Safeguarding Children
(Level 3)


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- Ensure you are in a quiet area with minimal distractions. 

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INTRODUCTION

We all recognise that the welfare of the child is paramount, as enshrined in the Children Act 1989 and that we have an obligation as care providers, to ensure all children irrelevant of inequalities, race, gender, religious belief etc. are protected from potential harm or irrelevant of where the source of the abuse is. By working in partnership with those affected, alongside with their parents/ guardians, key workers, carers and other agencies etc. we can promote and safeguard the welfare of all vulnerable children, young people to keep them safe.

The purpose of this module is to ensure appropriate action is undertaken in the event where a child/young person up to the age of 18 years is suspected by mentors or care workers of being subjected to or considered at risk of abuse from parents, guardians, siblings, carers, adult visitors to the home or other responsible adults within an organisation. It will set out the key principles that are expected of all staff and workers employed within the NHS and in the health care sector, and to ensure compliance is upheld in the safeguarding of children, young people and adults at risk of harm or abuse.

This module is applicable to all employees and workers of NHS, including, volunteers, students, honorary appointees, trainees, contractors, and temporary workers, including locum doctors/social workers, nurse and those working on a bank or agency contract working with children and young adults. All learners however must complete Safeguarding Children Level 1 before undertaking this e- learning module.

AIMS AND OBJECTIVES

The target group for Safeguarding Children (SOCA) Level 3 is primarily for those who work directly with and take a lead role in safeguarding children and young people in their day to day roles.

The aim of this module is to provide a greater knowledge for those who work closely or directly with children and young people and to achieve the following core competencies:

- Understand what is meant by the term 'safeguarding' children and young people
- Have an awareness of the guidance and legislation that is applicable in safeguarding vulnerable children and young people.
- Be able to act as an effective advocate for a child or young person.
- Achieve good outcomes in preventing and effectively responding to allegations of harm, neglect and abuse
- Draw on child and family-focused clinical and professional knowledge and expertise of what constitutes child maltreatment and identify signs of sexual, physical, or emotional abuse or neglect
- Document and report concerns, history taking and physical examination in a manner that is appropriate for safeguarding/child protection and legal processes
- Be clear about your own and colleague's roles, responsibilities and professional boundaries and remit.
- Contribute to inter-agency assessments, the gathering and sharing of information and where appropriate analysis of risk

- Undertake regular documented reviews of own (and/or team) safeguarding/child protection practice as appropriate to role (in various ways, such as through audit, case discussion, peer review, and supervision and as a component of refresher training)
- Work with other professionals and agencies, with children, young people and their families when there are safeguarding concerns
- Be able to refer to social care or local safeguarding team if need be
- Analyse the importance of sharing information within a team and throughout the multi-disciplinary team
- Learn and improve current child safeguarding practices
- Understand the processes for managing child death within an organisation

RECAP OF SAFEGUARDING CHILDREN- LEVEL 1

WHAT IS ABUSE?

The National Society Against Cruelty to Children (NSPCC, 2018) defines abuse as;

"any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. We know that neglect, whatever form it takes, can be just as damaging to a child as physical abuse.

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event. And it can increasingly happen online."

WHAT IS SAFEGUARDING?

The National Society for the Prevention of Cruelty to Children (NSPCC, 2018) states safeguarding is;

- *Protecting children from abuse and maltreatment*
- *Preventing harm to children's health or development*
- *Ensuring children grow up with the provision of safe and effective care*
- *Taking action to enable all children and young people to have the best outcomes.*

… and where a child is described as 'Everyone under the age of 18 has all the rights in the Convention'. (Article 1- UNICEF, 2018)

Child protection is the process used to protect specific individual children who are suffering from or who are likely to suffer from significant harm as a result of abuse. Some specialist healthcare staff will be directly involved in the child protection process but all healthcare staff, both clinical and non-clinical, are responsible for safeguarding children.

WHAT ARE WE SAFEGUARDING CHILDREN FROM?

Abuse by adults: an abuse of power/ authority such as physical, sexual, emotional and social media (Child trafficking, sexual exploitation and grooming.

Abuse by peers: bullying (physical and/or psychological) sexual abuse and gang violence

Abuse due to religious and cultural practices: religions and cultures that encourage physical and emotional punishment of children; harmful traditional practices such as Female Genitalia Mutilation (FGM), radicalisation or forced marriage.

Self-harming: thoughts of suicide, inflicted pain to oneself and acting on suicidal thoughts

Charity organisation the National Society for the Prevention of Cruelty to Children (NSPCC) states that since the last study published in 2009, there has been a 298 per cent increase in the number of police-recorded indecent image offences in the UK. The latest research as documented in *How safe are our children?* Four out of five children feel social media sites are failing to protect them from pornographic content, self-harm, bullying and hatred.

TYPES OF ABUSE

Sexual Abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.	• Avoid being alone with people, such as family members or friends • Show sexual behaviour that's inappropriate for their age • Eating disorders and changes in eating habits and appetite • Bed wetting when previously dry at night • Have physical symptoms such as anal or vaginal soreness, sexually transmitted diseases, bruising to inner thighs etc
Physical Abuse	The deliberate hurting of a child which causes injuries such as bruises, broken bones, burns or cuts.	• Scalds and other burns • Fractures or bones which have been broken but which have subsequently healed without treatment • Bruising – particularly in areas not typically injured during normal childhood play • Bites or bite marks • Respiratory problems caused by suffocating, drowning and poisoning

Emotional Abuse	The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development	• Overly-affectionate towards strangers or people they haven't known for very long • Lack of confidence or becomes wary or anxious • Not appearing to have a close relationship with their parent, • Aggressive or nasty towards other children and animals • Acts in a way or knows about things that you wouldn't expect them to know for their age • Struggles to control strong emotions or have extreme outbursts • Lacks social skills or have few, if any, friends. •
Cyberbullying	The use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature.	• Appears nervous when receiving a text, instant message, or email • Seems uneasy about going to school or pretends to be ill • Unwillingness to share information about online activity • Unexplained anger or depression, especially after going online • Abruptly shutting off or walking away from the computer mid-use • Withdrawing from friends and family in real life
Neglect	The ongoing failure to meet a child's basic needs	• Regularly hungry and/or regularly revealing that they've not had meals and/ or scavenging food from bins. • Susceptibility to infections, poor oral hygiene, displaying signs of malnutrition • Poor grooming such as dirty hands and feet, matted/ uncut hair, tattered clothing etc. • Delayed or inappropriate emotional development

Domestic Abuse	Any type of controlling, bullying, threatening or violent behaviour between people in a relationship	**Children who witness domestic abuse may:** • Become aggressive • Display anti-social behaviour • Suffer from depression or anxiety • Not do as well at school - due to difficulties at home or disruption of moving to and from refuges
Child Trafficking	The action or practice of illegally procuring and relocating children, typically for the purposes of forced labour or sexual exploitation.	• Children who are unsure of which country or town they are living in • Children who spend a lot of time doing household chores and who are not permitted to join in with normal social activities as a result • Children who are not registered with a GP or school • Children who are not living with their parents or guardians and have no access to them • Children living in substandard accommodation • Children seen at or living in inappropriate locations such as brothels, drug dens or factories • Children who have falsified documents or have no documents at all
Radicalisation	The process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.	• Isolating themselves from family and friends • Talking as if from a scripted speech • Unwillingness or inability to discuss their views • A sudden disrespectful attitude towards others • Increased levels of anger • Increased secretiveness, especially around internet use.

Female Genital Mutilation (FGM)	An illegal procedure in the UK which involves altering or injuring the female genitalia/ sex organs for non- medical reasons. It is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts.	**A girl or woman who's had female genital mutilation (FGM) may:** • Have difficulty walking, standing or sitting • Spend longer in the bathroom or toilet • Appear withdrawn, anxious or depressed • Have unusual behaviour after an absence from school or college • Be particularly reluctant to undergo normal medical examinations • Ask for help, but may not be explicit about the problem due to embarrassment or fear
Grooming	when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking.	**If a child is being groomed they may:** • Be very secretive, including about what they are doing online • Have older boyfriends or girlfriends • Go to unusual places to meet friends • Have new things such as clothes or mobile phones that they can't or won't explain • Have access to drugs and alcohol.

NSPCC ANNUAL REPORT 2018- STATISTICS

Unlawful killings (homicides) of under 18-year olds during (2016-2017) by nation

NATION	Homicides recorded	Rate (per million children)	5-year average rate (per million children)
England	91	7.7	5.9*
Wales	3	4.8	4.8
Northern Ireland	0	0	1.8
Scotland	4	3.9	4.1

* This year's figure has included 22 victims of the Hillsborough disaster in 1989, after the 2016 inquest found victims were unlawfully killed

Mortality rates among children aged 1 month to 14 years by assault or undetermined intent

NATION	Deaths by assault or undetermined intent	5-year average rate (per million children)
England	53	6.3
Wales	2	6.9
Northern Ireland	1	2.2
Scotland	2	2.8

Suicide rates per million 15 to 19-year olds

NATION	Suicides (intentional self- harm)	5-year average rate (per million children)
England	115	43.2
Wales	14	61.7
Northern Ireland	8	118.4
Scotland	22	69.8

Sexual offences against children under 16 years of age

NATION	Recorded Sexual Offences	5-year average rate (per 10,000 children)
England	43,522	41.3
Wales	2,845	51.1
Northern Ireland (<18 years of age)	1,875	43.3
Scotland	4,097	45.0

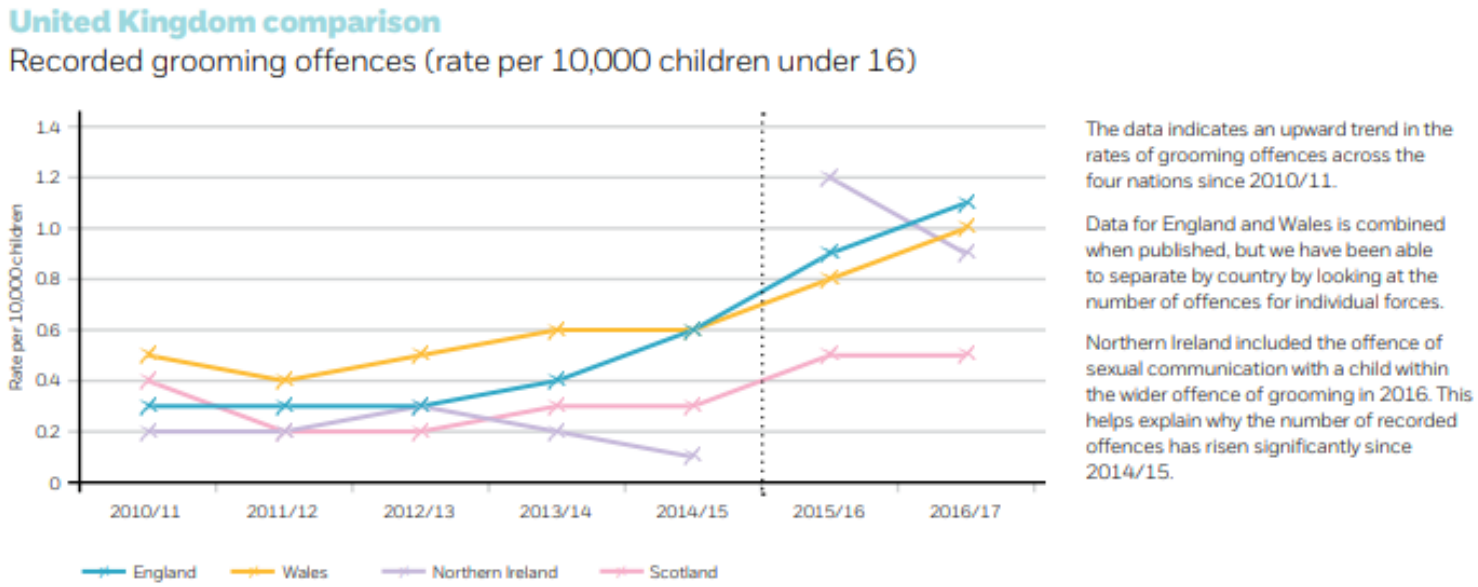
Number of recorded cruelty and neglect offences against children under 16 years of age

NATION	Cruelty and Neglect Offences	5-year average rate (per 10,000 children)
England	13,591	12.9
Wales	426	7.6
Northern Ireland (< 18 years of age)	395	10.2
Scotland	792	8.6

ONLINE ABUSE

- 3,096 offences have been recorded by the police in England and Wales and the British Transport Police in the year since the introduction of a law- making sexual communication with a child illegal in April 2017.
- The Police Service of Northern Ireland recorded 82 offences of sexual communication with a child in the same year. Scotland recorded 462 offences of communicating indecently with a child in 2016/17.
- In 2017/18, more than 3,000 Childline counselling sessions were about bullying online and online safety
- Among reviews by young people of the most popular social networks, apps and games, 15.9 per cent reported seeing sexual content

Police-recorded grooming offences:



Children in need (CIN) due to abuse or neglect- March 2017

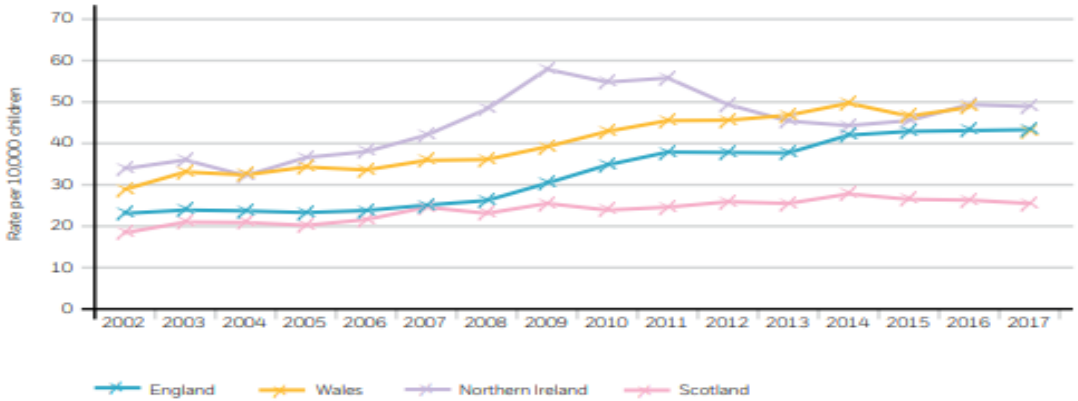
NATION	CIN due to abuse or neglect	Annual Rate (per 10,000 children)
England	203,750	172.9
Wales	8,475	135.0
Northern Ireland	22,737	
Scotland*	2,751	

* Latest statistics for Scotland available from 2016 (Scot. GOV)

Children who are the subject of child protection plans or on registers (rate per 10,000 children)

United Kingdom comparison

Children who are the subject of child protection plans or on registers (rate per 10,000 children)



Latest figure: Scotland has the lowest rate of children on child protection registers, with 25.5 per 10,000 under 18s. Northern Ireland has the highest rate of children on child protection registers, with 48.9 per 10,000 under 18s.

Trend: Since 2002 the rate of children who were the subject of CPPs and on CPRs has increased in all four nations.

Between 2002 and 2017 the largest rate increase was in England (88.0 per cent), Northern Ireland (44.2 per cent) and Scotland (38.7 per cent). During this period the population of children increased in England and declined in Scotland, Wales and Northern Ireland.

The rate for Wales increased by 68.4 per cent between 2002 and 2016. It is not possible to compare data from Wales for 2017 to previous years.

NATIONAL LEGISLATION

- ***England and Wales:***

- The Children Act 1989
- The Equality Act 2010
- Data Protection Act 1998
- Sexual Offences Act 2003
- Children Act 2004 (as amended by the Children and Social Work Act (2017)
- Protection of Freedoms Act 2012

- ***Scotland:***

- The Children and Young People (Scotland) Act 2014
- The Children (Scotland) Act 1995

- ***Northern Ireland*:**

- The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
- Safeguarding Board Act (Northern Ireland) 2011
- The Children (Northern Ireland) Order 1995

NATIONAL GUIDANCE

"Working together to safeguard children- *A guide to inter-agency working to safeguard and promote the welfare of children"* (July 2018), is the statutory guidance which helps those organisations to know what the law says they, and others, must do in order to provide a coordinated approach to safeguarding and promoting the welfare of children.

Every local authority has a general duty under the Children Act 1989 and 2004, The Children and Young People (Scotland) Act 2014 and The Safeguarding Board for Northern Ireland (SBNI), to safeguard and promote the welfare of children who are in need and, so far as it is consistent with that duty, to promote the upbringing of such children by their families.

United Nations Convention on the Rights of the Child (UNCRC) (1991):

UNCRC (1991) is an international agreement that protects the rights of children and provides a child-centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and by doing so recognises children's rights to expression and receiving information.

As a result, the UK listened to children and outlined below is what the children said (as outlined in the Working together to safeguard children 2013).

Children have said that they need:

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

INFORMATION SHARING GUIDANCE FOR PRACTITIONERS 2008

Information Sharing: Guidance for practitioners and managers (2008) supports frontline practitioners, working in child or adult services, who must make decisions about sharing personal information on a case by case basis. The guidance can be used to supplement local guidance and encourage good practice in information sharing.

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

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

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

Safeguarding Disabled Children - Practice Guidance (2009)

The specific needs of disabled children and young carers should be given sufficient recognition and priority in the assessment process and are recognised, valued and supported.

Care Planning, Placement and Case Review (England) Regulations 2010.

This guidance ensures that relevant agencies provide evidence of whether the necessary improvements have been made to ensure the child's safety when they return home.

You should also familiarise yourself with the relevant local government guidance that applies to your area of work.

ROLES AND RESPONSIBILITIES

"The support and protection of children cannot be achieved by a single agency... Every Service has to play its part. All staff must have placed upon them the clear expectation that their primary responsibility is to the child and his or her family."

(Lord Laming in the *Victoria Climbié Inquiry Report*)

Safeguarding children is everyone's responsibility whereby national legislation places a duty on health and social care workers to have regards to the need of safeguarding and promoting the welfare of children. It also plays an important role in embedding such responsibilities in the work of key agencies that have, or expected to have, contact with children and young people.

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

Key people and governing bodies:

- Local Safeguarding Children Board;
- The police, including the British Transport Police;
- The National Probation Service;
- NHS bodies (Strategic Health Authorities, Designated Special Health Authorities, Primary Care Trusts,
- NHS Trusts, NHS Foundation Trusts and NHS Direct);
- Youth Offending Teams;
- Governors/Directors of Prisons and Young Offender Institutions;
- Directors of Secure Training Centres; and
- The British Transport Police

The role of the Local Safeguarding Children Board

A Local Safeguarding Children Board (LSCB) is a multi-agency body set up in every local authority. Each LSCB has an independent Chair, that is, someone who doesn't work for social services. However, the Chair will work closely with the Director of Children's Services.

The role of the LSCB is to:

- Coordinate what is done by everyone on the LSCB to safeguard and promote the welfare of children in the area
- Assessing, planning and providing support to children in need, particularly those suffering or likely to suffer significant harm
- Make enquiries under Section 47 of the Children Act 1989 wherever there is reason to suspect that a child in its area is at risk of or suffering significant harm
- Convene and chair Child Protection Conferences under LSCB procedures
- Provide a Key Worker for every child subject to a Child Protection Plan
- Ensure that the agencies who are party to the protection plan coordinate their activities to protect the child
- Convene regular reviews of the progress of any child subject to a Child Protection Plan through both Core Group and Child Protection
- Conference Review meetings
- Instigate legal proceedings where required
- make sure that each organisation acts effectively when they are doing this.
- publish policies and procedures for child protection in their area.

CLINICAL COMMISSIONING GROUPS (CCGS)

Consists of all the major commissioners of local health services and are responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. CCGs employ, or have in place, a contractual agreement to secure the expertise of designated professionals, i.e. designated doctors and nurses for safeguarding children and for looked after children (and designated paediatricians for unexpected deaths in childhood). In some areas there will be more than one CCG per local authority and LSCB area, and CCGs may want to consider developing 'lead' or 'hosting' arrangements for their designated professional team, or a clinical network arrangement. Designated professionals, as clinical experts and strategic leaders, are a vital source of advice to the CCG, the NHS Commissioning Board, the local authority and the LSCB, and of advice and support to other health professionals.

Children's Commissioner (England):

The role of the Children's Commissioner was created by the Children Act 2004 and has been strengthened by the Children and Families Act 2014. This Act has changed the primary function of the Commissioner from representing the views and interests of children and young people to promoting and protecting children's rights.
Anne Longfield is the current Children's Commissioner in England.

The Office of the Children's Commissioner promotes the rights, views and interests of children in policies or decisions affecting their lives. They particularly represent children who are vulnerable or who find it hard to make their views known. Office of the Children's Commissioner is an executive non-departmental public body, sponsored by the Department for Education.

Commissioner for Children and Young People in Scotland:

Bruce Adamson is the current Children and Young People's Commissioner in Scotland. His job role is to look after the rights of everyone in Scotland under 18 and those who are under the age of 21 and are looked after or in care. Their job is to help children and young people to understand their rights and to make sure those rights are respected and to achieve the goal for children and young people in Scotland to be as safe and happy as possible.

Commissioner for Children and Young People, Northern Ireland:

The job of the Commissioner, Koulla Yiasouma, is to safeguard and promote the rights and best interests of children and young people.

NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding. In the case of NHS Direct, ambulance trusts and independent providers, this should be a named professional.

GP practices should have a lead and deputy lead for safeguarding, who should work closely with named GPs. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, designated professionals and the LSCB.

Professionals in Health and social care providers:

- Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children and young people with the help they need.
- A wide range of health professionals have a critical role to play in safeguarding and promoting the welfare of children including: GPs, primary care professionals, paediatricians, nurses, health visitors, midwives, school nurses, those working in maternity, child and adolescent mental health, adult mental health, alcohol and drug services, unscheduled and emergency care settings and secondary and tertiary care.
- Practitioners have a responsibility in ensuring that they develop their knowledge and skills in this area. They should have access to training to identify and respond early to abuse and neglect, and to the latest research showing what types of interventions are the most effective.
- Professionals responsibility is to pay particular attention or be alert to the potential need for early help for a child who:

  - Is disabled and has specific additional needs;
  - Has special educational needs;
  - Is a young carer;
  - Is showing signs of engaging in anti-social or criminal behaviour;
  - Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence; and/or
  - Is showing early signs of abuse and/or neglect.

Local Authority (Social Services):

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

Health and social care providers:

- Local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. This requires all those providing universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.
- Health professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating effectively with children and families, liaising with other agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews.

Police:

- Under section 1(8)(h) of the Police Reform and Social Responsibility Act 2011 the police and crime commissioner must hold the Chief Constable to account for the exercise of duties in relation to safeguarding children under sections 10 and 11 of the Children Act 2004.
- They enforce the law where there is child abuse/neglect that results in a criminal offence, such as sexual abuse and assault.
- All police officers, and other police employees such as Police Community Support Officers, are well placed to identify early when a child's welfare is at risk and when a child may need protection from harm. Children have the right to the full protection offered by the criminal law. In addition to identifying when a child may be a victim of a crime, police officers should be aware of the effect of other incidents that might pose safeguarding risks to children and where officers should pay particular attention.
- The police can hold important information about children who may be suffering, or likely to suffer, significant harm, as well as those who cause such harm. They should always share this information with other organisations where this is necessary to protect children. Similarly, they can expect other organisations to share information to enable the police to carry out their duties. Offences committed against children can be particularly sensitive and usually require the police to work with other organisations such as local authority children's social care.
- The police have emergency powers under section 46 of the Children Act 1989 to enter premises and remove a child to ensure their immediate protection. This power can be used if the police have reasonable cause to believe a child is suffering or is likely to suffer significant harm. Police emergency powers can help in emergency situations but should be used only when necessary. Wherever possible, the decision to remove a child from a parent or carer should be made by a court.

CHILDREN AND FAMILY COURT ADVISORY SUPPORT SERVICE (CAFCASS)

The responsibility of the Children and Family Court Advisory and Support Service (Cafcass), where they are appointed in care and related proceedings specified in section 41(6) of the Children Act 1989, is to safeguard the welfare of individual children who are the subject of those proceedings. It achieves this by providing independent social work advice to the court.

Voluntary and charity organisations:

- Voluntary organisations and private sector providers play an important role in delivering services to children. They need to work effectively with the LSCB. Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children, how they should respond to child protection concerns and make a referral to local authority children's social care or the police if necessary.
- Each agency will have different contributions to make towards safeguarding and promoting the welfare of children depending on the functions for which they have responsibility. For example, the main contribution of some services might be to identify and act on their concerns about the welfare of children with whom they come into contact, while others might be more involved in supporting a child once concerns have been identified.
- However, there are some key features of effective arrangements to safeguard and promote the welfare of children which all agencies will need to take account of, in accordance with the relevant section in Part Two of the guidance, when undertaking their particular functions. These arrangements will help agencies to create and maintain an organisational culture and ethos that reflects the importance of safeguarding and promoting the welfare of children.

THE IMPACT OF A PARENT'S/CARER'S PHYSICAL AND MENTAL HEALTH OR DOMESTIC VIOLENCE ON CHILD WELLBEING

Physical care and daily routines are important for children to develop and thrive, but these can be prevented if a parent or carer's physical or mental health is poor and puts the wellbeing of the child at risk and increasing their vulnerability and hinder development.

Many people assume parent abuse to be the result of bad parenting, neglect etc, however there are other reasons why significant harm exists. It is important to remember that a parent or carer's health might affect their ability to safeguard, but this is not necessarily so.

Signs and symptoms could be a domineering adult accompanying the child all the time and speaking for them. A child who's being abused may feel guilty, ashamed or confused. He or she may be afraid to tell anyone about the abuse, especially if the abuser is a parent, other relative or family friend. In fact, the child may have an apparent fear of parents, adult caregivers or family friends.

That's why it's vital to watch for red flags, such as:

- Withdrawal from friends or usual activities
- Aggression, hostility or changes in performance at school and unexpected underachievement
- Depression, fear, anxiety
- Fear of going back home
- Attempts at running away
- Rebellious or defiant behaviour
- Attempts at suicide
- Frequent or unexplained injuries; increase in attendance to hospital

PARENTAL BEHAVIOUR

Sometimes a parent's demeanour or behaviour sends red flags about child abuse. Warning signs include a parent who:

- Shows little or no concern for the child
- Oblivious or deliberately ignoring the physical or emotional distress in the child
- Consistently blames, belittles or berates the child and describes the child with negative terms, such as "worthless" or "evil"
- Expects the child to provide him or her with attention and care and seems jealous of other family members getting attention from the child
- Uses physical punishment to cause pain or as a way of disciplining the child.
- Demands an inappropriate level of physical or academic performance
- Severely limits the child's contact with others
- Offers conflicting or unconvincing explanations for a child's injuries or no explanation at all

***'Significant harm'* is the threshold that justifies compulsory intervention in family life in the best interests of the child.**

The following factors should be considered when assessing risks to a child. This is not an exhaustive list. Professionals should be alert to situations where a child is injured and:

- The explanation provided by the parent or carer is apparently incompatible with the physical injury;
- There are conflicting or different explanations provided;
- There is no explanation provided or a lack of awareness of how the injury occurred;
- There is a reluctance on the part of the parent or carer to provide information about the current or previous injuries;
- There is a reluctance to agree to medical assessment;
- There is a delay or failure to seek appropriate medical attention for an injury;
- There are frequent minor injuries or presentations of the child at Accident and Emergency Departments;
- The parent or carer is impatient, angry or aggressive towards the child;
- The parent or carer is under the influence of alcohol or another substance;
- A child reacting in a way that is inappropriate to his/her age or development;
- The parent indicates difficulties in coping with the child;
- There is evidence of domestic abuse or parental mental ill health.

If significant harm has been suspected or committed, the Children's Social Care initiates child protection procedures and become responsible for:

- Co-ordinating an assessment of the child's needs
- Assessment of the parenting capacity
- Assessment of the wider family and if necessary local community's circumstances

THRESHOLDS DOCUMENT

A threshold is a point that is reached where support is required at level 1, 2, 3 or 4. The Thresholds document outlines circumstances and key features at each level to help professionals make a judgement about whether a threshold has been reached and decide what to do next. These circumstances and features relate to:

- The child's developmental needs
- Parenting capacity
- Family and environment

An assessment will provide the evidence that the level of need or threshold has been met.

Level 1 – Universal Services
Children and young people whose needs are met by universal services such as schools and healthcare services, alongside the love, care and protection from parents and carers.

Level 2 - Additional Support
Children and young people with additional needs that can be met through a single agency response or through agencies working together to provide a coordinated partnership response. The support required may only be short term, but if ignored, these issues could lead to need escalating. Interventions put in place at this level form part of 'early help' and where intervention is with parental consent.

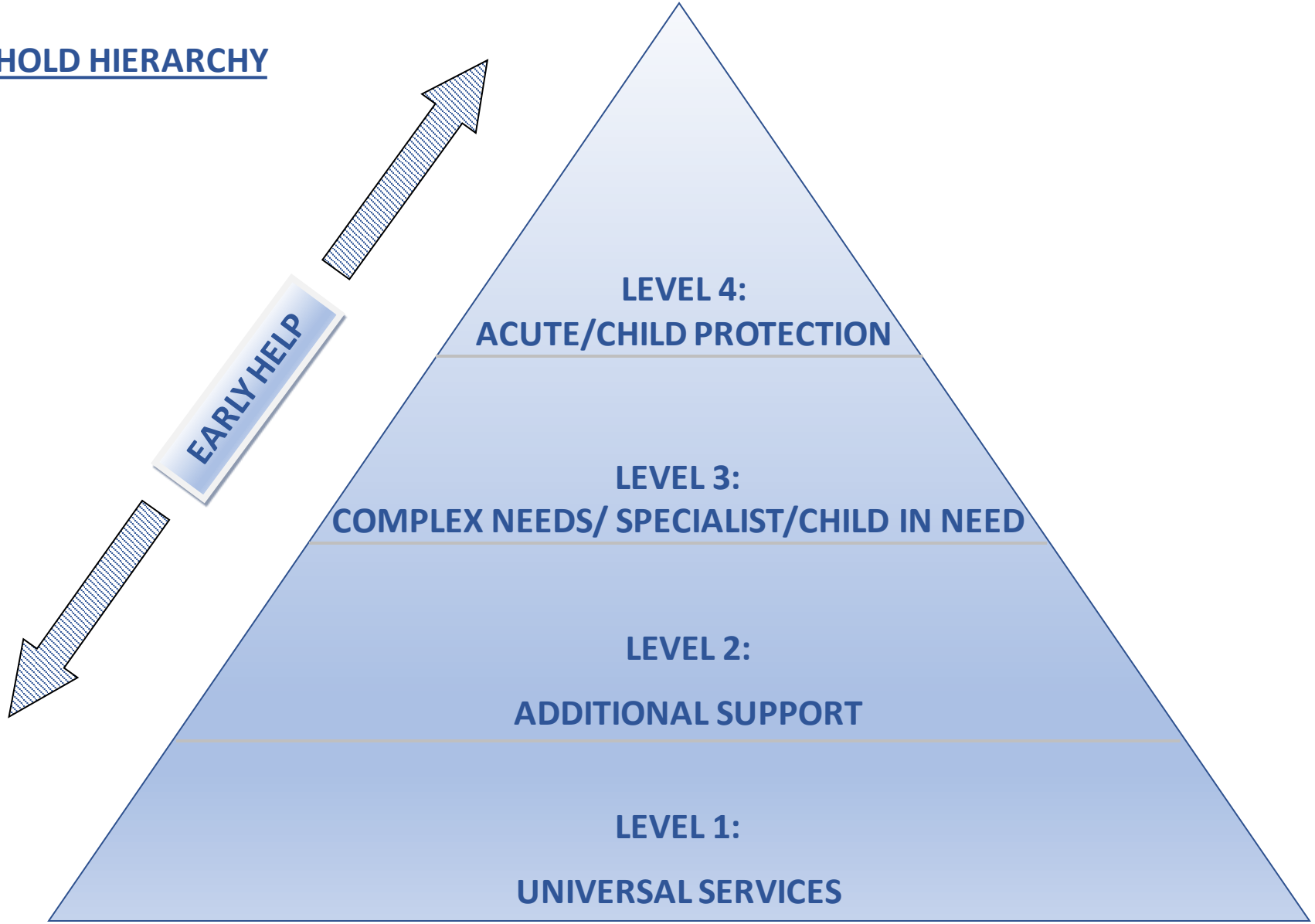
Level 3 – Complex Needs / Specialist / Threshold for Child in Need
Children and young people who have multiple and complex needs requiring a multiagency Early Help response with a lead professional. Level 3 also includes the threshold for a Child in Need. Although a Child in Need requires a statutory response from Children's Social Care, a statutory intervention is not necessarily required.

For this reason, the threshold for a Child in Need falls in level 3, but where a statutory intervention is required from Children's Social Care this would fall into level 4.

Children and young people in this category have increasing levels of un-met needs that are more significant and complex. The range, depth or significance of the problems faced by children at level 3 may begin to prevent them from achieving or maintaining a reasonable standard of health or development if they don't receive appropriate services. They are likely to require targeted and/or longer-term intervention from specialist services.

Level 4 – Acute and/or Child Protection
Children and young people with a high level of unmet or complex needs or children who are in need of protection. Children and young people in this category are identified as having suffered or likely to be suffering significant harm or significant impairment to their health or development. Harm is defined under 4 possible categories: physical abuse, emotional abuse, sexual abuse and neglect. These children require intensive support under Section 47 of the Children Act 1989 (child protection plan).

THRESHOLD HIERARCHY



EARLY HELP

1. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. It benefits the wider family and community by preventing things from escalating.

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

- Identify children and families who would benefit from early help
- Undertake an assessment of the need for early help
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child
- Prevent further problems arising, if achievable.

3. Professional responsibility is to pay particular attention or be alert to the potential need for early help for a child who:

- Is disabled and has specific additional needs;
- Has special educational needs;
- Is a young carer;
- Is showing signs of engaging in anti-social or criminal behaviour;
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence; and/or
- Is showing early signs of abuse and/or neglect.

4. Early helps also benefits the economy by dealing with situations early

PROCEDURE AND PRACTICE PROTOCOLS – PROCESSES OF MANAGING INDIVIDUAL CASES

Good practice can only be achieved in managing child abuse/neglect when the following are followed:

- Efficient referral systems
- Focusing on child's best interest (Immediate protection)
- Rigorous assessments
- Developing a clear analysis
- Achieving timeliness
- Adhering to legislation and regulations

Practitioners should be rigorous in assessing and monitoring children at risk of neglect to ensure they are adequately safeguarded over time. They should act decisively to protect the child by initiating care proceedings where existing interventions are insufficient. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.

- Identify children and families who would benefit from early help;
- Undertake an assessment of the need for early help; and
- Provide targeted early help services to address the assessed needs of a child and their family which
- Focuses on activity to significantly improve the outcomes for the child. Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.
- Effective early help relies upon local agencies working together

WHEN ABUSE IS SUSPECTED OR ALLEGED

Every worker who encounters children or their families has a duty to safeguard them even if they don't work directly with them. If you are worried about a child:

- Report your concerns to your manager immediately
- Make a record of your concerns that is factual and sign and date it
- If you feel that this process would be too slow, dial 999 and call the police; they can quickly remove a child to somewhere safe

IMMEDIATE PROTECTION

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

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

In the event a child makes a disclosure to you, you must not:

- Panic
- Allow personal feelings/ emotions to show
- Approach or challenge the alleged abuser
- Make promises or keep secrets even if the child pleads otherwise
- Ask leading questions

A child might tell someone that they have been abused, or a family member, friend, worker or someone else might make an allegation about abuse happening or having happened in the past. Policies and procedures will give information on signs and symptoms of abuse, how to respond to the victim, lines of reporting and important telephone numbers so that any worker can feel confident when dealing with an incident.

In order to clarify if there is a safeguarding concern, you should try to give the child an opportunity to talk however do not do anything that may jeopardise a police investigation if a criminal act has been committed. You are not responsible for deciding whether or not abuse has occurred and should not conduct an investigation to establish if the child is telling the truth or not.

Any suspicion or concern that a child may be suffering or at risk of suffering from significant harm, must be acted upon as soon as practicably possible and reported to the designated safeguarding lead.

Responding to a disclosure

When recording your findings, you should always:

- Remain calm
- Listen very carefully to a child
- Reassure the child and tell them they have done the right thing and that they are not to blame
- Immediately write down what they say (or within 24 hours of the disclosure) and the words used - even if it involves foul or slang language
- Don't write what you think you have interpreted, speculated or assumed the child may have said; keep it factual, clear and concise.

Your notes should include the following:

- Date, time and name of person making the report
- Name and date of birth of the child
- Family details (names, addresses, relationship, contact numbers)
- Nature of the disclosure/ allegation
- Statement confirming what the child has said
- Observations (including any obvious signs of abuse/ neglect)
- Name of the alleged abuser

Following the discussion of the disclosure, the designated safeguarding lead must be informed, and the child made aware of what will happen next. NEVER discuss the disclosure or allegation with the child's parents, carer or colleagues.

All staff and professionals working with children have a duty of care to children. Therefore, they need to have the relevant safeguarding training that will enable them to perform within their roles. They need to be aware of their local policies and procedure and those of their Local Safeguarding Children Board (LSCB) when dealing with a concern.

Each organisation with a mandate of service provision for children will have a lead person in children safeguarding- the designated safeguarding lead. Prior to the Children Act 2004, this role was frequently referred to as the Child Protection Officer. The Designated Safeguarding Person has a responsibility at both a strategic level within the organisation and on a day-to-day basis.

Key Aspects of the Designated Person role includes:

- Making sure all staff are aware how to raise safeguarding concerns
- Ensuring all staff understand the symptoms of child abuse and neglect
- Referring any concerns to social care
- Monitoring children who are the subject of child protection plans
- Maintaining accurate and secure child protection records

Actions to be taken:

Once the referral has been accepted by local authority children's social care the lead professional role falls to a social worker. The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen. Within one working day of a referral being received a local authority social worker should make a decision about the type of response that is required. This will include determining whether the child requires immediate protection.

- The child and family must be informed of the action to be taken.
- Local authority children's social care should see the child as soon as possible if the decision is taken that the referral requires further assessment.
- Where requested to do so by local authority children's social care, professionals from other parts of the local authority such as housing and those in health organisations have a duty to cooperate under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions.

Assessment of a child:

Local authorities have a duty to ascertain the child's wishes and feelings and take account of them when planning the provision of services. Whatever legislation the child is assessed under the purpose of the assessment is always:

- To gather important information about a child and family;
- To analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
- To decide whether the child is a child in need (section 17) and/or is suffering, or likely to suffer, significant harm (section 47) and;
- To provide support to address those needs to improve the child's outcomes to make them safe.

Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents/carers, decisions should be made in the child's best interests. Practitioners should be rigorous in assessing and monitoring children at risk of neglect to ensure they are adequately safeguarded over time. They should act decisively to protect the child by initiating care proceedings where existing interventions are insufficient.

Assessments should be carried out in a timely manner reflecting the needs of the individual child.

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

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

Developing a clear analysis – Strategy discussion:

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving local authority children's social care, the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process.

Local authority children's social care should convene a strategy discussion to determine the child's welfare and plan rapid future action if there is reasonable cause to suspect the child is suffering, or is likely to suffer, significant harm. Critical reflection through supervision should strengthen the analysis in each assessment.

Focusing on Outcomes:

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

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

Timeliness:

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

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

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

Actions to be taken following a strategy meeting/ discussion:

A section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm. It is carried out by undertaking or continuing with an assessment in accordance with the guidance set out in principles and parameters of a good assessment (Working together to safeguard Children 2013). Local authority social workers have a statutory duty to lead assessments under section 47 of the Children Act 1989. The police, health professionals, teachers and other relevant professionals should help the local authority in undertaking its enquiries.

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving local authority children's social care (including the fostering service, if the child is looked after), the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process.

Where concerns of significant harm are not substantiated, social Workers and their manager should:

- Discuss the case with the child, parents and other professionals;
- Determine whether support from any services may be helpful and help secure it; and
- Consider whether the child's health and development should be re-assessed regularly against specific objectives and decide who has responsibility for doing this.
- Participate in further discussions as necessary;
- Contribute to the development of any plan as appropriate;
- Provide services as specified in the plan for the child; and
- Review the impact of services delivered as agreed in the plan

Where concerns of significant harm are substantiated, and the child is judged to be suffering, or likely to suffer, significant harm. Social workers and their managers should:

- Convene an initial child protection conference. The timing of this conference should depend on the urgency of the case
- Ensure the initial child protection conference takes place within 15 working days of a strategy discussion, or the strategy discussion at which section 47 enquiries were initiated, if more than one has been held
- Consider whether any professionals with specialist knowledge should be invited to participate
- Ensure that the child and their parents understand the purpose of the conference and who will attend
- Help prepare the child if he or she is attending or making representations through a third party to the conference
- Give information about advocacy agencies and explain that the family may bring an advocate, friend or supporter.

All other professionals involved should:

- Contribute to the information their agency provides ahead of the conference, setting out nature of the agency's involvement with the child and family;
- Consider, in conjunction with the police and the appointed conference Chair, whether the report can and should be shared with the parents and if so when and
- Attend the conference and take part in decision making when invited.

Child protection conference:

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

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

CHILD PROTECTION PLAN

The aim of the child protection plan is to:

- Ensure the child is safe from harm and prevent him or her from suffering further harm;
- Promote the child's health and development; and
- Support the family and wider family members to safeguard and
- Promote the welfare of their child, provided it is in the best interests of the child.

Local authority children's social care should:

- Designate a social worker to be the lead professional as they carry statutory responsibility for the child's welfare;
- Consider the evidence and decide what legal action to take if any, where a child has suffered, or is likely to suffer, significant harm; and
- Define the local protocol for timeliness of circulating plans after the child protection conference

Social workers with their managers should:

- Be the lead professional for inter-agency work with the child and family, coordinating the contribution of family members and professionals into putting the child protection plan into effect;
- Develop the outline child protection plan into a more detailed inter-agency plan and circulate to relevant professionals and family where appropriate;
- Undertake direct work with the child and family in accordance with the child protection plan, taking into account the child's wishes and feelings and the views of the parents on so far as they are consistent with the child's welfare;
- Explain the plan to the child in a manner which is in accordance with their age and understanding and agree the plan with the child;
- Coordinate reviews of progress against the planned outcomes set out in the plan, updating as required. The first review should be held within 3 months of the initial conference and further reviews at intervals of no more than 6 months for as long as the child remains subject of a child protection plan;
- Record decisions and actions agreed at core group meetings as well as the written views of those who were not able to attend and follow up those actions to ensure they take place. The child protection plan should be updated as necessary; and
- Lead core group activity.

The Core group should:

- Meet within 10 working days from the initial child protection conference if the child is the subject of a child protection plan;
- Develop the outline child protection plan, based on assessment findings, and set out what needs to change, by how much, and by when in order for the child to be safe and have their needs met;
- Decide what steps need to be taken, and by whom, to complete the in-depth assessment to inform decisions about the child's safety and welfare; and
- Implement the child protection plan and take joint responsibility for carrying out the agreed tasks, monitoring progress and outcomes, and refining the plan as needed.

The Review:

Discontinuation of the child protection plan:

A child should no longer be under a child protection plan if:

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

Social workers and their managers should:

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

INFORMATION SHARING PROTOCOLS

Information Sharing: Guidance for practitioners and managers (2008) supports frontline practitioners, working in child or adult services, who must make decisions about sharing personal information on a case by case basis. The guidance can be used to supplement local guidance and encourage good practice in information sharing. Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.

Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children. Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements:

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

LEARNING AND IMPROVING FRAMEWORK

Professionals and organisations protecting children need to reflect on the quality of their services and learn from their own practice and that of others.

Good practice should be shared so that there is a growing understanding of what works well. Conversely, when things go wrong there needs to be a rigorous, objective analysis of what happened and why, so that important lessons can be learned, and services improved to reduce the risk of future harm to children.

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

PRINCIPLE OF LEARNING AND IMPROVEMENT

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

- There should be a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the welfare of children, identifying opportunities to draw on what works and promote good practice;
- The approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined;
- Reviews of serious cases should be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed;
- Professionals should be involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith;
- Families, including surviving children, should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively. This is important for ensuring that the child is at the centre of the process;
- Final reports of SCRs must be published, including the LSCB's response to the review findings, in order to achieve transparency. The impact of SCRs and other reviews on improving services to children and families and on reducing the incidence of deaths or serious harm to children must also be described in LSCB annual reports and will inform inspections; and
- Improvement must be sustained through regular monitoring and follow up so that the findings from these reviews make a real impact on improving outcomes for children.

SCRS and other case reviews should be conducted in a way which:

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

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the functions of LSCBs.

(http://www.legislation.gov.uk/uksi/2006/90/regulation/5/made)

Functions of LSCBs

5. (1) The functions of an LSCB in relation to its objective (as defined in section 14(1) of the Act(1)) are as follows—

- *Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to—*

i. The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
ii. Training of persons who work with children or in services affecting the safety and welfare of children;
iii. Recruitment and supervision of persons who work with children;
iv. Investigation of allegations concerning persons who work with children;
v. Safety and welfare of children who are privately fostered;
vi. Co-operation with neighbouring children's services authorities and their Board partners;

- *Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done, and encouraging them to do so;*
- *Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children, and advising them on ways to improve;*
- *Participating in the planning of services for children in the area of the authority;*
- *Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.*

(2) For the purposes of paragraph (1)(e) a serious case is one where—

- *Abuse or neglect of a child is known or suspected; and*

Either —

- *The child has died; or*
- *The child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.*

(3) An LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objective.

Cases which meet one of these criteria (i.e. regulation 5(2)(a) and (b)(i) or 5 (2)(a) and (b)(ii) must always trigger an SCR. In addition, even if one of these criteria are not met an SCR should always be carried out when a child dies in custody, in police custody, on remand or following sentencing, in a Young Offender Institution, in a secure training centre or a secure children's home, or where the child was detained under the Mental Capacity Act 2005. Regulation 5(2)(b)(i) includes cases where a child died by suspected suicide.

Where a case is being considered under regulation 5(2)(b)(ii), unless there are no concerns about inter-agency working, the LSCB must commission an SCR. The final decision on whether to conduct the SCR rests with the LSCB Chair person. If an SCR is not required because the criteria in regulation 5(2) are not met, the LSCB may still decide to commission an SCR or they may choose to commission an alternative form of case review.

LSCBs should consider conducting reviews on cases that do not meet the SCR criteria. They will also want to review instances of good practice and consider how these can be shared and embedded. LSCBs are free to decide how best to conduct these reviews. The LSCB should oversee implementation of actions resulting from these reviews and reflect on progress in its annual report.

The local framework should cover the full range of reviews and audits that are aimed at driving improvements to safeguard and promote the welfare of children. Some of these reviews (i.e. SCRs and child death reviews) are required under legislation

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

The different types of review include Serious Case Review for every case where abuse or neglect is known or suspected and either:

- A child dies; or
- A child is seriously harmed and there are concerns about how organisations or professionals worked
- Child death review: a review of all child deaths up to the age of 18;
- Review of a child protection incident which falls below the threshold for an SCR; and
- Review or audit of practice in one or more agencies.

Decisions whether to initiate an SCR

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

The LSCB should let Ofsted and the national panel of independent experts know their decision.

If the LSCB decides not to initiate an SCR, their decision may be subject to scrutiny by the national panel. The LSCB should provide information to the panel on request to inform its deliberations and the LSCB Chair should be prepared to attend in person to give evidence to the panel.

PROCEDURE FOR UNDERTAKING SERIOUS CASE REVIEWS

Panel of experts:

The role of the panel will be to support LSCBs in ensuring that appropriate action is taken to learn from serious incidents in all cases where the statutory SCR criteria are met and to ensure that those lessons are shared through publication of final SCR reports. The panel will also report to the Government their views of how the SCR system is working.

The panel's remit will include advising LSCBs about:

a) Application of the SCR criteria;
b) Appointment of reviewers; and
c) Publication of SCR reports.

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

The following provides a checklist for LSCBs on how to manage the SCR process

Appointing reviewers

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

Engagement of organisations

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

Timescale for SCR completion

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

Agreeing improvement action

The LSCB should oversee the process of agreeing with partners what action they need to take in light of the SCR findings.

Publication of reports

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

Final SCR reports should:

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

CHILD DEATH REVIEWS

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

a) Collecting and analysing information about each death with a view to identifying—

- Any case giving rise to the need for a review mentioned in regulation 5(1)(e);
- Any matters of concern affecting the safety and welfare of children in the area of the authority;
- Any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and

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

Each death of a child is a tragedy and enquiries should keep an appropriate balance between forensic and medical requirements and supporting the family at a difficult time. Professionals supporting parents and family members should assure them that the objective of the child death review process is not to allocate blame, but to learn lessons. The child death review process will help to prevent further such child deaths.

RESPONSIBILITIES OF THE LSCB

The LSCB is responsible for ensuring that a review of each death of a child normally resident in the LSCB's area is undertaken by a Child Death Overview Panel (CDOP). The CDOP will have a fixed core membership drawn from organisations represented on the LSCB with flexibility to co-opt other relevant professionals to discuss certain types of death as and when appropriate. The CDOP should include a professional from public health as well as child health. It should be chaired by the LSCB Chair's representative.

That individual should not be involved directly in providing services to children and families in the area. One or more LSCBs can choose to share a CDOP. CDOPs responsible for reviewing deaths from larger populations are better able to identify significant recurrent contributory factors.

LSCBs should be informed of the deaths of all children normally resident in their geographical area. The LSCB Chair should decide who will be the designated person to whom the death notification and other data on each death should be sent.

LSCBs should use sources available, such as professional contacts or the media, to find out about cases when a child who is normally resident in their area dies abroad. The LSCB should inform the CDOP of such cases so that the deaths of these children can be reviewed.

SPECIFIC RESPONSIBILITIES OF RELEVANT BODIES IN RELATION TO CHILD DEATHS

Coroners (Coroners Rules 1984 (as amended by the Coroners(Amendment)Rules 2008))

- Duty to inquire and may require evidence. Duty to inform the LSCB for the area in which the child died within three working days of the fact of an inquest or post-mortem. Powers to share information with LSCBs for the purposes of carrying out their functions, including reviewing child deaths and undertaking SCRs.

Registrar General (section 32 of the Children and Young Persons Act 2008)

- Power to share child death information with the Secretary of State, including about children who die abroad.

Medical Examiners (Coroners and Justice Act 2009)

- It is anticipated that from 2014 Medical Examiners will be required to share information with LSCBs about child deaths that are not investigated by a coroner.

Clinical Commissioning Groups (Health and Social Care Act 2012)

- Employ, or have arrangements in place to secure the expertise of, consultant paediatricians whose designated responsibilities are to provide advice on commissioning paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood, and from medical investigative services; and the organisation of such services.

Specific responsibilities of relevant professionals:

Designated Paediatrician for unexpected deaths in childhood

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

Responsibilities of Child Death Overview Panels (CDOP)

The functions of the CDOP include:

- Reviewing all child deaths up to the age of 18, excluding those babies who are stillborn and planned terminations of pregnancy carried out within the law;
- Collecting and collating information on each child and seeking relevant information from professionals and, where appropriate, family members;
- Discussing each child's case, and providing relevant information or any specific actions related to individual families to those professionals who are involved directly with the family so that they, in turn, can convey this information in a sensitive manner to the family;
- Determining whether the death was deemed preventable, that is, those deaths in which modifiable factors may have contributed to the death and decide what, if any, actions could be taken to prevent future such deaths;
- Making recommendations to the LSCB or other relevant bodies promptly so that action can be taken to prevent future such deaths where possible;
- Identifying patterns or trends in local data and reporting these to the LSCB;
- Where a suspicion arises that neglect or abuse may have been a factor in the child's death, referring a case back to the LSCB Chair for consideration of whether an SCR is required;
- Agreeing local procedures for responding to unexpected deaths of children; and cooperating with regional and national initiatives – for example, with the National Clinical Outcome

Review Programme – to identify lessons on the prevention of child deaths.

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

SUMMARY

Safeguarding is a term used for promoting welfare with the aim to protect children from harm.

Child Protection is any activity undertaken to protect children who are, or likely to suffer significant harm

Significant harm is defined in Section 31 of the Children Act 1989 as ill treatment or the impairment if health or development.

KEY LEGISLATION AND REGULATIONS:

- The Children Act 1989 (as amended by section 53 of the Children Act 2004)
- The Equality Act 2010
- Children and Social Care Act 2017
- United Nations Convention on the Rights of the Child (UNCRC) (1991):
- The Human Rights Act 1998
- Children's Commissioner

REMEMBER: Safeguarding children is everyone's responsibility!