



Llywodraeth Cymru  
Welsh Government

# Social Services and Well-being (Wales) Act 2014

Working Together to Safeguard People  
Volume 5 – Handling Individual Cases to Protect Children at Risk



# Part 7

## Handling Individual Cases to Protect Children at Risk

*Issued under Section 28 of the Children Act 2004.*

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.



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## Introduction

1. This guidance covering both devolved and non-devolved safeguarding board partners in Wales is issued jointly by the Welsh Ministers and the Secretary of State.
2. Section 28(2) of the Children Act 2004 places a duty on certain persons and bodies to make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children. The persons and bodies to whom this duty applies are listed in section 28(1).
3. In so far as the guidance applies to local authorities in Wales, a Local Health Board, certain NHS Trusts and youth support services, the guidance is issued by the Welsh Ministers and those persons and bodies must have regard to the guidance when discharging their duty under section 28(2).
4. In so far as the guidance applies to probation services in Wales, youth offending teams in Wales, Police and Crime Commissioners and the Chief Officer of Police for a police area in Wales, the British Transport Police Authority, the National Crime Agency, the governor of a prison or secure training centre in Wales and the principal of a secure college in Wales, the guidance is issued by the Secretary of State and those persons or bodies must have regard to the guidance in discharging their duty under section 28(2).
5. The guidance should be read in conjunction with chapter 1 of volume 1 of *Working Together to Safeguard People* issued under section 131 of the Social Services and Well-being (Wales) Act 2014 which provides guidance on the duty to report children at risk.
6. This volume provides advice on what should happen if an individual has concerns about the well-being of a child (including those living away from home) and in particular reasonable grounds to suspect that a child is:
  - experiencing or is at risk of abuse, neglect or other kinds of harm;
  - and**
  - has needs for care and support.
7. This advice is not intended as a detailed practice guide, but sets out clear expectations about the ways in which agencies and practitioners should work together to safeguard children. The National Protection Procedures will complement this guidance and set out the detailed practice guidance.
8. This advice replaces the previous version of statutory guidance *Safeguarding Children: Working Together under the Children Act 2004*

9. Achieving good outcomes for children requires all those with responsibility for assessment and the provision of services to work together according to an agreed plan of action. Effective collaboration requires organisations and people to be clear about;
- the legislative basis for the work;
  - their roles and responsibilities for safeguarding and promoting the welfare of children (section 28 of the Children Act 2004);
  - the protocols and procedures to be followed, including the way in which information will be shared across practitioner boundaries and within agencies, and be recorded;
  - which organisation, team or practitioner has lead responsibility, and the precise roles of everyone else who is involved;
  - the importance of ensuring that children, adults, family members and carers are fully involved, and the rights of the child protected;
  - any timescales set down in Regulations or Guidance which govern the completion of assessments, making of plans and timing of reviews;
  - the need to ensure that, in accordance with section 6 of the Act, a person exercising functions under the Act in relation to a person who has, or may have, needs for care and support, must, in so far as it is reasonably practicable, have regard to the wishes and feelings of the individual, and must have regard to the importance of promoting and respecting the dignity of the individual.
  - the need to for a person carrying out functions under the Act in relation to a child falling within section 6 of the Act to have due regard to Part 1 of the United Nations Convention on the Rights of the Child in accordance to Part 2 of the Act, and
  - the important role of third sector organisations in reporting children experiencing harm or at risk of harm and in the protection of, children at risk.
10. The Care and Social Services Inspectorate Wales (CSSIW) wrote to Directors of Social Services in Wales in June 2017 providing policy and practice guidance in relation to investigating safeguarding concerns. That guidance is available on the Care Inspectorate Wales website [Care Inspectorate Wales](#)

# 1. Statutory Duties

## Duty to report children at risk

11. Section 130(4) of the Social Services and Well-being (Wales) Act 2014<sup>5</sup> (hereafter referred to as the 2014 Act) defines a “child at risk” as a child who:
  - a) is experiencing or is at risk of abuse, neglect or other kinds of harm; and
  - b) has needs for care and support (whether or not the Local authority is meeting any of those needs).
  
12. Relevant partners are defined by section 162(4) and section 130(5)(b) as:
  - a) the local policing body and the chief officer of police for a police area any part of which falls within the area of the local authority;
  - b) any other local authority with which the authority agrees that it would be appropriate to co-operate under this section;
  - c) the Secretary of State to the extent that the Secretary of State is discharging functions under sections 2 and 3 of the Offender Management Act 2007 in relation to Wales;
  - d) any provider of probation services that is required by arrangements under section 3(2) of the Offender Management Act 2007 to act as a relevant partner of the authority;
  - e) a Local Health Board for an area any part of which falls within the area of the authority;
  - f) an NHS Trust providing services in the area of the authority;
  - g) the Welsh Ministers to the extent that they are discharging functions under Part 2 of the Learning and Skills Act 2000;
  - h) such a person, or a person of such description, as regulations may specify; and
  - i) a youth offending team for an area any part of which falls within the area of the authority.
  
13. Section 162(2) of the Act states that a local authority must also make arrangements to promote co-operation between the relevant officers of the authority who exercise its own functions, this includes education.
  
14. When a child has been reported under section 130 of the 2014 Act, the local authority **must** consider whether there are grounds for carrying out an investigation under section 47 of the Children Act 1989.

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<sup>5</sup> [Social Services and Well-being \(Wales\) Act 2014](#).

15. Section 47<sup>6</sup> requires that where a local authority has reasonable cause to suspect that a child “is suffering, or is likely to suffer, significant harm” the local authority shall make or cause to be made such enquires as it considers necessary to enable it to decide whether it should take any action to safeguard or promote the child’s welfare.
16. Guidance in relation to children at risk of significant harm and the powers and duties under the Children Act 1989, in particular the duty under section 47 of that Act, **must** be considered.

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<sup>6</sup> <http://www.legislation.gov.uk/ukpga/1989/41/section/47>

### 3. Relevant Legislation

#### **Domestic abuse (Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015)**

17. On 29 April 2015, the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Bill received Royal Assent and became an Act. The legislation aims to improve the Public Sector response in Wales to such abuse and violence and was subject to rigorous scrutiny through the legislative process

The Act aims to:

- improve arrangements to promote awareness of, and prevent, protect and support victims of gender-based violence, domestic abuse and sexual violence;
  - introduce a needs-based approach to developing strategies which will ensure strong strategic direction and strengthened accountability;
  - ensure strategic level ownership, through the appointment of a Ministerial Adviser who will have a role in advising Welsh Ministers and improving joint working amongst agencies across this sector; and
  - improve consistency, quality and join-up of service provision in Wales.
18. Domestic abuse frequently involves households where there are children and they are the victims of domestic abuse just as much as the adults involved.
  19. Children will suffer, directly and indirectly, if they live in households where there is domestic abuse. Domestic abuse is likely to have a damaging effect on the health and development of children, and it will often be appropriate for such children to be regarded as children in need. Everyone working with adults or women and children should be alert to the frequent inter-relationship between domestic abuse and the abuse and neglect of children. Where there is evidence of domestic abuse, the implications for any children in the household should be considered, including the possibility that the children may themselves be subject to violence or other harm. Conversely, where it is believed that a child is being abused, those involved with the child and family should be alert to the possibility of domestic abuse within the family.
  20. The police are often the first point of contact with families in which domestic abuse takes place. When responding to incidents of abuse, the police should find out whether there are any children living in the household. There should be arrangements in place between police and social services, to enable the police to find out whether any such children are on the Child Protection Register. The police are already required to determine whether any court orders or injunctions are in

force in respect of members of the household. It is good practice for the police to notify the social services department when they have responded to an incident of domestic abuse and it is known that a child is a member of the household. If the police have specific concerns about the safety or welfare of a child, they should make a referral to the social services department citing the basis for their concerns. It is also important that there is clarity about whether the family is aware that a referral is to be made. Any response by social services to such referrals should be discreet, so as not to further endanger the victim or their children. In extreme cases, a child may be in need of immediate protection.

21. Normally, incidents of domestic abuse where there is a child in the household would indicate that the social services department should carry out an assessment of the child and family, including consulting existing records. Children who are experiencing domestic abuse may benefit from a range of support and services, and some may need safeguarding from harm. Often, supporting a non-violent parent is likely to be the most effective way of promoting the child's welfare. The police and other agencies have defined powers in criminal and civil law which can be used to help those who are subject to domestic abuse.
22. Each Community Safety Partnership, Domestic Abuse Forum and Safeguarding Children Board (SCB) should have clearly defined links, which should include cross-membership and identifying and working together on areas of common interest. The Community Safety Partnership, Domestic Abuse Forum and SCB should jointly contribute - in the context of the children's services plan - to an assessment of the incidence of children caught up in domestic abuse, their needs, the adequacy of local arrangements to meet those needs, and the implications for local services. The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 places a duty on local authorities and Local Health Boards to prepare and publish joint local strategies for tackling violence against women, domestic abuse and sexual violence.

### **Female Genital Mutilation (FGM)**

23. FGM is illegal in the United Kingdom. The prohibition of Female Circumcision Act 1985 made FGM an offence except on specific physical and mental grounds.
24. In October 2003 it was replaced by the Female Genital Mutilation Act. This Act strengthens and amends the 1985 legislation. It retains the crime of FGM in the UK and also makes it an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM, even in countries where the practice is legal. The maximum penalty for committing or aiding the offence is fourteen years in prison. UK policy and practice in countries where FGM is prevalent is key to the prevention of FGM in the UK



because many of the women and girls at risk in the UK come from these countries, and return there to have FGM performed.

25. Local agencies should be alert to the possibility of FGM where there are communities or individuals known to practice it. SCB policy should focus on a preventative strategy involving community education.

### **Modern Slavery Act 2015**

26. Trafficking in people involves a collection of crimes, spanning a variety of countries and involving an increasing number of victims – resulting in considerable suffering for those trafficked. It includes the exploitation of children through force, coercion, threat or violence and the use of deception and human rights abuses such as debt bondage, deprivation of liberty and lack of control over one's labour. Exploitation can occur through sexual exploitation, criminal exploitation, labour exploitation, domestic servitude, begging and forced organ removal. It includes the movement of people across borders and also the movement and exploitation within borders, including of UK citizens in and around the UK.
27. Children trafficked from abroad may enter the UK through various means. Some enter clandestinely as unaccompanied asylum seekers, or students or as visitors. Children are also brought in by adults who state that they are their dependents, or are met at the airport by an adult who claims to be a relative. Trafficking is different to smuggling. However in some cases children on the move become exploited or trafficked along the journey.
28. Children, including British nationals, may be trafficked into, out of and within the UK. This includes in connection with 'county lines', a form of child criminal exploitation in which children are used to transport drugs and money across the UK on behalf of criminal networks. It also includes many models of child sexual exploitation where children are moved from one place to another for the purposes of sexual exploitation.
29. If it is suspected that a child is the victim of trafficking the police or children's social services should be informed. Agencies should work together to ensure a joined-up response. The provision of Independent Child Trafficking Advocates (ICTAs) and their functions are outlined in section 48 of the Modern Slavery Act 2015 and covers all children who have been trafficked, regardless of their nationality. At the time of writing Wales is one of the 'early adapter sites' for the ICTA project to be piloted for two years and the service which covers all local authorities in Wales, and is managed by Barnardo's Cymru, commenced in January 2017. The ICTAs work directly with children and young people who have been trafficked or who are at risk of trafficking; providing advocacy, support, signposting and offering services to them in accordance with the aims and objectives of the project. They will be

responsible for supporting navigation through social care, immigration and criminal justice systems and processes. For more information on ICTAs, see the interim guidance published here: <https://www.gov.uk/government/publication/child-trafficking-advocates-early-adopter-sites>.

30. Further guidance on general safeguarding topics is available from the Welsh Government at: <http://gov.wales/topics/health/socialcare/safeguarding/?lang=en>

## 4. General Principles

31. Effective safeguarding systems are those where:
- the wishes, needs and well-being of the child are put first, so that they receive the care and support they need before a problem escalates;
  - all practitioners who come into contact with children are alert to their needs including any potential or suspected abuse or risk of abuse or harm and understand what action they should take;
  - all practitioners share appropriate information, and have direct access to advice to discuss any concerns about a child;
  - all practitioners are able to use their professional judgment to put the child's needs and personal outcomes at the centre of the system so that the right solution can be found for them;
  - all practitioners working with a child operate in a multi-agency and co-operative way to safeguard and promote a child's well-being, record decisions appropriately and regularly review (see Flowchart 3) progress against the outcomes set out in care and support plans.
  - all practitioners who come into contact with children are able to access professional strategic leadership which supports the practitioner to achieve desired outcomes for the child.
32. Organisations, establishments and professional groupings that work or have contact with children and families should ensure that staff are aware of and have access to National Procedures. Staff should refer to National Procedures when handling concerns in individual cases where there are specific circumstances which require consideration.

### **A co-ordinated child rights centred approach**

33. Effective safeguarding arrangements in every local authority area should be underpinned by two key principles:
- safeguarding is everyone's responsibility: for services to be effective each practitioner and organisation must play their full part both individually and in collaboration;
- and**
- a child-centred approach: for services to be effective they should be based on a clear understanding of the personal outcomes for the child and what matters to them. The rights of the child should be central to the approach and their best interests should always be paramount.

## **Safeguarding and protecting is everyone's responsibility**

34. No single practitioner can have a full picture of a child or their family, therefore support to families should be delivered as part of a co-ordinated multi-agency approach. The ability to work across and between agencies is essential to build a better understanding of the whole family's circumstances and their needs for care and support. Strong working relationships and a multi-agency approach can prevent needs escalating and identify when a child or family member is at risk.
35. Relevant partners (section 162(4)) should understand their statutory duty to inform the local authority where there is reasonable cause to suspect that a child is at risk.
36. Everyone in education services, whether employed by the local authority or otherwise, who comes into contact with children and their families has a role to play in safeguarding children. Early Years settings, school and college staff in particular are in a position to identify concerns early and provide help for children to prevent issues from escalating.
37. Early years, school and college staff form part of the wider safeguarding system for children. Early years settings, schools and colleges should work with local authorities, the police, health services and other services to promote the well-being of children and protect them from harm. Each school and college should have a designated senior person (DSP) for child protection who will provide support to staff members to carry out their safeguarding duties and who will liaise closely with other services such as local authority social services.
38. Childcare setting regulations include requirements that a registered person is responsible for ensuring that the protection of the child is the first priority and it is everybody's responsibility; that there is a written child protection policy in place and that a designated member of staff has attended a child protection training course and is responsible for liaison with child protection agencies in any child protection situation.
39. CIW will liaise closely with the local authority in the initial stages of any investigation, to understand any regulatory implications for the service under consideration. For example, the concern may raise wider issues about the running of that service or indicate a failure of care provision. Liaison includes taking part in strategy discussions, typically by phone, to determine the need for CIW to attend strategy meetings.

## **A Child-Centred Approach**

40. Anyone working with a child **must**
  - see them; and

Subject to the child's age, stage of cognitive development and level of verbal or non-verbal communication skills:

- speak to them;
  - listen to what they say;
  - take their views, wishes and feelings seriously;
  - work in partnership with them when determining how to meet their care and support needs; and
  - feed back to the child.
41. In the process of finding out what is happening to the child it is also essential to have regard, as far as is practicable, to the views, wishes and feelings of those with parental responsibility, family members and or/carers and other professionals engaged with the child.

### Welsh Language Requirements

42. The process **must** recognise the concept of language need and practitioners should ensure that the active offer principle is embedded in practice. This means that the local authority should be proactive in its approach and the individual should be asked which language they would prefer at the beginning of the process. This will ensure that they are able to receive services in their own language throughout the process of identifying and meeting care and support needs..
43. Local authorities should make sure Welsh language services are built into planning and delivery and that Welsh language services are offered to Welsh speakers without them having to request it. Welsh Government has established a Strategic Framework for Welsh Language Services in Health, Social Services and Social Care (*More than just words*)<sup>7</sup>
44. Language is an integral element of the care that people receive and it is the responsibility of the local authority to deliver appropriate services which includes meeting users' linguistic needs. Only by doing this can they provide care that is safe and effective. This includes where people have a first language which is not Welsh or English.

### Co-productive working relationships

45. Practitioners must always have regard to what matters to the child and their family, and the importance of promoting the upbringing of the child by the child's family but this must be consistent with promoting the well-being of the child. The importance of developing a co-productive working relationship is emphasised, so that the child and their family feel respected and informed, they believe professionals are being open and

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<sup>7</sup> More than just words - Strategic Framework for Welsh Language Services in Health, Social Services and Social Care: <http://wales.gov.uk/topics/health/publications/health/guidance/words/?lang=en>

honest with them, and in turn they are confident about providing relevant information about themselves, or the child and their circumstances.

46. Developing positive working relationships will not always be easy especially when there have been concerns about abuse, neglect or harm. However it remains important to find ways of engaging and working with the child and family members. Use of mediation or advocacy may assist in co-productive working.

### **Advocacy**

47. The dedicated code of practice on advocacy under Part 10<sup>8</sup> of the Act sets out the functions in relation to which a local authority, in partnership with the child, must reach a judgment on how advocacy could support the determination and delivery of the child's personal outcomes; together with the circumstances when a local authority must arrange an independent professional advocate. Practitioners and the child must ensure that judgments about the needs for advocacy are integral to the relevant duties under this statutory guidance. These judgments must be considered early in the process and throughout.

### **Information sharing**

48. Practitioners must share information in accordance with the Data Protection Act 1998<sup>9</sup>, from 25 May 2018 the EU's General Data Protection Regulation, and the common law duty of confidentiality. This allows for the sharing of information and should not be automatically used as a reason for not doing so. In exceptional circumstances, personal information can be lawfully shared without consent where there is a legal requirement or the practitioner deems it to be in the public interest. One of the exceptional circumstances is in order to prevent abuse or serious harm to others.

### **Accessing services**

49. Local authorities have a duty to provide an information, advice and assistance service under Part 2<sup>10</sup> of the Social Services and Well-being (Wales) Act 2014. This service should be accessible to the child and professionals so they can find the support they need quickly and easily. Anyone who has concerns that a child is at risk should be able to seek advice and make a report to local authority social services without delay through this service.

### **Information for the public**

50. The public has a vital role in safeguarding children through the recognition and prevention of abuse. It is the responsibility of all

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<sup>8</sup> [Part 10 Code of Practice \(Advocacy\)](#)

<sup>9</sup> <https://www.gov.uk/data-protection/the-data-protection-act>

<sup>10</sup> Chapter 5 : [Part 2 Code of Practice \(General Functions\)](#)

agencies and organisations to ensure that there is a good level of public awareness of abuse, neglect and harm and how concerns can and should be reported. All relevant partners should have a range of current information and clear arrangements in place to ensure people, including the public, know:

- how to contact them; and
- what they might expect by way of a response.

### **Confidentiality**

51. Practitioners are under a duty of confidentiality, unless this places a child at increased risk. This is important in maintaining confidence and participation in services. However, the duty of confidentiality is not absolute and may be breached where this is in the best interests of the child, or the wider public interest.
52. Practitioners should always seek to be transparent with people they are working with about the circumstances where they may need to share information with social services and/or the police.

### **Consent**

53. Practitioners should seek to obtain consent from parents to speak to the child or to undertake an assessment where possible. Where a decision not to seek parental consent is made the reasons must be recorded and may include:
  - the possibility that the child would be put at further risk;
  - the possibility that a child would be threatened or otherwise coerced into silence;
  - a strong likelihood that important evidence would be destroyed/lost;
  - if the parent is identified as the alleged abuser; or
  - that the child in question did not wish the parent to be involved at that stage, and is competent to take that decision.

Any decision to speak to a child without the knowledge of the parent or carer must be recorded. The parent or carer must be informed as soon as practicable and consistent with the best interests of the child.

### **Whistle blowing (See also Chapter 3)**

54. Every organisation that works with children should have clear procedures for raising concerns and all staff should understand the procedure for making a report about the organisation or another member of staff.

55. All staff/practitioners should be made aware and understand that they can approach social services or the police, independently, to discuss any worries they have about abuse, neglect or harm and that they should always do so if;
- they have concerns that their manager, designated practitioners or proprietor may be implicated;
  - they have concerns that the manager, designated practitioners or proprietor will not take the matter seriously and/or act appropriately to protect the child; or
  - they fear intimidation and/or have immediate concerns for their own or for the service user's safety.
56. All allegations of abuse or neglect of children made against a professional, staff member, carer, or volunteer must be taken seriously and treated in accordance with consistent procedures.
57. All organisations, establishments and professional groupings that work or have contact with children and families should have their own procedures for the management of allegations against staff and professionals, and for whistle blowing. The procedures should be compliant with the National Protection Procedures
- if there are concerns about the person's behaviour towards their own children/family members;
  - if there are concerns about the person's behaviour towards children unrelated to their employment or voluntary work;
  - when an allegation is made about historical abuse;
  - when the alleged behaviour or circumstances of an individual calls into question their suitability to work with children;
  - when there are concerns relating to the conduct whether directly or indirectly related to their work or personal life, and/or professional conduct, such as involvement in a criminal act, misuse of drugs or alcohol, domestic abuse, inappropriate use of the internet, and mental health concerns.
58. If concerns arise about a person's behaviour with regard to their own children, police and or the local authority will need to consider informing the person's employer in order to assess whether there may be implications for children with whom the person has contact in a work/voluntary capacity. People can be subjected to abuse and or neglect by those who work with them in any and every setting. All allegations of abuse or neglect of children by a professional, staff member, professional carer, or volunteer must be taken seriously and treated in accordance with consistent procedures.
59. Safeguarding Boards have responsibility for ensuring there are effective inter-agency procedures in place for dealing with allegations against



people who work with both adults and children, and monitoring and evaluating the effectiveness of those procedures.

### **Allegations against people in positions of trust**

60. The local authority's relevant partners, and those providing universal care and support services, should have clear policies for dealing with allegations against people who work, in either a paid or unpaid capacity, with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint.
61. Whilst the focus of safeguarding is to safeguard one or more identified children, there are occasions when incidents are reported that do not involve a child, but indicate, nevertheless, that a risk may be posed to children by a person in a position of trust.
62. If an organisation removes an individual (paid worker or unpaid volunteer) from work with a child (or would have, had the person not left first) because the person poses a risk of harm, the organisation must make a referral to the DBS. It is an offence to fail to make a referral without good reason. Allegations against people who work with children must not be dealt with in isolation. Any corresponding action necessary to address the well-being of children should be taken without delay and in a co-ordinated manner, to prevent the need for further safeguarding in future.
63. Local authorities should ensure that there are appropriate arrangements in place to effectively liaise with the police and other agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.
64. There are some special considerations that apply to safeguarding children living away from home. Every setting in which children live away from home should provide the same basic safeguards against abuse, founded on an approach which promotes general welfare, protects from harm, and treats children with dignity and respect. These services are regulated by the Care Inspectorate Wales (and in England by the Care Quality Commission) to ensure, among other things, that the arrangements for safeguarding children meet the appropriate regulations and national minimum standards

### **The Child Protection Register**

65. Local authorities should record when a child's name is placed on the child protection register and is the subject of a care and support plan. Each local authority should be capable of producing a list of all the children resident in the area (including those who have been placed there by another local authority or agency) who are considered to be at

- continuing risk of significant harm, and for whom there is a care and support plan as a result of risk of abuse or harm.
66. It is essential that both police, health practitioners and education are able to obtain this information both in and outside office hours.
67. Children should be recorded as being at risk of abuse, neglect or harm under one, or more, of the following categories according to a decision by the child protection conference
- Physical;
  - Emotional or Psychological;
  - Sexual;
  - Financial; or
  - Neglect.
68. These categories help indicate the nature of the current concerns. Recording information in this way also allows for the collation and analysis of information locally and nationally and for its use in planning the provision of services.
69. The following is a non-exhaustive list of examples for each of the categories of abuse and neglect:
- **physical abuse** - hitting, slapping, over or misuse of medication, undue restraint, or inappropriate sanctions;
  - **emotional/psychological abuse** - threats of harm or abandonment, coercive control, humiliation, verbal or racial abuse, isolation or withdrawal from services or supportive networks, witnessing abuse of others
  - **sexual abuse** - forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening, including: physical contact, including penetrative or non-penetrative acts; non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways;
  - **financial abuse** - this category will be less prevalent for a child but indicators could be:
    - not meeting their needs for care and support which are provided through direct payments; or
    - complaints that personal property is missing.

- **neglect** - failure to meet basic physical, emotional or psychological needs which is likely to result in impairment of health or development.

### **Procedures and protocols**

70. Relevant partners working with children must ensure that staff and volunteers, are trained in recognising the signs and symptoms of abuse neglect or harm; how to respond to them; and where to go for advice and support. They should also have a clear understanding of the relevant roles and responsibilities of each partner agency in handling individual cases. These responsibilities should be available in policies for practitioners which are accessible, easily understood and which reflect and refer to the National Protection Procedures.

71. These policies should include:

- the management, governance roles and contribution of agencies to strategy meetings, child protection conferences, and core groups
- procedures for the reporting and management of:
  - allegations against practitioners;
  - agreed processes for reporting concerns/whistle blowing; and
  - the management of safeguarding complaints.

## 5. Assessment and Care and Support Plans

### Assessment

72. Sections 21 and 24 of the Social Services and Well-being (Wales) Act 2014 set out the duties on a local authority to assess a child who may have needs for care and support and a carer who may have needs for support. The Care and Support (Assessment) (Wales) Regulations 2015<sup>11</sup> make further provision about such assessments.
73. The Code of Practice on Part 3<sup>12</sup> sets out a process for assessing the needs of a child for care and support, or support in the case of a carer.
74. The process of assessment set out under Part 3 will apply when a child is suspected to be at risk of abuse, neglect or harm. The assessment should begin from the point when a referral is made to the local authority to identify all needs for care and support including those to protect a child. The assessment can be ongoing throughout the process under section 47 of the Children Act 1989 and **must** be completed within 42 working days. However, where the assessment establishes a child is at risk, the local authority or police as appropriate must act immediately and without delay.
75. Assessments should draw together proportionate information gathered from the child and their family; and relevant practitioners including teachers, early years workers, health practitioners, the police, adult social care and third sector organisations
76. Every assessment should be child-centred focusing on their personal outcomes. The framework for the assessment of a child is included in the Code of Practice for Assessment under Part 3 of the 2014 Act. 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.
77. Every assessment must be informed by the views of the child as well as the family. Children subject to an assessment must be seen alone to ascertain their wishes and feelings regarding the outcomes they wish to achieve, unless doing so would place them at risk. It is important to understand the resilience of the individual child and their family when planning appropriate services. The views of the child should be recorded accurately and reflect what the child communicated.
78. A high quality assessment is one in which evidence is gathered and revised throughout the process. It is characteristic of skilled practice that social workers revisit their assumptions in the light of new evidence and take action to revise their decisions in the best interests of the individual child. The aim is to work with the child and their family to

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<sup>11</sup> [The Care and Support \(Population Assessments\) \(Wales\) Regulations 2015](#)

<sup>12</sup> [Part 3 Code of Practice \(Assessing the Needs of Individuals\)](#)

identify difficulties and risk factors as well as developing a picture of wishes, strengths and protective factors.

79. All assessments should include a clear analysis. The practitioner working with the family should analyse all the information gathered from the assessment to decide the nature and level of the needs for care and support. An evaluation of risk is an essential element in determining the needs for care and support.

### **The Care and Support Plan**

80. Section 54 of the 2014 Act provides that a local authority must prepare and maintain a care and support plan for a person whose needs it is required to meet. This includes needs which the local authority considers it necessary to meet to protect a child from abuse or neglect or the risk of abuse or neglect. The Code of Practice on Part 4<sup>13</sup> of the 2014 Act sets out the process for the local authority to provide and keep under review care and support plans for people who have needs which meet the eligibility criteria, and for people where it appears to the local authority that it is necessary to meet the person's needs in order to protect the person from abuse or neglect or the risk of abuse or neglect.

### **The Care and Support Plan under Part 4 will be used for a child at risk. This may also be referred to as a Care and Support Protection Plan.**

81. The conclusions of any enquiries made when a child is suspected to be a child at risk must be recorded in the care and support plan under Part 4 of the 2014 Act. The individual may already have a care and support plan which should be reviewed following the outcome of the enquiries to reflect any changes that should be made.
82. If a care and support plan is not already in place an assessment under Part 3 of the Act should be undertaken and a care and support plan put in place.
83. The care and support plan should include all elements of a plan required under Part 4 but emphasise the protection or risk management to support the individual to achieve their personal outcomes. This may include actions such as:
  - the steps to be taken to assure the individual's safety in future;
  - the provision of any support, treatment or therapy including on-going advocacy;
  - any modifications needed in the way services are provided;
  - any on-going risk management strategy as appropriate;
  - how best to support the child through any action they take to seek justice or redress.

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<sup>13</sup> [Part 4 Code of Practice \(Meeting Needs\)](#)

84. When a care and support plan includes elements to protect the child from risk the Core Group should regularly review the plan according to the level of risk.

## 6. The Process for Handling the Case of a Child suspected to be at Risk

85. The primary focus of the following guidance will be on the process for reporting and managing risk of abuse, neglect or harm. All relevant partners should be alert to the well-being needs and safety of a child, including an unborn child, and know:
- who to contact in what circumstances;
  - what sources of further advice and expertise are available; and
  - when and how to make a report to local authority social services.
86. There should be clearly identifiable points of contact between the local authority and the relevant partners to ensure that a relevant partner can report any concerns to the local authority in line with the duty set out at section 130 of the 2014 Act. There should be a single point of contact within each of the organisations.
87. Any concerns about a child's well-being should always be recorded in writing, including whether or not further action was taken. The record should accurately record what has been said by whom and separate facts from opinion. Any record of what the child has said should be recorded accurately and reflect their preferred means of communication.
88. The following sections set out the precise steps that practitioners should take when working together to assess and provide services for children who may be in need of care and support, including those at risk of harm. The needs of the unborn child must also be considered.

### **Flowcharts are included which cover:**

- **Flow chart 1:** Reporting a child at risk;
- **Flowchart 2:** Strategy meeting and what happens after a strategy meeting;
- **Flowchart 3:** Post Child Protection Conference, including the review process.

## Step 1: Reporting the Case of a Child Suspected to be at Risk

**For the purposes of this guidance a report to social services will be taken to also mean a referral.**

89. If a member of the public or a practitioner has reasonable cause to suspect that a child, including an unborn child, is at risk the report must be made as soon as possible to the local authority. However, if there are immediate concerns about a child's safety or a criminal offence against a child they should contact the emergency services without delay to protect the child/children from the risk of serious harm.
90. While practitioners should seek to discuss any concerns with the family, and where possible seek their consent to making a report, this should only be done where such discussion and agreement will not place the child at increased risk of harm.
91. Where the collection of information does not compromise safeguarding concerns, a report to social services should include as much information about the child and their circumstances as possible, including:
  - core data set information (set out in the Code of Practice on Assessment under Part 3<sup>14</sup>) to enable practitioners to quickly identify and reference other health, care and support and assessments or services that have been provided to the child and their family.
  - relevant information or knowledge regarding any concerns about abuse, neglect or harm and the foundation of those concerns such as:
    - the child's developmental needs;
    - the capacity, willingness of the child's parents or carers to meet those needs;
    - any views the child or parent may have expressed about an incident or the concern of which they are aware;
    - whether the child or family has additional need for care and support including support to communicate/participate.
92. The practitioner making the report should be aware that once a report has been received:
  - the local authority will seek to clarify and explore the nature of any concerns with the reporter;
  - that social services will always discuss the case with the police whenever they have a case reported to them because of concerns about a child's well-being, which constitutes, or may constitute, a criminal offence against a child;

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<sup>14</sup> [Part 3 Code of Practice \(Assessing the Needs of Individuals\)](#)



- whilst an individual may not wish to be identified , there will be cases where their identify has to be revealed in order to protect the child or to ensure a fair trial.
93. At the end of any discussion with local authority social services the practitioner making the report should be clear about:
- the proposed initial action, including signposting or that no further action will be taken;
  - who will be taking the action/roles and responsibilities; and
  - issues regarding consent and what the child or/and family will be told about the report and by whom.
94. The outcome of any discussion and the resulting decision should be recorded by the practitioner making the report. Where practitioners make a report by telephone they should confirm the report in writing within 24 hours in accordance with an agreed multi-agency reporting format.
95. If, having made the initial report in writing the reporter has not received an acknowledgement from social services within 7 working days, they must contact local authority social services again.

## Step 2: Responding to a Report

96. All front line staff should be trained in the handling of reports about suspected cases of risk of harm to a child. Any report should be passed to the appropriate practitioners within the local authority without delay.
97. When a local authority is contacted with concerns about a risk to a child it should:
  - identify clearly whether there are concerns about abuse or neglect, their foundation, and whether it may be necessary to consider taking immediate action to ensure that a child or other children or adults are safe from harm;
  - identify whether there is any criminal offence which requires the involvement of the police;
  - clarify the child's developmental needs;
  - identify with the reporter how and why concerns have arisen and the nature of any other concerns;
  - what appear to be the care and support needs of the child; and
  - clarify any consent or capacity issues with the reporter as known.
98. At the end of any discussion about a child both children's social services and the practitioners making the report should be clear about:
  - proposed initial action, including signposting or that no further action will be taken;
  - who will be taking action;
  - what the child and family will be told about the report.
99. Whenever a local authority has a case reported which constitutes, or may constitute, a criminal offence against a child, they should always discuss the case with the police immediately. If the report constitutes an allegation of failure of care standards or breach of regulation by a regulated provider or a statutory agency they should discuss with the relevant regulator eg CIW or HIW.
100. All decisions should be recorded by the local authority and they should acknowledge all reports using an agreed written format.

### Step 3: Decisions following a Report

101. Once the report has been received the local authority should decide and record the next steps of action within one working day. This decision should normally follow:
- discussion with any reporting practitioners/service;
  - consideration of information held in any existing records; and
  - discussion with other practitioners and services, as necessary (including the police, where a criminal offence may have been committed against a child).
102. Where requested to do so practitioners from across other agencies have a duty to co-operate and provide information under section 164 of the 2014 Act.
103. Parents' permission, or the child's, where appropriate, should be sought before discussing a report about them with other agencies, unless:
- permission seeking may itself place a child or others at potential risk of harm;
  - where the police are involved the strategy meeting should be the forum for deciding what, how, when, and by whom the child or parent should be told and seen, as this could have a bearing on the conduct of on-going enquiries.
104. The initial consideration should be on the basis of the available evidence which will identify and allow practitioners to record the response required:
- 1) no further action;
  - 2) that the child's needs for care and support should be assessed under the section 21 duty to assess a child's needs for care and support;
  - 3) that immediate protection and urgent action is required;
  - 4) that there is reasonable cause to suspect that the child is (a) experiencing or is at risk of abuse, neglect or other kinds of harm; and (b) has needs for care and support (whether or not the authority is meeting any of those) and enquiries should be made under section 47 of the Children's Act 1989.
105. Further information on each of these responses is included in the following sections.
106. Feedback on the decision should be given to the practitioners within 7 working days of making the report. This feedback should include the reasons why a case may result in no further action or is being re-directed to other sources of more suitable support.

107. The child and the family should be informed of the outcome of any report and it should be clearly agreed how they will be informed and who will undertake this. The information should be confirmed in writing to the reporting agency and the family as appropriate.

108. Where the decision is taken that action is required:

- The child and family must be informed of the action to be taken;
- Where it is clear that there should be a police investigation as part of a section 47 enquiry, the strategy meeting should be the forum for deciding action and when, and by whom the child/their parents or carer should be seen and told the detail of the concerns;
- Where an assessment is required local authority social services should see the child as soon as possible as relevant to the nature of the report.

### **Practitioner disagreements**

109. Where a decision is made not to act upon a report in line with safeguarding procedures:

- The practitioners making the report should be advised; and
- If they disagree with the decision and can not resolve the matter then the case should be reported to a manager or through the authority's escalating concerns protocol.

## **Step 4: The Decision**

### **Decision 1: No further action**

110. If the initial checks result in no concerns about risks to the child the practitioners reporting should be notified of the outcome and the reasons for the decision explained to them. The individual should be reminded to keep communicating with the child to identify whether their circumstances change. If they are making a report on behalf of a third party they should also feed back the need to keep regular communication with the child. They should not be deterred from making further reports if their concerns continue or circumstances change. They may also be offered information or signposting to other care and support services.
111. Any decision to take no further action should be recorded in writing.

### **Decision 2: No suspected or actual abuse, neglect or harm but needs for care and support**

112. Where concerns of abuse, neglect or harm are not substantiated it may still be determined that a child or family have needs for care and support. In these circumstances the authority should offer information, advice and assistance, which may include an assessment of the child or family's needs for care and support under Part 3 of the Act.
113. Local authorities should not wait until the assessment is concluded before providing services to support the child and their family.
114. Feedback on the decision taken should be given to the practitioners making the report, the child involved and their parent/carer.

### **Decision 3: immediate protection and urgent action required**

115. Where children are in need of immediate protection action must be taken by an agency with statutory powers (social services or police) as soon as possible after the report has been made.
116. Where there is a risk to the life of a child, or a likelihood of serious immediate harm, the local authority or the police must use their statutory powers to act immediately to secure the safety of the child.
117. The least intrusive intervention should be used wherever possible. The practitioner should aim to work with the family to safely protect the child. Other means should be considered to secure the child's safety in the home, such as removal of the alleged abuser by means, for example, of an injunction, occupation order, or Domestic Violence Protection Order. In any case, the safety of the child must remain paramount for the practitioner.

118. In other cases, it may be necessary to ensure either that the child remains in a safe place or that the child is removed to a safe place, either on a voluntary basis or by obtaining an Emergency Protection Order. **Appendix A: Emergency Protection Powers** sets out the emergency protection powers.
119. The police also have powers to remove a child to suitable accommodation in cases of emergency.
120. When considering whether emergency action is necessary the needs of other children and family members in the same household or in the household of an alleged abuser should always be given due consideration.
121. In circumstances that require emergency action the local authority in whose area a child is found (the first authority) is responsible for taking emergency action. If the child is looked after by, or already the subject of a care and support protection plan, in another authority, the first authority must consult the authority responsible for the child. Only when the second local authority explicitly accepts responsibility (to be followed up in writing) is the first authority relieved of its responsibility to take emergency action.
122. Planned emergency action will normally take place following an immediate strategy discussion.
123. Where a single agency has to act immediately, a strategy discussion should take place as soon as possible after action has been taken. The local authority or police taking the emergency action should:
  - see the child to decide how best to protect them and whether to seek an Emergency Protection Order; and
  - obtain legal advice before initiating legal action, in particular when an Emergency Protection Order is being sought.
124. Emergency action addresses only the immediate circumstances of the child(ren). It should be followed immediately by section 47 enquiries as necessary. The agencies primarily involved with the child and family should also assess the needs of the child and family, and agree action to safeguard the child in the longer-term. Where an Emergency Protection Order applies the local authority will take action accordingly.
125. A record must be kept of the emergency action taken.

#### **Decision 4: Suspected abuse, neglect or harm**

126. Where following the initial consideration of the case or on the basis of new or emerging information there is reasonable cause to suspect a child is suffering, or likely to suffer, abuse, neglect or harm the local authority is required under 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. In these circumstances the local authority should initiate a strategy meeting (described in para 133), at the earliest opportunity, to enable the relevant partners to decide whether to initiate enquiries under section 47 of the Children Act 1989. Such a meeting may take place virtually if urgency demands.
127. Where information gathered during an assessment results in suspicion that the child is at risk local authorities, with the help of partner organisations, have a duty to make enquiries under **section 47 of the Children's Act 1989**.
128. The on-going enquiry of what is happening to a child in these circumstances and for determining their needs for care and support is not a separate or different activity but continues the same process, however the scope may need to be extended.
129. A key part of the assessment will be to establish whether there is reasonable cause to suspect that this child is at risk of abuse, neglect or harm or is likely to be at risk of abuse, neglect or harm and whether any emergency action is required to secure the safety of the child.
130. The resulting information from such enquiries should always directly inform the assessment and any subsequent care and support plan.

#### **Strategy Meeting**

131. If the initial checks following a report conclude that a local authority has reasonable cause to suspect that a child is at risk they should convene a strategy meeting to determine whether to initiate section 47 enquiries, as well as how best to undertake them.
132. A strategy meeting may take place following a report, during an assessment or at any other time.
133. A strategy meeting may take the form of a multi-agency meeting(s) or phone call(s) and more than one discussion may be necessary. At a minimum, the local authority and the police should be involved in any strategy meeting. Practitioners from Health and Education would also be expected to attend if they have worked with the child. Other professionals and the person making the report should also be routinely involved.

134. The involvement of other practitioners will depend on the individual nature of the case but may include:

- the practitioner or agency that made the report;
- the child's school or nursery; education;
- any key agencies working with the child/family or providing services including the Third Sector;
- independent professional advocates working with the child
- medical and health staff; and
- regulatory bodies, as relevant to the circumstances.

135. The meeting should be used to:

- share available information;
- agree the conduct and timing of any criminal investigation; and
- decide whether enquiries under section 47 of the Children Act 1989 should be undertaken and co-ordinate those enquires.

136. Where there are grounds to initiate an enquiry under section 47, decisions should be made as to:

- the need for medical examination and who will carry out what actions, by when and for what purpose;
- what action is required immediately to safeguard and promote the well-being of the child, and/or provide interim services and support
- identifying any other children or others who may be affected;
- initiating an assessment or determining what further information is required if one has already begun;
- discussing the timescales for the assessment;
- considering how any communication, ethnicity or cultural issues should be taken into account, and establishing whether an interpreter will be required;
- identifying whether the child wants an advocate;
- considering any mental capacity issues of the child or parent;
- considering the language needs of working with the child and family;
- determining what information from the strategy meeting will be shared with the family, unless such information sharing may place a child at risk of significant harm or jeopardise police investigations into any alleged offence(s).

137. The strategy meeting must be recorded and saved with the case notes. This recording as a minimum should include:

- a record of the discussion and decisions taken;
- who was party to the discussions;
- a list of action points and their purpose;
- agreed timescales;
- the person responsible for carrying out identified actions;



- the agreed mechanism and timescale for sharing the outcome of any designated actions and determining next steps;
  - agreed mechanisms to escalate concerns and timescales for the completion of agreed actions;
  - whether a child protection medical examination is required or not;
  - conference calls.
138. Any information shared, all decisions reached, and the basis for those decisions, must be clearly recorded and circulated within one working day to all parties relevant to the discussion.

### **Section 47 enquiries**

139. If the strategy meeting decides to initiate section 47 enquiries they may run concurrently with police investigations concerning possible associated crime(s). Enquiries may, therefore, give rise to information that is relevant to decisions that will be taken by both local authority children's social services and the police.
140. The findings from the section 47 enquiries, the ongoing assessment and/or police investigation should be used to inform plans about the child and family's future care and support needs. They may also contribute to legal proceedings, whether criminal, civil or both.
141. The National Protection Procedures should guide agencies in deciding how section 47 enquiries and associated police investigations should be conducted jointly, and in particular, in what circumstances section 47 enquiries and linked criminal investigations are necessary and/or appropriate. When joint enquiries take place, the police have the lead for the criminal investigation and local authority has the lead for the section 47 enquiries and the child's well-being.
142. Those making enquiries about a child should always be alert to the potential needs and safety of any siblings, children, or adults at risk in the household of the child in question or in contact with an alleged abuser.
143. A section 47 enquiry is initiated to determine whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of being or likely to be at risk of abuse or harm.
144. A section 47 enquiry is carried out by undertaking or continuing with an assessment.
145. The local authority has lead responsibility for the assessment.
146. Other relevant practitioners, such as the police, health, education have a duty to co-operate and help the local authority undertake its enquiries.

## **Interviewing children in particular circumstances**

147. Children are sometimes the only source of information about what has happened to them. In some circumstances practitioners may need to speak to a child without the knowledge or consent of the parent or carer. Where a decision is made not to seek parental consent relevant circumstances for this decision must be recorded and could include:
- the possibility that the child would be put at further risk;
  - the possibility that a child would be threatened or otherwise coerced into silence;
  - a strong likelihood that important evidence would be destroyed/lost;
  - if the parent is identified as the alleged abuser; or
  - that the child in question did not wish the parent to be involved at that stage, and is competent to take that decision.
148. In all cases which involve a criminal investigation, the decision about when to inform the parent will have a bearing on the conduct of police investigations and the strategy meeting should decide on the most appropriate timing of parental participation.
149. Practitioners should refer to guidance on Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses and guidance on using special measures (March 2011) for further information. Failing to (i) follow this guidance and (ii) document the questions asked and the answers given results in the criminal and family courts finding the child's evidence unreliable. The rules emanating from chapter 12 of the *Report of the Inquiry into Child Abuse in Cleveland* (HMSO, 1988) may enhance the correspondence between practice and this landmark review.

## **The outcome of section 47 enquiries**

150. Local authority social services are responsible for deciding what action to take and how to proceed following section 47 enquiries, after discussion between all those who have conducted, or been significantly involved in those enquiries including relevant practitioners and agencies, as well as the child and parents themselves.
151. The format of these discussions between practitioners should be agreed at the initial strategy meeting and reviewed as the enquiry progresses.
152. In complex circumstances a meeting is likely to be the most effective way of discussing the child's well-being and planning future action. A record of the discussion should be in accordance with a format agreed amongst partners.

### **Determination 1: Concerns of significant harm are not substantiated**

153. In these cases practitioners should consider whether there are needs for care and support identified through an assessment under Part 3 of the Act.

### **Determination 2: Concerns substantiated, but child not at continuing risk**

154. In some circumstances there may be substantiated concerns that a child has experienced abuse, neglect or harm, but it is agreed between the agencies most involved and the child and family, that there are sound reasons for judging that a child is not at continuing risk of significant harm, and a child protection conference is not required. For example:

- the person responsible for the harm is no longer in contact with the child;
- the harm incurred was the result of an isolated abusive incident (for example, abuse by a stranger).

155. It may also be determined that a plan for ensuring the child's future safety and well-being can be developed and implemented without having a child protection conference. For example where the parent, carer, or members of the child's wider family agree to co-operate with actions to ensure the child's future safety and welfare and the child is therefore not at continuing risk of significant harm. There should be a process for checking that any plans and agreements put in place are being followed in a way that ensures the child's safety and welfare.

156. In all of the above the impact of the abuse, neglect or harm on the child should be considered and addressed through the assessment and a care and support plan.

157. Any decision not to proceed to a child protection conference where it is known that a child has suffered significant harm can only be made in the light of all relevant information obtained during a section 47 enquiry, and a soundly based assessment of the likelihood of successful intervention, based on clear evidence and mindful of the dangers of misplaced practitioner optimism. The decision should always include;

- the practitioners and agencies most involved with the child and family, and who have taken part in the section 47 enquiry;
- be recorded and agreed in writing by the local authority;

158. Where relevant partners have serious concerns that a child's welfare may not be adequately safeguarded they should request that the local authority convene a child protection conference. Any such request should be agreed. Every effort should be made to resolve practitioner's differences over the necessity for a conference through discussion and

explanation or as a last resort, through an agreed procedure for resolving practitioner's differences.

### **Determination 3: Concerns substantiated and child judged to be experiencing or at risk of abuse, harm or neglect**

#### **Child Protection Conference**

159. Where practitioners judge that a child may continue to be at risk of suffering significant harm, the local authority should convene a child protection conference within 15 working days of the strategy meeting.
160. Following section 47 enquiries, an initial child protection conference brings together family members (and the child where appropriate), with the supporters, advocates and practitioners most involved with the child and family, to make decisions about the child's future safety, well-being and development.
161. The child protection conference will assess all relevant information, and plan how best to safeguard and promote the well-being of the child.
162. 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. Such a conference should have the same status, and proceed in the same way, as other initial child protection conferences, including decisions about a care and support protection plan for when the child is born, or for the mother during the pregnancy.
163. The purpose of a child protection conference is to:
  - bring together and analyse in an inter-agency setting the information obtained about the child's developmental needs, the parents' or carers' capacity to respond to these needs to ensure the child's safety and promote the child's well-being and development within the context of their wider family and environment;
  - consider the evidence presented to the conference, make judgements about the likelihood of a child suffering abuse or harm in future and decide whether the child is at continuing risk of harm; and
  - decide what future action is required to safeguard and promote the well-being of the child so they can achieve their personal outcomes, how that action will be taken forward, and with what intended outcomes.

#### **Conference decisions**

164. The conference should determine on the basis of the evidence available whether the child is at continuing risk of harm that requires multi-agency intervention delivered through a formal care and support protection plan

and registration on the child protection register. In such cases the test should be that either:

- the child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional, psychological, financial or sexual abuse or neglect, and practitioners' judgement is that further ill-treatment or impairment is likely; or
- practitioners' judgement, substantiated by the findings of enquiries in this individual case or by research evidence, is that the child is likely to suffer ill-treatment or the impairment of well-being or development as a result of physical, emotional, psychological, financial or sexual abuse or neglect.

### **Conference Decision 1: child not at continuing risk of harm but may have needs for care and support**

165. Subject to the family's views and consent, it may be appropriate to continue with and complete an assessment to determine what support might best help to promote the child's well-being. Where appropriate, a care and support plan will be drawn up and reviewed at regular intervals. Care and Support Plans **must** contain a clear date, which should be agreed with the individual and/or family, by which the plan will be reviewed however in the case of a child the date of review **must** not exceed 6 months.

166. This should be agreed by all partners involved with the child.

### **Conference Decision 2: Action following the initial child protection conference**

#### **A Care and Support Protection Plan**

167. A care and support protection plan should follow the requirements set out under section 54 of the 2014 Act.

168. In addition to the requirements under Part 4 the overall aim of the plan is to:

- ensure the child is safe and prevent him or her from suffering further harm;
- promote the child's well-being and development;
- support the family and wider family members to safeguard and promote the well-being of their child, provided it is in the best interests of the child to do so;
- describe the identified developmental needs of the child and what services are required;
- include specific, achievable, child-focused outcomes intended to safeguard and promote the well-being of the child;

- include realistic strategies and specific actions to achieve the planned outcomes;
- clearly identify roles and responsibilities of practitioners and family members, including the nature and frequency of contact by practitioners with children and family members;
- lay down points at which progress will be reviewed, and the means by which progress will be judged; and
- set out clearly the roles and responsibilities of those practitioners with routine contact with the child, for example, health visitors, GPs and teachers, as well as any specialist or targeted support to the child and family.

### **Actions and responsibilities following the conference:**

169. Parents should be clear about the evidence of significant harm which resulted in the child becoming the subject of a care and support protection plan, what needs to change, and what is expected of them as part of the plan for protection and promoting the child's well-being. All parties should be clear about the respective roles and responsibilities of family members and different agencies in implementing the plan.
170. The care and support plan co-ordinator<sup>15</sup> for the care and support protection plan should make every effort to ensure that the child and their family have a clear understanding of the planned outcomes, that they accept the plan and are willing to work to it. The role of the care and support plan co-ordinator is set out in the code of practice in relation to Part 4 of the 2014 Act.

### **The Core Group**

171. The Core Group is a multi-agency group of practitioners with responsibility for developing and delivering the care and support protection plan. The lead co-ordinator for the care and support protection plan should convene the Group.
172. The Core Group has a responsibility to challenge and report concerns where they believe the plan is not protecting the child from the risk of abuse, neglect or other forms of harm. The group will:
- meet within 10 working days of the initial conference to develop in more detail the care and support protection plan; decide what further steps are required, by whom.
  - implement the care and support plan and take joint responsibility for the actions, monitoring outcomes and refining the plan;

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<sup>15</sup> Where a local authority is required to prepare and maintain a care and support plan or a support plan, it **must** ensure that there is a named individual to co-ordinate the preparation, completion, review, delivery and revision of the plan. In many cases the care and support plan co-ordinator will be the same practitioner as the assessment co-ordinator.

- undertake specialist assessments as appropriate and provide reports that will contribute to further developing the plan;
- work co-operatively with the lead practitioner(s) to support the delivery of their roles and responsibilities; and
- respond to requests to prepare reports to courts or conferences about the likely effect of specific interventions, or their success with the carers.

173. If family members' preferences about how best to safeguard and promote the well-being of the child are not accepted, the reasons for this should be explained to them.

### **The Review Conference**

174. The review requires as much preparation, commitment and management as the initial conference. The first child protection review conference should be held within three months of the initial conference and further reviews should be held at regular intervals (at least every six months) to reflect the nature of the case while the child remains on the Child Protection Register and the subject of a care and support protection plan.

175. Every child protection review conference should explicitly consider the safety, well-being and development of the child against the outcomes set out in the care and support protection plan and determine whether the child continues to be at risk.

### **De-registration**

176. A child should no longer be the subject of a care and support protection plan if:

- it is judged that the child is no longer at continuing risk of significant harm requiring protection by means of a care and support protection plan. Under these circumstances, only a child protection review conference can decide that a care and support protection plan is no longer necessary;
- 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 a transfer child protection conference has taken place should the original local authority end the child's care and support protection plan and end involvement with the child/young person and their family; or
- the child has reached 18 years of age, has died or has permanently left the UK.

177. Local authorities should:

- notify, as a minimum, all those agencies' representatives who were invited to attend the initial child protection conference that led to the plan; and
- discuss with the parents and the child to consider their ongoing needs for care and support. This discussion should be based upon the ongoing assessment of the child's needs within his or her family. De-registration should never lead to the automatic withdrawal of help. Consideration should be given to whether services through a care and support plan will still be required following de-registration or whether a referral to preventative services should be made following de-registration in order that support is provided to help maintain the conditions which have led to de-registration.

178. If, after de-registration, services continue to be provided the care and support plan should be reviewed and relevant changes made. When agreed the care and support plan should be reviewed as set out under Part 4 of the Act.

### **Children looked after by the Local Authority**

179. Where looked after children are subject to a child protection conference/review conference the overriding principle must be that systems and plans are integrated and carefully monitored in a way that promotes a child-centred approach. It is important to link the timing of a child protection review conference with the review under the Care Planning, Placement and Case Review (Wales) Regulations 2015 to ensure that information from the former is brought to the review meeting, and informs the overall care planning process. It should be remembered that significant changes to the care plan can only be made at the looked after children review meeting.

180. The relevant Independent Reviewing Officer (IRO) involved with a looked after child should chair child protection conferences as well as looked after children reviews. This must be managed in a way which ensures that the independence of the IRO is not compromised.

### **Children returning home**

181. The Care Planning, Placement and Case Review (Wales) Regulations 2015 make provision for placement of a child with parents. They set out the arrangements to be made for a child to be visited by a local authority representative, the frequency, circumstances and consequences of such visits, and the advice and other support that must be made available to the child between such visits. In cases where the child returns home, and is no longer looked after, the care and support plan must contain details of the advice and support that the responsible authority intends to provide for a child and their family when

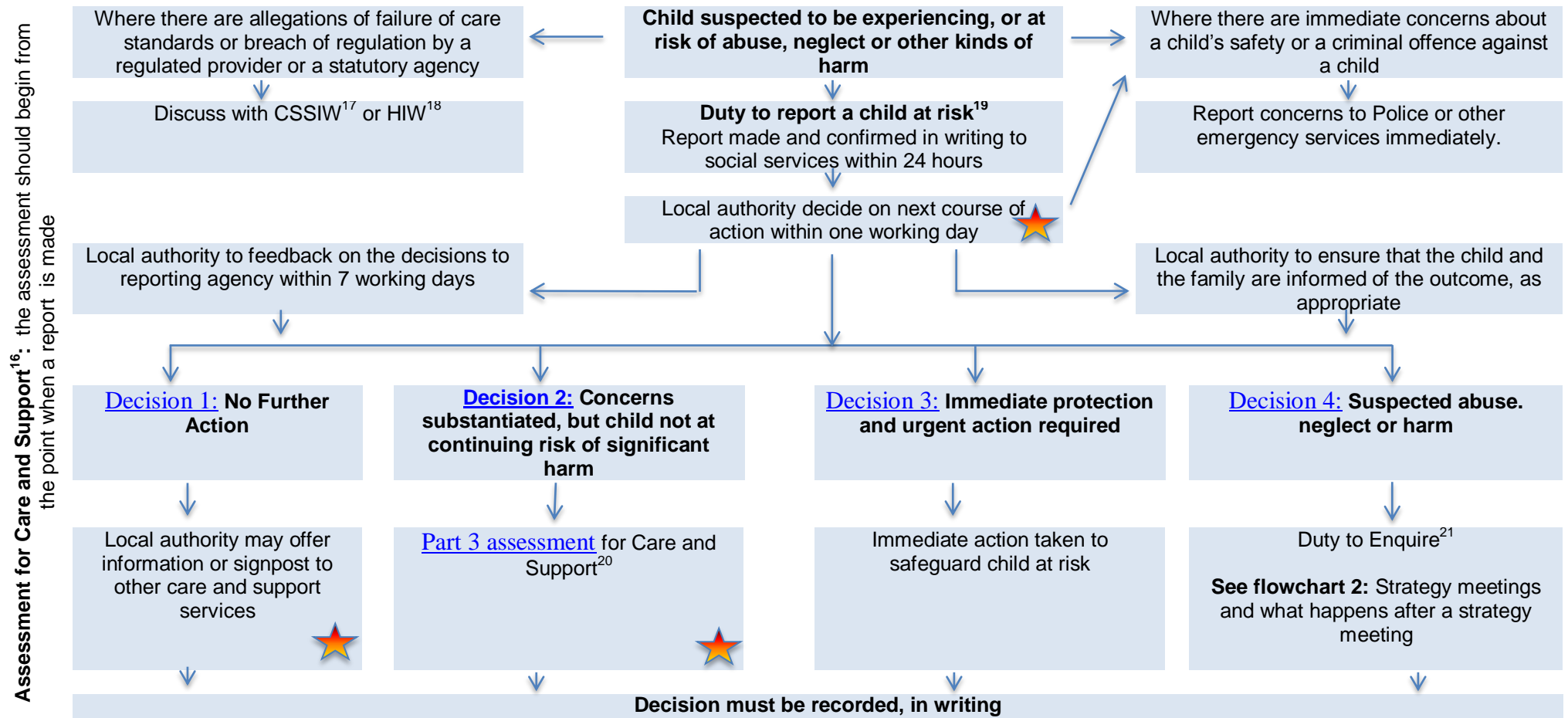


the child ceases to be looked after by it. The aim should be to avoid repeat episodes of care.

## **Complaints**

182. Every Safeguarding Board should have a complaints procedure in place for the handling of complaints about a multi-agency process, such as a child protection conference. The complaints process should address the multi-agency nature of a process rather than the complaint against the actions of a single agent which should be pursued through their own complaints procedure

### Flowchart 1: Reporting a Child at Risk



<sup>16</sup> Social Services and Well-being (Wales) Act 2014, s21 Duty to assess the needs of a child for care and support

<sup>16</sup> Children Act 1989, s47 Local authority's duty to investigate

<sup>17</sup> Care and Social Services Inspectorate Wales: [www.CSSIW.org.uk](http://www.CSSIW.org.uk)

<sup>18</sup> Healthcare Inspectorate Wales: [www.HIW.org.uk](http://www.HIW.org.uk)

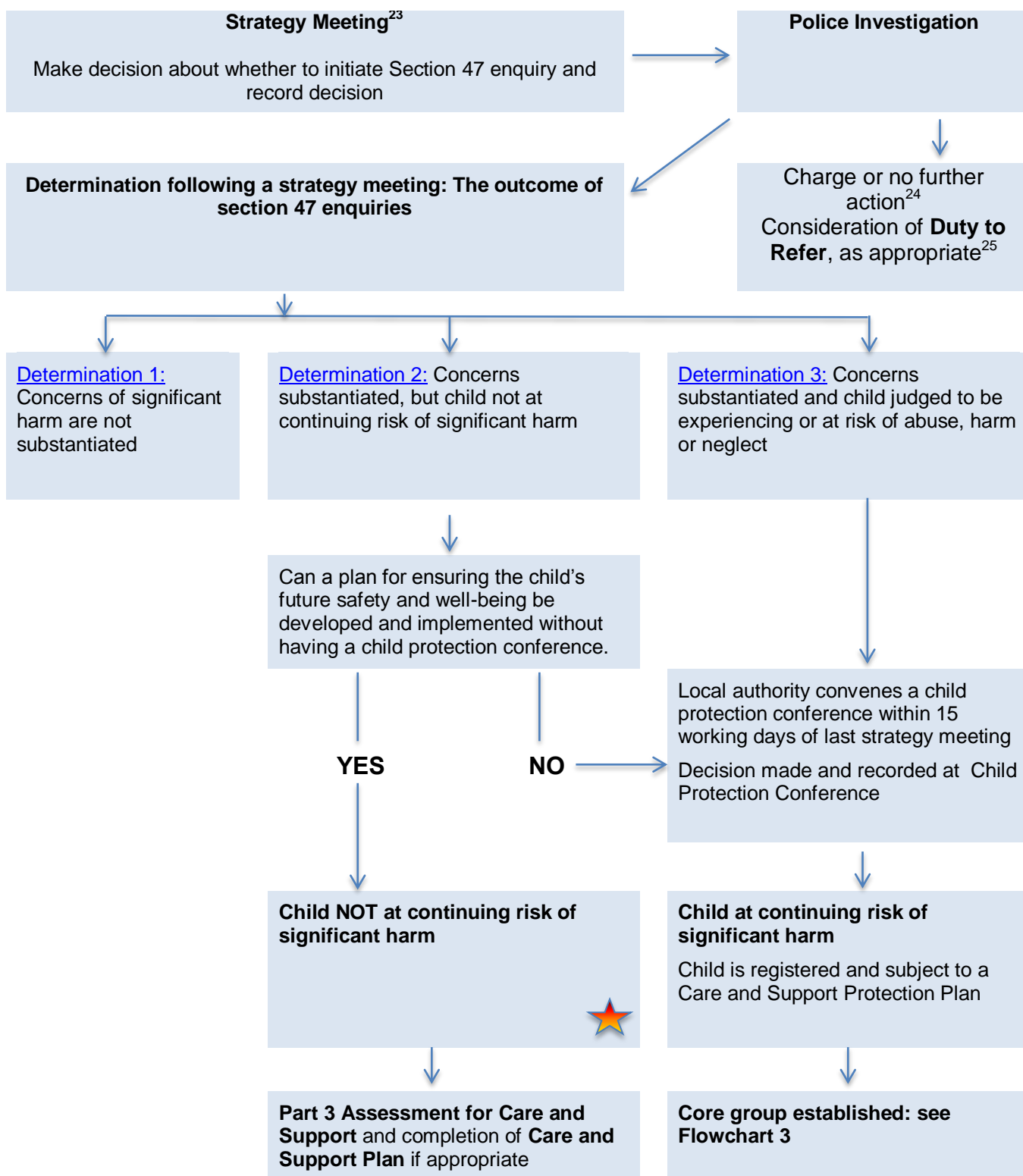
<sup>19</sup> Social Services and Well-being (Wales) Act 2014, s130 Duty to Report Children at Risk

<sup>20</sup> Social Services and Well-being (Wales) Act 2014, s21 Duty to assess the needs of a child for care and support

<sup>21</sup> Children Act 1989, s47 Local authority's duty to investigate

## Flowchart 2: Strategy meeting and what happens after a strategy meeting

Assessment for Care and Support<sup>22</sup>: the assessment can be ongoing throughout the process and must be completed within 42 working days



<sup>22</sup> Social Services and Well-being (Wales) Act 2014, s21 Duty to assess the needs of a child for care and support

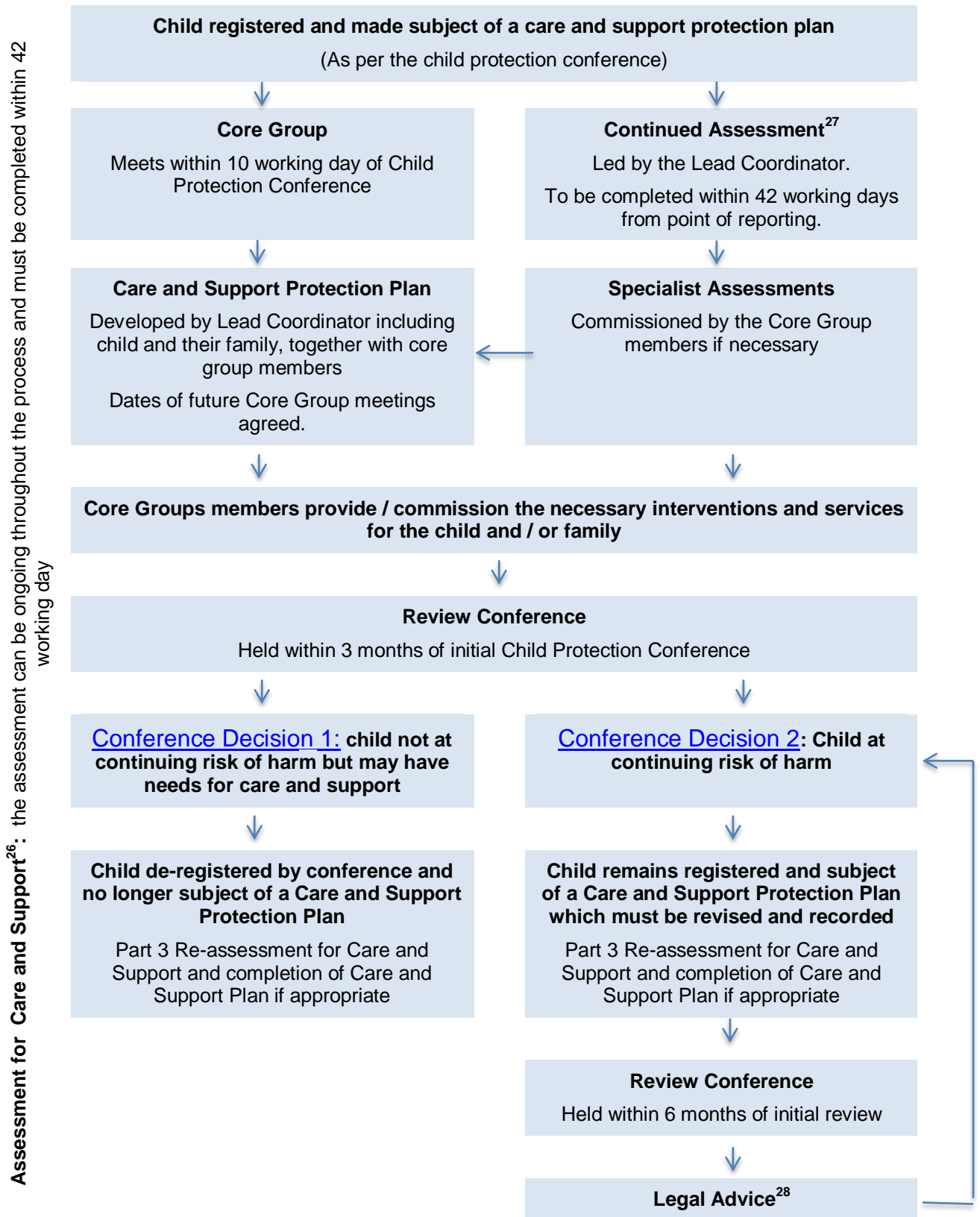
<sup>23</sup> Children Act 1989, s47 Local authority's duty to investigate

<sup>24</sup> A strategy meeting may also be known as a strategy discussion but they should be taken to have the same meaning.

<sup>25</sup> Ensure appropriate information is shared with the DBS, under the duty to refer

<sup>25</sup> The Safeguarding Vulnerable Groups Act 2006 (SVGA): <https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance>

### Flowchart 3: Post Child Protection Conference, including the Review Process



<sup>26</sup> Social Services and Well-being (Wales) Act 2014, s21 Duty to assess the needs of a child for care and support

<sup>26</sup> Children Act 1989, s47 Local authority's duty to investigate

<sup>27</sup> Social Services and Well-being (Wales) Act 2014, s21 Duty to assess the needs of a child for care and support

## **Person alleged to be responsible for abuse or neglect**

183. When a complaint or allegation has been made against a member of staff, including people employed by a service user, they should be made aware of their rights under employment legislation and any internal disciplinary procedures.
184. Where the person who is alleged to have carried out the abuse themselves has care and support needs and is unable to understand the significance of questions put to them or their replies, they should be assured of their right to the support of an ‘appropriate’ adult if they are questioned in relation to a suspected crime by the police under the Police and Criminal Evidence Act 1984 (PACE). Victims of crime and witnesses may also require the support of an ‘appropriate’ adult.
185. In accordance with the Mental Capacity Act 2005, people who lack capacity and are alleged to be responsible for abuse, are entitled to the help of an Independent Mental Capacity Advocate, to support and represent them in the enquiries that are taking place. This is separate from the decision whether or not to provide the victim of abuse with an independent advocate under the Act.
186. The Police and Crown Prosecution Service should agree procedures with the local authority, care providers, housing providers, and local health boards and NHS Trusts to cover the following situations:
- action pending the outcome of the police and the employer’s investigations;
  - action following a decision to prosecute an individual;
  - action following a decision not to prosecute;
  - action pending trial;
  - responses to both acquittal and conviction
187. Employers who are also providers or commissioners of care and support not only have a duty to the child, but also a responsibility to take action in relation to the employee when allegations of abuse are made against them. Employers should ensure that their disciplinary procedures are compatible with the responsibility to protect children and adults at risk of abuse or neglect.
188. With regard to abuse, neglect and misconduct within a professional relationship, codes of professional conduct and/or employment contracts should be followed and should determine the action that can be taken. Robust employment practices, with checkable references and recent Disclosure and Barring (DBS) checks are important. Reports of abuse, neglect and misconduct should be investigated and evidence collected.

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<sup>28</sup> Sought by local authority as necessary

189. Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council and the Nursing and Midwifery Council. If someone is removed from their role providing regulated activity following a safeguarding incident the regulated activity provider (or if the person has been provided by an agency or personnel supplier, the legal duty sits with them) has a legal duty to refer to the DBS. The legal duty to refer to the DBS also applies where a person leaves their role to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold.
190. The standard of proof for prosecution is 'beyond reasonable doubt'. The standard of proof for internal disciplinary procedures and for discretionary barring consideration by the DBS is usually the civil standard of 'on the balance of probabilities'. This means that when criminal procedures are concluded without action being taken this does not automatically mean that regulatory or disciplinary procedures should cease or not be considered. In any event there is a legal duty to make a safeguarding referral to DBS if a person is dismissed or removed from their role due to harm to a child or a vulnerable adult.

## **Appendix A: Emergency Protection Powers**

### **Exclusion Orders**

There are a range of powers available under the Family Law Act 1996 which may allow a perpetrator to be removed from the home, instead of having to remove the child. For the court to include an exclusion requirement in an order, it must be satisfied that:

- there is reasonable cause to believe that if the person is excluded from the home in which the child lives, the child will cease to suffer, or cease to be likely to suffer, significant harm; and
- another person living in the home is able and willing to give the child the care which it would be reasonable to expect a parent to give, and consents to the exclusion requirement.

### **Emergency Protection Orders**

The court may make an Emergency Protection Order under section 44 of the Children Act 1989 if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if:

- he or she is not removed to accommodation; or
- he or she does not remain in the place in which he or she is then being accommodated.

An Emergency Protection Order may also be made if section 47 enquiries are being frustrated by access to the child being unreasonably refused to a person authorised to seek access, and the applicant has reasonable cause to believe that access is needed as a matter of urgency.

An Emergency Protection Order gives authority to remove a child, and places the child under the protection of the applicant for a maximum of 8 days (with a possible extension of up to seven days).

### **Police Protection Powers**

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

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

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

### **Child assessment orders**

Local authority children's social services should make all reasonable efforts to persuade parents to co-operate with section 47 enquiries. If, despite these efforts, the parents continue to refuse access to a child for the purpose of establishing basic facts about the child's condition – but concerns about the child's safety are not so urgent as to require an emergency protection order – a local authority may apply to the court for a child assessment order. In these circumstances, the court may direct the parents/caregivers to co-operate with an assessment of the child, the details of which should be specified. The order does not take away the child's own right to refuse to participate in an assessment, for example, a medical examination, so long as he or she is of sufficient age and understanding