



SECTION 3C (Staffordshire)

SECTION C02 (Stoke-on-Trent)

UNDERTAKING ASSESSMENTS & INVESTIGATIONS

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PART 1- INTRODUCTION

KEY SAFEGUARDING CHILDREN PRINCIPLES

All Local Authority areas have a statutory responsibility to promote effective safeguarding children arrangements that are underpinned by two key principles:

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

Safeguarding children is everyone's responsibility:

Everyone who works with children has a responsibility for keeping them safe. No single professional or agency can have a full picture of a child's needs and family or environmental circumstances and multi-agency working is therefore essential if children and their families are to receive the right help at the right time. This requires agencies and professionals to work together to help to effectively coordinate, assess, make decisions, plan and review the needs of a child.

Maintaining a child-centred approach:

Maintaining a child centred approach¹ is fundamental to safeguarding and promoting the welfare of each child and is critical throughout all interventions with the child and their family. This involves seeing the child and undertaking direct work with them; listening, hearing and respecting their views and wishes; as well as keeping the child in focus throughout any work with them and their family. It is essential for all practitioners to try and understand the context and meaning of the child's life and experiences through their eyes in order to undertake a good assessment of their needs and to provide any support they may require. The statutory guidance 'Working Together to Safeguard Children' (2015, DfE) states that children have said they need the following from practitioners:

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

¹ Working Together 2015 [Working Together to Safeguard Children.pdf](#)

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 been 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.

EARLY HELP AND EARLY HELP ASSESSMENTS

Early help means providing support as soon as problem emerges at any point in a child's life to help the problem from escalating. Section 10 of the Children Act 2004 requires each Local Authority and its relevant partner agencies to promote inter-agency cooperation in order to improve the welfare of children in their Local Authority area and this includes the provision of targeted early help services.

Effective early help relies on local agencies and professionals working together to help identify children and families who would benefit from early help; undertaking an assessment of their needs with them and other professionals involved in working with them; and providing early help services to help improve outcomes for the child. Professionals should be particularly alert to the potential need for early help assessment and support for a child who:

- Is disabled
- Has special educational needs
- Is a young carer
- Is showing signs of emerging anti-social or criminal behaviour
- Is living in a family where there are parental issues relating to domestic abuse, substance abuse (alcohol and drugs) and adult mental health; and
- Is showing early indicators of risk of abuse and neglect

Children and families may need support from a wide range of local agencies and where coordinated support is needed from more than one agency, an inter-agency early help assessment process should be undertaken with the agreement of the child (if age appropriate), and their parents or carers. The aim of this early help assessment is to help identify what help and support the child and their family required to prevent their needs from escalating to the point where the threshold for a statutory assessment by Local Authority children's social care services (under the Children Act 1989) would be required.

Guidance on the criteria and the process for early help assessments that includes the level of need for when a referral should be made to the Local

Authority for a statutory assessment (under the Children Act 1989), are set in your relevant Local Safeguarding Children Board Threshold Framework. To view this document for your Local Authority area, please go to:

- Staffordshire: [Staffordshire Threshold Framework 'Accessing the Right Help at the Right Time'](#).
- Stoke-on-Trent: [Guide to Levels of Need - Early Help and Safeguarding Threshold Criteria](#)

For further detailed information and guidance about Staffordshire and Stoke-on-Trent's Early Help Assessment please go to:

- Staffordshire: [Early Help](#)
- Stoke-on-Trent: [Early Help](#)

All practitioners should remember that the safety of the child remains paramount at all times. If at any time during work with a child and their family the child is considered to be a child in need, (as set out on page 9); or that the child has suffered, or is likely to suffer significant harm, a referral should be made immediately by any professional to the relevant Local Authority's children's social care service. **The completion of an assessment should not take precedence over taking appropriate action to protect a child.** Where an early help assessment has already been undertaken and concerns arise about the welfare and safety of a child, the early help assessment should be used to support a referral to the relevant Children's Social Care (CSC) service; however this is not a prerequisite for making a referral.

The purpose of an assessment

Assessments are required in order to achieve the following:

- To gather important information about a child and their family
- To professionally 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 (s.17) and / or is suffering or likely to suffer significant harm (s47); and
- To provide support to address those needs to improve the child's outcomes to make them safe.

The assessment should be a dynamic and fluid process which analyses, adapts and responds to the changing nature and level of any need and / or risk faced by the child. A good assessment will monitor and record the impact of any services delivered to the child and family and ensure timely reviews of the help and support provided.

Whilst the focus of services may be on the child's parent or carer, it is essential for professionals from any adult and children's service to focus on the needs of the child, and on the potential impact that the services offered to the parent / carer may have on the child's welfare and safety.

The requirement to undertake work in partnership with children, their parents or carers and others is implicit in this work, including the need to obtain consent in disclosing personal information between agencies (**where seeking the consent does not place a child or adult at increased risk of significant harm**).

The principles and parameters of a good assessment

When undertaking early help or statutory assessments with children and families professionals should ensure that the following principles underpin their practice during the engagement and assessment process:

- Child-centred practice (decisions should always be made in the child's best interests)
- Rooted in child development and informed by evidence
- Focussed on action and outcomes for children
- Holistic and address the child's needs, parenting capacity and family and environmental factors to consider how these interrelate and impact on each child
- Promote equality of opportunity
- Actively involve children and their families
- Build on the strengths as well as identifying difficulties
- Are a continuing process, not an event
- Lead to action that includes where relevant the provision and review of services
- Are transparent and open to challenge.

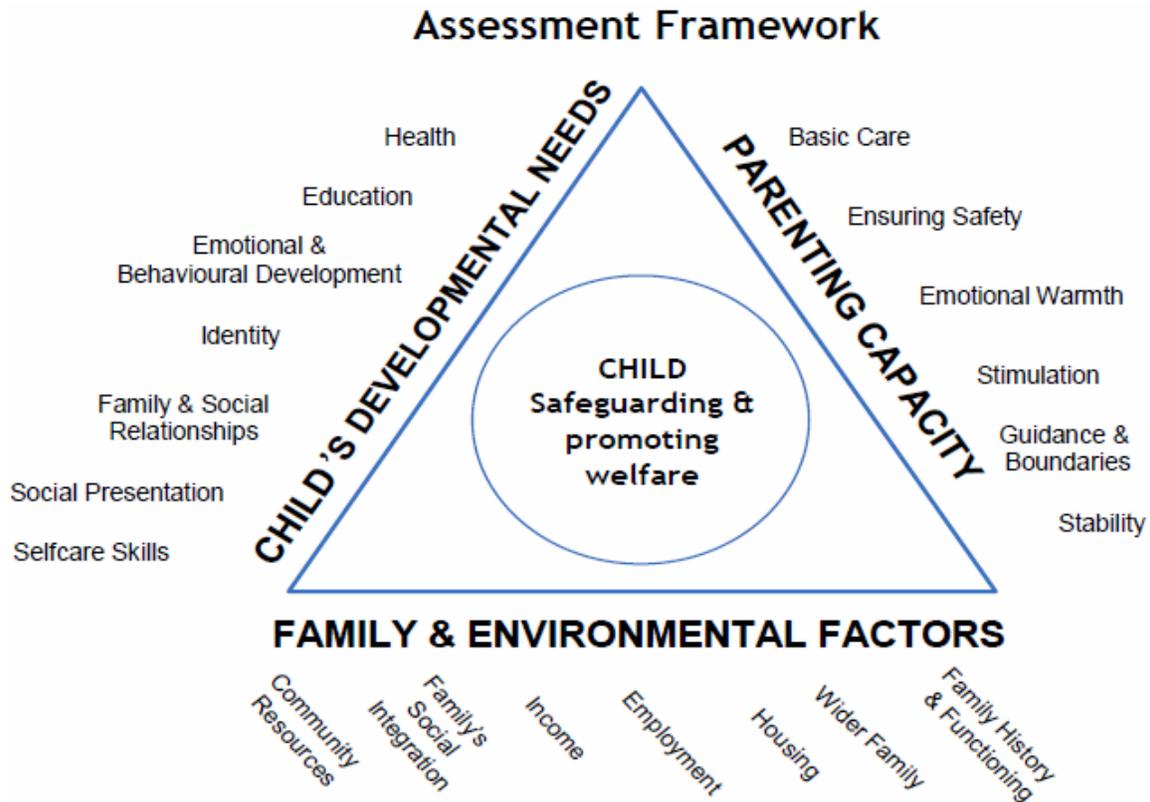
Good assessments will help professionals to understand whether a child has needs relating to a disability, the care afforded to them, and any risks they are or may be exposed to.

The Assessment Framework

The Assessment Framework provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child. Practitioners should use the framework to gain an understanding of the following three domains and how they interrelate and impact on an individual child:

- The child's unique developmental needs (including and diversity issues, cultural, religious and linguistic needs); and whether they are suffering, or likely to suffer significant harm;
- Their parent or carers capacity to respond to the child's needs; and
- The impact and influence of wider family. Including community and environmental factors.

Assessment Framework diagram:



The interaction of these three domains requires careful consideration and investigation during the assessment to reach a professional judgement about the nature and level of any needs and risk factors; as well as developing an understanding of any strengths and protective factors for each child. Information should be gathered from the child, their family and any other professional involved in working with them and this information must be clearly recorded.

Diversity issues should always be considered as part of the assessment process to help to understand the impact of cultural expectations and obligations for the child and their family. Communication and language issues must also be considered, including the need for the use of interpreters and advocates.

Practitioners from all agencies should have an understanding of the Assessment

Framework and be prepared to use it in order to contribute to the assessment of children in need and children in need of protection.

All information must be shared and checked with the child and their parents or carers. Where appropriate assessments should record any differences or disputes and provide a professional judgement in respect of what is happening to the child and the known or potential impact of this. There may be circumstances where it is not appropriate to share all information contained within assessments with the child and this will depend on the specific circumstances of the individual assessment.

Professionals should remember that it is important to coordinate any parallel assessment and planning processes with the professionals and agencies involved if a child is the subject of any other statutory assessment. This will help to coordinate services, reduce duplication and help prevent any unnecessary disruption for the child and family. Effective multi-agency working and communication throughout the assessment and planning process is essential to help coordinate services, to share information and to promote clarity about professional roles and responsibilities.

In addition practitioners must always remain critically aware of the need to consider the known or potential impact of any changes of circumstances or new information about the child and their family, which may affect their initial assumptions, professional judgement and decision making.

PART 2- ASSESSMENTS UNDER THE CHILDREN ACT 1989

Statutory requirements

Local authorities (LA) are required under the Children Act 1989 to provide services for the purposes of safeguarding and promoting the welfare of all children 'who are in need' in their area. LAs undertake assessments of the needs of these individual children to determine what services to provide and what action to take in accordance with their respective LSCB Threshold Framework.

Definition of a child in need

The statutory guidance Working Together to Safeguard Children, 2015 (DfE) provides the following definition of a child in need:

"A child in need is defined in the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these cases, assessments by a social worker are carried out **under section 17 [s.17] of the Children Act 1989**. 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. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children.”

A referral should also be made to the LAs CSC service due to concerns about a child being in need due to maltreatment. In these circumstances CSC services must initiate enquiries to find out what is happening to the child and whether protective action is required.

In these circumstances LAs have a duty, with the help of other relevant partner organisations, to make enquiries **under section 47 [s47] of the Children Act 1989** if they have reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm. This is to enable them to decide whether they should take any action to promote the child’s welfare and safety.

The LA also has the responsibility **under section 20 of the Children Act 1989** to assess and, if required, provide accommodation to children in need who have been lost, abandoned, where there is no adult with parental responsibility for them, or because they are not being provided with suitable accommodation or care.

A statutory assessment of a child will also be undertaken by the LAs CSC services where the child is made the subject of a **section 31A care order (Children Act 1989)** by the courts. This order places a statutory responsibility on LAs as a corporate parent, to assess the child’s individual needs and to develop a care plan to meet their identified needs.

In Staffordshire the County Council’s Children’s Social Care (CSC) Service, called Families First will undertake assessments of all children who are in need in their area.

In Stoke-on-Trent the City Council’s Safeguarding Referral Team known as (SRT) will refer cases requiring assessment to the Safeguarding and Support teams or the Children with Disability Team (CWD).

Assessments for children in need should always be led by a qualified and experienced social worker.

The child social work assessment (Staffordshire) / child and family assessment (Stoke) process

Once a referral has been accepted by the relevant CSC service the lead professional role rests with the social worker who has the responsibility to

undertake a child social work assessment (Staffordshire) / child and family assessment (Stoke).

A child social work assessment/ child and family assessment provide a framework for social workers to record information gathered from a variety of sources. It also evidences the practitioner's professional judgements and helps with analysis of the child's needs and/or the nature and level of any risk and harm being suffered by the child.

The information gathered should be used to inform whether the child is a child in need and/or is suffering or likely to suffer significant harm. It will also inform what is most appropriate to meet the child or young person's needs and will help in making decisions about which particular interventions are needed.

A child social work assessment/ child and family assessment commences at the point of a referral to children's social care (for those completing a CSW in Stoke-on-Trent CSC some of the following circumstances are dependent upon the individual needs of the child and family).

- following a strategy discussion when s47 enquiries are initiated.
- when a child or young person is requested to be looked after or becomes looked after in an unplanned way.
- prior to a looked after child or young person returning to their family in planned situations or upon their return in unplanned situations.
- when new information is obtained on an open case which indicates a further assessment should be undertaken.
- when further consideration is required of a child's or young person's individual needs and what services should be provided and actions to be taken.
- when a specialist assessment is required; and
- to inform the social work report to a child protection conference

The child social work assessment/ child and family assessment will also inform:

- A **child's/young person's in need plan** when a child is living with their family.
- A **Care Plan** when the child or young person needs to be looked after.
- A **Child Protection Plan (CPP)** where a child or young person has been subject of s47 enquiries and has become subject of a child protection plan; and
- A **Care Plan** lodged with the court as part of care proceedings.

Exceptions to when a child social work assessment/ child and family assessment is required following a new referral are:

- Request from the courts for a Section 7 report. In these circumstances the section 7 report will constitute the child social work assessment/ child and family assessment.
- Request from the courts for a section 37 report. In these circumstances the section 37 report will constitute the child social work assessment/ child and family assessment.
- Upon notification of a child death. A separate recording tool is provided to share the information convened by the designated doctor for unexpected deaths (DUDD). A child social work assessment/ child and family assessment may be appropriate for surviving siblings but will never be required in relation to the deceased child.

The key principles of a child social work assessment / child and family assessment

The child social work assessment/ child and family assessment must be led² by a qualified and experienced CSC social worker who should undertake the following:

- Information for the assessment should be gathered and analysed using the Assessment Framework (see page 8). All assessments must take into consideration any previous or parallel statutory or specialist assessments that have, or are being undertaken. They should be outcome focused, and clearly evidence the most appropriate services and support to deliver improved welfare for the child.
- The assessment should also have a focus on timeliness, quality and effectiveness of help offered, and provides the basis to monitor and record the impact of the services being offered.
- Support to the child and their family should be made available at the earliest opportunity and does not need to wait until the conclusion of the assessment.
- A clear focus on the welfare and safety of the child must be maintained and practitioners should be vigilant of their practice to help keep the child central to all aspects of the assessment.
- The assessment should be carefully planned with clarity about who is doing what and by when, as well as what information will be shared with the child, parents and carers.

² As stated within Working Together 2015 Local Authority social workers have a statutory duty to lead assessments under S47 of the Children Act 1989.

- The child must be seen, heard and observed (according to their age and understanding). Interviews with the child and family members may be conducted separately or together as appropriate.
- The child's wishes and feelings about the provision of services should be ascertained and given due consideration before determining what, if any services are required. Their voice should be heard within the assessment.
- Team/Practice managers are required to track, monitor and review all assessments to ensure that they are timely.
- Social workers and social work assistants (Stoke) should be clear about the purpose for contact visits with the child and their family, the information to be gathered and the steps to be taken if no one is at home, or if contact with the child does not take place.
- Practitioners should ensure that each new referral, assessment or new information about the child is recorded on their records. This must include the child's name, address, date of birth, ethnicity, the name(s) of their primary carers, who has parental responsibility for the child, and any significant others, the child's GP and the name of the child's school or education provider (including day nursery). Any gaps in information should be explored further with the relevant agency or authority.
- Interviews should be undertaken with the child and family members separately and / or together as appropriate to the individual circumstances of the case. These should be completed in the preferred language of the child and each family member. Interpreters should be used where appropriate and any decision not to access translation services should be clearly recorded on the child's records.
- For some disabled children and family members expertise in other forms of communication may be necessary.
- It may not be immediately clear whether a criminal offence has been committed so discussions with the child and their family should be conducted in a way that minimises distress to them and maximises the likelihood that they engage with the practitioner to provide accurate and complete information. Leading or suggestive questions should be avoided.
- Contact should always be maintained with involved professionals during the process of assessment to share information on the progress of the assessment and the date of any review points.
- Other information from agencies in the Local Authority areas in which the child and their family has lived should be requested; other lead professionals should facilitate this information gathering process as required.

- Where the child / family has lived in other countries it may be appropriate to contact the Foreign and Commonwealth Office, or the appropriate embassy or consulate based in London³. Further guidance can be found here: [Working with foreign authorities: child protection cases and care orders](#) Departmental advice for local authorities, social workers, service managers and children's services lawyers: July 2014.
- Once the child social work assessment/child and family assessment has been completed the social worker should complete an analysis and provide recommendations for future action. These should be clearly recorded.
- Parents / carers and the child where appropriate, should always be included within this process unless this may place the child or another individual at risk of significant harm. Where there are concerns about the parent / carers ability to protect the child, consideration should be given as to what information is shared, when and by whom, to help ensure that the welfare needs of the child are promoted.
- Parents / carers and the children where appropriate should be asked to sign and add their comments to the completed assessment (unless to do so would present a risk to the child or to others or would jeopardise any s47 enquiries).
- The social worker completing the assessment is responsible for ensuring that the parent(s) or carers and the child where appropriate as well as any professionals involved are provided with a copy of the completed assessment. They are also responsible for informing the relevant agencies working with the child and their family of the actions taken, the decisions made and if the child has been assessed as being a child in need, the plan for supporting them to help improve their outcomes. All agencies working with the child and their family should be provided with a copy of the completed assessment by the social worker.
- The original referrer should as far as possible and with respect to confidentiality and the Data Protection Act, be informed about the outcome of the assessment.
- Another Local Authority should be advised in writing if the child moves into their area and a copy of this letter retained on the child's records.

Please note: If during the process of the child social work assessment/child and family assessment the social worker, or any other professional working with the child and their family, believes that the child is suffering or is likely to suffer

³ www.gov.uk/government/organisations/foreign-commonwealth-office

significant harm, s47 enquiries will need to be initiated and the police informed at the earliest opportunity.

Timescales for the child social work assessment/ child and family assessment

All child social work assessments/ child and family assessments must be completed by a social worker within a maximum of **40 working days** and a team manager (Staffs)/ practice manager (Stoke) will have a maximum of **4 working days** for quality assurance and authorisation. All child social work assessments/ child and family assessments must be fully concluded, authorised and shared with family and other professionals within a maximum of **45 working days**. **The completed assessment will be provided to the team / practice manager for consideration and authorisation if it is fit for purpose.**

All child social work assessments/ child and family assessments must be timely and proportionate to the individual needs of the child and family. This will mean that the timescales for each individual assessment will be determined by the needs of the child, although no assessment should exceed **40 working days**.

In each individual assessment consideration needs to be given by the team / practice manager and social worker about the depth and breadth of an assessment. For some children a brief assessment is all that is required to identify the child's support needs and for others the assessment needs to be more in depth in order to get a sufficiently accurate understanding of the child's needs.

Chronologies, ecomaps and genograms

The child social work assessment/ child and family assessment should provide as full a picture as possible about the family's history and its current circumstances. All assessments should include reference to a **chronology**, an **ecomap**⁴ and a **genogram**. It should help form a view about the family's strengths and their capacity to meet the needs of the child or young person. It will also inform whether a child or young person may be at risk within the family. They should be based on direct contact with the child or young person as well as on discussions with the parents/carers and other agencies (particularly health and education). Every assessment should reflect the unique characteristics of the

⁴ Genograms and ecomaps are visual tools for assessing and planning care for children and adolescents. Using a simple format of the family tree, professionals can enhance the support they provide by viewing students in the context of their history and the connections that are part of their everyday life. Genograms and ecomaps can be used to clarify information and organise it in a brief, but relatively comprehensive, format. For further guidance please go to: www.scie.org.uk/communicationskillsresource

child their family and community context and consideration should be given to family structures and dynamics, culture, religion, ethnic origins and any other individual characteristics.

Pre-birth Referrals and Assessments

For further information and guidance on pre-birth referrals and assessments, please go to page 33 of this document and to the following inter-agency policy and procedure:

Staffordshire: [Section-4C-Responding-to-Concerns-about-Unborn-Children.pdf](#)

Stoke-on-Trent: [D10 Responding To Concerns About Unborn Children.pdf](#)

Child assessment and children in need- process and timescales

Staffordshire

Upon receipt of a referral from Staffordshire CSC First Response service the Staffordshire Specialist Safeguarding Unit (SSU) team manager will review the referral and determine the outcome i.e. where it meets the threshold for a s17 or s47 assessment enquiry.

It may also be stepped down to a Staffordshire Local Support Team if it does not meet the threshold but it is apparent that the child requires additional support.

Where it is determined that an assessment is required under s17 the following action will be taken:

- Case to be allocated within **2 working days** of referral.
- An initial visit will be undertaken to see the child within **7 working days** of the referral being received. This will be recorded on an initial contact visit form within **2 working days** of the visit having been completed and sent to the team manager for approval.
- The team manager will, in consultation with the social worker, set a target date for the completion of the assessment which will be determined by the initial contact visit, the child's needs, child's views, presenting situation, background history and information provided by partner agencies. This target date for completion must clearly be recorded on a child social work/ family assessment key decision record.
- The team manager should set review points where the progress of the assessment is closely monitored in order to prevent and drift or delay of the case. The target date and actual date of assessment should be actively tracked by the team manager.

- The maximum timescale for the completion of any assessment is **40 working days**. This is the maximum period of time of when the assessment should be sent through to the team manager. An assessment is not completed from a social work perspective until it is written up and not formally fully completed until authorised by the team manager.
- During the initial contact visit a consent form for information gathering should be discussed with the family and written consent obtained for agency checks to be made. If parents refuse to give their consent and there are safeguarding concerns then it should be explained to parents that checks can and will be made as part of safeguarding procedures and used to inform the child social work assessment. The consent form should be retained in the child's file.
- Any information gathered as part of the assessment should be recorded on the information gathering form.
- Any key decisions undertaken by the team manager during the course of the assessment should be recorded under assessment key decisions.
- Once the assessment is completed this should be sent to the team manager for quality assurance and approval and/or amendments. The team manager should approve the assessment within **4 working days** and within **5 working days** the assessment should be distributed to the family and involved professionals.
- All relevant agencies and the family should be informed in writing of the outcome of the assessment, whether the child is in need and details of any required plan to meet the child's needs.
- If this assessment follows a new referral then the referrer should be informed of what action has been taken and will be taken.
- **Team managers must not approve and sign off any assessment where this guidance has not been adhered to, where relevant information is missing, or where the child, parents / carers have not been seen or spoken with about their views, wishes and feeling.**

In the course of the child social work assessment the social worker should ascertain whether the child is:

- A child in need under s17 of the Children Act 1989; and
- If there is reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm under s47 of the Act.

The potential outcome(s) of the assessment are:

- No further action.

- Initiate strategy discussion.
- Provision of child in need services.
- Private fostering.
- Provide accommodation.
- Immediate legal action to protect child.
- Specialist assessment.
- Refer elsewhere.
- In Staffordshire step down to local support team (LST) following a period of handover and a completed support plan completed by the assessing social worker

[NB: Multiple outcomes can be selected if appropriate].

Any immediate support needs that have been identified either from the referral, during the course of assessment or through ongoing involvement with the child/young person and family, should be met through the provision of support and services whilst the assessment is ongoing.

Stoke-on-Trent

Upon receipt of a contact/referral the Safeguarding Referral Team (SRT) or the Emergency Duty Team (EDT) will review the information, clarify whether the parent/carer is aware of the referral and whether an Early Help Assessment has been initiated and then determine the outcome i.e. where it meets the threshold for a s17 or s47 assessment enquiry.

If the referral is a re-referral within the last 6 months, following some initial enquires, this will be passed to the previous Safeguarding and Support or Children with Disabilities team to ensure previous recommendations have been actioned. It may also be stepped down to Localities if it does not meet the threshold but it is apparent that the child and family require additional support.

Where it is determined that an assessment is required under s17 the following action will be taken:

- Case transferred and the assessment is allocated to the duty practice manager for prioritisation according to the presenting risk and vulnerability. All cases are allocated within the duty week.
- An initial visit will be undertaken to see the child within **5 working days (where feasible)** of the referral being received. This will be recorded on a 'carefirst observation visit' form within **2 working days** of the visit having been completed. (Any concerns will be discussed with the practice manager immediately.)

- The practice manager will, in consultation with the pod, set a target date for the completion of the assessment which will be determined by the initial contact visit, the child's needs, child's views, presenting situation, background history and information provided by partner agencies. This target date for completion must clearly be recorded in the pod meeting observation in carefirst.
- The maximum timescale for the completion of any assessment is **40 working days**. This is the maximum period of time of when the assessment should be sent through to the practice manager. An assessment is not completed from a pod perspective until it is written up and not formally fully completed until authorised by the practice manager.
- During the initial contact visit a duty pack will be shared with the family. This contains information about the process, a genogram and data gap template and a consent form for information gathering. This must be discussed with the family and written consent obtained for agency checks to be made.

If parents refuse to give their consent and there are safeguarding concerns then it should be explained to parents that checks can and will be made as part of safeguarding procedures and used to inform the child and family assessment. The consent form should be retained in the child's file.

- Any information gathered as part of the assessment must be recorded on carefirst.
- Any key decisions undertaken by the practice manager during the course of the assessment should be recorded on a managerial decision record on carefirst.
- Once the assessment is completed this should be sent to the practice manager for quality assurance and approval and/or amendments. The manager should approve the assessment within **4 working days** and within **5 working days** the assessment should be distributed to the family and involved professionals.
- All relevant agencies and the family should be informed in writing of the outcome of the assessment, whether the child is in need and details of any required plan to meet the child's needs.
- If this assessment follows a new referral then the referrer, where appropriate should be informed of what action has been taken and will be taken.
- **Managers must not approve and sign off any assessment where this guidance has not been adhered to, where relevant information is**

missing, or where the child, parents / carers have not been seen or spoken with about their views, wishes and feelings.

In the course of the child and family assessment the pod should ascertain whether the child is:

- A child in need under s17 of the Children Act 1989; and
- If there is reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm under s47 of the Act.

The potential outcome(s) of the assessment are:

- No further action.
- Initiate strategy discussion.
- Provision of child in need services.
- Private fostering.
- Provide accommodation.
- Immediate legal action to protect child.
- Specialist assessment.
- Refer to other services.
- Step down and present to Locality allocation meeting
[NB: Multiple outcomes can be selected if appropriate].

Any immediate support needs that have been identified either from the referral, during the course of assessment or through ongoing involvement with the child/young person and family, should be met through the provision of support and services.

Assessments and looked after children

Where there is a likelihood of a child or young person becoming looked after, or where a decision has been made that a child or young person needs to be looked after, the child's assessment will inform the care plan. It will also provide a baseline understanding of the child's needs at the point they become looked after.

If the plan is for a child or young person (who has been looked after for more than six months) to return home, the assessment will be updated before the return home. For children returning home at the end of proceedings the assessment will be done as part of the court process. If for any reason the assessment has not been updated before the child returns home then this will be done within a maximum of **40 working days** of the return home. The team / practice manager will set review points where the progress of the assessment is closely monitored in order to prevent any drift or delay of the case. The target

date and actual date of assessment will be actively tracked by the team / practice manager.

Once the assessment is completed this should be sent to the team/ practice manager for quality assurance and approval. The team/ practice manager should approve the assessment within **4 working days** and within **5 working days** the assessment should be distributed to the family and involved professionals. This should not exceed a total of **45 working days**.

No further action (NFA) following assessment

Where it is clearly identified that there is **no** ongoing role for the safeguarding service following the first visit and information gathering, then the social work child assessment must be completed within **20 working days (Staffordshire)** and **10 working days (Stoke)**.

Once the assessment is completed it will be sent to the team/ practice manager for quality assurance and approval. The team/ practice manager will approve the assessment within **4 working days** and within **5 working days** the assessment will be distributed to the family and involved professionals. This should not exceed a total of **25 working days (Staffs)** and **15 working days (Stoke)**.

Considerations when completing a social work/child and family assessment

The social work/child and family assessment record contains sections which are relevant to most children and young people. The individual sections will help social workers to:

- Gather and record basic information about the child and their family / significant others
- Plan the assessment
- Structure and record the information gathered during an assessment
- Identify gaps in knowledge about a child or young person
- Consider background information
- Identify the child's development needs, including whether they are suffering or likely to suffer significant harm
- Consider the child views and understand their experience of living within their family environment
- Consider parents or carers capacity to respond to these needs
- Consider the impact and influence of wider family, community and environmental circumstances
- Consider any relevant information held by other agencies
- Identify areas of strengths and difficulties
- Identify risk and protective factors

- Undertake analysis and planning
- Identify outcomes for the child; and
- Collate and analyse a full chronological history for the child, including any previous agency involvement or significant events for the child / family.

The level of detail that is included in each domain of the assessment will be appropriate for (and proportionate to) the reasons for assessment and the extent of the child's needs. It is important that the individual needs of each child in the family are considered and a full understanding gained of the impact of the child's situation upon each child to determine whether they may be a child in need. To enable a judgement to be made about the level and nature of need and or risks to the child it is important that:

- Information is gathered and recorded systematically
- Information is checked and discussed with the child and their parents and carers where appropriate (this includes seeing and speaking to non-resident parents/ carers)
- Information provided by parents is verified as far as possible by the child and other professionals
- Any disputes and differences in views about information are recorded
- The impact of what is happening to the child is clearly defined.

Specific child and parental risk factors must be given specific attention within the assessment, for example children with disabilities and their families, young carers, missing children, drug and alcohol misuse, sexual exploitation or children involved in youth justice system. Assessments should also support professionals to understand whether a child has needs relating to their care or disability; the specific needs of disabled children and young carers should be given specific attention and priority during the assessment process.

Any other statutory assessments that have been undertaken in respect of the individual child must be considered by the social work child's assessment; these may include assessments for children with special educational needs who have individualised education, health and care plans. Where a child has been subject to other assessments by another agency it is important that these are coordinated so that the child does not become lost between the different agencies involved and a holistic view of the child's welfare needs is taken.

While the social work child assessment is led by a social worker, it is multi-agency and should be completed with other agencies involved with the child and family; this includes any adult service providers working with the parents or carers. Inter-agency meetings should take place in accordance with timescales to plan, coordinate and agree partner agency contributions to the assessment. The child or young person and their family should be involved in these meetings where this is safe and appropriate for them to do so.

As a minimum relevant agencies should be informed when an assessment is being undertaken, informed what information they should provide and informed of the outcome of an assessment. There is also an expectation that the child if appropriate, parents / carers and all professionals working with the child and their family, receive a copy of the assessment once it has been completed.

At the inter-agency planning meetings social workers must agree with other professionals the timescales for review to ensure that progress is being made and improved outcomes for the child achieved. This will help ensure that partner agencies are actively engaged with the assessment process and that any parallel assessments being undertaken are appropriately coordinated to reduce the risk of duplication and unnecessary agency involvement for the child and their family.

Parenting assessments

The assessment of parenting *capacity* should form part of any social work/child and family assessment of a child. It is different from the basic assessment of parenting *ability*, which may be apparent in specific circumstances for given periods of time.

Parenting capacity is the ability to parent in a good enough manner in the long term. That is, to be adaptable to (and to meet) a child's changing needs over time.

A comprehensive assessment of parenting capacity requires considerable amounts of time to be spent with a family and will not be fully achieved in the social work/child and family assessment within the usual 40 day timescale for the completion of assessments. A full parenting assessment is an addition to the single assessment and should build upon the information contained in that assessment. Where there are questions whether a parent's cognitive functioning has affected their ability to parent a Parenting Assessment Modul (PAMs) must be considered.

The six basic dimensions of parenting capacity are the provision of:

- Basic care
- Safety and the protection from harm and danger
- Emotional warmth
- Stimulation
- Guidance and boundaries
- Stability.

Overall parenting capacity reflects a parent's ability to empathically understand and give priority to their children's needs. There are certain points during our work with families however where assessing parenting capacity requires a more in depth approach, such as:

- When evaluating the safety of a child who is in their parent's care and the subject of a child protection plan. A parenting assessment if not recently completed must be considered between the second and third review child protection conference.
- When considering removing a child (including unborn children) from their parents' care. (None acute scenarios, in which case the assessment should still be completed retrospectively).
- Where children who are the subject of a section 20 and are returning home a parenting assessment should be considered as part of completing the child and family assessment, but will always be required where the child has initially become looked after at the request of the Local Authority because of concerns relating to care given or their safety.
- If a looked after child is not going home and it is necessary to assess the suitability of a parent to have ongoing contact with the child. This relates to *any* level of direct or indirect contact.

The final stage of the assessment process is integrating the findings and writing the parenting assessment report. Timescales for completing a full parenting assessment will depend upon the circumstances of the case and should be agreed by the social workers line manager. In most circumstances these should not exceed a period of **three months**.

Completing the parenting assessment

The genogram provides information about the family structure and will form the basis of the assessment process. The genogram should be completed at the beginning of the assessment and will be reproduced in any report. It should be drawn up with the family and should include at least three generations in order to be meaningful. It is also helpful to put a 'balloon' around those individuals who live in the same household. If the genogram is included on a separate page it can easily be reproduced.

Parenting capacity is critically important to the child or young person's health and development and should be given due weight within the assessment process. It should focus on the parent or carer's ability to make sure that the child or young person's developmental needs are being adequately responded to, and to adapt to their changing needs over time.

Parenting capacity may also link to the child or young person's developmental needs, therefore the following should be considered:

- **Basic care**

Are the child's basic physical needs and appropriate medical and dental care being met? For example, food, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

- **Ensuring safety**
Recognition of danger and hazards in and out of the home and ability to protect from harm and danger; (including from unsafe adults and other children and from self-harm).
- **Emotional warmth**
Making sure the child's emotional needs are met and that each child or young person is given a sense of being valued. Are relationships with significant adults secure and stable? Do adults respond to the child's needs? Do they provide adequate contact and comfort, praise and encouragement?
- **Stimulation**
Is the child's learning and intellectual development promoted? Are social opportunities promoted? Are children enabled to experience success and are they supported in their school attendance and work?
- **Guidance and boundaries**
Is the child or young person able to regulate their emotions and behaviour? Are appropriate boundaries and behaviour demonstrated?
- **Stability**
Is a stable family environment provided? Are there any changes in the membership of the household/changes of address/contact patterns?

The dimensions in the family assessment also focus on the family and environmental factors which may impact on the child and parenting capacity. Working Together (2015) places a greater emphasis on the impact and influence of wider family communities and environmental circumstances and the following should be considered:

- **Family history and functioning**
- **Wider family**
- **Housing**
- **Employment**
- **Income**
- **Family's social integration**
- **Community resources**

Each family assessment focuses on the child's developmental needs domain, with particular reference to the impact that the parental capacity dimensions have on the child or young person.

This section should also consider the findings of a medical examination arranged as part of the s47 child protection process, or from the findings of an initial health assessment (if the child or young person has been accommodated in an emergency).

Analysis and outcomes within a child social work assessment/ child and family assessment

Analysis is the process of considering objectively and making a professional judgement about the information gathered from the enquiry stage of the assessment about the levels of risk to the child or young person; the child or young person's needs; and the capacity of the family to meet those needs. It is the basis for making recommendations about how these needs should be met. **This is the key section of the assessment and should be completed in all cases.**

The process of analysis helps to balance the assessment of need with the assessment of risk and to consider the impact on the child or young person of their situation. The analysis should be underpinned by evidence, professional judgement, knowledge and skills; and research and theory (including child development). Family strengths and protective factors must always be considered along with family difficulties and any potential risk factors or indicators.

The social worker responsible for the assessment should carefully analyse all of the information gathered from the enquiry stage of the assessment to decide the nature and level of risk that an individual child may, or may not be facing.

Historical information known about the child and their family must always be understood and given due consideration to help inform the professional judgement and assessment analysis of the presenting level of need and risk. The child's and parent(s) or carers wishes and feelings about the provision of services should also be given due consideration before determining what, if any, services are required.

The social work manager has a key role in challenging the social worker's assumptions and analysis to help ensure that the appropriate action is undertaken and the right services are provided to promote improved outcomes for the child. This can be supported through critical reflection approaches including pod discussions and supervision.

All professionals working with vulnerable children should have access to a manager in order to seek advice, clarify judgements and to share concerns if needed.

The assessment should clearly set out what actions are required to help promote improved welfare and safety outcomes for the child and these outcomes must be measurable and clearly understood by the child (if age appropriate) and their parents or carers.

Where the outcome of the assessment results in continued support from CSC services, a plan of action must be drawn together by the social worker with the child, family and other professionals involved. It should clearly set out the outcomes for the child, what actions need to be undertaken to help achieve these improved outcomes, what services are to be delivered, who is responsible and by what timescale.

It is always the responsibility of the social worker to help the child and their parents / carers to understand why, how and when the assessment will be carried out, as well as when decisions about next steps will be made.

Decision and review points that actively involve the child, their family and the other professionals involved, will help to ensure that the assessment is undertaken and acted upon in a timely way. It will also help all parties to retain a clear focus on achieving the agreed outcomes for the child; and to evaluate the impact of any change on the welfare and safety of the child.

Understanding and assessing risk

The Children Act (1989) frames risk in terms of *significant harm*. Assessing risk of harm is a critical aspect of assessment when working with vulnerable children and their families, however whilst risk assessment may be central to the social worker role, the most effective form of risk assessment relies upon contributions from a range of both child welfare and adult services.

Risk and risk assessments are dynamic processes that are affected by both positive as well as negative influences. These are inevitably associated with change such as in the family's composition; changes in attitude or behaviours; or by other environmental or community factors. For this reason risk needs to be continually evaluated and reassessed within a strategy for risk management.

When undertaking an assessment you must identify whether the child or young person is suffering or likely to suffer significant harm. Significant harm should be interpreted in its broad sense to include the risks resulting from the child or young person's own behaviour; from neglect or abuse, or from the family's inability to meet the child's needs over a period of time, including family breakdown.

When completing an assessment as part of child protection enquiries (s47) it is essential to include an evaluation of risk along with an assessment of need. This should be done even though at this stage there may not be a great deal of

information available. Any gaps in knowledge at this stage may form recommendations for ongoing an assessment of risk and need over a longer period of time.

Assessments of risk must include previous concerns, presenting concerns, behaviours to be predicted, areas of potential risk, risk heightening factors, risk reducing factors and protective factors, seriousness of consequences, prospect/capacity of families to change and sustain that change.

The attitudes of the parents/carers and the child or young person to the assessment process is important as part of evaluating the potential for change within the family. Attention should be paid to self-awareness, insight and commitment to meet the child or young person's needs. Practitioners should be particularly mindful of any indicators of disguised compliance⁵ and non-cooperation.

Assessments need to actively consider both parental *capacity* to make and maintain changes and parental *willingness* to make and maintain changes.

In addition the views of parents and children and young people will have been included in the assessment; it is important to weight these views and wishes alongside other evidence of strengths and indicators of risk and needs within the analysis.

When analysing information the following areas must be covered:

- The main positive and negative features which have emerged. Highlight **strengths**, as well as **difficulties** within the family. It should be clearly stated whether statements are fact or opinion. Any balancing and weighing up between strengths, need and risk factors should be clearly indicated.
- The nature of actual or suspected significant harm or impairment of health and development. The evidence of any harm and the source of information should be noted.
- The consideration of how harm has occurred and a judgement about how serious the harm is and what will happen in both the short and long term if

⁵ <https://www.nspcc.org.uk/globalassets/documents/information-service/case-reviews-disguised-compliance.pdf> <https://www.nspcc.org.uk/globalassets/documents/information-service/case-reviews-disguised-compliance.pdf>

it continues. Links should also be made between meaningful past events and the current family interactions.

- Where there are other children and young people either in the household or connected to the family, **an assessment of their protection needs must also be undertaken**. Consideration must also be given to significant others linked to the child or adults e.g. other males/ mothers partner(s)
- The priority needs of the child and significant family members should be indicated.
- A summary of the views and feelings of the child or young person. (Their own views must be attached to the assessment when they have read it).
- The changes required to meet the child's needs and the estimated potential for change, as well as the child's capacity for change
- How the meaning attached to particular events and people affect parenting capacity.
- Parents' acceptance of responsibility for their children and their potential for personal change.
- The degree of motivation by family members and the translation of intention in to behaviour.
- The feasibility of external changes to a situation and to the environment needed to promote change.
- The likely timescale for change to occur and the resources needed to sustain change over a period of time.
- Any disputes or areas of disagreement should be recorded.
- Any areas of unmet need and/or service gaps should be recorded.

An assessment is not an end in itself but a process which should lead to an improvement in the wellbeing or outcome for a child or young person. Children's needs are varied; therefore the inter-relationship between the child or young person, their family and their environment must be well understood. Some factors will work positively to support children or young people growing up while others will undermine their healthy physical and emotional development.

In weighing up the impact that various factors have on a child or young person, not all of them will have equal significance and the growing effect of some minor factors may be considerable.

The analysis of a child or young person's needs is a complex activity and practitioners must draw on knowledge from research and practice, combined with an understanding of the child or young person's needs within the family to form a robust analysis.

It is important to remember that the basic requirement for promoting the welfare and safety of children cuts across all class and cultural boundaries. Every child has a right to be protected from harm and exploitation regardless of their background and whilst cultural heritage is important, it should not take precedence over protecting a child from harm.

A number of specific models exist within child protection research for assessing risk and each has its place within the scope of professional practice.

Some models are known as actuarial (they apply 'scores' to help measure risky behaviour); other approaches are based on clinical or professional judgement used to balance risks against positive influences. Some models are designed for particular contexts whilst others have the capacity for wider application.

Care needs to be taken in distinguishing **risk factors** (e.g. a child exposed to a violent relationship between their parents); from **risk indicators** (e.g. an infant sustaining a pattern of unexplained minor injuries). Whilst scoring methods can have their benefits, practitioners should be mindful of using these tools to predict significant harm as they can often lead to 'false positives'. It is usually the inter-relationship between risk factors and risk indicators that leads to more reliable professional judgement about risk within assessments.

Three of the most common pre-disposing risk factors to child maltreatment are parental issues relating to domestic abuse, substance misuse (alcohol and / or drugs) and mental ill-health. Where these risk factors coexist the potential for significant harm increases and the need to consider steps to safeguard a child's welfare becomes increasingly important.

In applying the Assessment Framework it is important to recognise this inter-play and over-lap between risk factors and risk indicators and how this may impact on the child within the context of their family and environment.

Any of the three framework domains may have relevance in identifying the likelihood of significant harm. The following offers examples of potential risks and vulnerabilities that should be considered within the Assessment Framework domains; where deficits can be demonstrated in any one or more of these aspects the potential risk increases – these risks should always be off-set and weighed up against any positive variables within the scope of the assessment:

Child development

- Age –infants are statistically more vulnerable in their first year
- Delayed age-appropriate development, including the use of language
- Negative or fractious behaviour can be indicative of a young child's poor attachments and vulnerability
- Episodes of self-harming behaviour in older children or adolescents
- The nature of the parent-child relationship; including attachments and the meaning placed on the child
- Disability – particularly where a child requires personal care from a range of formal and informal carers

Parenting capacity

- Parent / carers own childhood experiences (such as being looked after)
- Parent / carers own emotional maturity and wellbeing
- Realistic age appropriate expectations of a child
- Any relevant offending history
- The stability of parental / carer relationships
- General availability and responsiveness to a child's needs (and the impact of for e.g. substance misuse)
- Engaging with professionals appropriately to help meet the child's holistic needs
- Taking responsibility for safeguarding a child's welfare
- Taking responsibility for their own parent / carer actions
- Verbalising and demonstrating a commitment to affect positive change
- Engaging in strategies to help minimise identified risk
- Access to appropriate support

Environmental factors

- Individual family composition
- Whether a child is living away from home
- Family isolation and social exclusion
- Stability and permanence of accommodation
- Standards of the living accommodation
- Exposure to identifiable risks of harm – including risks posed by other adults
- The experience of significant harm by way of:
 - The nature and degree of harm
 - Unexplained minor injuries with discrepant explanations
 - Reoccurring or isolated episodes
 - Deliberate and / or premeditated behaviour by adults / parents / carers
 - Intimidation, violence, coercion or threats
 - Evidence of neglect, including the absence of basic safety.

Decision-making and professional judgement

Professionals will be drawing on their respective knowledge bases to inform their judgements about a child or young person's circumstances and what, if any, services are required to meet the welfare and safety needs of the child. Social workers/ pods (in Stoke-on-Trent) and team/ practice managers will need to draw upon the information gathered and the views of partner agencies in order to come to judgements about the following key issues:

- Determining what has been happening and whether this is a child in need, a child who is suffering, or is likely to suffer significant harm.
- Understanding the child and family context sufficiently to be able to secure the child's well-being or safety; and
- Assessing the likelihood of change; and later reviewing whether such a change is being achieved

At the conclusion of the assessment the social worker, in conjunction with their team / practice manager and other professionals and in discussion with the child and their family, should devise a plan (if the case is remaining open), which should set out what services are to be delivered and what actions are to be undertaken, by whom and for what purpose. Where services are being provided for the parents or carers the plan should reflect this and set clear measurable outcomes for the child and clear measurable actions for the parents and carers with clear timescales. All plans should also include a contingency plan about what actions will be taken if the parents and carers fail to undertake the agreed actions.

In complex situations, the social worker may be required to arrange multi-agency meetings including involved professionals and the parents, carers and child as appropriate. These meetings provide a good forum for the construction of plans for children in need.

Team/ practice managers are required to draw careful distinction between judgements about the child or young person's developmental needs and parenting capacity and decisions about how best to address these at different points in time.

Whilst making decisions, the child or young person should remain at the centre of the planning process and these key aspects of a child or young person's health and development **must** inform the content and timing of the plan:

- Ensuring the child or young person's safety.
- Remembering that a child or young person cannot wait indefinitely.
- Maintaining a child or young person's learning.

When sharing the assessment and devising the plan with children and their families the social worker must ensure that the child and family clearly understand the types of help available, the identified services to meet their needs and their responsibilities within the plan.

It is recognised that specialist assessments will not necessarily be completed within a **40 working day** period. The assessment should draw together the information available within the **40 working day** timescale and record that which is outstanding. The outcome of the social work child assessment should then be reviewed in the light of the specialist assessment when it becomes available. Appropriate services should be provided whilst awaiting the completion of the specialist assessment.

Specialist assessments may include, parenting assessments, PAMS⁶ assessments, cognitive functioning assessments, drug or alcohol testing, adult services assessments, and psychological or psychiatric assessments.

UNDERTAKING SECTION 47 (s47) ENQUIRIES

Legal responsibilities for section 47 enquiries

Where it is suspected that a child is suffering or is likely to suffer significant harm, the LA is required by section 47 of the Children Act 1989 to make enquiries to enable it to decide whether it should take any action to safeguard and promote the welfare of the child. 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 is likely to be, suffering significant harm.⁷

Children's Social Care (CSC) services are the lead agency for undertaking s47 enquiries in accordance with the threshold criteria set out in the Children Act 1989. The police also have a parallel duty to investigate alleged offences and to secure evidence for the possible prosecution of alleged offenders.

The police should be informed at the earliest opportunity whenever a criminal offence may have been committed. Concerns about a child being at risk of

⁶ PAM's is a Parent Assessment Manual used to assess parenting where a parent has a learning difficulty.

⁷ Working Together to Safeguard Children, 2015 p.39

significant harm may be clear at the point of referral to CSC, during the assessment or at any point on an open case.

A section 47 enquiry is initiated when the threshold for significant harm is met. This is where:

- There is reasonable cause to suspect that a child who lives in or is found in, a Local Authority area is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect;
- Following an Emergency Protection Order or use of Police Powers of Protection (PPP); and
- If a child breaches curfew criteria in which case the response must be initiated within 48 hours of receipt of the information in accordance with section 47 (1,a,iii) of the Children Act 1989 (as inserted by section 15 of the Crime and Disorder Act 1998).

Pre Birth Issues

It is important to note that where a sibling group is already the subject of a child protection plan and it is established that the mother is pregnant a strategy discussion and s47 enquiry must be completed in respect of the unborn baby prior to an Initial Child Protection Conference (ICPC) on this unborn child. The unborn baby cannot be made the subject of a Child Protection Plan at the Review Child Protection Case Conference held in respect of their siblings.

Further guidance on responding to concerns in relation to unborn children can be found here:

Staffordshire: [Section-4C-Responding-to-Concerns-about-Unborn-Children.pdf](#)

Stoke-on-Trent: [D10 Responding To Concerns About Unborn Children.pdf](#)

The responsibility for undertaking s47 enquiries on a child rests with the LA in which the child lives or is found. Where suspicion of likely or actual significant harm occurs in a LA which is not the child's home authority, the 'host' authority is responsible for conducting the enquiries but should liaise with the home authority as soon as possible to agree roles and responsibilities – these should be clearly recorded on the child's records.

The only agencies with statutory child protection powers are the Local Authority, the police and the NSPCC; all other agencies have a duty to assist the progress of s47 enquiries and this includes providing any information required.

The roles and responsibilities of key agency practitioners and managers in s47 enquiries

The role of Children's Social Care social workers and their managers:

As part of section 47 enquiries CSC social workers and managers should:

- Lead the assessment in accordance with Working Together to Safeguard Children, 2015 statutory 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; and 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 in order to determine the child's needs and the level of risk of harm faced by the child. This assessment will inform what help should be provided and what action is required to provide that help; and
- Follow the guidance set out in [CPS.gov.uk-Achieving Best Evidence in Criminal Proceedings](https://www.cps.gov.uk/achieving-best-evidence-in-criminal-proceedings) where a decision has been made to undertake a joint interview of the child as part of any criminal investigation.

The role of the police:

As part of section 47 enquiries the police should take action by:

- Helping other agencies understand the reasons for the concerns about the child's safety and welfare;
- Decide whether or not police investigations reveal grounds for instigating criminal proceedings;
- Making available to other professionals any evidence gathered to inform discussions about the child's welfare; and
- Following the guidance set out in *Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures* (see link above) where a decision has been made to undertake a joint interview of the child as part of the criminal investigation.

The role of health professionals:

As part of section 47 enquiries 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 physiotherapist, occupational therapist, speech and language therapist 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 GP, may need to request and coordinate these assessments); and
- Ensure appropriate treatment and follow up health concerns.

The role of all key agencies

All key agencies as part of s47 enquiries should:

- Contribute to the assessment as required, providing all relevant information to CSC or the police about the child and family (in a timely manner); and
- Consider whether a joint enquiry/investigation is required to speak with a child victim without the knowledge of the parent or caregiver.

Immediate protection

Where there is risk to the life of a child or a likelihood of serious immediate harm, the police and / or CSC should act quickly to secure the safety of the child. This may happen at any point of intervention (e.g. from the point of referral, during assessments, a visit to the home or as a result of an incident).

Consideration of all children in the household including those living elsewhere should be given in cases where immediate protection is required. In cases where children are living in the house of an alleged perpetrator consideration of their safety needs will also need taken into account including any other significant adults linked to the family e.g. other males/ mothers partner(s)

There will be occasions when a single agency has to act immediately and without consultation in order to protect a child from harm. In these circumstances information gathering and a strategy discussion should take place as soon as possible after such action to plan next steps and **always within one working day**. Legal advice will be sought before initiating legal action- e.g. where an Emergency Protection Order (EPO) is to be sought.

A child's immediate safety may be secured by:

- A parent / carer taking action to remove an alleged perpetrator
- An alleged perpetrator agreeing to leave the home
- The child remaining in a safe place via voluntary agreement
- The child being moved to a safe place via voluntary agreement
- An Emergency Protection Order (EPO)
- The use of police protection powers to remove a child to suitable accommodation
- Section 20 Accommodation agreed.

Police Protection Powers (PPP)

In exceptional circumstances where it is necessary to secure the child's immediate safety and / or there is insufficient time for the Local Authority to seek a legal order from a court, the police have powers under section 46 of the Children Act 1989. Police Protection Powers (PPP) enables a police officer to remove a child to suitable accommodation and to keep the child there for 72 hours where there is reasonable cause to believe the child is at risk of significant harm. It extends to preventing a child's removal from hospital or another safe place, to help ensure immediate protection. Where possible prior to this decision being reached, liaison should be undertaken with children's social care services.

After taking the child into police protection, if liaison has not been achievable as part of the decision making, the police officer concerned should inform the Local Authority in whose area the child was found and also give details to the Local Authority in which the child is usually resident, as soon as it reasonably practical.

While the child is in police protection the appropriate Local Authority may apply for a court order under section 44 of the Children Act 1989 (EPO); or otherwise make arrangements for the child to be released safely from police protection.

Child assessment and section 47 – process and timescales

In circumstances where the Staffordshire First Response (FR) Service or the Stoke-on-Trent Safeguarding Referral Team (SRT) (or Emergency Duty team (EDT) receive a referral where there is reasonable cause to suspect that the child is suffering, or likely to suffer significant harm and there are grounds to initiate s47 enquiries, they will immediately share this information with the police so the information gathering process can commence without delay.

Within operating hours (8am – 6pm Monday to Friday and 8am – 4pm weekends) this will be through the Multi-Agency Safeguarding Hub (known as the MASH). Outside these hours it will be through the police control room.

For Staffordshire

For new cases the initial 'part one' of the strategy discussion will take place between the First Response Senior Practitioner and the designated police sergeant, under the guidance of the First Response Team Manager.

Part One of the strategy discussion will share information between the two agencies including an early grading decision based on partial lateral checks and will include;

- Children's social care historical and referral information
- Police information
- Whether enquiries under s47 are required
- Determine whether a single or joint s47 investigation is required
- Agree what other enquiries will be made, and potentially whether a CP medical is indicated.

This initial strategy discussion will be recorded by the First Response Senior Practitioner on part one of the Record of Strategy Discussion/Meeting document.

The referral and record of strategy discussion/meeting will then be passed to the relevant SSU to continue with the strategy discussion under 'part 2' of the strategy discussion. The part 2 strategy discussion will share information with agencies involved with the child and the identified police officer where joint enquires are to be undertaken and will agree the conduct and timing of any investigation and whether s47 enquires are still required based upon the further information gathered.

In relation to single agency enquiries, contact must be made with the MASH police sergeant at the conclusion of these by the SSU Social Worker to update them on collated information, to review type of enquiries to be undertaken (single/joint) and to agree next steps.

For new cases (following the sharing of information) the strategy discussions are undertaken with a police sergeant and practice manager from SRT (or EDT), to determine whether a single or joint investigation is required. (The SRT or EDT manager will complete the strategy discussion document for both single and joint investigations)

Strategy Discussions

The relevant Local Authority children's social care will convene a **strategy discussion**⁸ on open cases in order to clarify the information or circumstances of the referral and to:

- Share available information
- Agree the nature, scope and timing of any criminal investigation; and
- Decide whether enquiries under s47 of the Children Act 1989 should be undertaken / continued

As a minimum, the social worker and their manager, a health professional e.g. paediatrician on duty (acute services), named nurse (hospital and community services), midwife, health visitor and/or school nurse) and a police representative **should** be involved in the strategy discussion where they are available.

In all cases where a child protection medical examination may be required, the paediatrician on the child protection rota should be included in the strategy discussion.

There may well be a need for a wider strategy discussion or subsequent strategy discussion to incorporate other partner agencies including education and voluntary/ commissioned services such as domestic abuse services.

The purpose of the strategy discussion will be to reach decisions in respect of subsequent activity:

- What further information is needed from which other professional agencies or carers, 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
- What action may be required to protect or support any other children
- Whether legal action is required; in which case legal advice should be sought; and
- Whether a medical examination is needed and the arrangements for this (this will require discussion with the paediatrician and is equally pertinent for cases of child neglect as it is for cases of physical or sexual abuse).
- Determine what information about the strategy discussion will be shared with the family.

⁸ Working Together 2015 p.36

In undertaking the necessary assessment of risk and need the agencies involved in the strategy discussion will also need to consider the following variables to help with their decision making:

- The information received at the point of referral
- The seriousness of the concern(s)
- The combinations of concerns
- The repetition or duration of concern(s)
- The vulnerability of the child as a result of their age (this includes any bruising or injury on non-mobile children or babies under the age of 6 months old (please refer to the following Joint LSCB policy and procedure when dealing with non-mobile babies: [Staffordshire Section 3 D and 3Di Bruising in non-mobile babies/ Stoke C10 Bruising in non-mobile babies and flow chart](#))
- Their developmental stage, disability or other pre-disposing factor e.g. whether they are or have previously been a child in need / subject of a child protection plan /looked after by a Local Authority)
- The source of the concern(s)
- The accumulation of sufficient information (including historical)
- Whether another child in the parent / carer's current or previous household (including the parent themselves) is /or has been known to CSC services; has been the subject of a child protection plan / looked after/ or the subject of care proceedings
- Other children linked to the family but who reside elsewhere
- Check CSC records in relation to all linked adults/ children e.g. there may be more than one father/ mother linked to a sibling group
- The emotional environment of the child (especially in respect of high criticism / low warmth)
- Any predisposing risk indicators or risk factors in the family that may suggest an increased level of risk to the child e.g. domestic violence, substance misuse (alcohol and drugs); and/or mental health issues
- The impact on risk and need on the child's health and development
- Whether the child is estranged from, or cared away from their primary care givers;
- Consideration to the home, community and work circumstances of those suspected of having abused or neglected a child.

- Consideration as to whether any other agency or specialists need to be included within the strategy discussion (for example Ofsted regional inspectors should be included in the event of an alleged incident arising in an early years setting, or the hospital consultant if the child is or has recently been an in-patient or been assessed by them)
- There has been a previous unexpected death of a child whilst in the care of either parent where abuse /neglect is or was suspected; and
- Whether any further strategy discussions / meetings are required and the timescales for this.

All decisions reached and the rationale for those decisions, agreed actions with clear thresholds and updated outcomes will be clearly recorded and confidentially circulated by CSC within one working day to all parties involved in the discussion.

Strategy discussion / meeting principles

In all cases where there is reasonable cause to suspect that the child is suffering, or likely to suffer significant harm and there are grounds to initiate a s47 enquiry the following principles will apply:

- The child's case should be allocated on the same day as the referral.
- The assessment commences at the point that s47 enquiries are initiated. If the s47 decision follows a new referral, the assessment begins at the date the referral was received.
- Whilst this assessment is on-going there may be a requirement for protective action to be taken. This may include interventions such as a written agreement, child protection medical, an achieving best evidence interview, or the child being moved to a place of safety.
- If a strategy meeting is required it should be convened where possible the same day and within a maximum **72 working hours** at a convenient location. In many situations an immediate strategy meeting will be required to consider available information and the severity of risk and harm.

As a minimum all strategy discussions/meetings should include the social worker, team / practice manager, health and the police.

- The strategy discussion will decide how soon the child will be seen. However in respect of child protection referrals the child should be seen within **24 hours** of the referral being received. Exceptions to this may be agreed via a strategy discussion where more planning may be needed, e.g. in cases of suspected fabricated illness, forced marriage, sexual

exploitation, complex investigations, children living away from home; and young people in custody. Allegations of abuse made against a person who works with children, children with complex needs arising from a disability, children who display harmful sexual behaviour towards other children and any sudden or unexplained child deaths may also require more considered planning. Planning time should also be given for the consideration of particular cultural issues, including the use of interpreters and other advocates.

- Information gathering should be completed in all cases. This includes open cases and cases where recent assessments have been completed. It should not be assumed that relevant information is already known. All agencies contacted should be clearly informed that their views are being sought as part of s47 enquiries.
- The social worker will commence the process of information gathering (previously known as lateral checks) immediately following the referral. All information gathered will be recorded on the information gathering form. Checks should include the following agencies:
 - LA CSC computer information systems (and any historical paper records)
 - Police computer database information
 - Primary healthcare staff including GPs, health visitors and school nurses as appropriate
 - Other health care providers who may be involved as identified by primary healthcare staff.
 - School, LA education services and early years providers as appropriate
 - Probation service, including the Public Protection Unit where necessary
 - CAFCASS (Child and Family Court Advisory and Support Service)
 - Youth Offending Service
 - Other service providers that are immediately apparent (such as housing providers and voluntary groups)
 - LA adult services if appropriate
 - Other LAs where appropriate e.g. parents who have previously lived in another LA, and/or who have been the subject of a CP plan in another authority
 - Ministry of Defence (MOD) contacts if appropriate.

- Once completed a record of the strategy discussion should then be shared by the social worker with all those involved (except parents/ carers)
- An initial visit will be undertaken to see the child following the strategy discussion/meeting within the 24 hours at the strategy discussion/meeting.
- The team/ practice manager will, in consultation with the social worker, set a target date for the completion of the assessment which will be determined by the strategy discussion/meeting, initial contact visit, severity of risk, the child's needs, child's views, presenting situation, background history and information provided by partner agencies. This target date for completion must clearly be recorded on an assessment key decision record.

Principles of Single/Joint Investigations

When considering a single or joint investigation the following factors should be considered:

- The child's views and wishes (if age appropriate) in respect of police involvement and issues of consent
- The age, needs and vulnerability of the child
- Is the child subject of, or previously been subject of, a child protection plan (this check to the database should be formally recorded)
- Whether the child is, or has been, looked after by the Local Authority
- Any previous history of injuries to the child or others in the household
- Any aggravating factors that demonstrate intent (e.g. strangulation)
- Whether a weapon was used
- Raised concerns from any agency
- Any predisposing factors about the alleged perpetrator, e.g. conviction history, alcohol/substance misuse and/or mental health issues
- Any history of domestic abuse and/or conflict around child contact arrangements
- The presence of any unusual circumstance, e.g. suspected complex abuse
- Information to indicate that any person in a household is a risk to children

There will be times after information sharing and discussion of the level of risk and need that the best interests of the child are served by a CSC led intervention rather than a joint investigation. This decision must always be clearly recorded.

Practitioners from all agencies should remember that in all cases the welfare of any child is paramount and should take precedence over the need to commence or conclude any criminal investigation.

The criteria for a joint agency investigation

A joint s47 investigation combines the parallel processes of a s47 enquiry and a criminal investigation. This process must always be based on the information available at the time and considered alongside the factors outlined above. When there is an allegation or reasonable suspicion that a crime has been committed, the likelihood of criminal proceedings arising out of the referral must be considered:

- **Sexual offence** against a child of either gender under eighteen years of age, including sexual offences committed by children
- **Female Genital Mutilation (FGM), Forced Marriage, Honour Based Abuse (HBA), Modern Slavery**
- **Physical injury** which could be considered serious by the extent of the injury, age of child or by repeated assaults of a minor injury.
- **Serious neglect or ill-treatment** constituting an offence under s.1 Children and Young Persons Act 1933;

Please see Appendix A on page 58 of this document for definitions of abuse and neglect definitions, as set out in Working Together 2015 (p.92)

- **All non-accidental injuries to babies-** Joint LSCB [Section 3D Bruising in non-mobile babies](#)
- **Complex investigations-** Joint LSCB [Complex Child Abuse Investigations](#)
- **Issues raised in relation to surviving associated children following the unexpected death of a child-** [Section 10: When a child dies](#);
- **Fabricated or Induced Illness-**[Section 4R: Safeguarding children in whom illness is fabricated or induced](#) ;
- **Allegations Against Adults who Work with Children and Young People Procedure** (e.g. staff of a professional agency represented on the LSCB, private, independent and voluntary day care providers including childminders registered with Ofsted, voluntary group leader / helper must also be reported to senior managers in CSC and Police services). **Please refer to, for Staffordshire:** Section 4A [Managing Allegations of Abuse against a Person who Works with Children](#); for **Stoke-on-Trent:** D01 [LADO Procedure](#).

The criteria for CSC services single agency s47 enquiries

If after undertaking relevant information sharing processes, the CSC Senior Practitioner (Staffordshire)/ the Practice Manager (Stoke) and the Police Sergeant assess that, based on the information available at that time and consideration of the factors outlined above, there is little or no likelihood of criminal proceedings arising out of the referral, CSC may progress single agency enquiries. **The absence of a criminal prosecution does not however mean the absence of abuse. Where the case is subsequently discovered to be more serious than the initial information indicated it must always be referred back to the police for further consideration.**

Examples of circumstances that may be appropriate for CSC services single agency enquiry are:

- **Emotional abuse** with no apparent physical symptoms, unless extreme circumstances constitute an offence of cruelty;
- **Physical abuse:** where there is no visible injury or minor injury; the child provides a coherent account of how the non-accidental injury occurred and there was no intent to injure her/him; where there has been no previous allegations regarding that child or the alleged perpetrator;
- **Allegations of physical abuse against professionals responsible for the care of a child** e.g. teacher, where an allegation may represent inappropriate behaviour as opposed to criminal;
- **Neglect** through inappropriate supervision or poor parenting skills. Neglect is established following an assessment;
- Indirect suspicion or concerns about over sexualised behaviour.

Please note that learning from a local serious case review process has led to the following change in procedure:

The option of stranger abuse being managed by the police as a single agency enquiry without a strategy discussion first being held with CSC services **has been removed.**

The decision for a single agency investigation by the police in respect of stranger abuse should now only be made as part of a joint CSC and police strategy discussion, to enable appropriate consideration of whether or not child sexual exploitation is known or suspected.

The criteria for Police single agency investigation

The criteria for Police single agency investigations are those where:

- An allegation of childhood abuse is made by adults (the possibility of current risks to children should be determined and referred to CSC services. It may also be appropriate to refer this to the Local Authority Designated Officer (LADO) in relation to any historical issues caused by a person in a position of trust);
- As stated above, the option of stranger abuse being managed by the police as a single agency enquiry without a strategy discussion first being held with CSC services has been removed. **The decision for a single agency investigation by the police in respect of stranger abuse should now only be made as part of a joint CSC and police strategy discussion, to enable appropriate consideration of whether or not child sexual exploitation is known or suspected.**

Where police are investigating a crime that may cause concern for non-specific children e.g. a person in possession of child abuse images, the police must undertake enquiries as to any contact that person may have with children: this includes personal, social, volunteer and work related contact. In all such cases the Local Authority Designated Officer (LADO) should be included within information sharing processes and any subsequent discussions and meetings. In accordance with the LSCB procedure for the Management of Allegations against People who work with Children / LADO Procedure. **Please refer to, for Staffordshire:** Section 4A [Managing Allegations of Abuse against a Person who Works with Children](#); for **Stoke-on-Trent:** D01 [LADO Procedure](#).

In all cases where the police undertake a single agency child protection investigation, consideration of referring any victim under the age of 18 must be given if there are concerns that the child is a child in need. If so, this must be referred to CSC as they are responsible for assessing if the investigation raises any child protection issues; and /or if supportive or therapeutic services are appropriate.

Where the police conduct an out of hours single agency investigation, (in response to a duty to respond and take action to protect the child or obtain evidence), CSC Emergency Duty Services (Staffordshire EDS 0845 6042886 Stoke EDT 01782 234234) must be informed immediately, and if appropriate a joint investigation commenced.

Next steps in the child social work assessment/ child and family assessment and section 47 enquiry

As previously stated, once the threshold for the section 47 enquiry has been agreed the CSC social worker will be advised of the local area police team that will be undertaking the investigation along with the officers contact details and it will then become the responsibility of the social worker (with the support of their team/ practice manager) and the instigating police officers to agree the conduct and timing of the s47 enquiry from this stage.

In certain circumstances a further strategy discussion may be required depending on the nature and complexity of the child's needs and the urgency of the situation and the considerations set out in this document should be continued to be adhered to.

Strategy meetings

The strategy discussion may agree that further planning is best conducted in the form of a meeting. A strategy meeting should always be preceded by a strategy discussion (Working Together 2015) and is a meeting of relevant professionals to share information and agree actions. It should be held at a convenient location and in all cases convened within 72 hours or 3 working days of the concern first being identified. The meeting should be chaired by the CSC team/ practice manager and minutes of the meeting made on the appropriate documentation. Parents and carers are not invited to this meeting.

Participants in the strategy meeting should include a minimum contribution of CSC staff, police representation where appropriate, relevant health professionals, the referring agency and others as appropriate to the individual circumstances of the child's case. Adult service providers should also be invited when they are working with the child's parent(s) or carers, along with any specialist advisors, as required.

Circumstances in which greater planning and coordination of actions are required via a strategy meeting include the following:

- [Allegations against People who work with Children](#). (Please remember that any relevant regulatory bodies such as Ofsted for early year's providers must be invited to these meetings).
- [Complex abuse investigations](#) (organised or multiple abuse)
- Children who have complex needs arising from a disability; particularly where the child's cognitive understanding and alternative communication methods need to be taken into consideration.
- Where there are particular cultural issues to be considered, including the use of interpreters and advocates; and

- Children engaged in sexual harmful behaviour – [Section 41 Children who display sexually harmful behaviour](#)
- Cases otherwise determined by CSC and the police, for example:
 - In some cases of alleged sexual abuse or exploitation
 - Children living away from home
 - Child sexual exploitation
 - Female genital mutilation
 - Children in whom illness is fabricated or induced
 - Following a sudden and unexplained death

The possible outcomes of the strategy meeting are the same as the possible outcomes for the strategy discussion.

All decisions reached and the rationale together with agreed actions with clear timescales and updated outcomes should be clearly recorded on the appropriate documentation and confidentially circulated by CSC within 5 working days.

MEDICAL EXAMINATIONS

A medical assessment can assist in the assessment of harm and in determining the extent of physical injuries or sexual abuse. A paediatrician can be contacted on the 'on call' rota who can give advice on and co-ordinate a medical assessment where child abuse is suspected. Local arrangements may vary but details need to be shared with the investigating agencies. See Appendix B on page 60 for details of local arrangements and contact details.

The medical assessment of the child should be carried out by a paediatrician. This may be a consultant or other permanent grade doctor, with consultant supervision as appropriate or a junior doctor with consultant supervision.

While the standard remit of paediatric services includes children up to the age of 16, the Children Act 1989 defines a child as anyone under the age of 18. There may therefore be a role for paediatricians where a child over 16 has additional needs.

A strategy discussion, which may take the form of a meeting or telephone call, should as a minimum involve a social worker and their manager, health professionals and a police representative⁹. Under section 27 of the Children Act 1989, professionals from other parts of the Local Authority such as those from housing or health organisations have a duty to cooperate by assisting the LA in carrying out its social care functions. As such a strategy discussion would

⁹ Working Together 2015 Pg 40

consider whether a medical examination is specifically required, and the means whereby it will be undertaken. This may mean the involvement of a paediatrician. The timing of the examination will depend on the needs of the child/young person alongside the need for medical/forensic evidence to be secured. (**See Appendix C Medical Examinations**)

Examination should be completed as soon as possible to optimise assessment of clinical signs and forensic evidence. Physical injury should be seen, if possible, within 24 hours¹⁰. For cases of sexual abuse whenever possible an examination should be performed at a child-friendly time this will be balanced with the need to retrieve forensic evidence. However there may be a need for an urgent response, for example a very recent assault where an examination is required within hours in order to maximise the chance of retrieving positive forensic evidence, both in terms of forensic samples and documenting injuries.

Where there are concerns relating to child sexual abuse, social workers and police officers should follow the West Midlands Paediatric Sexual Assault Service arrangements and a strategy discussion will be held with the duty Paediatric Forensic Examiner to agree the arrangements for the examination

Consideration should also be given to the need to examine other children within the sibling group.

Roles and responsibilities

It is the social worker's responsibility to speak directly to the paediatrician on call, in accordance with local procedures; to arrange a medical examination (**see Appendix B**); to obtain agreement from the parent, carers and child where age appropriate for the child to attend the medical appointment; and for making arrangements for the transport of the child and other parents or carers as appropriate.

In any event, children **should not** be presented for medical assessment without prior arrangements with the relevant paediatrician on call, except of course in a medical emergency, when a child should be taken to the nearest emergency department of a hospital.

The examining paediatrician will be required to:

- Ensure that they have valid consent for the medical examination;
- Make an holistic assessment of the physical and emotional health and development of the child;

¹⁰ 'Sexual Assault – A Forensic Clinician's Practice Guide'

- Be provided with information already gathered by investigating agencies, including the visual interview. While it is important for the doctor to be clear about the circumstances leading to the medical assessment, the paediatrician should not ask leading questions of the child, especially if the visually recorded interview has not taken place. Open questions such as “what happened?”, are acceptable but questions and answers should be recorded verbatim and the source of the information should be identified;
- Determine the extent of any injuries and make arrangements for treatment;
- Ensure that injuries or signs of neglect/abuse are recorded for evidential purposes;
- Make an assessment of possible indicators of abuse;
- Reassure the child as to their physical well-being as part of the ‘healing process’;
- Make further referrals for investigation (e.g. skeletal survey, brain imaging, blood tests and/or treatment) if the paediatrician (usually consultant) deems appropriate; and
- Produce a written report of their findings for the Local Authority and/or the police within 5 working days of the examination. This information will usually be shared with the child’s general practitioner and other agencies as appropriate. However, a provisional verbal report should be given to the investigating agencies, and parents if present, following the examination. Examining paediatricians should be made aware of early requests for reports needed to facilitate court proceedings.

The medical evidence and professional opinion formed during s47 investigations may be crucial to court proceedings. Whenever there is any doubt, if there are differences in opinion or in complex cases, the designated or named doctor should be consulted by the examining doctor.

Designated / named doctors should be involved in ongoing multi-agency meetings in facilitating any further opinions, including expert opinions, where necessary. Where more than one health trust is involved in the management of the child, the designated and named doctors should provide a point of contact for Police and social workers for the co-ordination of medical opinions and medical reports.

Consent to be medically examined

Informed consent is required from someone with parental responsibility since examinations are conducted primarily for medico-legal reasons and not for therapeutic purposes. Written consent is advisable.

If an appropriate person with parental responsibility is not available to give consent, consideration may be given by the examining doctor to obtaining informed consent from a competent (in the opinion of the doctor) young person. A child can be examined without consent only if the child is in need of urgent medical treatment. A child has the right to refuse to be medically examined at the outset or, at any subsequent stage in the examination.

Consent may also be given:

- By the Local Authority where the child is subject of a Care Order (parents / carers with parental responsibility should usually be informed); and
- By the Local Authority where the child is accommodated under s20 of the Children Act 1989 and the parents/carers have abandoned the child or are physically or mentally unable to give such authority.

Consent may also be given for a medical examination as part of a direction attached to an Emergency Protection Order, Interim Care Order or a Child Assessment Order. If there is any uncertainty, the team/ practice manager should seek advice from the Local Authority's legal service with a view to an application for a court order with directions for medical assessment.

The visual recording of children's evidence

The purpose of visually recording a child's interview is to produce evidence that may be required by a criminal court. It will thereby constitute the child's evidence-in-chief and upon which the child may be cross examined as a witness later in court.

Visual recordings produced in these circumstances are not intended for therapeutic purposes nor should they be used for training unless appropriate consents have been given. It is important to approach the tasks with an open mind and to enable the child/young person to recount events as far as possible in their own words, at their own pace and with minimal interruption. A child centred focus should inform the task in accord with the guidance set out in the detail in "Achieving Best Evidence Criminal Proceedings (2011)"¹¹.

¹¹ http://www.cps.gov.uk/publications/docs/best_evidence_in_criminal_proceedings.pdf

Criteria for undertaking a visually recorded interview of a child

It is suggested that child witnesses should be visually interviewed unless they do not wish to do so or it is not believed that their best evidence will be achieved through visual recording.

Section 100 of the Coroner's and Justice Act 2009 enables a child witness to 'opt out' of this provision provided the court is satisfied that it would not diminish the quality of the child's evidence.

Practical arrangements

In accordance with arrangements throughout the joint enquiry process, due consideration must be given to the objectives required in implementing special measures that meet the requirements of evidence and of good child care practice. Responsibility for managing the arrangements, including strategy discussions should rest with the appropriate line managers. It is important that the personnel who will be actively engaged in conducting the visual interview are included in the planning arrangements and are appropriately trained to do so as outlined below.

Records should be kept of all decisions taken including exceptional decisions that a visual recording may not be required.

Consents to record evidence

Consideration must be given to obtaining appropriate consents from the parents and child (in accordance with the child's age and understanding) bearing in mind that parental consent may not be required in every circumstance. It is important, however, that parents are kept informed about the progress of enquiries during the investigation. Additionally, a properly considered child-centred approach requires that as full an explanation as possible be given to the child. A reluctant or distressed child is unlikely to participate in a visual recording.

Circumstances where a joint enquiry/investigation team may need to speak to a child victim without the knowledge of a parent/caregiver would include the possibility that a child would be threatened or otherwise coerced into silence; a strong likelihood that important evidence would be destroyed; or that the child in question did not wish the parent to be involved at that stage, and is competent to make that decision.

Child Assessment Order (CAO)

If, despite all reasonable efforts made by the Local Authority, parents/carers refuse to co-operate with a s47 enquiry, a CAO may be applied for if concerns

are not so urgent as to require an emergency protection order (EPO). A child of sufficient age and understanding may still refuse to participate in an assessment, regardless of a CAO.

Who should conduct visual recordings with children?

The staffing of visual recordings should be in accordance with guidance contained in Achieving Best Evidence.

Those who conduct the interview and who operate the equipment must be social workers or police officers/staff who have been properly trained in visual interviewing techniques. They will also be considered by their employing authority to have appropriate competence in this work.

The issue of roles i.e. lead interviewer - the police officer/staff or social worker leading the visual interview and the equipment operator - the police officer/staff or social worker responsible for operating the equipment should be determined in the best interest of the child/young person. This should be discussed and agreed by those taking part prior to the interview being conducted.

In exceptional circumstances, consideration should also be given to the participation of additional personnel who have been properly briefed. Those present, however, must not be potential witnesses to the matter under investigation. The number of people involved must be limited in the interview to avoid the potential for distracting or overwhelming the child. Additional specialist help may be required in the form of a registered intermediary if the child:

- Is very young' i.e. under the age of 6 years (CPS advice);
- Appears to have a degree of psychiatric disturbance but is deemed competent; or
- Has an impairment.

Additional specialist help may also be required if the interviewers do not have adequate knowledge and understanding of the child's racial, religious or cultural background or the child does not speak English at a level which enables him or her to participate in the interview.

Consideration should also be given to the gender of interviewers, particularly in cases of alleged sexual abuse.

Family members will not form part of the interview and should never be used as interpreters for children involved in visual recordings.

The child's position – wishes and feelings

In implementing “special measures” and before interviewing a child visually, full consideration should be given to the child’s cognitive, linguistic, social, sexual and physical development. Particular consideration should be given to the child’s ability to communicate, the child’s likely attention span and whether the child has any special needs or needs arising from their culture or ethnicity. Normal routines should be respected wherever possible. The child’s understanding of the purpose of the visual interview should also be clearly established and an explanation given about what will happen during the interview and how long the interview may last. The child/young person’s consent to giving the interview is required throughout the whole process

Conducting the Interview

General guidance about the interview via a phased approach is set out in the guidance ‘Achieving Best Evidence in Criminal Proceedings’.

It is important that the interview proceeds at an appropriate pace for the child/young person concerned. Toys and drawing materials can be usefully employed in relaxing a child providing they are not unduly noisy or affect the general quality of recorded sound. The role of lead interviewer may become interchangeable. Essential breaks must be properly recorded.

Ideally, the evidence obtained from the child/young person should be conveyed within one interview (which can be conducted over several sessions). Further interviews are permitted, for example, for a child with special needs or if new information comes to light, following advice obtained from the Crown Prosecution Service.

The equipment operator

The equipment operator is responsible for ensuring the cameras remain focused on the witness throughout and for ensuring they alert the lead interviewer to any equipment failure.

The interviewer or equipment operator will be responsible for preparing a Record of the Visual Interview (ROVI) which is a chronological account of the conduct of the interview. The equipment operator is also responsible for assisting the lead interviewer by suggesting other areas to be covered or any specific points that need to be asked.

Debriefing / post investigation

After the individual interview it is important that those involved in the investigation share perceptions of how the interview has gone, consider the direction of further work and the implications of the interview for the various members of the family.

Full consideration at this stage should be given to the safety of the child and any other members of the family or other children who may come into contact with the alleged offender.

The interviewing of alleged offenders needs to be considered, as the timing of this may have implications for the immediate protection of the child, and what information is given to the family at this stage. If there is a 'non-abusing' parent(s) discussions should take place to discuss the implications of the interview for the child and family.

De-briefing is also important for all relevant staff (including carers) who have been involved in the child protection process and in reaching an explicit understanding about the conclusion of enquiries. It needs to be acknowledged that investigative processes in safeguarding children from maltreatment can be distressing for the staff concerned and appropriate help and support must be available as required.

THE OUTCOME OF SECTION 47 ENQUIRIES

At the completion of the planned enquiry families and professionals should be informed of the outcome of s47 enquires and any further actions. In Staffordshire, a standard letter has been produced which should be used in all cases.

At the conclusion of the s47 enquiries the social worker will complete the outcome of s47 enquiry form and send to the team/ practice manager for approval. The outcome of the s47 enquiry should determine whether:

- Concerns are not substantiated and the child /young person is not judged to be at risk of significant harm;
- Concerns are substantiated and the child *is* likely to suffer significant harm¹² or;
- Concerns are substantiated and no continuing risk identified.

The potential outcome(s) of the child social work assessment/ child and family assessment under s47 could be:

- No further action.
- Child protection plan (as a result of the decision made at the child protection conference)
- Child in Need plan

¹² As defined in Working Together 2015

- Private fostering
- Provide accommodation
- Legal action to protect a child
- Specialist assessment
- Refer elsewhere
- **Staffordshire** - Step down to LST following a period of handover and a completed support plan completed by the assessing social worker.
- **Stoke-on-Trent** - Step down and present to Locality allocation meeting

When concerns are not substantiated

Where the outcome of the s47 enquiry concludes that the child is not suffering significant harm, including circumstances that coincide with positive change on the child and / or the family's behalf, the s47 enquiry will be completed. The outcome may conclude that no further action is required under the investigation.

Once the child social work assessment/_child and family assessment is completed, this should be sent to the team/ practice manager for quality assurance and approval. The team/ practice manager should approve the assessment within **4 working days** and within **5 working days** the assessment should be distributed to the family and involved professionals (Staffordshire only). This should not exceed a total of **45 working days**.

The social worker should:

- Discuss with the child (where appropriate), the parent(s) / carers and other professionals involved in working with the family what further help or support the child and family may require, using the professional judgements reached from the completion of the assessment and police investigation.
- Consider whether the child's health and development require continued support and monitoring against specific objectives, how this will be managed (via a Staffordshire Early Help Assessment / Stoke-on-Trent Early Help Assessment Approach, or a Child in Need Plan), who has the responsibility for this, and the timescales for review to help measure the impact of these objectives on improving outcomes for the child.
- All decisions and the rationale for making them must be clearly recorded on the assessment document in the child's records.
- A copy of the assessment should be provided to the child (if appropriate), parent(s) / carers and any professionals working with the child and their family (if this is deemed to be appropriate). This includes any adult services working with the parent / carers.

The team/ practice manager should:

- Endorse the case record and make any further recommendations as appropriate.
- If the decision has been made not to proceed to an Initial Child Protection Conference (ICPC) the reason for this must be clearly recorded by the team/ practice manager.

If Local Authority Children's Social Care (CSC) 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 CSC convene a conference, if they have serious concerns that a child's welfare may not be adequately safeguarded. As a last resort, professionals should refer to the Joint SCB Escalation policy and procedure (Staffordshire [Section 7G](#) / Stoke [Section GO2](#)) as a means of resolving professional disagreements as and when they arise. Further details are included in Managing Disputes on page 57 of this procedure.

When concerns are substantiated

Staffordshire

Where concerns are substantiated and the child is judged to be at continuing risk of significant harm an initial child protection conference should be convened no later than 15 working days of the date of the strategy discussion/meeting **where the decision is made to initiate S47 enquiries**

The completed assessment must be sent to the social worker's team manager no later than the **10th working day** following the strategy discussion /meeting that made the decision to progress to s47 enquiries.

The child social work assessment will become the social work report submitted to the child protection conference and should be shared with the independent chairperson no later than the **12th day** (or 3 days before the child protection conference) and with the family no later than day 13 (or 2 days before the child protection conference) ready for the child protection conference which should take place **no later than day 15**.

Stoke-on-Trent

The completed assessment must be sent to the social worker's practice manager no later than the **12th working day** following the strategy discussion /meeting that made the decision to progress to s47 enquiries.

The child and family assessment will become the social work report submitted to the (I) initial (C) child (P) protection (C) conference and should be shared with the with the family no later than day 13 (or 2 days before the child protection

conference) and the independent chairperson no later than the **14th day** ready for the child protection conference which should take place **no later than day 15**.

The child social work assessment/ **child and family assessment** will inform the child protection conference of risk and protective factors and will form the basis of any child protection planning. The report must be shared with the child (if possible) and parents or carers (and understood by them) **at least 2 days before the child protection conference**.

If, at the end of the s47 enquiries an Initial Child Protection Conference is **not** convened, then the team/ practice manager will, in consultation with the social worker, set a target date for the completion of the assessment which will be determined by the child's needs, child's views, presenting situation and background history. This period will **not exceed 40 days** from the date of the referral. The team/ practice manager should set review points where the progress of the assessment is closely monitored in order to prevent any drift or delay of the case. The target date and actual date of assessment should be actively tracked by the team/ practice manager.

Once the assessment is completed, this should be sent to the team/ practice manager for quality assurance and approval. The team/ practice manager should approve the assessment within **4 working days** and within **5 working days** the assessment should be distributed to the family and involved professionals. This should not exceed a total of **45 working days**. (NOTE: Stoke-on-Trent CSC will only share assessments with professionals if they have parental consent and in appropriate circumstances).

Exceptional circumstances in extending this timescale (e.g. in pre-birth assessments or in accessing particular expertise such as interpreters) must be agreed between CSC services, the police, other agencies and family members as appropriate and the reason for the delay clearly recorded on the child's records. However a child's welfare and safety should never be compromised due to exceptional delay.

For further guidance on child protection conferences please view the relevant LSCB inter-agency procedure using the following links:

Staffordshire: [Section 3E: Initial child protection conferences](#)

Stoke-on-Trent: [Section C05: Initial child protection conferences](#)

Managing any disputes

If there is a dispute between any frontline practitioners a further discussion should occur between the relevant agency's line managers (i.e. the Police

Detective Sergeant, CSC Team/ Practice Manager, Named Nurse) **within 48 hours** and in accordance with the Joint LSCB [Escalation](#) procedure.

Escalation processes should always be followed in the following circumstances:

- Where there is disagreement about the need for a joint investigation or the 'seriousness' of alleged physical abuse; and / or
- The possibility that the needs of the criminal investigation conflict with the needs of a child.

If line managers disagree, the matter should be referred to the responsible police MASH manager/ Detective Inspector and CSC county managers (Staffs) / Principal Manager (Stoke) and relevant senior health managers for safeguarding as soon as possible to help reach an agreed resolution.

If agreement cannot be reached by this level of seniority, the issue must be immediately escalated to a more senior service lead. In the unusual event that a dispute cannot be agreed in a timely manner, appropriate action must be taken to promote the welfare and safety of the child in accordance with local procedures. **Disagreements between agencies and professionals should not prevent action from being taken to protect a child.**

APPENDIX A

DEFINITIONS OF NEGLECT AND ABUSE (WORKING TOGETHER, 2015)

Child	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	<ul style="list-style-type: none"> ▪ 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

	<p>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.</p>
Sexual abuse	<p>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.</p>
Neglect	<p>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:</p> <ul style="list-style-type: none"> ▪ 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. <p>It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.</p>

APPENDIX B (Staffordshire) Flow Chart Strategy discussion and Section 47 enquiries process

New Referrals

The **Part 1** Strategy Discussion is only undertaken at the MASH. This is recorded on the **(c) Record of Strategy Discussion or Meeting Part 1** assessment by FRT.

FRT record their indicative decision as either joint or single S47 investigation or Police Investigation. The **Part 1** discussion makes a recommendation for further action only and does not make the final decision, which is made by the SSU's.



The SSU's are responsible for undertaking and recording the **(c) Record of Strategy Discussion or Meeting Part 2**

During **Part 2**, information gathering must take place with all relevant agencies involved with the child/ren & the parents/carer's and is to be recorded in the info gathering section of **Part 2**. Agencies must be informed of the nature of the referral & the purpose of the child protection enquiries.

Where time allows a strategy meeting should be held for all complex cases. Complex cases are those that, for example, involve a large number of professionals or children and cases that involve children across a number of families, allegations of fabricated/induced illness and complex/high profile cases particularly where there may be media interest.

If more than one strategy discussion/meeting is required, then the outcome of the first strategy discussion should be "Further strategy discussion required" and a subsequent strategy discussion assessment should be launched and part 2 of that document completed by the social worker.



After this further information gathering and where the SSU feels that the decision of the Strategy Discussion should differ from the recommendation made in **Part**

1, the SSU will have further discussion with the MASH sergeant. The outcome of this discussion will be the final decision of the Strategy Discussion.

Where there is any disagreement about the Final decision of Part 2 the SSU Team Manager should escalate to their County Manager who will follow usual escalation procedures.

An initial child protection conference should be convened no later than 15 working days of the date of the strategy discussion/meeting where the decision is made to initiate S47 enquiries

If further strategy discussions/meetings are required to plan ongoing S47 enquiries after the decision has been reached to undertake the S47 enquiries, these should be recorded on **a Word document and saved as an attachment** to the child's records



The **S47 enquiry** must be recorded on the **CSWA** including the medical, visit to the child and any interviews that take place. The reason for the S47 enquiry and the outcome of the S47 enquiry should be recorded in the analysis section of the Child Social Work Assessment. If additional information is received from agencies during the course of a S47 enquiry then this should be recorded on the Child Social Work Assessment.

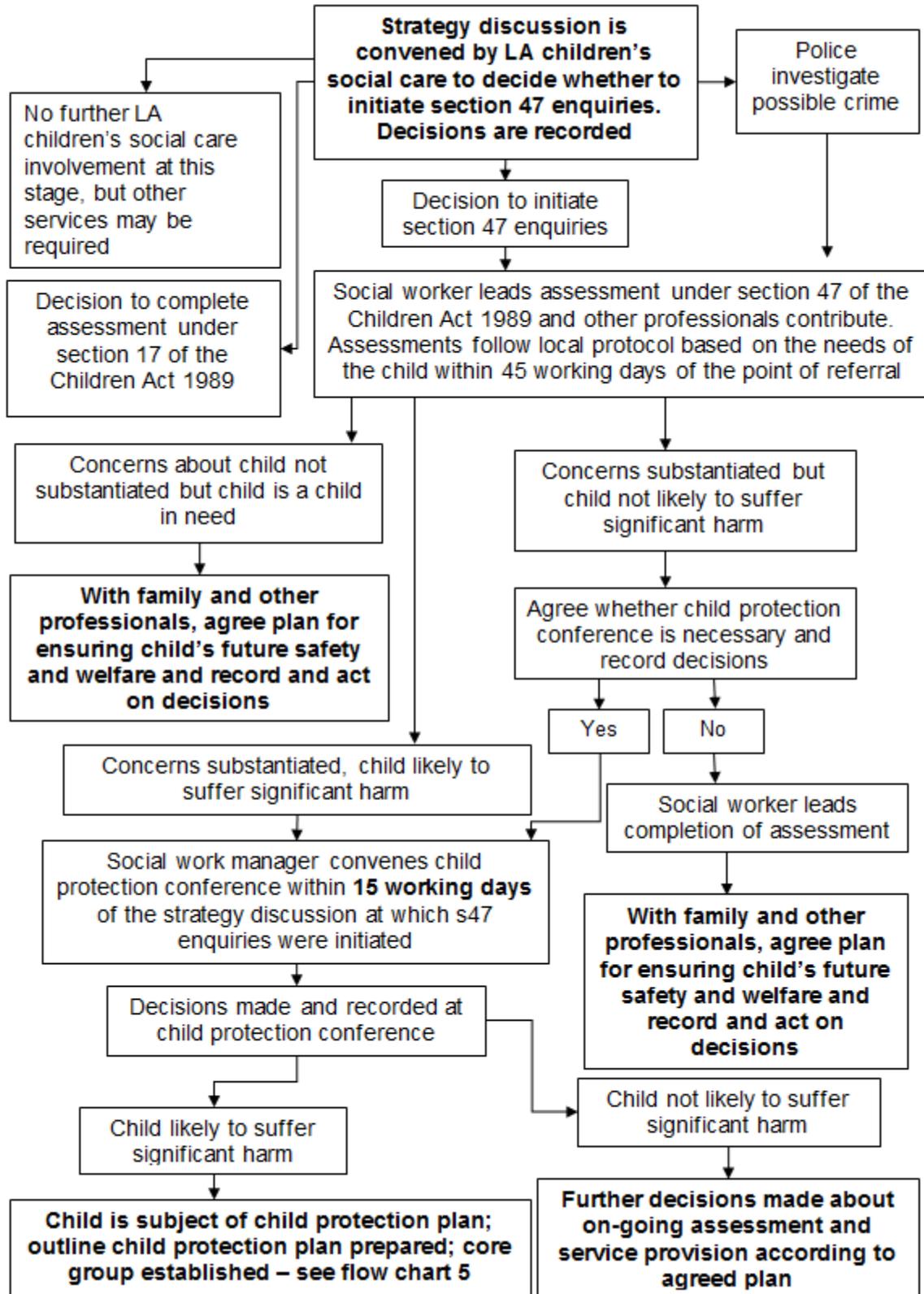
As S47 enquiries are undertaken as part of the CSWA process, an Initial Visit will need to be undertaken and recorded with a short brief paragraph which notes that the initial visit has been undertaken as part of S47 enquiries. The details of the enquiry should not be recorded on this form.

The outcome of the S47 enquiry should also be recorded on the **(c) Record of Outcome of S47 Enquiries** assessment (this is required for data collection/reporting). This must indicate whether the concerns are substantiated or unsubstantiated and agencies involved with the child/ren and parent/carer should be informed of the outcome. Actions that have been undertaken as part of the S47 i.e. CP medical and ABE interview should be recorded on the outcome of S47 enquiry form as a brief note only because the details should be recorded within the CSWA.



Where a Section 47 has been agreed as single agency, contact should be made with MASH sergeant at the conclusion of these enquiries. The information

gathered should be discussed and the outcome of the S47 shared and agreed.
The outcome could be to proceed to ICPC, CIN, Step Down to LST or NFA.



APPENDIX C

Child Protection Sexual Abuse Medical Arrangements for North and South Staffordshire

A new hub and spoke model operates across Staffordshire, the West Midlands, West Mercia and Warwickshire for those children who either disclose rape or sexual assault, or where there is reason for concern about possible sexual abuse.

The **West Midlands Paediatric Sexual Assault Service** provides a holistic medical assessment and care for children under the age of 18 who either reside in the area, are a looked after child in the care of the Local Authority within the area or are a victim of an offence committed in the area.

The service includes:

- Physical examination by specialist Paediatrician
- Collection of forensic DNA evidence
- Screening and treatment for Sexually Transmitted Infections
- Emergency contraception, HIV PEPSE and Hep B immunisation
- Counselling and support package
- A detailed safeguarding report in every case
- Crisis worker support
- Bespoke counselling referral offered

The service is available 24 hours per day, 7 days per week, 365 days per year, includes telephone advice for professionals and input to the Strategy discussion.

Where is this service available?

The revised model will consist of 1 acute hub and 5 spokes. The acute hub is located in the [Horizon Centre](#), Ida Road, Walsall and the 5 spokes are located as follows:

- [Grange Park](#), Cobridge, Stoke-on-Trent (see contact details below)
- [New Cross Hospital](#), Wolverhampton
- [Blue Sky Centre](#), George Eliot Hospital, Nuneaton
- [Oasis Suite](#), Birmingham Children's Hospital, Birmingham and;
- [The Glade](#), Bransford, Worcester.

The acute hub will operate on a 24/7 basis with a 90 minute rapid response, with experienced forensic paediatricians concentrating on cases where rape has occurred within the last 7 days; where oral/digital penetration has occurred within the last 3 days

or where the multi-professional strategy discussion indicates a more immediate assessment is in the best interests of the child.

The non-acute spoke clinics (non-forensic) will provide medical examinations and holistic care for children where there is a concern about possible sexual abuse, but the concern is not deemed to be within the forensic window (non-recent). Appointments are offered on set weekdays between 9am and 5pm.

- Oasis Suite – Monday (Friday if a bank holiday)
- The Glad – Tuesday
- Blue Sky Centre – Wednesday
- Grange Park – Thursday
- New Cross Hospital Friday

Furthermore, each child is offered a holistic package of counselling and emotional support.

How to arrange a sexual abuse medical examination.

Anyone can make a referral/ ask for advice to the Paediatric Sexual Assault Service through the single point of contact call centre on 0800 953 4133. This applies to all of Staffordshire and Stoke- on-Trent.

Local Safeguarding Children Board policy and procedures should be followed where there are concerns about the safety of a child. This briefing sits at the back of those procedures:

Staffordshire: [Section 3C Undertaking Investigations and Assessments](#)

Stoke-on-Trent: [C02 Undertaking Assessments and Investigations](#)

If a child requires urgent medical attention for a physical injury please refer to the process set out below.

If a clinician/practitioner wishes to talk through a case (e.g. unsure if a child's actions represent sexualised behaviour or physical symptoms are of concern) the PSAS paediatricians are available 24/7 to give advice via the single point of contact telephone number: 0800 953 4133 for referrals from professionals or agencies.

Referral criteria

ALL four points must apply:

- The child is under the age of 18 years OR with a vulnerability (such as a learning difficulty, aged 18-20 with significant learning difficulties AND in full-time education)
- The child is resident, looked-after child or victim of offence within catchment (area served by West Mercia, Warwickshire, Staffordshire or West Midlands Police)
- The child will have been referred to children's social care/Multi Agency Safeguarding Hub (MASH)
- The child must be aware of referral and consent.

One of the following must also apply:

- The attendance of a person with parental responsibility and Police/Social worker is required to attend historic clinics or be available for a telephone consultation with the doctor on that day
- a court order with directive to examine in place
- the child is likely to be 'Gillick' competent

Contact Details for Grange Park, Cobridge. S-O-T

The office telephone number for the SARC from the 1st April is 01782 980380 – this number can be used by professionals for advice, booking video interviews, deliveries etc. There will no longer be an internal extension numbers in use in the SARC.

There will continue to be two referral routes to access the SARC service, access via the police or the self-referral route for over 18s. Those who are aged 16 and 17 self-referrals will be considered by the clinician after initial discussion with the client.

Adults who want to speak to someone about accessing the SARC can call the Self-referral line which is available 24 hours a day. The self-referral line will take the client through to our call centre where a trained call handler will re-direct the call as required. The Self-referral Line is 0800 970 0372

SARC Staff emails are as follows:

Claire Clemson SARC MANAGER: Claire.Clemson@uk.g4s.com

Amanda Broad SARC CO ORDINATOR Amanda.Broad@uk.g4s.com

Karen Finney CRISIS WORKER Karen.Finney@uk.g4s.com

Information leaflets/Flow Charts:

In order to help professionals, the latest child protection medical investigation leaflets for children, young people, parents and carers have been placed on the respective LSCB

websites for you to use in your practice. The New West Midlands Paediatric Sexual Assault Referral Service leaflet also sits on both LSCB websites.

Staffordshire: [Publications](#)

Stoke-On-Trent: www.safeguardingchildren.stoke.gov.uk

Leaflets designed for children and young people can be found on the LSCB web pages using the links above.

To reference the **Staffordshire Police Sexual Offences Examination Services** Flow Chart please refer to the LSCB websites, using the links above.

HOW TO ARRANGE A PHYSICAL ABUSE MEDICAL EXAMINATION

For North Staffordshire and Stoke-on-Trent:

The University Hospitals of North Midlands (UHNM) provides a service for cases requiring a physical abuse medical examination. Medicals will only be conducted within the hours Monday to Friday 9.00am to 5.00pm (excluding Bank Holidays) unless a child needs urgent medical assessment and treatment as the priority need.

For non-urgent cases, the paediatrician on call should be contacted by children's social care services or the police via the child protection administrator on 01782 678902 within office hours, Monday to Friday 9.00am to 5.00pm. The medical will generally be conducted in one of the weekday afternoon clinics, usually within 24 hours of referral to the RSUH.

For children who have urgent medical needs and where a child protection medical may also be needed, or for acute advice, the paediatrician on call should be contacted through the UHNM switchboard. This method of contact must not be used to book non-urgent medicals (see paragraph above)

Out of hours:

If advice is required or it is considered that a child protection medical is required out of hours (after 5pm and at weekends and bank holidays) social workers and police officers should first contact the 1st on call for child protection, this will usually be Paediatric on call Registrar, via the hospital switchboard on 01782 715444. Medicals will only be undertaken out of hours if the child requires urgent medical assessment and treatment as the priority need.

For South Staffordshire:

All examinations relating to physical abuse should, as far as possible, take place between 9.00am and 5.00pm. Obviously, if a child needs urgent treatment or if there is a possibility of losing evidence, a child may need to be seen outside of these times.

During working hours (9am to 5pm - Monday to Friday):

A Community Paediatrician is available by calling the co-ordinator on: **01543 441423**.

They will provide the phone number/s of the doctor on call. The paediatrician on call carries a mobile phone and will be able to talk directly or return the call as a matter of urgency. The examination will usually take place either in Stafford (The Bridge) or Burton (East Staffordshire Children's Centre) depending on which paediatrician is on call. At the strategy discussion and by mutual agreement between the paediatrician and social worker, examination at other venues may also be possible.

During out of hours (5pm to 9am, weekends and bank holidays)

Cover is provided by the Paediatric Departments for each safeguarding locality teams as follows:

- Burton Hospitals NHS Foundation Trust – for Burton, Lichfield, Tamworth
- Royal Stoke University Hospital – for Stafford and the surrounding area
- Royal Wolverhampton – for Rugeley, Cannock and South Staffordshire (Codsall) locality.

Under no circumstances should a child be taken to or sent directly to the paediatric ward or A&E department without prior communication with the doctor who will be carrying out the examination. Please ask the switch board operator to contact the registrar on call for Paediatrics / Child Protection to discuss the case and arrange an examination at:

- **Burton Hospitals NHS Foundation Trust – 01283 566333**
- **Royal Stoke University Hospital - 01782 715444**
- **Royal Wolverhampton Hospital – 01902 307 999**