

**CHILDREN'S SERVICES DEPARTMENTAL PROCEDURE NO:  
SAFEGUARDING CHILDREN POLICY**

12/11

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ISSUED BY: Steve Crocker – Assistant Director

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PROCEDURES AMENDED: 47/09 Safeguarding Children Policy

REMARKS: **ALL DEPARTMENTAL STAFF SHOULD BE AWARE OF THE APPLICABILITY OF THESE PROCEDURES.**  
**THESE PROCEDURES ARE BEST VIEWED ON LINE AS THIS WILL FACILITATE DIRECT ACCESS TO OTHER WEBSITES AND DOCUMENTS PROVIDING RELEVANT SUPPLEMENTARY INFORMATION**

SIGNED: Steve Crocker

DESIGNATION: Deputy Director (Children & Families)

**YOU SHOULD ENSURE THAT:-**

- You read, understand and, where appropriate, act on this information
- All people in your workplace who need to know see this procedure
- This document is properly filed in a place to which all staff members in your workplace have access

## PURPOSE

The purpose of this procedure is to ensure that:

- All staff working within the department are aware of their roles and responsibilities in respect of work to safeguard children.
- That where staff have specific responsibilities there is clarity as to the processes to be followed, practices required and the standards to which duties should be carried out.

These procedures form part of the overall Quality Improvement Framework for Safeguarding which embeds a culture of continuous quality improvement across of all aspects of safeguarding within the department.

These procedures should be used in conjunction with the Local Safeguarding Children Board procedures '4 LSCB Safeguarding Children Procedures 2011' for Hampshire, Isle of Wight, Portsmouth and Southampton and the central government guidance contained within 'Working Together to Safeguard Children' 2010 and any supplementary or updated guidance.

## SCOPE

The procedure relates to all children with whom Departmental staff come into contact, and to every member of staff within the Department

## POLICY

See document, Section 1

## REFERENCES TO LEGAL, CENTRAL GOVERNMENT AND OTHER EXTERNAL DOCUMENTS

Below is a list of all the relevant publications and a hyperlink to each document, where possible.

- [Children Act 1989 and associated guidance and regulations](#)
- [Achieving Best Evidence \(2011\)](#)
- [Framework for the Assessment of Children in Need and their Families \(2000\)](#)
- [Fabricated & Induced Illness – DOH \(2002\)](#)
- [Sexual Offenders Act 2003](#)
- [The Protection of Children Act 1999](#)
- [Crime and Disorder Act 1998](#)
- [Data Protection Act 1998](#)
- [Human Rights Act 1998](#)
- [Working Together to Safeguard Children - 2010](#)
- ['The Protection of Children in England: A progress report'](#)
- [Safeguarding Disabled Children – Practice Guidance](#)
- [The Munro Review of Child Protection](#)

## HAMPSHIRE COUNTY COUNCIL/CHILDREN'S SERVICES DEPARTMENT AND OTHER REFERENCES

- [Joint Working Protocol](#): Parents and carers with mental health, substance misuse, learning disability, psychological and emotional distress issues (April 2011)
- [Local Safeguarding Children Board procedures](#) '4 LSCB Safeguarding Children

- Procedures 2011' for Hampshire, Isle of Wight, Portsmouth and Southampton
- [MAPPA protocol 2008](#) for Hampshire, Isle of Wight, Portsmouth and Southampton
- [Bruising Protocol](#)

## DEFINITIONS

**Child** For the purposes of this procedure a child is any child or young person under the age of 18 years. The procedure also applies to children pre-birth.

### **Safeguarding and promoting welfare, and child protection**

**Safeguarding and promoting the welfare of children** is defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care ('Working Together' 2010)

**Child protection** is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. ('Working Together' 2010). Safeguarding is a wider remit than just child protection.

### **The concept of significant harm**

Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives Local Authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. ('Working Together' 2010)

### **Social Worker**

A social worker is an appropriately qualified worker who is registered as a social worker with the General Social Care Council

### **Child in Need**

Under Section 17 [10] of the Children Act 1989, a child is a Child in Need if:

1. He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;
2. His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
3. He/she is a Disabled Child.

### **File**

For the purpose of this procedure, a file is defined as all paper and electronic records relating to a child.

## ROLES

All staff in Children's Services Department staff in Hampshire will be expected to operate this procedure.

**AUTHORITY TO VARY THE PROCEDURE**

Deputy Director, Children & Families Branch

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Part 1. of this procedure is general in the sense that it is applicable to all Children's Services Department staff and outlines the duties of the department.

Part 2. of the procedure relates specifically to social care responsibility in responding to information about children who may be in need including in need of protection.

## **PART 1 – FOR ALL DEPARTMENTAL STAFF**

### **1. INTRODUCTION**

Every member of the community, every worker in every organisation which relates in any way to children has a potential role to play in respect of the need to safeguard children. However through legislation and guidance Local Authorities which are Children's Services Authorities, such as Hampshire, and therefore especially those who work within Hampshire's Children's Services Department (CSD), have particular responsibilities to children within Hampshire.

For some this will be due to their contact with other professionals and organisations who work directly with children. Some will have direct contact with children as part of their working life. Others will be the key professionals involved with children deemed to be in need of safeguarding or working with those children whose needs are met through formal child protection plans.

Whatever the level and frequency of involvement in children's lives it is paramount that staff understand the expectations upon them and have access to the procedures and policies to support them in this work.

The purpose of this procedure is to give that guidance and this procedure should therefore be followed in all instances where suspected or alleged issues of safeguarding or child protection are recognised.

This procedure is written for departmental staff and focuses on the key expectations on those staff within the context of safeguarding processes. Further details and expectations of other professionals will be found particularly in the [Local Safeguarding Children Board procedures](#).

#### **1.1 UNDERPINNING PRINCIPLES**

- 1.1.1 Hampshire is committed to ensuring effective safeguarding for all children normally or temporarily resident within the County. We do this by working openly and wherever possible in partnership with children and their families. We take account of their wishes and feelings while making the child's welfare the paramount consideration at all times.
- 1.1.2 We recognise that to safeguard children effective interagency work is fundamentally necessary. Under the guidance of the Hampshire Safeguarding Children Board and within the structures of the Children's Trust we work with other statutory agencies and voluntary organisations to identify those children who are in need of safeguarding, recognising our particular duty to those have suffered, or are at risk of suffering, significant harm from abuse or neglect.
- 1.1.3 Information will be shared in line with [government guidance](#) and [departmental procedures](#) and protocols.
- 1.1.4 We provide and commission a range of services to assess the level of need, risk and the need for further safeguards as well as services to reduce the effects of harm already

suffered.

- 1.1.5 We monitor our services and wherever possible we will seek the views of children and families using the services we provide for the safeguarding of children. We will review policy, procedures and practice in the light of the issues identified from our monitoring process and in accordance with new national requirements or good practice and research.
- 1.1.6 We recognise that disabled children have exactly the same human right to be free from abuse and neglect as non-disabled children but may experience greater vulnerabilities and have needs arising within assessment and protection processes which should be differently addressed.
- 1.1.7 This policy is based on a number of publications with which all managers and practitioners should be familiar. (See "**References to Legal, Central Government and Other External Documents**" on pages 2 and 3 of this procedure)

## **2. GENERAL ROLES, RESPONSIBILITIES AND TRAINING**

### **2.1 ROLES AND RESPONSIBILITIES**

- 2.1.1 Anyone in the department may hear of a concern relating to a child, or concern about someone who works with children and, if they do, they need to know how to respond appropriately. Any member of staff should inform their line manager on becoming aware of a potential safeguarding issue in line with [government guidance](#) on the DfE website.
- 2.1.2 Those with direct contact with children have a duty to understand basic signs and symptoms which may give indication of a safeguarding concern, and should know what to do if they see or become aware of such concerns.
- 2.1.3 Equally, anyone in the department may hear of or encounter a concern relating to an adult who is at risk due to their vulnerability. Any adult at risk should be referred to Adult Services without delay.
- 2.1.4 The person receiving the concern should discuss it with the line manager as soon as possible. If a concern cannot be promptly raised with the line manager due to their not being available the covering line manager should be contacted.
- 2.1.5 The worker and line manager will reach a conclusion as to the necessary action to be taken. This conclusion, along with a brief description of the factors taken into account and an explanation of why the conclusion is appropriate will be recorded by the worker and signed or authorised by the manager within one working day.
- 2.1.6 Any uncertainty as to whether this is a matter which should be dealt with by social care teams should be discussed with the Children or Adult social care referral teams within HantsDirect. These contacts and their outcomes will be recorded.
- 2.1.7 When concerns are of a lower level, the role of CSD staff may be to encourage those who know the child to undertake an assessment with the child and family using the [Common Assessment Framework](#) (CAF) process, which will include checking with HantsDirect whether such an assessment has already been completed.
- 2.1.8 The need for support should be considered at the first sign of difficulties, as early support can prevent more serious difficulties developing.
- 2.1.9 Where it is clear that a concern may be child protection this should lead to immediate



referral to the referral team in HantsDirect who will ask for a written account on an inter-agency referral form.

- 2.1.10 Where concern are such that the CAF process will not provide an adequate response, HantsDirect should be contacted as above.
- 2.1.11 Social workers and others in the social care teams and the independent reviewing service structures within the authority have particular responsibilities with regard to safeguarding and child protection (see part 2 of this procedure.)
- 2.1.12 All managers have a responsibility to ensure that their staff receive induction, further training, information, support and supervision relating to safeguarding and child protection as appropriate to the role of the staff member.

## **2.2 TRAINING**

The Children's Services Department will:

- 2.2.1 Ensure that appropriate workforce strategies are developed in Hampshire.
- 2.2.2 Ensure that staff working for the department in whatever capacity, access sufficient training in issues relating to the safeguarding of children, appropriate to their role.
- 2.2.3 Ensure that training and resources embrace equality and diversity and are available to provide a service which is sensitive to all ethnic groups living in Hampshire.
- 2.2.4 Ensure that staff make children and families aware of the procedure for complaints and appeals.

## **3. CHILDREN MISSING EDUCATION (CME)**

- 3.1 In addition all staff should be aware of the duties resulting from 'Children Missing Education' statutory guidance which resulted from the Victoria Climbié inquiry as Victoria was a child not enrolled in any school. Schools are required to pass information about children to their next school or educational provision and the local authority has systems for tracking children across Local Authorities.
- 3.2 When obtaining details about a child of compulsory school age, it is important to always ask what school s/he attends. In the event of establishing that a child is not
  - on the roll of a school in Hampshire, nor
  - on the roll of an independent school nor
  - on roll of a school in another LA area, nor
  - on EIS's list as a child either receiving education at home, or attending an Education Centre, or having alternative provision

The member of staff should ask if there has been a problem in enrolling with a school and obtain the last school's details and date the child last attended.

- 3.3 If the child has just moved into the area the parent should be given the contact details for Hampshire CSD Schools Admissions ([admissions.team@hants.gov.uk](mailto:admissions.team@hants.gov.uk); tel. 01962 846234)

An email should be sent to Admissions if there are problems regarding enrolling and to the Locality team Education Welfare Officer (EWO) alerting them to the fact that a child living in their area is not on any school roll nor having any other educational provision. The email should also be copied to the CME officer via the CME in-box (CMEtracking@hants.gov.uk)

to ensure a check can be made that the parent has managed to enrol the child. If the parent explains other difficulties preventing the child attending, this information will help identify how and who can best help and these details should be passed on to the EWO, who can ensure the most appropriate person be engaged.

- 3.4 If the child is on a school's roll but is not attending, this will increase the child's vulnerability and the absence should be discussed with the school who may seek support via an EWO or other resource.

#### **4. ALLEGATIONS AND CONCERNS ABOUT THOSE WORKING WITH CHILDREN**

##### **4.1 SCOPE OF 'ALLEGATIONS AND CONCERNS'**

- 4.1.1 Full details of the procedure to be used in circumstances where an allegation is made against anyone working with children are contained within Appendix 5 of Working Together 2010 and the [4 LSCB procedures](#).
- 4.1.2 Additionally in circumstances of allegation against foster carers reference must be made to the current [departmental procedure](#) 18/10. For allegations against prospective and approved adopters reference must be made to [departmental procedure](#) 10/10.
- 4.1.3 This section of the procedure is not limited to allegations involving 'significant harm / risk of significant harm'. It should be applied whenever it is alleged a person who works with children has in any activity connected with her/his employment or voluntary activity:
- Behaved in a way that has, or may have harmed a child
  - Possibly committed a criminal offence against / related to a child
  - Behaved toward a child in a way which indicates s/he is unsuitable to work with children
- 4.1.4 The procedures apply to situations when:
- There are suspicions or allegations of abuse or concerns that meet the criteria in 4.1.3 regarding a person working with or caring for children in a paid or unpaid capacity – as permanent, temporary or agency staff, contract worker, consultant, volunteer, approved foster carer, child minder or approved adopter or staff in commercial settings
  - It is discovered that an individual known to have been involved previously in child abuse, is or has been working with children
- 4.1.5 If concerns arise about the person's behaviour to her/his own children, Police and/or Children's Social Care must consider informing her/his employer in order to assess whether there may be implications for children with whom the person has contact at work and whether this might indicate the person's unsuitability to work with children at least until matters of concern are resolved.
- 4.1.6 The employer should be advised to contact the LADO for the Local Authority in which the person works if any disclosure is deemed appropriate.
- 4.1.7 If an allegation relating to a child is made about a person who undertakes paid or unpaid care of vulnerable adults, consideration must also be given to the possible need to alert those who manage her/him in that role.

##### **4.2 REPORTING ALLEGATIONS OR CONCERNS THAT MEET CRITERIA IN 4.1.3**

- 4.2.1 The local authority must appoint a Local Authority Designated Officer (LADO) to:
- Be involved in the management and oversight of individual cases

- Provide advice and guidance to employers and voluntary organisations
- Liaise with the Police and other agencies
- Monitor the progress of cases to ensure they are dealt with as quickly as possible consistent with a thorough and fair process where the criteria in 4.1.3 apply.

Additionally the Local Authority must identify a 'Named Senior Officer' with overall responsibility for this area of work and a 'Senior Manager' with day to day responsibilities for ensuring the work is appropriately carried out. In Hampshire these roles are fulfilled by the Deputy Director and Head of Safeguarding Unit respectively.

- 4.2.2 Any allegation of abuse must be reported to the worker's line manager or senior manager as described in internal agency procedures. Within a school this will be the head teacher. Within a residential unit this will be the unit manager who will alert a senior manager as soon as possible.
- 4.2.3 If the above manager is implicated in the allegation, the concern must be reported to a senior manager or the designated / named person for child protection in that agency. Within a school this will be the chair of governors.
- 4.2.4 In either case a record of concern or allegation, which is timed, dated and includes a clear name or signature must be made, clarifying fact, observation and concerns as reported via a third person.
- 4.2.5 The recipient of an allegation must not unilaterally determine its validity, and failure to report it in accordance with procedures is a potential disciplinary matter. The recipient must not advise the person to whom the concern relates until such action has been agreed with the line manager and LADO.
- 4.2.6 Any member of staff who believes that allegations or suspicions, which have been reported to the appropriate manager, are not being investigated properly has a responsibility to report it to a higher level in their agency or directly to the LADO.
- 4.2.7 The LADO must be told, within one working day, of all allegations and concerns that come to the employer's attention and appear to meet the criteria in paragraph 4.1.3 of this procedure so that s/he can consult or refer to Police and Children's Social Care as appropriate. Alternatively the LADO may advise that the employer can and should deal with the matter internally.
- 4.2.8 The LADO may advise that a referral should be made for consideration of preventing the person from working with children via the Vetting and Barring Section of ISA, (or POCA and/ or List 99 in the interim).
- 4.2.9 If, for any reason, there are difficulties with following the above procedure, 'whistle blowing', using Hampshire's [Whistle Blowing Procedure](#) (2010) should be considered or a referral made directly to Children's Social Care and / or the Police.
- 4.2.10 The need for consultation must not delay a referral to social care if appropriate.

## **5 NOTIFICATIONS OF ALL CHILD DEATHS**

- 5.1 A new requirement on LSCBs came into force from 1<sup>st</sup> April 2008 requiring all child deaths be reviewed by a Child Death Overview Panel (CDOP) on behalf of the LSCB. The CDOP for Hampshire covers the 4LSCB area, Hampshire, Isle of Wight, Portsmouth, Southampton.

- 5.2 The requirement includes the need for CDOP to be notified of the death of a child normally resident in Hampshire. This includes children 'looked after' but placed in Hampshire by another LA, or children living in another LA or country but attending boarding school in Hampshire. Once notified the CDOP administrator and Panel Manager will liaise with the other areas to determine which CDOP should review the circumstances of the child's death.
- 5.3 All CSD staff should be aware of the need to notify CDOP and how to do so in collaboration with their line manager.
- 5.4 Doctors, police officers, or other emergency services are more likely to be the first to be aware of the death of a child, and will be expected to complete a notification form for CDOP. However if a member of CSD is made aware of a child's death, and it is not clear that CDOP is already aware, s/he should notify or check with the CDOP administrator. This is particularly important when the child has not died whilst in Hampshire, especially if s/he died abroad, as the school or CSD staff may hear before other agencies in these instances.
- 5.5 The CDOP administrator can be contacted on 01962 876355 (from 01.07.11) and the email is POR-PCT.CDOP@NHS.net The administrator can provide the notification form if it is not otherwise available.
- 5.6 Whilst CDOP will consider all children's deaths, usually several months after the death, the unexpected death of a child death will also be responded to in accordance with a 'Rapid Response'. This is set out in Chapter 7 of Working Together and the local 4 LSCB Rapid Response procedure is available.
- 5.7 The Safeguarding Unit is made aware of the deaths of all children which have been notified to CDOP. The Safeguarding Unit, in liaison with the CSD Hantsdirect, will in turn establish who is known to be involved from within CSD, including via Early Years, whether the child or sibling is having pre-school provision, so that they can be advised by their manager of the death of the child.
- 5.8 It is also important to know when and in what capacity staff have been involved so that requests for information, whether for a Rapid Response meeting or from the CDOP administrator for a CDOP meeting, will obtain information from all involved.
- 5.9 In unexpected deaths, a designated paediatrician (or the hospital staff where the child has died or been taken to,) will instigate enquiries of all agencies to find out who has been involved with the child or family. This is part of a 'Rapid Response'. If any member of CSD has been involved with the family s/he should advise his/her manager of the request for information.
- 5.10 The death of a child is always distressing. The purpose of CDOP is to help identify any matters of concern affecting the safety and welfare of children in Hampshire and /or any public health or safety concerns arising from a particular death or group of deaths in the Hampshire wide area or identify any concern about the death of a child.
- 5.11 When a Rapid Response is instigated, a social care manager, usually the R&A manager will be the main liaison point for CSD and will liaise with the other professionals involved with CSD.
- 5.12 If another member of staff in CSD is contacted and had involvement, s/he should also advise the R&A manager for the area responsible for the child's address if a Rapid Response is being co-ordinated.

- 5.13 A designated Rapid Response Social Care manager will attend the first Rapid Response meeting in most cases and will also collate information about all CSD involvement in an Agency Form B, available from the CDOP administrator (see 5.5 above). Other involved professionals may also be asked to attend the Rapid Response meetings and should be aware of the requirements and protocol in such instances.
- 5.14 The Designated Rapid Response social care manager will advise the Educational Psychology service to enable support to the family, school or pre school settings and to staff involved with the child or siblings if necessary. The social care manager should inform others of the Educational Psychology role at the first Rapid Response meeting.
- 5.15 There will be a first Rapid Response meeting within 1-5 days, a second within 5-7 days and a third after all post mortem results have been received, usually 8-12 weeks. At the third meeting an agreed report will be prepared for CDOP and for the coroner if an inquest is to take place. Where there has been CSD involvement, the Social Care manager will attend these meetings.
- 5.16 The majority of child deaths are not totally unexpected. Of those unexpected deaths, very few are caused by abuse or neglect. However there may be contributory factors in some instances and police and health enquires have to eliminate such causes or factors. A Rapid Response ensures the best information is available to determine the cause of a child's death, a question parents invariably also want answered.
- 5.17 Should the police suspect abuse or neglect they will, as part of their enquiries seek information from other agencies immediately on becoming aware of the death. They will work also in accordance with the Rapid Response protocol to ensure sensitivity to the needs of the family at such a difficult time.
- 5.18 When abuse or neglect is suspected, Social Care will respond to such enquiries and if there are potential risks to other children in the household, will act in accordance with existing LSCB procedures and Part 2 of these procedures. They will also be working in accordance with the Rapid Response protocol expectations and members of CSD may be asked to provide information for both purposes.
- 5.19 When a Rapid Response has been undertaken the collated information will be made available to the CDOP and the coroner if there is an inquest.
- 5.20 When a Rapid Response is not necessary, a request for written information will be made by the CDOP administrator at the point when the case is to be reviewed by CDOP. Agency form B will be sent for completion to those involved with the child or family members. This should be completed and agreed with the line manager.
- 5.21 The LSCB will have mechanisms for informing parents and family members of child death overview and rapid response processes. Parents should be assured of the purpose of the processes, and the fact that all cases are anonymised prior to discussion. Their information and questions will be seen as a positive contribution to the review but parents will not attend CDOP meetings.

## PART 2- CASE MANAGEMENT AND PRACTICE

### 6. INTRODUCTION

Hampshire, with the help of other organisations as appropriate, has a duty to make enquiries under section 47 of the Children Act 1989 if they have reason to suspect that a child in Hampshire is suffering, or likely to suffer significant harm. This is to enable a decision to be made as to whether any action should be taken to safeguard and promote the child's welfare. This function is undertaken within the authority's social care teams.

Where there is a risk of significant harm, social workers in Hampshire's social care teams have a duty for case-holding, co-ordinating an assessment of the child's needs, of the parent's capacity to keep the child safe and promote his or her welfare, and of the wider family circumstances. This is to enable appropriate actions to be taken to reduce the risk and ensure the continuing safety of the child.

#### 6.1 CASE MANAGEMENT PRINCIPLES

- 6.1.1 In all cases consideration will be given to the possible harmful effects of any intervention and we will assess situations in the most supportive and sensitive manner compatible with safeguarding the child and promoting his/her welfare.
- 6.1.2 Where assessment indicates that a child's welfare and safety can be secured by the provision of family support services, this will be the preferred way of working. Only when an assessment indicates that assistance of this kind cannot safeguard a child will the child protection process continue, including any necessary legal action.
- 6.1.3 All assessments will focus on children's and families strengths, as well as areas of need and risk.
- 6.1.4 Wherever possible a child will be maintained within his or her family if this is compatible with the child's continuing safety and well being. Where alternatives to this are necessary, priority will be given to returning the child to his/her family's care if this is compatible with the child's continuing safety and well-being.
- 6.1.5 A child's contact with his/her parents and wider family as well as their role in the child's life will be maintained if it is necessary for him/her to live elsewhere, when this is compatible with the child's wishes and best interests.
- 6.1.6 Decision-making and service provision will take account of a child's age, gender, ethnicity, culture, religious background and any disability, and will not discriminate on the grounds of any of these.
- 6.1.7 Family Group Conferences will be used when possible to enhance the decision-making process by employing the experience and skills of the family network.
- 6.1.8 The CSD will provide, commission or seek joint service agreements for a range of post-investigative treatment services to children who are victims of abuse, their siblings and both abusing and non-abusing parents.
- 6.1.9 The key elements of case-holding are assessment (analysis), planning, intervention and reviewing. The systematic basis to be used for collecting and analysing information relating to children's needs is that given in the ['Framework for the Assessment of Children in Need and their Families \(Department of Health et al., 2000\)](#).

## 6.2 ROLES AND RESPONSIBILITIES

- 6.2.1 All staff have a responsibility to work to the principles above
- 6.2.2 All staff have a responsibility to ensure that their own work is carried out to the standards described in this procedure.
- 6.2.3 All work must be recorded in line with departmental guidance as in [Practice and Recording Reference Group \(PRRG\) briefing notes](#).
- 6.2.4 All staff must ensure they are conversant with the law and guidance relevant to their roles.
- 6.2.5 Case holders and first line managers have a responsibility to ensure all concerns are highlighted as appropriate to managers/senior managers so that decisions can be taken in line with the [departmental scheme of delegation](#) (Procedure1/09).
- 6.2.6 Managers have a responsibility to ensure that all child protection cases are allocated, and that the allocated lead social worker is a social worker with at least one years post qualifying experience.
- 6.2.7 Managers must ensure that:
- All staff are supported and supervised in line with departmental expectations as in [branch supervision policy](#) 25.08.
  - All staff are offered training appropriate to their role and in line with [individual IPP process](#)
  - Any new information and guidance from within the authority or from government is passed on to all those who need to receive it
- 6.2.8 The Independent Reviewing Service is responsible for ensuring that all Child Protection Conferences are conducted in line with this procedure and the guidance from central government and HSCB expectations.
- 6.2.9 The admin service will ensure that conferences are arranged, and that minutes and outcomes recorded in line with this procedure.

## 7 PROCESS OF CASE MANAGEMENT

### 7.1 REFERRAL

- 7.1.1 Referrals will be received via the social care reception team within HantsDirect. All referrals, whatever their origin, will be treated with respect and courtesy in an open-minded way.
- 7.1.2 All new referrals, or contacts on open cases, will be recorded in ICS/Swift.
- 7.1.3 All referrals will be seen by a manager, ideally on the day they are received, and a decision made on all matters referred within one working day of receipt.
- 7.1.4 Possible child protection (CP) referrals and contacts on open cases indicating possible child protection concerns, will be brought to the immediate attention of a manager by the worker who receives the referral or contact.
- 7.1.5 Possible CP referrals will be passed via ICS/Swift from the referral team within HantsDirect to Referral & Assessment teams within 30 minutes of receipt and receiving teams alerted

- by phone or email more quickly than this.
- 7.1.6 The manager will determine what, if any further action is required and record that decision and the reasons for it in ICS/Swift. i.e.
- No Further Action
  - Allocate the case for commencement of an initial assessment (in cases where further work is required, including safeguarding cases, which are not identified as being child protection,)
  - Deem the initial assessment complete and move immediately into core assessment because a section 47 investigation is needed (in cases identified as child protection). The case will be allocated to a social worker. In these cases a decision must also be made and recorded as to what action, if any, needs to be taken to ensure the immediate protection of the child. This may include legal action and/or discussion with the police.
- 7.1.7 Referrals relating to children who have come from another Local Authority (LA), should give rise to a check with the LA from which they have moved.
- 7.1.8 In particular, information relating to any previous child protection conferences and child protection plans should be requested and recorded. Where such information is received, this should be recorded in ICS/Swift, or added to the ICS/Swift record using the Electronic Social Care Record (ESCR) system.
- 7.1.9 Anonymous referrers, or those from people who do not wish their names to be disclosed to the child/family, should understand that the information they have supplied may lead to their identification by those whom it concerns. There are few cases when it would be acceptable for referring professionals to remain anonymous. Wherever possible family members making allegations should be persuaded to give permission for allegations to be attributed when discussing them with those who have responsibility for the welfare of the child.
- 7.1.10 However, all referrals made in confidence should be treated seriously and care should be taken wherever possible not to expose the referrer to the possibility of identification. The referrer should be advised that if a case later involves criminal proceedings, the identity of the referrer may be required by defence counsel unless it can be proved that to disclose this is not in the public interest.
- 7.1.11 Referrals made verbally by professionals should be confirmed by them within 48 hours, on the agreed Inter-Agency Referral Form. Whilst a referral will be made to the Reception team within HantsDirect the confirming form will need to be sent to the relevant Referral and Assessment team.
- 7.1.12 The referrer should know what the response of the Department will be, bearing in mind the need to safeguard confidential information. An acknowledgement should be sent within one working day. Information recorded on ICS/Swift should explicitly record whether a matter was referred as child protection and whether a referral or contact resulted.
- 7.1.13 When professionals from different agencies are sharing information on a case, there should be mutual agreement on what will be recorded in the agency records to cover what has been discussed and the action to be taken.
- 7.1.14 The team manager must inform the police in a case referred which constitutes or may constitute a criminal offence against a child, or if information which may constitute such an offence emerges after referral.
- 7.1.15 Such information will be passed to the police using the agreed referral form which should



be emailed to the police Central Referral Unit.

## 7.2 INITIAL ASSESSMENT

- 7.2.1 The Initial Assessment is a brief assessment of each child to determine if the child is a child in need as defined in [section 17 of the Children Act 1989](#), the nature of need and whether a more detailed core assessment is required.
- 7.2.2 The Initial Assessment will be carried out in line with the '[Framework for the Assessment of Children in Need and their Families](#)'
- 7.2.3 When a decision has been made to undertake an Initial Assessment the manager will allocate the case.
- 7.2.4 Any current [Common Assessment Framework](#) assessment completed by another agency should form the basis of the Initial Assessment.
- 7.2.5 Actions to complete the Initial Assessment should be planned in consultation with a manager.
- 7.2.6 If the child has a disability consideration should be given to the use of any additional appropriate resource, including joint work with a member of the disabled children's teams, in line with current [practice guidance](#).
- 7.2.7 Initial Assessments should be completed within 10 working days.
- 7.2.8 The child should be seen and communicated with, appropriate to age/understanding as part of the assessment, as should principal carers. Consideration should be given to seeing the child alone, taking into account the child's age, understanding and the nature of the concern.
- 7.2.9 When undertaking an Initial Assessment that relates to parental drug abuse consideration should always be given to checking with the police whether any relevant information is held by them.
- 7.2.10 When undertaking an Initial Assessment due regard should always be given to any indication of domestic abuse and the effect this may have on children.
- 7.2.11 Assessment must always focus on the child's needs. In cases where parents or prospective parents are young, or have challenges of their own to contend with such as learning disabilities or mental health issues it is important to keep the focus on the issues of parenting capacity and the child's needs. The [Joint Working Protocol: Parents and carers with mental health, substance misuse, learning disability, psychological and emotional distress issues](#) (April 2011) gives guidance in this regard.
- 7.2.12 If immediate protection concerns are identified consideration must be given to the protection needs of any other children in the same household, the children of any suspected perpetrator, and any other children who may be at significant risk by association with the person or family. Initial, or Core assessments or Section 47 investigations should be commenced as appropriate.
- 7.2.13 If immediate protection concerns are identified consideration must be given to the needs of any other children in the same household, the children of any suspected perpetrator, and any other child who may be at risk of significant harm by association with the person or family.

- 7.2.14 The Initial Assessment may be very brief if criteria for initiating an enquiry under section 47 are met. In these circumstances the manager will determine that the case move immediately to a strategy discussion and possible section 47/core assessment (see section 7.5)
- 7.2.15 The Initial Assessment should ascertain:
- is this a child in need (section 17 of Children Act 1989)
  - Or is there reasonable cause to suspect the child is suffering or is likely to suffer significant harm? (section 47 of Children Act 1989)
- 7.2.16 Possible outcomes from an Initial Assessment:
- Not a child in need – No Further Action
  - Child with additional needs – provision of services using the 'Team Around the Child (TAC)/Lead Professional' model as appropriate.
  - Child in Need and move to a Core Assessment. This does not prevent appropriate service provision and TAC commencing at this point to meet needs already identified. Services as identified as necessary to meet need should be put in place whilst the Core Assessment continues.
  - Child is suffering or likely to suffer significant harm – Section 47/core assessment. (See section 7.5)

The decision should be fed back to the referrer in writing. If no further action, the reason for this should be explained. If the referrer is not a professional, the decision should be fed back in such a way that respects the child and family's right to confidentiality.

### **7.3 STRATEGY DISCUSSION**

- 7.3.1 In all situations where there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm a strategy discussion with the police and with other professionals who may be of assistance should take place. This may be by phone or face to face. If the initial referral has come from a professional, he/she should be included in the discussion. It is for the Police and Social Care Manager to decide who else should be involved, but discussions should always include the paediatrician who has indicated a diagnosis of probable or non accidental injury and the ward nurse if the child is an in patient. The use of conference calls should be encouraged where a face to face meeting is not possible.
- 7.3.2 If a child with a disability, or with significant health problems, or a child whose family is known to another team within the Department or to the NSPCC is involved, an appropriate person should be party to the discussion.
- 7.3.3 If the child concerned is in hospital, the strategy discussion must take place at the hospital unless there is good reason not to do so. This is to ensure that all those who have a current role with the child are directly involved in the assessment and planning.
- 7.3.4 All discussions should be used to:
- Share all available information
  - Confirm whether S 47 enquiries should be initiated
  - Plan how enquiries should be handled and by whom
  - Agree what action is needed immediately to safeguard the child and/or provide interim services and support
  - Consider legal action if necessary
- 7.3.5 The primary responsibility of the Police is to undertake criminal investigations of suspected, actual or alleged crime. Criminal investigations and section 47 enquiries may give rise to circumstances and information relevant to both agencies. The initial decision regarding

single or joint agency investigations should be taken at a strategy discussion, in line with the [4 LSCB guidance](#) and authorised by the managers party to that discussion.

- 7.3.6 At the strategy discussion, whether it is a meeting or conducted on the telephone, consideration should be given to:
- Whether there is any history of violent or threatening behaviour by the parents/carers, towards professionals. If this is the case, it is likely that they will be violent towards a child too.
  - Where the child is in hospital either as an inpatient or outpatient, the strategy discussion should plan how the S 47 will be undertaken if one is to be initiated), including the need for medical treatment, and who will carry out what action, by when and for what purpose
  - The continuing safety of the child, any need for protective action on a voluntary basis or through the courts and whether legal advice is needed, including how to secure the safe discharge of a child who is in hospital
  - Whether the likelihood of an offence having been committed which may lead to prosecution is such that the police should participate to safeguard evidence
  - Agree the conduct and timing of any criminal investigation, where there is the likelihood of a criminal offence having been committed
  - Agree how the child's wishes and feelings can be ascertained
  - How parents/carers can be involved: who should be interviewed, when and where, giving consideration to their needs without compromising the safety of the child/children.
  - How information about the child can best be gathered: e.g. exploring different ways of communicating, whether a DVD-recorded interview is appropriate (see section 7.4), when and by whom the child should be seen/interviewed.
  - Who can provide help to communicate with children or adults with disabilities, or those whose first language is not English e.g. signers, interpreters, workers from the same ethnic group.
  - Whether members of the extended family could or should be involved to help with the investigation or to provide support for the family
  - Whether and what interviews should be conducted jointly or single agency
  - Whether medical examination or treatment is necessary and what action should be taken to secure this
  - Who will undertake which specified actions and within what timescales
  - Who will co-ordinate the investigation and be responsible for feedback being given to the referrer and to the family.
  - Who will be responsible for what and what the timescales for those tasks will be
  - Arrangements for reviewing outcomes and holding further strategy discussions if needed
- 7.3.7 Strategy discussion decisions should be clearly recorded. The record should include:
- Those present and those invited and not present (if a meeting)
  - Those involved (if the discussion was by phone)
  - A summary of information shared and evaluation of it to include the rationale for decisions made and actions to be taken or not taken.
  - All action points, with agreed timescales and the person identified for carrying it out
  - Details of how and when progress for each action will be reviewed.
  - Any decision to not speak directly to the child with the reason for this decision
- 7.3.8 The record will be added to the ICS/Swift record using the Electronic Social Care Record system. It must be dated and signed by the relevant practitioners and managers. A copy of the record, timed, dated and signed legibly, should be given to all participants of the Strategy discussion prior to dispersal. If it is a phone discussion, provision should be made

to exchange the agreed actions within 24 hours of the discussion ending or sooner if immediate action is required.

#### 7.4 INVESTIGATIONS CONDUCTED JOINTLY WITH THE POLICE

7.4.1 If the outcome of the strategy discussion is an agreement that an investigation should be carried out jointly between the police and social care reference should be made to the guidance within the Government publication, "[Achieving Best Evidence \(2011\)](#)."

7.4.2 The reason for any decision to not undertake an interview jointly with the police in those instances that meet the criteria for this to be undertaken jointly should be fully recorded to the rationale for not doing so or to record lack of availability of staff.

7.4.3 The social worker allocated the case should have undertaken the specific training for conducting Best Evidence Interviews (joint interviews).

7.4.4 The Joint visit or joint interview should be planned prior to the visit or interview, giving particular regard to the following:

- Any preparation necessary for the child, including any special measures
- Whether contact can or should be made with anyone having previous knowledge of the child
- Any particular or special needs the child has which should be taken account of (e.g. developmental age, understanding, details of any disability, need for facilitator, interpreter or signer, gender/ethnicity issues, travel sickness)
- Details of alleged victims/witnesses
- Any other relevant information (e.g. medical)
- The objectives of the interview
- Who is to be interview support and why
- Who will lead the interview, and reasons for the decision

7.4.5 It should be noted that in all matters of sexual abuse a child should not be asked leading questions other than in a formal interview setting, and then only as a last resort and the reason for doing so should be recorded.

7.4.6 The outcome of the visit or interview will help determine whether a medical examination is appropriate and will contribute to the analysis of risk and need as above.

7.4.7 Process, planning, decisions and outcomes of joint work should be recorded in bullet point on the form CP1 WORD document and added to the case file using the Electronic Social Care Record.

#### 7.5 SECTION 47/CORE ASSESSMENT

7.5.1 Children's social care has the specific duty to make, or cause to be made, enquiries when the circumstances defined in section 47 of the children Act 1989 exist, i.e.:

- There is reasonable cause to suspect that a child who lives in or is found in, a local authority area is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect.
- Following an Emergency Protection Order or Police Protection.
- A child breaches curfew criteria in which case the response must be initiated within 48 hours of receipt of the information [s.47(1)(a)(iii) Children Act 1989 inserted by s.15 (4) Crime and Disorder Act 1998

7.5.2 The service manager has the responsibility for determining that an investigation under section 47 is appropriate. This may be delegated to a team manager.

- 7.5.3 A core assessment must also be commenced at the point which a manager determines an investigation under section 47 is justified and is the means of the Section 47 being carried out.
- 7.5.4 Section 47 enquiries may be justified at the point of referral, during the course of or on completion of an Initial Assessment, during the course of or on completion of a Core Assessment or at any time thereafter.
- 7.5.5 Hampshire's CP1 form will be used for recording the process of a section 47 enquiry and recording key outcomes and management decisions, including the Service or Team Manager decision as to whether a Child Protection Conference is required.
- 7.5.6 The Core Assessment will be carried out in line with the '[Framework for the Assessment of Children in Need and their Families](#)'. This format does not have a specific heading focussing on risks and it is vital to identify these explicitly.
- 7.5.7 A qualified practitioner will see the child who is the focus of concern on the day the referral is received. Subject to their age the child will be seen alone, ideally, but not necessarily with parental consent. The decision not to see a child within twenty four hours can only be taken by a service manager. Children may need time and more than one opportunity to develop sufficient trust to communicate any concerns they may have.
- 7.5.8 When section 47 enquiries are initiated on a child consideration should be given to initiating section 47 enquiries in respect of other children in the household. Decisions in this respect, and the reasons for them should be clearly recorded on ICS/Swift by way of a 'Team Manager decision'.
- 7.5.9 As part of the assessment the parents/carers should be seen, ideally together and separately.
- 7.5.10 The child should also be seen with parents/carers to allow any issues about how they interact to be observed.
- 7.5.11 If the child has a disability any additional needs arising from their disability should be considered in line with current [practice guidance](#).
- 7.5.12 All areas of the house where the child lives or is staying in should be seen with particular attention being given to the room where the child sleeps.
- 7.5.13 Relevant Information from all other relevant and involved parties should be sought and interviews with those personally and professionally connected with the child and/or family may be appropriate.
- 7.5.14 The purpose of the information gathering is to enable sound analysis to be undertaken giving a holistic picture of the risk a child may be subject to.
- 7.5.15 As with an Initial Assessment services should be put in place to meet identified needs at the earliest possible point in the process, not at the conclusion of a complete assessment.
- 7.5.16 When a section 47 investigation is concluded the file will be passed to the service manager who will make a judgement, based on all the information available, as to whether or not an Initial child Protection Conference should be convened. (See Section 8.2.3.) This may be delegated to team Manager for decision to hold a CPC – but not for decision to not hold one. This decision and the reasons for it must be clearly recorded.

- 7.5.17 If a Service Manager determines that an Initial Child Protection Conference is appropriate (see section 8.2.3.) the Conference will be held within 15 working days of the strategy discussion, or the strategy discussion at which the section 47 enquiries were initiated if more than one has taken place. The Core Assessment will be completed and will include details of the Section 47 enquiry and its outcome and will form the basis of the workers report to the conference. This does not contradict the notion of assessment being a continuous process which will continue through the life of a case i.e. assessment and analysis will continue after an Initial Conference (or conclusion of a Core Assessment).
- 7.5.18 A core assessment is deemed complete once it has been discussed with the child and family (or carers) and it has been viewed and authorised by the team manager.
- 7.5.19 In all other cases the Core Assessment should be completed within 35 days of its commencement.

## **7.6. SAFEGUARDING AND PROMOTING THE WELFARE OF CHILDREN WHO MAY BE PARTICULARLY VULNERABLE**

- 7.6.1 Children may be particularly vulnerable because of their personal circumstances or because of the particular risks they may be exposed to. For a child in any of the following categories the procedures in this document should be followed but particular attention should be paid to the guidance in [4LSCB procedures](#) and other relevant documents. In all of these circumstances open joint working with the police and other agencies will be key.

**Abuse by children and young people** (Unless at risk themselves children suspected of abusing will be dealt with through CiN processes in line with current guidance)

**Abuse linked to spiritual and religious beliefs**

**Abuse of Disabled Children**

**Allegations of harm arising from under age sexual activity**

**Bullying**

**Child Abuse and Information Communication Technology**

**Children and Young People subject to violent extremism**

**Children and Families who go missing**

**Children at risk where a parent has a learning Disability** (see also [Joint Working Protocol:](#))

**Children at risk where a parent has a mental health problem** (see also [Joint Working Protocol:](#))

**Children from abroad**

**Safeguarding children who may have been trafficked**

**Children living away from home (including families in temporary accommodation)**

**Children missing from education ( see also sec. 3. of this procedure)**

**Children moving across boundaries**

**Children of alcohol misusing parents** (see also [Joint Working Protocol:](#))

**Children of drug misusing parents** (see also [Joint Working Protocol:](#))

**Domestic Abuse**

**Complex (multiple or organised abuse)**

**Fabricated or Induced Illness**

**Female Genital Mutilation**

**Forced marriages**

**Harm to animals – possible implications fro children**

**Intimate care good practice guidelines**

**Race and Racism**

**Reluctant and hostile families**

**Sexual exploitation**

**Children and young people affected by gang activity**

## **8 CHILD PROTECTION CONFERENCES – TYPES AND PROCESSES**

**The ultimate purpose of the activity around child protection conferences and associated planning is to ensure that risks are recognised and addressed. Throughout this process there needs to be a clear focus on what needs to change and how that change is engendered.**

### **8.1 INTRODUCTION**

8.1.1 The responsibility for convening Child Protection Conferences rests with the Children's Services Department.

8.1.2 Child protection conferences bring together family members, the child (where appropriate), supporters / advocates and those professionals most involved with the child and family.

8.1.3 There are three types of child protection conference; Initial Conference (which includes Pre Birth Conferences – see [4LSCB procedures](#)); Review Conference and Transfer Conference.

### **8.2 INITIAL CONFERENCES**

8.2.1 The purpose of the Initial Child Protection Conference is to:

- Share and evaluate information in an inter-agency setting regarding the child's health, development and functioning and the parent / carer's capacity to ensure the child's safety and promote their well being within the context of their wider family and environment

- Make judgements about the likelihood of the child suffering significant harm in future and decide whether the child is at continuing risk of significant harm
- Decide if the child should be the subject of a child protection plan and if so the category of abuse or neglect the child has suffered
- Decide what future action is needed to safeguard the child and promote her/his welfare, outline the CP plan for the Core Group to develop with intended outcomes time-scales and indications of who needs to be involved

8.2.2 The conference must consider **all** the children in the household, even if concerns are only being expressed about one child.

8.2.3 An Initial Child Protection Conference must be convened when it is believed that a child may continue to suffer or be at risk of suffering significant harm.

8.2.4 Pre-birth conferences should always be convened where there is a need to consider if a multi-agency child protection plan is required. This decision will usually follow from a pre-birth assessment which should not wait until a later point in the pregnancy and must be undertaken in the circumstances outlined in [4 LSCB procedures](#).

8.2.5 If the outcome of a s.47 enquiry was not to convene a conference, a senior member of another agency has the right to request a conference be convened if s/he has serious concerns that a child's welfare may not otherwise be adequately safeguarded. Any such request should normally be agreed

8.2.6 All initial conferences should take place within 15 working days of the strategy discussion, or the strategy discussion at which the section 47 enquiries were initiated, if more than one has been held.

8.2.7 Any management decision to delay an Initial conference will be taken by the Service Manager who must inform the Area Director and Reviewing Service Manager. The decision must be clearly recorded, with reasons, in ICS/Swift.

### **8.3 REVIEW CONFERENCES**

8.3.1 The purpose of the Review Conference is to:

- Review the safety, health and development of the child against the intended outcomes set out in the child protection plan
- Ensure measures put into place to ensure the child is adequately protected from the risk of harm are effective and appropriate
- Bring together and analyse information about the child's health, development and functioning and the parent / carer's capacity to ensure the child's welfare and promote their welfare
- Make judgements about the likelihood of the child suffering significant harm in the future
- Decide if the child should continue to be the subject of a child protection plan and if so, the category of abuse or neglect s/he has suffered
- Decide what future action is needed to safeguard the child and promote her/his welfare, how that action will be taken forward and with what intended outcomes and time-scales
- Consider any required changes to the child protection plan
- Determine any need to review a Core Assessment

8.3.2 If a conference considers that a child is suffering from significant harm the local authority should consider whether to initiate family court proceedings.



- 8.3.3 The conference must decide explicitly if the child is still at continued risk of significant harm and hence whether a protection plan is required. If so, the category of abuse or neglect the child has suffered must be re-considered.
- 8.3.4 If the child is judged to no longer require a child protection plan, the conference should consider what support may benefit the child and family and who is responsible for providing that support.
- 8.3.5 A recommendation to a conference that a child no longer needs a formal Child Protection Plan should be made by a Service Manager and be based on evidence of change not just lack of further incident.
- 8.3.6 The first Review Conference must be held within three months of the initial conference. Further reviews must be held at intervals of not more than six months, for as long as the child remains subject to a child protection plan.
- 8.3.7 Consideration should always be given to bringing the date of a conference forward if:
- Child protection concerns relating to a new incident or allegation of abuse have been substantiated
  - There are significant difficulties in carrying out the child protection plan including failure to engage or meet appointments
  - A child is to be born into the household of a child who is the subject of a child protection plan
  - A person identified as presenting a risk, or potential risk, to children is to join or commences regular contact with the household
  - There is a significant change in the circumstances of the child or family not anticipated at the previous conference and with implications for the safety of the child
  - A child subject to a child protection plan is looked after by the local authority and consideration is being given to returning the child to the circumstances where care of the child initially required a protection plan (unless this step is anticipated in the existing protection plan)
  - The core group believe that consideration should be given to ending the child protection plan
- 8.3.8 In the circumstances described above in 8.3.7 the lead social worker should discuss with their team manager before approaching the CP conference Chair who will decide if the conference should be brought forward. Any disputes will be referred to the manager of the reviewing service and District Manager.

#### **8.4 TRANSFER CONFERENCE**

- 8.4.1 If another Local Authority (LA) notifies Children's Social Care that a child subject to a child protection plan has moved permanently or on a temporary basis into Hampshire's area, there should be 2 notification routes. The referrer should be advised of these namely:
- The other LA's operational staff should notify operational staff via Hanstdirect and
  - The other LA's custodian should also notify the Hampshire custodian in the Safeguarding Unit at [child.protection@hants.gov.uk](mailto:child.protection@hants.gov.uk)
- 8.4.2 Responsibility for the case rests with the original authority until a transfer conference has been held, where appropriate, but local staff should co-operate with the lead social worker from the originating authority to implement the child protection plan and record a 'temporary child protection plan' on the child's social care record.
- 8.4.3 A transfer conference should be considered when:

- The length of time the child will be in Hampshire is indeterminate
  - The length of time of a proposed temporary stay exceeds one month
  - A proposed temporary stay of less than one month is exceeded to continue for more than one month
- 8.4.4 The relevant Hampshire team manager should therefore monitor the length of time a child with another Local Authority Child Protection Plan remains in Hampshire and present situations meeting the criteria at 8.4.3 to their district manager for a decision about holding a transfer conference. The process for this will be completion of a CP1.
- 8.4.5 The lead social worker from the originating authority must be invited to the transfer conference and asked to submit a report. The transfer conference is an initial conference. However, discontinuation of the child protection plan from the previous local authority should only be agreed at this conference following a full assessment of the child and family in their new situation.
- 8.4.6 If a child protection plan is agreed at a transfer conference, a review conference should be held within three months.
- 8.4.7 If a child subject to a Hampshire child protection plan moves temporarily or permanently to another local authority the lead social worker should immediately inform that authority who will have procedures mirroring those above. The safeguarding unit should also be advised via [child.protection@hants.gov.uk](mailto:child.protection@hants.gov.uk).

## **8.5 MEMBERSHIP OF AND ATTENDANCE AT A CHILD PROTECTION CONFERENCE**

- 8.5.1 A conference should consist of the smallest number of people consistent with effective case management, but the following should normally be invited:
- Parents / carers
  - Child (if of sufficient age and understanding)
  - Children's Social Care Social / lead social worker and team manager / first line manager
  - Those involved in any enquiries e.g. Police CAIU officer
  - Health services staff involved with child/ren. GP, health visitor, school nurse
  - Any paediatrician who has raised the possibility of non accidental injury
  - Education services (schools, education welfare officers etc)
- 8.5.2 Additional invitations to conference should be limited to those who are, have been or will be involved with the child and/or parents/ carers or have a specialist contribution to the task.
- 8.5.3 The local authority legal advisor is currently both a legal advisor to the chairperson and to the local authority, although will not normally provide advice during a conference. S/he may not question parents directly and in exceptional circumstances may have to withdraw if there are any indications that admissions are to be made by parents.
- 8.5.4 The solicitor for parent or child may attend as a representative of child or supporter of parent to assist her/his clients to participate and, with the chairperson's permission, to speak on their behalf.
- 8.5.5 If, as part of their professional training any staff wish to attend a conference, as an observer they may do so only with the prior agreement of the chairperson, the child (if they have sufficient understanding) and the child's parent/s. Normally no more than one observer at a time should attend any given conference.

## **8.6 QUORATE CONFERENCES**

- 8.6.1 The primary principle for determining quoracy is that there should be sufficient agencies or key disciplines present to enable safe decisions to be made in the individual circumstances.
- 8.6.2 Normally, minimum representation is Children's Social Care social work team and at least two other agencies or key disciplines that have had direct contact with the child and family.
- 8.6.3 In exceptional cases, where a child has not had relevant contact with three agencies, this minimum may be breached. The chairperson should exercise discretion as to whether to proceed with a conference which is inquorate, taking into account the available information and the need to safeguard the welfare of the child. (see [4LSCB procedures](#))
- 8.6.4 In other exceptional circumstances, the chairperson has the authority to postpone a conference provided that to do so does not increase, or leave the child at, an unacceptable level of risk. The chairperson must ensure that either;
- An interim child protection plan is produced or
  - An existing plan is reviewed with professionals and family members present
- 8.6.5 If an inquorate conference is held and the child protection plan continued, an early review conference should be arranged.
- 8.6.6 If the decision of the inquorate conference is that a child no longer requires a Child Protection Plan, the Plan should continue until the chairperson has had confirmation of no contrary views from other involved agencies who did not attend, before confirming the decision within 5 working days, or reconvening the CPC within 10 days, during which the child should remain subject to the CP plan. In the event of disagreement refer to the [4 LSCB procedures](#)

## **8.7 INVOLVING PARENTS CARERS AND FAMILY MEMBERS**

- 8.7.1 Parents and carers must be invited to conferences, unless exclusion is absolutely necessary and can be justified against the following criteria. This will be rare, but normally be on the grounds that the presence of the parent or carer presents a risk to the welfare of the child or others, or a threat to the effective running of the conference, or the need to share confidential information. Responsibility for the decision to exclude a parent or carer from all or part of the conference sits with the chairperson. In the event of a decision to exclude a person the chair person should write to them prior to the conference wherever this is possible.
- 8.7.2 The social worker must facilitate the constructive involvement of parents or carers by ensuring in advance of the conference that they are given sufficient information and practical support to make a meaningful contribution. This will be done through giving general written information relating to Child Protection Conferences as soon as possible following the decision that a conference is to be convened. Additionally the social worker will ensure that parents and carers have a copy of their report to the conference at least twenty four hours before the conference is held.
- 8.7.3 The social worker must ensure that the chair of the conference is aware of any relevant issues of literacy, use of English as a first language or disability which may impact on the parents/carers involvement in the conference process. Prior to the conference the social worker will ensure such issues are addressed, for example through the use of an independent interpreter.

8.7.4 Immediately before the conference, the chairperson should meet with family members to ensure they understand the process. If there is potential for conflict, separate meetings with different parties may be needed.

8.7.5 Explicit consideration should be given to the potential for conflict between family members and possible need for children or adults to speak without other family members present.

## **8.8 INVOLVING CHILDREN**

8.8.1 The child, subject to her/his level of understanding, needs to be given the opportunity to contribute meaningfully to the conference. In practice, the appropriateness of including an individual child must be assessed in advance and relevant arrangements made to facilitate attendance at all or part of the conference.

8.8.2 If, in accordance with the criteria below, it is assessed that it would be inappropriate for the child to attend, alternative arrangements should be made to ensure her/his wishes and feelings are made clear to all relevant parties - e.g. use of advocate, written or taped comments.

8.8.3 Criteria. The primary questions to be addressed are:

- Does the child have sufficient understanding of the process?
- Has s/he expressed an explicit or implicit wish to be involved?
- Parents' views about the child's proposed presence
- Is inclusion assessed to be of benefit to the child?

8.8.4 The test of 'sufficient understanding', is partly a function of age and partly of capacity to understand. Generally, a child of less than ten years is unlikely to be able to be a direct and/or full participant in a conference. An older child is potentially able to contribute. Each child should be considered individually and consideration taken of her/his maturity, intellectual and cognitive development.

8.8.5 To establish her/his wish with respect to attendance, the child must be first provided with a full and clear explanation of its purpose, conduct and membership and potential provision of an advocate or support person.

8.8.6 Written information translated into the appropriate language should be provided to those able to read and an alternative medium e.g. tape, offered those who cannot read.

8.8.7 A declared wish not to attend a conference (having been given such an explanation) must be respected.

8.8.8 Consideration should be given to the:

- Views of and impact on parent/s of the child's proposed attendance
- Impact of the conference on the child e.g. if s/he has a significant learning disability or if it will be impossible to ensure s/he is kept apart from a parent who may be hostile and/or attribute responsibility to the child

8.8.9 When a child is not attending, the social worker must ensure her/his wishes and feelings are effectively represented. Means to achieve this might include agreeing one or more of the following:

- A pre-meeting with the conference chairperson
- Representation via an advocate or supporter
- Written statements, e-mails, text messages, taped comments and/or drawings prepared alone, with the social worker or with independent support
- A social worker / any other professional, express her/his views

- 8.8.10 In advance of the conference, the chairperson and social worker should agree whether:
- The child attends for all or part of the conference, taking into account confidentiality of parents and/or siblings
  - S/he should be present with one or more of her/his parents
  - The chairperson meets the child alone or with a parent / carer prior to the meeting
- 8.8.11 If the child attends all or part of the conference, it is essential that s/he is prepared by the social worker or independent advocate, who can help her/him prepare a report / tape recording or rehearse any particular points that the child wishes to make.
- 8.8.12 Those for whom English is not a first language should be offered and provided with an interpreter and provision should be made to facilitate the participation of a child who has any form of disability.
- 8.8.13 Consideration should be given to enabling the child to be accompanied by a supporter or an advocate.

## 8.9 INFORMATION FOR CONFERENCE

- 8.9.1 All those providing information must distinguish carefully between fact, observation, allegation and opinion.
- 8.9.2 The **Social Worker's report to initial child protection conference** should be completed using the [prescribed template](#) available and covering:
- **Childs details**, name: dob, home address, GP, current address, parents, carers, siblings, significant others
  - **Dates of any previous conferences and categories of registration**
  - **Reason for the conference:** following enquiries under s. 47 of the Children Act 1989, a decision was made to call an interagency child protection conference because: (specify incident or number of concerns) and clearly outline the information obtained as part of the S47 about the allegation, injury, interviews and professional views about the cause of the injury, etc. and the improvements or not following previous support/intervention
  - **Chronology of significant events for the child and family (date and event)** from the point of parent's birth onward including relevant agency and professional contact
  - **Information relating to a child's assessed needs** including current and past state of health and plan, under the dimensions in the Assessment Framework: health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self care skills
  - **Information relating to the capacity of the parents / carers**, basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability
  - **Family and environmental factors:** family history and functioning; wider family; housing; employment; Income, family's social Integration: community resources
  - **Expressed views, wishes and feelings of the child**
  - **Expressed views, wishes and feelings of parents / carers / other family members**
  - **Analysis of the implications** for child's future safety, health and development, taking into account risk factors and family strengths
- 8.9.3. The proposed report must be shared with the team manager / first line manager and then sent to the chairperson no fewer than forty eight hours in advance of the conference.

8.9.4 The agreed report should then be shared with parents / carer etc no fewer than twenty four hours in advance of the conference. It may be helpful for parent and child (subject to understanding and wishes) to sign to confirm sight of the report.

8.9.5 The **Social Worker's report to review child protection conference** should be completed using the [prescribed template](#) available and covering:

- **Child's details**, name, dob, address, GP, siblings, parents, significant others, carers
- **Date of previous conferences** and category under which protection plan was required
- **Chronology of significant events / concerns since last conference** and any new issues of concern including impact since then
- **Dates child(ren) seen since last conference** whether seen alone, if not who was present and why
- **Outcomes of child protection plan from the last conference** including any changes made by the core group with reasons why these changes have been agreed and stating clearly why tasks have not been completed if this is the case.
- **Outcomes for child's assessed needs**
- **Outcomes for family's capacity to ensure the child's health and development**
- **Family and environment factors**
- **The expressed views, wishes and feelings of the child**
- **The expressed views, wishes and feelings of parents, carers and other family members**
- **Analysis of the implication for the child's future, safety, health and development**
- **The Local Authority's recommendation to conference**

8.9.6 The proposed report must be shared with the team manager / first line manager and then be sent to the conference chairperson no fewer than forty eight hours in advance of the conference

8.9.7 The agreed report should be shared with parents / carer etc no fewer than twenty four hours in advance of the conference. It may be helpful for parent and child (subject to understanding and wishes) to sign to confirm sight of the report.

8.9.8 Any report from other agencies should be in the format agreed by the Hampshire Safeguarding Children's Board, summarising agency involvement and service delivery to date. It is good practice for the author to discuss any such report with families, and children where appropriate, prior to the conference.

## 8.10 CHAIRING OF THE CONFERENCE

8.10.1 Conferences in Hampshire will be chaired by officers from the Independent Reviewing Service acting as CP conference chairs.

8.10.2 Whenever possible the chairperson of the initial conference should also chair subsequent review conferences.

8.10.3 The chairperson must meet with child and family members (and interpreters if required) prior to the conference to ensure they understand the purpose of the meeting and how it will be conducted.

8.10.4 At the start of the conference the chairperson should:

- Set out its purpose

- Confirm the agenda
- Emphasise the need for confidentiality
- Address diversity issues e.g. specifying that racist, sexist, homophobic and threatening behaviour will not be tolerated
- Clarify contributions of those present, including family supporters

8.10.5 It is easier to participate in a child protection conference, and to minute it, if the work is focused by a clear agenda.

8.10.6 The following agenda should be used

AGENDA FOR CHILD PROTECTION CONFERENCES

1. Introductions
2. Family Details
3. Why the conference is being held – confirming confidentiality of the proceedings and a statement on anti-discrimination and the disputes and complaints procedure.
4. Background to the family – to include each child and other significant adults.
5. Up to date information – from those present who know the family. To include presentation of written reports.
6. Information from parents/carers\*
7. Information from/views of the child.
8. Analysis of Risk – to be discussed and recorded\*\*
9. Determine the views of each professional from the agencies represented on the LSCB
10. Determine the inter-agency consensus on whether to register and, if so, under which category taking particular note of the views of key professionals\*\*
11. Decision – whether a Child Protection Plan is needed and, if so under which category
12. Record those wishing to have their dissent recorded.
13. Parental agreement – if possible.
14. Discussion and formulation of child protection plan.
15. Criminal Injuries Board – is there a reason to consider an application?
16. Date of next conference.

\* *Where a Family Group Conference (FGC) has been held, Chair invites family member to present the plan agreed at the Family Group Conference explaining that the Family Group Conference was convened as a consequence of the concerns outlined above. Family member presents plan which comments directly on the key concerns.*

\*\* *Where a FGC has been held, the Conference members comment on the plan and how it has addressed the risk.*

- 8.10.7 During the conference the chairperson should ensure that:
- The conference maintains a focus on the welfare of the child/ren and the necessary plans to address the issues of risk identified
  - Consideration is given to all the children in the household
  - All those present (including if relevant parents and child/ren) make a full contribution and that full consideration is given to the information they offer
  - Reports of those not present are made known to parties
  - The wishes and feelings of the child/ren are clearly outlined
  - Issues of race, religion, language, class, gender, sexuality and disability are fully taken into account
  - Appropriate arrangements are made to receive third party confidential information
  - Decisions are reached in an informed and systematic way
  - All concerned are advised / reminded of the complaints procedure
  - Arrangements are made with the social worker for absent parents or carers to be informed verbally (wherever possible) of the decisions of conferences, in addition to written notification
- 8.10.8 If a child is made the subject of a child protection plan at an initial conference (see 8.2) the chairperson of the conference should ensure that:
- An outline child protection plan is drawn up by all conference attendees clearly stating risks to be addressed and strengths to be built on; sought outcomes; timescales and key agencies to be involved. )The full Child Protection Plan will be developed at the subsequent Core Group meeting see 10.2).
  - An identified lead social worker (lead professional) is identified to develop, co-ordinate and implement the plan (if this is not possible, the relevant team manager / first line manager should be the point of contact)
  - The core group of family members and professionals is identified
  - Frequency is determined for subsequent core group meetings (see 10.2.3 re. timing of core group meetings)
  - A date for the child protection review conference is set
  - The child protection plan is formed and clearly understood by all concerned including the parents and where appropriate the child.
- 8.10.9 If the child continues to be the subject of a child protection plan at a review conference (see 8.3) the chairperson should ensure that:
- An outline child protection plan is drawn up by all attendees in as much detail as possible. Any aspects of the plan which cannot be agreed at the conference should be agreed at the subsequent core group meeting.
  - An identified lead social worker (lead professional) is in place to continue to co-ordinate and implement the plan
  - A core group of family members and appropriate professionals remains in place
  - Timescales are set down for subsequent core group meeting
  - A date for the next child protection review conference is set
  - The child protection plan is formed and clearly understood by all concerned including the parents and where appropriate the child.
- As an absolute minimum the plan must be detailed and clear enough to ensure that the child will continue to be protected in the period between the review conference and next meeting of the core group.
- 8.10.10 If the child is not made the subject of a child protection plan or the protection plan is discontinued, the chairperson must ensure consideration is given to any need to promote the child's welfare, through the use of a child in need plan and/or other appropriate



recommendations made. This may include continuation of the Core Assessment and/or formulation of Team Around the Child and identification of a Lead Professional.

8.10.11 If parents / carers disagree with the decision of the conference, the chairperson must further discuss their concerns and explain the complaints process.

## **9 ACTIONS AND DECISIONS OF THE CONFERENCE**

### **9.1 THRESHOLD FOR A CHILD PROTECTION PLAN**

9.1.1 The key question for a conference is whether there is a need, or continuing need, for a child to be subject of a Child Protection Plan. The key output from the conference, when it is decided one is needed, is the formal Child Protection Plan, formulated in as much detail as possible, focussing clearly on the question, 'What needs to change?'

9.1.2 The test is 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 is likely; or
- A professional judgement, substantiated by the enquiries in this case or by research evidence, is that the child is likely to suffer ill treatment or the impairment of health and development as a result of physical, emotional or sexual abuse or neglect

9.1.3 If the child is at continuing risk of significant harm, s/he will require inter-agency help and intervention via a formal child protection plan. This threshold must be considered at both initial and review conferences, for each subject child.

### **9.2 AGREEING TO A CHILD PROTECTION PLAN**

9.2.1 The chairperson of a conference is responsible for the conference decision. S/he should consult members, take account of any written contributions received and aim for a consensus as to the need for a child protection plan, but ultimately will make the decision and note any dissenting views.

9.2.2 Dissent by professionals and the reason for the dissent must be recorded in conference minutes and the chair should advise the person dissenting to raise the issue with their line manager if they think the conference has not properly taken account of the information provided or that the child is not safe.

9.2.3 The decision making process should normally take place with parents / carers present.

9.2.4 The need for a child protection plan should be considered separately in respect of each child.

9.2.5 If a pre-birth conference has decided an unborn child is in need of a child protection plan, her/his surname and expected d.o.b. should be entered into ICS/Swift immediately and her/his name and d.o.b. confirmed and entered onto all agencies' records at birth.

### **9.3 CATEGORY OF ABUSE OR NEGLECT**

9.3.1 If the decision is that the child is at continuing risk of significant harm and in need of a child protection plan, the chairperson should determine under which category the protection plan is justified.

- 9.3.2 This decision making process must occur at both initial and review conferences. Where the category is changed at a review conference, the chairperson must ensure there are sufficient grounds and should outline the rationale for the addition or change and should ensure the appropriate risks and new/added actions are included in the CP Plan.
- 9.3.3 The category/ies used (physical abuse, emotional abuse, sexual abuse and neglect) must indicate to those consulting the child's social care record the primary presenting concerns (reflecting all information obtained during assessments and analysis) at the time the child became subject of a child protection plan. For further information on the definition of these categories see the [4 LSCB procedures](#).
- 9.3.4 Multiple categories should not be used to cover all eventualities, but it may, on occasions be appropriate to use more than one category if each of the categories reaches the threshold for significant harm and if a specific risk might otherwise be underestimated.
- 9.3.5 Emotional abuse should only be used as a secondary category if substantial concern is indicated.
- 9.3.6 If a decision is made that an unborn baby will be subject to a child protection plan, the main cause for concern must determine the category and the plan outlined to commence prior to the birth of the baby.
- 9.3.7 The core group must be established and meet if at all possible prior to the birth, and certainly prior to the baby's return home after a hospital birth.

#### **9.4 CHILD PROTECTION PLAN – 'WHAT NEEDS TO CHANGE?'**

- 9.4.1 If it has been agreed the child should be, or continue to be, subject to a child protection plan, the chairperson should ensure that the child protection plan drawn up by conference, or subsequently by the core group, enables both professionals and the family to understand exactly what is expected of them and what they can expect of others.. This should include identifying:
- Any immediate action required to safeguard the child/ren
  - The lead social worker (a qualified and experienced social worker)
  - The membership of the core group, timescales for their meetings and any final detail needed for the protection plan if this could not be achieved at the conference
  - Strengths and difficulties in each domain of the Assessment Framework (child's developmental needs, parenting capacity and family & environmental factors)
  - Services or actions designed to respond to the identified needs
  - Start date, frequency and length of each input
  - Start date and frequency of any visits to the child/family
  - Person / agency responsible, including family members
  - Planned outcomes of each intervention, including required progress to be achieved within specified timescales

(For initial conferences core group meetings will immediately follow the conference.)

- 9.4.2 Visiting frequency by the allocated lead social worker, who will be a social worker, must be defined within the plan. This frequency will be at a minimum of one visit in every fortnightly period with the following exceptions:
- Where the child remains in the same situation but the risk being presented has significantly reduced because of an actual change of circumstances, not just a view that risk has reduced. For example because the person understood to present the main risk has moved away, or left the family.

- Where the child's situation has changed removing them from the perceived risk. For example they have come into the care of the local authority, or moved to be with a relative who is assessed to offer safe care.

In the above circumstances the frequency of visiting by the allocated lead social worker will be not less than once in every four week period. If it is felt by the Social Worker and Team Manager that the visiting frequency can be safely decreased this must be agreed by the District Manager. The Chair of the Child Protection Conference should also be informed of any proposed changes to the visiting frequency and be in agreement with them prior to the changes occurring and any agreed change recorded on ICS/Swift.

- In circumstances where risk remains sufficient to require a CP plan, but the risk is significantly reduced due to other changes and it is anticipated the plan will not continue beyond one last conference. For example where parenting is assessed to have significantly improved or an older child's ability to protect themselves has been significantly enhanced through the implementation of other elements of the CP plan.

In these circumstances visiting frequency may be between one visit in every two to four week period. The decision on visiting frequency will be based on assessment of risk and must be discussed at a conference before the new visiting frequency is implemented.

- 9.4.3 If a child Protection Plan is made prior to the birth of a child it will be a matter of good practice for the lead social worker to make reasonable efforts to maintain a regular level of contact with the expectant mother, and this should be reflected in the plan. However a reportable visiting frequency cannot be prescribed until the child is born, when expectations relating to frequency of contact by the lead social worker will be as laid out in section 9.4.2 above.
- 9.4.4 The core group may decide to increase the frequency of visits to the child, but any recommendation to reduce visiting frequency should only be taken in line with the points above.
- 9.4.5 These visits by the allocated social worker (or in their absence another social worker) must be recorded in ICS/Swift as 'Child Protection Statutory Visits' in line with guidance in the [PRRG briefing note 4](#).
- 9.4.6 The planned interventions should address:
- Broad objectives for child's welfare, identifying specific needs
  - Identification of risk factors and actions required to protect the child
  - Time limited short and longer term objectives
  - Required outcomes linked to a reduction in the risk to the child
  - Identification of any specialist assessments of the child and family that may be required to ensure sound judgements can be made on how best to safeguard the child and promote her/his welfare
  - Method of monitoring and evaluating progress, including identifying which professional is responsible for checking required changes
  - Consideration of a contingency plan and the circumstances that would necessitate its use
- 9.4.7 The plan should include an indication of what the conference believes needs to change before the child protection plan can be discontinued.

- 9.4.8 If a child/ren remains the subject of a Child Protection Plan for longer than 12 months, the Chair should consider whether to recommend that a legal strategy meeting be held.
- 9.4.9 There should be an individual plan outlined for each child subject to a child protection plan.

## **9.5 DISCONTINUING THE CHILD PROTECTION PLAN**

- 9.5.1 Any recommendation to a conference that a child no longer needs a CP plan should be agreed by a Service Manager. [Department Scheme of Delegation](#) (7.57)
- 9.5.2 The same decision making procedure (described above) for agreeing the use of a child protection plan, is used to discontinue the use of a child protection plan for a specified child.
- 9.5.3 A child should no longer be the subject of a child protection plan if:
- A review conference judges that s/he is no longer at continuing risk of significant harm and no longer requires safeguarding by means of a child protection plan
  - The child has moved permanently to another local authority and it has convened a child protection conference (see 8.4)
  - The child has reached eighteen years of age, died or has permanently left the UK
- 9.5.4 When a child's protection plan has been discontinued notification should be sent, at a minimum, to all agencies representatives who were invited to attend the initial conference that led to formulation of a child protection plan.
- 9.5.5 If it is considered that the circumstances do not meet the threshold for a child protection plan to be made or if a child protection plan is to be discontinued, but the child is judged to be in need of help to promote her/his health or development, the conference must ensure that recommendations are made to this effect.
- 9.5.6 Subject to the family's views and consent, it may be appropriate to:
- Continue the Core Assessment (if not already completed) of the child's needs to help determine the support required
  - Make recommendations about support and help, allocation of a social worker or other lead professional
  - Establish commitment to inter-agency working, particularly where the child's needs are complex (this should involve a regularly reviewed child's plan)
- 9.5.7 Any ongoing support should be provided using a 'Team Around the Child' process, and/or family group conferences as the vehicle to make and review plans. This will be arranged by the case holding worker.

## **9.6 PROFESSIONAL DISAGREEMENTS**

- 9.6.1 The conference chairperson is responsible for the conference decision. S/he should consult members and aim for a consensus, but ultimately make a decision and note any dissenting views.
- 9.6.2 Research and fatal case reviews have shown that differences of opinion between agencies can lead to conflict and result in a less favourable outcome for the child. When dissent occurs, the social worker must therefore involve that agency in future decision-making and any child protection or child in need plan.
- 9.6.3 An individual who dissents from the chairperson's decision must determine whether s/he wishes to further challenge the result.

- 9.6.4 The procedure to be followed if a professional has serious concerns about the process or outcome of a conference are laid out in the [4LSCB procedures](#).

## **9.7 RECORDING CHILD IS SUBJECT OF A CHILD PROTECTION PLAN**

- 9.7.1 ICS/Swift will be used to record that a child is subject of a Child Protection plan.

## **9.8 LOOKED AFTER CHILDREN**

- 9.8.1 [Working Together to Safeguard Children 2010](#) (paras.5.144-5.148) addresses the additional issues to be considered in those situations when a looked after child is also subject to a child protection plan.
- 9.8.2 Working together also emphasises the importance of integrating Child Protection Plans within Looked after Children Review processes so that the review of the CP plan can inform the overall care plan.
- 9.8.3 If a child subject of a CP Plan becomes 'looked after' the IRO who has been chairing the conferences will become the IRO for the child to ensure continuity.

## **9.9 CHALLENGE BY SERVICE USERS**

- 9.9.1 Complaints about an individual agency, its performance and provision (or non-provision) of services should be responded to in accordance with that agency's complaints handling processes.
- 9.9.2 Parents / carers and, on occasion children, may have concerns about which they may wish to make representations or complain, in respect of one or more of the following aspects of conferences:
- The process of the conference
  - The outcome, in terms of the fact of and/or category of primary concern when the child became subject of a child protection plan
  - A decision for the child to become, or not to become, subject of a protection plan or not to cease being subject of a protection plan

The procedure to be followed in such cases is laid down in the [4LSCB procedures](#)

## **10 PLANNING AND IMPLEMENTATION OF PLANS FOLLOWING CONFERENCE**

### **10.1 INTRODUCTION**

- 10.1.1 When a child protection conference agrees a child protection plan a social worker from Children's Social Care with a minimum of one years post qualifying experience should be appointed as lead social worker to co-ordinate and lead all aspects of the inter-agency child protection plan.
- 10.1.2 The forum to undertake the required work is the core group, whose membership should have been agreed at the conference.

### **10.2 THE CORE GROUP**

- 10.2.1 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 conference..

- 10.2.2 The core group will consist of those identified at the conference and should include the lead social worker, parents/carers, other relevant family members, professionals and any foster carers in regular contact with the child, and the child if appropriate.
- 10.2.3 With effect from November 2010 the first meeting of the core group will immediately follow an initial conference. (This may be subject to further change following a review of the new arrangements.)
- 10.2.4 The core group chair must come from the CSD social care team. Where possible the core group will be chaired the team manager. When this is not possible the group can be chaired by the senior practitioner (where there is one), or by a social worker assessed by the team manager as suitably competent and experienced. This ensures a degree of independent challenge. The lead social worker for the case cannot chair the core group.
- 10.2.5 The chair of the core group will ensure a record of the core group meeting is made entitled 'Core Group Meeting Minutes', using the agreed format, and that this is circulated within 5 working days to all identified as members of the core group, whether they attended or not. The minutes will be signed by the chair and countersigned by the team manager for the child if they are not chairing the meeting. A copy of the minutes should also be sent to the chair of the conference so they can be sure the issues identified at the conference are fully addressed.
- 10.2.6 If the lead social worker is informed of any difficulties in implementing the plan which were not foreseen they should discuss the concerns immediately with their line manager and give consideration to recalling the core group to reconsider the plan.
- 10.2.7 If the child is not seen in line with the agreed visiting frequency of the plan, or if there is any additional concern for the child's safety, the lead social worker and their manager should engage with all core group members and consider the need for:
- a further section 47 enquiry
  - bringing forward the date of the next review conference
  - any immediate action to protect the child

The matter should also be discussed with the chair of the conference with whom a decision should be reached about the need to reconvene an earlier Review Conference.

- 10.2.8 The core group may decide to increase the frequency of visits to the child, but any recommendation to reduce visiting frequency should be discussed with the chair of the conference prior to such a change being implemented.

### **10.3 USING THE CHILD PROTECTION PLAN TO EFFECT CHANGE**

- 10.3.1 The overall aim of the child protection plan is to:
- Ensure the child is safe and prevent her/him from suffering further harm
  - Promote the child's health and development i.e. her/his welfare and
  - Provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child'
- 10.3.2 Families must be enabled to understand:
- Causes for concern resulting in the decision to formulate a child protection plan
  - What needs to change and
  - What is expected of them
- 10.3.3 The plan will be constitute an agenda item at each review conference.

- 10.3.4 The child protection plan should be used to clarify expectations, set out contingencies and assist in joint working towards shared goals. It can also be used as evidence, in any legal proceedings of the efforts made to work in partnership and this must be made clear to parents.
- 10.3.5 There should be no reduction in service level or significant change to the child protection plan without child protection conference approval.
- 10.3.6 The content of the plan should be based on the analysis of the information shared at the conference and should cover:
- A description of identified developmental needs, strengths and difficulties with regard to health, education, emotional & behavioural development, identity, family & social relationships, social presentation, self-care skills and family and environmental factors
  - Identification of risks to the child and means of protection
  - Specific and achievable services or actions designed to respond to identified needs
  - Start date, frequency and length of each input
  - Identification of what needs to change to reduce the risk of significant harm
  - Person / agency responsible, including family members
  - Roles and responsibilities of professionals in routine contact with family
  - Planned outcomes of each intervention, including required progress to be achieved within specified timescales
  - Frequency of reviews of the plan and the date of the next core group meeting
- 10.3.7 The planned interventions should address:
- Ethnic / cultural / religious considerations – e.g. necessity for an interpreter, avoidance of appointments with family on significant religious festival
  - Issues arising from any disability of parent / carer and/or the child
  - Identification of parenting strengths
  - Identification of actions to promote the child's health and development and actions to support the family and wider family members in promoting the welfare of the child
  - Description of the nature and frequency of contact with the child and roles and responsibilities of professionals, including specialist resources
  - Identification of the need for any further core and/or specialist assessments
  - Establishment of specific short and long term aims and objectives, with clear time scales
  - Identification of measurements for success (how will the family and professionals know there has been change?)
  - Method of monitoring and evaluating progress, including identifying professional/s responsible
  - Consideration of a contingency plan if circumstances change quickly, or if insufficient change occurs or if parents/carers do not comply with the CP plan.
- 10.3.8 If the plan's contents have not been discussed with any of the parties /agencies concerned, the reasons must be stated on the plan.
- 10.3.9 Any dissent about the plan, by family or professionals, must be recorded, with reasons. Any professional dissent about the outline or full child protection plan should be highlighted by to the District Manager and Reviewing Service Manager.

#### **10.4 ROLE OF THE LEAD SOCIAL WORKER**

- 10.4.1 At every conference where a decision is made that a child should be the subject of a child protection plan the team manager for the team managing the case will ensure a social

worker with one years post qualifying experience is allocated to the case to take on the role of Lead social worker. The lead social worker role can be seen as the lead professional role in the 'team around the child' model with some additional specific responsibilities, as detailed below.

#### 10.4.2 The lead social worker should:

- Ensure that core group meetings take place
- Ensure that the outline child protection plan from an initial conference is developed, in conjunction with members of the core group, into a detailed multiagency protection plan
- Clearly note and include in the written record any areas of disagreement
- Ensure that the wishes and feelings of the child are considered within the plan, and that the child has a copy or version of the plan appropriate to their age/understanding
- Ensure that the parents views are considered within the plan insofar as this is consistent with the need for safeguarding, and that their comments, including any disagreement are recorded
- Ensure that parents are clear about the evidence for the need for a child protection plan, and what is expected of them as part of the plan
- Ensure core group members, child (where appropriate) and family have the opportunity to sign the protection plan and that it is copied and circulated to all signatories and maintained on the
- child's social care record
- Obtain a full understanding of the family's history (which must involve reading Children's Social Care records, including those relating to other children who have been part of any households
- including the current carers of the child – additional information should be obtained from relevant other agencies and local authorities)
- Update the Core Assessment of the child and family as appropriate, securing contributions / information from core group members and any other agencies with relevant information
- Ensure that any changes in the household, such as a parent engaging with a new partner, lead to a re-assessment which includes assessment of the individual, and implications for the child and child protection plan.
- Co-ordinate the contribution of family members and all agencies in putting the plan into action and reviewing the objectives stated in the plan
- Ensure the child/ren are seen at agreed intervals by the lead social worker or by another member of the core group
- Ensure that they regularly see the child at home in line with requirements
- Ensure that the child's bedroom is seen at least once between each conference
- Ensure s/he regularly see the child alone (with parent's agreement) or babies awake (if parents refuse permission the Children's Social Care line manager must be informed)
- Carry out a home visit should a critical incident occur
- Ensure, with their team manager, that appropriate arrangements are in place to cover planned or foreseen absences from work, and that the child, family and core group are aware of these arrangements
- Ensure, in liaison with the conference chair and child protection administrator, that review child protection conferences are convened within the agreed timescales.

10.4.3 If the lead social worker has difficulty obtaining access to the child the team manager must be informed, as well as core group members, so that appropriate decisions as to how to proceed can be taken (cf 10.2.6). The IRO chairing the conferences should be advised and the review conference brought forward if the plan cannot be effected.



- 10.4.4 The lead social worker must maintain a complete and up-to-date record on ICS/Swift, including the attachment of necessary documents using the Electronic Social Care Record (ESCR). This record will include:
- Time and date of every home visit they make, stating who was present, confirmation that the lead social worker spoke with the child / saw a nonverbal child (including if alone), or providing a clear reason why not
  - Any information gained or observations made during the visit relevant to the identified risks to the child
  - Circumstances of all family members
  - Specific information about key subjects such as meals and sleeping arrangements (the lead social worker must observe the child's bedroom at least once between conferences)
  - Factual reports of the child's presentation and behaviour (these should be specific and avoid non-specific labels such as 'disturbed')
  - Any new incidents or injuries, which must be subject to full enquiries using the s.47 process
  - A chronology in line with departmental policy ([PRRG briefing note 2](#))
  - The date, time and content of any communication which relates to the child and family (distinguishing between fact and opinion)

## **10.5 ROLE OF THE TEAM MANAGER**

- 10.5.1 The team manager has a vital role in managing the progress of the case and supporting the lead social worker. Specifically the team manager should:
- Ensure allocation of all cases with a child protection plan to a social worker with at least one years post qualifying experience
  - If this is not possible to alert the service manager, who will seek advice from the district manager and area director if the situation cannot be resolved
  - Ensure all significant events, assessments and decisions are recorded including the chronology
  - Discuss the progress of the protection plan and any concerns in supervision, including ensuring that there has been adequate direct contact with the child/ren
  - Ensure reflective supervision and management case decisions are clearly recorded and dated in supervision files and the child's record respectively
  - Read and record their agreement to conference reports and the child protection plan
  - Review the plan with the lead social worker if unexpected developments or crises occur, and decide together whether to recommend that a review child protection conference date be brought forward
  - Attend initial and review conferences as appropriate e.g. to support an inexperienced social worker in complex cases, part of cover arrangements for an absent social worker
  - Confirm the visiting frequency of the lead social worker
- 10.5.2 The manager must arrange cover for the lead social worker in case of sickness and ensure appropriate arrangements are in place when s/he is on annual leave and training, including the checking and any necessary action, resulting from post, e-mails and phone contacts.
- 10.5.3 If the lead social worker is to be absent from work for an extended period their manager should consider reallocating the case and ensure details of lead social worker and case notes are updated.
- 10.5.4 The lead social worker and first line manager must, in supervision, regularly consider the risks to the child and whether further core or specialist assessments should be undertaken.

10.5.5 Further assessments may be helpful in the following circumstances:

- On transfer of a case
- Prior to consideration of discontinuing the child protection plan
- When a child has been subject to a child protection plan for a year
- If consideration is being given to initiation of care proceedings
- In particularly complex cases

## **10.6 FAMILY GROUP CONFERENCES**

10.6.1 Family Group Conferences (FGCs) do not replace or remove the need for a child protection conference, which should always be held when the relevant criteria are met

10.6.2 Circumstances when a FGC might be appropriate include when:

- A plan is required for the future welfare of a child in need
- s.47 enquiries do not substantiate concerns about significant harm, but support and services are required
- s.47 enquiries progress to a child protection conference, and the core group agree a FGC is an appropriate vehicle to use as part of the protection plan e.g. to help develop a fully detailed plan
- A protection conference decides the child should not be the subject of a child protection plan, but that a FGC would be an appropriate part of the child in need plan or the means to devise the plan

10.6.3 Parents / caregivers with parental responsibility need to give their permission for information in relation to themselves and the children to be shared with extended family members.

10.6.4 Effective planning via FGCs relies on provision of accurate information to the family, who need to understand that they are the primary planning group. Family and professionals should be clear about:

- Professional findings from any assessments of child and family
- The family's understanding of their current situation
- Decisions required
- Decisions already taken
- Any non-negotiable issues / decisions i.e. limit of family's decision making
- Available resources to implement the plan

10.6.5 Agencies and professionals should agree to support the family's plan if it does not place the child at risk of significant harm and if the requested resources can be provided.

10.6.6 The social worker should consult with Police prior to consideration of a FGC if a criminal investigation is ongoing or prosecution pending.

10.6.7 In cases where denial and collusion are identified as being features of the extended family dynamics, e.g. drug / alcohol use is prevalent or where there is inter-generational sexual abuse or domestic abuse is suspected / alleged, caution should be used when considering the use of a FGC. This should not prevent discussion on whether an FGC is appropriate, but there needs to be clarity about the levels of risk.

## 11 ADMINISTRATION

### 11.1 DUTIES OF THE ADMINISTRATION SERVICE

11.1.1 Once the decision has been made to conference, the local management of the administration service will ensure the following tasks are carried out:

- Arrange a date for the conference to take place within 15 working days of the strategy discussion, or the strategy discussion at which the section 47 enquiries were initiated if more than one has taken place. and book the chair and conference room.
- Within three days send formal letters of invitation (with a reply slip attached) to those professionals indicated by the case holder, asking for reports in the format agreed by the HCSB. The invitation to parents/carers and the child, if appropriate, will be delivered personally by the social worker.
- Check responses to establish whether the conference will be quorate. (c.f. section 8.6).
- Ensure conference room is properly prepared and equipped on the day of the conference.
- Take minutes at the conference and collect reports at the end to ensure confidentiality.
- If the CP Conference is held late on a Friday, a phone call and fax or e-mail notification to the Out of Hours Team must be made to ensure details of any new child protection plan are recorded before the weekend.
- Send the chairperson's letter to parents/carers informing them of the outcome and date of review if applicable, within 24 hours. This will either be delivered personally by the social worker or will offer availability for discussion with a named person.
- Record, within 24 hours of the conference, the following information on ICS/Swift:

Outcome of conference  
Chair of conference  
Lead social worker  
Invitees and attendees  
Reports received  
Review date (if applicable)

and on the ICS/Swift CPR tab which records the list of children with a child protection plan:

Date of Conference  
Registration Category  
Authority Responsible  
Team Responsible

- Ensure the Child Protection plan, if appropriate, is made available to the Chair for amendment and distributed to professionals by email within 2 working days or by letter within 5 working days to parents and professionals.

- Ensure draft minutes are available to the chair within 5 working days.
- Circulate minutes to parents/carers and child (if appropriate), appropriate attendees and the safeguarding unit within 10 working days. A standard letter, addressed to the named attendee with a mandatory reply slip should be sent with the minutes to ensure they are received by the appropriate person. Record this on ICS/Swift on the conference tab and for individual recipients.

## **12 DEATH, SERIOUS INJURY TO, OR SERIOUS ABUSE OF, ANY CHILD**

### **12.1 CHILD SUBJECT TO A CHILD PROTECTION PLAN**

- 12.1.1 If a child who is subject to a child protection plan dies, from whatever cause, the lead social worker or team manager must immediately inform and service manager. The service manager should alert the area director. If the child has died due to abuse or neglect or it is suspected as a contributory factor the service/team manager should also advise the LSCB board manager who will notify the chair of the LSCB. The CDOP notification form should also be completed and sent as detailed on the form to the CDOP administrator, copied to the Safeguarding Unit.
- 12.1.2 The Rapid Response procedures should be followed in such cases. (See section 5.) A Rapid Response meeting should be held to enable all involved professionals to ensure there are no other issues of concern, that the family is receiving appropriate support and to formalise the removal of the child' name from the list of those subject of a child protection plan.
- 12.1.3 If it becomes known that a child subject to a child protection plan has suffered serious injury or abuse that might meet the criteria for a serious case review, the lead social worker or team manager must immediately inform service manager. The service manager should alert the area director, and determine whether the LSCB board manager should be notified: the board manager will notify the chair of the LSCB. The deputy director will decide whether to notify Ofsted and GOSE of specific cases.
- 12.1.4 The lead social worker and team manager should consider any immediate steps that need to be taken to ensure the child's safety.
- 12.1.5 The Child Protection Conference should be reconvened to consider what action should be taken.

### **12.2 CHILD NOT SUBJECT TO A CHILD PROTECTION PLAN**

- 12.2.1 If a child dies or suffers abuse or neglect that might meet the criteria for a serious case review, as outlined in Chapter 8 of [Working Together to Safeguard Children 2010](#), the service manager should be advised and s/he should notify the Head of the Safeguarding Unit and LSCB Board manager, who will in turn advise the LSCB Chair. This is irrespective of whether children's social care is, or ever has been, involved with the child or family.
- 12.2.2 The deputy director should be advised of all such cases and will decide which should be notified to Ofsted and GOSE.

### **13 POST ABUSE WORK WITH CHILDREN WHO ARE WITNESSES IN CRIMINAL PROCEEDINGS**

- 13.1 This section should be read in conjunction with [“Provision of Therapy for Child Witnesses Prior to a Criminal Trial: Practical Guidance \(CPS and the Department of Health with the Home Office, 2001\).”](#)
- 13.2 When a recorded joint interview of a child has taken place, it should be possible for appropriate counselling and therapy to take place in line with the child's welfare and needs. Particularly in sexual abuse cases, the sense of powerlessness, stigmatisation and betrayal the child may be feeling, as well as the child's possible sexualisation, will need to be addressed.
- 13.3 While it is important to remember that the child will be cross-examined in a trial where a DVD recorded joint interview is to be used as evidence in chief, the child's welfare is paramount. Thus, if a child needs to talk about the abuse he/she has suffered in order to come to terms with the feelings it has engendered, this should be allowed. Specific details of the above should not be introduced by the worker however, and sessions which are focused on building self-esteem in order to reduce guilt and shame and increase a sense of power and control are preferable.
- 13.4 Notes should be kept of all the work done with the child and such notes can potentially be disclosed to both prosecution and defence lawyers in the criminal proceedings. Those undertaking counselling should be advised of this beforehand.
- 13.5 As suggested in the guidelines within “Achieving Best Evidence”, the police and Crown Prosecution Service (CPS) should be informed of the nature of the work which is being carried out with the child.
- 13.6 If post-abuse work with the child leads to disclosure of further offences, it should be discussed with a team manager and a further strategy discussion held to address the appropriateness of a further DVD recorded joint interview.

### **14 MANAGEMENT OF THOSE PRESENTING A RISK TO CHILDREN**

#### **14.1 IDENTIFIED OFFENDERS & OTHERS WHO MAY POSE A RISK TO CHILDREN**

- 14.1.1 Indicators of people who may pose a risk to children include:
- Schedule 1 offenders, (those found guilty of an offence under schedule 1 of the Children and Young Persons Act 1933) but see Home Office Circular 16/2005 for its interim ‘Guidance on Offences Against Children’ at [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk) or via [www.knowledgenetwork.gov.uk](http://www.knowledgenetwork.gov.uk) that indicate the term ‘Schedule 1 offender’ must in future be replaced with a term reflecting future risk as opposed to past convictions
  - Individuals known to have been cautioned / warned / reprimanded in relation to an offence against children
  - Individuals against whom there is a previous finding in civil proceedings e.g. Sex Offender Order or care proceedings
  - Those about whom there has been a previous s.47 enquiry which came to the conclusion that there had been abuse
  - An individual who has admitted past abuse of a child
  - Others whose past or present behaviour gives rise to a reason to suspect that a child may be at risk of significant harm e.g. a history of domestic abuse and other serious assaults

- Offenders against adults who are notified to the local authority, because the prison or probation services are concerned about the possible risk to children
  - Offenders who come to the attention of the MAPPAs
- 14.1.2 All Children's Services Authorities are required to have a central system for managing notifications and movements of people who may pose a risk to children who are either identified within the authority or have moved into the LA area. This designated manager role associated with this work is undertaken by Safeguarding Unit staff under the direction of the Safeguarding Advisor for Social Care.
- 14.1.3 Prisons, probation and police should send notifications about persons who pose a risk to children to the Safeguarding Unit CP in box ( [child.protection@hants.gov.uk](mailto:child.protection@hants.gov.uk) ). The Safeguarding Unit will:
- create or update the person's risk to children status
  - update address and or other details within Swift a section of which allows the recording of a range of offences and/or identified risks,
  - add additional relevant information
  - create a hazard to alert Swift users who check the name of the person or associated child
- 14.1.4 The main record of persons posing a risk to children is in the adult's name and is not accessible to most Swift users. The information will be notified to and/or shared with the relevant Social Care team responsible for the person's address as necessary.
- 14.1.5 Any notifications from other agencies that are sent directly to the area offices should be copied to the Safeguarding Unit, if it is not on circulation list. 'Notifications' should be taken to include invitations to a MAPPAs meeting and or MARAC meeting received by an area office, as these highlight potential risk to a child.
- 14.1.6 Where a person without a conviction for abuse of a child is, following assessment, determined as posing a future significant risk to children, this should be notified to the Safeguarding Unit via the CP in box ( [child.protection@hants.gov.uk](mailto:child.protection@hants.gov.uk) ). The decision that a person poses such a risk should be based on an assessment made in collaboration with any other involved agencies. Details, including the reason for believing the person poses a future significant risk, should be authorised by a service manager, and should be included in the information sent to the safeguarding unit to ensure all information is centrally held.
- 14.1.7 When a person moves from Hampshire and the Public Protection agencies, ie police, prison and or probation, are not required to notify the new LA area, the District Service Manager should agree with the Public Protection Unit or MAPPAs co-ordinator whether the new Local Authority area should be notified and by whom. Any such notifications should be copied to the Safeguarding Unit.

## 14.2 RESPONSE

- 14.2.1 On notification or discovery of a person who may pose a risk to children Children's Social Care must treat this information as a child protection referral and instigate a s.47 enquiry:
- If the person is living in a household with children
  - Has contact with children or
  - Is suspected of posing a risk to children in the area

14.2.2 Checks (including the prison service that may hold important information) must be undertaken to establish:

- Any children believed to have been abused by the individual in the past
- Other children who are believed to have been in contact with the individual in the past and may therefore have been at risk
- Children with whom the individual is currently in contact in a family or work / voluntary setting
- Children (or groups of children) with whom the individual may seek
- contact, such as children attending a school located near the home of an individual known to target such children

All assessments of risk must consider the:

- Needs of the children affected
- Level and pattern of abusing or offending behaviour, including behaviour thought to have occurred, but which has not led to a criminal conviction
- Level of protection which is likely to be provided by other significant adults
- Ability of the children to protect themselves

14.2.3 A child protection conference must be convened if the threshold criteria are met and if any child/ren require continuing protection, therapeutic intervention or family support services.

### **14.3 DISCLOSURE OF INFORMATION BY LOCAL AUTHORITY**

14.3.1 This procedure applies when disclosure to third parties of an offender / suspected offender's previous history is being considered.

14.3.2 Subject to the conditions set out in the [4LSCB procedures](#), the general presumption is that information should not normally be disclosed, except when one of the following applies:

- Consent from the suspected offender / alleged offender / offender
- Statutory requirements or other duty
- Duty to the public

14.3.3 Legal advice should be sought where doubt exists as to the lawfulness of disclosure.

14.3.4 Absence of a conviction for child abuse in a criminal court does not prevent a local authority from informing parents or carers of the potential risk posed by someone who is honestly believed on reasonable grounds to have abused other children.

14.3.5 Generally the risk assessment for disclosure of information on convicted abusers will be led by the Police and Probation (see MAPPA), but Children's Social Care may need to consider the risk also of those alleged abusers who were:

- Charged with an offence and the outcome of the case is pending
- Not prosecuted because the required standard of proof did not allow for a criminal case to be pursued
- Not prosecuted though the case 'left on file'
- Acquitted

14.3.6 In view of the possibility of legal challenge by the individual concerned or a future victim, all agencies must, in addition to seeking any legal advice required maintain a written audit trail of events, actions, discussions, decisions and the reasons for them.

#### 14.4 RISK ASSESSMENT

14.4.1 Prior to any decision by Children's Social Care to disclose information, a risk assessment must be undertaken, in order to establish what risks the person poses to children in the prevailing circumstances and the risks associated with disclosure.

14.4.2 Risk assessment and management of offenders is usually via [MAPPA](#). Children's Social Care has a particular role if an individual is setting up home with a new partner who has children.

14.4.3 Risk assessment must consider enduring and changing factors and take account of:

- Nature and pattern of previous offending
- Compliance with previous sentences or court orders
- Proximity of potential victims
- Probability that a further offence will be committed
- The harm such behaviour will cause
- Any behaviour indicating likelihood that s/he will re-offend
- Any expert opinion e.g. psychiatric
- Other relevant information e.g. specific vulnerability of child/ren

14.4.4 The assessment must also consider the following risks:

- Displacing or increasing offending
- Pushing an offender 'underground'
- Potential consequences to the offender and her/his family
- Potential consequences in the context of law and order
- Any other operational considerations

14.4.5 Where possible, the individual should be consulted to provide information to assist the risk assessment.

14.4.6 The individual should be given the opportunity to challenge the information on which the decision to disclose is being made, and the response considered as part of the risk assessment.

14.4.7 The child protection manager and legal department must be consulted regarding the possibility of disclosure and the decision taken by the service manager, in consultation with Police and Probation at a strategy meeting.

14.4.8 If the Police do not support any planned disclosure based on the potential risk to an identified child, further legal advice must be taken.

#### 14.5 DISCLOSURE PROCESS

14.5.1 Each decision to disclose must be justified on the likelihood of harm which non-disclosure might otherwise cause and the pressing need for such a disclosure.

14.5.2 Consideration must be given to other, less intrusive methods that might achieve any required objectives:

- If the offender is supervised by Probation, the use of its powers may assist or obviate the need for disclosure
- Consent to disclosure should be sought from the individual in question (unless this increases the risk to any child)



- Consideration should be given to allowing the individual to make the disclosure themselves, which may be sufficient to achieve the objective e.g. promise to move to less provocative surroundings (unless this increases the risk to any child)

14.5.3 Where a decision to disclose is agreed, the risk management process must consider at a strategy meeting:

- Nature of the information to be disclosed
- Extent of its distribution
- Time scales
- Who will disclose the information and how
- Advice and guidance to be given to the recipients regarding the use they are to make of the information
- Identification of a contact person identified to provide further advice and guidance to the recipient

14.5.4 Following disclosure, the social worker, Police or probation officer must note:

- How seriously the child / carer took the information
- The carer's ability and plans to protect the child
- The carer's immediate plans for protection
- And act accordingly having consulted with the team manager.

## **15 DISCLOSURE OF CHILDREN'S SERVICES FILES**

15.1 Information can be found on the following link

<http://intranet.hants.gov.uk/childrens-services/departmental-ct/dataprotectionandinformationsharing.htm>

## **16 PERFORMANCE STANDARDS**

16.1 The Safeguarding Unit will undertake to review the procedure in light of emerging practice and any new government legislation and guidance. Recommendations for any alterations to the procedure will be passed to the Area Director in the Children and Families branch of the department who holds the safeguarding lead. Quarterly updates on changes and any contentious decisions will be brought to the branch or departmental management team as appropriate.