



Wales Safeguarding Procedures

‘What’s Different?’ Children Safeguarding

Quick Guide to Key Changes

The key changes highlighted in this 'Quick Guide' have been identified by a task group of safeguarding practitioners.

Within the new children's procedures many of the changes are around the emphasis placed on aspects such as co- production, person centred, advocacy, use of reflective practice and practitioner judgement etc. rather than the process of safeguarding which remains largely unchanged. Several new terms have also been introduced ('Report', 'Report Maker', 'Lead Coordinator', 'Lead Practitioner' etc.).

Some aspects within the new procedures remain open to a degree of interpretation, therefore if anyone reading this guide is concerned about any of the information provided, please get in touch with North Wales Safeguarding Board Business unit so issues can be escalated to the National Project Board

Section 1

SAFEGUARDING PRINCIPLES AND EFFECTIVE PRACTICE: CHILDREN

This section highlights the safeguarding principles, underpinning legislation, guidance and the procedures. It describes effective practice is most likely to take place if there is consistency in each of the aforementioned. Within this section definitions of children at risk of abuse and neglect are provided as well as signs and indicators of abuse.

Effective safeguarding requires each practitioner and organisation to play their part in the process and to be familiar with, and follow, their organisations procedures. The guidance '*Handling Individual Cases*' describes the principles that should underpin safeguarding systems for children at risk.

Key changes/shifts in practice:

- Introduction of Psychological and Financial Abuse as distinct categories within the children's procedures
- The new procedures highlight additional risks associated with Criminal Exploitation (CCS), Child Sexual Exploitation (CSE) Radicalisation, Female Genital Mutilation (FGM) and Modern Day Slavery
- The new procedures highlight all those working with children and young people should adopt a child centred approach; The rights of the child are paramount. The child's views, wishes and feelings must be sought to ensure the voice of the child is heard
- When considering the child's best interests, as far as reasonable and practicable their views should be considered
- Emphasis placed on all individuals working with children as having a part to play in safeguarding and the promotion of the wellbeing of children and young people.

- The procedures adopt a blanket term of '*Practitioners*' for all those who are working with/have involvement with children and young people (including professionals, unpaid volunteers and paid employment)
- New procedures emphasise that it is everyone's duty to safeguard children, and any person in contact or working with a child at risk is responsible for arranging services for this child to ensure their safety.
- New procedures promote co-production between agencies and services to ensure the child/young person receives appropriate care and support.
- The new procedures emphasise the importance of co-production with the child/ young person, developing working relationships with the child, young person and the family (In line with the SS&WA '*What Matters to the child and Family*')
- The new procedures introduce Care and Support Protection Plan as required to address the needs of the child/ young person, including keeping them safe if the child/young person is experiencing and/or likely to experience on-going significant harm.
- Care and Support still applies to address any unmet need if the child/young person is not found to be at risk of significant harm.
- ACES – The new procedures outline that practitioners are expected to thoroughly assess children and their families to consider the impact of Adverse Childhood experiences (ACES) that could have impacted upon the parental capacity to meet the needs of the child/young person.
- Increased emphasis on early help and prevention to reduce the need for safeguarding enquiries and intervention.

Section 2

THE DUTY TO REPORT A CHILD AT RISK OF ABUSE, NEGLECT AND/ OR HARM

There are no major changes in respect of the Duty to Report as this has been a requirement for several years and current practice largely reflects this. The new procedures adopt some new terms, and outline responsibilities of 'Report Maker' and Designated Safeguarding Person roles moving forward. The new procedures are clear that the Duty to Report extends beyond the working context. Emphasis has been placed on practice that supports maintaining/ developing positive working relationships between children/young and their families involving co-production, also co-production and collaboration with other agencies. The new Pointers for Practice support maintaining positive engagement between practitioner's children/young people and their families. The procedures highlight use of reflective practice and practitioners exercising judgement to enable better outcomes for children/ young people.

Key changes/shifts in practice:

- The term 'Report' has been adopted in place of 'referral'
- The term 'Report Maker' (see Section 3, part 1) has been adopted and refers to the person making a referral
- The new procedures highlight abuse can occur within any setting i.e. community activities, residential facilities, clubs, on-line or any social media platform
- The new procedures introduce the Designated Safeguarding Person (DSP) - all agencies outside of Local Authority should have a DSP (and outline internal arrangements for devolved DSP responsibilities in safeguarding policy). All staff will need to know who is the organisations DSP and/or who else they can go to for support and advice if DSP responsibilities are devolved)
- The new procedures set out responsibilities for DSP role
- The new procedures suggest in the organisations DSP or alternative internal person/s are not available, practitioners should seek support/discuss concerns with the Local Authority (LA).
- The new procedures set out the responsibilities of the 'Report Maker' (previously referrer)
- Any uncertainty over reporting a concern should be discussed with Local Authority.
- Responsibility for submitting a report (referral) remains with practitioner, even if they discuss with DSP, or Local Authority - It should not be assumed verbal discussion with the DSP, LA etc. is sufficient.
- The new procedures highlight the practitioner who is making the report (referral) should seek to obtain consent from a parent or carer; This supports positive working relationships between children/young persons and their families
- If there is any doubt about seeking consent, a discussion should be held with the LA.

The new procedures provide guidance on seeking consent:

'Practitioners should try and seek consent from the parents to promote an effective working partnership with the family'.

'Children, if competent, should also be consulted and their consent obtained. It is important to engage children in the process as early as possible to ensure their wishes and feelings are taken into consideration where possible and to avoid them becoming mere 'objects of concern'.

'Practitioners have a duty to report suspected abuse and neglect - with or without the child's consent. This does not mean that they should not try and gain consent'.

'The child and parent/s wish not to report may be over-ridden if it is considered by practitioners that there is still a need for a report'.

The procedures provide guidance on when it may not be appropriate to seek parental consent:

- 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;
- the parent identified as the alleged abuser;
- the child in question not wishing the parent to be involved at that stage and is competent to take that decision;
- it is in the public interest.

Practitioners should discuss whether it is appropriate to seek consent from the child and parents with their agency's designated safeguarding person (DSP). If the decision is made not to seek consent this decision must be recorded.

- Practitioners 'must not leave it to the member of public to contact social services or just advise the person to contact social services directly'. The practitioner has a Duty To Report concerns raised by a member of the public. Practitioners have a responsibility to report any concerns they are alerted to by the general public – both in their work and private lives. Procedures provides additional guidance on responding to members of the public who discuss a safeguarding concern.
- The new procedures emphasise the Duty to Report extends beyond the working context if a practitioner becomes aware of concerning behaviour of a friend, family member or neighbour who is also a practitioner they must report their concerns, regardless of whether the child/young person is already known to Social Services

Action/ work identified:

Additional clarification is needed on timeframe identified in the new procedures for convening a child protection conference, i.e. within 15 working days of the strategy discussion meeting that determined Section 47 Enquires were required. As opposed to previously within 15 working days of the strategy discussion, or the last strategy discussion/meeting if more than one has occurred, which initiated the child protection section 47 enquiries.

Section 3, Part 1

RESPONDING TO A REPORT OF A CHILD AT RISK OF ABUSE, NEGLECT AND/OR HARM

This section offers guidance for responding to a report – including outlining the role of ‘Report Taker’, contacting Police and setting out the process for responding to a report – this includes S47 enquiries and the process for strategy discussion / meeting, as well as procedures in relation to complex situations.

Key changes/shifts in practice:

- Local Authority should acknowledge receipt of a report in writing within 7 working days
- Members of the public will receive acknowledgement of receipt of their report within an appropriate timescale
- Report taker (i.e. Information, Advice and Assessment team, MASH team etc.) can request information from other practitioners and services to gain sufficient information to determine decision making; practitioners have a duty to co-operate and provide information under section 164 Social Services and Wellbeing Act (SSWA).
- Decision should be made following receipt of report (taking into account all information), if the child’s needs are sufficient for care and support, if so then the child should be assessed under Part 3 SS&WA.
- The child **MUST** be seen the **SAME DAY** if:
 - Reported to have sustained a physical injury.
 - Has disclosed physical and /or sexual abuse and is to be returned to the situation that might place them at risk.
 - Is already subject to a Child Protection Care and Support Plan.
 - The child is abandoned.
 - Is suffering from severe neglect or other severe health risks.
- Local Authority and Police must agree whether the child should be returned home
- Where a child has not been seen on the same day, this decision making **MUST** be recorded on the child’s file

- The parents/carers of the child/young person should be informed of the outcome of the respective report and consent is required to initiate an assessment under Part 3 SS&WA as care and support needs have been identified
- Consideration must be given to other children in the household, and adults at risk
- It should be considered whether a Care and Support Plan can be put in place

Strategy Meeting and S47 Investigation

- When it's a concern over Harmful Sexual Behaviour by one child towards another, separate strategy meetings should be held for each child.
- A record must be taken of the strategy discussion / meeting and this information needs to be shared within 1 working day (as opposed to 5 working days as outlined in the All Wales Child Protection Procedures AWCPP)
- The procedures introduce a time table for multi-agency planning S47 enquires – i.e. who does what, the new procedures go into more detail about the planning and investigation, lived experience of the child (differs from AWPCC)
- Social services have lead responsibility for the enquiries. The social worker who leads the enquiries must be qualified and have completed the relevant training. They should also receive appropriate supervision
- Other practitioners, such as the police, health, education and other relevant partners have a duty to co-operate and help social services undertake its enquiries.
- Sharing of information between multi agencies must be necessary and proportionate, but adequate, timely, secure and recorded i.e. recording the information in writing what has been shared and why.
- Each practitioner is expected to take ownership of the information they have contributed to the S47 enquiry and should ensure both parents and children are aware of what information has been included.
- Confidential information that cannot be shared with the family and or particular family members should be kept to a minimum along with a clear rationale for not sharing this information. This extends to S47 enquires and the investigation.

Medical Examination

- Timescale for a medical examination taking place where there has been an allegation of sexual abuse has been omitted from the new procedures.
- Assessment of the child should be carried out by a Paediatrician with Level 3 competences as per Safeguarding Children and Young People.

- Regarding lack of parental consent, the new procedures refer to a Child Assessment Order and Emergency Protection Order (EPO) that can be made and directed by the court for parents to cooperate.
- The Medical Report following examination no longer provides a timescale of when this report should be written.

S47 Enquiries, analysis and decision making

- Greater emphasis on the analysis of information, which should consider concerns relating to a practitioner, issues affecting the health and wellbeing of the child and quality of their lived experience.
- Greater emphasis on what the wishes and feelings of the child, the strengths identified (are there sufficient 'protective factors') to prevent long term harm of the child.
- Introduces consideration of social-economic factors impacting on the child and their family, as well as adult orientated issues impacting on parenting capacity.

Drawing on the S47 analysis and making decisions determinations

- The new procedures provide additional guidance on agency recording of S47 and key decisions, in order to ensure information fully reflects the child protection enquiry process
- Practitioner's rough notes are evidence of what was written at the time, therefore, should not be destroyed when details are recorded more formally, they should be kept securely in case they are required in any subsequent legal proceedings.

Section 3, Part 2

DECISION MAKING AND INITIAL CHILD PROTECTION CONFERENCES

The new procedures place more emphasis on engaging with the child and their family in this process. Relationships are most likely to develop if parents are treated with respect, empathy, warmth, listen to, spoken honestly to and the power imbalance considered.

The new procedures set out guidance for Section 47 enquiries, decision making, and child protection conference and introduces new 'determinations.'

The procedures suggest consideration should be given to making written bilingual information available, which sets out purpose, process and potential outcomes of child protection S47 enquires.

Key changes/shifts in practice:

- Changes in language and use of terms such as 'Report', 'Practitioners', 'Position of Trust'

- New procedures provide details of who those in a 'Position of Trust' refers to...but this extends on what is currently legally recognised
- Previously five possible 'triggers' for a child protection conference were outlined, these are not used/ referred to in the new procedures.
- New categories of financial abuse, emotional abuse and psychological abuse, in the glossary these are separate, but become one category for registration
- New procedures outline determinations following undertaking S47 enquiries as set out below – these determinations were in the old procedures and therefore remain unchanged, however actions following on from these have changed:

Determination 1- Concerns of significant harm not substantiated

Safeguarding concerns are unsubstantiated, but consideration should be given to whether the child may have unmet care and support needs. Therefore, recommend a care and support needs assessment under section 20 of SS&WA or report to preventative services. Decision should be ratified by relevant manager and a 'no further action' letter sent to parents.

Determination 2- Concerns of significant harm are substantiated, but child is not at continuing risk of significant harm

In the old procedures, where the above was seen to apply, it was suggested a decision not to proceed to a conference should be carefully considered, and a suitably qualified and designated person within social services would need to endorse this decision. This appears to be omitted from the new procedures.

Determination 3 – Concerns substantiated, and the child is judged to be experiencing or at risk of abuse, harm or neglect

Continuing risk of significant harm, therefore social services should convene a child protection conference

Child Protection Conference

- The new procedures state all practitioners and agencies invited to attend a child protection conference must submit a written report.
- Conferences should not normally last for more than 2 hours, as new procedures acknowledge this can become counter- productive and have an adverse impact on family and practitioners and therefore quality of proceedings.
- It is highlighted in new procedures that consideration should be given to the feasibility of analysing and making decisions about child at risk and their siblings during one conference, if there are concerns relating to all the children.

- Increased emphasis in new procedures on convening a conference when a pre-birth assessment concludes that an unborn child may be at risk of significant harm. New procedures do not provide timescales for arranging conference, previously this was 8 – 16 weeks of expected due date.
- New procedures emphasise attendance by a child alone at a conference is not participation or giving the child a voice, and child centred practice/ principles should apply. New procedures provide examples of how this may be achieved, including advocacy for the child and parents.
- The initial CP conference report should not include a recommendation around registration
- Specific information is required from different agencies and the new procedures outlines what information participating organisations must provide.
- Immediately after the conference; it is expected that should conference decide to place the child's name of the child protection register, the chair and social worker should spend time after the conference explaining what it means for the child to be subject to a care and support protection plan, what registrations means, what parents are required to do, the role and responsibilities of practitioners and core group, and how parents / child will be involved in this process going forward.
- Child protection medical reports may be discussed at conference, but should not be distributed with conference papers. NB: Good practice would be for these to be summarised.
- Change from Child Protection Plan to Care and Support Protection Plan, which should include all elements of a plan as outlined under Part 4 SSWA.
- The procedures outline the decision-making process at an initial child protection conference. The practitioner participants at the conference should determine, based on the evidence available:
 - whether the child is at continuing risk of significant harm AND
 - requires a multi-agency intervention delivered through a formal care and support protection plan and registration on the child protection register

Decisions should be made on each individual child, with a focus on actual, likely and/or ongoing risk of significant harm, it is reinforced that practitioners cannot abdicate their responsibility in the decision making process at the conference

- Child not at continuing risk of harm but with care & support needs: parents should be encouraged to continue with wellbeing assessment under P3 of SSWA.
- New procedures introduce the role of **Care and Support Protection Plan Coordinator** (CSPPC) – this will be a social worker employed by social services, registered with Social Care Wales, who has suitable qualifications

and experience to take lead responsibility for the plan on behalf of the local authority.

- Each child, whose name is placed on the CPR, should have a named individual (i.e. Social Worker) who will take on the CSPPC role
- The CSPPC will be responsible for co-ordinating the preparation, completion, review, delivery of the plan and revision of the plan.
- While previously the timescale for completing continuing assessment was 35 days (in AWCPP), new procedures set out a timescale of 42 working days from the start of the S47 enquiries

Section 4

PLANNING AND INTERVENTION FOR CHILDREN ON THE CHILD PROTECTION REGISTER

The new procedures highlight the need for child focused milestones and specific outcomes measures to ensure all members of the core group understand what life will be like for the children at the point of de registration. Section 4 outlines the responsibilities of the Care and Support Protection Plan Coordinator, and the skills and approach required to achieve child focused outcomes.

To assist with the development of the plan, the new procedures have designed questions to help achieve the plan.

Key changes/shifts in practice:

- Responsibilities of the Care and Support Protection Plan Coordinator include co-ordinating the preparation, completion, review, delivery and revision of the Care and Support Protection Plan
- The new procedures introduce questions to support development of the plan:
 - A shared understanding of the concerns
 - What parents and the child wish to achieve
 - What would the daily lived experiences of the child look like if the concerns were addressed
 - Final outcome measures
 - How will the core group measure incremental change
 - Parents ability and motivation to engage in the plan
 - How to build on parental strengths
 - Barriers to change
 - How can Practitioners demonstrate their commitment to support and work with the family?
- The new procedures encourage participation by all practitioner members in core group. If however, a core group member is unable to attend the meeting they

should provide a report with sufficient detail to enable assessment of all parties and engagement with the plan.

- The procedures highlight the importance of parents/ carers actively engaging with the core group and the implementation of the plan.
- The procedures outline that engagement must focus on achieving child centred outcomes and Co Production is essential.
 - This section includes good practice tips for achieving co-production.
 - The new procedures urge consideration / use of parental needs.
 - The new procedures urge practitioners to avoid sanitising language to describe situations, instead to be explicit when relaying their concerns
 - Core Group member participation in review conferences - All practitioner's reports should be shared with the child and family face to face where appropriate, to enable discussion and at least 5 working days prior to the review conference.
 - The new procedures allow bringing forward a review conference if the plan is not protecting the child from harm or practitioners are having significant problems implementing the plan
 - When it becomes known that a family with a child whose name is included on the child protection register has moved, or is planning to move, permanently or temporarily out of a local authority area, the individual receiving the information must immediately inform the team manager as well as the Care and Support Protection Plan Co-ordinator.
 - No change to the written information that must be sent to the receiving authority
 - There are no timescales recorded in the new procedures relating to responding to enquiries to the CPR. All enquires must be recorded on Social Services data base, within 24 hours.

Section 5

SAFEGUARDING ALLEGATIONS/CONCERNS ABOUT PRACTITIONERS AND THOSE IN POSITIONS OF TRUST

Section 5 sets out the Local Authority's statutory response to professional concerns. The procedures set out that professional concerns are to be addressed through a separate process which can run in tandem with the safeguarding process, or in the absence of an identified child at risk, in isolation.

Key changes/shifts in practice:

- The new procedures increase the scope of who this applies to
- The new procedures emphasise the duty to report concerns about practitioners (see section 5), and highlight the significance of agencies *whistle blowing policy*