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Social Services and Well-being (Wales) Act 2014

Statutory guidance in relation to Part 7 of the Act, on Handling Individual Cases to Protect Children at Risk

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

Handling Individual Cases to Protect Children at Risk

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1. Introduction

1. This volume provides advice on what should happen if an individual has concerns about the well-being or welfare of a child (including those living away from home) and in particular concerns that a child is:
 - experiencing or is at risk of abuse, neglect or other kinds of harm;
and
 - has needs for care and support.
2. 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 All Wales Protection Procedures will complement this guidance and set out the detailed practice guidance.
3. This advice replaces the previous version of statutory guidance *Safeguarding Children Working Together under the Children Act 2004*
4. 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 way in which children, adults, family members and carers will be involved, and the rights of the child protected; and
 - any timescales set down in Regulations or Guidance which govern the completion of assessments, making of plans and timing of reviews.

2. Statutory Duties

Duty to report children at risk

5. Section 130(4) of the Social Services and Well-being (Wales) Act 2014¹ (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).
6. 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.
7. 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 will include education.
8. 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.

¹ [Social Services and Well-being \(Wales\) Act](#).

9. Section 47 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.
10. Guidance in relation to children at risk of 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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3. General Principles

11. Effective safeguarding systems are those where:

- the 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 expert 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 cooperative way to safeguard and promote a child's wellbeing and regularly review progress against the outcomes set out in care and support plans.

A coordinated child rights centered approach

12. 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 practitioners and organisation must play their full part both individually and in collaboration;

and

- a child centered 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 paramount to the approach and their best interest should always be central.

Safeguarding and protecting is everyone's responsibility:

13. 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 coordinated multi-agency approach. The ability to work across 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.
14. 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.
15. Everyone in education services who comes into contact with children and their families has a role to play in safeguarding children. School and college staff in particular are in a position to identify concerns early and provide help for children to prevent issues from escalating.
16. School and college staff form part of the wider safeguarding system for children. 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.

A Child Centered Approach

17. Anyone working with a child **must**:
 - see and speak with 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
 - feedback to the child.
18. 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

19. 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. 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.
20. 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*)²

Co-productive working relationships

21. 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 honest with them, and in turn they are confident about providing relevant information about themselves, or the child and their circumstances.
22. 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

23. The dedicated code of practice on advocacy under Part 10³ of the Act sets out the functions in relation to which a local authority, in partnership with the child, must reach a judgement on how advocacy could support the determination and delivery of the child 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 judgements must be considered early in the process and throughout.

² 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>

³ [Part 10 Code of Practice \(Advocacy\)](#)

Information sharing

24. Practitioners must share information in accordance with the Data Protection Act 1998⁴ and the common law duty of confidentiality. Both allow 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

25. Local authorities have a duty to provide an information, advice and assistance service under Part 2⁵ 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

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

27. Practitioners are under a duty of confidentiality. 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.
28. 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.

⁴ <https://www.gov.uk/data-protection/the-data-protection-act>

⁵ Chapter 5 : [Part 2 Code of Practice \(General Functions\)](#)

Whistle blowing

29. 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.
30. 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 users safety.

The Child Protection Register

31. Local authorities should record when the 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.
32. It is essential that both police, health practitioners and education are able to obtain this information both in and outside office hours.
33. 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.
34. 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.
35. 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.
- **sexual abuse** - rape and sexual assault or sexual acts to which the child has not or could not consent and/or was pressured into consenting.
- **financial abuse** - this category will be less prevalent for a child but indicators could be:
 - unusual activity in a bank account by a counter signatory;
 - not meeting their needs for care and support which are provided through direct payments; or
 - complaints that personal property is missing.
- **neglect** - failure to access medical care or services, negligence in the face of risktaking, failure to give prescribed medication, failure to assist in personal hygiene or the provision of food, shelter, clothing; emotional neglect.

Procedures and protocols

36. Relevant partners working with children must ensure that staff, including 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 national protection procedures for practitioners which are accessible, easily understood and used by all relevant partners.
37. The procedures should include:
- the management, governance roles and contribution of all agencies to strategy meetings, case conferences, and core groups
 - shared procedures for the reporting and management of:
 - allegations against practitioners;
 - agreed processes for reporting concerns / whistle blowing; and
 - the management of safeguarding complaints.

4. Assessment & Care and Support Plans

Assessment

38. 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's needs for care and support and a carer's needs for support. The Care and Support (Assessment) (Wales) Regulations 2015⁶ make further provision about such assessments.
39. The Code of Practice on Part 3⁷ sets out a process for assessing the needs of a child for care and support, or support in the case of a carer.
40. 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.
41. 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
42. 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.
43. Every assessment must be informed by the views of the child as well as the family. Children 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 in their own words.
44. 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 identify difficulties and risk factors as well as developing a picture of strengths and protective factors.
45. 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.

⁶ [The Care and Support \(Population Assessments\) \(Wales\) Regulations 2015](#)

⁷ [Part 3 Code of Practice \(Assessing the Needs of Individuals\)](#)

The Care and Support Plan

46. 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 4⁸ of the Act 2014 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.

47. 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 Act 2014. 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.

48. 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.

49. 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.

50. When a care and support plan includes elements to protect the individual from risk the professional should regularly review the plan according to the level of risk.

⁸ [Part 4 Code of Practice \(Meeting Needs\)](#)

5. The Process for Handling the Suspected Case of a Child at Risk

51. The primary focus of the following guidance will be on the process for reporting and managing abuse, neglect or risk of harm. All relevant partners should be alert to the well-being needs and safety of a children, 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.
52. 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 Social Services and Well-being (Wales) Act 2014. There should be a single point of contact within each of the organisations.
53. Any concerns about a child's well-being should always be recorded in writing, including whether or not further action was taken. The records 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 in their own words.
54. 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

The flowcharts cover:

- **Flow chart 1:** Reporting a child at risk - Page 32
- **Flowchart 2:** Strategy meeting and what happens after a strategy meeting – page 33
- **Flowchart 3:** Post Child Protection Conference, including the review process – Page 34

Step 1: Reporting suspected cases of a child at risk

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

55. 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.
56. While practitioners should seek to discuss any concerns with the family, and where possible seek their agreement to making a report, this should only be done where such discussion and agreement will not place the child at increased risk of harm.
57. 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 3⁹) 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.
58. The individual 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.

⁹ [Part 3 Code of Practice \(Assessing the Needs of Individuals\)](#)

59. At the end of any discussion with local authority social services the person making the report should:
- be clear about the proposed initial action, including signposting or that no further action will be taken;
 - be clear about who will be taking the action/roles and responsibilities; and
 - issues regarding consent and what the child or / and pfamily will be told about the report and by whom.
60. The outcome of any discussion and the resulting decision should be recorded by the practitioners 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.
61. If, having made the initial report in writing the referrer has not received an acknowledgement from social services within 7 working days, they must contact the local authority social services again.

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Step 2: Responding to a Report

62. All front line staff should be trained in the handling of reports about suspected cases of risk or harm to a child. Any report should be passed to the appropriate practitioners within the local authority without delay.
63. When a local authority is contacted with concerns about the 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 should require the involvement of the police;
 - clarify the child's developmental needs;
 - identify with the reporter how and why those concerns have arisen, 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.
64. 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.
65. 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.
66. 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

67. 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).
68. Where requested to do so practitioners from across other agencies have a duty to cooperate and provide information under section 164 of the 2014 Act .
69. 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.
70. 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.
71. Further information on each of these responses is included in the following sections.
72. 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.
73. The child and the family should be informed of the outcome of any report and it should be clearly agreed how and who will undertake this. The

information should be confirmed in writing to the reporting agency and the family as appropriate.

74. 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

75. 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

76. 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.

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

77. Where concerns of abuse, neglect or harm are not substantiated it may 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.
78. Local authorities should not wait until the assessment is concluded before providing services to support the child and their family.
79. Feedback on the decision taken should be given to the practitioners making the report and the child involved.

Decision 3: immediate protection and urgent action required

80. 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.
81. 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.
82. The least intrusive intervention should be used wherever possible. The practitioner should aim to work with the family to safely protect the child. For example, it may be sufficient to secure a child's safety by a parent taking action to remove an alleged abuser or by the alleged abuser agreeing to leave the home.
83. 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.
84. The police also have powers to remove a child to suitable accommodation in cases of emergency.

85. 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 considered.
86. 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.
87. Planned emergency action will normally take place following an immediate strategy discussion.
88. 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.
89. 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.
90. A record must be kept of the emergency action taken.

Decision 4: Suspected abuse, neglect or harm

91. 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, at the earliest opportunity, to enable the relevant partners to decide whether to initiate enquiries under section 47 of the Children Act 1989.
92. 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**.
93. 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.
94. 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.
95. The resulting information from such enquiries should always directly inform the assessment and any subsequent care and support plan.

Strategy Meeting

96. 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.
97. A strategy meeting may also be known as a strategy discussion but they should be taken to have the same meaning.
98. A strategy meeting may take place following a report, during an assessment or at any other time.
99. A strategy meeting may take the form of a multi-agency meeting(s) or phone calls 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.
100. 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;
- independent professional advocates working with the child
- medical and health staff; and
- regulatory bodies, as relevant to the circumstances.

101. 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 to coordinate those enquiries

102. 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
- identify any other children or others who may be affected
- initiate an assessment or determine what further information is required if one has already begun
- discuss the timescales for the assessment
- consider how any communication, ethnicity or cultural issues should be taken into account, and establish whether an interpreter will be required
- identify whether the child wants an advocate
- consider any mental capacity issues of the child or parent consider the language needs of working with the child and family
- determine 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).

103. 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; and
- 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.

104. 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

105. 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.
106. 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.
107. The All Wales Protection Procedures should have clear procedures to 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.
108. 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.
109. 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 or likely to be at risk of abuse or harm.
110. A section 47 enquiry is carried out by undertaking or continuing with an assessment.
111. The local authority has lead responsibility for the assessment.
112. Other relevant practitioners, such as the police, health,, education etc have a duty to co-operate and help the local authority undertake its enquiries.

Interviewing children in particular circumstances

113. Children are sometimes the only source of information about what has happened to them. In some circumstances practitioners may need to speak to a suspected child without the knowledge of the parent or carer. Relevant circumstances would include:
- the possibility that the child would be put at 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.
114. In all cases where the police are involved, 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.
115. Practitioners may want to 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.

The outcome of section 47 enquiries

116. 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.
117. The format of these discussions between practitioners should be agreed at the initial strategy meeting and reviewed as the enquiry progresses.
118. 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 an agreed format amongst partners.

Determination 1: Concerns of significant harm are not substantiated

119. 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

120. 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 case conference is not required. For example:

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

121. 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.

122. 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.

123. 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;

124. 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

125. 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.
126. 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.
127. The child protection conference will assess all relevant information, and plan how best to safeguard and promote the well-being of the child.
128. 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.
129. 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 and 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

130. 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

131. 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 wellbeing. Where appropriate, a care and support plan will be drawn up and reviewed at regular intervals. This should be agreed by all partners involved with the child.

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Conference Decision 2: Action following the initial child protection conference

A Care and Support Protection Plan

132. A care and support protection plan should follow the requirements set out under section 54 of the Social Services and Well-being (Wales) Act 2014.
133. 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;
 - 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:

134. 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.

The care and support co-ordinator¹⁰ 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 definition of the care and support coordinator is set out in the code of practice for Part 4 of the 2014 Act.

¹⁰ 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.

135. The coordinator should ensure the plan is agreed and all agencies understand their roles and responsibilities. If family members are not satisfied with the process, a Core Group should be established to implement the plan.

The Core Group

136. The Core Group is a multi-agency group of practitioners with responsibility for developing and delivering the care and support protection plan. The lead coordinator for the care and support protection plan should convene the Group.
137. 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;
 - undertake specialist assessments as appropriate and provide reports that will contribute to further developing the plan;
 - work co-operatively with the lead practitioners to support the delivery of their roles and responsibilities; and
 - respond to requests to prepare reports to courts about the likely effect of specific interventions, or their success with the carers.
138. 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

139. 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 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.
140. 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

141. 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.

142. 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.

143. 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

144. 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.

145. The relevant Independent Reviewing Officers (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

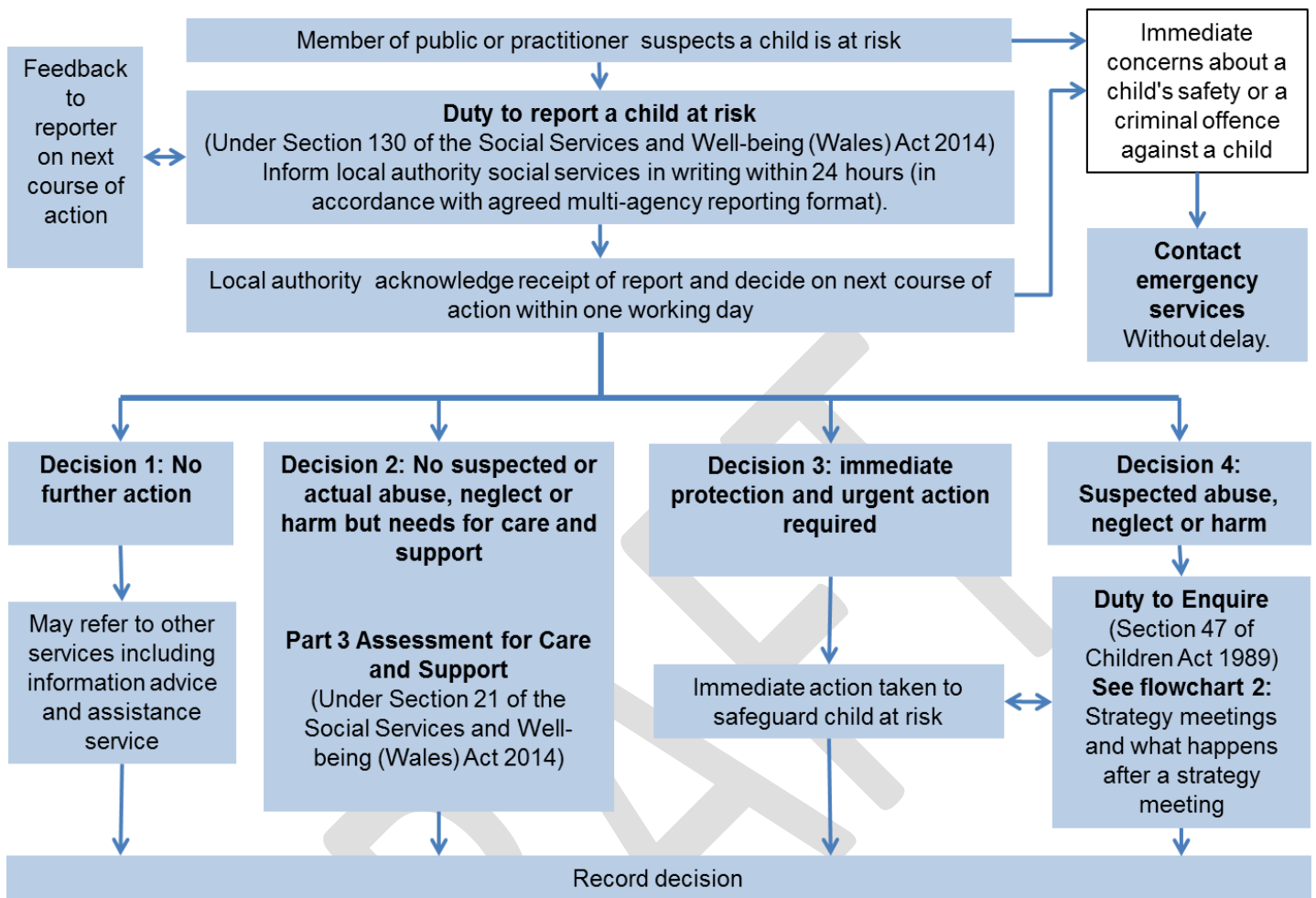
146. The Care Planning, Placement and Case Review Regulations 2015 make provision for placement of a child with parents. They set out the arrangements to be made for a child to be visited by a local authority representative, the frequency, circumstances and consequences of such visits, and the advice 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

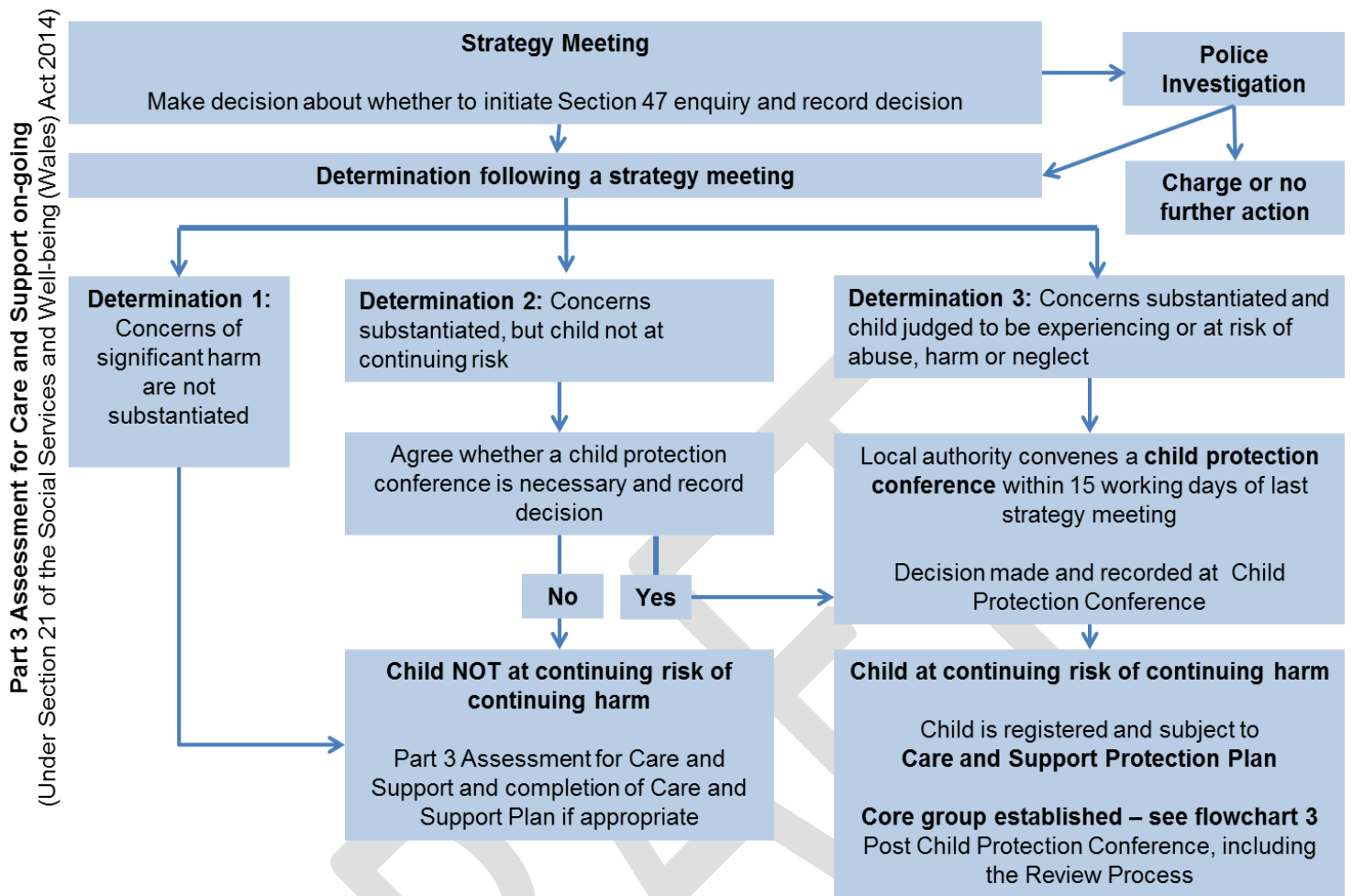
147. Every local authority should have a complaints procedure in place for the handling of complaints about a multi-agency process, such as a child protection conference. The complaints process should address the multi-agency nature of a process rather than the complaint against the actions of a single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

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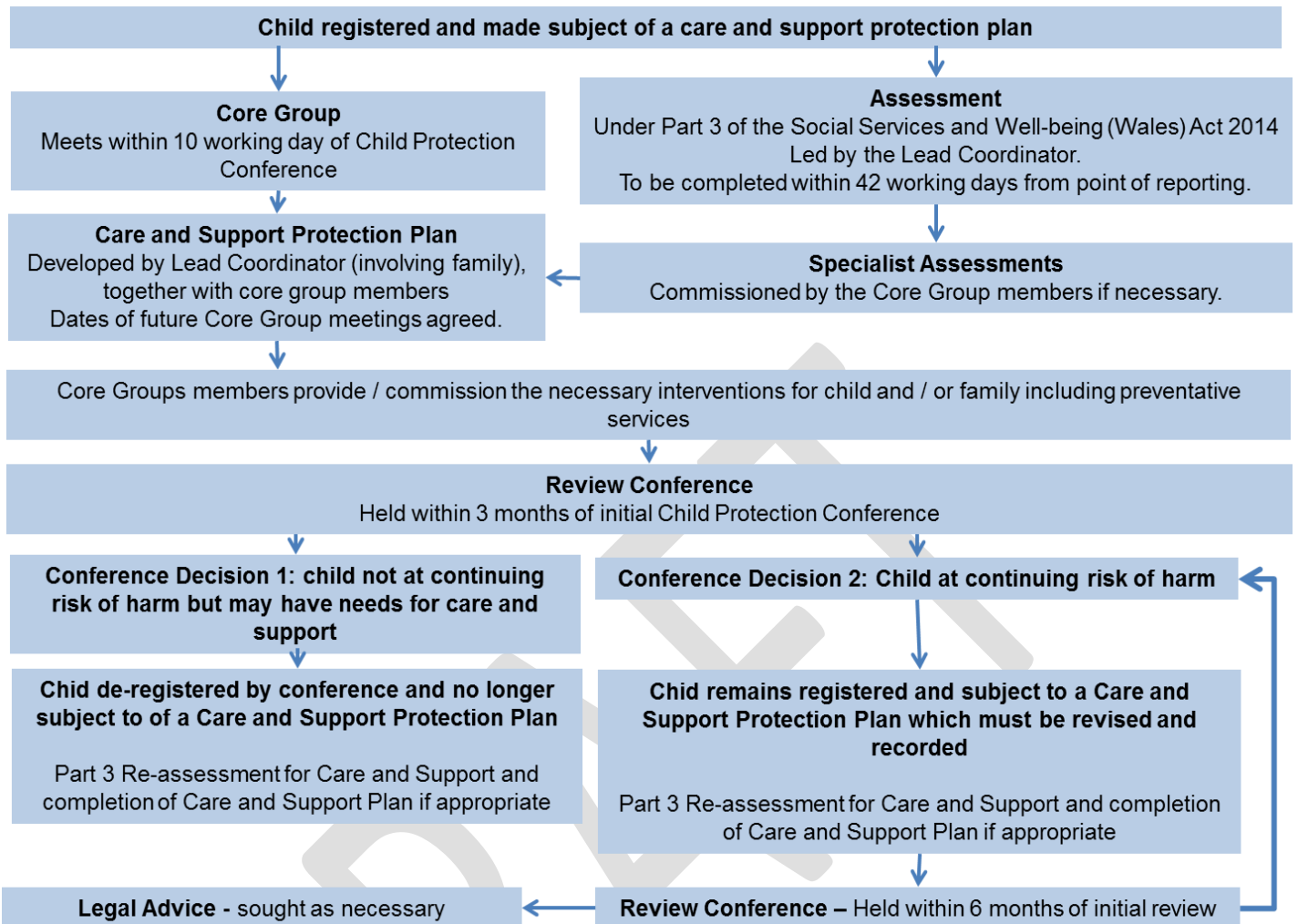
Flowchart 1: Reporting a child at risk



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



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



6. Managing concerns in particular circumstances

148. 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.
149. 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. Safeguarding Boards and other organisations that provide services for adults or children, or provide staff or volunteers to work with or care for adults or children, should operate a procedure for handling such allegations that is consistent with this guidance.

Person alleged to be responsible for abuse or neglect

150. 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.
151. 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.
152. In accordance with the Mental Capacity Act, 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.
153. 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

154. 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 adults at risk of abuse or neglect.
155. 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 DBS checks are important. Reports of abuse, neglect and misconduct should be investigated and evidence collected.
156. 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 Disclosure and Barring Service. The legal duty to refer to the Disclosure and Barring Service 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.
157. 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 Disclosure and Barring Service (DBS) and the Vetting and Barring Board 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.

Allegations against people in positions of trust

158. 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.
159. 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.
160. 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 Disclosure and Barring Service. 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 coordinated manner, to prevent the need for further safeguarding in future.

161. 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.

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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

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