or neglect of a child is known or suspected, a child has died or been seriously harmed, and there is cause for

concern as to the way in which the authority, their Board partners or other relevant people have worked together to safeguard the child.

*Functions relating to child deaths:* (Although this can be carried out at present it becomes a compulsory function from 1<sup>st</sup> April 08)

Collecting and analysing information about the deaths of all children in their area.....

The regulations make clear that, in addition to the functions set out above, an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objective.”

### **1.3 Scope**

The Children Act 2004 and the revised ‘Working Together to Safeguard Children 2006,’ identify three broad areas of activity for LSCBs:

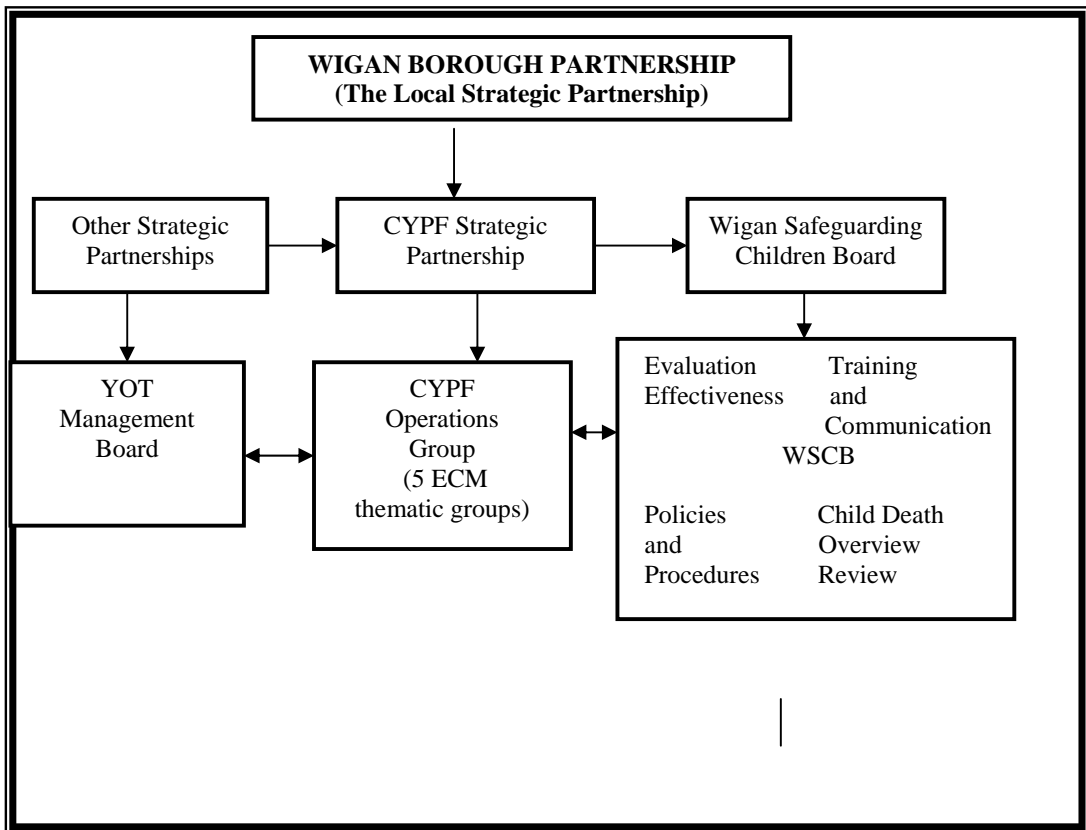
- Activity that affects all children and aims to identify and prevent maltreatment, or impairment of health or development, and ensure children are growing up in circumstances consistent with safe and effective care.
- Proactive work that aims to target particular groups of children such as those identified as being ‘in need’ under the Children Act, although not ‘at risk,’ or those most vulnerable e.g. disabled children and those living away from home.
- Responsive work to protect those children who are suffering, or who are at risk of suffering, harm.

However, “ensuring that work to protect children is properly co-ordinated and effective remains the key goal of the LSCB and they should not focus on their wider role if the standard of this core business is inadequate.”

### **1.4 Structure and relationship with other multi-agency forums**

WSCB and its activities are part of the wider context of arrangements made for children within the locality. Whilst its work contributes to the wider goals of improving the well-being of children, its role is to ensure the effectiveness of those arrangements. It is important that WSCB exercises its unique statutory role effectively through forming a view as to the quality of local activities, challenging as necessary and speaking with an independent voice.

To ensure this is carried out effectively, the following structures, systems and relationships have been agreed.



However, as well as the 2004 Act a number of other Acts and Guidance documents are relevant to its role and responsibilities in relation to the Every Child Matters Agenda, and to those of the individual partner bodies.

These include:

The Children Act 1989

The Children Act 2004

The Education Act 2002

Working Together to Safeguard Children, 2006

What to do if you're worried a child is being abused

National Service Framework for Children, Young People and Maternity Services, Standard 5

Framework for the Assessment of Children in Need

The Sexual Offences Act 2003

## **2. Information sharing and confidentiality**

“Information sharing is not an end in itself; and it is more than a protocol about how information and what information will be shared, important though those are. The use to which the information shared can be put and the interpretation of its significance is ultimately what is of greatest value.”<sup>3</sup>

### **2.1 Legal basis / justification**

In order to best protect children who are suffering, or at risk of suffering, significant harm and to safeguard and promote the welfare of children “all agencies and professionals should:

share and help to analyse information so that an assessment can be made of the child’s needs and circumstances.”

Laws and guidance relating to the sharing of information with respect to safeguarding and promoting the welfare of children are:

Data Protection Act 1998

Children Act 1989

Children Act 2004

Human Rights Act 1998

Crime and Disorder Act 1998

Common law ‘duty of confidence’

Caldicott Standards (Health and Children’s Services)

(See appendix 10.1 for further role related specific information on information sharing)

As part of the Wigan Change for Children and Young People System, a local protocol to support the sharing of information between agencies, and between the individuals they employ, was ratified by the Children, Young People and Families Strategic Partnership and signed by the Chief Officers of the Partnership on behalf of their organisations. This Information Sharing Protocol sets out a framework of formal principles to share information as a means of both safeguarding children and young people from abuse, harm and exploitation, and for providing services that maximise aspects of all children and young people’s well-being. That protocol should be read in conjunction with these procedures.

WSCB would expect all professionals to have normally sought and obtained the consent of their clients/patients/service users to share information with other

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<sup>3</sup> Home Office MAPPA Guidance, 2003

agencies. However, where consent is not forthcoming or where to seek it might increase the risk of harm to a child, the Information Sharing Protocol has taken into account all relevant advice and guidance to ensure that staff of partner agencies are not asked to share more information relating to clients/patients/service users than they legally can, or are justified in sharing, in accordance with professional guidelines.

## **4. Recognition and response**

### **4.1 Definitions and risk indicators**

The following definitions are taken from Working Together to Safeguard Children, 2006, which states “abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.” The indicators listed below are included for guidance only and are not meant to represent a definitive list.

#### **4.1.1 Physical abuse**

“Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.”

The physical signs of abuse may include:

- ◆ unexplained bruising, marks or injuries on any part of the body
- ◆ bruises which reflect hand marks or fingertips (from slapping, gripping or pinching)
- ◆ cigarette burns
- ◆ bite marks
- ◆ broken bones
- ◆ scalds

Changes in behaviour which can also indicate physical abuse:

- ◆ fear of parents being approached for an explanation
- ◆ aggressive behaviour or severe temper outbursts
- ◆ flinching when approached or touched
- ◆ reluctance to get changed, for example in hot weather or at P.E. lessons
- ◆ depression
- ◆ withdrawn behaviour
- ◆ running away from home

#### **4.1.2 Neglect**

“Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development.”

The physical signs of neglect may include:

- ◆ constant hunger, sometimes stealing food from other children
- ◆ constantly dirty or ‘smelly’
- ◆ loss of weight, or being constantly underweight
- ◆ inappropriate dress for the conditions

Changes in behaviour which can also indicate neglect may include:

- ◆ complaining of being tired all the time
- ◆ not requesting medical assistance and/or failing to attend appointments
- ◆ having few friends
- ◆ mentioning their being left alone or unsupervised

#### **4.1.3 Sexual abuse**

“Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.”

The physical signs of sexual abuse may include:

- ◆ pain or itching in the genital area
- ◆ bruising or bleeding near genital area
- ◆ sexually transmitted disease
- ◆ vaginal discharge or infection
- ◆ stomach pains
- ◆ discomfort when walking or sitting down
- ◆ pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- ◆ sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- ◆ fear of being left with a specific person or group of people
- ◆ having nightmares
- ◆ running away from home
- ◆ sexual knowledge which is beyond their age, or developmental level
- ◆ sexual drawings or language

- ◆ bedwetting
- ◆ eating problems such as overeating or anorexia

#### **4.1.4 Emotional abuse**

“Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.”

The physical signs of emotional abuse may include:

- ◆ a failure to thrive or grow, particularly if the child puts on weight in other circumstances e.g. in hospital or away from their parents care
- ◆ sudden speech disorders
- ◆ developmental delay, either in terms of physical or emotional progress

Changes in behaviour which can also indicate emotional abuse include:

- ◆ neurotic behaviour e.g. sulking, hair twisting, rocking
- ◆ being unable to play
- ◆ fear of making mistakes
- ◆ self harm
- ◆ fear of parent being approached regarding their behaviour

## **5. Managing individual cases**

### **5.1 Referral and assessment**

The flow charts included as Appendix 10.4 illustrate the processes for safeguarding and promoting the welfare of children as established in ‘What To Do If You’re Worried A Child Is Being Abused, 2003’ on which the WSCB procedures, represented as a flowchart at the beginning of this document, are based.

## 5.1.1 Referral criteria

### Thresholds of Need in Wigan

#### **Level 1**

Children with no additional needs accessing Universal services  
(including for example, schools and primary health care)

#### **Level 2**

Children with additional needs that can be met within the span of a single agency

#### **Level 3a**

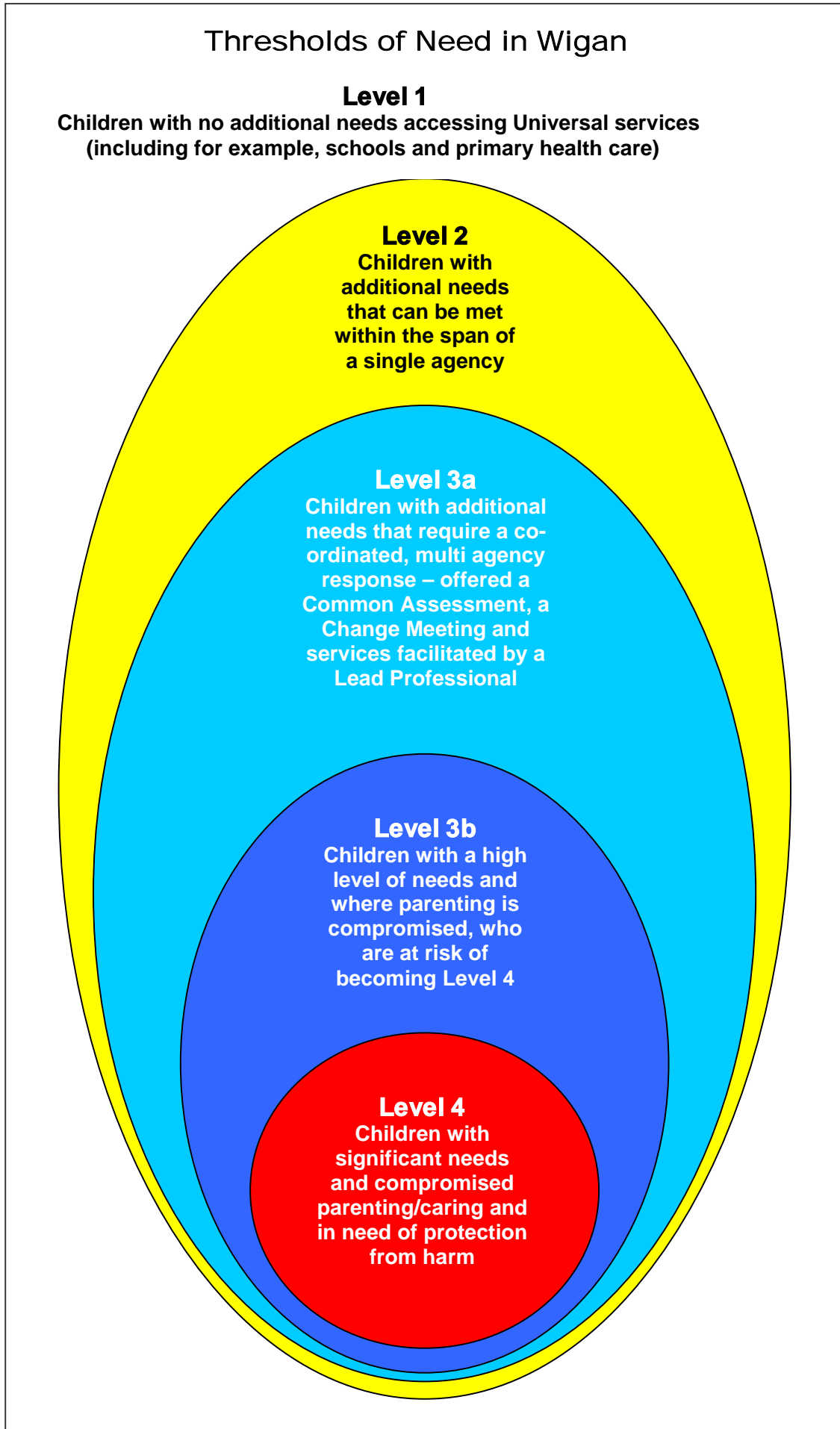
Children with additional needs that require a coordinated, multi agency response – offered a Common Assessment, a Change Meeting and services facilitated by a Lead Professional

#### **Level 3b**

Children with a high level of needs and where parenting is compromised, who are at risk of becoming Level 4

#### **Level 4**

Children with significant needs and compromised parenting/caring and in need of protection from harm



Any consideration of making a referral should be done in accordance with the thresholds identified within the Wigan Change for Children and Young People System (pictured above) which identifies 4 levels. Within this system, children at Level 3a, i.e. those requiring a co-ordinated, multi-agency response will be offered a Common Assessment to identify needs and, if required, a Change Meeting will be held to agree a way forward.

Children about whom there are higher degrees of concern, i.e. those at Levels 3b or 4 should be referred directly to Children's Social Care, where, in conjunction with the other agencies involved, a decision will be made as to the most appropriate response. All telephone referrals should be followed up using the WSCB Professional Referral Form which is available from the WSCB web-site or from the WSCB member representing your organisation/agency.

*“While professionals should seek, in general, to discuss any concerns with the family and, where possible, seek their agreement to make a referral to Social Care, this should only be done where such discussion and agreement-seeking will not place a child at increased risk of significant harm.”*

Staff should be mindful, when considering whether or not to seek agreement to refer, of any potential risk factors which may indicate the possibility of violence towards themselves or others, and of any risk of interference of evidence in what may become a criminal investigation.

### **5.1.2 Referral responses**

Upon receipt of a referral, Children's Social Care will follow a set of agreed procedures before deciding, in conjunction with other agencies where appropriate, on how best to respond. Whatever the decision reached, Children's Social Care should feedback their decision, and the reasons for that decision, to the referrer within 24 hours. “If the referrer has not received an acknowledgment within three working days, they should contact Social Care again.”

If it is decided that an Initial Assessment (see section 5.1.4) will be undertaken, the possible outcomes will be:

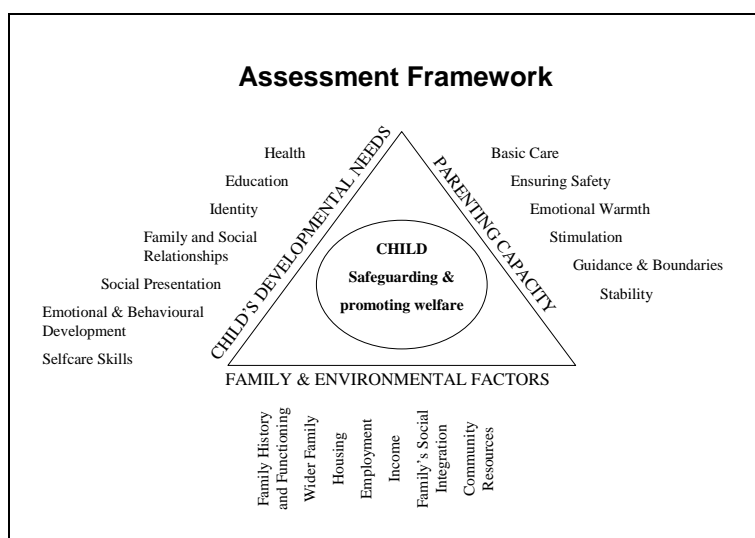
- services being offered;
- the referral being redirected back to the referrer to begin a Common Assessment as the referral does not reach the required thresholds;
- a strategy discussion or meeting being held; or,
- no further action.

### **5.1.3 The Framework for the Assessment of Children and their Families**

“The framework provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interest of the child.

The framework should be used for the assessment of all children in need, including cases where there are concerns that a child may be suffering significant harm.

These Initial Assessments and Core Assessments are conducted by Children's Social Care following a referral or any significant new event regarding a child who already has a social worker with allocated responsibility.



Evidence about children's developmental progress, and their parents' capacity to respond appropriately to the child's needs within the wider family and environmental context should underpin judgements about:

- the child's welfare and safety;
- whether, and, if so, how, to provide help to children and family members;
- what form of intervention will bring about the best possible outcomes for the child; and,
- the intended outcomes of the intervention."

#### 5.1.4 Initial assessments

Initial assessments must be completed within a maximum of 7 working days but may well be much shorter if a strategy meeting/discussion decides the criteria, i.e. the referral meets the threshold for initiating a Children Act 1989 s47 enquiry, are met. (see section 5.2)

Where need has been identified via the Initial Assessment but there are no concerns that the child is suffering or likely to suffer significant harm, “there may be sufficient information ..... to decide what services (if any) should be provided, by whom, according to an agreed plan. On the other hand, a more in-depth (core) assessment may be necessary in order to understand the child’s needs and circumstances.”

### **5.1.5 Core assessments**

This more detailed and in-depth assessment commences:

- at the conclusion of an initial assessment which recommends a more in-depth assessment be conducted;
- where a strategy discussion/meeting recommends a Children Act 1989 s47 enquiry be initiated; and
- when new information on an open case indicates a need for one.

The core assessment should address the most important aspects of the needs of a child, and their parents’ capacity to meet these within the context of the wider family and community.

Although led by Children’s Social Care, Core Assessments require all other agencies with knowledge of the child and family, or specialist knowledge or advice deemed necessary by the lead worker, to participate and contribute fully. They should be completed within 35 working days.

### **5.1.6 Pre-birth assessments**

Pre-birth core assessments may be carried out following a referral from a professional who is concerned that prospective parents may need support to care for their baby, without which they may not be able to provide for the baby’s well-being and welfare, or where there are concerns that the baby may be at risk of significant harm.

The referral will usually result in an initial assessment being completed followed by a planning meeting to agree which agencies need to contribute to the core assessment and identify what specific areas of knowledge about the family they may have. It should also clarify what support can be made available, by which agency, after the birth.

Pre-birth assessments should identify any potential risk to the baby which may suggest a need for immediate action to protect the child after birth. In circumstances where a pre-birth conference has taken place and a child protection plan put in place a ‘review conference’ (see section 5.3.6) must be held prior to the baby’s discharge, even if that discharge is to a ‘place of safety’.

## **5.2 Child protection enquiries**

### 5.2.1 Duty to conduct s47 enquiries and Core Assessments

Under the Children Act 1989, Children's Social Care have a duty to conduct s47 enquiries where the information received through a strategy discussion/meeting suggest the thresholds for doing so have been met. The Act also places a statutory duty on all other agencies to assist in that process.

“The core assessment is the means by which a s47 enquiry is carried out”, however, “in these circumstances the objective...is to determine whether action is required to safeguard and promote the welfare of the child or children who are the subjects of the enquiry.” It should be led by a qualified and experienced social worker with Social Care as lead agency.

**WSCB will expect all partner agencies to positively contribute to requests for information or assistance in relation to strategy discussions/meetings and to any s47 enquiry.**

### 5.2.2 Threshold for S. 47 enquiries

s47 enquiries may start whenever there is reasonable cause to believe that a child or children are suffering or are likely to suffer significant harm.

“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 or meeting involving Children's Social Care and the Police, and any other bodies as appropriate, in particular any referring agency.

The discussion should be used to:

- share available information;
- agree the conduct and timing of any criminal investigation;
- decide whether a core assessment under s47 should be initiated, or continued if already begun;
- plan how the s47 enquiry should be undertaken, 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;
- determine what information from the discussion will be shared with the family, unless such information sharing may place a child at increased risk or jeopardise police investigations into any alleged offences; and
- determine if legal action is required.”

Joint enquiries should be conducted in accordance with agreed practice and protocols. Any difficulties experienced in conducting joint enquiries should be brought to the attention of the Chair of WSCB at the earliest possible moment

following conclusion of the enquiry, to ensure lessons are learnt and future practice does not experience similar difficulties.

### **5.2.3 Involving parents/carers/significant others**

“s47 enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure families are treated sensitively and with respect.”

“In the great majority of cases, children remain with their families following s47 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.”

Social Care has the primary responsibility for engaging the family in this assessment process. Parents/carers should have explained to them verbally and through written information what the s47 enquiry is, why it is happening and what it will entail, unless at this stage to do so would interfere with a Police investigation into a possible criminal offence or potentially place the child at risk of immediate harm.

Care must be taken to ensure that the explanation given is understood and extra consideration should be given to those for whom English is a second language and/or for those with a disability which effects communication.

### **5.2.4 Seeing the child**

WSCB is clear in its expectation that those conducting a s47 enquiry will not only see the child about whom the concern has been raised but all children of the household. Those conducting the enquiry must also give due consideration to the potential of risk to any other children the alleged abuser/perpetrator may come into contact with.

Whilst consideration must be given to the age, language, ability to communicate and understanding of the child, unless there is a clear reason why the child should not be seen on their own the expectation is that they will be. Obviously it is desirable that parents agree to this but lack of agreement should not prevent this from happening.

In planning the interview, it is essential to ensure that children with a disability which impinges on their ability to communicate and those for whom English is a second language are offered appropriate methods or assistance to participate. For example, it would be essential to engage the services of someone familiar with communication aids used by a child with certain disabilities, but they must understand issues around abuse and be trained in interviewing children. Using a known teacher may be appropriate but then again may not as the child may have

reservations about disclosing abuse in front of someone they know and that they will continue to have to see.

For children for whom English is a second language, official interpreters, trained in interviewing children, must always be used and never friends or family members.

Consideration of the child's feelings should always be a factor and each case judged on its own circumstances.

In interviewing the child, those conducting the enquiry should seek to clarify:

- their appearance and behaviour;
- what they say about the concern or allegation;
- how they interact with parents/other family members; and
- their environment / living conditions /arrangements

It is important to ensure the child understands, as far as is possible, the nature of a s47 enquiry and the roles of those conducting it, and the possible outcomes.

If the child cannot be seen, due to parental refusal or obstruction, the Social Care worker must inform their manager and as a matter of urgency, arrange a strategy meeting with the Police to agree a way forward, including seeking legal advice if appropriate.

### **5.2.5 Assessing risk**

The purpose of the assessment taking place under s47 is to identify and assess any risk to the child. In doing this, those conducting the enquiry should look to:

- clarify the cause of concern;
- clarify any mitigating factors;
- identify any immediate risks; and
- identify the strengths of the family and wider social networks and their ability to safeguard the child.

### **5.2.6 Emergency protection**

“Where there is a risk to the life of a child, or a likelihood of serious immediate harm, an agency with statutory child protection powers (the Local Authority, Police and NSPCC) 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 children and families.....When considering whether emergency action is required, an agency should always consider whether action is also required to safeguard and promote the welfare of other children in the household, the household of any alleged perpetrator, or elsewhere.

Planned emergency action normally takes place following an immediate strategy discussion.....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.....

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 the child remains in a safe place or is removed to a safe place either on a voluntary basis or by obtaining an emergency protection order (EPO).....Police powers should only be used in exceptional circumstances where there is insufficient time to seek an EPO, or for reasons relating to the immediate safety of a child.”

### **5.2.7 S.47 enquiry outcomes/information sharing**

Children's Social Care should decide how to proceed following a Children Act 1989 s47 enquiry, after discussions with all those who have been significantly involved either in the enquiry or in the life of the child e.g. foster carers if involved, and the child and family. “Consideration should be given to whether the core assessment has been completed or what further work is required to complete it.”

A number of outcomes are possible including:

- the concerns are not substantiated;
- the concerns are not substantiated but the child is deemed a child in need and in need of services;
- the concerns are substantiated but the child is not judged to be at continuing risk of significant harm; or
- the concerns are substantiated and the child is judged to be at continuing risk of significant harm.

Where the outcome is that the child is deemed to have suffered or to be potentially at continuing risk of suffering significant harm Children's Social Care should convene an initial child protection conference. However, “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 is of particular relevance where it is clear to the agencies involved that there is no continuing risk of harm.”

“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.....” The Chair of WSCB should be made aware of any cases where agreement is not possible to reach.

## **5.3 Child protection conferences**

### **5.3.1 Initial conferences**

“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.”

#### **5.3.1.1 Purpose**

The purpose of the initial conference is to:

- analyse the information that has been obtained about the child’s developmental needs and the parents capacity to respond to those needs...within the context of their wider family and environment;
- consider the evidence and make judgements about future risk to the child. The conference should consider all the children of a household, even if concerns are only being raised about one child. If during the course of the conference concerns are raised regarding any other child, including another child of the household, a new referral should be made with respect to that child; and
- decide what future action is required, how that will be taken forward, including the identification of a key worker and core group members, and with what intended outcomes.

“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 key worker, who leads the core group, the child if appropriate, family members, and professionals or foster carers who will have direct contact with the family. ...all members of the core group are jointly responsible for the formulation and implementation of the plan, refining the plan as needed, and monitoring progress....”

The first meeting should take place within 10 working days of the initial conference. The purpose of this first meeting is to develop the protection plan and decide what steps need to be taken by whom. Thereafter, core groups should meet at least monthly to monitor actions and outcomes against the plan, and make any necessary alterations as circumstances change. “There should be a written note recording the decisions taken and actions agreed.... The plan should be updated as necessary.”

#### **5.3.1.2 Timing**

In order to ensure that conference is able to reach well-informed decisions based on “adequate preparation and assessment of the child’s needs and circumstances” while at the same time ensuring “cases where children are

at risk of significant harm (are) not allowed to drift” the conference should take place within 15 working days of the strategy discussion which has determined that a section 47 enquiry is undertaken. Notice of the intended conference should be given as far in advance as possible and the conference held at a time and place convenient to as many as possible.

### **5.3.1.3 Quoracy**

“Those attending the conference should be there because they have a significant contribution to make, arising from professional expertise, knowledge of the child or family or both.”

“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....., and to make realistic and workable proposals for taking that action forward.”

At a minimum, WSCB will expect appropriate representation from all agencies involved in, or which contributed to, the initial or core assessment preceding the conference, plus any other professionals from health, education, criminal justice and/or specialist services with relevant knowledge of the child or family or which may be useful in helping the conference to understand specific situations or circumstances. Professionals and agencies who are invited but unable to attend should submit a written report to the chair, prior to the conference.

## **5.3.2 Involving children and parents / carers**

“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.”

WSCB ask all practitioners to remember that treating people with respect and dignity, and being aware of the impact on a family of a conference being arranged, can significantly affect the outcomes of any intervention and therefore the future safety of a child.

### **5.3.2.1 Involving children/young people**

Whether it is appropriate to invite a child to attend all or part of the conference or not should be decided in advance and based on a number of factors. Primarily, this will depend on the child’s age and level of

understanding and their ability to contribute meaningfully to the discussions.

In reaching this decision, the views of the child as to whether they wish to attend should be taken into account, however, this also means that care should be taken in ensuring the child fully understands what the conference is, who will be there and all the possible outcomes.

Where it is deemed not appropriate for a child to attend, then arrangements must be made to ensure their wishes and feelings are able to be made clear to those attending.

#### **5.3.2.2 Involving parents / carers**

Although there should be a presumption of attendance by family members, there may be situations where potential conflict between the child and a family member or between family members would prevent this. In these circumstances, WSCB expects those arranging conferences to consider whether individuals should be invited to attend for all or part and to check whether they may wish to speak to conference without certain family members being present.

In order that they may make a meaningful contribution, Social Care staff should also ensure they understand the purpose of the conference, how it will operate, who will be present and the possible outcomes. If parents/carers feel unable to attend, or where a decision has been reached to exclude them due to potential violence or conflict towards professionals and/or other family members, arrangements should be made to ensure their views are able to be made clear to conference members. Social Care staff should give parents information about local advice and advocacy services and explain that they may bring an advocate, friend or supporter.

#### **5.3.2.3 Conference information requirements**

Children's Social Care should provide conference with a written report, summarising and analysing the information obtained through the initial assessment and any core assessment undertaken as part of a s47 enquiry. Where decisions are to be made on more than one child of a family, then written reports should be prepared on each child.

“The report should include:

- a chronology of significant events and agency and professional contact with the 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 views, wishes and feelings of the child, parents and other family members; and
- an analysis of the information"

Copies of the report should normally be supplied to the child and family prior to the conference and the contents explained in (a) language which is able to be fully understood.

Other professionals attending the conference should provide a written report that will be made available to the conference outlining details of their involvement with the child and family and their knowledge of the child's needs and the family's ability to meet those. When possible, a copy of the report should be sent to the Independent Reviewing Officer (I.R.O.) at least one day in advance of the conference.

### **5.3.3 Chairing child protection conferences**

"A professional who is independent of operational or line management responsibilities for the case should chair the conference....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 to ensure they understand the purpose of the conference and what will happen;
- setting out the purpose of the conference to all, determining the agenda and emphasising confidentiality;
- enabling those present and absent contributors to make a full contribution;
- ensuring that conference takes the required decisions in an informed, systematic and explicit way. Decisions should generally be taken on a majority basis, however, the Chair retains a deciding vote where no clear majority is possible; and
- being accountable to the Director of Children and Young People's Services.

WSCB expects those chairing child protection conferences to be mindful of the need to ensure the child's interest remain paramount at all times, and to ensure that any issues of concern regarding the working together by WSCB partner agencies or by any other organisation working within the Wigan Council area are brought to the attention of the Chair of WSCB as soon as possible.

## **5.3.4 Decision making process**

### **5.3.4.1 Categories of children recorded as being subjects of a child protection plan**

If a decision is reached that the child is at continuing risk of significant harm and in need of a protection plan, the chair should determine under which category of abuse they should be recorded as subject to a child protection plan in relation to either physical, sexual or emotional abuse or neglect. The category should reflect the primary presenting concerns for the child at that time..

### **5.3.4.2 Thresholds for requiring a child protection plan**

“The conference should consider the following question when determining whether the child should be the subject of a child protection plan.

*Is the child at continuing risk of significant harm?*

The test should be that either:

- the child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment 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.

If the child is at continuing risk of significant harm, safeguarding the child will therefore require inter-agency help and intervention, delivered through a formal child protection plan. It is also the role of the initial child protection conference to formulate the outline child protection plan, in as much detail as possible.”

## **5.3.5. Child protection plans**

**5.3.5.1** “The overall aim of the plan is to:

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

The child protection plan should be based on the findings from the assessment and follow the dimensions of the child's development needs, parenting capacity and family and environmental factors.... It should set out what work needs to be done, why, when and by whom. The plan should:

- describe the identified developmental need of the child, and what therapeutic services are required;
- include specific, achievable, child focussed outcomes;
- include realistic strategies and specific actions to achieve outcomes;
- include a contingency plan if circumstances were to change significantly requiring prompt action;
- clearly identify roles and responsibilities of professionals and family members, including frequency of contact by professionals; and
- lay down points at which progress will be reviewed, and the means by which progress will be judged.

The plan should be explained to and agreed with the child in a manner appropriate to their age and understanding. Parents should be clear about the evidence that resulted in the child becoming subject to a protection plan, about what needs to change and what is expected of them.”

Minutes of the conference, including details of the decisions reached and details of the child protection plan should be distributed to all those attending the conference and those that had been invited to conference but unable to attend, including all family members.

#### **5.3.5.2 Implementation of the protection plan**

Decisions about how to intervene, including what services to offer, should be based on evidence of what is likely to work best. It is important that the services provided give the child and family the best chance of achieving the required changes.

A key issue in deciding on suitable interventions is whether the child's developmental needs can be responded to within his/her family context and within timescales that are appropriate to the child.

#### **5.3.6 Review conferences**

“Review conferences are regularly held to ensure that momentum is maintained in the process of safeguarding and promoting the welfare of the child.” “Reviewing the child's progress and the effectiveness of the interventions are critical to achieving the best outcomes for the child.”

### 5.3.6.1 Purpose

The purposes of review conferences are:

- to review the current situation against those planned outcomes set out in the protection plan;
- to ensure the child continues to be safeguarded from harm i.e. that measures being taken are effective; and
- to consider whether the protection plan should continue, be changed or be discontinued.

The review conference requires as much preparation, commitment and management as the initial conference and should consider explicitly whether the child continues to be at risk of significant harm. As with initial conferences, the conference should consider all the children of a household, even if concerns are only being raised about one child. If concerns are identified about another child a new referral should be made.

“The core group has a collective responsibility to produce reports for the review... (which) provide an overview of work undertaken by family members and professionals, and evaluate the impact on the child’s welfare against planned outcomes.....”

### 5.3.6.2 Timing

“The first review conference should be held within three months of the initial conference and further reviews held at intervals of not more than six months for as long as the child remains the subject of a child protection plan. **Where necessary, reviews should be brought forward to address changes in the child’s circumstances.**”

### 5.3.6.3 Quoracy

“As a minimum, at every conference there should be attendance by Children’s Social Care and at least two other professional groups or agencies who have had direct contact with the child.”

WSCB’s expectations are that attendees should include those most involved with the child and family in the same way as at an initial conference, including any specialist services with relevant knowledge of the child or family or which may be useful in helping the conference to understand any changes in, or blocks caused through, specific situations or circumstances. Professionals and agencies who are invited but unable to attend should submit a written report. “In exceptional circumstances, where a child has not had relevant contact with three agencies (i.e. Children’s Social Care and two others) this minimum quorum may be breached.”

#### **5.3.6.4 Thresholds for no longer requiring a child protection plan**

The same decision making process used for deciding if a child required a protection plan should be used for reaching a decision that it is no longer required.

A child's name should only be removed if a review conference decides:

- the child is no longer at risk of significant harm;
- the child has permanently moved to another area and that area has held a transfer conference; or
- the child has reached 18 years, died or left the UK.

### **6. Serious case reviews**

#### **6.1 Initiating a review**

“When a child dies, and abuse or neglect is known or suspected to be a factor in the death..... the LSCB should always conduct a serious case review into the involvement with the child and family of organisations and professionals. Additionally, the LSCB should always consider whether a serious case review should be conducted where:

- a child sustains a potentially life-threatening injury or serious and permanent impairment of health and development through abuse or neglect; or
- a child has been subjected to particularly serious sexual abuse; or
- a parent has been murdered and a homicide review is being initiated; or
- a child has been killed by a parent with a mental illness; or
- the case gives rise to concerns about inter-agency working to protect children from harm.

The purpose of serious case reviews....is to:

- establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children;
- identify clearly what those lessons are, how they will be acted upon and what is expected to change as a result; and;
- as a consequence, improve inter-agency working and better safeguard and promote the welfare of children.

Serious case reviews are not inquiries into how a child died or who was culpable. That is a matter for Coroners and criminal courts.....”

WSCB has established a Serious Case Review Panel who, at the request of the Board Chair, will consider whether the criteria above have been met and

recommend whether a serious case review should be instigated, and if so, they will also consider and make recommendations as to the scope of the review and the terms of reference in accordance with the guidance provided within 'Working Together' which will include the timing, and which agencies should undertake management reviews. The Serious Case Review Panel, which is chaired by an independent person, will also consider whether to recommend section 47 enquiries be undertaken on any children who, on the basis of the information before them, they consider may be at risk.

The Child Death Overview Panel may also recommend concerns to the Serious Case Review Panel for consideration as to whether they feel a death meets the criteria outlined above.

## **6.2 The review process**

Once a decision has been reached by the Serious Case Review Panel "that a case is being considered for review, each organisation should secure records relating to the case to guard against loss or interference."

Management reviews will look openly and critically at individual and organisational practice to see whether the case indicates that changes could and should be made and, if so, to identify how those changes will be brought about in future.

On completion of each management review report, a senior officer will feedback and debrief the staff involved, in advance of the completion of the overview report by WSCB. This process may be repeated should the overview report raise new issues for the individuals or organisation.

While management reviews are not a part of any disciplinary process, disciplinary action may be indicated under established procedures. "In some case (e.g. alleged institutional abuse) disciplinary action may be needed urgently to safeguard and promote the welfare of children."

## **6.3 Overview reports and implementation of recommendations**

"The LSCB overview report should bring together, and draw overall conclusions from, the information and analysis contained in the individual management reviews, information from the child death review processes, and reports commissioned from any other relevant interests."

On receiving the overview report, WSCB will:

- ensure the information is fully and fairly represented;
- turn the recommendations into an action plan, which will be signed by a senior person in each organisation, and set out who will do what, by when and with what intended outcome;

- set out how the outcomes in improvements to practice/systems will be monitored and reviewed;
- clarify to whom the report, or any part of it, should be made available;
- make arrangements to provide feedback to staff, family members of the subject child and media as appropriate; and
- provide a copy of the overview report to OFSTED and DCSF.

WSCB will make public the overview report’s executive summary, which will include information about the review process followed, the key issues arising and the recommendations that have been made.

## **9. Risk management of known offenders**

### **9.1 MAPPAs**

“Multi-Agency Public Protection Arrangements (MAPPAs) provide a (national) framework.....for the assessment and management of risk posed by serious and violent offenders, including individuals who are considered to pose a risk, or potential risk, of harm to children.”

“MAPPAs is the term to describe the arrangements set up locally to assess and manage offenders who pose a risk of serious harm. National MAPPAs guidance indicates the use of 3 levels of management:

**Level 1:** involves ordinary agency management

**Level 2:** referred to as local inter-agency management, where the active involvement of more than one agency is required to manage the offender. Most offenders assessed as high or very high risk of serious harm can be managed at Level 2 where the management plans do not require the attendance and commitment of resources at a senior level

**Level 3:** Level 3 activity meetings are known in all Areas as Multi-Agency Public Protection Panels (or MAPPAs). The few cases referred to MAPPAs are those of offenders whose management is so problematic that multi-agency co-operation and oversight at a senior level is required, together with the authority to commit exceptional resources to strengthen the risk management plan.”<sup>4</sup>

“Offenders falling within the remit of MAPPAs in each area are categorised as follows:

- Category 1: registered sex offenders – as defined by the Sex Offenders Act 1997, and amended by the Criminal Justice and Court Services Act 2000 and the Sexual Offences Act 2003

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<sup>4</sup> Home Office press release on MAPPAs Guidance

- Category 2: violent and other sex offenders – violent and sexual offenders who receive a custodial sentence of 12 months or more, those detained under hospital or guardianship orders and those who have committed specific offences against children
- Category 3: other offenders – offenders not in category 1 or 2, but who are considered by the Responsible Authority to pose a serious risk to the public.”

### **9.1.1 Assessment of Risk**

“Risk is categorised by reference to who may be the subject of that harm. This includes children who may be vulnerable to harm of various kinds, including violent or sexual behaviour, emotional harm or neglect.” For this reason, WSCB will work closely with the Area MAPPA Strategic Management Board “to ensure the best local joint arrangements are made for any individual child...This will involve ensuring “that strategies to address risk are identified and plans developed, implemented and reviewed on a regular basis.”

“The (accepted) levels of risk are as follows:

- Low: no significant current indicators of risk of harm;
- Medium: identifiable indicators of risk of harm. The offender has the potential to cause harm, but is unlikely to do so unless there is a change in circumstances....;
- High: identifiable indicators of risk of serious harm. The potential event could happen at any time, and the impact would be serious; and
- Very high: an imminent risk of harm. The potential event is likely to happen imminently, and the impact to be serious.”

### **9.1.2 Information sharing**

Exchange of information is essential for effective public protection.

The MAPPA guidance is available at:

[www.probation.homeoffice.gov.uk/output/page30.asp](http://www.probation.homeoffice.gov.uk/output/page30.asp)

clarifies how MAPPA agencies may exchange information among themselves, and with other people or organisations outside the MAPPA. WSCB, as stated above, will work to ensure that relevant information is shared with those that need to know, in order to safeguard children.

## **Appendix 10.1 Information sharing – Professional Guidance**

### **Social workers**

Whilst social workers would normally expect to seek and obtain the consent of relevant parties prior to sharing information about them or their family, the British Association of Social Workers 'Code of Ethics' allows for the sharing of information without consent where seeking consent may increase the risk of significant harm or assist in the prevention or detection of a criminal offence.

### **Doctors**

The General Medical Council has issued guidance to doctors clarifying that information may be released without a patient's consent to relevant statutory agencies, where not to do so would place the patient or others at risk of serious harm or death.

### **Nurses**

The Nursing and Midwifery Council has produced a code of professional conduct which has similar themes relating to the sharing of information without consent, including in relation to child protection.

### **Other health staff**

Most professional bodies of those professions allied to health have issued similar guidance for their members. Where in doubt, staff should discuss any concerns relating to the sharing of information concerning the well-being of a child with the designated doctors or nurses or consult the Caldicott guardian for advice.

### **Police**

The National Centre for Policing Excellence developed for the ACPOs 'Investigating Child Abuse and Safeguarding Children' which provides guidance as does 'Information Sharing – a Practitioners Guide by the DfES.

### **Education staff**

Both the Children Act 1989 (S 27) and the Education Act 2002 require and allow teaching staff to share relevant information relating to safeguarding and promoting the welfare of children.

## **Appendix 10.2 - Recognition and Response – Specific Circumstances**

### **Looked after children**

“Revelations of the widespread abuse and neglect of children living away from home have done much to raise awareness of the particular vulnerability of such children living away from home. Many of these revelations have focussed on sexual abuse, but physical and emotional abuse and neglect – including peer abuse, bullying and substance misuse are equally a threat in institutional settings.”

WSCB expects all agencies providing care for any children living away from home, in any circumstances, to take all reasonable steps to safeguard and promote their welfare, and to have clear and unambiguous procedures for reporting/referring concerns to the appropriate agencies. These will be investigated in accordance with local procedures relating to s47 inquiries, and, where appropriate, to those relating to the investigation of allegations made against those working with children.

Member agencies will also need to give consideration to invoking their own professional abuse procedures, as regardless of the outcome of any external investigation they may need to invoke disciplinary procedures for actions identified as being in breach of policy or procedures.

Children who go missing should be reported as outlined in the section which follows on ‘Missing Children and Families.’

### **Female genital mutilation (FGM)**

FGM is a collective term for procedures which include the removal of all or part of the external female genitalia, for cultural or other non-therapeutic reasons. FGM has been illegal in the UK since 1985. Under the Female Genital Mutilation Act 2003 it is now also an offence for UK nationals or permanent residents to carry this out abroad or to aid, abet, counsel or procure carrying out this procedure abroad, even in countries where the procedure is legal.

While our first aim must be to work with parents, families and communities to prevent FGM from being carried out, all staff should be aware of relevant risk factors and respond as they would with any concern that a child may have suffered, or be at risk of suffering, significant harm, *treating the concern as an exceptionally high priority if they have any suspicion that the child*

*is at imminent risk of the procedure being conducted here or of their being sent abroad.*

### **Child abuse images (and the internet)**

“The internet has, in particular, become a significant tool in the distribution of indecent photographs/pseudo photographs of children. Internet chat rooms, discussion forums and bulletin boards are used as a means of contacting children with a view to grooming them for inappropriate or abusive relationships, which may include requests to make and transmit pornographic images of themselves, or to perform sexual acts live in front of a webcam. Contacts made initially in a chat room are likely to be carried on via email, instant messaging services, mobile phone or text messaging. There is also growing cause for concern about the exposure of children to inappropriate material via interactive communication technology – e.g. adult pornography and/or extreme forms of obscene material. Allowing or encouraging a child to view such material over an appreciable period of time may warrant further enquiry.”

“There is some evidence that people found in possession of indecent photographs/pseudo photographs of children are likely to be involved directly in child abuse. Thus when somebody is discovered to have placed or accessed such material on the internet, the police should normally consider the likelihood that the individual is involved in the active abuse of children. In particular, the individual’s access to children should be established, within the family, employment contexts, and in other settings (e.g. work with children as a volunteer or in other positions of trust). If there are particular concerns about one or more specific children, it may be necessary to undertake S 47 enquiries.”

Concerns raised by, or to, the staff of any WSCB partner agency relating to the possibility of a child or children being involved in risk through their, or others, inappropriate use of the internet (or any other form of technology) should trigger a strategy meeting to analyse the level of risk and agree a way forward for appropriate enquiries / interventions to be made, including those leading to support for the child (ren).

### **Children involved in prostitution**

Children involved in prostitution or other forms of sexual exploitation, commercial or otherwise, should primarily be treated as the victims of abuse and their needs assessed, either under s17

as a child at risk of this form of abuse or under s47 as a child already suffering, or likely to suffer, significant harm.

Staff may become aware of this through a number of indicators including:

- Sexually transmitted diseases or sexual assault
- Having money or possessions above their means without explanation
- Being collected by an unknown adult(s) in cars or on foot and returned
- Self-harming
- Running away
- Substance misuse

Concerns relating to a child's possible involvement in prostitution or other form of sexual exploitation, commercial or otherwise, should be referred to the Police and/or Children's Services and trigger a strategy meeting to analyse the level of risk and agree a way forward for appropriate enquiries / interventions to be made. This may well include both a criminal investigation which seeks the facts and attempts to secure any evidence, and an assessment of the child's attitudes and behaviour to identify needs and risk.

Once a full assessment of needs has been completed WSCB would expect a care plan to be developed to meet their immediate needs, and to reduce the possibility of further harm or future exploitation.

### **Children who have been trafficked**

“Trafficking in people involves a collection of crimes, spanning a variety of countries and involving an increasing number of victims – resulting in considerable suffering for those trafficked. It includes the exploitation of children through force, coercion, threat and the use of deception and human rights abuses such as debt bondage, deprivation of liberty and lack of control over one's labour. Exploitation occurs through prostitution and other types of sexual exploitation, and through labour exploitation. It includes the movement of people across borders and also the movement and exploitation of people within borders.”

Concerns relating to the possibility that a child has been trafficked should be referred to the Police or Children's Services and trigger a strategy meeting to analyse the level of immediate risk / need and agree a way forward for appropriate enquiries / interventions to be made.

Once a full assessment of needs has been completed, WSCB would expect a care plan to be developed to meet their immediate needs, and reduce the possibility of further harm or future exploitation, regardless of their immigration status.

### **Fabricated or induced illness in children**

Health staff may be the first to recognise or become concerned that a child is a victim of fabricated or induced illness through their direct observation or by medical test which suggest a discrepancy between reported symptoms and results.

Social workers, teachers and other professionals working with a child and/or their family may also become uneasy by what they see or are told. As with other indicators of abuse, it will often be the discrepancy between what you are told and what you observe, or changes in a child when away from their carers, which would raise concerns.

Both the Dept of Health (Safeguarding Children in Whom Illness is Fabricated or Induced, 2002) and The Royal College of Paediatricians and Child Health (Fabricated or Induced Illness, 2001) have issued guidance which the staff of relevant partner agencies should familiarise themselves with.

Referrals should be made to Children's Services to trigger a strategy meeting, which will include the Police and relevant Health professionals, to analyse the level of immediate risk / need and agree a way forward for appropriate enquiries / interventions to be made.

### **Abuse of disabled children**

It is now widely recognised that disabled children are at increased risk of abuse and that multiple disabilities increases that risk. This can be for a number of reasons including their:

- having fewer outside contacts
- receiving intimate personal care, possible from a number of carers
- being unable to avoid or resist abuse
- having difficulty in telling others
- being inhibited about telling for fear of losing services
- not knowing that actions are abusive

WSCB expects all partner agencies to ensure their staff are aware of this increased risk, and to have taken all necessary steps to build

safeguards for disabled children into their working practices. This should, where appropriate and relevant, include:

- helping disabled children make their wishes and feelings known in respect to their care and treatment
- ensuring they know how to raise concerns and to whom they may safely do so
- providing guidelines and training for staff on possible additional indicators of abuse, and on good practice when working with disabled children.

### **Abuse by children and young people**

“Children, particularly those living away from home, are also vulnerable to physical, sexual and emotional bullying and abuse by their peers.” While it is clear that not all physical, sexual or emotionally inappropriate activity between children and young people could or should be considered as abusive, where concerns are raised, “such abuse should always be taken as seriously as abuse perpetrated by an adult. It should be subject to the same rigorous safeguarding children procedures as apply in respect of any child who is suffering, or at risk of suffering, significant harm.”

WSCB expects that referrals regarding abuse by children or young people against another child will be made in accordance with the agreed, multi-agency ‘Assessment, Intervention and Moving on (AIM) operational framework, within which initial assessment, decision making and case-management will take place, in order to ensure appropriate responses to both the child that has been abused and the child or young person who has committed the abuse.

### **Children living with domestic violence**

“Prolonged and/or regular exposure to domestic violence can have a serious impact on a child’s development and emotional wellbeing.... Domestic violence has an impact in a number of ways. It can pose a threat to the unborn child because assaults on pregnant women frequently involve punches or kicks to the abdomen.... Older children may suffer blows during....violence. Children may be greatly distressed by witnessing the physical and emotional suffering of a parent. And, both the physical assaults and psychological abuse suffered by adult victims can have a negative impact on their ability to look after their children.”

The National Service Framework states: “Everyone working with women and children should be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of children.” The Police are often, but not always, the first agency to become aware of domestic violence taking place. WSCB will expect clear procedures to be agreed outlining the role of the Police in ascertaining the immediate safety of children in the household, and the process for engaging the support of both Children’s Services and appropriate Health services.

Children living in situations of domestic violence may well be considered as children in need and plans to address these needs through interventions, discretely if necessary, should be considered, having first taken into account all risks to both the children and non-violent parent associated with situations of this nature.

Where, as a result of conducting a MARAC Risk Assessment Checklist, there is believed to be a very high risk of violence, a referral should be made to the Police via the Domestic Violence Unit in accordance with the agreed MARAC Protocol.

### **Children living with parents/carers with mental health difficulties**

While many parents with on-going mental health problems are able to care for their children satisfactorily, there will be others whose own ill health will have negative impacts on their ability to meet the health and development needs of their children. Where staff from partner agencies believe this is possible, they should immediately refer to Children’s Services.

Experience around the country has shown that it is essential for social workers and health staff from both adult services and child care services, and colleagues from education work together to ensure the child’s safety and development are not compromised and appropriate plans and safeguards are put in place.

WSCB expects arrangements to be put into place to ensure referrals are being made to address any possible risk and to trigger appropriate support mechanisms as deemed necessary.

### **Children living with parents who misuse substances**

It is estimated by the Advisory Council on the Misuse of Drugs that between 2 and 3 percent of children under the age of 16 in England and Wales are children of problem drug users. They also

concluded that parental drug misuse can and does cause harm to children at every age, from conception to adulthood, including physical and emotional abuse and neglect.

In families where drug and/or alcohol abuse is present, it is essential that partner agencies share information to better assess risk and work together, and with those specialist addiction agencies, in order to minimise any negative impact on the safety and health and development of children.

WSCB expects that work with parents and families, by any agency where substance misuse is recognised, to demonstrate that the needs and safety of children is taken into account and appropriate inter-agency assessment and support is put in place.

### **Child abuse linked to spiritual or religious beliefs**

“The number of known cases of child abuse linked to accusations of ‘possession’ or ‘witchcraft’ is small, but children involved can suffer damage to their physical and mental health, capacity to learn, ability to form relationships and self-esteem.”

However, the number of children physically, emotionally and sexually abused by people in the context of more recognised religious belief systems is now more widely recognised leading to established faith communities beginning to put safeguards into place to minimise risk.

Concerns relating to the possible abuse of a child within the context of a faith setting or community should be referred to the Police or Children’s Services and trigger a strategy meeting to analyse the level of immediate risk / need and agree a way forward for appropriate enquiries / interventions to be made

### **Missing children or families**

“Local agencies and professionals should bear in mind, when working with children and families where there are outstanding concerns about the children’s safety and welfare (including concerns about an unborn child) that a series of missed appointments may indicate that the family has moved out of the area or overseas.”

This same consideration should apply whether there is unexplained non-attendance at school, missed appointments or a number of abortive home visits.

Referrals should be made to Children's Services and brought to the attention of the 'key worker' if one is in place. This will trigger a strategy meeting involving the Police and all other relevant agencies such as Health and Education, and departments, such as legal services (if the child is subject to an order.)

With regard to a child going missing, from either their family or from an alternative residence including an institution, consideration should be given to the possibility that they could be at risk of sexual exploitation and a rigorous investigation conducted, led by the Police. There is always a reason why a child goes missing and a missing child should be considered a child at risk.

### **Forced Marriages and Honour Based Violence**

"A forced marriage is a marriage conducted without the full consent of both parties and where duress is a factor." These are distinct from 'arranged marriages' in which there is consent given by both parties.

Since 2004 these have come under the definition of 'domestic violence' and any suggestion of a child being threatened in relation to a forced marriage should immediately be referred to the Police and Children's Social Care for action. An immediate strategy meeting will usually be required, especially where risk exist that the child is going to be sent overseas.

Honour based crimes can include abduction and homicide and "All those involved should bear in mind that **mediation as a response to forced marriage can be extremely dangerous.**"

