

6 Children's Social Care or Police Action Following Referral

6.1 Introduction

This section covers the responsibilities of Children's Social Care and the Police when responding to Child Protection concerns and referrals.

Whenever Children's Social Care has a case referred to it that constitutes, or may constitute, a criminal offence against a child, the Police should always be informed by Children's Social Care at the earliest opportunity.

In dealing with alleged offences involving a child, the Police should normally work in partnership with Children's Social Care and/or other agencies. While the responsibility to instigate a criminal investigation rests with the Police, they should consider the views expressed by other agencies. There will be less serious cases where, after discussion, it is agreed that the best interests of the child are served by a Children's Social Care led intervention rather than a full Police investigation.

Following a referral to Children's Social Care and/or the Police, it may be that emergency action to protect the referred child or any other child is necessary. If so, this must be carried out by Children's Social Care. Otherwise Children's Social Care need to make a decision within **one working day** about what response is required. See Section 6.9 for information regarding immediate action.

6.2 Receiving and Responding to Referrals

When responding to referrals from the wider community, it should be borne in mind that personal information about referrers, including identifying details, should normally only be disclosed to third parties (including parents/caregivers and other agencies) with the consent of the referrer.

A professional making a referral should not expect anonymity. However, in exceptional circumstances where disclosure to third parties could endanger the referrer, managers should assess risk and if necessary agree anonymity at this juncture.

6.3 Referrals from Members of the Public who wish to Remain Anonymous

Children's Social Care must afford anonymous referrals the same status as those from other sources. A member of the public making a referral who wishes to remain anonymous should always be encouraged to give personal details and assured that every effort would be made to respect their confidentiality, wherever possible.

They should be informed that their personal details can only be disclosed to a third party, including subject family and other agencies, with their consent. However, in exceptional cases a Court could rule that the identity of a referrer should be disclosed if it is necessary to safeguard a child.

This information may enable the referrer to provide contact details to Children's Social Care, should further information be required.

In cases where the referrer decides to remain anonymous or provides inaccurate details, the referral should be followed up in accordance with these procedures and every effort made to trace the child and ascertain whether there is cause for concern.

The referrer should be assured that their concerns relating to the child will be acted upon. They should also be advised who to contact should they have either further concerns or additional information.

6.4 Children's Social Care' Response to all Referrals

The worker in Children's Social Care receiving the referral will establish:

- the nature of the concern
- how and why it has arisen
- what the child and family's needs appear to be
- whether there is any risk of significant harm, and if so, its nature
- any need for urgent action to protect the child or any other child within the same household
- any need for urgent action to protect any child who is in contact with an alleged perpetrator
- if a check of the list/register of children who have a Child Protection Plan has been undertaken and the outcomes of the check
- whether domestic abuse, parental mental illness, a history of violent behaviour or substance misuse are thought to be present, or concerns about persons posing a risk and
- whether vulnerable adults are present in the household ¹³
- whether there are records of past domestic abuse. One serious or several lesser incidents of domestic abuse, where there is a child in the household, would indicate that an initial assessment should be carried out.

The worker in Children's Social Care must take details of the referrer and agree how to contact them in the event that further information/clarification is required, and to feedback actions.

¹³ Safeguarding Adults: South Yorkshires Adult Protection Procedures

There are cases where it **will not** be appropriate to discuss concerns with parents/caregivers before a strategy discussion has been held. In such situations, the timing of contact with parents/caregivers will be agreed at the strategy discussion/meeting.

Situations where family members **should not** be informed include where:

- a) discussion would put a child at risk of significant harm
- b) there is evidence to suggest that involving the parents/caregivers would impede the Police investigation and/or Children's Social Care enquiry
- c) sexual abuse is suspected
- d) organised or multiple abuse is suspected
- e) fabricated or induced illness is suspected
- f) to contact parents/caregivers would place you or others at risk
- g) discussion would place one parent at risk of harm eg in cases of domestic abuse and
- h) it is not possible to contact parents/caregivers without causing undue delay in making the referral
- i) where there are concerns about a possible forced marriage
- i) an allegation is made that a child under 13 has been involved in penetrative sex or other intimate sexual activity
- j) where young people under the age of 18 are engaged in sexual activity and there are concerns around significant harm

In relation to j) and k) above, decisions to share information with parents will be taken using professional judgment and in consultation with the Child Protection Procedures. Decisions will be based on the child's age, maturity and ability to appreciate what is involved in terms of the implications and risks to themselves. This should be coupled with the parents' ability and commitment to protect the young person. Given the responsibility that parents have for the conduct and welfare of their children, professionals should encourage the young person, at all points, to share information with their parents where ever safe to do so.

Please note this list is not exhaustive.

Reasons for not informing the family of the referral must be documented, as must the outcome of any advice sought.

6.5 Information Required

The worker will request and record the following information. **Gaps in information should not result in a delay in actioning a referral.**

6.5.1 Essential information

The worker in Children's Social Care should collect and record the following essential information:

- a) full names and dates of birth of the child, caregivers, and any other family members
- b) the child's full address and telephone number
- c) address and daytime contact telephone number for parents/caregivers
- d) full name, date of birth and address of any suspected abuser
- e) current location of child and suspected abuser
- f) child and family's first language
- g) reason for referral, including description of any injuries observed, (photographs of the injuries should only be taken by Police or medical staff as part of a Section 47 investigation), details of any allegations made, discussions with the child or relevant others, details of any witnesses. Include dates/times/locations of alleged incidents
- h) action taken and people contacted since the concern arose
- i) any immediate or impending danger to the child
- j) special needs of the child and parents/caregivers, including a need for an interpreter, signer or communication therapist
- k) if a CAF has been completed, the name of the lead professional
- l) outcome of checking the List/Register of children with a Child Protection Plan

6.5.2 Additional Useful Information

The worker in Children's Social Care should collect and record additional information that includes:

- a) addresses of family members or other significant people not living in the household
- b) previous addresses of the family
- c) information regarding contact with any alleged abuser and other children, ie in a work, community, extended family or other settings
- d) schools, nurseries, etc. attended by the child and other children in the household
- e) name, address and telephone number of GP
- f) name, address and telephone number of Health Visitor/School Nurse
- g) hospital ward, consultant, named nurse, and date admitted/discharged

- h) name/address/telephone number of other professionals involved with the family
- i) child's legal status (eg residence order, Care Order) and details of anyone not already mentioned who has parental responsibility (unmarried fathers whose details are on birth certificates of children born after 1 December 2003 share equal parental responsibility with the child's mother)
- j) ethnic origin, religion, cultural background
- k) whether vulnerable adults are present in the household¹⁴
- l) previous concerns and any relevant background information. This should be structured using the domains of the 'Framework for the Assessment of Children in Need and their Families'¹⁵
 - children's developmental needs
 - the parents capacity to respond to those needs
 - wider family and environmental factors and
- m) any opinion the referrer has formed about how the child and family are likely to react to the referral and any subsequent Section 47 enquiries, including in particular any factors which are likely to place the child or others at risk (eg where there is domestic abuse, a history of violent behaviour, chaotic substance misuse, adults with unstable mental ill health problems, or persons posing a risk).

The worker in Children's Social Care **should** also carry out and record the following:

- a) establish if a child needs emergency medical attention and, if this has not already been sought, it must be arranged immediately
- b) establish if parents/caregivers have been informed or agree how parents/caregivers are to be informed
- c) discuss any planning issues regarding further child welfare enquiries and/or Police investigation
- d) discuss the role of the referrer in any further child welfare enquiries and/or Police investigation
- e) advise the referrer of what steps will be taken by Children's Social Care
- f) make an enquiry to the list/register of children who require a Child Protection Plan, if not undertaken by the referrer

¹⁴ Safeguarding Adults: South Yorkshires Adult Protection Procedures 2007

¹⁵ Department of Health et al, 2000

- g) check Children's Social Care files for any existing information about the child or family and
- h) the worker will confirm with the referrer that a completed CAF form and/or written information of the referral will be received within **48 hours**

The worker will then, in consultation with an appropriate manager, evaluate the referral information and review any previous information regarding the family/child.

6.6 Safeguarding Vulnerable Adults

Where an adult protection referral indicates that children may be at risk, the Safeguarding Manager (Adult) should contact Children's Social Care Access Team. Child and adult protection services should work collaboratively in order to protect all involved, where appropriate.

Where concerns exist that a child may be suffering or is at risk of suffering significant harm, the worker in Children's Social Care receiving a referral should consider the needs of any vulnerable adults present in the household. Contact should then be made with the Safeguarding Manager (Adult). Workers in Children's Social Care may be invited to contribute to a safeguarding adults strategy meeting/discussion, the safeguarding assessment investigation (adult) and/or the Safeguarding Case Conference (Adult).

If a child is alleged to have perpetrated abuse against a vulnerable adult, consideration should be given to the needs of the adult and child. On receipt of an allegation, the Safeguarding Manager (Adult) should contact Children's Social Care.

Please refer to "Safeguarding Adults – South Yorkshire's Adult Protection Procedures" for further guidance.

Information about adults who may be at risk of harm, vulnerable adults who may be pose a risk of harm to children, and vulnerable adults who admit abuse of a child must be shared within the framework of the Safeguarding Adults Information Sharing Protocol (part 3.11 of the Safeguarding Adults Protocol).

6.7 Decision to Proceed

Following this consultation, the Social Worker will discuss the case with their manager, who will be responsible for making the decision about how to proceed. This decision should be taken immediately if there is a need for emergency action to protect the child or any other child. Children's Social Care must make a decision within **one working day** of the referral being received about what response is required.

Actions could include:

- take immediate action to protect the child if necessary
- **conduct an initial assessment** to establish if Child Protection enquiries should be made or if the child is in need of services under Section 17 of the Children Act 1989; **this assessment may be extremely brief if the need for Section 47 enquiries is apparent or a CAF has been completed**
- give advice and/or refer on to other agencies and
- take no further action.

All decisions, with reasons, must be recorded in writing, signed by the worker in Children's Social Care and counter-signed by their line manager.

Children's Social Care should inform the referrer of the outcome of the referral and the reasons for any decisions made within **one working day**. Both Children's Social Care and the referrer should record the outcome of this decision.

If the referrer is actively involved in Section 47 Child Protection enquiries, s/he should be kept fully informed throughout.

A worker making a referral to Children's Social Care should be informed of the outcome and the reasons for any decisions made within **one working day**. Both Children's Social Care and the referrer should record the outcome of this discussion. Children's Social Care should acknowledge a written referral within **3 working days**, and advise of the action taken.

If a worker is actively involved in Section 47 Child Protection enquiries, s/he should be kept fully informed throughout.

A member of the public making a referral should only be told that appropriate action has been taken but **should not** be given further details. This is because of the need for confidentiality.

6.8 Children from other Local Authorities

Where a referral is received regarding a child normally resident in another local authority area, the local authority in whose area the child is found is responsible for taking any emergency action required to safeguard a child. They are also responsible for convening a strategy discussion/meeting to establish how a Section 47 enquiry is to be carried out and who will be responsible. Where agreement cannot be reached between two local authorities, the matter should be referred to senior managers within **24 hours** of the initial referral. The local authority in whose area the child is found should ensure that all agreements are recorded.

Where a child resident within one South Yorkshire authority is found within another South Yorkshire authority in circumstances that warrant emergency action and a strategy discussion/meeting, the home authority should progress any Section 47 enquiry/core assessment.

If the child is Looked After by or has a Child Protection Plan in another authority, this authority should consult the authority responsible for the child. Only when the latter local authority explicitly accepts responsibility, is the first authority relieved of the responsibility to take emergency action. Such acceptance should subsequently be confirmed in writing.

6.9 Immediate Protection

Immediate emergency action to protect the referred child or any other child must be taken at any point during the initial assessment or Child Protection enquiries, whenever the need becomes apparent. Neglect as well as abuse can pose such a risk of significant harm to a child that urgent protective action is needed.

Planned emergency action will normally take place following an immediate strategy discussion between Police, Children's Social Care and other agencies as appropriate. Where a single agency has to act immediately to protect a child, a strategy discussion should take place as soon as possible after such action to plan the next steps. Legal advice should be obtained before initiating legal action, including where an emergency protection order is to be sought during office hours.

In some cases, it may be sufficient to secure a child's safety by a parent taking action to remove an alleged perpetrator (on a voluntary basis or via an **exclusion order**) or by the alleged perpetrator agreeing to leave the home. In other cases it may be necessary to ensure either that the child remains in a safe place, like a hospital ward or that the child is removed to a safe place, either on a voluntary basis or by obtaining an **emergency protection order**. The **Police also have powers to remove a child** to suitable accommodation in cases of emergency. If it is necessary to remove a child, Children's Social Care should wherever possible, and unless a child's safety is otherwise at immediate risk, apply for an Emergency Protection Order, and should **not** seek to use Police Protection Powers for this purpose.

6.10 Initial Assessment

The initial assessment should be led by a **qualified and experienced Social Worker**, and should be completed within **7 working days** from the date of the referral.

The initial assessment period may be extremely brief if the criteria for initiating Section 47 Child Protection enquiries are met. If a CAF assessment has been completed to an agreed standard this will be used to inform the initial assessment. The initial assessment should be completed using the **initial assessment form**, with reference to the '**Framework for the Assessment of Children in Need and their Families**'.^{15a}

When undertaking any exploration of whether a child is in need of services, the possibility of domestic abuse should always be considered.

The initial assessment should address the following:

- is the child suffering or likely to suffer significant harm?
- what are the developmental needs of the child?
- are the parents able to respond appropriately to the child's developmental needs? Is the child being adequately safeguarded from significant harm, and are the parents able to promote the child's health and development?
- what impact are family functioning and history, the wider family and environmental factors having on the parents' capacity to respond to their child's needs and the child's developmental progress?
- is action required to safeguard and promote the child's welfare?
- all children in the family should be considered as part of the initial assessment.

The initial assessment should include checking files and contacting professionals, the family and the child in order to gather relevant information upon which to decide what action to take. This includes seeking information from relevant services if the child and family have spent time abroad. Professionals from agencies such as health, Children's Social Care or the Police should request this information from their equivalent agencies in the country or countries in which the child has lived. Information about who to contact can be obtained via the Foreign and Commonwealth Office on 020 7008 1500 or the appropriate Embassy or Consulate based in London.

Please refer to the Working with Children from Abroad Protocol available on Rotherham Safeguarding Children Board website.

Possible outcomes of an initial assessment may be:

- take immediate emergency action to protect the referred child or any other child

^{15a} Department of Health, 2000

- initiate a strategy discussion and carry out Section 47 Child Protection enquiries
- conclude that there are no concerns that the child is suffering or is likely to suffer significant harm, but that s/he is in need of services under Section 17 of the Children Act 1989, and that a core assessment should be undertaken
- provide a service without the need for further assessment
- give advice and/or refer on to other agencies and
- conclude that no further involvement is required

The consent of the parent/caregiver, or the child if of sufficient age and understanding to consent in their own right, must be obtained in writing for the initial assessment to continue under Section 17. However, if consent is not given, consideration should be given to whether this places the child at risk of significant harm.

Parents/caregivers' permission must be sought before discussing a referral about them with other agencies, unless seeking permission may itself place the child or others at risk or would compromise a Police investigation or Section 47 enquiry. If parents/caregivers refuse permission, consideration should be given to whether a failure to participate in the initial assessment could cause a likelihood of significant harm to the child, in which case a Section 47 Child Protection enquiry should be carried out.

Non co-operation is never a reason to close a case, but should inform the assessment.

Parents/caregivers, children, the original referrer, and other professionals and services involved in the assessment, should as far as possible and appropriate be told what action has been taken. This needs to be consistent with respecting the confidentiality of the child and family concerned, and not jeopardising further action in respect of Child Protection concerns (which may involve Police investigations).

6.11 Strategy Discussions involving Children's Social Care, Police, other Agencies

Whenever there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm, there should be a strategy discussion between Children's Social Care, the Police and other agencies appropriate for the individual case.

Children and young people already receiving services from social care where there is reasonable cause to suspect the child or young person is experiencing significant harm, should be subject to a strategy discussion. It should not be forgotten that in cases of ongoing neglect, a strategy meeting may be appropriate where the situation fails to improve.

This section should be read alongside Appendix 10: Protocol for Joint Child Protection Enquiries/Investigations and Section 8: Allegations against Staff, Volunteers and Carers.

6.11.1 Criteria for holding a Strategy Discussion

- when there is reasonable cause to suspect that child is suffering, or is likely to suffer significant harm and **a decision has already been taken** to initiate a Section 47 enquiry under the Children Act 1989
- when there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm and **a strategy discussion is required** to decide whether a Section 47 enquiry under the Children Act 1989 is required or not
- when there is an allegation against staff, volunteers or foster carers. The Local Authority Designated Officer (LADO) and designated Police Officer at Rotherham's Public Protection Unit should be informed

6.11.2 Process of Holding a Strategy Discussion

- a strategy discussion may take place following a referral or at any time (eg if concerns about significant harm emerge in respect of a child receiving support under Section 17 of the Children Act 1989)
- a strategy discussion should take place within **48 hours** and preferably within **24 hours** of the initial referral or identification of concern, although the actual timing will be dependent upon the degree of perceived risk
- priority must be given by all agencies towards ensuring strategy discussions are convened within the above timescales
- any unavoidable delay in undertaking a strategy discussion must not delay the taking of appropriate action to safeguard the child's immediate welfare and
- there should be no delay in sharing information that may impact upon the safety of a child.

6.11.3 Children Placed Outside their Home Authority in Foster and Residential Care

The local authority's duty to undertake Section 47 enquiries, when there are concerns about significant harm to a child, applies on the same basis to children in foster care as it does to children who live with their own families. Enquiries should consider the safety of any other children living in the household, including the foster carers' own children. The local authority in which the child is living has the responsibility to convene a strategy discussion, which should include

representatives from the responsible local authority that placed the child. At the strategy discussion it should be decided which local authority should take responsibility for the next steps, which may include a Section 47 enquiry within agreed timescales, and a clear decision needs to be agreed and recorded.

6.11.4 Holding a Strategy Discussion

A strategy discussion may take place either as a telephone discussion or at a meeting.

A **face-to-face** meeting should be considered under the following circumstances, where:

- there is thought to be organised or multiple abuse
- there is alleged abuse by a professional, foster carer or volunteer
- there is a suspicion of fabricated or induced illness
- concerns are related to complex types of maltreatment
- a child has a disability, and a professional with expertise in relation to the child's disability, or with detailed knowledge of the child, should be invited to attend.

6.11.5 Arranging Strategy Discussions/Meetings

For new referrals, Rotherham Children's Social Care Locality Teams are responsible for arranging the strategy discussion.

Strategy discussions involving open or allocated cases are the responsibility of the social care team in which the respective case is held.

6.11.6 Professional Involvement in Strategy Discussion/ Meetings

- When deciding who should be involved in strategy discussion/meetings the following should be considered:
- the relevant social care team manager is responsible for deciding who should be involved with the strategy discussion
- strategy discussions should always include the social care team manager, the Social Worker and a Police Officer
- the on-call consultant Paediatrician for safeguarding should be included in the discussion if it is likely that there will be a need for a medical examination. Where a

medical has already been conducted the relevant Paediatrician should be included

- other agencies should be included and participate as appropriate, such as education and health
- consideration should also be given to seeking legal advice.

Legal advice should be sought where there are suspicious injuries to a pre-verbal child.

Consideration should be given to seeking advice from the Rotherham Safeguarding Children Unit, particularly in complex cases.

Those participating should be sufficiently senior and able to contribute to the discussions and to make decisions on behalf of their agencies.

6.11.7 Recording Face-to-Face Strategy Meetings

Any information shared, or decisions reached, and the basis of those decisions should be clearly recorded by the chair of the strategy meeting, and distributed to those in attendance, within **one working day**. A record should be placed on both Police and Children's Social Care files.

6.11.8 Recording Telephone Strategy Discussions

Staff from all agencies must recognise the status of such telephone discussions in that they constitute a formal inter-agency decision-making process. A clear decision should be made at the start of the telephone strategy discussion about who will complete a record of the discussion, including outcomes, and how this will be distributed.

6.11.9 Issues to be Addressed

The discussion should be used to:

- share and evaluate relevant information
- decide whether Section 47 enquiries should be initiated or continue if they have already commenced
- decide whether a core assessment within Section 47 enquiries should be continued and determine what further information is needed and how this will be obtained and recorded
- plan how the Section 47 enquiry should proceed, ie whether it will be undertaken as a single agency enquiry (Children's Social Care or Police) or a joint enquiry/investigation (Children's Social Care and

Police). For additional information on joint enquiries/investigation please see Appendix 3: Protocol on Joint Child Protection Enquiries/Investigations.

- discuss how to proceed in a way which will not place the child or others at further risk (eg where there is domestic abuse, history of violent behaviour, substance misuse, unstable mental ill health problems, or people posing a risk are present)
- agree what action is required immediately to safeguard and promote the welfare of the child and/or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child
- agree the order of actions required if Section 47 enquiries and a criminal investigation are to take place simultaneously
- agree who should be interviewed, by whom, for what purpose, and when. The way in which interviews are conducted can play a significant part in minimising any distress caused to children, and increasing the likelihood of maintaining constructive working relationships with families. When a criminal offence may have been committed against a child, the timing and handling of interviews with victims, their families and witnesses, can have important implications for the collection and preservation of evidence
- decide whether a recorded video interview is required
- plan and agree the exact role of each agency and how the enquiries should be handled, including the need for medical treatment. If the need for treatment is unclear, discussion should take place with the Designated Doctor for Child Protection or the senior Paediatrician
- determine if legal action is required
- determine what information from the strategy discussion can be shared with the family, unless such information sharing may place a child at risk of significant harm or jeopardise Police investigations into an alleged offence. **This is particularly important in cases of suspected fabricated or induced illness.**
- agree how the child's wishes and feelings will be ascertained so that they can be taken into account
- consider how the race and ethnicity of the child may impact on the investigation
- if English is not the preferred language, consider if an interpreter will be required
- consider what assistance can be given to a child who has difficulties communicating because of a disability

- consider the needs of other children who may be affected or at risk (eg siblings, other children in contact with the alleged abuser)
- agree how feedback will be provided to the referring agency and others in continuing contact with the child and/or family as the enquiry progresses
- determine whether an initial Child Protection Conference is required, or if further information is needed before this decision can be made
- where fabricated or induced illness is suspected, consideration should be given to the use of covert video surveillance which would be undertaken in accordance with the good practice advice for Police Officers which is available to them from the National Crime Faculty. Please refer to Fabricated or Induced Illness Protocol (Appendix 11).

More than one strategy discussion may be needed, particularly where the child's circumstances are very complex and a number of discussions are required to consider whether, when and how to initiate Section 47 enquiries. The 15 working days timescale for initial Child Protection Conferences begins when the final strategy discussion is held.

Any extension to timescales because of practical difficulties should be part of the formal decision making process and recorded. Such extensions should not place the child at further risk.

6.12 Criteria for Initiating Section 47 Enquires

It may be evident from the evaluation and review of information that Child Protection enquiries under Section 47 of the Children Act 1989 should be pursued immediately and a strategy discussion held. For example:

- a) a child makes a clear allegation of abuse
- b) a child sustains an injury and there is professional concern about how it was caused
- c) a non-mobile infant sustains any injury, however slight, **without an adequate accidental explanation**
- d) a member of the public makes a clear, detailed, credible allegation that someone has abused a child
- e) professional concern exists about abuse or neglect, despite no allegation being made
- f) despite professional intervention, either on a single agency basis or as part of CAF intervention, because of suspected neglect or emotional abuse there is concern that a child is suffering or is likely to suffer significant harm

- g) an allegation is made that a child under 13 has been involved in penetrative sex or other intimate sexual activity
- h) where young people under the age of 18 are engaged in sexual activity and there are concerns around significant harm
- i) there are concerns a child under 18 is being sexually exploited
- j) concern exists about a child having contact with a person who may pose a risk, or potential risk, to children. Please see Protocol on Persons who Pose a Risk on the Rotherham Safeguarding Children Board website for further information.
- k) a child has been abandoned
- l) a child is being denied access to urgent or important medical assessment or services
- m) a child is at risk of being subjected to illegal procedures, for example female genital mutilation or forced marriage
- n) a child is being harmed through seeing or hearing the ill-treatment of another for example through domestic abuse
- o) there are any other circumstances which suggest that a child is suffering or is likely to suffer significant harm
- p) further concerns have arisen in relation to an open case to Children's Social Care
- q) either an adult or a child makes historical allegations of abuse
- r) a CAF confirms there are suspicions of fabricated or induced illness
- s) where there are concerns about the welfare of any unborn child
- t) concerns of significant harm have risen for a child receiving a service as a child in need
- u) further concerns have arisen of increased or additional risk to a child currently on the list/register of children who have a Child Protection Plan
- v) a child has been made the subject of an Emergency Protection order or Police Protection
- w) concerns have arisen for a child who is the subject of a Supervision Order or Care Order.

Children's Social Care workers must initiate a strategy discussion and always seek legal advice on the evidential implications of unexplained serious injuries (eg fractures) to either a pre-verbal child or child who cannot communicate at the earliest possible stage of their enquiries.

An initial assessment record should be completed detailing the reason for the decision to progress to a Section 47 enquiry and core assessment.

If it is not clear that there is a reasonable cause to suspect that a child is suffering or is likely to suffer significant harm, the initial assessment should continue. The consent of parents/caregivers or child, if of sufficient age and understanding to consent in their own right, must be given for the initial assessment to continue. **If parents**

withhold this consent, there must be an assessment regarding whether there are still significant concerns that warrant further investigation.

6.13 Criteria for Considering Joint Enquiries/ Investigations

As stated in Working Together (5.59): 'When joint enquiries take place, the Police have the lead for the criminal investigation and LA Children's Social Care has the lead for the S47 enquiries and the child's welfare.'¹⁶

Joint enquiries/investigations between the Police and Children's Social Care should always take place when the concern is regarding:

- a) serious injury or serious neglect
- b) a pre verbal infant or child with a disability sustains any injury, however slight, **without an adequate accidental explanation**
- c) sexual abuse (whether by an adult or a young person)
- d) where an allegation is made that a child under 13 has been involved in penetrative sex or other intimate sexual activity
- e) where young people over the age of 13 are engaged in sexual activity and there are concerns around significant harm
- f) suspicion that a child is at risk of, or is being, sexually exploited
- g) organised or multiple abuse
- h) alleged abuse by a staff member, volunteer or foster carer
- i) a CAF confirms there are suspicions of fabricated or induced illness
- j) the suspicious or unexplained death of a child

Please see Appendix 10: Protocol for Joint Child Protection Enquiries/Investigations for further information.

6.14 Making Section 47 Child Protection Enquiries

Social Workers conducting Child Protection enquiries regarding any individual child should always consider the need for protection of any other children in the alleged abuser's home, extended family, and work or community life.

6.14.1 Core Assessment

The core assessment is the means by which a Section 47 enquiry is initiated. Core assessments should be led by a qualified and experienced Social Worker. The 'Framework for the Assessment of Children in Need and their Families'^{16a} provides a structure for

¹⁶ Working Together to Safeguard Children 2006

^{16a} Department of Health, 2000

helping to collect and analyse information obtained in the course of Child Protection enquiries.

6.14.2 List/Register of Children who have a Child Protection Plan

Rotherham Safeguarding Children Unit holds information on behalf of the Rotherham Safeguarding Children Board about all children who are on Rotherham's list/register of children who have a Child Protection Plan, or for whom there have been Child Protection concerns within the last 2 years. The Social Worker must ensure a check of the list/register of children who have a Child Protection Plan has been made.

6.14.3 Agency Checks

The Social Worker must check with all agencies that may have relevant information about the child and their family. This will include a request for information from the Police, Health and Education services.

6.14.4 Contact with Parents/Caregivers

Early and sensitive involvement of parents/caregivers promotes partnership and increases the likelihood of effective outcomes for children.

At an early stage those conducting the Child Protection enquiries need to identify the resources that will enable them to communicate effectively with parents/caregivers.

- Consideration needs to be given to issues of religion, culture, language, hearing ability, disability, literacy skills etc. The use of interpreters is appropriate when parents/caregivers are not confident speaking English. The issues to be discussed are complex ones that sometimes involve the use of technical language which may not easily be interpreted. Stress may well result in parents/caregivers not understanding as much as they would normally do. Previous experiences of racism may also be a barrier to communication. Parents may be unable to speak openly if an inappropriate interpreter is used.
- The Co-ordinator Translation and Interpretation will undertake interpreting and translating. He can be telephoned on (01709) 823941, or faxed on (01709) 822325. Where British Sign Language you can contact the Sign Language Interpreter on (01709) 823509. Safeguarding children work is a high priority and translation is undertaken in-house to maintain confidentiality.

All important decisions should be confirmed in writing in parents/caregivers first language, and on audiotape if they do not possess literacy skills.

Parents/caregivers should be involved immediately unless:

- a) discussion would put a child at risk of significant harm
- b) there is evidence to suggest that involving the parents/caregivers would impede the Police investigation and/or Children's Social Care enquiry
- c) sexual abuse is suspected
- d) organised or multiple abuse is suspected
- e) fabricated or induced illness is suspected
- f) to contact parents/caregivers would place you or others at risk
- g) discussion would place one parent at risk of harm eg in cases of domestic abuse
- h) it is not possible to contact parents/caregivers without causing undue delay in making the referral
- i) where are the concerns regarding a possible forced marriage
- j) an allegation is made that a child under 13 has been involved in penetrative sex or other intimate sexual activity
- k) where young people under the age of 18 are engaged in sexual activity and there are concerns around significant harm.

In relation to j) and k) above, decisions to share information with parents will be taken using professional judgment and in consultation with the Child Protection Procedures. Decisions will be based on the child's age, maturity and ability to appreciate what is involved in terms of the implications and risks to themselves. This should be coupled with the parents' ability and commitment to protect the young person. Given the responsibility that parents have for the conduct and welfare of their children, professionals should encourage the young person, at all points, to share information with their parents where ever safe to do so.

The purpose of contacting the parents/caregivers initially is to:

- a) inform them about the concerns and explain any action already taken
- b) interview them to ascertain their explanations and/or views about the concerns
- c) gather factual information about the child and family
- d) request consent to interview the child and any siblings where necessary
- e) request consent for the child and any siblings to be medically examined and treated, where necessary
- f) arrange to see the child
- g) arrange to see any other children where concerns exist for their welfare.

In cases of alleged neglect or children being affected by parental substance misuse it is good practice to make an unannounced visit to the family home.

6.15 Lack of Involvement, Co-operation or Consent from Parents/Caregivers during the Child Protection Enquiries – Emergency Protection Orders and Police Protection

There will be circumstances where there is a lack of co-operation or consent from parents/caregivers. They may not allow a child to be seen, interviewed, medically examined or co-operate in order to ensure that the child is safe. Cultural issues may impact on a family's willingness to engage in the Child Protection process.

In these cases, those conducting the Child Protection enquiries must consult with their line manager to consider further action. Where cultural issues may be a factor, every effort should be made to maximise co-operation. Whilst it is important that every effort is made to involve parents/caregivers, the welfare/safety of the child is the prime consideration.

For further information please refer to the Protocol for Working with Un-co-operative Families on Rotherham Safeguarding Children Board website.

Social Workers must ensure that any necessary emergency action to protect the referred child or any other child is taken immediately.

If concerns exist about the parents'/caregivers' co-operation with the plan to ensure the child is safe, and there is a risk of imminent significant harm, legal advice must be sought with a view to applying for an Emergency Protection Order. This allows the Court shared parental responsibility with the parents, and enables the Court to give permission for a medical examination. Alternatively, a Police Officer can take immediate action to protect any child by placing them in Police protection. However, this does not give parental responsibility to the Police or the local authority.

Police powers should only be used in exceptional circumstances, where there is insufficient time to seek an Emergency Protection Order or for reasons relating to the immediate safety of the child.

6.16 Child Assessment Orders

Professionals should make all reasonable efforts to persuade parents/caregivers to co-operate with Section 47 enquiries. However, if despite these efforts the parents/caregivers continue to refuse access to a child for the purpose of establishing basic facts about the child's condition but concerns are not so urgent as to require an

emergency protection order, a local authority may apply to the Court for a child assessment order. In these circumstances, the Court may direct the parents/caregivers to co-operate with an assessment of the child, the details of which should be specified. The order does not take away the child's own right to refuse to participate in an assessment, for example, a medical examination, so long as he or she is of sufficient age and understanding.

In all cases, parents/caregivers must be fully informed of the concerns and any action taken or proposed.

Non-co-operation is never a reason to close a case; rather, it informs the assessment.

6.17 Seeing and Interviewing Children

Any child who is the subject of Child Protection enquiries **should be seen** by those conducting the enquiries. Every child **should** be seen separately from parents/caregivers and other children. Observations of the interaction between the child and his/her parents/caregivers should be noted. Workers should ensure that the physical environment of the child, for example, hygiene, sleeping arrangements, the child's bedroom, food and warmth are adequate to support the child's wellbeing and development. Workers should include their observations of adults or caregivers who are present in the child's living environment. Where the child is living in a domestic abuse refuge or any other form of supported accommodation, the accommodation workers' observations should be considered as part of the assessment.

Children's wishes and feelings should be ascertained. Those conducting the enquiries should interview the child separately. Interviews should be conducted in a manner that prevents any adult trying to either influence or corrupt the child's story. When children are first approached, the nature and extent of any harm suffered by them may not be clear. It is important that even initial discussions with children are conducted in a way which minimises any distress caused to them and maximises the likelihood that they will provide accurate and complete information.

Leading or suggestive communication should always be avoided. Children may need time, and more than one opportunity, in order to develop sufficient trust to communicate any concerns they may have, especially if they have communication difficulties, are very young, or are experiencing mental ill health problems. Additional specialist help may be needed if the child's preferred language is not English, or s/he has communication difficulties.

The purpose of the interview should be to gather information, in an open-minded way, which will inform further action. It is an opportunity

for the child to express their own views, wishes and feelings. The interviewer should explain what is happening, what may happen next and give reassurance where it is reasonable to do so. Any choices offered to the child must be realistic, and false promises should not be made.

Siblings and children living in the same household as a child for whom there are Child Protection concerns should always be seen and interviewed. Consideration should also be given to interviewing any child who has witnessed the abuse of another.

Those conducting the enquiries should always seek consent from someone with parental responsibility to enable them to interview a child. In the majority of cases, consent should be sought from and given by the parents. However, there may be exceptional cases where the enquiry team need to speak to a child without the knowledge of a parent/caregiver. Relevant circumstances include:

- the possibility that a child would be threatened or otherwise coerced into silence
- a strong likelihood that important evidence would be destroyed, or the investigation otherwise impeded and
- that the child in question did not wish the parent to be involved at that stage, and is competent to take that decision

Social Workers should consider seeking legal advice in the above circumstances.

If those conducting the enquiries decide that the interview needs to be video recorded, and may be used in criminal proceedings, they must follow the 'Achieving Best Evidence in Criminal Proceedings'¹⁷ recommended by the Home Office and the Department of Health. Please refer to the Protocol for Joint Child Protection Enquiries/Investigations: Appendix 10 of this document.

Those conducting enquires should take account of the child's need for support during this process and how to access this support. This remains relevant regardless of the outcome of the enquiry.

6.18 Medical Examination

6.18.1 Purpose

In planning Child Protection enquiries and investigations, Social Workers and Police Officers must consider the need for a medical examination in all children for whom concerns exist.

Decisions need to be made on:

¹⁷ Royal College of Paediatrics and Child Health and Association of Police Surgeons, April 2002

- a) the need for a medical examination
- b) its purpose and therefore who should conduct it, eg Paediatrician and/or forensic medical examiner ('Guidance on Paediatric Forensic Examination in relation to Possible Child Sexual Abuse')¹⁸
- c) timing, taking into account any need for urgent forensic examination to find evidence of recent injury or to secure other forensic evidence. Please see Section 6.17 of these procedures

The purpose of any medical examination is to:

- a) establish the need for and provide any medical treatment required
- b) provide a medical assessment of possible causes of injuries, illness or suspected abuse
- c) provide a record of any injuries, illness or evidence of abuse together with a medical assessment of whether these are consistent with any account of their cause
- d) establish the need for, and arrange, any further investigation.
- e) consider the need to obtain forensic samples
- f) assess and record levels of development, functioning and general condition of the child
- g) give an opinion on whether the findings are consistent with any history
- h) assess the need for treatment, counselling or monitoring
- i) provide reassurance to the child and parent, if they are concerned that abuse may have physically damaged the child
- j) enable the Paediatrician to take a proper role in Child Protection Conferences
- k) provide paediatric reports and opinions which should be made available as appropriate to those conducting Child Protection enquires, including the Police, to any subsequent Child Protection Conference and to any Court hearing. A brief interim report should be provided to inform the Police investigation, outlining the findings and provisional medical opinion as to the possible cause of the findings. Should the Court request a report, this should provide a fuller and more considered opinion.

Although children should not undergo unnecessary medical examinations, an examination should be carried out if there are indications that a child is injured, neglected, ill, has

¹⁸ Royal College of Paediatrics and Child Health and Association of Police Surgeons, April 2002

developmental or growth problems, or there is reason to believe that forensic evidence may exist. In a child who is thought to have been sexually abused, both child and parent may have unspoken concerns about the child's future sexual and emotional health. The medical examination can be reassuring and contribute to the future wellbeing of the child. Where there is uncertainty about the need for a medical examination, advice should be sought from the local Designated Doctor in Child Protection, or his/her representative. Legal advice may also be needed.

Where physical abuse or neglect is alleged or suspected, a Paediatrician at a hospital will normally examine a child. Where sexual abuse is alleged or suspected, Police and Children's Social Care, in discussion with the Designated Doctor or his/her representative, will decide whether a child is to be examined by a Paediatrician, forensic medical examiner, or jointly by both.

There will be cases where the child should be interviewed before a decision is made about a medical examination.

Consideration should be given regarding examination of any siblings or other children once the index child has been examined and the result known.

6.18.2 Timing of Medical Examination

Each area has its own procedures for accessing a medical examination. General guidelines for the timing of the examination are:

Physical injuries, particularly to infants, should be seen by the Paediatrician or forensic medical examiner preferably the same day and certainly within **24 hours** of the referral being received by Children's Social Care and/or the Police. This **particularly** includes minor injuries to infants. Physical injuries can change with time and should be seen quickly to allow the Doctor a timely assessment of the injury.

Suspected sexual abuse: a child who is thought to have been sexually abused in the previous **72 hours** should be seen within **24 hours** of the referral being received by Children's Social Care and/or Police. If there is likely to be forensic evidence, then the examination should be done as soon as possible to optimise assessment of clinical signs and forensic evidence. However, out of hours examination during the night should generally be discouraged. Properly set up examinations with access to a colposcope and with appropriately trained staff are likely to yield better

information/evidence and be more reassuring to the child and family.¹⁹

A child who has been sexually abused in the previous 2 weeks should be seen within one week of the referral being received by Children's Social Care and/or the Police. However, if there is reason to believe that physical evidence of abuse still exists (like bruising or bite marks), the child should be seen by the Paediatrician or forensic medical examiner within **24 hours** of the referral being received by Children's Social Care and/or the Police.

A child suffering **chronic abuse or neglect**, but who does not need medical attention urgently, should be seen at the next available opportunity, usually within a week, bearing in mind the need to ensure that any initial Child Protection Conference must take place within **15 working days** of the last strategy discussion. Follow-up may be required to monitor growth or changes in behaviour, development and health, or to give the child and family results from investigations.

It is good practice to medically follow up a child where there are concerns about neglect. Physical signs may change over time and the child may have on-going needs.

It is good practice after a consultation for suspected sexual abuse, to consider the need for follow up to consider sexually transmitted diseases and the psychological welfare of the child or young person.

6.18.3 Involvement and Consent of Parents/Caregivers and Children

Those conducting the Child Protection enquiries must always secure informed consent for the child to be medically examined, investigated, treated or photographed and to have forensic tests done. In the majority of cases, written consent will be given to the Doctor carrying out the examination, by parents/caregivers who must be made aware of the reason for the examination. Occasionally the parent/caregiver cannot be present at the examination. Consent may then be given in writing that the Social Worker should bring to the medical examination. On rare occasions, telephone consent is given directly by the parent/caregiver to the Doctor. If a child is the subject of an Emergency Protection Order, an Interim Care Order or a Child Assessment Order, the Court will give consent (the local authority will transmit the request). If the

¹⁹ Child Protection Companion: RCPCH Clinical Guidelines

child is the subject of a Care Order, the local authority can give consent. Any relevant documentation should be shown to the Doctor. It is important to be sure of the position of foster parents, or other caregiver, to give consent if they bring the child for examination.

A parent/caregiver's refusal to allow medical examination should not be allowed to cause unnecessary delay. In such circumstances consideration should be given to seeking urgent legal advice.

Young people aged 16 years and over are able to give their own consent to be medically examined, treated or photographed. If they refuse consent, then this should be respected. It is good practice to involve parents unless this would jeopardise the child's welfare or is against their wishes. The examining Doctor may assess some children, under the age of 16 years to be competent to give informed consent to be medically examined, treated or photographed. However, those conducting Child Protection enquiries should consider seeking the advice of a local authority Solicitor before proceeding in these circumstances.

Children must not be medically examined against their wishes unless the examining Doctor believes there is a need for emergency medical management/assessment.

Parents/caregivers must be informed about the implications of the medical examination and should be encouraged to be involved in it. They should be informed of the results of the examination unless there are good reasons to act otherwise.

6.18.4 The Medical Assessment

The medical assessment is part of the Child Protection enquiry, co-ordinated with Police and Children's Social Care involvement. It occurs in the context of the 'whole child examination', ie health, growth, emotional and social development.

The child/young person should be allowed some control of the situation, and their wishes should be respected. They should be able to choose who accompanies them. The process of the assessment should be explained to the child/young person. Cultural factors should be taken into consideration. The gender of the Doctor may be important, particularly to an older child, and every effort should be made to accommodate a preference.

6.19 Action following Child Protection Enquiries

The outcome of the Section 47 enquiry should be one of the following:

(i) **Concerns are not substantiated**

Where the original concerns that the child is suffering, or likely to suffer significant harm, have not been substantiated action under these procedures should be discontinued. However, it is important that the core assessment is completed and that a multi-agency Child in Need planning discussion takes place, in order to consider whether:

- a) any further involvement is required by the family
- b) advice and/or referral to other agencies is required
- c) a service can be provided without the need for further assessment and
- d) further work is identified by the core assessment

Continuing involvement requires the consent of parents/caregivers or children of sufficient age and understanding to consent in their own right.

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

(ii) **Concerns are substantiated but the child is not judged to be at continuing risk of significant harm**

There may be circumstances where, although concerns about significant harm are substantiated, a protection plan is not required because there is no continuing risk to the child. This could be because:

- a) the alleged perpetrator has permanently left the household and has no unsupervised contact with the child
- b) the abuse was committed by a stranger and the parents are able to protect the child in the future, or
- c) on the basis of all relevant information obtained during enquiries, and a soundly based assessment of the

likelihood of successful intervention, the agencies most involved judge that a parent, caregiver or members of the child's wider family are willing and able to co-operate with actions to ensure the child's future safety and wellbeing. This judgment should be made bearing in mind the dangers of misplaced professional optimism.

A decision not to convene a conference is as important as the decision to convene one. Children's Social Care staff should seek the agreement of all professionals involved in the enquiries/investigations and those who are most involved with the child and family before making this decision. This should be done at a Child in Need planning meeting. If there is agreement not to proceed to conference, this decision must be endorsed by a Children's Service Manager. However, professionals have the right to request that Children's Social Care convene a Child Protection Conference if they have serious concerns that a child may not otherwise be adequately safeguarded. Any such request made to a Social Care Team Manager that is supported by a senior manager or a named or designated professional should normally be agreed.

Where agreement cannot be reached, the Rotherham Safeguarding Children Unit should be consulted. Every effort should be made to resolve the matter through discussion and explanation. Following this, where agreement cannot be reached a conference should be convened. Professional reasons for the final decision should be fully recorded on the child's file.

Where a Child Protection Conference is not being convened consideration should be given to the need for further involvement. A core assessment should be completed so that there is an overall assessment of the child's needs. Important issues to consider are:

- a) the ability of parents/caregivers to protect the child in both the short-term and the long-term
- b) the level of understanding of, and attitudes to, the impact of abuse on the victim
- c) therapeutic needs of the victim and how they will be met
- d) witness support where criminal proceedings are likely
- e) likelihood of further incidents of abuse
- f) counselling and support needs of parents/caregivers
- g) parents/caregivers' attitudes and commitment to any planned work, support or counselling and
- h) advice about Criminal Injuries Compensation. Legal advice should be sought if necessary.

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

The length of time taken to conclude Child Protection enquiries will depend upon the complexity of the individual case and the urgency of the protection needs of the child.

However, all Child Protection enquiries should be concluded in sufficient time to enable any required Child Protection Conference to take place within 15 working days of the last strategy discussion/meeting.

In relation to **unborn children** a Child Protection Conference should be held **no later** than the **32nd week of pregnancy**.

6.20 Feedback to Parents/Caregivers, Children, Referrer and others involved

Those conducting the Child Protection enquiries should notify the following in writing of the outcome of the enquiries and details of any action taken/to be taken to protect the child until a Child Protection Conference can be held:

- a) parents/caregivers
- b) the child, if s/he has sufficient understanding
- c) the referring agency
- d) professionals and agencies who have been significantly involved and
- e) other professionals who have a role in implementing the plan

The amount of information given to the child, and the method of informing them should have regard to what is in their best interests.

If the initial referrer is a member of the public, they should be notified only that their referral was acted upon.

Social Workers should provide information to parents/caregivers and children about how advice, advocacy and support may be obtained from independent sources.

Parents/caregivers and children should be given information about how they can complain if they wish to do.