

Wiltshire Council

Single Agency

Child Protection Guidance

2011

To be used in conjunction with

Wiltshire LSCB and South West –
Multi Agency Child Protection Procedures and Guidance,
at www.wiltshirelscb.org and www.swcpp.org.uk

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Introduction

This document is for use by **all** employees of Wiltshire Council. It gives guidance as to the duties and expectations in respect of staff fulfilling their duty to protect children in Wiltshire. It should be used in conjunction with multi agency child protection guidance (see Part 1).

Protecting children and promoting their welfare is everybody's business. Identifying when a child may be at risk of significant harm and knowing what to do about it are situations likely to be faced by almost anyone who has contact with children, or works in services to the community.

The latest government guidance, 'Working Together to Safeguard Children' was published in 2010, resulting in updating of this *Single Agency* child protection guidance specifically for Wiltshire Council staff (in addition to updating of our local Wiltshire Local Safeguarding Children Board (LSCB) - South West- *Multi Agency* Child Protection Procedures, at www.swcpp.org.uk).

This Single Agency Child Protection guidance is written in 3 parts;

Part One: Is for **all staff of Wiltshire Council**. It is based upon government guidance and includes a **flow chart which informs you 'What to do' if you suspect that a child is suffering or at risk of suffering significant harm.**

It includes a **summary of the government guidance** and refers to where information can be found in 'Working Together to Safeguard Children' HM Govt 2010. Specific procedures for **how to report, and manage, allegations of abuse *against staff* are included.**

Part Two: Is a procedure specifically for the use of **investigating social workers and their managers**, and gives detailed guidance on the process of investigation and the protection of children at risk of harm. It also includes specific guidance on dealing with allegations against foster carers and adoptive parents; strategy discussions (following Serious Case Reviews) and Disabled Children guidance. It provides a step by step guide for social workers investigating abuse.

Part Three: Is a list of contact details and telephone numbers that people may find useful.

The task of keeping children safe is never easy but if we work within the guidance given and share any concerns, in good faith, with the appropriate people, we will have made a huge step towards protecting the children of Wiltshire.

PART ONE

“WHAT TO DO if you are worried a child is being abused or neglected”

Member of staff has concerns about a child’s welfare

Where a young person discloses abuse or neglect, they (and the alleged abuser) **SHOULD NOT** be questioned further, but a record made of what has been said.

Discuss concerns with line manager/ designated person for Child Protection.

Name: _____

You may also wish to discuss with the Duty Social Worker (listed below) eg whether to inform parents of your welfare concern (*if to do so would **not** place a child at risk*).

Your designated person may also check if there are current or previous child abuse/ welfare concerns- Child Protection Register 01225 713950

Still has concerns, refer to social worker:

No longer has concerns

No further child protection action

**Contact Social Worker
During office hours, Monday – Friday**

**Referral and Assessment Team
01380 730055**

Out of hours

Contact
Emergency Duty
Team on
0845 607 0888

Is this a child in need of other support?- consider with family & relevant agencies
- consider CAF

Social Worker & Manager

1. acknowledge receipt of referral
 2. decide on next course of action (within one working day)
 3. feedback decision to referrer eg: Initial Assessment or S47 Child Protection Strategy discussion
- Or No action required

This document is intended for use as a brief guide. Please refer to the South West Child Protection Procedures at www.wiltshirelscb.org or www.swcpp.org.uk

SUMMARY OF GOVERNMENT LEGISLATION AND GUIDANCE

Most child protection work is now undertaken in a multi-agency manner, and not solely as a single agency. It is therefore necessary for staff of the Council to follow Wiltshire Local Safeguarding Board's multi-agency child protection procedures when they are concerned that a child is at risk- These are open to the public, and can be found at our internal and external websites; Wiltshire.gov.uk, the Wilts CC Intranet, Wisenet, www.wiltshirelscb.org and www.swcpp.org.uk

Our local Wiltshire *multi-agency* CP procedures – as well as this Wiltshire CC *single agency* CP guidance - are based upon national government legislation, and guidance within, 'Working Together to Safeguard Children; A guide to inter-agency working to safeguard and promote the welfare of children' HM Govt 2010.

'Working Together' is issued under S16 of the Children Act 2004, and S16 of LASS Act '70. 'Working Together' and *should be followed unless you can evidence and record exceptional reason not to do so.*

Section 11 of the Children Act 2004 and section 175 of the Education Act 2002 place “duties on organisations and individuals to ensure that *their functions are discharged with regard to the need to safeguard and promote the welfare of children*”.

The duty of Local Authorities

The safety and welfare of children is the responsibility of the local authority, working in partnership with other public organisations, the voluntary sector, service users, carers and the wider community. A key objective for local authorities is to ensure children are protected from harm.

Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries if they have reason to suspect that a child in their area is suffering, or likely to suffer significant harm, to enable them to decide whether they should take any action to safeguard or promote the child's welfare. Where a child is at risk of significant harm, children's social care staff are responsible for co-ordinating an assessment of the child's needs, the parents' capacity to keep the child safe and promote his or her welfare, and of the wider family circumstances.

Chapter 2 of 'Working Together' explains the roles, responsibilities and duties of the different people and organisations that both work directly with and whose work affects, children and young people. It states that all organisations that provide services or work with children and young people should discharge their functions with a view to

safeguarding children. This includes effective supervision, which is important in promoting good standards of practice - supervisors should be available to practitioners as an important source of advice (based upon these, and the multi-agency procedures) and expertise, and should challenge any drift, or fixed views.

Individual Cases

Chapter 5 of 'Working Together to Safeguard Children' provides government guidance on what to do if somebody has concerns about the welfare of a child (including those living away from home), and in particular concerns that a child may be suffering, or may be at risk of suffering, significant harm. It also sets out the principles which underpin work to safeguard and promote the welfare of children. All social workers, at induction, are provided by their managers with a paper copy of Chapter 5. This Wiltshire Council single agency guidance is based upon government guidance, and highlights;

- “Where there is a risk to the life of a child or a likelihood of serious immediate harm, an agency with statutory child protection powers should act quickly to secure the immediate safety of the child.” ‘Working Together’ HM Govt 2010, (WT) para 5.51
- “Whenever local authority children’s social care has a case referred to it which constitutes, or may constitute, a criminal offence against a child it should always discuss the case with the police at the earliest opportunity.” (WT para 5.19)
- “Local authority children’s social care should decide how they will respond to the referral and record next steps of action within one working day.” (WT, para 5.34).
- “Professionals who phone local authority children’s social care should confirm their referrals in writing within 48 hours.... If the referrer has not received an acknowledgement within 3 working days they should contact local authority children’s social care again.”(WT, 5.53)
- When children are at risk, they must be seen,- where possible alone -spoken to, their views ascertained and given due weight in decisions and actions.
- All assessments of risk regarding child abuse or neglect must be multi-agency.

In addition to the above guidance, further key processes that underpin work with children and families are:

- Assessment, planning, intervention, and reviewing as set out in the *Integrated Children’s System* (2002);
- The ‘*Framework for The Assessment of Children in Need and their Families*’ (2000) and
- *The Common Assessment Framework*.

Child Deaths

Chapter 7 of 'Working Together' sets out the procedures to be followed when a child dies in the LSCB area(s) covered by a Child Death Overview Panel.

In the event of a Council member becoming aware that a child under 18 has died, the Referral and Assessment team manager should be informed.

There are two inter-related processes for reviewing child deaths:

- a) A rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death of a child; and
- b) An overview of all child deaths in the area, undertaken by a panel-hence all child deaths must be reported.

Either of these processes can identify cases requiring a Serious Case Review.

Serious Case Reviews

When a child dies, and abuse or neglect are known or suspected to be a factor in the death, or there is serious abuse, the LSCB will conduct a serious case review into the involvement with the child and family of organisations and professionals - to consider whether there are any lessons to be learned about the ways in which they work together to safeguard children.

Further Specific Circumstances guidance

Further specific guidance can be found in 'Working Together' HM Govt 2010 as below;

- ***Lessons from Research and Inspection (Chapter 9)***
- ***Implementing the Principles of Working with Children and their Families – Family Group Conferences; Support, Advice and Advocacy to Children; Communication and Information; Race, Ethnicity and Culture (Chapter 10)***
- ***Safeguarding and Promoting the Welfare of Children who may be Particularly Vulnerable - Children Living Away From Home; Disabled Children; Abuse by Children and Young People; Bullying; Children whose Behaviour Indicates a Lack of Parental Control; Racism; Domestic Violence; Children of Drug Misusing Parents; Child Abuse Linked to Belief in “Possession” or “Witchcraft”; Child Abuse and Information Communication Technology (ICT); Children and Families Who go Missing; Migrant Children; Child Victims of Trafficking; Unaccompanied Asylum Seeking Children (Chapter 11)***
- ***Managing Individuals who pose a Risk of Harm to Children***
Multi Agency Public Protection Arrangements (MAPPA) **(Chapter 12)**

ALLEGATIONS AGAINST STAFF- risk of harm to children GUIDANCE FLOWCHART

If you become aware that a member of staff may have:

- behaved in a way that may have harmed a child or
- possibly committed a criminal offence against a child or
- behaved in a way that indicates s/he is unsuitable to work with children

The child and/or alleged abuser **SHOULD NOT** be questioned but a record made of what has been reported.

Report immediately to your /a senior manager

Unless there is clear evidence to prove that the allegation is incorrect **the manager must**:

Report the allegation to the Local Authority Designated Officer for Allegations (LADO):

8.45am – 5.20pm, Monday – Thursday and 8.45am – 4.20pm Friday

LADOs - Nicholas Breakwell and Jeremy Fletcher 01225 713000

Secretary to LADOs – Louise Jefferies 01225 713682

Out of hours contact: Emergency Duty Team 0845 607 0888

Your LADO will:

1. Consider the relevant facts and concerns re the adult and child/ren, including any previous history.
2. Decide on next course of action – usually straight away, sometimes after further consultation with other multi-agency parties such as the Police and HR.

If the DfE multi-agency procedures are NOT indicated, the LADO will agree with you an appropriate response (*eg for the agency to undertake further enquiries or to make an investigation*)

If the DfE procedures ARE indicated, a multi-agency strategy meeting will normally be held either by phone or in person. Normally a senior manager, the LADO, HR and the Police are invited. Information is shared confidentially, risks to children are considered and appropriate action agreed –eg s.47 Children Act enquiries, further enquiries, disciplinary measures or (unusually) criminal proceedings. A record of the meeting will be made, and further meetings held every 4 weeks until a conclusion.

NB: This document is intended for use as a quick guide only. For more detailed guidance refer to:

1. **The Multi-Agency South West Child Procedures** at www.swcpp.org.uk
2. The Multi-Agency South West Child Protection Procedures at www.wiltshirelscb.org

PART TWO

CareFirst Social Work Processes for Safeguarding Children

- Implementing Chapter 5 of 'Working Together to Safeguard Children' HM Govt 2010.

Procedures

INFORMATION RECEIVED ABOUT A WELFARE CONCERN ABOUT A CHILD – “possibly a child at risk of abuse or neglect” and/or “child disclosed abuse or neglect”

1. SEARCH

1.1 Search for current/previous record of involvement with the Child or other family members.

1.2 If there is an **open** record follow step 2.2/4.4/5 & all actions from this point onwards. See notes opposite.

2. REFERRAL

2.1 If there is no record (or a closed record) **complete – Referral** and make enquiries with the Child Protection Register

2.2 If the information received indicates an allegation that a child has been subjected to Sexual Abuse, open (under the context of CP) and complete the ICS **Abuse Allegation Assessment** and assign it to the Team manager to authorise.

2.3. On the Referral the Manager authorises action to be taken within one working day and opens the Initial Assessment to the named social worker.

4. INITIAL ASSESSMENT

4.1 New or Closed case - **Initial Assessment** is completed by the social worker and authorised by the Manager. The Outcome = Manager: Initiate Strategy Discussion. The **CP/Child Plan should also be opened and Initial Plan should be selected.**

4.2 If it is clear that a Sec 47 enquiry will be urgently required, it should be recorded at 2.1.1 of the Initial Assessment record that an urgent CP referral has been received and only basic information is known but will be confirmed during

Helpful Notes

Chapter 5 of Working Together to Safeguard Children 2010 offers guidance on Managing individual cases where there are concerns about a child's welfare and safety.

Other guidance = South West Child Protection Procedures
www.swcpp.org.uk

Professionals making phone referrals should confirm in writing on the Professional notification form.

N.B An enquiry needs to be made with the Child Protection Register at the Independent Safeguarding unit each time there is fresh / subsequent concern. This will enable the social worker to ascertain if any other professionals have made central enquiries of child welfare concerns. The telephone number is 01225 713950.

Initial Assessment must be completed within a maximum of 7 working days. Information gathered for the Initial Assessment and other evidence will be used during strategy discussion.

Para. 5.39 Working Together to Safeguard Children 2010 'The initial assessment may be very brief if the criteria for initiating section 47 enquiries are met, i.e. it is suspected that the child is suffering, or is likely to suffer, significant harm.'

Para. 5.56 and 5.57. of 'Working Together To Safeguard Children' (2010)

Wherever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm there should be a **Strategy Discussion**...which should be used to:

A strategy discussion may take place following a referral, or at any other time, including open cases. The discussion should be used to:

- share available information;(from relevant agencies)

the Sec 47 interviews.

4.3 The Initial Assessment cannot normally be completed without the Child being seen. The exception to this is if the CP referral is urgent and the child is to be seen during the Sec 47 enquiries. The manager must record this in notes at authorisation of the Initial Assessment.

4.4 Feedback outcome of referral to referrer, using the standard letter

5. STRATEGY DISCUSSION

a) **Strategy Discussion** could take the form of a meeting or telephone conference with the Police and other relevant professionals, including the referring agency.

b) The Manager completes the **Strategy Discussion record**, summarising the discussion and proposed actions/outcomes. This should be circulated to relevant parties within **1 working day** (Working Together to Safeguard Children (2010) p.154 para 5.59)

c) Outcomes = Section 47 enquiries as part of Core Assessment
Further Strategy discussion
Initial CP conference (sec 47 already undertaken)
Police Investigation
Disciplinary procedures
Referral to other agencies
Core Assessment for child in need Sec 17

NB Following circulation of the **Strategy Meeting record** any **amendments** should be referred to the Chair within **5 working days**.

6. SECTION 47 ENQUIRIES

- a) When a Sec 47 enquiry is agreed the Manager opens a Sec 47 record and Core Assessment to the allocated social worker within the Strategy Discussion record.
- b) The allocated Social Worker completes the **S47 Enquiry record** and the Manager authorises outcome of **S47 enquiry**.

- agree the conduct and timing of any criminal investigation;
- decide whether section 47 enquiries should be initiated and therefore a core assessment be undertaken under section 47 of the Children Act 1989, or continued if it had already begun under section 17 of the Children Act 1989; the core assessment must be fully completed & include the child's views, whether the child has been seen alone, the views of other agencies, risk indicators including assessed level of risk and protective factors and fully consider all domains of the Assessment Framework. The core assessment should be read as a stand alone document and should clearly tell the child's "story".
- plan how the section 47 enquiry should be undertaken (if one is to be initiated) including the need for medical treatment and who will carry out what actions, by when and for what purpose;
- agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support. If the child is in hospital decisions should also be made about how to secure the safe discharge of the child;
- determine what information from the strategy discussion will be shared with the family unless such information sharing may place a child at increased risk of suffering significant harm or jeopardise police investigations into any alleged offence(s); and
- determine if legal action is required.

A sec 47 enquiry must be completed for every child whatever the new concern, even if the case has been open for some time and/or is currently subject to a CP plan. This also applies to unborn babies.

N.B. For All children over 5 yrs who are subject to a CP Conference - the Social Worker makes an immediate request for an advocate. Contact Barnardo's Advocacy Service 01225 777562.

The Initial CP Conference Social Worker's report and completed Initial Plan should be shared with child/family (via paper copies). Their views should be recorded in the **Initial CP Conference Social Worker's Report**.

Social Worker should encourage the family to attend 20 minutes prior to CP conference commencing. This is so the CP Conference Chair can meet parents to advise them of how the meeting will be undertaken and

- **Outcomes =**
- Manager: Concerns substantiated Continuing Risk
- Manager: Concerns Substantiated No Continuing Risk
- Manager: Concerns Not Substantiated,

c) Relevant sections of **S47 Enquiries** report are sent to agencies involved in the Strategy Discussion at the Manager’s discretion – school/ health/other professionals

6.1 Following **completion** of the Sec 47 enquiry and completion of the **Core Assessment**, if the outcome is that ‘Concerns are substantiated and there is continuing risk’ the Manager will have indicated within the **Sec 47 record** that an **Initial CP Conference** should be held and liaise with the CP Chair.

7.DECISIONS AND ACTIONS FOLLOWING OUTCOME OF SECTION 47 ENQUIRIES

7.1 The Initial CP Conference should be convened within working 15 days of the Strategy discussion which initiated a **Sec 47 enquiry**. The next steps include:

- a) The Social Worker /Team Manager contacting the C P Conference minute secretary and requesting a Child Protection Conference.
- b) The Social Worker sends an invite list to CP Minutes Secretary who will issue a Standard Letter that requests reports from involved agencies.

7.2 Social Worker prepares the **Initial CP Conference Social Worker Report and records appropriate information in the Initial Plan so that this can be shared with the ICP conference.**

7.3 Manager authorises report and notifies the CP Conference Chair of the completion. (This is via an Activity triggered within the report)

7.4 The CP Conference Chair should have access to final versions of the Initial CP Conference Social Worker’s report and other related CP reports at least 2 days prior to conference.

8. THE INITIAL CP CONFERENCE

8.1 The Initial CP Conference will hear the information contained in the Social

confirm they have had access to the assessments / reports that will be considered at the conference.

See detailed guidance regarding Plans in CP Process 4 (b) attached in the next section of this document.

See detailed guidance regarding Plans in CP Process 4 (b) attached in the next section of this document.

Working Together to Safeguard Children 2010 pgs 172,173 para 5.116

‘The core group is responsible for developing the child protection plan as a detailed working tool and implementing it within the outline plan agreed at the initial child protection conference. Membership should include the lead social worker, who chairs the core group, the child if appropriate, family members and professionals or foster carers who will have direct contact with the family. Although the lead social worker has lead responsibility for the formulation and implementation of the child protection plan, all members of the core group are jointly responsible for carrying out these tasks, refining the plan as needed and monitoring progress against the planned outcomes set out in the plan. Agencies should ensure that members of the core group undertake their roles and responsibilities effectively in accordance with the agreed child protection plan.’

See further guidance re ongoing CP Recording Process at 4(c) attached later in this document.

See detailed guidance regarding Plans in CP Process, Part Two (a) attached in the next section of this document.

Worker's report, reports from other involved agencies and the views of the child/ young person and their family to consider whether the analysis of the information presented supports concerns that the child or young person is at "**Continuing Risk of Significant Harm**"

8.2 IF the CP Conference considers that the child or young person is NOT at risk of significant harm but is a Child in Need, The CP Conference Chair will support the multi-agency members of the CP conference to create a Child In Need Plan which should be reviewed within 6 weeks or 3 months of the plan being created according to which team holds the case, either Referral and Assessment or Safeguarding Team.

IF NOT subject to a Child Protection Plan:

- The CP Conference Chair closes the **Initial Plan or Child Plan**
- The CP Conference Chair completes a **Child Plan** and authorises and closes it, then assigns a copy to the nominated Social Worker.
- The Social Worker continues with work to complete **Core Assessment**

9. If a CHILD PROTECTION PLAN IS REQUIRED

9.1 If the **Initial Child Protection conference concludes that** the child or young person **IS** at continuing risk of significant harm, a Child Protection Plan must be completed by the CP Chair as agreed by members of the conference.

9.2 The C.P secretary immediately contacts the Child Protection Register at the Independent Safeguarding Unit to update the list of children with CP Plans.

9.3 If they were NOT present at the conference, the child, parents and the Core Group members will be verbally informed of the outcome of the conference and the outline child protection plan within 24 hours by the **Lead social worker**, who will have discussed the details with the **CP Chair**.

9.4 The CP secretary sends a copy of the **Outline Child Protection Plan** with a covering letter to all members of the Initial Child Protection Conference within **3 working days**.

9.5 The Chair of the Initial CP Conference then prepares **Initial CP Conference Chairs Report** which is sent to all members of the ICP conference together with a further copy of the CP Plan.

10. THE CORE GROUP

10.1 The **Core Group** meets within 10 working days of **Initial CP Conference** and then 4 weekly as a minimum frequency.

10.1 When each Core Group meets it will review and monitor the agreed actions of the **Outline CP plan** and record any progress/changes in the Core Group Meeting record including an ongoing assessment of risk to the child.

10.3 A record of each Core Group Meeting should be made by the Social Worker and will be circulated to each Core Group member.

10.2 Following the first Core Group the social worker will access the Outline CP plan and change the record in the first question in the Background tab. Type of Plan now = CP Plan.

10.4 Each visit made to the child/family should be recorded in case recording under the title CHILD PROTECTION and also recorded in Activities.

11. THE CP REVIEW CONFERENCE

11.1 The first CP Review conference is held within 11 weeks of the Initial CP conference.

11.2 Following the Core Group meeting leading up to the CP Review conference the social worker should start to record the **CP Conference Review Social Worker's Report** in order that it can be authorised and available one week before the conference.

11.3 The Manager authorises the **CP Conference Review Social Worker's Report**, then alerts the CP Chair that the report is available. (This is via an Activity triggered within the report)

11.4 The social worker completes the outcomes in the Needs tab of the CP Plan and adds any changes of needs agreed by the Core Group in the Review tab of the CP Plan and the Manager approves it. The Plan will then be discussed at the CP Review conference and any changes recorded in the new CP Plan.

11.5 The CP Conference Review will consider **IF** there is evidence to support that the child continues to be at risk of significant harm and therefore should continue to be subject to a Child Protection Plan. Subsequent CP Conference Reviews will be held within **24 weeks** of the previous review CP conference unless there

are any significant changes when a CP conference will need to be brought forward.

11.6 If the CP Conference is satisfied that the child or young person is no longer at risk of significant harm a **Child Plan** should be developed as in section 8.2. Apart from exceptional circumstances, there will be a multi-agency meeting Child in Need Review at the 3 month point and recorded using the **CIN Review** e-form.

11.7 If the CP Conference confirms that the child or young person remains at risk of significant harm a new **CP Plan** will be developed and the Core Group will continue to regularly review and monitor in response to progress made in safeguarding the child or young person.

11.8 **N.B.** It is a Govt recommendation that a child or young person should not be the subject of a Child Protection Plan for more than 2 years. If a child or young person needs for Safeguarding are not being met over that period of time consideration should be given to alternative measures, i.e. Family Group Conference or initiating legal proceedings.

Therefore the CP conference review held between 15 & 18 months will ask the membership to consider whether sufficient progress has been made with the Child Protection Plan to consider 'deregistration' and continuing to promote the welfare of the child or young person through a Child Plan.

CP Conference Process & Plans

Type of Plan	Status	Actions – SW	Actions – Manager	Actions- CP Chair
Initial Plan	Open (following IA & after the decision to initiate CP Enquiries)	<ul style="list-style-type: none"> • In Background Tab select Initial Plan • Record information • Save & Cancel (The activity sent to Manager desktop to check the plan is sent from the IA)	<ul style="list-style-type: none"> • In Action Tab 9.1.1 • Enter the date the plan has been checked • Save & Cancel 	N/A
Initial Plan	Needs to change to outline CP Plan	None	None	<ul style="list-style-type: none"> • Actions tab • Answer 9.1.2 • Select Yes • Assign new plan to CP Chair • Finish & Save • End date must be CP Conference date • Outcome = C P Chair: Close Plan open outline CP Plan
Outline C P Plan	Chair is responsible for completing following Initial CP Conference	None	None	<ul style="list-style-type: none"> • In Background tab • Selects type of plan(OCP) • CP secretary records plan • C P Sec messages Chair plan ready to check • Chair at Action Tab 9.1.1 enters date checked • At Finish and Save Chair enters end date • Outcome – CP Chair: Close Outline CP Plan • Chair clicks in Completed by & Saves

CP Conference Process & Plans

Type of Plan	Status	Actions – SW	Actions – Manager	Actions- CP Chair
C P Plan	Open – To create this open plan assigned to the key worker, follow the instructions in the CP Chair column which will create a copy of the plan agreed within the CP conference.			<p>In the find Assessment screen</p> <ul style="list-style-type: none"> • Selects Outline CP Plan you have just completed • Click Duplicate button • Enter the current child's ID • Enter start date (MUST BE DATE OF CP CONFERENCE) • Click duplicate(this will create an open copy of the OCP) • Select this plan • Click Reassign • Reassign assessment to key worker <p>This will automatically message the key worker that the assessment has been reassigned to them.</p>
C P Plan	Open Now open to Keyworker	<ul style="list-style-type: none"> • Following Core Group SW accesses Plan (a duplicate of the Outline CP Plan) • At Background Tab change type of Plan from Outline to CP • SW <i>should not</i> be recording new Needs or interventions in the Plans (or in the main data base). • Any ongoing changes will be captured in the Core Group minutes. • Save and Cancel 		
C P Plan	Open plan- SW	<ul style="list-style-type: none"> • Record Actual Outcomes 	None	<ul style="list-style-type: none"> • Prints off updated plan prior to

CP Conference Process & Plans

Type of Plan	Status	Actions – SW	Actions – Manager	Actions- CP Chair
	needs to update prior to CP Review Conference	in the interventions of the Needs tab. <ul style="list-style-type: none"> • Complete pre-review tab • Any new identified needs can be listed in the appropriate text box at 8.1.4. These can then be added to the new plan by the CP Chair • Save & Cancel 		review conference
C P Plan	Plan reviewed at conference	None	None	<ul style="list-style-type: none"> • Action tab • Answer Yes at 9.1.2 • Assign new plan to CP Chair • Finish & Save • END DATE NEEDS TO BE THE DATE OF THE CONFERENCE • Outcome = CP Chair: Close CP Plan & opens new CP Plan • Click completed by & save
C P Plan	New C P Plan	None	None	<ul style="list-style-type: none"> • Background tab • Selects type of plan(CP) • Records plan • C P Sec messages Chair plan ready • Chair at Action Tab 9.1.1 enters date checked • At Finish and Save Chair enters end date • Outcome – CP Chair: Close CP Plan Open new CP Plan • Chair clicks in Completed by & Saves

CP Conference Process & Plans

Type of Plan	Status	Actions – SW	Actions – Manager
Initial Plan	Open	<ul style="list-style-type: none"> • Complete plan • Save & Cancel • Set up activity to review plan in 6 weeks • (Class = review/type = Child plan review) (The activity sent to Manager desktop to check the plan is sent from the IA)	<ul style="list-style-type: none"> • Action tab • Answer 9.1.1(date checked) • Save & Cancel
Initial Plan	6 week review Plan needs to close	<ul style="list-style-type: none"> • Update needs tab (outcomes) • Complete pre-review tab • Save & Cancel • Opens & completes CIN review (The activity sent to Managers desktop to action the plan is sent from the CIN Review)	<ul style="list-style-type: none"> • Check & authorise CIN review • Open new child plan or close case • Action tab • Answer 9.1.2 • Either replace plan & allocate new plan to SW – Finish & Save • At 1st review at Outcome = Manager: Close Initial Plan open Child Plan • At subsequent reviews Outcome = Manager : Close Child Plan & open new Child Plan • If case is closed – finish & save • Outcome = Manager Close Plan & close case
Child Plan	Open (alongside Core Assessment)	<ul style="list-style-type: none"> • Complete plan • Save & Cancel (The activity sent to Managers desktop to action the plan is sent from the Core Assessment)	<ul style="list-style-type: none"> • Action tab • Answer 9.1.1(date checked) • Save & Cancel
Child Plan	6 month review (or earlier if necessary)	<ul style="list-style-type: none"> • Update needs tab (outcomes) • Complete pre-review tab • Save & Cancel 	<ul style="list-style-type: none"> • Check & authorise CIN review • Open new child plan or close case • Answer 9.1.2

CP Conference Process & Plans

		<ul style="list-style-type: none">• Opens & completes CIN review• (The activity sent to Managers desktop to action the plan is sent from the CIN Review)	
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LAC Process & Plans

At this point the child could become looked after & will have a Care Plan alongside an open Child Plan (the Child Plan would be subject to review under the LAC review process)

Type of Plan	Status	Actions – SW	Actions – Manager
Child Plan	Open with Care Plan & Core Assessment	<ul style="list-style-type: none"> The completed Care Plan will remind the Manager to check the Child Plan Prior to the LAC review the SW will need to: Update needs tab (outcomes) Complete pre-review tab Save & Cancel Opens & completes LAC review SW report 	<ul style="list-style-type: none"> Action tab Answer 9.1.1(date checked) Save & Cancel Open new child plan or close case
<i>This plan remains open if the child remains Looked After</i>			
Care Plan	Child becomes LAC (open alongside Child Plan)	<ul style="list-style-type: none"> Complete Action Tab Answer 9.1.2 Send to Manager to check 	<ul style="list-style-type: none"> Action Tab 9.1.4 enter date checked Save & Cancel
<i>Care Plan remains open unless any changes have been made at the LAC review, in which case the plan will need to be closed and replaced with another plan. The plan will be closed if the child is no longer Looked After.</i>			
Adoption Plan	This is not to be used until future notice		
Pathway Plan	This should be opened at the LAC review just	<ul style="list-style-type: none"> Social Worker completes the assessment. 	<ul style="list-style-type: none"> The Activity to check & approve the plan is sent to the Team desktop The Manager enters the date the Plan was checked.

LAC Process & Plans

	prior to the young person's 16 th birthday.	<ul style="list-style-type: none">• On completion SW notifies the Manager that the Plan needs to be checked and approved.• Finish & Save and completes the end date outcome and completed by.	<ul style="list-style-type: none">• Saves and cancels unless closing Plan and/or opening a new Plan• The plan remains open until the next review at this point it will need to be closed and a new plan opened.
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PART TWO (a)
Child Protection Recording Process
Further guidance on Conferences and Core Groups

CareFirst Recording

1. Prior to Initial Conference

All strategy discussions should be recorded on the Strategy Discussion Assessment. Any common information can now be added to subsequent assessments by clicking on the View Last buttons - saving time. The date of the strategy discussion assessment which initiated the Sec 47 enquiry will be used to count the 15 day deadline for any subsequent CP conference. Therefore the clock starts ticking from the date of the strategy discussion at which it was decided to initiate the s47 enquiry.

- a. If the strategy discussion takes the form of a complex meeting this can be minuted/recorded elsewhere, placed on the paper file and a note made on case recording making reference to this document. The Strategy Discussion Assessment MUST still be completed.
- b. Recording on the Strategy Discussion Assessment should indicate relevant input from Police, Health & Education colleagues, including the referring agency.
- c. Transfers of CP cases from other authorities where the children are already subject to a Child protection Plan: - the Wiltshire team manager discusses with the manager from the other authority and agrees a date when the family will become permanently resident in the county. Complete the Referral, recording relevant dates in the transfer in tab. Add the classifications CIN Episode & CIN Category with the referral date as the start date. There is no requirement to complete a strategy discussion as required notes can be added in case recording (see flow chart transfer in C P Plans).
- d. In a family where there are new CP concerns, the social worker's visit to a child prior to the initial CP conference should be recorded both in Activities and in the case record.
- e. The case record entry should indicate that the purpose of the CP process has been explained to the child/children (if age appropriate) and to the family.

(Working Together to Safeguard Children 5.86)

- f. To record that the Social Worker's report to CP conference has been shared with the family an entry should be made in case recording using the subject heading **CHILD PROTECTION**.
The contents of the report should be shared with the child (where appropriate) and the family and a copy provided for them in good time for them to consider it prior to the conference.
(WTSC 5.93) (South West Regional CP Procedures/Managing Individual Cases/CP conferences)

Lead Social Worker's tasks and recording

(See general guidance re: the role of the lead social worker in Working Together 5.113 – 5.115)

2. Lead Social Worker visits need to be recorded in 2 places on the electronic record:- Firstly a record made of the visit as an Activity. (Class = Interview/Visit Type = CP Visit) This also enables a record to be made of when the child has been seen and/or seen alone.
Secondly in case recording under the subject heading **CHILD PROTECTION**
The information entered on the case record identifies who was seen (or not able to be seen) and why, comments on the safeguarding issues that are pertinent to the case, both negative and positive. Examples of the Lead Social Worker's direct observations would be good practice as well as references to the CP Plan Core group minutes and any relevant issues from the assessment domains. (See also case recording guidance)
3. It is now a departmental requirement that the Lead Social Worker visits the child at a minimum of every 4 weeks in their home setting even if other involved professionals have visited during the period and have reported back to the Lead Social Worker. Any exception to this must be agreed with the supervising manager and recorded on the case record with reasons stated clearly. It should also be shared with Core Group members and recorded on the minutes of the Core Group.
4. The CP conference, Lead Social Worker/Manager/Core Group may decide that visiting frequency should be more than the minimum according to the risk management strategy. Planned visiting frequency should be recorded in CP Plan and Core Group minutes.
5. The child/children should be seen alone by the Lead Social Worker at least once between initial conference and the first review conference (where this is age appropriate). Beyond first review conference the child should be seen alone at least every 8 weeks (with parents' agreement) The appropriate developmental level required regarding these 'seen alone' visits should be discussed and agreed by the CP conference or core group members. Babies should be seen awake at the same interval as older children's 'seen alone visits' (See 6 above regarding the necessity for 2 entries on the electronic record for each child)
6. Visits as part of the Core Assessment should be recorded in Activities then an entry in the case record should be made using the subject heading **CHILD PROTECTION**. A brief account of who was seen, the issues discussed and that this was part of core assessment work can be added. When subsequently completing the Core Assessment there is the benefit that the date of recorded visits in Activities will pull through to the assessment.
7. Recording on the case record/assessments should ensure that particular reference to the individual child is made and to their specific development, parenting, safety etc. rather than one account covering all siblings, recognising that some issues will be the same.
8. Legal advice/discussion should be recorded on the case record under the subject heading LEGAL. The Guardian ad Litem is not entitled to see legal advice given to social workers/managers. If the GAL insists on having a copy of the case record and it is printed out between particular dates, please ensure you blank out legal advice with a permanent black marker.

9. The subject heading **SUPERVISION** for the case record refers to line management supervision and not to supervised contact.
10. For clarity the supervision notes on the case record should indicate that the CP plan and safeguarding issues have been discussed and record any deviation from the CP Plan.

Frequency of Core Groups and their recording

11. The first Core Group meeting should take place within 10 days of the initial CP conference and members of the Core Group should then meet 4 weekly as the minimum frequency. This is the departmental interpretation of the Working Together to Safeguard Children guidance 'sufficiently regularly to facilitate working together, monitor actions and outcomes against the CP plan and make any necessary alterations as circumstances change' (See section in Working Together 5.116 - 5.119)
12. A Core Group meeting assessment should be completed every time a meeting takes place and for each child. Minutes of these meetings should be distributed as soon as possible. (This is the key assessment that is used for auditing purposes)

Significant changes of circumstances

13. If there is a change of circumstance for a child subject to a CP Plan, for example the child is made the subject of legal proceedings, OR the child moves to a safer caring environment on a more than temporary basis OR a parent/carer continues to refuse the Lead Social Worker contact with the child OR there is a new serious concern or incident, a CP conference should be reconvened as soon as possible to consider the changes and/or make a decision regarding the CP Plan.
14. Ensure any changes in family composition are recorded on the system and relevant checks are carried out.

Case Recording

Record your CP visits in Activities first.

In case recording choose the subject title Child Protection from the drop down list. The narrative should then be entered in the text box.

- Ensure that case recording is entered on every child (this can be copied and pasted and edited appropriately).
- Ensure you enter information about the child at the start of the recording.
- Always record where the child / family were seen and who was present and if you have seen the child alone

Address the main issues regarding the concerns:

- If the risk is due to emotional harm make reference to the quality of the relationship between the child and parent – warmth, criticism, appropriate play etc.

- If domestic violence was a key issue record whether any new incidents have occurred / the current relationship between the parents
- If the risk is due to sexual harm, record whether he / she has been kept safe from the perpetrator, allowed attending keeping safe sessions etc.
- Record the progress towards the outcome set out in the child protection plan
- Record brief details about the child's development, parenting and environmental factors, using prompts from the Assessment Framework domains / core assessments that are age appropriate
- Where an intervention recorded in the child protection plan cannot be carried out ensure this is identified on the case record and subsequently in supervision notes and core group minutes, the reasons for this should also be recorded and if there is a significant issue, the decision regarding the actions agreed with the manager and or core group members.

General recording practice

- Be factual, accurate and objective
- Record as clear statements
- Use short, concise & succinct phrases rather than long narrative text
- Entries should be brief and concise using clear, straightforward language and be accurate not only regarding the facts but also in distinguishing between opinion, professional judgement and hypotheses.
- Case recording should be completed within 3 days of the visit / action / correspondence.
- The observation text area is limited to 4000 characters, an equivalent to an A4 page.

Searching and printing case recording

It is possible to create a selection of case recording using the Advanced Search screen. This can then be printed using the print icon in the top right hand corner.

PART TWO (b)

Joint Investigation Guidance

- 1.1** This is a jointly agreed protocol between Wiltshire Police and Local Authority (LA) Children's Services provided by Children Services in Swindon and the Department for Children and Education in Wiltshire (for the purposes of this document both the departments in Swindon and Wiltshire will be referred to as LA Children's Services) and are included in accordance with Working Together to Safeguard Children and recommendation 5 Her Majesty's Inspector of Constabulary report Keeping Safe, Staying Safe.

1.2 Its purpose is to form the basis of decision-making, which must take place upon initial receipt of a referral of a child protection case between Police and LA Children's Services. The protocol is intended to provide guidance and should be read in conjunction with the Government Guidance documents, *Working Together to Safeguard Children*, and *Achieving Best Evidence*, the South West Child Protection procedures and guidance and the procedures of the individual agencies. Above all, the interests and safety of the child should be paramount.

1.3 The decision by the LA Children's Services to bring a case to the attention of the Police is to be guided by the principles of *Working Together to Safeguard Children*

"Whenever the social services department (or the NSPCC if relevant) encounters or has a case referred to it, which constitutes, or may constitute, a criminal offence against a child, it should always inform the police at the earliest opportunity. This will enable both agencies to consider jointly how to proceed in the best interests of the child. In dealing with alleged offences involving a child victim, the police should normally work in partnership with social services and/or other child welfare agencies. Whilst the responsibility to instigate criminal proceedings rests with the police, they should consider the views expressed by other agencies. There will be less serious cases where, after discussion, it is agreed that the best interests of the child are served by social services led intervention rather than a full police investigation".

This protocol is designed to help the subsequent joint Police/LA Children's Services in decision - making, not the initial decision to contact the Police.

1.4 In addition, the following recommendations from Lord Laming's report are of relevance,

Recommendation 40

States no case that has been opened in response to allegations of deliberate harm to a child is closed until the following steps have been taken;

- the child is spoken to alone,
- the child's carers have been seen and spoken to,
- the accommodation where the child is to live has been visited
- the views of all the professionals involved have been sought and considered
- a plan for the promotion and safeguarding of the child's welfare has been agreed.

Recommendation 99 Lord Laming's report advised that the *Working Together* arrangements must be amended to ensure the police carry out completely, and exclusively, any criminal investigation elements in a case of suspected injury or harm to a child, including the evidential interview with a child victim. This will remove any confusion about which agency takes the 'lead' or is responsible for certain actions.

Local guidance issued advises that all but in exceptional cases, interviews of child victims will be conducted by appropriately trained Police Officers. However in the event a child expresses a preference that the Police Officer should not be the Lead Interviewer and it is considered in the best interests of the child, consideration may be given to an appropriately trained social worker leading the interview in collaboration with a Police Officer.

The responsibility for the criminal investigation remains with the Police and it is imperative that these issues are subject of strategy discussions between the joint investigation team and the decision making process together with the reasoning and justification are documented on child protection referral papers.

A referral is a report alleging or suspecting that a child is or is at risk of suffering significant harm or is otherwise believed to be a child in need.

(Section 47/17 Children's Act 1989)

Refer to South West Child Protection Procedures for definition of significant harm.

A strategy discussion is a discussion conducted between LA Children's Services, Police and other professionals (e.g. health and education) either in person or on the telephone for the purpose of determining appropriate action where there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm.

The policy within the Wiltshire Local Authority area and best practice suggests that as a minimum requirement there should be consultation with three agencies, although action should not be delayed to facilitate this, in cases where there is a need to act immediately.

- 1.5 The initial decision whether it is for a joint or single agency investigation (section 47 Children Act 1989) must be kept under active review. The decision on the investigation strategy should be seen as a continuing one that can and should change as the known circumstances of the case alter.**
- 1.6 A decision that an inquiry is 'less serious' or 'isolated' can only be made following full information sharing. It is important that information from agencies, together with the known history of the family is brought together to help inform this decision-making.
- 1.7 The below criteria for joint and single agency investigations cannot be prescriptive or exhaustive and judgement will need to be exercised in individual circumstances. A flexible approach is required. If a decision is made not to conduct/continue with a joint investigation as identified in paragraph 2.1 this should be recorded by the respective managers on each agencies case papers, entries must be signed, timed and dated.**

Whenever there is a single agency response in child protection cases, by either LA Children's Services or Police, the outcome should be shared in writing with the other agency.

2. Joint Investigations (Section 47 investigations)

- 2.1 It is expected that where children are to be interviewed as victims of or witnesses to crime this will be conducted in accordance with the Youth Justice & Criminal Evidence Act and the supporting guidance, 'Achieving Best Evidence'.
- 2.2 **In considering child protection cases, the following should normally be jointly investigated:**
- **murder, manslaughter**
 - **alleged or suspected cases of serious (gives cause for concern) physical injury against a child up to 18 years. This includes; any assault involving actual or grievous bodily harm and repeated assaults causing minor injury.**

- alleged or suspected cases of sexual abuse
- **children and young people abused through prostitution**
- **serious neglect, abandonment or exposure to danger**
- **organised or institutional abuse,**
- allegations of abuse against staff, or persons in a position of trust.
- suspected Fabricated or Induced Illness
- all injuries to children subject to Child Protection Plans
- repeated head injuries
- **child deaths**
- **historical abuse allegations where there are implications for current children.**

2.3 When joint enquiries take place, the police have the lead for the criminal investigation and LA Children's Services have the lead for the section 47 enquiries and the child's welfare.

3. Single Agency Investigations – LA Children Services (Section 47)

3.1 In considering child protection cases, and subject to agreement during a strategy discussion, the following may be cases that are appropriate to be investigated on a single agency basis,

- isolated less serious physical injury (injuries not apparent or very minor)
- unexplained, over sexualised behaviour

3.2 Where there is an allegation of inappropriate sexual behaviour between two children, both of whom are under the age of criminal responsibility and following full information sharing no other person is believed to be involved, enquiries will normally be carried out by Social Services alone.

4. Single Agency Investigations – Police (Section 47)

4.1 Investigations where the offence took place when the aggrieved was under the age of 18 but has been reported after the age of 18. However if it becomes apparent during the course of the investigation there are concerns for the welfare and safety of current children, investigations in respect of those children will be the subject of a joint investigation. In cases of organised or institutional abuse this should be investigated in accordance with the specific Government Guidance on that subject).

4.2 Whilst concerns may have been investigated initially on a single agency basis, this may need to be reviewed if during the course of initial enquiries it is apparent a joint response is required, e.g. the child/young person/parent want this, there are additional factors which identify the need for this or further enquiries are required regarding a potential criminal offence.

5. Responding to Referrals

5.1 Where there is a risk to the life of a child or likelihood of serious immediate harm, an agency with statutory child protection powers (LA Children's Services, Police and NSPCC) should act quickly to secure immediate safety for the child by taking immediate protective action. For example:

- Murder/Manslaughter of a child/young person
- **Serious cases of cruelty (section 1 Children and Young Persons Act 1933)**
- Serious cases of physical injury e.g. head injury, fractures, injuries to babies

- Direct allegation of sexual abuse
- Any other case where the child is at a continuing risk of suffering significant harm
- Where the child is frightened to return home.

The above referrals require an urgent e.g. same day response unless

- the child is not at continuing risk of suffering significant harm and
- there will be no loss of forensic or other evidence

5.2 Some referrals may fall outside of this criteria and not require the same degree of urgency however it is expected that a child should be seen as soon as possible to assess their safety and welfare. If it is not possible to see the child within two days of the referral, the respective social services and police managers must record on the referral, the reasons why and the timescale for when the child will be seen.

6. Child Protection Unit Remit

6.1 If section 47 investigations are allocated to police officers outside of the child protection unit this will be to a suitably trained officer who will maintain regular liaison with the Child Protection Unit and Social Services.

6.2 The Child Protection Unit will deal whenever possible with the following cases;

- allegations/reasonable suspicion of sexual, physical abuse and neglect of persons under eighteen years, where the alleged offender is a family member or is a person visiting the household regularly e.g. neighbours, babysitter or family friends.
- sudden and unexplained deaths of children (this may be in an advisory capacity),
- Where offences occur on children by adults who have professional care of them i.e. social workers, teachers and includes voluntary sector as well as statutory organisations.
- Organised abuse as detailed in Child Protection Procedures.

6.3 *Police*: The divisional Child Protection Unit Sergeant or out of hours the Duty Inspector will make the strategy decisions on behalf of the Police.

6.4 *LA children's services*: there will always be consultation with the Team Manager/Duty manager about whether the case is a child protection issue or not. If it is clear that it is a Child Protection issue, the Team or Duty Manager will decide the appropriate course of action.

6.5 Where there is a disagreement between the Police and LA Children's Services, the case should in the first instance be referred to the Service Manager Fieldwork Team (Children and Families, Swindon)/Head of Community Safeguarding (Wiltshire) and the Divisional Detective Chief Inspector (Police).

6.6 If the matter still cannot be resolved ultimately the case may be referred to the Superintendent (Community Safety and Criminal Justice, Police Headquarters) and the Director, Children and Families, Services – Swindon and Assistant Director, Department for Children and Education, Wiltshire.

STRATEGY DISCUSSIONS

The South West Child Protection Procedures fully detail measures to be followed in respect of matters arising from Child Protection concerns. The following additional guidance notes on strategy discussions and disabled children are following agreement between social care Managers and Police from findings from recent Serious Case Reviews, notably Child F, as reported during 2009.

As per Working Together, whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm there should be a Strategy Discussion involving Local Authority Children's Social Care, the Police and other bodies as appropriate, eg Child Centres/School/Health and in particular any referring agency. The Strategy Discussion should be convened by the Local Authority's Children's Social Care and those participating should be sufficiently senior and able to contribute to the discussion of available information and to make decisions on behalf of their agencies.

If the child is a hospital in-patient or receiving out-patient treatment from a Child Development Team, the medical Consultant responsible for the child's health care should be involved, as should the senior Ward Nurse, if the child is an in-patient.

Where a Strategy Discussion is agreed as appropriate between Police, Social Care etc, social care are to use the current Strategy Discussion format as available on the electronic system through ICS. This should be the only record held by agencies of Strategy Discussions and must be distributed to all parties- *those invited and those who need to know*. There should not be a separate document held by the Police.

*As Lord Laming has reinforced, the child/ren should be **seen** by the social worker –if possible alone- and their wishes and feelings either fed into the strategy discussion if already seen, or their perspective ascertained as soon as possible afterwards within an agreed framework (S47 or child in need).*

The purpose of the Strategy Discussion is to:

- Share available information
- Agree the conduct and timing of any Criminal Investigation
- Decide whether a Core Assessment under s47 of the Children Act 1989 should be initiated or continued if it has already begun
- Plan how the s47 Enquiry should be undertaken if one is to be initiated, including the need for medical treatment
- Agree what action is required immediately to safeguard and promote the welfare of the child
- If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child and where the perpetrator, or alleged perpetrator maybe a professional who is employed by the hospital, to inform the Local Authority Designated Officer (LADO) in order to ensure that a LADO investigation is considered, possibly in tandem with the s47.
- Determine what investigation from the Strategy Discussion will be shared with the family unless such information sharing may place a child at increased risk
- Determine if legal action is required

Where discussion takes place and threshold of significant harm is not reached then this can proceed to a Child in Need Professional Discussion. It should be noted that this is completely different to *section 47 enquiries* and should not be confused with the latter. The Strategy Discussion note format should clearly record the decision not to proceed with a s47 but to proceed in respect of an Initial Assessment led by Social Care to consider and identify the needs of the child or young person. It is not appropriate to NFA without an Initial Assessment.

In addition to the above Wiltshire Guidance, please note the following actions in respect of Strategy Discussions which should be followed by all staff.

- 1 All Child Protection investigations, irrespective of a child's disability, should be investigated by the local Fieldwork team. This to be in conjunction with a social worker with knowledge of either the nature of disabilities, in respect of the child or young person or direct knowledge of the child with disabilities. This is a reminder, as this should already be in place across all teams.
- 2 Where there is a child or young person in hospital referred for child protection investigation and it is unclear if the injuries have been caused by a parent or a professional or other worker in the hospital, then this must be referred to the Local Authority Designated Officer (LADO). The LADO will then consider whether to oversee the investigation or to run a LADO investigation in tandem with the child protection investigation.
- 3 The standard electronic Strategy Discussion template must be used in all cases.
- 4 Where a Strategy Discussion is being convened and key professionals are not prioritising attendance, this must be raised with a senior manager in order to ensure Strategy Discussions are held in a timely manner.
- 5 The Chair of Strategy Meetings must ensure that core attendees do not include potential suspects that may subsequently need to be interviewed in relation to the safeguarding concerns.
- 6 Where a Strategy Discussion is being held and the child/young person is in hospital, the Strategy Discussion must consider possible sources of risk and whether it is appropriate to discharge the child from hospital. The decision and reasons must be clearly recorded within the Strategy Discussion notes.
- 7 There should be consistency in respect of the Chairing of Strategy Discussion from start to conclusion.
- 8 When additional information becomes available following a first Strategy Discussion relevant to the investigation, a second Strategy Discussion should be convened in a timely manner. This is also relevant for any additional information coming to light throughout the stage of an investigation. All additional information coming to either the attention of the Chair of the Strategy or the worker leading the investigation must be shared in a timely manner as appropriate with other professionals/parents/carers.

PART TWO (d)

SAFEGUARDING DISABLED CHILDREN:

Introduction

All practitioners need to be aware of the possible indicators of abuse and/or neglect for disabled children

Whilst at times, it is immediately apparent that a non-disabled child has suffered significant harm, it is not always so and lengthy enquiries are often necessary for children or young people with disabilities. Where there are safeguarding concerns about a disabled child, there is a need for greater awareness of the possible indicators of abuse and/or neglect, as the situation is often more complex. However, it is crucial when considering whether a disabled child has been abused and/or neglected that the disability does not mask or deter an appropriate investigation of child protection concerns. Any such concerns for the safety and welfare of a disabled child should be acted upon in the same way as that for a non-disabled child, as set down in '*Working Together to Safeguard Children 2010*'.

The process in Wiltshire is that any Child Protection concerns regarding any child whether a child or a young person with a disability will always be dealt with by those experienced in Child Protection Referral & Assessment work. Best practice would support that whilst that practitioner would lead on the Child Protection aspect, additional input from professionals who have knowledge and expertise of working with disabled children would be expected. This most certainly would be the case for any child or young person who is already known to Children with Disability Teams and where there are concerns of a Child Protection nature.

When undertaking an assessment (and considering whether significant harm might be indicated) professionals should always take into account the nature of the child's disability. The following are some indicators of possible abuse or neglect:

- A bruise in a site that might not be of concern on an ambulant child, such as the shin, might be of concern for a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification eg. deprivation of liquid, medication, food or clothing
- Unwillingness to try to learn a child's means of communication
- Ill-fitting equipment eg. callipers, sleep boards, inappropriate splinting; misappropriation of a child's finances
- Invasive procedures which are unnecessary or are carried out against the child's will

Procedures

When a referral is received which relates to a disabled child, it is important to decide which team – the initial assessment team or the disabled children's team - should respond to this referral.

In Wiltshire all safeguarding concerns/referrals concerning disabled children will be assessed by practitioners who are both experienced and competent in child protection work, with additional input from those professionals who have knowledge and expertise of working with disabled children.

As with non-disabled children, it is not always obvious from an initial contact with a family that there is a child protection issue to be considered. Professionals, the family, the child and others may emphasise other problems or difficulties and the need for protection from harm may not always be obvious. Thus, the practitioner receiving the referral should systematically seek information about the identified needs and circumstances that have prompted the contact.

As with all safeguarding referrals, it is important that as much accurate information is gathered, in order to fully understand the context and assess the likelihood of harm to the child. It may be necessary to obtain an accurate assessment of the child's understanding and language abilities from their parent, teacher and speech and language therapist and then take advice on communicating or working with the assistance of someone who knows the child well. In addition, the following questions should be considered and asked when a referral is received concerning a disabled child:

What is the disability, special need or impairment that affects the child? Ask for a description of the disability or impairment: for example, 'learning disability' could mean many things and does not tell you much about the child or their needs.

If you do not know how to spell a word that describes an impairment or condition, ask how it is spelt. This will be important if further enquiries are required about how the condition might be expected to affect the child.

How does the disability or impairment affect the child on a day-to-day basis?

How does the child communicate? If someone says the child can't communicate, simply ask the question: 'How does the child indicate s/he wants something?'

How does s/he show s/he is happy or unhappy?

Has the disability or condition been medically assessed/diagnosed?

Investigating allegations of abuse involving disabled children

Where there is a reasonable cause to believe that a disabled child is suffering, or is at risk of suffering, significant harm:

'The child should be seen by the practitioner and kept in focus throughout the work with the child and the family. The child's voice should be heard and account taken of their wishes and feelings'. (Working Together to Safeguard Children 2010).

Additional resources may be required for disabled children if their account of abuse is to be made possible and their wishes and feelings heard. Working Together makes clear that there are four key processes underpinning safeguarding and promoting the welfare of children: assessment, planning, intervention and reviewing. Thus, where there are any concerns about the welfare of a disabled child, they should be acted on in accordance with the guidance set down in Chapter 5 or 'Working Together to Safeguard Children 2010'.

It is particularly important however to note that:

'Where there is a risk to the life of a child or a likelihood of serious immediate harm, an agency with statutory child protection powers should act quickly to secure the immediate safety of the child'. (Working Together to Safeguard Children 2010).

Strategy discussion-disabled children

Disabled children are subject to the same procedures for initiating a strategy discussion, as non-disabled children.

'Wherever there is reasonable cause to suspect that a child is suffering or is likely to suffer, significant harm, there should be a strategy discussion involving LA children's social care and the police, and other bodies as appropriate and in particular any referring agency'. (Working Together to Safeguard children 2010).

At the strategy discussion, consideration should be given to appointing a support social worker to cover any complex issues relating to an impairment (eg communication aids/interpreter for interview). Several strategy meetings may be required to plan the appropriate way of interviewing the child. Expertise from professionals, family members or friends who know the child well may be necessary, or outside experts may be required. The child may require a chosen advocate to support them through the investigation. If a facilitator or interpreter is required, s/he should be involved from the outside when planning an investigation.

Section 47 enquiries and core assessments

The core assessment is the means by which a section 47 enquiry is carried out. Section 47 of the Children Act 1989 states that the local Authority has a duty to investigate when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm . The section 47 enquiry will include an objective assessment of the needs of the child, including the likelihood of abuse or neglect and need for protection, as well as the family's ability to meet those needs. These enquiries should take account of any information gathered through the Common Assessment Framework (CAF) or initial assessment. The core assessment needs to be undertaken in line with the *Framework for Assessment of Children in Need and Their Families*, which includes additional practice guidance concerning disabled children.

When undertaking investigations/assessments into allegations of abuse concerning disabled children, practitioners need to take into account the following considerations.

Where there are abuse allegations relating to a disabled child, the safeguarding needs of any siblings living in the family home also need to be considered.

Where there are allegations of abuse and a disabled child is the alleged perpetrator, investigations need to be handled with particular sensitivity. A duty of care should be shown to both the victim and the alleged perpetrator.

Any enquiries planned or undertaken should be carried out with sensitivity and an informed understanding of a disabled child's needs and disability. This includes taking into consideration matters such as the venue for the interview/s; the care needs of the disabled child; whether additional equipment or facilities are required; who should conduct the interview and whether someone with specialist skills in the child's preferred method of communication needs to be involved.

As with all section 47 enquiries, the need for accurate, detailed, contemporaneous recording of information is essential.

Throughout all discussions (including strategy discussions, section 47 enquiries/core assessments, the initial child protection conference and any subsequent child protection review conferences), all service providers must ensure that they communicate clearly with the disabled child and family, and with one another, as there is likely to be a greater number of professionals involved with a disabled child than with a non-disabled child.

The disabled child's preferred communication method for understanding and expressing themselves needs to be given the utmost priority, and where a child has speech, language and communication needs, including those with non verbal means of communication and deaf children, arrangements will need to be made to ensure that the child can communicate about any abuse or neglect she/he is experiencing and their views and feelings can be made/obtained.

Where the parents of a disabled child have a disability themselves, arrangements also need to be put in place to accommodate their needs throughout the investigation/assessment process.

The number of carers involved with the child should be established as well as where the care is provided and when. A disabled child's network of carers could include short break foster carers, volunteer befrienders, sitters, personal assistants, community support workers, residential care staff, independent visitors and learning support assistants. The source of potential abuse is therefore wider than with other children or young people.

The collating of medical information concerning the health needs of the child is important as it may have a bearing on the outcome of any enquiry/investigation.

Where there is a need for a medical examination, consideration needs to be given to the most appropriate medical professional who should undertake the examination, the venue, timing and the child's ability to understand the purpose of the medical procedure.

Where there is to be a police investigation into allegations of abuse or neglect of a disabled child, those undertaking such investigations should not make presumptions about the ability of the child to give credible evidence. All such investigations should be undertaken in accordance with the practice guidance *Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable or intimidated witnesses, including children* (Home Office, 2000), which includes a specific guidance in relation to disabled children. Measures made available through the Youth Justice and Criminal Evidence Act (1999), with the introduction of intermediaries, are specifically designed to address the barriers and enable disabled children to give evidence.

Following any section 47 enquiries, the need for the disabled child and their family to be provided with ongoing support should be recognised. This is especially important where disabled children have disclosed that they have been abused. The need for therapeutic services for disabled children, following such experiences, is not always recognised. Emotions can show themselves in other ways, for example, self-harm or challenging behaviour.

Allegations that an employee or volunteer has abused a disabled child

In the event of allegations being made against an employee or a volunteer involving a disabled child, or an investigation where paid carers eg nurses, doctors, family link, foster carer, etc, the

safeguarding children policies and procedures of the agency or LSCB need to be instigated where appropriate. This includes referring such allegations to the Designated Officer in the Local Authority (LADO). In addition the *Procedures for managing allegations against people who work with children* in Appendix 5 of *Working Together to Safeguard Children* should be adhered to.

In some instances a LADO investigation will need to run in parallel to s47 and Core Assessment. This will be the case where either the parent/carer is also a professional working with children and young people, eg, teacher, nurse, etc or where it is unclear whether the alleged abuse might have been caused by a parent/carer or, for example, where a child is an inpatient and where any number of adults has access to the child.

Research - How common is the abuse of disabled children?

Research evidence suggests that disabled children are more vulnerable to abuse than non-disabled children. A large scale American study that examined records of over 40,000 children found that disabled children were 3.4 times more likely to be abused or neglected than non-disabled children. Disabled children were 3.8 times more likely to be neglected, 3.8 times more likely to be physically abused, 3.1 times more likely to be sexually abused and 3.9 times more likely to be emotionally abused. Overall, the study concluded that 31% of disabled children had been abused, compared to a prevalence rate of 9% among the non-disabled child population.

There is good recent government guidance [Safeguarding disabled children: Practice guidance](#), HM Govt 2009, www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/safeguarding/ Research in the UK has been limited but a number of studies have indicated similar levels of abuse and neglect to that found in the US. Higher levels of maltreatment of disabled young people than their non-disabled peers were found in a study of 3000 young people aged 18 – 24.

The numbers of disabled children living away from home is important when considering the increased vulnerability of disabled children to abuse and neglect. A study for the DCSF estimated that 13,300 disabled children in England are in long term residential placements in education, social care and health settings. An additional group of disabled children (approximately 900) are living in foster care. The numbers of disabled children spending time away from home on short breaks is expected to grow with the additional funding levels of both local authorities and PCTs announced as part of Aiming High for Disabled Children. It is estimated that grants made available under Aiming High for Disabled Children will, by 2010 – 2011, double expenditure on short break provision by local authorities compared to 2007 – 2008 levels. A Shared Care Network Survey in 2007 indicated over 10,000 children in the UK were currently receiving services from family based short-term care schemes.

A reluctance to challenge carers has been found together with a sense of empathy amongst practitioners with parents and foster parents who are felt to be under considerable stress. Precey and Smith have considered the contentious issue of the fabrication or induction of illness in disabled children and those with complex health needs by a parent. Parents have been known to deliberately exaggerate the effects of the child's impairment by falsely describing symptoms, seeking unnecessary treatment or inappropriately using medication.

The large number of adults involved and the nature of the care needs both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries. Some disabled children grow up to accept damaging, demeaning or over restricting treatment from others because they have never known anything more positive.

There is also the possibility that disabled children may be schooled into accepting others having access to their bodies.

Communication barriers mean that many disabled children, including deaf children, have difficulty reporting worries, concerns or abuse. Some disabled children do not have access to the appropriate language to be able to disclose abuse; some will lack access to methods of communication and/or to people who understand their means of communication. Even if a child can find the confidence and the means to tell about abuse, many of the avenues open to abused children, such as telephone help-lines and school based counselling, are inaccessible to many disabled children. There is significant vulnerability for children who use alternative means of communication and who have a limited number of people who they can tell, since these same people may be the abusers.

Double discrimination faces many disabled children from black and minority ethnic groups and refugee and asylum seeking children. They can experience additional difficulties and challenges in accessing and receiving services and often those they do receive are not sensitive to their culture and language or relevant to their needs. Robert and Harris draw attention to the risk of disabled children from refugee and asylum seeking families being severely isolated and hiding their impairment through fear of being different or of this adversely affecting their immigration status.

Spending greater periods of time away from home, particularly in residential settings, is a risk factor for abuse and Utting noted that this risk is compounded in the case of disabled children. Researchers have examined the particular vulnerability of disabled children in residential care linking this to characteristics of institutional life, problems in management and staffing and separation of children from parents and others whom they trust and who are able to understand their communication methods. The welfare of disabled children at residential schools (especially those with 52 weeks provision) and in health units has been questioned, given the wide variation in practice of notifying the responsible local authority of the child's placement as required by section 85 of the Children Act 1989. Researchers concluded that for children in placements funded solely by education there is unlikely to be anybody other than a parent actively checking whether or not the child is safe and happy.

Higher levels of bullying of disabled children have been found in a number of recent studies and in some instances the severity of bullying or harassment of disabled children could be classified as assault or abuse. The Office of the Children's Commissioner found that disabled children and those with visible medical conditions can be twice as likely as their peers to become targets for bullying behaviour. The National Autistic Society found that two out of five children on the autistic spectrum had been bullied at school. Mencap found that nearly nine out of 10 people with a learning disability experience some form of bullying, with over two-thirds experiencing it on a regular basis.

Greater use of direct payments and personal budgets, whilst supporting empowerment and choice, does carry some risks of children being harmed if the minimum requirements in respect of checks and references on those providing personal care have not been followed up. The Direct Payments guidance Community Care, Services for Carers and Children's Services (Direct Payments) Guidance, England (2003) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4096246 makes it clear that the system of direct payments should not place a child in a situation where they are at risk from harm. The local authority can exercise their discretion and refuse to give a direct payment if they consider a child is being placed in a situation where they would be at risk of harm as a result of being cared for by an unsuitable person.

However, the local authority cannot insist that the person employed through Direct Payments should have a Criminal Record Bureau (CRB) check, prior to their employment (or be registered with the Independent Safeguarding Authority, when legislation, under the Safeguarding Vulnerable Groups Act 2006 comes into force, although of course this is strongly advised). Requesting a CRB check, together with the taking up on references, whilst not guaranteeing that a person is suitable to work with children, does offer a degree of reassurance about a carer's suitability to undertake such work. In situations where the family decides not to accept the local authority's advice about best safeguarding practice, some local authorities are asking the family to sign a statement stating that the issues has been discussed with them and they are aware of the risks involved. Such statements do not of course absolve the local authority of their duties to safeguard the welfare of children.

Part Two (e)

Allegations of Abuse: Foster/Adoptive Homes

The duty of the Department for Children and Education to conduct Section 47 Enquiries when there are concerns about significant harm applies on the same basis to children who are in foster care/adoptive homes as it does to children who live with their own families.

However foster carers/adopters (prior to the adoption order) and their families stand in a particular relationship with the department: whilst they are not employees, neither are they members of the public. The following considerations should apply therefore when there are concerns that a child in a foster/adoptive home has suffered or may be at risk of suffering significant harm:

Context

- Enquiries must be completed as thoroughly and as quickly as possible in recognition of the Local Authority's direct responsibility for looked after children.
- Every attempt should be made to ensure that the enquiries have a strong independent component. This may involve referral to the NSPCC or other organisation. In exceptional circumstances where they are not available the enquiry should go ahead but this should be undertaken by another Team.
- Foster carers/adopters should be given as much information about the process and their rights as possible throughout the process of enquiry, recognising the stressful nature of these procedures.
- The enquires should involve a comprehensive approach, addressing the foster carers/adopters' previous history of looking after children and young people, exploring the context in which concerns have arisen and addressing any associated needs i.e. support and training.
- The fullest possible information should be made available to those undertaking enquiries by those who have in-depth knowledge of the foster carers/adopters and the children who are the subject of enquiries. It is important that this information is provided in an open accessible way.

Procedure

1. Any staff from any agency who receives a report that a child in a foster/adoptive home is suffering or may be at risk of significant harm, must report or refer this immediately to the Department.
2. On receipt of this information the relevant Team Manager with operational responsibility for the child who is the subject of these allegations, must be informed.
3. The Team Manager should then immediately inform the Head of Looked After Children and Local Authority Designated Officer (LADO). In the absence of either of these the Head of Community Safeguarding should be consulted.
4. The Manager receiving the report should decide whether the allegation gives the Department reason to believe that any children have suffered or may be at risk of suffering significant harm.
5. The Team Manager and LADO appointed to co-ordinate the enquiries will consult with a Senior Manager regarding whether any action is needed prior to the Strategy Meeting/Discussion in relation to:
 - immediate protection of children
 - the need to inform the child's parents of the nature of the allegation
 - the need to inform foster carers/adopters that an allegation has been made.

Strategy Meeting/Discussions N.B. The LCSB multi-agency child protection procedures on Strategy Meetings should be followed.

The Strategy Meeting/Discussion will usually be chaired by the LADO, and the following should be invited to attend the Strategy Meeting/participate in the discussion:

- NSPCC Regional Special Investigation Service
- Police- CPU
- Team Manager
- Social Worker for the child/children
- Family Placement Officer for the foster carers/adopters
- Family Placement Manager
- Children's Rights Officer
- Health Staff e.g. named CP Nurse.

The meeting should take place as soon as possible following the first report to the Area Services Manager. The immediacy of this will depend on the nature of the allegation.

The meeting can be undertaken in person or by phone discussion, using the Telephone Conferencing system- See BT's website: www.conferencing.bt.com or ring BT on 0800 77 88 77 to set up an account with them.

The meeting should review the information available and should make one of the following decisions:

- Joint enquiries by Police and social care.
- Single agency enquiry by any Investigating Agency.
- No further action on the basis that further information available at the meeting leads to the conclusion that concerns cannot be substantiated. In these circumstances foster carers/adopters should be informed that an allegation has been made, and that the decision of the Strategy Meeting/Discussion will be recorded on their file.

If further enquiries under Section 47 are agreed as necessary the meeting will agree:

- The Terms of Reference of the enquiries (agreed by all) including the proposed date for a Review Strategy Meeting at the conclusion of the enquiries.
- Clear timescales and the scope of the enquiries (these need to be clearly recorded)
- How/whether the parents of the child or young person should be informed about the outcome of the Strategy Meeting/Discussion.
- How the carers will be informed of the outcome of the Strategy Meeting/Discussion, how and who will advise them during the process of these enquiries.
- Whether the carers` fostering payments/adoption financial support should continue for the duration of these enquiries.
- Whether the child/children who are the subject of the enquiries should remain in the placement pending the outcome of the enquiry.

N.B. This should include consideration of the safety of the foster carers'/adopters' own children.

- Whether consideration should be given to making a referral to the Barring List.

The outcome of the investigations should be clearly recorded on the relevant files by Family Placement and child's social worker, stating whether the allegation is substantiated, unsubstantiated (insufficient evidence) or unfounded.

The Section 47 Enquiry

The scope of these enquiries will have been outlined at the Strategy Meeting/Discussion. As indicated at the beginning of this section, the enquiries should be thorough and should involve ascertaining information about the children previously placed with these foster carers/adopters

The nominated investigating officers are responsible for co-ordinating all aspects of these enquiries.

Where the child is accommodated under Section 20 the parents of the child should give consent to the child being interviewed and medically examined. Where the child is subject to a Care Order the parents should be encouraged to give consent wherever possible but interviews and medical examination can go ahead without this consent.

Where a child is placed for adoption with parental consent, consideration should be given as to whether it is appropriate to inform the birth parents and/or seek their consent.

Where a child is placed for adoption under a Placement Order, consideration should be given as to whether birth parents should be informed, but the interview and medical examination can go ahead without their consent.

N.B. The department is able to restrict the adopters' exercise of parental responsibility in these circumstances, so their consent is not required for interview or medical examination.

The investigating officer(s) will decide what action to take with regard to the foster carers/adopters, depending on the nature and severity of the allegation, and depending on whether a criminal prosecution seems likely.

The Review Strategy Meeting

The Review Strategy Meeting will usually be chaired by the LADO who chaired the Strategy Meeting and, wherever possible, should take place no later than 4 weeks after the initial Strategy Meeting.

The meeting may take the following decisions:

- If the outcome of the Section 47 Enquiries is that a child/children are at ongoing risk of significant harm if they remain with the foster carers/adopters they will be removed from this placement immediately. A Child Protection Conference will therefore only be held in respect of the foster carers'/adopters' own children.
- A recommendation to the Area Services Manager should be made regarding whether immediate suspension of the fostering/adoption approval should take place pending the next meeting of the Fostering/Adoption Panel.
- If no evidence of significant harm has been found but the enquiries have revealed concerns about the standard of care, this will be dealt with as a Family Placement issue.
- Consideration needs to be given to how foster carers/adopters and parents of the child/children will be informed about the outcome of enquiries and the Strategy Review Meeting.
- Following receipt of the report from the Strategy Review Meeting, it is the responsibility of the Area Services Manager to make a recommendation to the foster carers/adopters if this is considered necessary.

In all circumstances a brief report of the enquiry and its outcomes should be prepared by the foster carers'/adopters' Family Placement Officer for presentation at the

Fostering/Adoption Panel. A copy of this report and any recommendations made at the Strategy Review Meeting should also be given to the Head of Child Protection & Safer Care and the foster carer/adopter concerned.

Support for Foster Carers/Adopters During and After the Enquiries

As indicated above foster carers/adopters are entitled to advice about the process and their rights during the process of these enquiries. They should be kept informed; treated with equal respect as members of the public and agreed timescales should be adhered to.

Foster carers may wish to seek advice from the Fostering Network 'Fosterline'- a national information and advice service, available Monday-Friday, 9.00-5.00 on:

Freephone: 0800 040 7675 Textphone: 0800 040 7675

Email: fosterline@fostering.net

Adopters should be encouraged to seek advice from Adoption UK.

The worker(s) undertaking the investigation and the carers' FPO should take shared responsibility through joint visits, to help the foster carers/adopters understand the process that is being followed and feeding back outcomes from the investigation. The carers may need help to understand their rights and responsibilities in the situation.

On completion of the enquiries, should the allegation not be substantiated, consideration will be given to offering the foster carers/adopters time-limited, confidential counselling sessions.

PART 3

Contacts and Resources

Local Authority Referral and Assessment Teams Duty Social Workers

Referral and assessment team North and East	01380 730055
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Police Child Protection Unit 0845 408 7000

Duty Paediatricians

Fiona Finlay Royal United Hospital Bath Tel. 01225 731615
Myo Lwin Salisbury District Hospital Tel 01722 336262

Named Nurse for Child Protection

Kate Larard/Jane Murray Tel 01225 703088
Carrie Ferguson Tel 01722 345014

Independent Chairs for Child Protection-Child Protection Co-ordinators

Graham Titheradge North 01249 444321 graham.titheradge@wiltshire.gov.uk
Michael Sidey West 01225 713000 michael.sidey@wiltshire.gov.uk
Sara James South 01722 438165 sara.james@wiltshire.gov.uk

Schools Advisor Child Protection

Deborah Steele Tel 01225 756193 deborah.steele@wiltshire.gov.uk

Wiltshire Local Safeguarding Board Business Manager

angie.hael@wiltshire.gov.uk Tel 01225 718093 www.wiltshirelscb.org

References

'Working Together to Safeguard Children' HM Govt 2010
Education Act , S175 HM Govt 2002
Children Act 1989 & 2004 HM Govt
'What to do if you are worried a child is being abused' HM Govt 2003

Resources -useful websites

Every Child Matters www.everychildmatters.gov.uk
Wiltshire Pathways www.wiltshirepathways.org –for CP training courses.
Wiltshire LSCB www.wiltshirelscb.org
NSPCC www.nspcc.org.uk
BASPCAN www.baspcan.org.uk
D.F.E. www.dfe.gov.uk