HM Government

Working together to safeguard children

A guide to inter-agency working to safeguard and promote the welfare of children

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Introduction

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts which make this clear, and this guidance sets these out in detail. This includes specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found, under sections 17 and 47 of the Children Act 1989. The Director of Children's Services and Lead Member for Children's Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions.

Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.[1]

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area (see chapter 1). This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.

Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer.

[1] In this document a child is defined as anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout.

About this guidance

1. This guidance covers:

- the legislative requirements and expectations on individual services to safeguard and promote the welfare of children; and
- a clear framework for Local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services.

2. This document replaces Working Together to Safeguard Children (2013). Links to relevant supplementary guidance that professionals should consider alongside this guidance can be found at Appendix C.

What is the status of this guidance?

3. This guidance is issued under:

- section 7 of the Local Authority Social Services Act 1970, which requires local authorities in their social services functions to act under the general guidance of the Secretary of State;
- section 10(8) of the Children Act 2004, which requires each person or body to which the section 10 duty applies to have regard to any guidance given to them by the Secretary of State;
- section 11(4) of the Children Act 2004 which requires each person or body to which the section 11 duty applies to have regard to any guidance given to them by the Secretary of State;
- section 14B(7) of the Children Act 2004, which states that LSCBs must, in exercising their functions in respect of obtaining information, have regard to guidance given to them by the Secretary of State;
- section 16(2) of the Children Act 2004, which states that local authorities and each of the statutory partners must, in exercising their functions relating to LSCBs, have regard to any guidance given to them by the Secretary of State;
- section 175(4) of the Education Act 2002, which states that governing bodies of maintained schools (including maintained nursery schools), further education institutions and management committees of pupil referral units must have regard to any guidance given by the Secretary of State;
- paragraph 7(b) of the Schedule to the Education (Independent School Standards) Regulations 2014, made under sections 94(1) and (2) of the Education and Skills Act 2008, which states that the arrangements to safeguard or promote the welfare of pupils made by the proprietors of independent schools (including academies or

free schools) or alternative provision academies must have regard to any guidance given by the Secretary of State; and

- paragraph 3 of the Schedule to the Education (Non-Maintained Special Schools) (England) Regulations 2011, made under section 342 of the Education Act 1996, which requires arrangements for safeguarding and promoting the health, safety and welfare of pupils in non-maintained special schools to have regard to any guidance published on such issues.

4. This guidance applies to other organisations as set out in chapter 2. It applies, in its entirety, to all schools.

5. This document should be complied with unless exceptional circumstances arise.

Who is this guidance for?

6. This statutory guidance should be read and followed by local authority Chief Executives, Directors of Children's Services, LSCB Chairs and senior managers within organisations who commission and provide services for children and families, including social workers and professionals from health services, adult services, the police, academy trusts, education, youth justice services and the voluntary and community sector who have contact with children and families.[2,3]

7. All relevant professionals should read and follow this guidance so that they can respond to individual children's needs appropriately.

8. A version of the guidance for young people and a separate version suitable for younger children are also available for practitioners to share.

9. In 2013-14 over 650,000 children in England were referred to local authority children's social care services by individuals who had concerns about their welfare.

10. For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future.

11. Children are best protected when professionals are clear about what is required of them individually, and how they need to work together.

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[2] Statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services.

[3] The reference to social workers throughout the documents means social workers who are registered to practice with the Health and Care Professions Council.

12. This guidance aims to help professionals understand what they need to do, and what they can expect of one another, to safeguard children. It focuses on core legal requirements, making it clear what individuals and organisations should do to keep children safe. In doing so, it seeks to emphasise that effective safeguarding systems are those where:

- the child's needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates;
- all professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;
- all professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care;
- high quality professionals are able to use their expert judgement to put the child's needs at the heart of the safeguarding system so that the right solution can be found for each individual child;
- all professionals contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes;
- LSCBs coordinate the work to safeguard children locally and monitor and challenge the effectiveness of local arrangements;
- when things go wrong Serious Case Reviews (SCRs) are published and transparent about any mistakes which were made so that lessons can be learnt; and
- local areas innovate and changes are informed by evidence and examination of the data.

13. Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.

A child-centred and coordinated approach to safeguarding

Key principles

14. Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

Safeguarding is everyone's responsibility

15. Everyone who works with children – including teachers, GPs, nurses, midwives, health visitors, early years professionals, youth workers, police, Accident and Emergency staff, paediatricians, voluntary and community workers and social workers – has a responsibility for keeping them safe.

16. No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

17. In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families is aware of the role that they have to play and the role of other professionals. In addition, effective safeguarding requires clear local arrangements for collaboration between professionals and agencies.

18. Any professionals with concerns about a child's welfare should make a referral to local authority children's social care. Professionals should follow up their concerns if they are not satisfied with the local authority children's social care response.

19. This statutory guidance sets out key roles for individual organisations and key elements of effective local arrangements for safeguarding. It is very important these arrangements are strongly led and promoted at a local level, specifically by:

- a strong lead from local authority members, and the commitment of chief officers in all agencies, in particular the Director of Children's Services and Lead Member for Children's Services in each local authority; and
- effective local coordination and challenge by the LSCBs in each area (see chapter 3).

A child-centred approach

20. Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children.

21. Children are clear what they want from an effective safeguarding system and this is described in the box on page 11.

22. Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and to have consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs. A child-centred approach is supported by:

- the Children Act 1989. This Act requires local authorities to give due regard to a child's wishes when determining what services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989. These duties complement requirements relating to the wishes and feelings of children who are, or may be, looked after (section 22(4) Children Act 1989), including those who are provided with accommodation under section 20 of the Children Act 1989 and children taken into police protection (section 46(3)(d) of that Act);
- the Equality Act 2010 which puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs; and
- the United Nations Convention on the Rights of the Child (UNCRC). This is an international agreement that protects the rights of children and provides a child-centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children's rights to expression and receiving information.

Children have said that they need

- **Vigilance: to have adults notice when things are troubling them**
- **Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon**
- **Stability: to be able to develop an on-going stable relationship of trust with those helping them**
- **Respect: to be treated with the expectation that they are competent rather than not**
- **Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans**
- **Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response**
- **Support: to be provided with support in their own right as well as a member of their family**
- **Advocacy: to be provided with advocacy to assist them in putting forward their views**

23. In addition to individual practitioners shaping support around the needs of individual children, local agencies need to have a clear understanding of the collective needs of children locally when commissioning effective services. As part of that process, the Director of Public Health should ensure that the needs of vulnerable children are a key part of the Joint Strategic Needs Assessment that is developed by the health and well-being board. The LSCB should use this assessment to help them understand the prevalence of abuse and neglect in their area, which in turn will help shape services.

Chapter 1: Assessing need and providing help

Early help

1. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

2. Effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help;
- undertake an assessment of the need for early help; and
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.

Section 10

Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the well-being of all children in the authority's area, which includes protection from harm and neglect. The local authority's relevant partners are listed in Table A in Appendix B.

Identifying children and families who would benefit from early help

3. Local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. This requires all professionals, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.

4. Local Safeguarding Children Boards (LSCBs) should monitor and evaluate the effectiveness of training, including multi-agency training, for all professionals in the area.

Training should cover how to identify and respond early to the needs of all vulnerable children, including: unborn children; babies; older children; young carers; disabled children; and those who are in secure settings.

5. Professionals should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems and domestic violence;
- has returned home to their family from care;[4] and/or
- is showing early signs of abuse and/or neglect.

6. Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need. Practitioners need to continue to develop their knowledge and skills in this area. They should have access to training to identify and respond early to abuse and neglect, and to the latest research showing which types of interventions are the most effective.

Effective assessment of the need for early help

7. Local agencies should work together to put processes in place for the effective assessment of the needs of individual children who may benefit from early help services.

8. Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments, such as the Common Assessment Framework, should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989 (see paragraph 26).

[4] Children return home to their families from local authority care under a range of circumstances. These circumstances and the related local authority duties are set out in flow chart 6, page 51.

9. The early help assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional role could be undertaken by a General Practitioner (GP), family support worker, teacher, health visitor and/or special educational needs coordinator. Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family.

10. For an early help assessment to be effective:

- the assessment should be undertaken with the agreement of the child and their parents or carers. It should involve the child and family as well as all the professionals who are working with them;
- a teacher, GP, health visitor, early years' worker or other professional should be able to discuss concerns they may have about a child and family with a social worker in the local authority. Local authority children's social care should set out the process for how this will happen; and
- if parents and/or the child do not consent to an early help assessment, then the lead professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into local authority children's social care may be necessary.

11. If at any time it is considered that the child may be a child in need as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any professional.

Provision of effective early help services

12. The early help assessment carried out for an individual child and their family should be clear about the action to be taken and services to be provided (including any relevant timescales for the assessment) and aim to ensure that early help services are coordinated and not delivered in a piecemeal way.

13. Local areas should have a range of effective, evidence-based services in place to address assessed needs early. The early help on offer should draw upon the local assessment of need and the latest evidence of the effectiveness of early help and early intervention programmes. In addition to high quality support in universal services, specific local early help services will typically include family and parenting programmes, assistance with health issues and help for problems relating to drugs, alcohol and domestic violence. Services may also focus on improving family functioning and building the family's own capability to solve problems; this should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being

made. Some of these services may be delivered to parents but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.

Accessing help and services

14. The provision of early help services should form part of a continuum of help and support to respond to the different levels of need of individual children and families.

15. Where need is relatively low level individual services and universal services may be able to take swift action. For other emerging needs a range of early help services may be required, coordinated through an early help assessment, as set out above. Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns (reasonable cause to suspect a child is suffering, or likely to suffer, significant harm) local authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.

16. It is important that there are clear criteria for taking action and providing help across this full continuum. Having clear thresholds for action which are understood by all professionals, and applied consistently, including for children returning home from care, should ensure that services are commissioned effectively and that the right help is given to the child at the right time.[5]

17. The LSCB should agree with the local authority and its partners the levels for the different types of assessment and services to be commissioned and delivered. This should include services for children who have been or may be sexually exploited, children who have undergone or may undergo female genital mutilation and children who have been or may be radicalised. Local authority children's social care has the responsibility for clarifying the process for referrals.

18. The LSCB should publish a **threshold document** that includes:

- the process for the early help assessment and the type and level of early help services to be provided;
- the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:
    - section 17 of the Children Act 1989 (children in need);
    - section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm);

[5] Guidance on specific safeguarding concerns can be found in Appendix C.

    - section 31 (care orders); and
    - section 20 (duty to accommodate a child) of the Children Act 1989.
- clear procedures and processes for cases relating to the sexual exploitation of children and young people.

LSCBs with youth secure establishments in their area should ensure that thresholds and criteria for referral and assessment take account of the needs of young people in these establishments.

19. Anyone who has concerns about a child's welfare should make a referral to local authority children's social care. For example, referrals may come from: children themselves, teachers, a GP, the police, health visitors, family members and members of the public. Within local authorities, children's social care should act as the principal point of contact for welfare concerns relating to children. Therefore, as well as clear protocols for professionals working with children, contact details should be signposted clearly so that children, parents and other family members are aware of who they can contact if they require advice and/or support.

20. When professionals refer a child, they should include any information they have on the child's developmental needs and the capacity of the child's parents or carers to meet those needs. This information may be included in any assessment, including the early help assessment, which may have been carried out prior to a referral into local authority children's social care. Where an early help assessment has already been undertaken it should be used to support a referral to local authority children's social care, however, this is not a prerequisite for making a referral.

21. Feedback should be given by local authority children's social care to the referrer on the decisions taken. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold to be considered by local authority children's social care for assessment and suggestions for other sources of more suitable support.

Information sharing

22. Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.

23. Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.

24. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements:

- all organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCB; and
- no professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care.

25. *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)* supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis.[6] The advice includes the seven golden rules for sharing information effectively and can be used to supplement local guidance and encourage good practice in information sharing.

Assessments under the Children Act 1989

Statutory requirements

26. Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local authorities undertake assessments of the needs of individual children to determine which services to provide and what action to take. The full set of statutory assessments is set out in the box on pages 18-19.

[6] Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers (2015).

Statutory assessments under the Children Act 1989

- A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Children in need may be assessed under **section 17** of the Children Act 1989, in relation to their special educational needs, disabilities, as a carer, or because they have committed a crime. Where an assessment takes place, it will be carried out by a social worker. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.
- When undertaking an assessment of a disabled child, the local authority must also consider whether it is necessary to provide support under section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970. Where a local authority is satisfied that the identified services and assistance can be provided under section 2 of the CSDPA, and it is necessary in order to meet a disabled child's needs, it must arrange to provide that support.
- Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries under **section 47** of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.
- Some children in need may require accommodation because there is no one who has parental responsibility for them, because they are lost or abandoned or because the person who has been caring for them is prevented from providing them with suitable accommodation or care. Under **section 20** of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area.
- Following an application under **section 31A**, where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.
- If a local authority considers that a young carer (see glossary) may have support needs, they must carry out an assessment under **section 17ZA**. The local authority must also carry out such an assessment if a young carer, or the parent of a young carer, requests one. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes. The Young Carers'

(Needs Assessment) Regulations 2015 require local authorities to look at the needs of the whole family when carrying out a young carers' needs assessment.[7] Young carer's assessments can be combined with assessments of adults in the household, with the agreement of the young carer and adults concerned.

- If a local authority considers that a parent carer of a disabled child (see glossary) may have support needs, they must carry out an assessment under **section 17ZD**. The local authority must also carry out such an assessment if a parent carer requests one. Such an assessment must consider whether it is appropriate for the parent carer to provide, or continue to provide, care for the disabled child, in light of the parent carer's needs and wishes.

Other related assessments

27. Where a local authority is assessing the needs of a disabled child, a carer of that child may also require the local authority to undertake an assessment of their ability to provide, or to continue to provide, care for the child, under section 1 of the Carers (Recognition and Services) Act 1995. The local authority must take account of the results of any such assessment when deciding whether to provide services to the disabled child.

28. Under provisions in the Counter-Terrorism and Security Act 2015, local authorities will be required to establish Channel panels from 12 April 2015. The panels will assess the extent to which identified individuals are vulnerable to being drawn into terrorism and arrange for support to be provided to those individuals. Panels must include the local authority and the chief officer of the local police. There are also a number of panel partners, including those within the criminal justice system, education, child care, health care and police who are required to cooperate with the panel in the discharge of its functions. Local authorities and their partners should consider how best to ensure that these assessments align with assessments under the Children Act 1989.

The purpose of assessment

29. Whatever legislation the child is assessed under, the purpose of the assessment is always:

- to gather important information about a child and family;
- to analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
- to decide whether the child is a child in need (section 17) and/or is suffering, or likely to suffer, significant harm (section 47); and

[7] The Young Carers' (Needs Assessment) Regulations 2015 are due to come into force on 1 April 2015.

- to provide support to address those needs to improve the child's outcomes to make them safe.

30. Assessment should be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child. Any provision identified as being necessary through the assessment process should, if the local authority decides to provide such services, be provided without delay. A good assessment will monitor and record the impact of any services delivered to the child and family and review the help being delivered. Whilst services may be delivered to a parent or carer, the assessment should be focused on the needs of the child and on the impact any services are having on the child.[8]

31. Good assessments support professionals to understand whether a child has needs relating to their care or a disability and/or is suffering, or likely to suffer, significant harm. The specific needs of disabled children and young carers should be given sufficient recognition and priority in the assessment process. Further guidance can be accessed at *Safeguarding Disabled Children – Practice Guidance (2009)* and *Recognised, valued and supported: Next steps for the Carers Strategy (2010).*[9,10]

32. Practitioners should be rigorous in assessing and monitoring children at risk of neglect to ensure they are adequately safeguarded over time. They should act decisively to protect the child by initiating care proceedings where existing interventions are insufficient.

33. Where a child becomes looked after the assessment will be the baseline for work with the family. Any needs which have been identified should be addressed before decisions are made about the child's return home. Assessment by a social worker is required before the child returns home under the Care Planning, Placement and Case Review (England) Regulations 2010. This will provide evidence of whether the necessary improvements have been made to ensure the child's safety when they return home. Appropriate support should be provided, following an assessment, for children returning home, including where that return home is unplanned. Any such support should ensure that children continue to be adequately safeguarded.[11]

34. Where a child becomes looked after as a result of being remanded to youth detention accommodation (YDA), the local authority must visit the child and assess the child's needs before taking a decision. This information must be used to prepare a Detention Placement Plan (DPP), which must set out how the YDA and other

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[8] An assessment of the support needs of parent carers, or non-parent carers, of disabled children may be required (see blue box on pages 18-19 and paragraph 27).
[9] Safeguarding Disabled Children – Practice Guidance (2009).
[10] Recognised, valued and supported: Next steps for the Carers Strategy (2010).
[11] Changes to the Care Planning, Placement and Case Review (England) Regulations 2010 are expected to come into force on 1 April 2015.

professionals will meet the child's needs whilst the child remains remanded. The DPP must be reviewed in the same way as a care plan for any other looked after child.[12]

The principles and parameters of a good assessment

35. High quality assessments:

- are child centred. Where there is a conflict of interest, decisions should be made in the child's best interests;
- are rooted in child development and informed by evidence;
- are focused on action and outcomes for children;
- are holistic in approach, addressing the child's needs within their family and wider community;
- ensure equality of opportunity;
- involve children and families;
- build on strengths as well as identifying difficulties;
- are integrated in approach;
- are a continuing process not an event;
- lead to action, including the provision of services;
- review services provided on an ongoing basis; and
- are transparent and open to challenge.

36. Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children. A good assessment is one which investigates the following three domains, set out in the diagram on the next page.

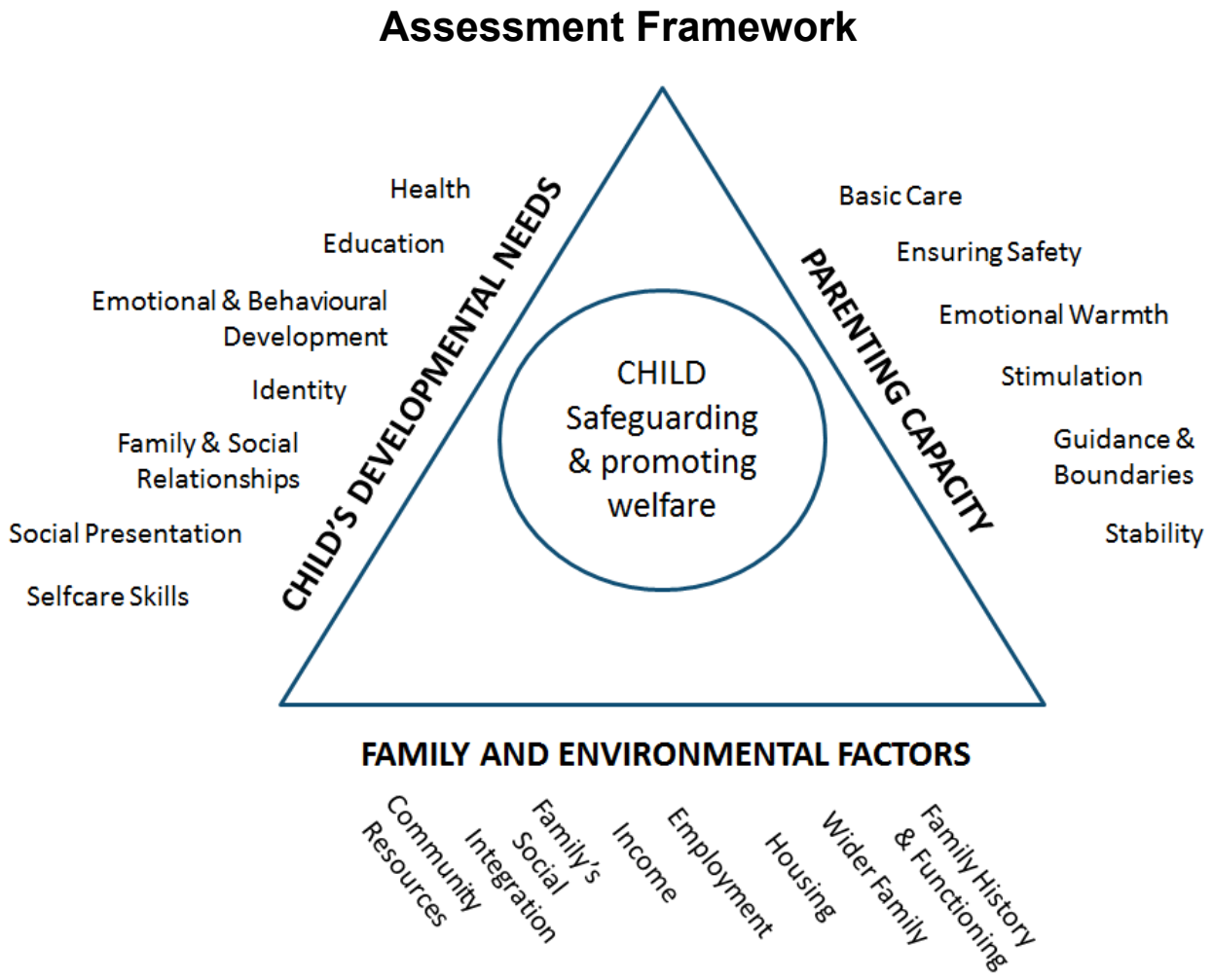
- the child's developmental needs, including whether they are suffering, or likely to suffer, significant harm;
- parents' or carers' capacity to respond to those needs;[13, 14] and

[12] Following the Legal Aid Sentencing and Punishment of Offenders Act 2012 all children and young people remanded by a court in criminal proceedings will be looked after.
[13] An assessment of the support needs of parent carers of disabled children may be required (see blue box on pages 18-19)
[14] See paragraph 23 of Chapter 2 (page 59) on adults with parental responsibility for disabled children.

- the impact and influence of wider family, community and environmental circumstances.

37. The interaction of these domains requires careful investigation during the assessment. The aim is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family. It is important that:

- information is gathered and recorded systematically;
- information is checked and discussed with the child and their parents/carers where appropriate;
- differences in views about information are recorded; and
- the impact of what is happening to the child is clearly identified.



38. Assessments for some children – including young carers, children with special educational needs (who may require statements of SEN), unborn children where there are concerns, asylum seeking children, children in hospital, disabled children, children with specific communication needs, children considered at risk of gang activity, children who are in the youth justice system – will require particular care. Where a child has other

assessments it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures.

Focusing on the needs and views of the child

39. Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents/carers, decisions should be made in the child's best interests.

40. Each child who has been referred into local authority children's social care should have an individual assessment to respond to their needs and to understand the impact of any parental behaviour on them as an individual. Local authorities have to give due regard to a child's age and understanding when determining what (if any) services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989.

41. Every assessment must be informed by the views of the child as well as the family. Children should, wherever possible, be seen alone and local authority children's social care has a duty to ascertain the child's wishes and feelings regarding the provision of services to be delivered.[15] It is important to understand the resilience of the individual child when planning appropriate services.

42. Every assessment should reflect the unique characteristics of the child within their family and community context. For example, a young carer's needs assessment must consider the impact of the child's caring role on their health and development; and reach a view about whether, in view of the child's needs and personal circumstances, any care tasks are "inappropriate" or excessive. The Children Act 1989 promotes the view that all children and their parents should be considered as individuals and that family structures, culture, religion, ethnic origins and other characteristics should be respected. Where the child has links to a foreign country, a social worker may also need to work with colleagues abroad.[16,17]

43. Every assessment, including young carer, parent carer and non-parent carer assessments, should draw together relevant information gathered from the child and their family and from relevant professionals including teachers, early years workers, health professionals, the police and adult social care. Where a child has been looked after and has returned home, information from previous assessments and case records should also be reviewed.

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[15] Section 17 of the Children Act 1989, amended by section 53 Children Act 2004
[16] A child with links to a foreign country may be a foreign national child, a child with dual nationality or a British child of foreign parents/national origin.
[17] Further guidance can be found in Working with foreign authorities on child protection cases and care orders (2014).

44. A high quality assessment is one in which evidence is built and revised throughout the process. A social worker may arrive at a judgement early in the case but this may need to be revised as the case progresses and further information comes to light. It is a characteristic of skilled practice that social workers revisit their assumptions in the light of new evidence and take action to revise their decisions in the best interests of the individual child.

45. The aim is to use all the information to identify difficulties and risk factors as well as developing a picture of strengths and protective factors.

Developing a clear analysis

46. The social worker should analyse all the information gathered from the enquiry stage of the assessment, including from a young carer's, parent carer's or non-parent carer's assessment, to decide the nature and level of the child's needs and the level of risk, if any, they may be facing. The social work manager should challenge the social worker's assumptions as part of this process. An informed decision should be taken on the nature of any action required and which services should be provided. Social workers, their managers and other professionals should be mindful of the requirement to understand the level of need and risk in a family from the child's perspective and ensure action or commission services which will have maximum impact on the child's life.

47. No system can fully eliminate risk. Understanding risk involves judgement and balance. To manage risks, social workers and other professionals should make decisions with the best interests of the child in mind, informed by the evidence available and underpinned by knowledge of child development.

48. Critical reflection through supervision should strengthen the analysis in each assessment.

49. Social workers, their managers and other professionals should always consider the plan from the child's perspective. A desire to think the best of adults and to hope they can overcome their difficulties should not trump the need to rescue children from chaotic, neglectful and abusive homes. Social workers and managers should always reflect the latest research on the impact of neglect and abuse and relevant findings from serious case reviews when analysing the level of need and risk faced by the child. This should be reflected in the case recording.

50. Assessment is a dynamic and continuous process which should build upon the history of every individual case, responding to the impact of any previous services and analysing what further action might be needed. Social workers should build on this with help from other professionals from the moment that a need is identified.

51. Decision points and review points involving the child and family and relevant professionals should be used to keep the assessment on track. This is to ensure that

help is given in a timely and appropriate way and that the impact of this help is analysed and evaluated in terms of the improved outcomes and welfare of the child.

Focusing on outcomes

52. Every assessment should be focused on outcomes, deciding which services and support to provide to deliver improved welfare for the child.

53. Where the outcome of the assessment is continued local authority children's social care involvement, the social worker and their manager should agree a plan of action with other professionals and discuss this with the child and their family. The plan should set out what services are to be delivered, and what actions are to be undertaken, by whom and for what purpose.

54. Many services provided will be for parents or carers (and may include services identified in a parent carer's or non-parent carer's needs assessment).[18] The plan should reflect this and set clear measurable outcomes for the child and expectations for the parents, with measurable, reviewable actions for them.

55. The plan should be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs and the level of risk faced by the child. This will be important for neglect cases where parents and carers can make small improvements. The test should be whether any improvements in adult behaviour are sufficient and sustained. Social workers and their managers should consider the need for further action and record their decisions. The review points should be agreed by the social worker with other professionals and with the child and family to continue evaluating the impact of any change on the welfare of the child.

56. Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support professionals to reflect critically on the impact of their decisions on the child and their family. The social worker and their manager should review the plan for the child. Together they should ask whether the help given is leading to a significant positive change for the child and whether the pace of that change is appropriate for the child. Any professional working with vulnerable children should always have access to a manager to talk through their concerns and judgements affecting the welfare of the child. Assessment should remain an ongoing process, with the impact of services informing future decisions around action.

[18] Section 17ZD of the Children Act 1989 and section 1 of the Carers (Recognition and Services) Act 1995 (see blue box on pages 18-19 and paragraph 27)

Timeliness

57. The timeliness of an assessment is a critical element of the quality of that assessment and the outcomes for the child. The speed with which an assessment is carried out after a child's case has been referred into local authority children's social care should be determined by the needs of the individual child and the nature and level of any risk of harm faced by the child. This will require judgements to be made by the social worker in discussion with their manager on each individual case. Adult assessments, i.e. parent carer or non-parent carer assessments, should also be carried out in a timely manner, consistent with the needs of the child.

58. Within **one working day** of a referral being received, a local authority social worker should make a decision about the type of response that is required and acknowledge receipt to the referrer.

59. For children who are in need of immediate protection, action must be taken by the social worker, or the police or NSPCC if removal is required, as soon as possible after the referral has been made to local authority children's social care (sections 44 and 46 of the Children Act 1989).

60. The maximum timeframe for the assessment to conclude, such that it is possible to reach a decision on next steps, should be no longer than 45 working days from the point of referral. If, in discussion with a child and their family and other professionals, an assessment exceeds 45 working days the social worker should record the reasons for exceeding the time limit.

61. Whatever the timescale for assessment, where particular needs are identified at any stage of the assessment, social workers should not wait until the assessment reaches a conclusion before commissioning services to support the child and their family. In some cases the needs of the child will mean that a quick assessment will be required.

62. The assessment of neglect cases can be difficult. Neglect can fluctuate both in level and duration. A child's welfare can, for example, improve following input from services or a change in circumstances and review, but then deteriorate once support is removed. Professionals should be wary of being too optimistic. Timely and decisive action is critical to ensure that children are not left in neglectful homes.

63. It is the responsibility of the social worker to make clear to children and families how the assessment will be carried out and when they can expect a decision on next steps.

64. To facilitate the shift to an assessment process which brings continuity and consistency for children and families, there will no longer be a requirement to conduct separate initial and core assessments. Local authorities should determine their local assessment processes through a local protocol.

Local protocols for assessment

65. Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care and be consistent with the requirements of this statutory guidance. The detail of each protocol will be led by the local authority in discussion with their partners and agreed with the relevant LSCB.

66. A local protocol should set out and clarify how statutory social care assessments will be informed by, and inform, other specialist assessments (for example, an assessment for an Education Health and Care Plan, or an assessment by adult services).

67. The local authority is publicly accountable for this protocol and all organisations and agencies have a responsibility to understand their local protocol.

The local protocol for assessment should:

- ensure that assessments are timely, transparent and proportionate to the needs of individual children and their families;
- set out how the needs of disabled children, young carers and children involved in the youth justice system will be addressed in the assessment process;
- clarify how agencies and professionals undertaking assessments and providing services can make contributions;
- clarify how the statutory assessments will be informed by other specialist assessments, such as the assessment for children with special educational needs (Education, Health and Care Plan) and disabled children;
- clarify how assessment will address the issue of female genital mutilation;
- ensure that any specialist assessments are coordinated so that the child and family experience a joined up assessment process and a single planning process focused on outcomes;
- set out how shared internal review points with other professionals and the child and family will be managed throughout the assessment process;
- set out the process for assessment for children who return home from care to live with their families;
- seek to ensure that each child and family understands the type of help offered and their own responsibilities, so as to improve the child's outcomes;

- set out the process for challenge by children and families by publishing the complaints procedures;[19] and
- require decisions to be recorded in accordance with locally agreed procedures. Recording should include information on the child's development so that progress can be monitored to ensure their outcomes are improving. This will reduce the need for repeat assessments during care proceedings, which can be a major source of delay.

Processes for managing individual cases

68. The following descriptors and flow charts set out the precise steps that professionals should take when working together to assess and provide services for children who may be in need, including those suffering harm. The flow charts cover:

- the referral process into local authority children's social care;
- the process for determining next steps for a child who has been assessed as being 'in need'; and
- the essential processes for children where there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm (this includes immediate protection for children at serious risk of harm).

Response to a referral

Once the referral has been accepted by local authority children's social care the lead professional role falls to a social worker.

The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen.

Within **one working day** of a referral being received a local authority social worker should **make a decision** about the type of response that is required. This will include determining whether:

- the child requires immediate protection and urgent action is required;
- the child is in need, and should be assessed under section 17 of the Children Act 1989;
- there is reasonable cause to suspect that the child is suffering, or likely to suffer,

[19] Including as specified under Section 26(3) of the Children Act 1989 and the Children Act 1989 Representations Procedure (England) Regulations 2006.

significant harm, and whether enquires must be made and the child assessed under section 47 of the Children Act 1989;

- any services are required by the child and family and what type of services; and
- further specialist assessments are required in order to help the local authority to decide what further action to take.

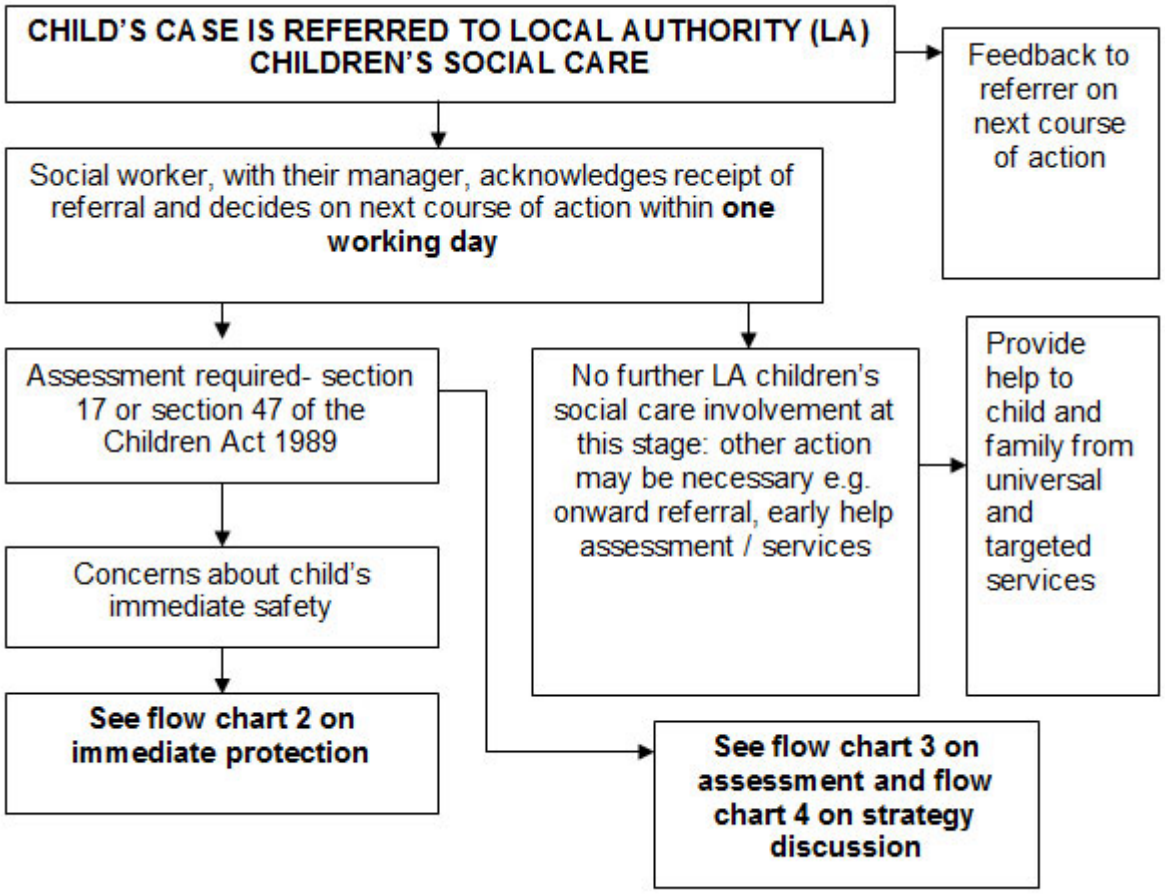
Action to be taken:

The child and family must be informed of the action to be taken.

Local authority children's social care should see the child as soon as possible if the decision is taken that the referral requires further assessment.

Where requested to do so by local authority children's social care, professionals from other parts of the local authority such as housing and those in health organisations have a duty to cooperate under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions.

Flow chart 1: Action taken when a child is referred to local authority children's social care services



Immediate Protection

Where there is a risk to the life of a child or a likelihood of serious immediate harm, local authority social workers, the police or NSPCC should use their statutory child protection powers to **act immediately to secure the safety of the child**.

If it is necessary to remove a child from their home, a local authority must, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an **Emergency Protection Order (EPO)**. Police powers to remove a child in an emergency should be used only in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child.

An **EPO**, made by the court, gives authority to remove a child and places them under the protection of the applicant.

When considering whether emergency action is necessary an agency should always consider the needs of other children in the same household or in the household of an alleged perpetrator.

The **local authority** in whose area a child is found in circumstances that require emergency action (the first authority) is responsible for taking emergency action.

If the child is looked after by, or the subject of a child protection plan in another authority, the first authority must consult the authority responsible for the child. Only when the second local authority explicitly accepts responsibility (to be followed up in writing) is the first authority relieved of its responsibility to take emergency action.

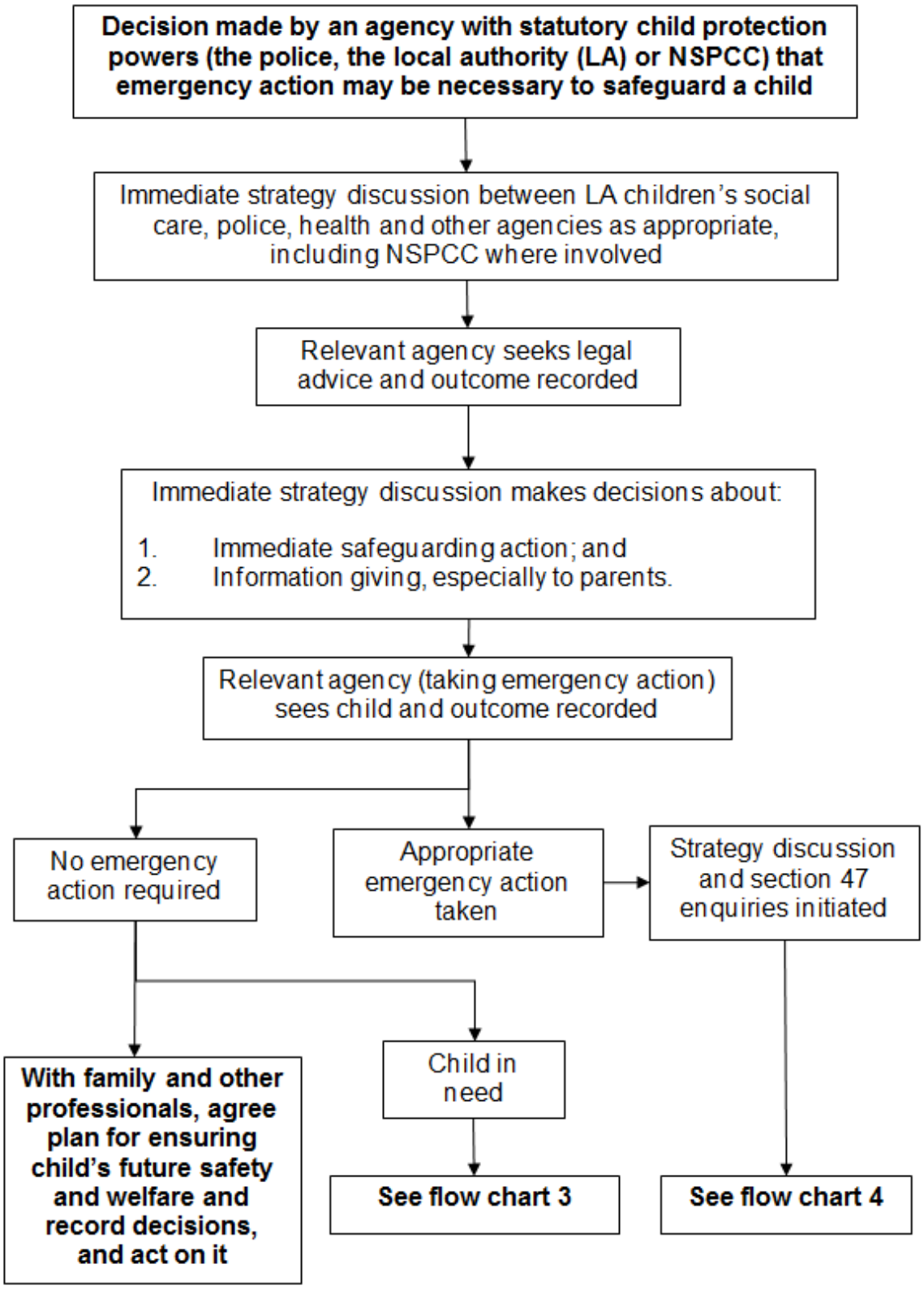
Multi-agency working

Planned emergency action will normally take place following an immediate strategy discussion. Social workers, the police or NSPCC should:

- initiate a strategy discussion to discuss planned emergency action. Where a single agency has to act immediately, a strategy discussion should take place as soon as possible after action has been taken;
- see the child (this should be done by a practitioner from the agency taking the emergency action) to decide how best to protect them and whether to seek an EPO; and
- wherever possible, obtain legal advice before initiating legal action, in particular when an EPO is being sought.

Related information: *For further guidance on EPOs see Chapter 4 of Court orders and pre-proceedings: For local authorities (April 2014).*

Flow chart 2: Immediate protection



Assessment of a child under the Children Act 1989

Following acceptance of a referral by the local authority children's social care, a social worker should lead a multi-agency assessment under section 17 of the Children Act 1989. Local authorities have a duty to ascertain the child's wishes and feelings and take account of them when planning the provision of services. Assessments should be carried out in a timely manner reflecting the needs of the individual child, as set out in this chapter.

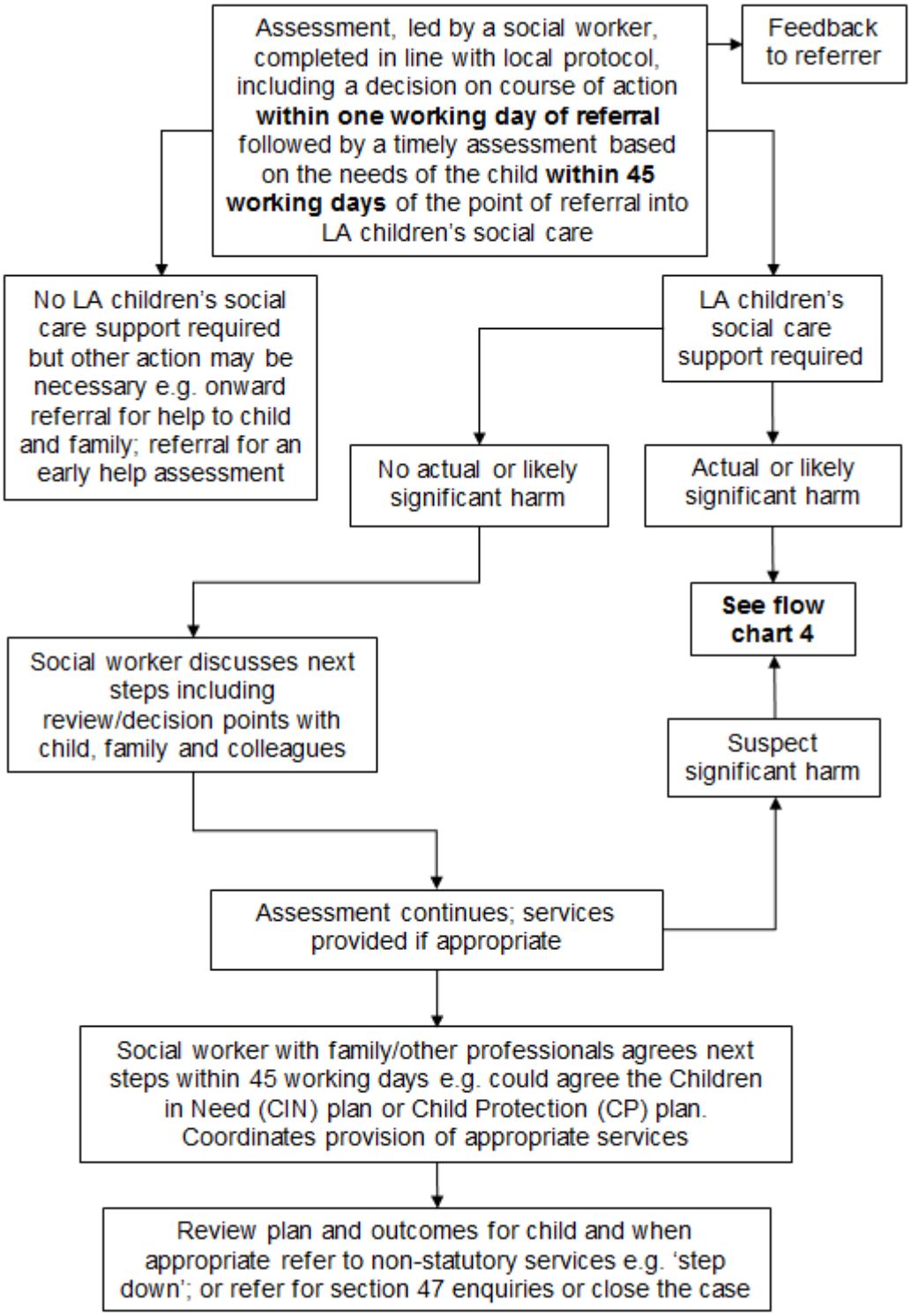
Where the local authority children's social care decides to provide services, a multi-agency child in need plan should be developed which sets out which agencies will provide which services to the child and family. The plan should set clear measurable outcomes for the child and expectations for the parents. The plan should reflect the positive aspects of the family situation as well as the weaknesses.

Where information gathered during an assessment (which may be very brief) results in the social worker suspecting that the child is suffering or likely to suffer significant harm, the local authority should hold a strategy discussion to enable it to decide, with other agencies, whether to initiate enquiries under section 47 of the Children Act 1989.

Purpose:	Assessments should determine whether the child is in need, the nature of any services required and whether any specialist assessments should be undertaken to assist the local authority in its decision making.
Social workers should:	• lead on an assessment and complete it in line with the locally agreed protocol according to the child's needs and within **45 working days** from the point of referral into local authority children's social care; • see the child within a timescale that is appropriate to the nature of the concerns expressed at referral, according to an agreed plan; • conduct interviews with the child and family members, separately and together as appropriate. Initial discussions with the child should be conducted in a way that minimises distress to them and maximises the likelihood that they will provide accurate and complete information, avoiding leading or suggestive questions; • record the assessment findings and decisions and next steps following the assessment; • inform, in writing, all the relevant agencies and the family of their decisions and, if the child is a child in need, of the plan for providing support; and • inform the referrer of what action has been or will be taken.

The police should:	• assist other agencies to carry out their responsibilities where there are concerns about the child's welfare, whether or not a crime has been committed. If a crime has been committed, the police should be informed by the local authority children's social care.
All involved professionals should:	• be involved in the assessment and provide further information about the child and family; and • agree further action including what services would help the child and family and inform local authority children's social care if any immediate action is required.

Flow chart 3: Action taken for an assessment of a child under the Children Act 1989



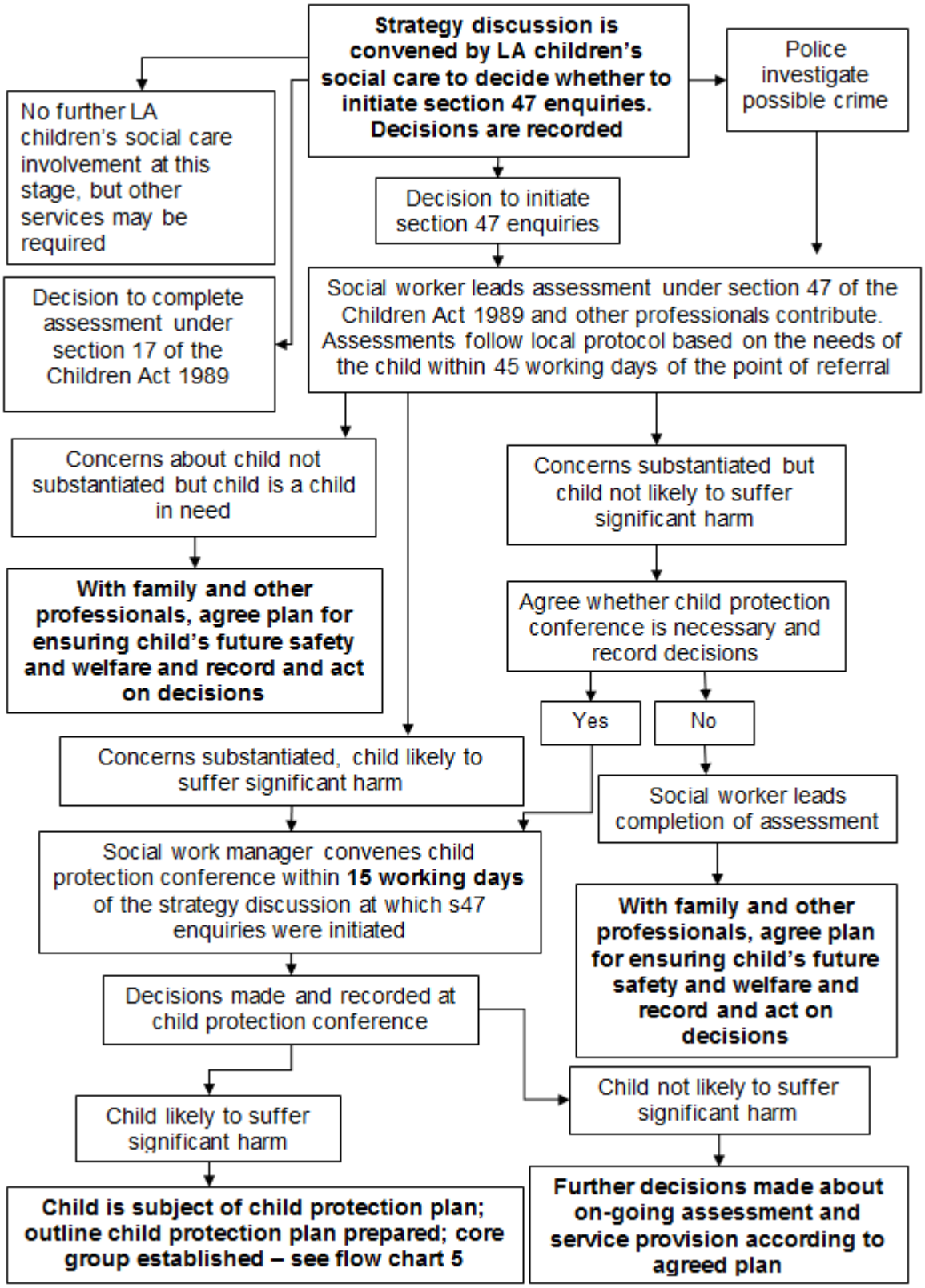
Strategy discussion

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 (including the fostering service, if the child is looked after), the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process.

Purpose:	Local authority children's social care should convene a strategy discussion to determine the child's welfare and plan rapid future action if there is reasonable cause to suspect the child is suffering, or is likely to suffer, significant harm.
Strategy discussion attendees:	A local authority social worker and their manager, health professionals and a police representative should, as a minimum, be involved in the strategy discussion. Other relevant professionals will depend on the nature of the individual case but may include: • the professional or agency which made the referral; • the child's school or nursery; and • any health services the child or family members are receiving. All attendees should be sufficiently senior to make decisions on behalf of their agencies.
Strategy discussion tasks:	The discussion should be used to: • share available information; • agree the conduct and timing of any criminal investigation; and • decide whether enquiries under section 47 of the Children Act 1989 should be undertaken. Where there are grounds to initiate an enquiry under section 47 of the Children Act 1989, decisions should be made as to: • what further information is needed if an assessment is already underway and how it will be obtained and recorded; • what immediate and short term action is required to support the child, and who will do what by when; and • whether legal action is required. The timescale for the assessment to reach a decision on next steps should

	be based upon the needs of the individual child, consistent with the local protocol and certainly no longer than **45 working days** from the point of referral into local authority children's social care. The principles and parameters for the assessment of children in need at chapter 1 paragraph 35 should be followed for assessments undertaken under section 47 of the Children Act 1989.
Social workers with their managers should:	• convene the strategy discussion and make sure it: • considers the child's welfare and safety, and identifies the level of risk faced by the child; • decides what information should be shared with the child and family (on the basis that information is not shared if this may jeopardise a police investigation or place the child at risk of significant harm); • agrees what further action is required, and who will do what by when, where an EPO is in place or the child is the subject of police powers of protection; • records agreed decisions in accordance with local recording procedures; and • follows up actions to make sure what was agreed gets done.
The police should:	• discuss the basis for any criminal investigation and any relevant processes that other agencies might need to know about, including the timing and methods of evidence gathering; and • lead the criminal investigation (local authority children's social care have the lead for the section 47 enquires and assessment of the child's welfare) where joint enquiries take place.

Flow chart 4: Action following a strategy discussion



Initiating section 47 enquiries

A section 47 enquiry is carried out by undertaking or continuing with an assessment in accordance with the guidance set out in this chapter and following the principles and parameters of a good assessment.

Local authority social workers have a statutory duty to lead assessments under section 47 of the Children Act 1989. The police, health professionals, teachers and other relevant professionals should help the local authority in undertaking its enquiries.

Purpose:	A section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm.
Social workers with their managers should:	• lead the assessment in accordance with this guidance; • carry out enquiries in a way that minimises distress for the child and family; • see the child who is the subject of concern to ascertain their wishes and feelings; assess their understanding of their situation; assess their relationships and circumstances more broadly; • interview parents and/or caregivers and determine the wider social and environmental factors that might impact on them and their child; • systematically gather information about the child's and family's history; • analyse the findings of the assessment and evidence about what interventions are likely to be most effective with other relevant professionals to determine the child's needs and the level of risk of harm faced by the child to inform what help should be provided and act to provide that help; and • follow the guidance set out in *Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures*, where a decision has been made to undertake a joint interview of the child as part of any criminal investigation.[20]

[20] Ministry of Justice Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures (2011).

The police should:	• help other agencies understand the reasons for concerns about the child's safety and welfare; • decide whether or not police investigations reveal grounds for instigating criminal proceedings; • make available to other professionals any evidence gathered to inform discussions about the child's welfare; and • follow the guidance set out in *Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures*, where a decision has been made to undertake a joint interview of the child as part of the criminal investigations.[21]
Health professionals should:	• undertake appropriate medical tests, examinations or observations, to determine how the child's health or development may be being impaired; • provide any of a range of specialist assessments. For example, physiotherapists, occupational therapists, speech and language therapists and child psychologists may be involved in specific assessments relating to the child's developmental progress. The lead health practitioner (probably a consultant paediatrician, or possibly the child's GP) may need to request and coordinate these assessments; and • ensure appropriate treatment and follow up health concerns.
All involved professionals should:	• contribute to the assessment as required, providing information about the child and family; and • consider whether a joint enquiry/investigation team may need to speak to a child victim without the knowledge of the parent or caregiver.

[21] Ministry of Justice Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures (2011).

<table>
<tr><td colspan="2">Outcome of section 47 enquiries

Local authority social workers are responsible for deciding what action to take and how to proceed following section 47 enquiries.

If local authority children's social care decides not to proceed with a child protection conference then other professionals involved with the child and family have the right to request that local authority children's social care convene a conference, if they have serious concerns that a child's welfare may not be adequately safeguarded. As a last resort, the LSCB should have in place a quick and straightforward means of resolving differences of opinion.</td></tr>
<tr><td colspan="2">Where concerns of significant harm are not substantiated:</td></tr>
<tr><td>Social workers with their managers should:</td><td>• discuss the case with the child, parents and other professionals;
• determine whether support from any services may be helpful and help secure it; and
• consider whether the child's health and development should be re-assessed regularly against specific objectives and decide who has responsibility for doing this.</td></tr>
<tr><td>All involved professionals should:</td><td>• participate in further discussions as necessary;
• contribute to the development of any plan as appropriate;
• provide services as specified in the plan for the child; and
• review the impact of services delivered as agreed in the plan.</td></tr>
<tr><td colspan="2">Where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm:</td></tr>
<tr><td>Social workers with their managers should:</td><td>• convene an initial child protection conference (see next section for details). The timing of this conference should depend on the urgency of the case and respond to the needs of the child and the nature and severity of the harm they may be facing. The initial child protection conference should take place within 15 working days of a strategy discussion, or the strategy discussion at which section 47 enquiries were initiated if more than one has been held;
• consider whether any professionals with specialist knowledge should be invited to participate;
• ensure that the child and their parents understand the purpose of</td></tr>
</table>

	the conference and who will attend; and • help prepare the child if he or she is attending or making representations through a third party to the conference. Give information about advocacy agencies and explain that the family may bring an advocate, friend or supporter.
All involved professionals should:	• contribute to the information their agency provides ahead of the conference, setting out the nature of the agency's involvement with the child and family; • consider, in conjunction with the police and the appointed conference Chair, whether the report can and should be shared with the parents and if so when; and • attend the conference and take part in decision making when invited.

Initial child protection conferences Following section 47 enquiries, an initial child protection conference brings together family members (and the child where appropriate), with the supporters, advocates and professionals most involved with the child and family, to make decisions about the child's future safety, health and development. If concerns relate to an unborn child, consideration should be given as to whether to hold a child protection conference prior to the child's birth.	

Purpose:	• To bring together and analyse, in an inter-agency setting, all relevant information and plan how best to safeguard and promote the welfare of the child. It is the responsibility of the conference to make recommendations on how agencies work together to safeguard the child in future. Conference tasks include:
	  • appointing a lead statutory body (either local authority children's social care or NSPCC) and a lead social worker, who should be a qualified, experienced social worker and an employee of the lead statutory body;
	  • identifying membership of the core group of professionals and family members who will develop and implement the child protection plan;
	  • establishing timescales for meetings of the core group, production of a child protection plan and for child protection review meetings; and
	  • agreeing an outline child protection plan, with clear actions and timescales, including a clear sense of how much improvement is needed, by when, so that success can be judged clearly.

The Conference Chair:	• is accountable to the Director of Children's Services. Where possible the same person should chair subsequent child protection reviews; • should be a professional, independent of operational and/or line management responsibilities for the case; and • should meet the child and parents in advance to ensure they understand the purpose and the process.
Social workers with their managers should:	• convene, attend and present information about the reason for the conference, their understanding of the child's needs, parental capacity and family and environmental context and evidence of how the child has been abused or neglected and its impact on their health and development;

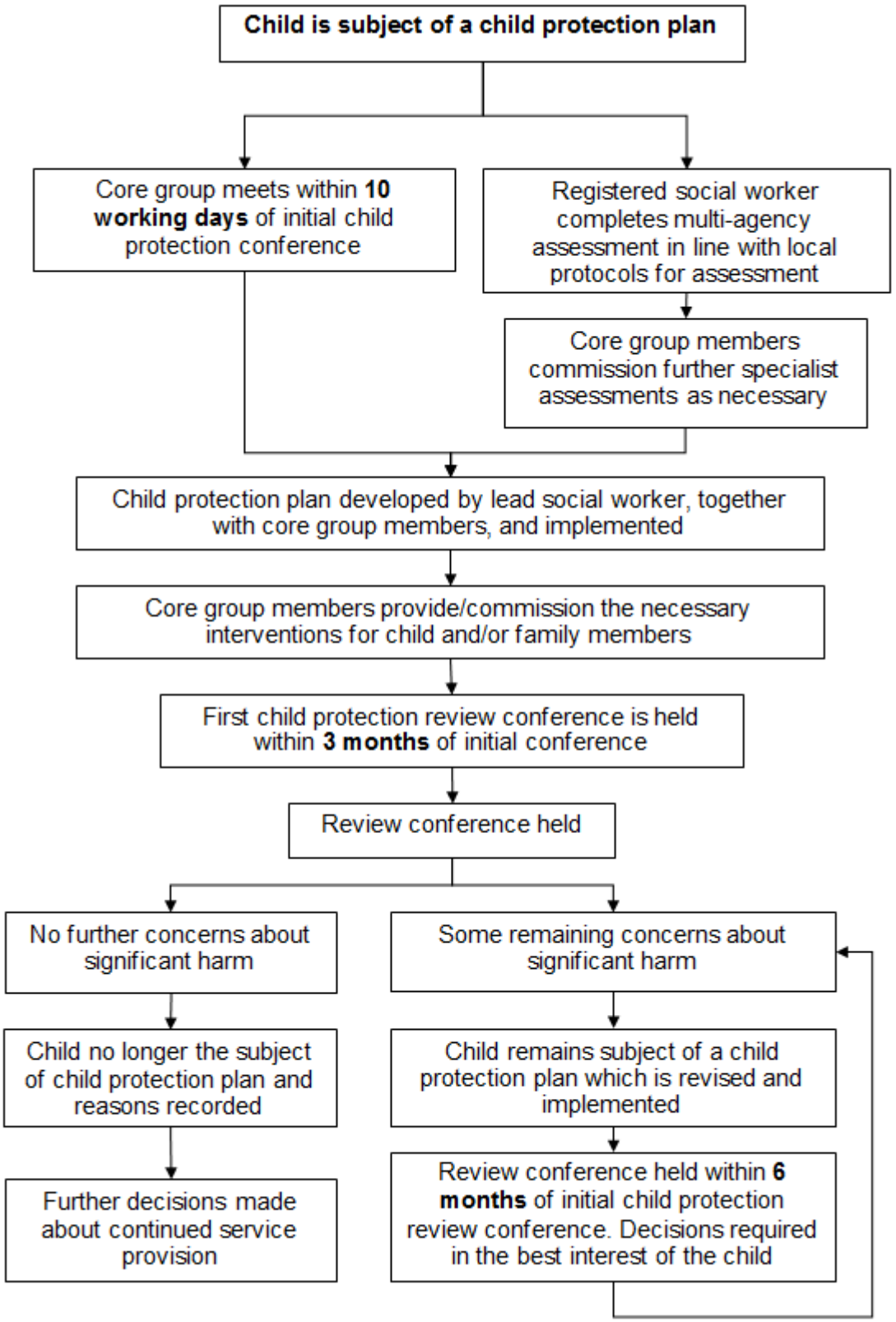
	• analyse the information to enable informed decisions about what action is necessary to safeguard and promote the welfare of the child who is the subject of the conference; • share the conference information with the child and family beforehand (where appropriate); • prepare a report for the conference on the child and family which sets out and analyses what is known about the child and family and the local authority's recommendation; and • record conference decisions and recommendations and ensure action follows.
All involved professionals should:	• work together to safeguard the child from harm in the future, taking timely, effective action according to the plan agreed.
LSCBs should:	• monitor the effectiveness of these arrangements.

The child protection plan **Actions and responsibilities following the initial child protection conference**	
Purpose:	The aim of the child protection plan is to: • ensure the child is safe from harm and prevent him or her from suffering further harm; • promote the child's health and development; and • support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interests of the child.
Local authority children's social care should:	• designate a social worker to be the lead professional as they carry statutory responsibility for the child's welfare; • consider the evidence and decide what legal action to take if any, where a child has suffered, or is likely to suffer, significant harm; and • define the local protocol for timeliness of circulating plans after the child protection conference.
Social workers with their managers should:	• be the lead professional for inter-agency work with the child and family, coordinating the contribution of family members and professionals into putting the child protection plan into effect; • develop the outline child protection plan into a more detailed inter-agency plan and circulate to relevant professionals (and family where appropriate); • ensure the child protection plan is aligned and integrated with any associated offender risk management plan; • undertake direct work with the child and family in accordance with the child protection plan, taking into account the child's wishes and feelings and the views of the parents in so far as they are consistent with the child's welfare; • complete the child's and family's in-depth assessment, securing contributions from core group members and others as necessary; • explain the plan to the child in a manner which is in accordance with their age and understanding and agree the plan with the child; • consider the need to inform the relevant Embassy if the child has links to a foreign country;

	• coordinate reviews of progress against the planned outcomes set out in the plan, updating as required. The first review should be held within 3 months of the initial conference and further reviews at intervals of no more than 6 months for as long as the child remains subject of a child protection plan; • record decisions and actions agreed at core group meetings as well as the written views of those who were not able to attend, and follow up those actions to ensure they take place. The child protection plan should be updated as necessary; and • lead core group activity.
The core group should:	• meet within 10 working days from the initial child protection conference if the child is the subject of a child protection plan; • further develop the outline child protection plan, based on assessment findings, and set out what needs to change, by how much, and by when in order for the child to be safe and have their needs met; • decide what steps need to be taken, and by whom, to complete the in-depth assessment to inform decisions about the child's safety and welfare; and • implement the child protection plan and take joint responsibility for carrying out the agreed tasks, monitoring progress and outcomes, and refining the plan as needed.

Child protection review conference **The review conference procedures for preparation, decision-making and other procedures should be the same as those for an initial child protection conference.**	
Purpose:	To review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against child protection plan outcomes. To consider whether the child protection plan should continue or should be changed.
Social workers with their managers should:	• attend and lead the organisation of the conference; • determine when the review conference should be held within 3 months of the initial conference, and thereafter at maximum intervals of 6 months; • provide information to enable informed decisions about what action is necessary to safeguard and promote the welfare of the child who is the subject of the child protection plan, and about the effectiveness and impact of action taken so far; • share the conference information with the child and family beforehand, where appropriate; • record conference outcomes; and • decide whether to initiate family court proceedings (all the children in the household should be considered, even if concerns are only expressed about one child) if the child is considered to be suffering significant harm.
All involved professionals should:	• attend, when invited, and provide details of their involvement with the child and family; and • produce reports for the child protection review. This information will provide an overview of work undertaken by family members and professionals, and evaluate the impact on the child's welfare against the planned outcomes set out in the child protection plan.

Flow chart 5: What happens after the child protection conference, including the review?



Discontinuing the Child Protection Plan

A child should no longer be the subject of a child protection plan if:

- it is judged that the child is no longer continuing to, or is likely to, suffer significant harm and therefore no longer requires safeguarding by means of a child protection plan;
- the child and family have moved permanently to another local authority area. In such cases, the receiving local authority should convene a child protection conference within 15 working days of being notified of the move. Only after this event may the original local authority discontinue its child protection plan; or
- the child has reached 18 years of age (to end the child protection plan, the local authority should have a review around the child's birthday and this should be planned in advance), has died or has permanently left the United Kingdom.

Social workers with their managers should:	• notify, as a minimum, all agency representatives who were invited to attend the initial child protection conference that led to the plan; and • consider whether support services are still required and discuss with the child and family what might be needed, based on a re-assessment of the child's needs.

Children returning home

There are three sets of circumstances where a child may return to live with their family but only in two of these do children cease to be looked after. This section covers circumstances where a child is no longer looked after, but a decision has been taken that local authority children's social care will continue to provide support and services to the family following reunification.

Where the decision to return a child to the care of their family is planned, the local authority will have undertaken an assessment while the child is looked after – as part of the care planning process (under regulation 39 of the Care Planning Regulations 2010). This assessment will consider the suitability of the accommodation and maintenance arrangements for the child and consider what services and support the child (and their family) might need. The outcome of this assessment will be included in the child's care plan. The decision to cease to look after a child will, in most cases, require approval under regulation 39 of the Care Planning Regulations 2010.

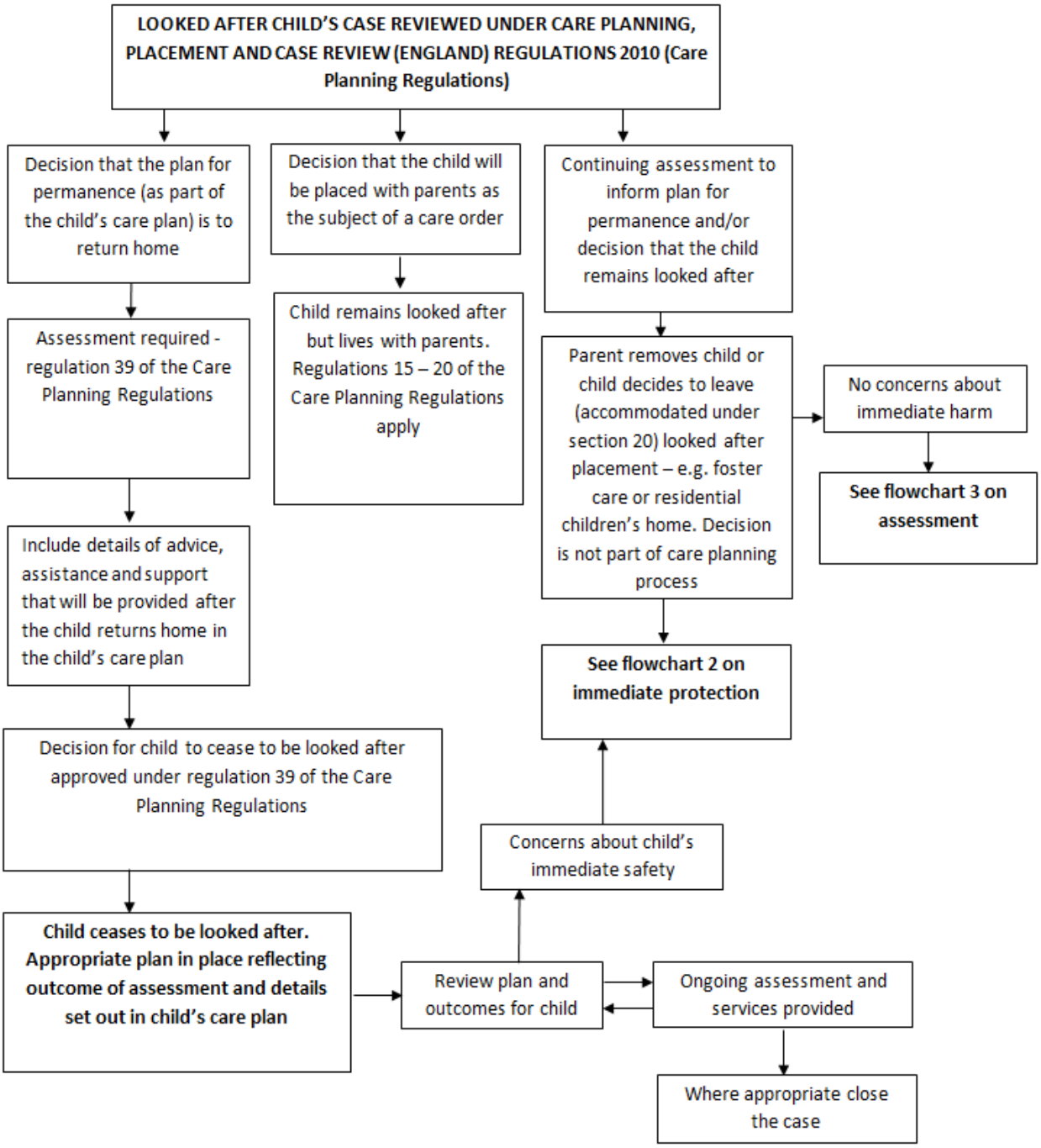
Where a child who is accommodated under section 20 returns home in an unplanned way, for example, the decision is not made as part of the care planning process but the parent removes the child or the child decides to leave, the local authority must consider whether there are any immediate concerns about the safety and well-being of the child. If there are concerns about a child's immediate safety the local authority should take appropriate action, which could include enquiries under section 47 of the Children Act 1989.

Whether a child's return to their family is planned or unplanned, there should be a clear plan that reflects current and previous assessments, focuses on outcomes and includes details of services and support required. These plans should follow the process for review as with any child in need and/or child protection plan.

Action to be taken following reunification:

- Practitioners should make the timeline and decision making process for providing ongoing services and support clear to the child and family.
- When reviewing outcomes, children should, wherever possible, be seen alone. Practitioners have a duty to ascertain their wishes and feelings regarding the provision of services being delivered.
- The impact of services and support should be monitored and recorded, and the help being delivered should be reviewed.

Flow chart 6: Children returning home from care to their families



Chapter 2: Organisational responsibilities

1. The previous chapter set out the need for organisations, working together, to take a coordinated approach to ensure effective safeguarding arrangements. This is supported by the duty on local authorities under section 10 of the Children Act 2004 to make arrangements to promote cooperation to improve the well-being of all children in the authority's area.

2. In addition, a range of individual organisations and professionals working with children and families have specific statutory duties to promote the welfare of children and ensure they are protected from harm.

Section 11 of the Children Act 2004

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Various other statutory duties apply to other specific organisations working with children and families and are set out in this chapter.

3. Section 11 places a duty on:

- local authorities and district councils that provide children's and other types of services, including children's and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services;
- NHS organisations, including the NHS England and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts;
- the police, including police and crime commissioners and the chief officer of each police force in England and the Mayor's Office for Policing and Crime in London;
- the British Transport Police;
- the National Probation Service and Community Rehabilitation Companies;[22]
- Governors/Directors of Prisons and Young Offender Institutions;
- Directors of Secure Training Centres;

[22] The section 11 duty is conferred on the Community Rehabilitation Companies by virtue of contractual arrangements entered into with the Secretary of State.

- Principals of Secure Colleges; and
- Youth Offending Teams/Services.

4. These organisations should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
- clear whistleblowing procedures, which reflect the principles in Sir Robert Francis's Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;[23]
- arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCB);
- a designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
- safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check;
- appropriate supervision and support for staff, including undertaking safeguarding training:
    - employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;

[23] Sir Robert Francis's Freedom to Speak Up review report can be found at https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf.

        - staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
        - all professionals should have regular reviews of their own practice to ensure they improve over time.
- clear policies in line with those from the LSCB for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:
    - behaved in a way that has harmed a child, or may have harmed a child;
    - possibly committed a criminal offence against or related to a child; or
    - behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

5. County level and unitary local authorities should ensure that allegations against people who work with children are not dealt with in isolation. Any action necessary to address corresponding welfare concerns in relation to the child or children involved should be taken without delay and in a coordinated manner. Local authorities should, in addition, have designated a particular officer, or team of officers (either as part of multi-agency arrangements or otherwise), to be involved in the management and oversight of allegations against people that work with children. Any such officer, or team of officers, should be sufficiently qualified and experienced to be able to fulfil this role effectively, for example qualified social workers. Any new appointments to such a role, other than current or former designated officers moving between local authorities, should be qualified social workers. Arrangements should be put in place to ensure that any allegations about those who work with children are passed to the designated officer, or team of officers, without delay.

6. Local authorities should put in place arrangements to provide advice and guidance on how to deal with allegations against people who work with children to employers and voluntary organisations. Local authorities should also ensure that there are appropriate arrangements in place to effectively liaise with the police and other agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

7. Employers and voluntary organisations should ensure that they have clear policies in place setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegation against people who work with children should be reported immediately to a senior manager within the organisation. The designated officer, or team of officers,

should also be informed within one working day of all allegations that come to an employer's attention or that are made directly to the police.

8. If an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason.

Individual organisational responsibilities

9. In addition to these section 11 duties, which apply to a number of named organisations, further safeguarding duties are also placed on individual organisations through other statutes. The key duties that fall on each individual organisation are set out below.

Schools and colleges

10. The governing bodies, management committees or proprietors of the following schools have duties in relation to safeguarding and promoting the welfare of pupils:

- Maintained schools (including maintained nursery schools), further education colleges and sixth form colleges, and pupil referral units;[24,25]
- Independent schools (including academy schools, free schools and alternative provision academies);[26] and
- Non-maintained special schools.[27]

11. In order to fulfil their safeguarding duties, these bodies should have in place the arrangements set out in chapter 2, paragraph 4.

12. Schools and colleges must also have regard to statutory guidance *Keeping Children Safe in Education (2015)*, which provides further guidance as to how they should fulfil their duties in respect of safeguarding and promoting the welfare of children in their care.[28]

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[24] As established under the Further Education and Higher Education Act 1992.
[25] Section 175, Education Act 2002 – for management committees of pupil referral units, this is by virtue of regulation 3 and paragraph 19A of Schedule 1 to the Education (Pupil Referral Units) (Application of Enactments) (England) Regulations 2007.
[26] Under the Education (Independent School Standards) (England) Regulations 2014.
[27] Under the Education (Non-Maintained Special Schools) (England) Regulations 2011.
[28] Keeping Children Safe in Education (2015).

Early Years and Childcare

13. Early years providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage.[29] Early years providers should ensure that:

- staff complete safeguarding training that enables them to recognise signs of potential abuse and neglect; and
- they have a practitioner who is designated to take lead responsibility for safeguarding children within each early years setting and who should liaise with local statutory children's services agencies as appropriate. This lead should also complete child protection training.

Health Services

14. NHS organisations are subject to the section 11 duties set out in paragraph 4 of this chapter. Health professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating effectively with children and families, liaising with other agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews.

15. A wide range of health professionals have a critical role to play in safeguarding and promoting the welfare of children including: GPs, primary care professionals, paediatricians, nurses, health visitors, midwives, school nurses, those working in maternity, child and adolescent mental health, youth custody establishments, adult mental health, alcohol and drug services, unscheduled and emergency care settings and secondary and tertiary care.

16. All staff working in healthcare settings – including those who predominantly treat adults – should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance.[30,31,32]

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[29] DfE guidance on the welfare requirements of the Early Years Foundation Stage.
[30] Safeguarding Children and Young People: roles and competences for health care staff, RCPCH (2014).
[31] Looked after children: Knowledge, skills and competences of health care staff, RCN and RCPCH, (2012).
[32] For example, Protecting children and young people: the responsibilities of all doctors, GMC (2012) and Safeguarding Children and Young People: The RCGP/NSPCC Safeguarding Children Toolkit for General Practice, RCGP (2014).

17. Within the NHS:[33]

- **NHS England** is responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and promote the welfare of children. It is also accountable for the services it directly commissions, including health care services in the under-18 secure estate and in police custody. NHS England also leads and defines improvement in safeguarding practice and outcomes and should also ensure that there are effective mechanisms for LSCBs and health and well-being boards to raise concerns about the engagement and leadership of the local NHS;
- **clinical commissioning groups (CCGs)** are the major commissioners of local health services and are responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. CCGs should employ, or have in place, a contractual agreement to secure the expertise of designated professionals, i.e. designated doctors and nurses for safeguarding children and for looked after children (and designated paediatricians for unexpected deaths in childhood). In some areas there will be more than one CCG per local authority and LSCB area, and CCGs may consider 'lead' or 'hosting' arrangements for their designated professional team, or a clinical network arrangement. Designated professionals, as clinical experts and strategic leaders, are a vital source of advice to the CCG, NHS England, the local authority and the LSCB, and of advice and support to other health professionals; and
- all **providers of NHS funded health services** including NHS Trusts, NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding. In the case of NHS Direct, ambulance trusts and independent providers, this should be a named professional. GP practices should have a lead and deputy lead for safeguarding, who should work closely with named GPs. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, designated professionals and the LSCB.[34]

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[33] Further guidance on accountabilities for safeguarding children in the NHS is available in Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (2013).

[34] Model job descriptions for designated and named professional roles can be found in the intercollegiate document Safeguarding Children and Young People: roles and competences for health care staff and Safeguarding Children and Young People: The RCGP/NSPCC Safeguarding Children Toolkit for General Practice, RCGP (2014).

Police

18. The police are subject to the section 11 duties set out in paragraph 4 of this chapter. Under section 1(8)(h) of the Police Reform and Social Responsibility Act 2011 the police and crime commissioner must hold the Chief Constable to account for the exercise of the latter's duties in relation to safeguarding children under sections 10 and 11 of the Children Act 2004.

19. All police officers, and other police employees such as Police Community Support Officers, are well placed to identify early when a child's welfare is at risk and when a child may need protection from harm. Children have the right to the full protection offered by the criminal law. In addition to identifying when a child may be a victim of a crime, police officers should be aware of the effect of other incidents which might pose safeguarding risks to children and where officers should pay particular attention. For example, an officer attending a domestic abuse incident should be aware of the effect of such behaviour on any children in the household. Children who are encountered as offenders, or alleged offenders, are entitled to the same safeguards and protection as any other child and due regard should be given to their welfare at all times.

20. The police can hold important information about children who may be suffering, or likely to suffer, significant harm, as well as those who cause such harm. They should always share this information with other organisations where this is necessary to protect children. Similarly, they can expect other organisations to share information to enable the police to carry out their duties. Offences committed against children can be particularly sensitive and usually require the police to work with other organisations such as local authority children's social care. All police forces should have officers trained in child abuse investigation.

21. The police have emergency powers under section 46 of the Children Act 1989 to enter premises and remove a child to ensure their immediate protection. This power can be used if the police have reasonable cause to believe a child is suffering, or is likely to suffer, significant harm. Police emergency powers can help in emergency situations, but should be used only when necessary. Wherever possible, the decision to remove a child from a parent or carer should be made by a court.

Adult social care services

22. Local authorities provide services to adults who are responsible for children who may be in need. These services are subject to the section 11 duties set out in paragraph 4 of this chapter. When staff are providing services to adults they should ask whether there are children in the family and consider whether the children need help or protection from harm. Children may be at greater risk of harm or be in need of additional help in

families where the adults have mental health problems, misuse substances or alcohol, are in a violent relationship, have complex needs or have learning difficulties.

23. Adults with parental responsibilities for disabled children have a right to a separate parent carer's needs assessment under section 17ZD of the Children Act 1989. Adults that do not have parental responsibility, but are caring for a disabled child, are entitled to an assessment on their ability to provide, or to continue to provide, care for that disabled child under the Carers (Recognition and Services) Act 1995. That assessment must also consider whether the carer works or wishes to work, or whether they wish to engage in any education, training or recreation activities.

24. Adult social care services should liaise with children's social care services to ensure that there is a joined-up approach when carrying out such assessments.

Housing services

25. Housing and homelessness services in local authorities and others at the front line such as environmental health organisations are subject to the section 11 duties set out in paragraph 4 of this chapter. Professionals working in these services may become aware of conditions that could have an adverse impact on children. Under Part 1 of the Housing Act 2004, authorities must take account of the impact of health and safety hazards in housing on vulnerable occupants, including children, when deciding on the action to be taken by landlords to improve conditions. Housing authorities also have an important role to play in safeguarding vulnerable young people, including young people who are pregnant, leaving care or a secure establishment.

British Transport Police

26. The British Transport Police (BTP) is subject to the section 11 duties set out in paragraph 4 of this chapter. In its role as the national police for the railways, the BTP can play an important role in safeguarding and promoting the welfare of children, especially in identifying and supporting children who have run away or who are truanting from school.

27. The BTP should carry out its duties in accordance with its legislative powers. This includes removing a child to a suitable place using their police protection powers under the Children Act 1989 and the protection of children who are truanting from school using powers under the Crime and Disorder Act 1998. This involves, for example, the appointment of a designated independent officer in the instance of a child taken into police protection.

Prison Service

28. The Prison Service is subject to the section 11 duties set out in paragraph 4 of this chapter. It also has a responsibility to identify prisoners who pose a risk of harm to children.[35] Where an individual has been identified as presenting a risk of harm to children, the relevant prison establishment:

- should inform the local authority children's social care services of the offender's reception to prison and subsequent transfers and of the release address of the offender;
- should notify the relevant probation service provider. The police should also be notified of the release address;[36] and
- may prevent or restrict a prisoner's contact with children. Decisions on the level of contact, if any, should be based on a multi-agency risk assessment. The assessment should draw on relevant risk information held by police, probation service provider and prison service. The relevant local authority children's social care contribute to the multi-agency risk assessment by providing a report on the child's best interests. The best interests of the child will be paramount in the decision-making process.[37]

29. A prison is also able to monitor an individual's communication (including letters and telephone calls) to protect children where proportionate and necessary to the risk presented.

30. Governors/Directors of women's prisons which have Mother and Baby Units should ensure that:

- there is at all times a member of staff on duty in the unit who is proficient in child protection, health and safety and first aid/child resuscitation; and
- each baby has a child care plan setting out how the best interests of the child will be maintained and promoted during the child's residence in the unit.

Probation Service

31. Probation services are provided by the National Probation Service (NPS) and 21 Community Rehabilitation Companies (CRCs). The NPS and CRCs are subject to the

[35] HMP Public Protection Manual
[36] The management of an individual who presents a risk of harm to children will often be through a multi-disciplinary Interdepartmental Risk Management Team (IRMT).
[37] Ministry of Justice Chapter 2, Section 2 of HM Prison Service Public Protection Manual.

section 11 duties set out in paragraph 4 of this chapter.[38] They are primarily responsible for working with adult offenders both in the community and in the transition from custody to community to reduce reoffending and improve rehabilitation. They are, therefore, well placed to identify offenders who pose a risk of harm to children as well as children who may be at heightened risk of involvement in (or exposure to) criminal or anti-social behaviour and of other poor outcomes due the offending behaviour of their parent/carer(s).

32. Where an adult offender is assessed as presenting a risk of serious harm to children, the offender manager should develop a risk management plan and supervision plan that contains a specific objective to manage and reduce the risk of harm to children.

33. In preparing a sentence plan, offender managers should consider how planned interventions might bear on parental responsibilities and whether the planned interventions could contribute to improved outcomes for children known to be in an existing relationship with the offender.

The secure estate for children

34. Governors, managers, directors and principals of the following secure establishments are subject to the section 11 duties set out in paragraph 4 of this chapter:

- a secure training centre;
- a young offender institution;
- secure children's homes, namely children's homes approved by the Secretary of State for accommodating children and young people who require the protection of a secure setting; and
- a secure college.

35. Each centre holding those aged under 18 should have in place an annually reviewed safeguarding children policy. The policy is designed to promote and safeguard the welfare of children and should cover all relevant operational areas as well as key supporting processes, which would include issues such as child protection, risk of harm, restraint, separation, staff recruitment and information sharing. A manager should be appointed and will be responsible for implementation of this policy.[39]

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[38] The section 11 duty is conferred on the Community Rehabilitation Companies by virtue of contractual arrangements entered into with the Secretary of State.

[39] Detailed guidance on the safeguarding children policy, the roles of the safeguarding children manager and the safeguarding children committee, and the role of the establishment in relation to the LSCB can be found in Prison Service Instruction (PSI) 08/2012 'Care and Management of Young People'.

Youth Offending Teams

36. Youth Offending Teams (YOTs) are subject to the section 11 duties set out in paragraph 4 of this chapter. YOTs are multi-agency teams responsible for the supervision of children and young people subject to pre-court interventions and statutory court disposals.[40] They are therefore well placed to identify children known to relevant organisations as being most at risk of offending and to undertake work to prevent them offending. YOTs should have a lead officer responsible for ensuring safeguarding is at the forefront of their business.

37. Under section 38 of the Crime and Disorder Act 1998, local authorities must, within the delivery of youth justice services, ensure the 'provision of persons to act as appropriate adults to safeguard the interests of children and young persons detained or questioned by police officers'.

UK Visas and Immigration, Immigration Enforcement and the Border Force

38. Section 55 of the Borders, Citizenship and Immigration Act 2009 places upon the Secretary of State a duty to make arrangements to take account of the need to safeguard and promote the welfare of children in discharging functions relating to immigration, asylum, nationality and customs. These functions are discharged on behalf of the Secretary of State by UK Visas and Immigration, Immigration Enforcement and the Border Force, which are part of the Home Office. The statutory guidance *Arrangements to Safeguard and Promote Children's Welfare* and other guidance relevant to the discharge of specific immigration functions set out these arrangements.[41]

Children and Family Court Advisory and Support Service

39. The responsibility of the Children and Family Court Advisory and Support Service (Cafcass), as set out in the Children Act 1989, is to safeguard and promote the welfare of individual children who are the subject of family court proceedings. It achieves this by providing independent social work advice to the court.

40. A Cafcass officer has a statutory right in public law cases to access local authority records relating to the child concerned and any application under the Children Act 1989.

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[40] The statutory membership of YOTs is set out in section 39 (5) of the Crime and Disorder Act 1998.

[41] Arrangements to Safeguard and Promote Children's Welfare in the United Kingdom Border Agency. (original title "Every Child Matters" statutory guidance to the UK Border Agency under section 55 of the Borders, Citizenship and Immigration Act 2009).

That power also extends to other records that relate to the child and the wider functions of the local authority, or records held by an authorised body that relate to that child.

41. Where a Cafcass officer has been appointed by the court as a child's guardian and the matter before the court relates to specified proceedings, they should be invited to all formal planning meetings convened by the local authority in respect of the child. This includes statutory reviews of children who are accommodated or looked after, child protection conferences and relevant adoption panel meetings.

Armed Services

42. Local authorities have the statutory responsibility for safeguarding and promoting the welfare of the children of service families in the UK.[42,43] In discharging these responsibilities:

- local authorities should ensure that the Soldiers, Sailors, Airmen, and Families Association Forces Help, the British Forces Social Work Service or the Naval Personal and Family Service is made aware of any service child who is the subject of a child protection plan and whose family is about to move overseas; and
- each local authority with a United States base in its area should establish liaison arrangements with the base commander and relevant staff. The requirements of English child welfare legislation should be explained clearly to the US authorities, so that the local authority can fulfil its statutory duties.

Voluntary and private sectors

43. Voluntary organisations and private sector providers play an important role in delivering services to children. They should have the arrangements described in paragraph 4 of this chapter in place in the same way as organisations in the public sector, and need to work effectively with the LSCB. Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children, how they should respond to child protection concerns and make a referral to local authority children's social care or the police if necessary.

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[42] When service families or civilians working with the armed forces are based overseas the responsibility for safeguarding and promoting the welfare of their children is vested in the Ministry of Defence.
[43] The Army welfare contact is through the Army Welfare Service Intake and Assessment Team: Tel. 01904 662613 or email: AWS-HQ-IAT@mod.uk; The Naval Service welfare contact is through the RN RM Welfare (RNRMW) Portal. Tel: (Mil): 9380 28777; (Civ): +44 (0)23 9272 8777 or, email: navypers-welfare@mod.uk; The RAF welfare contact is through the Personal Support & Social Work Service RAF (SSAFA). Tel:Mil:95221 6333; (Civ): +44 (0) 01494 49 6477/6333 or email: air-cospers-polssafahd@mod.uk.

Faith Organisations

44. Churches, other places of worship and faith-based organisations provide a wide range of activities for children and have an important role in safeguarding children and supporting families. Like other organisations who work with children they need to have appropriate arrangements in place to safeguard and promote the welfare of children, as described in paragraph 4 of this chapter.

Chapter 3: Local Safeguarding Children Boards

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.

Statutory objectives and functions of LSCBs

1. An LSCB must be established for every local authority area. The LSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements. The statutory objectives and functions of the LSCB are described in the two boxes below.

Statutory objectives and functions of LSCBs

Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

(b) to ensure the effectiveness of what is done by each such person or body for those purposes.

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

1(a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

(i) the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;

(ii) training of persons who work with children or in services affecting the safety and welfare of children;

(iii) recruitment and supervision of persons who work with children;

(iv) investigation of allegations concerning persons who work with children;

(v) safety and welfare of children who are privately fostered;

(vi) cooperation with neighbouring children's services authorities and their Board partners;

(b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

(d) participating in the planning of services for children in the area of the authority; and

(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5(2) which relates to the LSCB Serious Case Reviews function and regulation 6 which relates to the LSCB Child Death functions are covered in chapter 4 of this guidance.

Regulation 5(3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

2. In order to fulfil its statutory functions under regulation 5 an LSCB should use data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations set out in chapter 2 of this guidance;
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.[44,45]

Local authorities and Board partners should provide the LSCB with data to enable it to fulfil its statutory functions effectively.

3. LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains its own existing line of accountability for safeguarding.

LSCB membership

4. LSCB membership is set out in the box on page 68.

[44] The Children's Safeguarding Performance Information Framework provides a mechanism to help do this by setting out some of the questions a LSCB should consider.

[45] Research has shown that multi-agency training in particular is useful and valued by professionals in developing a shared understanding of child protection and decision making. Carpenter et al (2009). *The Organisation, Outcomes and Costs of Inter-agency Training to safeguard and promote the welfare of children*. London: Department for Children, Schools and Families.

Statutory Board partners and relevant persons and bodies

Section 13 of the Children Act 2004, as amended, sets out that an LSCB must include at least one representative of the local authority and each of the other Board partners set out below (although two or more Board partners may be represented by the same person). Board partners who must be included in the LSCB are:

- district councils in local government areas which have them;
- the chief officer of police;
- the National Probation Service and Community Rehabilitation Companies;
- the Youth Offending Team;
- NHS England and clinical commissioning groups;
- NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area;
- Cafcass;
- the governor or director of any secure training centre in the area of the authority; and
- the governor or director of any prison in the area of the authority which ordinarily detains children.

The Apprenticeships, Skills, Children and Learning Act 2009 amended sections 13 and 14 of the Children Act 2004 and provided that the local authority must take reasonable steps to ensure that the LSCB includes two lay members representing the local community.

Section 13(4) of the Children Act 2004, as amended, provides that the local authority must take reasonable steps to ensure the LSCB includes representatives of relevant persons and bodies of such descriptions as may be prescribed. Regulation 3A of the LSCB Regulations prescribes the following persons and bodies:

- the governing body of a maintained school;
- the proprietor of a non-maintained special school;
- the proprietor of a city technology college, a city college for the technology of the arts or an academy; and
- the governing body of a further education institution the main site of which is situated in the authority's area.

5. All schools (including independent schools, academies and free schools) have duties in relation to safeguarding children and promoting their welfare. Local authorities should take reasonable steps to ensure that the LSCB includes representatives from all types of school in their area. A system of representation should be identified to enable all schools to receive information and feed back comments to their representatives on the LSCB.

6. The LSCB should work with the Local Family Justice Board. They should also work with the health and well-being board, informing and drawing on the Joint Strategic Needs Assessment.

7. In exceptional circumstances an LSCB can cover more than one local authority. Where boundaries between LSCBs and their partner organisations are not coterminous, such as with health organisations and police authorities, LSCBs should collaborate as necessary on establishing common policies and procedures and joint ways of working.

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

- speak for their organisation with authority;
- commit their organisation on policy and practice matters; and
- hold their own organisation to account and hold others to account.

9. The LSCB should either include on its Board, or be able to draw on appropriate expertise and advice from, frontline professionals from all the relevant sectors. This includes a designated doctor and nurse, the Director of Public Health, Principal Child and Family Social Worker and the voluntary and community sector, and any to whom the local authority has delegated children's social care functions. Where applicable, LSCBs should also be able to draw on advice from those appointed to support local authorities to move out of intervention.

10. Lay members will operate as full members of the LSCB, participating as appropriate on the Board itself and on relevant committees. Lay members should help to make links between the LSCB and community groups, support stronger public engagement in local child safety issues and an improved public understanding of the LSCB's child protection work. A local authority may pay lay members.

11. The Lead Member for Children's Services should be a participating observer of the LSCB. In practice this means routinely attending meetings as an observer and receiving all its written reports.

LSCB Chair, accountability and resourcing

12. In order to provide effective scrutiny, the LSCB should be independent. It should not be subordinate to, nor subsumed within, other local structures.

13. Every LSCB should have an independent chair who can hold all agencies to account.

14. It is the responsibility of the Chief Executive (Head of Paid Service) to appoint or remove the LSCB chair with the agreement of a panel including LSCB partners and lay members. The Chief Executive, drawing on other LSCB partners and, where appropriate, the Lead Member will hold the Chair to account for the effective working of the LSCB.

15. The LSCB Chair should work closely with all LSCB partners and particularly with the Director of Children's Services. The Director of Children's Services has the responsibility within the local authority, under section 18 of the Children Act 2004, for improving outcomes for children, local authority children's social care functions and local cooperation arrangements for children's services.[46]

16. The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.[47] The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and well-being board.

17. The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period (see chapters 4 and 5).

18. LSCBs should conduct regular assessments on the effectiveness of Board partners' responses to child sexual exploitation and include in the report information on the outcome of these assessments. This should include an analysis of how the LSCB partners have used their data to promote service improvement for vulnerable children and families, including in respect of sexual abuse. The report should also include appropriate data on children missing from care, and how the LSCB is addressing the issue. Where the LSCB has a secure establishment within its area, the report should include a review of the use of restraint within that establishment and the findings of the review should be reported to the Youth Justice Board.

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[46] Department for Education statutory guidance on The roles and responsibilities of the Director of Children's Services and Lead Member for Children's Services (2013) expands on this role.

[47] This is a statutory requirement under section 14A of the Children Act 2004.

19. The report should also list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

20. All LSCB Chairs should have access to training and development opportunities, including peer networking. They should also have an LSCB business manager and other discrete support as is necessary for them, and the LSCB, to perform effectively.

Information sharing

21. Chapter 1 sets out how effective sharing of information between professionals and local agencies is essential for effective service provision. Every LSCB should play a strong role in supporting information sharing between and within organisations and addressing any barriers to information sharing. This should include ensuring that a culture of information sharing is developed and supported as necessary by multi-agency training.

22. In addition, the LSCB can require a person or body to comply with a request for information.[48] This can only take place where the information is essential to carrying out LSCB statutory functions. Any request for information about individuals must be 'necessary' and 'proportionate' to the reasons for the request. LSCBs should be mindful of the burden of requests and should explain why the information is needed.

[48] Section 14B of the Children Act 2004.

Chapter 4: Learning and improvement framework

1. Professionals and organisations protecting children need to reflect on the quality of their services and learn from their own practice and that of others. Good practice should be shared so that there is a growing understanding of what works well. Conversely, when things go wrong there needs to be a rigorous, objective analysis of what happened and why, so that important lessons can be learnt and services improved to reduce the risk of future harm to children.

2. These processes should be transparent, with findings of reviews shared publicly. The findings are not only important for the professionals involved locally in cases. Everyone across the country has an interest in understanding both what works well and also why things can go wrong.

3. Local Safeguarding Children Boards (LSCBs) should maintain a local learning and improvement framework which is shared across local organisations who work with children and families. This framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result.

4. Each local framework should support the work of the LSCB and their partners so that:

- reviews are conducted regularly, not only on cases which meet statutory criteria, but also on other cases which can provide useful insights into the way organisations are working together to safeguard and protect the welfare of children and that this learning is actively shared with relevant agencies;
- reviews look at what happened in a case, and why, and what action will be taken to learn from the review findings;
- action results in lasting improvements to services which safeguard and promote the welfare of children and help protect them from harm; and
- there is transparency about the issues arising from individual cases and the actions which organisations are taking in response to them, including sharing the final reports of Serious Case Reviews (SCRs) with the public.

5. The local framework should cover the full range of reviews and audits which are aimed at driving improvements to safeguard and promote the welfare of children. Some of these reviews (i.e. SCRs and child death reviews) are required under legislation. It is important that LSCBs understand the criteria for determining whether a statutory review is required and always conduct those reviews when necessary.

6. LSCBs should also conduct reviews of cases which do not meet the criteria for an SCR, but which can provide valuable lessons about how organisations are working together to safeguard and promote the welfare of children. Although not required by

statute these reviews are important for highlighting good practice as well as identifying improvements which need to be made to local services. Such reviews may be conducted either by a single organisation or by a number of organisations working together. LSCBs should follow the principles in this guidance when conducting these reviews.

7. Reviews are not ends in themselves. The purpose of these reviews is to identify improvements which are needed and to consolidate good practice. LSCBs and their partner organisations should translate the findings from reviews into programmes of action which lead to sustainable improvements and the prevention of death, serious injury or harm to children.

8. The different types of review include:

- Serious Case Review (see page 75) for every case where abuse or neglect is known or suspected and **either**:
    - a child dies; or
    - a child is seriously harmed and there are concerns about how organisations or professionals worked together to safeguard the child;
- child death review (see chapter 5): a review of all child deaths;
- review of a child protection incident which falls below the threshold for an SCR; and
- review or audit of practice in one or more agencies.

9. Where the LSCB has a secure establishment within their area this improvement activity should include an annual review of the use of restraint within that establishment and a report of findings to the Youth Justice Board.

Principles for learning and improvement

10. The following principles should be applied by LSCBs and their partner organisations to all reviews:

- there should be a culture of continuous **learning and improvement** across the organisations that work together to safeguard and promote the welfare of children, identifying opportunities to draw on what works and promote good practice;
- the approach taken to reviews should be **proportionate** according to the scale and level of complexity of the issues being examined;
- reviews of serious cases should be led by individuals who are **independent** of the case under review and of the organisations whose actions are being reviewed;
- professionals must be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith;

- families, including surviving children, should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively. This is important for ensuring that the child is at the centre of the process;[49]
- final reports of SCRs **must be published**, including the LSCB's response to the review findings, in order to achieve **transparency**. The impact of SCRs and other reviews on improving services to children and families and on reducing the incidence of deaths or serious harm to children must also be described in LSCB annual reports and will inform inspections; and
- improvement must be sustained through regular monitoring and follow up so that the findings from these reviews make a real impact on improving outcomes for children.

11. SCRs and other case reviews should be conducted in a way which:

- recognises the complex circumstances in which professionals work together to safeguard children;
- seeks to understand precisely who did what and the underlying reasons that led individuals and organisations to act as they did;
- seeks to understand practice from the viewpoint of the individuals and organisations involved at the time rather than using hindsight;
- is transparent about the way data is collected and analysed; and
- makes use of relevant research and case evidence to inform the findings.

12. LSCBs may use any learning model which is consistent with the principles in this guidance, including the systems methodology recommended by Professor Munro.[50]

Notifiable Incidents

13. A notifiable incident is an incident involving the care of a child which meets any of the following criteria:

- a child has died (including cases of suspected suicide), and abuse or neglect is known or suspected;
- a child has been seriously harmed and abuse or neglect is known or suspected;[51]

[49] British Association for the Study and Prevention of Child Abuse and Neglect in Family involvement in case reviews, BASPCAN, for further information on involving families in reviews.
[50] The Munro Review of Child Protection: Final Report: A Child Centred System (May 2011).
[51] See paragraph 17 below.

- a looked after child has died (including cases where abuse or neglect is **not** known or suspected); or
- a child in a regulated setting or service has died (including cases where abuse or neglect is **not** known or suspected).[52]

14. The local authority should report any incident that meets the above criteria to Ofsted and the relevant LSCB or LSCBs promptly, and within five working days of becoming aware that the incident has occurred.[53]

15. For the avoidance of doubt, if an incident meets the criteria for a Serious Case Review (see below) then it will also meet the criteria for a notifiable incident (above). There will, however, be notifiable incidents that do not proceed through to Serious Case Review.

16. Contact details and notification forms for notifying incidents to Ofsted are available on Ofsted's website.

Serious Case Reviews

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs. This includes the requirement for LSCBs to undertake reviews of serious cases in specified circumstances. Regulation 5(1)(e) and (2) set out an LSCB's function in relation to serious case reviews, namely:

> 5(1)(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.
>
> (2) For the purposes of paragraph (1) (e) a serious case is one where:
>
> > (a) abuse or neglect of a child is known or suspected; and
> >
> > (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

[52] Regulated settings and services: Childcare on domestic premises; Childcare on non-domestic premises; Home childcarer; Childminder; Children's Homes (including secure children's homes); Adoption Support Agencies; Voluntary Adoption Agencies; Independent Fostering agencies; Residential Family Centres and Holiday Schemes for Disabled Children.

[53] For example, in the case of out of area placements where the placing authority is different from where the child's care home is based.

17. “Seriously harmed” in the context of paragraph 18 below and regulation 5(2)(b)(ii) above includes, but is not limited to, cases where the child has sustained, as a result of abuse or neglect, any or all of the following:

- a potentially life-threatening injury;
- serious and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development.

This definition is not exhaustive. In addition, even if a child recovers, this does not mean that serious harm cannot have occurred. LSCBs should ensure that their considerations on whether serious harm has occurred are informed by available research evidence.

18. Cases which meet one of the criteria (i.e. regulation 5(2)(a) and (b)(i) or 5(2)(a) and (b)(ii)) **must always** trigger an SCR. Regulation 5(2)(b)(i) includes cases where a child died by suspected suicide. Where a case is being considered under regulation 5(2)(b)(ii), unless there is definitive evidence that there are no concerns about inter-agency working, the LSCB **must** commission an SCR.

19. In addition, even if one of the criteria is not met, an SCR **should always** be carried out when a child dies in custody, in police custody, on remand or following sentencing, in a Young Offender Institution, in a secure training centre or a secure children’s home. The same applies where a child dies who was detained under the Mental Health Act 1983 or where a child aged 16 or 17 was the subject of a deprivation of liberty order under the Mental Capacity Act 2005.

20. The final decision on whether to conduct an SCR rests with the LSCB Chair. LSCBs should consider conducting reviews on cases which do not meet the SCR criteria. If an SCR is not required because the criteria in regulation 5(2) are not met, the LSCB **may** still decide to commission an SCR or they may choose to commission an alternative form of case review. The LSCB Chair should be confident that such a review will thoroughly, independently and openly investigate the issues. The LSCB will also want to review instances of good practice and consider how these can be shared and embedded. The LSCB should oversee implementation of actions resulting from these reviews and reflect on progress in its annual report.

National panel of independent experts on Serious Case Reviews

21. Since 2013 there has been a national panel of independent experts to advise LSCBs about the initiation and publication of SCRs. The role of the panel is to support LSCBs in ensuring that appropriate action is taken to learn from serious incidents in all cases where the statutory SCR criteria are met and to ensure that those lessons are shared through publication of final SCR reports. The panel also reports to the Government their views of how the SCR system is working.

22. The panel's remit includes advising LSCBs about:

- application of the SCR criteria;
- appointment of reviewers; and
- publication of SCR reports.

23. LSCBs should have regard to the panel's advice when deciding whether or not to initiate an SCR, when appointing reviewers and when considering publication of SCR reports. LSCB Chairs and LSCB members should comply with requests from the panel as far as possible, including requests for information such as copies of SCR reports and invitations to attend meetings.[54]

24. The text which follows provides a checklist for LSCBs on how to manage the SCR process.

[54] In doing so LSCBs will be exercising their powers under Regulation 5(3) of the Local Safeguarding Children Board Regulations 2006 which states that 'an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objective'.

Serious Case Review checklist

Decisions whether to initiate an SCR

The LSCB for the area in which the child is normally resident should decide whether an incident notified to them meets the criteria for an SCR. This decision should normally be made within one month of notification of the incident. The final decision rests with the Chair of the LSCB. The Chair may seek peer challenge from another LSCB Chair when considering this decision and also at other stages in the SCR process.

The LSCB should let Ofsted, DfE and the national panel of independent experts know their decision within five working days of the Chair's decision.

If the LSCB decides not to initiate an SCR, their decision will be subject to scrutiny by the national panel. The LSCB should provide sufficient information to the panel on request to inform its deliberations and the LSCB Chair or the Chair's representative should be prepared to attend in person to give evidence to the panel. In cases where an LSCB is challenged by the national panel to change its original decision, the LSCB should inform Ofsted, DfE and the national panel of the final outcome.

Appointing reviewers

The LSCB must appoint one or more suitable individuals to lead the SCR who have demonstrated that they are qualified to conduct reviews using the approach set out in this guidance. The lead reviewer should be independent of the LSCB and the organisations involved in the case. The LSCB should provide the national panel of independent experts with the name(s) of the individual(s) they appoint to conduct the SCR. The LSCB should consider carefully any advice from the independent expert panel about appointment of reviewers.

Engagement of organisations

The LSCB should ensure that there is appropriate representation in the review process of professionals and organisations who were involved with the child and family. The priority should be to engage organisations in a way which will ensure that important factors in the case can be identified and appropriate action taken to make improvements. The LSCB may decide as part of the SCR to ask each relevant organisation to provide information in writing about its involvement with the child who is the subject of the review.

Timescale for SCR completion

The LSCB should aim for completion of an SCR within six months of initiating it. If this is not possible (for example, because of potential prejudice to related court proceedings), every effort should be made while the SCR is in progress to: (i) capture points from the case about improvements needed; and (ii) take corrective action to implement improvements and disseminate learning.

Agreeing improvement action

The LSCB should oversee the process of agreeing with partners what action they need to take in light of the SCR findings, establish timescales for action to be taken, agree success criteria and assess the impact of the actions.

Publication of reports

All reviews of cases meeting the SCR criteria should result in a report which is published and readily accessible on the LSCB's website for a minimum of 12 months. Thereafter the report should be made available on request. This is important to support national sharing of lessons learnt and good practice in writing and publishing SCRs. From the very start of the SCR the fact that the report will be published should be taken into consideration. SCR reports should be written in such a way that publication will not be likely to harm the welfare of any children or vulnerable adults involved in the case.

Final SCR reports should:

- provide a sound analysis of what happened in the case, and why, and what needs to happen in order to reduce the risk of recurrence;
- be written in plain English and in a way that can be easily understood by professionals and the public alike; and
- be suitable for publication without needing to be amended or redacted.

LSCBs should publish, either as part of the SCR report or in a separate document, information about: actions which have already been taken in response to the review findings; the impact these actions have had on improving services; and what more will be done.

When compiling and preparing to publish reports, LSCBs should consider carefully how best to manage the impact of publication on children, family members and others affected by the case. LSCBs must comply with the Data Protection Act 1998 in relation to SCRs, including when compiling or publishing the report, and must comply also with any other restrictions on publication of information, such as court orders. The timing of publication should have due regard to the impact on any ongoing legal proceedings, including any inquest.

LSCBs should send copies of all SCR reports, including any action taken as a result of the findings of the SCR, to Ofsted, DfE and the national panel of independent experts at least seven working days before publication. If an LSCB considers that an SCR report should not be published, it should inform DfE and the national panel. The national panel will provide advice to the LSCB. The LSCB should provide all relevant information to the panel on request, to inform its deliberations. In cases where an LSCB is challenged by the panel to change its original decision about publication, the LSCB should inform Ofsted, DfE and the national panel of their final decision.

Chapter 5: Child death reviews

The Regulations relating to child death reviews

The Local Safeguarding Children Board (LSCB) functions in relation to child deaths are set out in Regulation 6 of the Local Safeguarding Children Boards Regulations 2006, made under section 14(2) of the Children Act 2004. The LSCB is responsible for:

a) collecting and analysing information about each death with a view to identifying -

(i) any case giving rise to the need for a review mentioned in regulation 5(1)(e);

(ii) any matters of concern affecting the safety and welfare of children in the area of the authority;

(iii) any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and

(b) putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

1. Each death of a child is a tragedy and enquiries should keep an appropriate balance between forensic and medical requirements and supporting the family at a difficult time. Professionals supporting parents and family members should assure them that the objective of the child death review process is not to allocate blame, but to learn lessons. The purpose of the child death review is to help prevent further such child deaths, and families may find it helpful to read the child death review leaflet.[55]

2. The responsibility for determining the cause of death rests with the coroner or the doctor who signs the medical certificate of the cause of death (and therefore is not the responsibility of the Child Death Overview Panel (CDOP)).

Responsibilities of Local Safeguarding Children Boards (LSCBs)

3. The LSCB is responsible for ensuring that a review of each death of a child normally resident in the LSCB's area is undertaken by a CDOP. The CDOP will have a fixed core membership drawn from organisations represented on the LSCB with flexibility to co-opt other relevant professionals to discuss certain types of death as and when

[55] Foundation for the Study of Infant Deaths leaflet: The child death review - a guide for parents and carers.

appropriate. The CDOP should include a professional from public health as well as child health. It should be chaired by the LSCB Chair's representative. That individual should not be involved directly in providing services to children and families in the area. One or more LSCBs can choose to share a CDOP. CDOPs responsible for reviewing deaths from larger populations are better able to identify significant recurrent contributory factors.

4. Other LSCBs or local organisations which have had involvement in the case should cooperate in jointly planning and undertaking the child death review. In the case of a looked after child, the LSCB for the area of the local authority looking after the child should take lead responsibility for conducting the child death review, involving other LSCBs with an interest or whose lead agencies have had involvement.

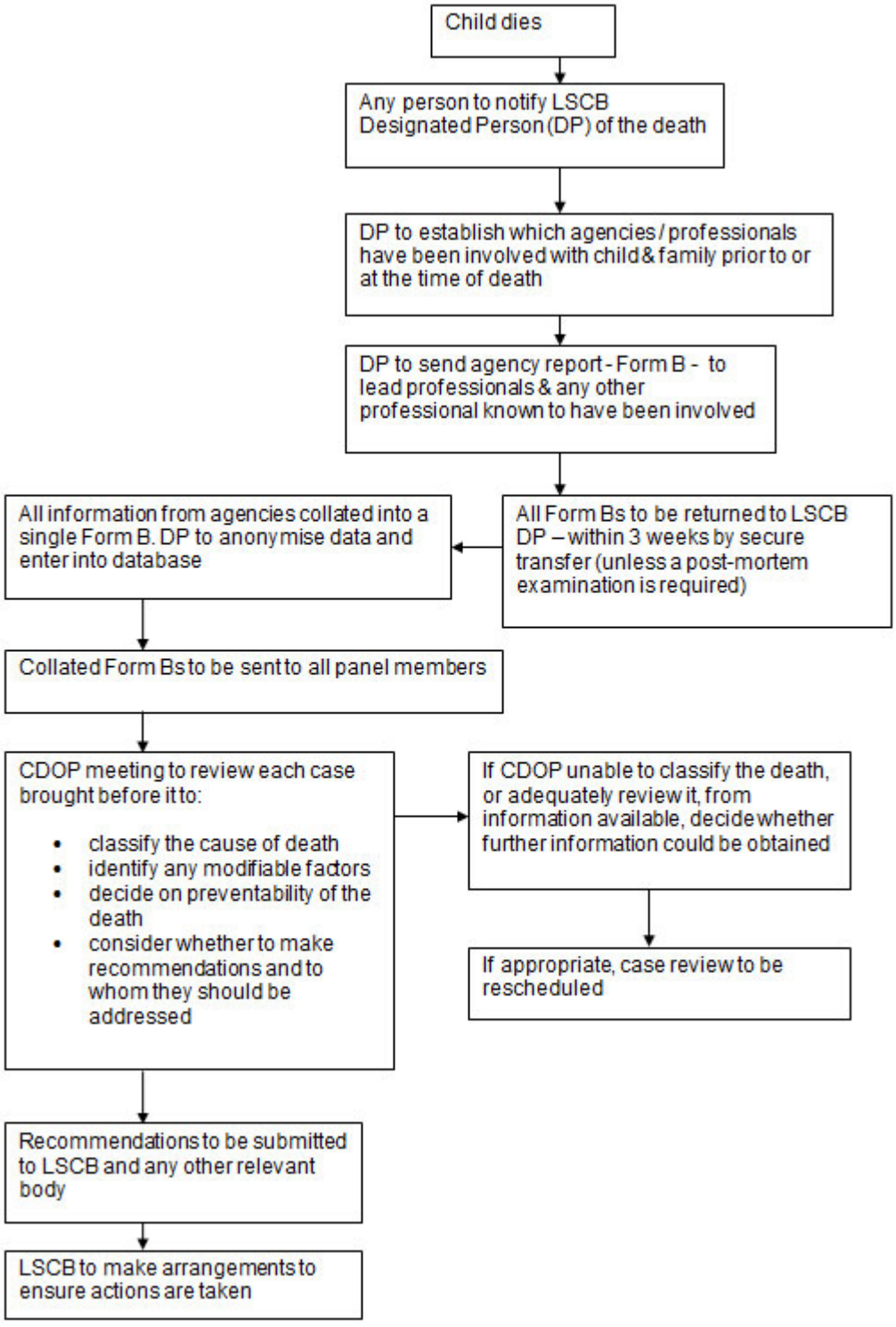
5. The LSCB Chair should decide who will be the designated person to whom the death notification and other data on each death should be sent.[56] LSCBs should use sources available, such as professional contacts or the media, to find out about cases when a child who is normally resident in their area dies abroad. The LSCB should inform the CDOP of such cases so that the deaths of these children can be reviewed.

6. All forms and templates to be used for reporting child deaths can be found here: child death review forms.

7. A summary of the child death processes to be followed when reviewing all child deaths is set out in flow chart 7 below. The processes for undertaking a rapid response when a child dies unexpectedly are set out in flow chart 8 on page 91.

[56] List of people designated by the CDOP to receive notifications of child death information.

Flow chart 7: Process to be followed for all child deaths



Responsibilities of Child Death Overview Panels

8. The functions of the CDOP include:

- reviewing all child deaths, excluding those babies who are stillborn and planned terminations of pregnancy carried out within the law;
- collecting and collating information on each child and seeking relevant information from professionals and, where appropriate, family members;
- discussing each child's case, and providing relevant information or any specific actions related to individual families to those professionals who are involved directly with the family so that they, in turn, can convey this information in a sensitive manner to the family;
- determining whether the death was deemed preventable, that is, those deaths in which modifiable factors may have contributed to the death and decide what, if any, actions could be taken to prevent future such deaths;
- making recommendations to the LSCB or other relevant bodies promptly so that action can be taken to prevent future such deaths where possible;
- identifying patterns or trends in local data and reporting these to the LSCB;
- where a suspicion arises that neglect or abuse may have been a factor in the child's death, referring a case back to the LSCB Chair for consideration of whether an SCR is required;
- agreeing local procedures for responding to unexpected deaths of children; and
- cooperating with regional and national initiatives – for example, with the National Clinical Outcome Review Programme – to identify lessons on the prevention of child deaths.

9. In reviewing the death of each child, the CDOP should consider modifiable factors, for example, in the family environment, parenting capacity or service provision, and consider what action could be taken locally and what action could be taken at a regional or national level.

10. The aggregated findings from all child deaths should inform local strategic planning, including the local Joint Strategic Needs Assessment, on how to best safeguard and promote the welfare of children in the area. Each CDOP should prepare an annual report of relevant information for the LSCB. This information should in turn inform the LSCB annual report.

Definition of preventable child deaths

11. For the purpose of producing aggregate national data, this guidance defines preventable child deaths as those in which modifiable factors may have contributed to the death. These are factors defined as those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced.

Action by professionals when a child dies unexpectedly

Definition of an unexpected death of a child

12. In this guidance an unexpected death is defined as the death of an infant or child which was not anticipated as a significant possibility for example, 24 hours before the death; or where there was an unexpected collapse or incident leading to or precipitating the events which lead to the death.

13. The designated paediatrician responsible for unexpected deaths in childhood should be consulted where professionals are uncertain about whether the death is unexpected. If in doubt, the processes for unexpected child deaths should be followed until the available evidence enables a different decision to be made.

14. As set out the Local Safeguarding Children Boards Regulations 2006, LSCBs are responsible for putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

15. When a child dies suddenly and unexpectedly, the consultant clinician (in a hospital setting) or the professional confirming the fact of death (if the child is not taken immediately to an Accident and Emergency Department) should inform the local designated paediatrician with responsibility for unexpected child deaths at the same time as informing the coroner and the police. The police will begin an investigation into the sudden or unexpected death on behalf of the coroner. The paediatrician should initiate an immediate information sharing and planning discussion between the lead agencies (i.e. health, police and local authority children's social care) to decide what should happen next and who will do it. The joint responsibilities of the professionals involved with the child include:

- responding quickly to the child's death in accordance with the locally agreed procedures;

- maintaining a rapid response protocol with all agencies, consistent with the Kennedy principles and current investigative practice from the Association of Chief Police Officers;[57]
- making immediate enquiries into and evaluating the reasons for and circumstances of the death, in agreement with the coroner;
- liaising with the coroner and the pathologist;
- undertaking the types of enquiries/investigations that relate to the current responsibilities of their respective organisations;
- collecting information about the death;[58]
- providing support to the bereaved family, involving them in meetings as appropriate, referring to specialist bereavement services where necessary and keeping them up to date with information about the child's death; and
- gaining consent early from the family for the examination of their medical notes.

16. If the child dies suddenly or unexpectedly at home or in the community, the child should normally be taken to an Emergency Department rather than a mortuary. In some cases when a child dies at home or in the community, the police may decide that it is not appropriate to move the child's body immediately, for example, because forensic examinations are needed.

17. As soon as possible after arrival at a hospital, the child should be examined by a consultant paediatrician and a detailed history should be taken from the parents or carers. The purpose of obtaining this information is to understand the cause of death and identify anything suspicious about it. In all cases when a child dies in hospital, or is taken to hospital after dying, the hospital should allocate a member of staff to remain with the parents and support them through the process.

18. If the child has died at home or in the community, the lead police investigator and a senior health care professional should decide whether there should be a visit to the place where the child died, how soon (ideally within 24 hours) and who should attend. This should almost always take place for cases of sudden infant death.[59] After this visit the lead police investigator, senior health care professional, GP, health visitor or school

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[57] PJ. Fleming, P.S. Blair, C. Bacon, and P.J. Berry (2000) Sudden Unexpected Death In Infancy. The CESDI SUDI Studies 1993-1996. The Stationery Office. London. ISBN 0 11 3222 9988; Royal College of Pathologists and the Royal College of Paediatrics and Child Health (2004) Sudden unexpected death in infancy. A multi-agency protocol for care and investigation. The Report of a working group convened by the Royal College of Pathologists and the Royal College of Paediatrics and Child Health. Royal College of Pathologists and the Royal College of Paediatrics and Child Health, London. www.rcpath.org

[58] See footnote 47.

[59] See footnote 48.

nurse and local authority children's social care representative should consider whether there is any information to raise concerns that neglect or abuse contributed to the child's death.

19. Where a child dies unexpectedly, all registered providers of healthcare services must notify the Care Quality Commission of the death of a service user – **but NHS providers may discharge this duty by notifying NHS England**.[60] Where a young person dies at work, the Health and Safety Executive should be informed. Youth Offending Teams' reviews of safeguarding and public protection incidents (including the deaths of children under their supervision) should also feed into the CDOP child death processes.

20. If there is a criminal investigation, the team of professionals must consult the lead police investigator and the Crown Prosecution Service to ensure that their enquiries do not prejudice any criminal proceedings. If the child dies in custody, there will be an investigation by the Prisons and Probation Ombudsman (or by the Independent Police Complaints Commission in the case of police custody). Organisations who worked with the child will be required to cooperate with that investigation.

21. In addition, for any child who dies in a secure children's home, the Prisons and Probation Ombudsman will carry out an investigation. In order to assist the Ombudsman to carry out these investigations, secure children's homes are required to notify the Ombudsman of the death and to comply with requirements at regulation 40(2) of the Children's Homes (England) Regulations 2015 to facilitate that investigation.[61]

Specific responsibilities of relevant professionals when responding rapidly to the unexpected death of a child	
Designated paediatrician for unexpected deaths in childhood	Ensure that relevant professionals (i.e. coroner, police and local authority social care) are informed of the death; coordinate the team of professionals (involved before and/or after the death) which is convened when a child dies unexpectedly (accessing professionals from specialist agencies as necessary to support the core team). Convene multi-agency discussions after the initial and final initial post-mortem examination results are available.

[60] Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

[61] The Children's Homes (England) Regulations are due to come into force on 1 April 2015.

Involvement of the coroner and pathologist

22. If a doctor is not able to issue a medical certificate of the cause of death, the lead professional or investigator must report the child's death to the coroner in accordance with a protocol agreed with the local coronial service. The coroner must investigate violent or unnatural death, or death of no known cause, and all deaths where a person is in custody or other state detention at the time of death. The coroner will then have jurisdiction over the child's body until he or she releases the body for the funeral. Unless the death is natural, a public inquest will be held (and a public inquest will always be held where the death takes place in custody or other state detention).[62]

23. The coroner will order a post mortem examination to be carried out as soon as possible by the most appropriate pathologist available (this may be a paediatric pathologist, forensic pathologist or both) who will perform the examination according to the guidelines and protocols laid down by the Royal College of Pathologists. The designated paediatrician will collate and share information about the circumstances of the child's death with the pathologist in order to inform this process.

24. If the death is unnatural or the cause of death cannot be confirmed, the coroner will hold an inquest (and an inquest will always be held where the death takes place in custody or other state detention). Professionals and organisations who are involved in the child death review process must cooperate with the coroner and provide him/her with a joint report about the circumstances of the child's death. **Where possible, this should not be led by the clinician who was responsible for the care of the child when they died**. This report should include a review of all medical, local authority social care and educational records on the child. The report should be delivered to the coroner within 28 days of the death unless crucial information is not yet available.

Disclosure of information

25. Professionals should provide the coroner with all the evidence the coroner requires to carry out his or her statutory duty to establish who died, where, when and how. Coroners have a power (under section 32 and Schedule 5 of the Coroners and Justice Act 2009) to require someone to provide evidence to the coroner, or give evidence at an inquest.

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[62] Guidance for coroners and Local Safeguarding Children Boards on the supply of information concerning the death of children.

Action after the post-mortem examination

26. Although the results of the post-mortem examination belong to the coroner, it should be possible for the investigating paediatrician, pathologist, and the lead police investigator to discuss the findings as soon as possible, and the coroner should be informed immediately of the initial results. If these results suggest evidence of abuse or neglect as a possible cause of death, the paediatrician should inform the police and local authority children's social care immediately. He or she should also inform the LSCB Chair so that they can consider whether the criteria are met for initiating an SCR.

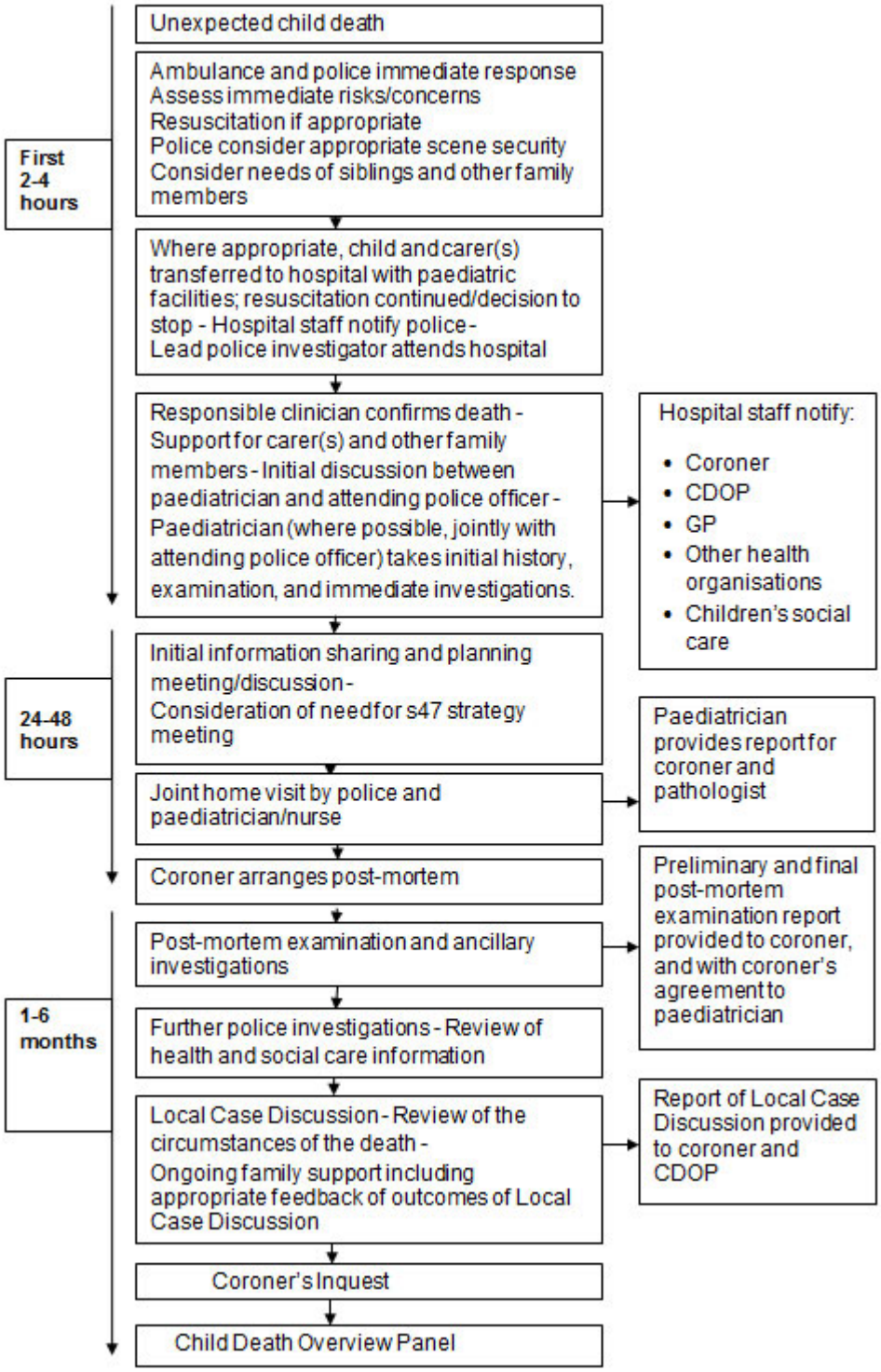
27. Shortly after the initial post-mortem examination results become available, the designated paediatrician for unexpected child deaths should convene a multi-agency case discussion, including all those who knew the family and were involved in investigating the child's death. The professionals should review any further available information, including any that may raise concerns about safeguarding issues. A further multi-agency case discussion should be convened by the designated paediatrician, or a paediatrician acting as their deputy, as soon as the final post-mortem examination result is available. This is in order to share information about the cause of death or factors that may have contributed to the death and to plan future care of the family. The designated paediatrician should arrange for a record of the discussion to be sent to the coroner, to inform the inquest of the cause of death, and to the relevant CDOP, to inform the child death review. At the case discussion, it should be agreed how detailed information about the cause of the child's death will be shared, and by whom, with the parents, and who will offer the parents on-going support.

28. A flow chart outlining the process for response to the unexpected death of a child, flow chart 8, is on page 91.

Specific responsibilities of relevant bodies in relation to child deaths	
Registrars of Births and Deaths (Children & Young Persons Act 2008)	Requirement to supply the LSCB with information which they have about the death of persons under 18 they have registered or re-registered. Notify LSCBs if they issue a *Certificate of No Liability to Register* where it appears that the deceased was or may have been under the age of 18 at the time of death. Requirement to send the information to the appropriate LSCB (the one which covers the sub-district in which the register is kept) no later than seven days from the date of registration.
Coroners and	Duty to investigate and may require evidence and an inquest.

Justice Act 2009 Coroners (Investigations) Regulations 2013	Coroner's duty to notify the LSCB for the area in which the child died or where the child's body was found within three working days of deciding to investigate a death or commission a post-mortem. Coroner's duty to share information with relevant LSCBs.
Registrar General (section 32 of the Children and Young Persons Act 2008)	Power to share child death information with the Secretary of State, including about children who die abroad.
Clinical Commissioning Groups (Health and Social Care Act 2012)	Employ, or have arrangements in place to secure the expertise of, consultant paediatricians whose designated responsibilities are to provide advice on commissioning paediatric services from: • paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood; • medical investigative services; and • the organisation of such services.

Flow chart 8: Process for rapid response to the unexpected death of a child



Appendix A: Glossary

Children	Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.
Safeguarding and promoting the welfare of children	Defined for the purposes of this guidance as: • protecting children from maltreatment; • preventing impairment of children's health or development; • ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and • taking action to enable all children to have the best life chances.
Child protection	Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.
Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
Emotional abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as

	overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
Sexual abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Neglect	The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: • provide adequate food, clothing and shelter (including exclusion from home or abandonment); • protect a child from physical and emotional harm or danger; • ensure adequate supervision (including the use of inadequate care-givers); or • ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
Young carer	A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work).

Parent carer	A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.
Education, Health and Care Plan	A single plan, which covers the education, health and social care needs of a child or young person with special educational needs and/or a disability (SEND). See the Special Educational Needs and Disability Code of Practice 0-25 (2014).

Appendix B: Statutory framework

The legislation relevant to safeguarding and promoting the welfare of children is set out below.

Children Act 2004

Section 10 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority's relevant partners (see Table A) and such other persons or bodies who exercise functions or are engaged in activities in relation to children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the well-being of children in the authority's area – which includes protection from harm and neglect alongside other outcomes.

Section 11 places duties on a range of organisations and individuals (see Table A) to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

Section 13 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that must be represented on the Board, including those which the Secretary of State prescribes in regulations.

Section 14 sets out the objectives of LSCBs, which are:

> (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the local authority, and
>
> (b) to ensure the effectiveness of what is done by each such person or body for the purposes of safeguarding and promoting the welfare of children.

The Local Safeguarding Children Board Regulations 2006 made under sections 13 and 14 set out the functions of LSCBs, which include undertaking reviews of the deaths of all children in their areas and undertaking Serious Case Reviews in certain circumstances.

Under section 55 of the Borders, Citizenship and Immigration Act 2009, the Secretary of State (in practice, the UK Visas and Immigration, Immigration Enforcement and the Border Force) has a duty to make arrangements to ensure that functions relating to immigration, asylum, nationality and customs, and any services that are contracted out to others in relation to such functions, are discharged or provided with regard to the need to

safeguard and promote the welfare of children who are in the United Kingdom. Section 55 is intended to have the same effect as section 11 of the Children Act 2004.

Education Acts

Section 175 of the Education Act 2002 places a duty on:

a) local authorities in relation to their education functions; and

b) the governing bodies of maintained schools and the governing bodies of further education institutions (which include sixth-form colleges) in relation to their functions relating to the conduct of the school or the institution.

to make arrangements for ensuring that such functions are exercised with a view to safeguarding and promoting the welfare of children (in the case of the school or institution, being those children who are either pupils at the school or who are students under 18 years of age attending the further education institution).

A similar duty applies to proprietors of independent schools (which include academies/free schools) by virtue of regulations made under sections 94(1) and (2) of the Education and Skills Act 2008.

Regulations made under Section 342 of the Education Act 1996, set out the requirements for a non-maintained special school to be approved and continue to be approved by the Secretary of State. It is a condition of approval and continuing approval that arrangements must be in place for safeguarding and promoting the health, safety and welfare of pupils and when making such arrangements, the proprietor of the school must have regard to any relevant guidance published by the Secretary of State.

Children Act 1989

The Children Act 1989 places a duty on local authorities to promote and safeguard the welfare of children in need in their area.

Provision of services for children in need, their families and others

Section 17(1) states that it shall be the general duty of every local authority:

(a) to safeguard and promote the welfare of children within their area who are in need; and

(b) so far as is consistent with that duty, to promote the upbringing of such children by their families.

by providing a range and level of services appropriate to those children's needs.

Section 17(5) enables the local authority to make arrangements with others to provide services on their behalf and states that every local authority:

> *(a) shall facilitate the provision by others (including in particular voluntary organisations) of services which it is a function of the authority to provide by virtue of this section, or section 18, 20, 22A to 22C, 23B to 23D, 24A or 24B; and*
>
> *(b) may make such arrangements as they see fit for any person to act on their behalf in the provision of any such service.*

Section 17(10) states that a child shall be taken to be in need if:

> *(a) the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority under Part III of the Children Act 1989;*
>
> *(b) the child's health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or*
>
> *(c) the child is disabled.*

Under section 17, local authorities have responsibility for determining what services should be provided to a child in need. This does not necessarily require local authorities themselves to be the provider of such services.

Provisions relating to young carers and parent carers have been inserted into Part 3 of the Children Act 1989 by sections 96 and 97 of the Children and Families Act 2014. These provisions are expected to come into force on 1 April 2015.

Section 17ZA states that a local authority in England must assess whether a young carer within their area has needs for support and, if so, what those needs are. This is either where:

(a) it appears to the authority that the young carer may have needs for support; or

(b) the authority receives a request from the young carer or a parent of the young carer to assess the young carer's needs for support.

Section 17ZC requires a local authority that carries out a young carer's needs assessment to consider the assessment and decide –

(a) whether the young carer has needs for support in relation to the care which he or she provides or intends to provide;

(b) if so, whether those needs could be satisfied (wholly or partly) by services which the authority may provide under section 17; and

(c) if they could be so satisfied, whether or not to provide any such services in relation to the young carer.

Section 17ZD states that a local authority in England must assess whether a parent carer of a disabled child who lives within their area has needs for support and, if so, what those needs are, if:

(a) it appears to the authority that the parent carer may have needs for support; or

(b) the authority receive a request from the parent carer to assess the parent carer's needs for support; and

(c) the local authority is satisfied that the disabled child cared for and the disabled child's family are persons for whom they may provide or arrange for the provision of services under section 17 of the Act.

The local authority need not carry out a young carer's assessment (under section 17ZA) or a parent carer's assessment (under section 17ZD) if the local authority has previously carried out a care-related assessment of the young carer/parent carer in relation to the same person cared for, unless it appears to the authority that the needs or circumstances of the young carer/parent carer or the person they care for have changed since the last care-related assessment.

Section 17ZF requires the local authority that carries out a parent carer's needs assessment to consider the assessment and decide:

(a) whether the parent carer has needs for support in relation to the care they provide;

(b) whether the disabled child cared for has needs for support;

(c) whether any needs identified could be satisfied (wholly or partly) by services which the authority may provide under section 17 of the Act; and

(d) whether or not to provide any such services in relation to the parent carer or the disabled child cared for.

Cooperation between authorities

Section 27 imposes a duty on other local authorities, local authority housing services and health bodies (see Table A) to cooperate with a local authority in the exercise of that authority's duties under Part 3 of the Act which relate to local authority support for children and families. Where it appears to a local authority that any authority or body mentioned in section 27(3) could, by taking any specified action, help in the exercise of any of their functions under Part 3 of the Act, they may request the help of that other authority or body, specifying the action in question. An authority or body whose help is so requested must comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their

functions. The authorities are:

(a) any local authority;

(b) any local housing authority;

(c) NHS England;

(d) any clinical commissioning group, Special Health Authority National Health Service Trust or NHS Foundation Trust; and

(e) any person authorised by the Secretary of State for the purpose of section 27.

Section 47(1) states that:

Where a local authority:

(a) are informed that a child who lives, or is found, in their area (i) is the subject of an emergency protection order, or (ii) is in police protection; or

(b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm:

the authority must make, or cause to be made, such enquires as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

Section 47(9) places a duty on persons mentioned in section 47(11) (see Table A) where a local authority is conducting enquiries under section 47, to assist them with these enquiries (in particular by providing relevant information and advice) if called upon by the local authority to do so. Both section 17 and section 47 of the Children Act 1989, to require in each case that in order to help it to determine what services to provide or what action to take, the local authority must, so far as is reasonably practicable and consistent with the child's welfare:

(a) ascertain the child's wishes and feelings regarding the provision of those services or the action to be taken; and

(b) give due consideration (with regard to the child's age and understanding) to such wishes and feelings of the child as they have been able to ascertain.

Emergency protection powers

The court may make an emergency protection order with respect to a child under section 44 of the Children Act 1989 on application by any person, if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if the child:

- is not removed to different accommodation (provided by or on behalf of the applicant); or

- does not remain in the place in which the child is then being accommodated.

An emergency protection order may also be made by the court on the application of a local authority or an authorised person (i.e. a person authorised to apply to the court for care orders or supervision orders under section 31 of the Act) if the court is satisfied that:

- enquires being made with respect to the child (in the case of a local authority, under section 47 (1) (b) of the Act) are being frustrated by access to the child being unreasonably refused to a person authorised to seek access, and
- the applicant has reasonable cause to believe that access is needed as a matter of urgency.

In addition, where the applicant is an authorised person the court must be satisfied that the applicant has reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

An emergency protection order gives authority to remove a child to accommodation provided by or on behalf of the applicant and place the child under the protection of the applicant, amongst other things.

Exclusion requirement

The court may include an exclusion requirement in an interim care order or emergency protection order (section 38A and 44A of the Children Act 1989). This allows a perpetrator to be removed from or be prohibited entrance to the home or to be excluded from a defined area in which the home is situated, instead of having to remove the child form the home. The court must be satisfied that:

- there is reasonable cause to believe that if the person is excluded from the home in which the child lives, the child will not be likely to suffer significant harm, or that enquiries will cease to be frustrated; and
- another person living in the home is able and willing to give the child the care that it would be reasonable to expect a parent to give, and consents to the inclusion of an exclusion requirement in the relevant order.

Police protection powers

Under section 46 of the Children Act 1989, where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, the officer may:

- remove the child to suitable accommodation and keep him there; or
- take reasonable steps to ensure that the child's removal from any hospital or other place in which the child is then being accommodated is prevented.

No child may be kept in police protection for more than 72 hours.

Legal Aid, Sentencing and Punishment of Offenders Act 2012

Under the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPOA), all children remanded in criminal proceedings will be looked after. Children may be remanded to accommodation provided by the local authority or to youth detention accommodation (YDA). The authority responsible for a child who becomes looked after following remand is usually the one where the child normally lives, but where there is a doubt about this the court may initially determine which authority should be designated as being responsible for the child's care.

Where a child is remanded to local authority accommodation, the local authority's care planning responsibilities will be the same as for any other looked after child (though authorities are not required to produce a "plan for permanence" for this group of children). Where a child, including a child already looked after, is remanded to YDA, the local authority will be required to produce a Detention Placement Plan, describing the arrangements for responding to the child's needs whilst they are detained. The Care Planning, Placement and Case Review Regulations 2010, as amended, take LASPOA into account.

Police Reform and Social Responsibility Act 2011

Section 1 (8)(h) requires the police and crime commissioner for a police area to hold the relevant chief constable to account for the exercise of the latter's duties in relation to safeguarding children and promoting their welfare under sections 10 and 11 of the Children Act 2004.

Childcare Act 2006

Section 40 requires early years providers registered on the Early Years Register and schools providing early years childcare to comply with the welfare requirements of the Early Years Foundation Stage.

Crime and Disorder Act 1998

Section 38 requires local authorities, acting in cooperation with certain persons (including every Chief Police Officer or local policing body whose area lies within that of the local authority, clinical commissioning groups and providers of probation services), to such extent as is appropriate for their area, to secure that youth justice services are available in their area, such services to include the provision of persons to act as appropriate adults to safeguard the interests of children and young persons detained or questioned by police officers.

Housing Act 1996

Section 213A requires housing authorities to refer to adult social care services persons with whom children normally reside or might reasonably be expected to reside, who they have reason to believe may be ineligible for assistance, or who may be homeless and may have become so intentionally or who may be threatened with homelessness intentionally, as long as the person consents. If homelessness persists, any child in the family could be in need. In such cases, if social services decide the child's needs would be best met by helping the family to obtain accommodation, they can ask the housing authority for reasonable advice and assistance in this, and the housing authority must give reasonable advice and assistance.

Table A: Bodies and individuals covered by key duties

Body	CA 2004 Section 10 - duty to cooperate	CA 2004 Section 11 - duty to safeguard & promote welfare	Education Legislation - duty to safeguard & promote welfare	CA 2004 Section 13 - statutory partners in LSCBs	CA 1989 Section 27 - help with children in need	CA 1989 Section 47 - help with enquiries about significant harm
Local authorities and District councils	X	X	X In relation to their education functions under section 175 of the Education Act 2002	X	X (including local housing authority)	X (including local housing authority)
Local policing body	X	X				
Chief officer of police	X	X		X		

SoS re probation services' functions under s2 and 3 of the Offender Management Act (OMA) 2007	X	X (including Community Rehabilitation Companies (by virtue of contractual arrangements entered into with the SoS)		X		
Providers of probation services required under s3(2) OMA 2007 to act as relevant partner of a local authority	X			X		
British Transport Police		X				
National Crime Agency		X				
UK Visas and Immigration, Immigration Enforcement and the Border Force		Section 55 of the Borders, Citizenship and Immigration Act 2009 applies same duty as section 11				
Governor or director of prison (which ordinarily detains children) or secure training centre (and principal of secure college)		X		X		
Youth offending services	X	X		X		

NHS England	X	X		X	X	X
Clinical commissioning groups	X	X		X	X	X
Special Health Authorities					X	X
NHS Trusts and NHS Foundation Trusts		X		X	X	X
Cafcass				X		
Persons providing services pursuant to section 68 of the Education and Skills Act 2008	X			X		
Persons providing services pursuant to section 74 of the Education and Skills Act 2008		X				
Maintained schools	X (includes non-maintained special schools)		X under section 175 of the Education Act 2002 (maintained schools) & via regulations made under section 342 of the Education Act 1996 (non-maintained special schools)			

FE colleges	X		X under section 175 of the Education Act 2002			
Independent schools			X Via regulations made under sections 94(1) and (2) of the Education and Skills Act 2008			
Academies and free schools	X		X Via regulations made under sections 94(1) and (2) of the Education and Skills Act 2008			
Contracted services including those provided by voluntary organisations		X				

Appendix C: Further sources of information

Supplementary guidance on particular safeguarding issues

Department for Education guidance

Safeguarding children who may have been trafficked

Safeguarding children and young people who may have been affected by gang activity

Safeguarding children from female genital mutilation

Forced marriage

Safeguarding children from abuse linked to faith or belief

Radicalisation - Prevent strategy

Radicalisation - Channel guidance

Use of reasonable force in schools

Safeguarding children and young people from sexual exploitation

Safeguarding Children in whom illness is fabricated or induced

Preventing and tackling bullying

Safeguarding children and safer recruitment in education

Information sharing: advice for practictioners

Keeping children safe in education

Safeguarding Disabled Children: Practice guidance

Department of Health / Department for Education: National Service Framework for Children, Young People and Maternity Services

What to do if you're worried a child is being abused: advice for practitioners

Guidance issued by other government departments and agencies

Foreign and Commonwealth Office / Home Office: Forced marriage

Ministry of Justice: Guidance on forced marriage

Home Office: What is domestic violence?

Department of Health: Responding to domestic abuse: A handbook for health professionals

Public Health England: Supporting information for developing local joint protocols between drug and alcohol partnerships and children and family services

Home Office: Guidance on teenage relationship abuse

Home Office: Guidance on offences against children

Department of Health: Violence against Women and Children

Arrangements to Safeguard and Promote Children's Welfare (original title "Every Child Matters" statutory guidance to the UK Border Agency under s.55 of the Borders, Citizenship and Immigration Act 2009).

Department of Health: Good practice guidance on working with parents with a learning disability

Home Office: Circular 16/2005 - Guidance on offences against children

Home Office: Disclosure and Barring Services

Child protection and the Dental Team – an introduction to safeguarding children in dental practice

Ministry of Justice: Multi Agency Public Protection Arrangements guidance

Ministry of Justice: HM Prison Service Public Protection Manual

Ministry of Justice: Probation service guidance on conducting serious further offence reviews Framework.

Home Office: Missing Children and Adults - A Cross Government Strategy

Department of Health: Recognised, valued and supported: next steps for the Carers Strategy November 2010

Department of Health: Carers Strategy: Second National Action Plan 2014-2016

Ministry of Justice: Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures

Department of Health: Mental Health Act 1983 Code of Practice: Guidance on the visiting of psychiatric patients by children

Guidance issued by external organisations

BAAF: Private fostering

Royal College of Paediatrics and Child Health: Safeguarding children and young people: roles and competences for health care staff - Intercollegiate document, March 2014

General Medical Council: Protecting children and young people - The responsibilities of all doctors

Royal College of General Practitioners: Safeguarding Children and Young People: The RCGP/NSPCC Safeguarding Children Toolkit for General Practice

Royal College of Nursing: Looked after children - Knowledge, skills and competences of health care staff (Intercollegiate role framework)

NICE: Guidance on when to suspect child maltreatment

Supplementary guidance to support assessing the needs of children

DfE: Childhood neglect - Improving outcomes for children

NICE: Guidance on when to suspect child maltreatment

Supplementary guidance to support the Learning and Improvement Framework

NPIA / ACPO: Guidance on Investigating Child Abuse and Safeguarding Children

Prison and Probation Ombudsman's fatal incidents investigation

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