

ROCHDALE BOROUGH SAFEGUARDING CHILDREN BOARD CHILD PROTECTION PROCEDURES



PART 2

CHILDREN'S SOCIAL CARE OR POLICE ACTION

FOLLOWING REFERRAL:

Initial assessment

Child Protection Enquiries

Child Protection Strategy Meetings

Further copies of this and other procedures are available at www.rbscb.org

Issued 01.04. 06

Updated 01.09.09

Review 01.09.11

Part Two – Contents

- 2.1 Introduction.....1**
- 2.2 Children’s Social Care Initial Response to Child Protection Referrals2**
- 2.3 Initial Assessment.....5**
- 2.4 Strategy Discussions Involving the Children’s Social Care, the Police and Other Agencies6**
- 2.5 Child Protection Enquiries.....7**
 - General7
 - Children who are the subject of a Child Protection Plan check8
 - Checks with other agencies8
 - Contact with parents/carers8
 - Seeing and interviewing children10
- 2.6 Medical Examination of Children12**
 - Purpose12
 - Involvement and consent of parents/carers and children12
 - The medical examination.....13
- 2.7 Action Following Child Protection Enquiries.....13**
 - Timing13
 - Deciding about protective action during Child Protection Enquiries13
 - Deciding what further action to take following Child Protection Enquiries14
 - Decisions regarding criminal prosecutions.....15
 - Feedback to the parents/carers, children, referrer and others involved15
 - Recording15
- 2.8 Organised or Multiple Abuse.....16**
 - General16
 - Action following referral.....16
- 2.9 Fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy).....16**
 - Action following referral.....17
- 2.10 Children who Abuse.....17**
 - Child to child abuse17
 - Children who abuse adults.....18
 - Action following referral.....18
- 2.11 Child Sexual Exploitation.....19**
 - This guidance refers to all children resident in the Borough including Looked After Children placed in the Borough by an outside Authority19
- 2.12 Adults and/or Children who pose risk to others19**
- 2.13 Sudden Unexpected Infant and Child Death.....19**

2.14 Child Protection Strategy Meetings	19
General	19
Timing	20
Participants	20
Purpose of Child Protection Strategy Meetings.....	20
Fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy).....	21
Organised or multiple abuse - additional requirements.....	22
The Safeguarding Vulnerable Groups Act 2006	22
2.15 Strategic Management Groups (Child Protection)	22
General	22
Participants	23
The purpose of the meeting	23
Liaison between the Child Protection Strategy Meeting and the Strategic Management Group.....	23
2.16 Liaison with other Local Authorities or Armed Services Regarding Responsibility for Emergency Protection and Child Protection Enquiries.....	23
2.17 Assessments in Response to Requests from Special Hospitals, other Psychiatric In-Patient Settings and Prisons, Regarding Visits By Children	24
Special Hospitals and other psychiatric in-patient settings	24
Prisons	25

2.1 Introduction

- 2.1.1. This section covers the responsibilities of Children's Social Care and the Police when responding to child protection concerns and referrals. It reinforces the importance of all agencies working together in order to safeguard and promote the welfare of the child.
- 2.1.2. For the purpose of these Procedures a **child** is defined as any person **aged under 18 years** including an **unborn child**.
- 2.1.3. The concern may be about **actual or likely abuse or neglect of a child by someone**, for example: a family member or friend; a carer or foster carer; a professional; a colleague; a volunteer worker; another child; a stranger; someone using or producing child pornography; or a person identified as presenting a risk or potential risk to children (Previously a Schedule One offender) having contact with children.
- 2.1.4. Alternatively, the concern may be about **what a child is experiencing**, for example:
- a) a child living in a family where there is domestic violence between adults;
 - b) a child living with an adult who is misusing alcohol, drugs or other substances;
 - c) a child whose welfare is affected by living with an adult who has a mental illness;
 - d) a child involved in prostitution who is being sexually exploited
 - e) a child misusing alcohol, drugs or other substances;
 - f) the exploitation or corruption of a child.
- 2.1.5. The concern may be about **actual or likely abuse or neglect of a child in any setting**, for example: home; school; residential care; foster care; childminder's; youth organisation, etc.
- 2.1.6. There may be concerns, or existing concerns may have increased, because a **child's whereabouts are unknown**.
- 2.1.7. These Procedures also apply when a sudden unexpected death occurs. Those taking a referral in these circumstances should notify the Rochdale Safeguarding Children Unit **immediately**.
- 2.1.8. The term parents/carers, used throughout these Procedures, include any person with Parental Responsibility as defined by The Children Act 1989. (See Part 1,1.6 definitions)
- 2.1.9. Following a child protection referral to Children's Social Care, they must initially decide whether or not **immediate emergency action to protect the referred child or any other child** is necessary, and if so carry this out. Having done this, they then need to decide what further action to take as follows:
- a) **conduct Child Protection Enquiries** under section 47 of The Children Act 1989, because the referral information indicates the need for this to happen;
or
 - b) **conduct an Initial Assessment** to establish if Child Protection Enquiries should be made or if the child is in need of services under section 17 of The Children Act 1989;
or
 - c) **conduct a Core Assessment;**
or
 - d) **give advice and/or refer on** to other agencies;
or
 - e) **take no further action.**

- 2.1.10. The early sections in this part of the Procedures deal with action to be taken in most cases of suspected child abuse but, where relevant, must be read in conjunction with the following sections:
- a) Allegations of **Error! Reference source not found.**, s **Error! Reference source not found.**;
 - b) Organised or Multiple Abuse, section 2.8;
 - c) Fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy), section 2.9;
 - d) Children who Abuse Children, section 2.10;
 - e) 2.11 Child , section 0;
 - f) 2.12 Adults and/or Children who pose a risk to others, section 0;
 - g) Sudden Unexpected Infant and Child Deaths, section 2.14;
 - h) Liaison with other Local Authorities or Armed Services Regarding Responsibility for Emergency Protection and Child Protection Enquiries, section 2.16.
- 2.1.11. ‘Working Together to Safeguard Children’ (2006) draws attention to the need to improve recognition of abuse and neglect amongst **children who are disabled**.
- 2.1.12. The Police must inform Children’s Social Care, if they receive information that leads to child protection concerns (including such concerns that arise from criminal investigations into stranger abuse, domestic violence, etc.).
- 2.1.13. Children’s Social Care must inform the Police, if they receive information that suggests that a criminal act may have been committed.
- 2.1.14. Following the referral, Initial Assessment or Child Protection Enquiries, a **Family Support Plan** or **Core Assessment** may be offered where there is no need for a Child Protection Plan.
- 2.1.15. A child should be regarded as needing a Family Support Plan when, without that plan, their physical, emotional or social development would be impaired. A Family Support Plan is a written, formal plan drawn up with parents/carers. It may or may not be multi-disciplinary and the responsibility for co-ordinating the work of the plan can belong to any one of the agencies involved.
- 2.1.16. **However**, where the family support offered is for the purpose of protecting a child from actual or likely harm, a multi-agency **Child Protection Plan** must be considered via the Child Protection Conference process.

2.2 Children’s Social Care Initial Response to Child Protection Referrals

- 2.2.1. When responding to referrals from the wider community, it should be borne in mind that personal information about referrers, including identifying details, should only be disclosed to third parties (including parents/carers and other agencies) with the consent of the referrer. Professional referrers will normally be identified unless there is good reason not to do so.
- 2.2.2. Whoever receives the initial information within Children’s Social Care (The Referral and Advice worker), they will ensure a discussion takes place with the duty social worker and/or the team manager.
- 2.2.3. The referral and advice worker must clarify, with the referrer, the nature of their concerns and request and provide as much of the following information as possible. A written referral must be sent within 48hrs (see part 1, 1.5 Recording)

2.2.4. **Essential Information**

- a) Full names and dates of birth of the child, carers and any other family members;
- b) Child's full address and telephone number;
- c) Daytime address and contact telephone numbers for parents/carers;
- d) Child and family's language;
- e) Reason for the referral, including description of any injuries observed, details of any allegations made, discussions with the child or others, details of any witnesses. Include any relevant dates/times/places of alleged incidents;
- f) Action taken and people contacted since the concern arose;
- g) Any immediate or impending danger to the child;
- h) Ethnic origin, religion and cultural background;
- i) Special needs of the child and/or parents/carers.

2.2.5. **Useful Information**

- a) Addresses of other family members or significant people not living with the child;
- b) Previous addresses of the family;
- c) Information regarding contact between any alleged abuser and other children, i.e. in work, community, extended family or other settings;
- d) Schools, nurseries etc. attended by the child and other children in the family.
- e) Name/address/telephone number of General Practitioner;
- f) Name/address/telephone number of health visitor/school health practitioner.
- g) Hospital/ward/consultant/named nurse/date admitted or discharged;
- h) Name/address/telephone number of other professionals involved with the family;
- i) Child's legal status (e.g. Residence Order, Care Order) and details of anyone not already mentioned who has parental responsibility;
- j) Previous concerns and any relevant background information;
- k) Any opinion about how the child and family are likely to react to the referral and subsequent Child Protection Enquiries or Police investigation, including any factors which may place the child or others at further risk (e.g. where there is domestic violence).

2.2.6. **The duty social worker must also carry out and record the following:**

- a) establish if any child needs emergency medical attention and, if this has not already been sought, they must arrange this immediately and directly from the emergency services;
- b) establish if parents/carers have been informed or agree how parents/carers are to be informed;
- c) discuss any planning issues regarding further Child Protection Enquiries or Police investigation;
- d) discuss the role of the referrer in any further Child Protection Enquiries or Police investigation;
- e) tell the referrer what needs to happen next;
- f) check Children's Social Care files for any existing information about the child or family.

- 2.2.7. The duty social worker will then, in consultation with the duty manager or a Child Care Team Manager, evaluate the referral information and review any previous information regarding the family/child. If the referral is received out of office hours by the emergency duty social worker, they may decide to consult with someone from the list of managers available for consultation.
- 2.2.8. Following this consultation, the manager (or the emergency duty social worker where they are acting without managerial consultation) will be responsible for making a decision about how to proceed. This decision should be taken immediately, if there is the need for emergency action to protect the referred child or any other child, and in any case, within 24 hours of the referral.
- 2.2.9. The manager will be responsible for ensuring that all decisions are recorded.
- 2.2.10. **If it is clear** that there is a reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, **Child Protection Enquiries under section 47** of The Children Act 1989 must begin immediately.
- 2.2.11. Children's Social Care must ensure that **necessary emergency action to protect the referred child or any other child is taken immediately.**
- 2.2.12. It may be that Child Protection Enquiries under section 47 of The Children Act 1989 flow naturally from the referral information or from other known information, for example:
- a) A child makes a clear allegation of abuse;
 - b) A child receives a serious injury for which there is no acceptable explanation;
 - c) An adult makes a clear, detailed, credible allegation of child abuse;
 - d) When a child has been made the subject of an Emergency Protection Order or a Police Protection Order;
 - e) Where child to child abuse is suspected;
 - f) Where concern exists about a child having contact with any person who may pose a significant risk to them. This will include people who have a relevant criminal conviction, e.g. a Person identified as presenting a risk or potential risk to children (previously known as a Schedule One Offender);
 - g) When further concerns have arisen of increased or additional risk to a child currently the subject of a Child Protection Plan (or other children living in the same household);
 - h) When the whereabouts of a child who is currently the subject of a Child Protection Plan in Rochdale are unknown.
- 2.2.13. **If it is not clear** that there is a reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, an **Initial Assessment** needs to be made.
- 2.2.14. **In all cases** Children's Social Care must ensure that **necessary emergency action to protect the referred child or any other child is taken immediately.**
- 2.2.15. Whatever decisions are taken, they should be endorsed at a managerial level and recorded in writing with the reasons for them.
- 2.2.16. If the referral is in respect of **Children who are the subject of a Child Protection Plan of another local authority moving into the Rochdale area**, then the procedures outlined in section 3.13 'Children who are a subject of a child protection plan Moving In or Moving Out of Rochdale' should be followed.

2.3 Initial Assessment

- 2.3.1. The Initial Assessment should be completed within a maximum of 7 working days of the date of the referral, however the Initial Assessment period may be very brief, if the criteria for initiating Child Protection Enquiries are met.
- 2.3.2. The Initial Assessment should be completed using the **Initial Assessment Form** and with reference to the '**Framework for the Assessment of Children in Need and their Families**' (**Department of Health**), as both provide a structured framework for collecting, drawing together and analysing available information about a child and family.
- 2.3.3. The Initial Assessment should, also, consider the need for protection of any other children in the alleged abuser's home, extended family, work or community life.
- 2.3.4. The Initial Assessment may involve requesting information from the Police.
- 2.3.5. The Initial Assessment will include checking files and contacting professionals, the family and the child in order to gather relevant, current and accurate information (including when professionals/others last saw the child). This information will be used to decide what action to take as follows:
 - a) take immediate emergency action to protect the referred child or any other child;
 - b) carry out Child Protection Enquiries under section 47 of The Children Act 1989;
 - c) conclude that there are no concerns that the child is suffering, or is likely to suffer, significant harm but the child is in need of services under section 17 of The Children Act 1989, and that a Core Assessment should be undertaken;
 - d) provide a service without the need for further assessment;
 - e) give advice and/or refer on to other agencies;
 - f) conclude that no further involvement is required.
- 2.3.6. When contacting parents/carers, consideration should be given to any factors which may place the child or others at further risk (e.g. where there is domestic violence).
- 2.3.7. Parents/carers permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place the child, professionals or others at risk. (see under 'Contact with parents/carers' on page 8 below).
- 2.3.8. There will be circumstances where parents/carers do not give permission for agency checks to be carried out. Whilst it is important that every effort is made to involve parents/carers, **the welfare of the child is the prime consideration** and the lack of parental consent should not delay any action necessary to protect the child. Those conducting the Child Protection Enquiries must consult with their line manager to consider contacting other agencies without parental agreement.
- 2.3.9. When approaching other agencies with requests for information, it is important that Child Care Service staff are clear about the nature and purpose of the request.
- 2.3.10. Parents/carers, children, the original referrer, and other professionals and services involved in the assessment should be told promptly what action has been taken. This needs to be consistent with respecting the confidentiality of the child and family concerned, and should not jeopardise further action in respect of child protection concerns (which may include Police investigations).
- 2.3.11. Decisions made during, and on completion of, the Initial Assessment should be endorsed at a managerial level and recorded in writing with the reasons for them.

2.4 Strategy Discussions Involving the Children's Social Care Department, the Police and Other Agencies

- 2.4.1. Whenever the Police or Children's Social Care have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion between them and other agencies or professionals, as appropriate, in particular any referring agency. Where a medical examination may be needed, the relevant paediatrician/doctor should be included in the strategy discussion.
- 2.4.2. A strategy discussion will take place, whenever a referral and an Initial Assessment (or new information on any case open to Children's Social Care) indicates that a child is suffering, or is likely to suffer, significant harm.
- 2.4.3. A strategy discussion may take place at a meeting, or by telephone. Any information shared, or decisions reached, and the basis for those decisions, should be clearly recorded by all parties to the discussion.
- 2.4.4. The strategy discussion should be used to:
 - a) share available information;
 - b) decide whether Child Protection Enquiries under section 47 of The Children Act 1989 should be initiated, or continued if they have already begun;
 - c) decide whether or not any enquiries/investigation are to be carried out jointly by Children's Social Care and the Police;
 - d) discuss how to proceed in a way which will not place the child or others at further risk (e.g. where there is domestic violence);
 - e) plan how enquiries should be carried out, and by whom;
 - f) discuss arrangements for any necessary medical treatment;
 - g) agree what action is needed immediately to safeguard the child, and/or provide interim services and support;
 - h) decide on the most appropriate timing of parental involvement;
 - i) determine what information about the strategy discussion 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).
- 2.4.5. Relevant matters will include:
 - a) agreeing a plan for Child Protection Enquiries as part of the Core Assessment, what further information is needed and how it should be obtained;
 - b) agreeing who should be interviewed, by whom, for what purpose, and when;
 - c) considering how issues of religion, culture, language, hearing ability, disability, literacy skills etc. should be taken into account in enquiries, and establishing whether an interpreter is needed;
 - d) considering the needs of other children who may be affected, e.g. siblings and other children in contact with the alleged abusers.
- 2.4.6. Whilst the responsibility to instigate criminal proceedings rests with the Police, they should consider the views expressed by other agencies. There will be less serious cases where, after discussion, it is agreed that the best interests of the child are served by Children's Social Care led intervention, rather than a full Police investigation.

- 2.4.7. Joint enquiries/investigations between the Police and Children's Social Care will be considered when the concern is regarding:
- a) serious physical injury or serious neglect;
 - b) unexplained injuries that do not match a child's age or development.
 - c) sexual abuse;
 - d) organised or multiple abuse;
 - e) abuse by a professional (including a foster carer or volunteer);
 - f) Fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy)
 - g) child sexual exploitation;
 - h) the sudden unexpected death of an infant or child;
 - i) child trafficking;
 - j) forced marriage;
 - k) children missing from home or care.
- 2.4.8. Both Children's Social Care and the Police each have a statutory duty to ensure that **necessary emergency action to protect the referred child or any other child is taken immediately.**

2.5 Child Protection Enquiries

General

- 2.5.1. **Those conducting Child Protection Enquiries regarding any individual child should always consider the need for protection of any other children in the alleged abuser's home, extended family, work or community life.**
- 2.5.2. **Child Protection Enquiries** under section 47 of The Children Act 1989 should be made in respect of **all children living in the same household:**
- a) whenever it is clear from the referral information that a child may be suffering, or is likely to suffer, significant harm;
 - b) whenever the outcome of an Initial Assessment, following a referral indicates that a child may be suffering, or is likely to suffer, significant harm;
 - c) whenever it is identified that a child who is the subject of a Core Assessment may be suffering, or is likely to suffer, significant harm;
 - d) whenever new information on an open case (whether or not the child is currently on the subject of a Child Protection Plan) indicates that a child may be suffering, or is likely to suffer, significant harm;
 - e) whenever Police Protection is initiated , an Emergency Protection Order or a Child Assessment Order (Children Act 1989) has been made.
- 2.5.3. **Child Protection Enquiries** under section 47 of The Children Act 1989 should, also, be made, whenever it becomes apparent during Child Protection Enquiries regarding a particular child, that **any other child, not living in the same household** may be suffering, or is likely to suffer, significant harm.

- 2.5.4. The Child Protection Enquiries should be completed using the **Section 47 Risk Assessment Form** and with reference to the '**Framework for the Assessment of Children in Need and their Families**' (Department of Health) as both provide a structured framework for collecting, drawing together and analysing available information about:
- a) risk to the child;
 - b) the child's needs;
 - c) the capacity of parents/carers to meet those needs;
 - d) other relevant family and environmental factors.
- 2.5.5. **Immediate emergency action to protect the referred child or any other child** must be taken, at any point during the Initial Assessment or Child Protection Enquiries, whenever the need becomes apparent.

Children who are the subject of a Child Protection Plan check

- 2.5.6. The Rochdale Safeguarding Children Unit holds information about all children who are the subject of a Child Protection Plan, or for whom there have been child protection concerns within the previous 2 years.
- 2.5.7. The social worker must contact the Rochdale Safeguarding Children Unit, at the beginning of the Child Protection Enquiries, to inform them of the concerns and, also, to receive any relevant information or advice.

Checks with other agencies

- 2.5.8. Parents/carers permission should be sought before discussing a referral about them with other agencies, **unless permission seeking may itself place the child, professionals or others at risk**. (See below under 'Contact with parents/carers').
- 2.5.9. There will be circumstances where parents/carers do not give permission for agency checks to be carried out. Whilst it is important that every effort is made to involve parents/carers, the welfare of the child is the prime consideration and the lack of parental consent should not delay any action necessary to protect the child. Those conducting the Child Protection Enquiries must consult with their line manager to consider contacting other agencies without parental agreement.
- 2.5.10. The social worker must check with all agencies in order to gather relevant, current and accurate information about the child and their family (including when professionals/others last saw the child). This will include a request for information from the Police.
- 2.5.11. When approaching other agencies with requests for information, it is important that Child Care Service staff are clear about the nature and purpose of the request.
- 2.5.12. The social worker must complete the relevant parts of the **Section 47 Risk Assessment Form** to record agency checks.

Contact with parents/carers

- 2.5.13. In the vast majority of cases, it will be possible and desirable to contact parents/carers, **within 24 hours of the referral**, to share the concerns and to arrange to see the child. Early and sensitive involvement of parents/carers promotes partnership and increases the likelihood of effective outcomes for children.
- 2.5.14. At an early stage, those conducting the Child Protection Enquiries need to identify the resources that will be needed to enable them to communicate effectively with

parents/carers. In this respect, consideration needs to be given to issues of religion, culture, language, hearing ability, disability, literacy skills etc. The use of independent interpreters, translators, facilitators and advocates should be considered as an aid to effective written and oral communication

- 2.5.15. Where **sexual abuse** is suspected the issue of how parents/carers are involved in the Child Protection Enquiries and/or Police investigation will need to be decided jointly by Police and Children's Social Care.
- 2.5.16. Where **child sexual exploitation** is suspected the issue of how parents/carers are involved in the Child Protection Enquiries and/or Police investigation will need to be decided jointly by Police and Child Care Service.
- 2.5.17. In the following circumstances, the issue of how parents/carers are involved will need to be decided by a Child Protection Strategy Meeting:
 - a) where **organised or multiple abuse** is suspected. This involves **either** a number of abusers acting together to abuse, or recruit for abuse, one or more children; **or** one person abusing, or recruiting for abuse, a number of children across a number of families, within institutions or within the wider community;
 - b) where **Fabricated or induced illness in children** (previously known as Factitious illness by proxy or Munchausen syndrome by proxy) is suspected. This occurs when significant harm is caused to a child by the actions of a parent/carer who deliberately fabricates symptoms or induces medical symptoms in a child which would not otherwise be present;
 - c) Where Forced Marriage suspected.
- 2.5.18. In all other cases, parents/carers must be immediately involved unless one of the following is applicable. In these circumstances consideration will need to be given to when and how to inform and involve parents/carers:
 - a) there are **fears for the safety** of a child, yourself or others when informing parents/carers (e.g. where there is domestic violence);
 - b) it is **not possible to contact** the parents/carers immediately and prompt action is required to establish or ensure the child's safety.
- 2.5.19. The purpose of contacting the parents/carers initially is to:
 - a) inform them about the concerns and explain any action already taken;
 - b) interview them to ascertain their explanations and/or views about the concerns;
 - c) gather factual information about the child and family (see **essential and useful information** on page 3 above);
 - d) request consent to contact other agencies;
 - e) request consent to interview the child and any siblings where necessary;
 - f) request consent for the child and any siblings to be medically examined (and treated) where necessary;
 - g) arrange to see the child;
 - h) arrange to see any other children where concerns exist for their welfare.
- 2.5.20. At the point of initial contact, the relevant 'Information for Parents and Carers' leaflet should be completed and left with parents/carers.
- 2.5.21. There will be circumstances where there is a lack of involvement, co-operation or consent from parents/carers during the Child Protection Enquiries. Parents/carers

may not allow a child to be seen, interviewed, medically examined or co-operate in order to ensure that the child is safe, including giving permission for agency checks to be carried out.

- 2.5.21. In these cases, those conducting the Child Protection Enquiries must consult with their line manager to consider further action. Whilst it is important that every effort is made to involve parents/carers in the Enquiries, **the welfare of the child is the prime consideration** and the lack of parental involvement, co-operation or consent should not delay any action necessary to protect the child. Action may need to be taken without parental involvement, co-operation or consent, e.g. agency checks. Court Orders will be required in other circumstances, e.g. emergency protection.
- 2.5.22. If the assessment is that there is **no need for immediate emergency action to protect the referred child or any other child**, those conducting the Child Protection Enquiries must proceed with the enquiries and continue to try and involve the parents/carers.
- 2.5.23. If concerns exist about the parents/carers co-operation with the plan to ensure that the child is safe, legal advice must be sought from the Local Authority's Legal Services with a view to applying for an Emergency Protection Order under The Children Act 1989. Alternatively, a police officer can take immediate action to protect any child by placing them into police protection, either by removing the child to suitable accommodation, or by enabling them to remain in a safe place. Police Protection needs to be authorised by a Police Inspector.
- 2.5.24. Children's Social Care must ensure that **necessary emergency action to protect the referred child or any other child is taken immediately**. This may involve seeking the support of other family members or providing accommodation where parents/carers are absent.
- 2.5.25. Where a placement is needed away from the parents/carers, consideration should be given to the welfare and safety of the child, as well as the need for children to remain together and within the **extended family, wherever possible**. Reasonable contact between children and their family should be maintained.
- 2.5.26. In all cases, parents/carers must be fully informed of the concerns and any action taken or proposed.

Seeing and interviewing children

- 2.5.27. Any child, who is the subject of Child Protection Enquiries, **must be seen** by those conducting the enquiries. This should include observations of the interactions between the child and their parents/carers, where this is appropriate. A child who is believed to be in immediate danger should be seen without delay. In the vast majority of cases, it will be possible and desirable to see the child **within 24 hours of the referral**. In some cases, it may be decided to delay seeing the child because they are not in immediate danger and there is a need to have more detailed planning of the Child Protection Enquiries.
- 2.5.28. If they are able and willing to communicate their feelings, the child should be **interviewed** separately by those conducting the Child Protection Enquiries. Interviews should be conducted in a manner, which would not allow an adult to influence or corrupt the child's story.
- 2.5.29. Siblings and children living in the same household as the child for whom there are child protection concerns should always be seen and interviewed, unless there is good reason not to do so.

- 2.5.30. Consideration should, also, be given to interviewing any child who has witnessed the abuse of another.
- 2.5.31. Those conducting the Child Protection Enquiries must always secure consent to enable them to interview a child.
- 2.5.32. In the majority of cases, consent to interview a child will be sought from and given by the parents/carers.
- 2.5.33. In most cases where the consent to interview a child is sought from parents/carers, but not given, it will be necessary to obtain a legal order to gain consent before proceeding with the interview.
- 2.5.34. However, older children may be competent in their own right to give informed consent to be interviewed, where their parents/carers withhold consent, or where the child does not wish their parents/carers to be involved at that stage. The advice of Legal Services must be sought, before an interview takes place in the absence of parental consent or a legal order giving consent.
- 2.5.35. Exceptionally, those conducting joint enquiries/investigation may need to speak to a child without the knowledge of the parents/carers. Relevant circumstances would include the possibility that a child would be threatened or otherwise coerced into silence; or a strong likelihood that important evidence would be destroyed. In these circumstances, it will be necessary to obtain a legal order to gain consent before proceeding with the interview.
- 2.5.36. The purpose of the interview will be to gather information, in an open-minded way, which will inform further action. It is, also, an opportunity for a child to express their own views, wishes and feelings. The person interviewing a child must explain what is happening, what may happen next, and give reassurance, where it is reasonable to do so.
- 2.5.37. At an early stage, those conducting the Child Protection Enquiries need to identify the resources that will be needed to enable them to communicate effectively with a child. In this respect, consideration needs to be given to issues of religion, culture, language, hearing ability, disability, literacy skills etc. The use of interpreters, translators, facilitators and advocates should be considered as an aid to effective written and oral communication
- 2.5.38. Where children are very young or have communication impairments and are unable to communicate their feelings, alternative means of understanding the child's perspective should be used, including observation.
- 2.5.39. Children who are unable to express themselves clearly are **particularly** vulnerable and should always be seen by a paediatrician or police surgeon, when significant harm is suspected.
- 2.5.40. The interviewing of children and the conduct of joint agency investigations **must be** guided by the document – Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including Children. HMSO 2002
- 2.5.41. Criminal justice legislation, in particular the Youth Justice and Criminal Evidence Act 1999, creates particular obligations for courts who are dealing with child witnesses. These include the presumption of evidence-giving through pre-recorded videos, as well as the use of live video links for further evidence-giving and cross examination. Cross-examination in pre-trial video hearings may also occur in relevant cases.

- 2.5.42. When communication with a child is necessary for the purposes of safeguarding and promoting that child's welfare, and the first language of that child is not English, an independent interpreter must be used. In cases where the use of an interpreter is dispensed with, the reasons for so doing must be recorded in the child's notes/case file.

2.6 Medical Examination of Children

Purpose

- 2.6.1. During the initial planning, those conducting the Child Protection Enquiries and their manager(s) must consider the need for the medical examination of **all children** for whom concerns exist. Once the outcome of a medical examination is known, the need to medically examine any other children must be reconsidered.
- 2.6.2. Children must not undergo unnecessary medical examinations. Medical examinations must not be carried out, unless there are indications that a child is injured or ill, has developmental problems or there is reason to believe that forensic evidence may exist.
- 2.6.3. Where a concern exists about a child, the purpose of a medical examination is to:
- a) obtain a diagnosis of any injuries or illness and establish if any medical treatment is required;
 - b) provide a record of levels of development, functioning and general condition of the child;
 - c) provide a record of any injuries, illness or evidence of abuse together with a medical assessment of whether these are consistent with any account of their cause;
 - d) provide a medical assessment of possible causes of injuries, illness or suspected abuse;
 - e) provide a paediatric report and opinion which will be made available to those conducting the Child Protection Enquiries and to any subsequent Child Protection Conference or court hearing.

Involvement and consent of parents/carers and children

- 2.6.4. Those conducting the Child Protection Enquiries must always secure consent for the child to be medically examined, treated or photographed. In the majority of cases, this consent will be given by the parents/carers. In other cases, it may be necessary to gain consent by legal order.
- 2.6.5. Children **aged 16 years and over** are able to give their own consent to be medically examined, treated or photographed. However, it is good practice to involve parents, unless this would jeopardise the child's welfare or is against their wishes.
- 2.6.6. Some children **aged under 16 years** may be assessed to be competent to give informed consent to be medically examined, treated or photographed. However, those conducting the Child Protection Enquiries must seek the advice of Legal Services, before proceeding in these circumstances.
- 2.6.7. Children must not be medically examined against their wishes, unless there is a need for emergency medical treatment.

- 2.6.8. Parents/carers must be informed about the implications of the medical examination and encouraged to be fully involved, unless there are good reasons to act otherwise.

The medical examination

- 2.6.9. If a medical examination is required for any of the purposes stated above, this must be arranged immediately. Those conducting the Child Protection Enquiries must consult with the doctor prior to the medical examination, so that its purpose is clear.
- 2.6.10. Where non-accidental injury or neglect is alleged or suspected, a child will normally be **examined by a paediatrician** at a hospital **or by a community paediatrician**.
- 2.6.11. Where sexual abuse is alleged or suspected, Police and Children's Social Care will jointly decide whether a child is to be **examined by a police surgeon or paediatrician, or referred to the specialist unit at St Mary's Hospital Manchester**.
- 2.6.12. Where a medical examination is unnecessary for the purposes of Child Protection Enquiries, a referral to a General Practitioner or health care worker may be advisable for health care reasons.

2.7 Action Following Child Protection Enquiries

Timing

- 2.7.1. The timing of an initial child protection conference will depend on the urgency of the case and on the time required to obtain relevant information about the child and family. If the conference is to reach well informed decisions based on evidence, it should take place following adequate preparation and assessment of the child's needs and circumstances. At the same time, cases where children are at risk of significant harm should not be allowed to drift. Consequently, all initial child protection conferences should take place within **15 working days** of the strategy discussion, or the last strategy discussion, if more than one has been held.

Deciding about protective action during Child Protection Enquiries

- 2.7.2. Where those conducting the Child Protection Enquiries assess that any child is suffering, or is likely to suffer, significant harm they must **ensure that necessary emergency action to protect the referred child or any other child is taken immediately**.
- 2.7.3. If the parents/carers fail to co-operate in order to ensure that the child is safe, legal advice must be sought from the Local Authority's Legal Services, with a view to applying for an Emergency Protection Order under The Children Act 1989. Alternatively, a police officer can take immediate action to protect any child by placing them into police protection, either by removing the child to suitable accommodation, or by enabling them to remain in a safe place. Police Protection needs to be authorised by a Police Inspector.

- 2.7.4. Where those conducting the Child Protection Enquiries **assess that a child will not be adequately protected at home**, the child will need to be placed away from the parents/carers. Consideration should be given to the welfare and safety of the child, as well as the need for children to remain together and within the extended family where possible. Reasonable contact between children and their family should be maintained.
- 2.7.5. Where those conducting the Child Protection Enquiries **assess that a child can be adequately protected at home from the assessed risk**, they must have a clear, **written**, undertaking from the parents/carers stating how the child will be protected. This undertaking must be signed by all parties involved, as soon as is reasonably possible.

Deciding what further action to take following Child Protection Enquiries

- 2.7.6. Where those conducting the Child Protection Enquiries are **unclear about the level of risk**, further assessment and/or monitoring may be required. At this stage, The Rochdale Safeguarding Children Unit must be contacted with a view to determining the need for, and timing of, a Child Protection Conference.
- 2.7.7. Where those conducting the Child Protection Enquiries **assess that the original concerns that the child is suffering, or is likely to suffer, significant harm have not been substantiated**, they should discontinue action under the Child Protection Procedures. They must then consider whether:
- a) no further involvement is required;
 - b) to advise and/or refer on to other agencies;
 - c) to provide a service without the need for further assessment;
 - d) the child is in need of services under section 17 of The Children Act 1989, and that a Core Assessment should be completed.
- 2.7.8. Where those conducting the Child Protection Enquiries assess that a Child Protection Plan is not necessary because, **although the concerns have been substantiated, the child is not at continuing risk of significant harm**, the procedure outlined under 'Deciding not to convene a Child Protection Conference...' in section 3.3 must be used. If it is agreed under this procedure that a Child Protection Conference is not required, consideration must be given to the need for further involvement as follows:
- a) the child is in need of services under section 17 of The Children Act 1989, and a Core Assessment should be completed;
 - b) provide a service without the need for further assessment;
 - c) advise and/or refer on to other agencies;
 - d) no further involvement.
- 2.7.9. Where those conducting the Child Protection Enquiries assess that a Child Protection Plan is necessary because **the concerns have been substantiated and the child is at continuing risk of significant harm**, the Rochdale Safeguarding Children Unit must be consulted and a Child Protection Conference must be convened (see under section 3.3 'When to Convene a Child Protection Conference').

Decisions regarding criminal prosecutions

2.7.10. The Police will make a decision about a criminal prosecution. Consideration should always be given as to whether a prosecution is in the best interests of the child. The Police will take account of all relevant information in determining what action should be taken, in conjunction with the Children's Social Care Department and any other relevant agency.

Feedback to the parents/carers, children, referrer and others involved

2.7.11. Those conducting the Child Protection Enquiries must promptly notify the following of the outcome of the Enquiries together with the details of any interim Child Protection Plan and confirm this in writing:

- a) parents/carers;
- b) the referring agency;
- c) professionals and agencies who have been significantly involved;
- d) Rochdale Safeguarding Children Unit.

2.7.12. Children who have sufficient understanding should be given information about the outcome of the Child Protection Enquiries. The amount of information given and the method of informing them should have regard to what is in their best interests.

2.7.13. If the initial referrer is a member of the public, those conducting the Child Protection Enquiries need only notify them that they have acted on their referral.

2.7.14. Social workers should consider providing information to parents/carers and children about how advice, advocacy and support may be obtained from independent sources (see appendix 5.8 'Interpretation, Translation and Advocacy Services').

2.7.15. Parents/carers, children, referrers and others involved should be given information about how they can complain, if they wish to do so.

Recording

2.7.16. Whatever decisions are taken, they should be endorsed at a managerial level and recorded in writing with the reasons for them.

2.7.17. Those conducting the Child Protection Enquiries must notify the Rochdale Safeguarding Children Unit of the outcome by returning the **Section 47 Risk Assessment Form** as soon as possible. Where a Child Protection Conference has been arranged, the completed Risk Assessment Form must be returned to the Rochdale Safeguarding Children Unit, two working days prior to the Conference.

2.7.18. Case recording should be in accordance with individual agency policy and should provide a chronological account of the Child Protection Enquiries, including decisions taken, by whom and who was consulted.

2.7.19. If the Child Protection Enquiries are discontinued at any stage, the reasons for this and who was responsible for the decision must be clearly recorded, together with any recommendations to refer for other services to be provided.

2.7.20. The source of all information should be recorded and all records should be clearly signed and dated.

2.7.21. Where injuries have been observed, it is also recommended that a simple description of their site, size and colour be made using a skin map. A skin map (see section 1.8 'Skin Maps') is a diagram which can be used to give a pictorial record of any

injuries. Further copies should be available within your agency or can be obtained from the Rochdale Borough Safeguarding Children Board website.

2.8 Organised or Multiple Abuse

General

2.8.1 Organised or multiple abuse involves **either** a number of abusers acting together to abuse, or recruit for abuse, one or more children; **or** one person abusing, or recruiting for abuse, a number of children across a number of families, within institutions or within the wider community.

2.8.2 A well co-ordinated response is essential, if children are to be protected.
Independent action will not secure the protection of children and may well expose them to greater risk.

Action following referral

2.8.3 The Rochdale Safeguarding Children Unit must be informed immediately, following the referral of any allegation or suspicion of organised or multiple abuse.

2.8.4 The Rochdale Safeguarding Children Unit will consult with managers from the relevant agencies to decide whether a **Child Protection Strategy Meeting** should be convened to plan and co-ordinate further action [See 2.14 'Child Protection Strategy Meetings' and 2.15 'Strategic Management Groups (Child Protection)'].

2.8.5 Unless there is a need for immediate emergency action to protect the referred child, or any other child, the Child Protection Enquiries and Police investigation should await the outcome of the Child Protection Strategy Meeting.

2.8.6 Parents/carers must not be told about the meeting or the enquiries/investigation. Failure to ensure this could prevent adequate protection for a child, and might have serious consequences. Those conducting the Child Protection Enquiries must ensure that all professionals involved are made aware of the importance of confidentiality in keeping the child safe.

2.9 Fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy)

2.9.1 Fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy) occurs when significant harm is caused to a child by the actions of a parent/carer who deliberately fabricates symptoms or induces medical symptoms in a child which would not otherwise be present. The actions may be as a result of omission or commission and include such behaviours as:

- a) exaggerating symptoms/illness and the disparity between presenting symptoms and clinical findings;
- b) deliberate poisoning;
- c) deliberate burning or other damage to the skin to induce symptoms;
- d) removal of, or tampering with, necessary medical equipment;
- e) withholding essential medication;

- f) introducing foreign material to tests (e.g. adding blood to urine) or other behaviour which causes damaging or unnecessary tests to be performed on the child;
 - g) deliberately inducing fits in the child;
 - h) deliberately giving false history of illness which leads to unnecessary medical investigation.
- 2.9.2. The suspicion that a child is being affected by Fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy) may first come to light via a General Practitioner/health visitor or school nurse/teacher/paediatrician. In most situations, the child is under the care of a paediatrician. It is because no intrinsic organic cause can be found for the presenting or reported illness that the question of the carer's role in causing or fabricating the symptoms will arise.

Action following referral

- 2.9.3. The Rochdale Safeguarding Children Unit must be informed immediately following the referral of any allegation or suspicion of Fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy). The Rochdale Safeguarding Children Unit will consult with managers from the relevant agencies to decide whether a **Child Protection Strategy Meeting** should be convened to plan and co-ordinate further action See 2.14 'Child Protection Strategy Meetings' and 2.15 'Strategic Management Groups (Child Protection)'.
- 2.9.4. Unless there is a need for immediate emergency action to protect the referred child or any other child, the Child Protection Enquiries and Police investigation should await the outcome of the Strategy Meeting.
- 2.9.5. Parents/carers must not be told about the meeting or the enquiries/investigation. Failure to ensure this could prevent adequate protection for a child, and might have serious consequences. Those conducting the Child Protection Enquiries must ensure that all professionals involved are made aware of the importance of confidentiality in keeping the child safe.**

2.10 Children who Abuse

Child to child abuse

- 2.10.1. Child to child abuse can take a number of forms. Children can abuse each other emotionally, physically or sexually. The abuse can take place in various settings; home; school; residential care homes; foster homes; on the streets etc.
- 2.10.2. Physical or verbal bullying and behaviours such as isolation, name calling and hitting can be damaging, especially when persistent. In most cases, the relevant agency needs to deal with this promptly through their internal policies and procedures. However, there may be some instances of bullying where parents/carers or professionals may be aware of the problem but are unable or unwilling to protect the child.
- 2.10.3. The effects on the victim of child to child abuse can be as severe as for victims abused by adults. In such cases there is a need for a multi-disciplinary approach to:
- a) conducting Child Protection Enquiries;
 - b) protecting and providing treatment and support to the victim and the abuser;
 - c) supporting the families.

- 2.10.4. The Child Protection Enquiries will need to establish whether there are concerns which require further action under the Child Protection Procedures, or whether assessment, intervention, help and support should be provided outside of these Procedures. Such a determination will need to be made in respect of both the victim and the alleged abuser.
- 2.10.5. Following a referral to Children's Social Care or the Police, they must consider whether this requires joint enquiries/investigation or single agency Child Protection Enquiries by Children's Social Care.
- 2.10.6. Children's Social Care must inform the Police, if they receive an allegation that a criminal act has been committed by a child, regardless of age.
- 2.10.7. The Police must inform Children's Social Care, if they receive an allegation which leads to child protection concerns with regard to either the victim or alleged abuser.
- 2.10.8. Further information in respect of recognition and assessment can be found in appendix 5.6 'Child to Child Sexual Abuse - Additional Information'.

Children who abuse adults

- 2.10.9. These Procedures apply equally, where the concern arises because of an allegation that a child has abused an adult.

Action following referral

- 2.10.10. **Child Protection Enquiries** must be considered when any of the following apply:
- a) the alleged abuser is a child within the victim's family or household (including residential care homes and foster homes);
 - b) the alleged abuser is a child who has had a role in caring for the victim (e.g. childminding);
 - c) where it is believed that parents/carers of the alleged victim were aware of the abuse but have not taken appropriate steps to protect their child;
 - d) where it is believed that parents/carers of the alleged abuser were aware of the abuse but have not taken appropriate steps to prevent it;
 - e) where the parents/carers of the alleged victim have been unaware of the abuse but have been neglectful in allowing their child to be abused;
 - f) where the parents/carers of the alleged abuser have been unaware of the abuse but have been neglectful in their supervision of their child;
 - g) where it becomes apparent that a child who has abused others is living in the same household as, or otherwise poses a risk to, other children.
- 2.10.11. Joint enquiries/investigations will be conducted in accordance with:
- a) the procedures for Child Protection Enquiries;
 - b) Achieving Best Evidence HMSO 2002.
- 2.10.12. The joint enquiries/investigation should attempt to establish if the alleged abuser has ever been abused. If so, the child's needs as a victim must also be considered.
- 2.10.13. Following the enquiries/investigation, Children's Social Care should co-ordinate any protective action necessary and ensure that the needs of both the alleged victim and abuser are addressed. The Police will refer, where appropriate, to the relevant Youth Offending Team.

2.11 Child Sexual Exploitation

2.11.1 This guidance refers to all children resident in the Borough including Looked After Children placed in the Borough by an outside Authority (see 2.14 1 d).

Please see RBSCB Child Sexual Exploitation Protocol (www.rbscb.org)

2.12 Adults and/or Children who pose risk to others

2.12.1. An adult or child may be considered to be a danger to children in the community or in group settings (for example school, residential care, youth organisation etc.).

2.12.2. In such cases consideration should be given to convening a Child Protection Strategy Meeting.

2.13 Sudden Unexpected Infant and Child Death

2.13.1. When a child dies unexpectedly or when a child's death is unexplained, consideration should be given to convening a Child Protection Strategy Meeting.

2.14 Child Protection Strategy Meetings

General

2.14.1. Child Protection Strategy Meetings are convened by the Rochdale Safeguarding Children Unit to consider the following:

- a) abuse by a professional (including a foster carer or volunteer);
- b) organised or multiple abuse;
- c) fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy);
- d) child sexual exploitation, where the concern is about a child and/or a number of children involved;
- e) adults and/or children who pose a risk;
- f) sudden unexpected infant and child death.

2.14.2. If agreement cannot be reached about whether a Child Protection Strategy Meeting should be held, then the matter will be referred by the Rochdale Safeguarding Children Unit Manager to the Chair of the Rochdale Borough Safeguarding Children Board for a decision to be made.

2.14.3. **In cases of organised or multiple abuse and Fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy) parents/carers must not be told about the meeting or the enquiries/investigation. Failure to ensure this could prevent adequate protection for a child, and might have serious consequences. Those conducting Child Protection Enquiries and Police investigations must ensure that all professionals**

involved are made aware of the importance of confidentiality in keeping the child safe.

Timing

2.14.4 In the following cases, the meeting must be held within 72 hours of the referral, unless there are exceptional circumstances and the safety of any child is not compromised as a result. In the event of a delay, the meeting **must be held** within 8 working days of the referral:

- a) **organised or multiple abuse;**
- b) **Fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy);**
- c) **Sudden Unexpected Infant and Child Death.**

2.14.5 In the following cases, the meeting will be held within 8 working days of the referral, **unless it is agreed** to delay the meeting in order to gather necessary information:

- a) **abuse by a professional (including a foster carer or volunteer);**
- b) **child prostitution who is being sexually exploited;**
- c) **adults or children who pose a risk.**

2.14.6 The timing of a Child Protection Strategy Meeting should not delay any emergency action to protect the referred child or any other child, which is necessary prior to the meeting.

Participants

2.14.7 Child Protection Strategy Meetings will be chaired by the Safeguarding Children's Unit Independent Reviewing Officers and will be minuted by a secretary from the Rochdale Safeguarding Children Unit. Those attending the meeting must have the authority or delegated authority and all available information to contribute to the planning of the Child Protection Enquiries and any action necessary to protect a child.

2.14.8. The following personnel should be invited to all meeting:

- a) Children's Social Care Team Manager and/or social worker from the team conducting the enquiries/investigation;
- b) Police PPIU sergeant and/or officer from the team conducting the enquiries/investigation;
- c) Referring agency (if appropriate);
- d) Senior Child Care Solicitor, Rochdale Metropolitan Borough Council; Legal Services (if appropriate);
- e) Plus any other people necessary, by agreement with the Rochdale Safeguarding Children Unit.

Purpose of Child Protection Strategy Meetings

2.14.9 The purpose of all Child Protection Strategy Meetings is to plan any necessary Child Protection Enquiries, Police investigation and/or action needed to protect a child, by considering:

- a) the allegations or suspicions of abuse;

- b) the actual or likely impact on the child of the suspected abuse;
- c) the need for protection and support of the referred child or any other children in the alleged abuser's home, extended family, work or community life;
- d) any other relevant information about the child, their family or the alleged offender;
- e) whether or not there needs to be any further enquiries/investigation or protective action and if so what action needs to be taken and by whom;
- f) the timing and convening of a Child Protection Conference (the planning and management of a Conference in these circumstances will need detailed consideration and a decision as to whether this would be the appropriate forum for developing a Child Protection Plan);
- g) what resources are required and how they may be found;
- h) issues to do with the media and public relations;
- i) cross boundary issues (the suspected abuse may not be confined to one geographical area and it may be necessary to establish links and work together with other relevant authorities);
- j) whether other agencies need to be involved;
- k) issues of support for families;
- l) issues of support for staff;
- m) issues of support for the referrer, where this is appropriate;
- n) issues of support for the alleged abuser, where this is appropriate;
- o) when and how parents/carers and children are to be informed of the concerns, if this has not already happened;
- p) the ongoing involvement of parents/carers and children, including information about the outcome of the meeting and the processes to be followed;
- q) the need for a Strategic Management Group to be formed. See 2.15 Strategic Management Groups (Child Protection);
- r) a suitable date to reconvene and review any further enquiries/investigation or protective action.

Fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy)

2.14.10 If the Child Protection Strategy Meeting has been called as a result of suspected **Fabricated or induced illness in children** (previously known as Factitious illness by proxy or Munchausen syndrome by proxy) , it will decide whether it is possible to substantiate the suspicion that the child's condition is being induced by a parent/carer by:

- a) Clarifying the medical history, including details of any episodes that are reported to have occurred in the presence of a party other than the suspected perpetrator;
- b) Considering who was present when the episode(s) began;
- c) Verifying the personal, family and social history by having consulted with Children's Social Care, health professionals and other professionals, as necessary. This may reveal details to be inconsistent, fabricated or that the parent/carer has some past relevant medical or psychiatric history which may include Fabricated or induced illness in children (previously known as Factitious illness by proxy or Munchausen syndrome by proxy);
- d) Considering any previous Children's Social Care involvement;

- e) Considering whether the parent/carer has a relevant criminal record and if there is known to be any child death that they have had an association with;
- f) Ascertaining whether previous episodes of apnoea (not breathing), cyanosis (looking blue), cardiac or respiratory arrest (no heartbeat or not breathing), seizure (fit), or loss of consciousness have been recorded on multiple-channel physiological equipment (equipment which records pulse, respiratory rate and patterns and blood-oxygen levels). If so, these should have been examined to ascertain whether the pathophysiology present at the onset of, and during episodes, is typical of a natural or unnatural cause.

2.14.11 If it is decided that this **does not appear to be a case of Fabricated or induced illness in children** (previously known as Factitious illness by proxy or Munchausen syndrome by proxy) the meeting must consider what actions are needed by Children's Social Care, healthcare professionals and others to protect the child.

2.14.12 If it is decided that this **appears to be a case of a child being affected by Fabricated or induced illness in children** (previously known as Factitious illness by proxy or Munchausen syndrome by proxy), then consideration must be given as to how the enquiries/investigation will proceed and recommendations should be made. The Rochdale Safeguarding Children Unit will ensure that these recommendations are immediately and directly communicated to:

- a) Director of Children's Social Care;
- b) Detective Superintendent C.I.D.;
- c) Director of Women & Childrens Division Pennine Acute NHS Trust;
- d) Directors of Clinical Services: Heywood, Middleton & Rochdale PCT.

2.14.13 A Child Protection Strategy Meeting will be reconvened to follow up the outcome of any further enquiries/investigation or assessment.

Organised or multiple abuse - additional requirements

2.14.14 If the Child Protection Strategy Meeting has been called as a result of suspected organised or multiple abuse, then the additional requirements set out in part 6 of 'Working Together to Safeguard Children' (DoH 1999, 2006) should be referred to.

The Safeguarding Vulnerable Groups Act 2006

2.14.15 Requires child care organisations to refer the names of individuals considered unsuitable to work with children to the vetting and barring list.

2.15 Strategic Management Groups (Child Protection)

General

2.15.1. The need for a Strategic Management Group to be convened will have been recommended by the Child Protection Strategy Meeting. This recommendation will have been communicated immediately and directly to the following personnel by the Local Safeguarding Children's Unit Manager:

- a) Head of Service Children's Social Care;
- b) Chief Superintendent of Police (Rochdale).

2.15.2. The above personnel will then liaise to consider the recommendation and to decide whether or not to convene a Strategic Management Group.

2.15.3. If requested, the Strategic Management Group will be organised by the Rochdale Safeguarding Children Unit.

Participants

2.15.4. The Strategic Management Group will be chaired by the Chair of the Case Management Subgroup of The Rochdale Borough Safeguarding Children Board. The following personnel, or delegated senior officers, should be invited to the meeting:

- a) Rochdale Safeguarding Children Unit Manager;
- b) Director of Paediatric Services and/or Designated Doctor (Child Protection);
- c) Designate Nurse Rochdale Heywood & Middleton PCT;
- d) Head of Greater Manchester Police Headquarters Family Support Unit;
- e) Chief Superintendent (Rochdale Police);
- f) Chief Executive & Treasurer;
- g) Borough Solicitor;
- h) Chief Probation Officer;
- i) other Chief Officers or designated child protection agency representatives may be co-opted as necessary.

The purpose of the meeting

2.15.5 The Strategic Management Group will be responsible for:

- a) communication and management of the media;
- b) allocation of resources;
- c) staff support;
- d) considering cross boundary issues.

Liaison between the Child Protection Strategy Meeting and the Strategic Management Group

2.15.6 The Rochdale Safeguarding Children Unit Manager will be responsible for any liaison necessary between the Child Protection Strategy Meeting and the Strategic Management Group.

2.16 Liaison with other Local Authorities or Armed Services Regarding Responsibility for Emergency Protection and Child Protection Enquiries

2.16.1. Where it is suspected that a **child who is resident in Rochdale** is at risk of abuse/neglect **in another local authority area**, action under these Child Protection Procedures should be undertaken in liaison with the other local authority.

2.16.2. In the following cases, emergency action to protect the child must be initiated by the agencies in Rochdale and discussion with the child's home authority must take place to decide who will undertake or continue the Child Protection Enquiries.

When it is suspected that abuse or neglect has occurred, or may occur **in Rochdale** in respect of a child who is:

- a) living in another local authority area;
or
- b) on the Children who are the subject of a Child Protection Plan of another local authority;
or
- c) Looked After by another local authority.

2.16.3. Following any Child Protection Enquiries, it will normally be more appropriate for the home authority to convene a Child Protection Conference attended by relevant professionals from Rochdale. Any decisions and acceptance of responsibilities should be confirmed in writing.

2.16.4. A suspicion of abuse or neglect may arise in relation to a child in Rochdale who is **of no fixed abode**. In such cases, full responsibility must be accepted by Rochdale for any action under Child Protection Procedures.

2.16.5. Where there is any disagreement between Rochdale and other local authorities and there are protection issues to be addressed, the Safeguarding Children Unit must be informed.

2.16.6. Whenever a child of an **armed services family** is the subject of a child protection concern, there should also be liaison with the relevant armed forces welfare service. A comprehensive list of these can be found in appendix 3 of 'Working Together to Safeguard Children' (DfES 2006).

2.17 Assessments in Response to Requests from Special Hospitals, other Psychiatric In-Patient Settings and Prisons, Regarding Visits By Children

Special Hospitals and other psychiatric in-patient settings

2.17.1. There are two specific areas regarding children visiting parents and other family members in psychiatric settings where Children's Social Care may be asked to assess whether it is in the best interests of a child to visit a named patient.

2.17.2. The Directions and associated guidance to Ashworth, Broadmoor and Rampton Hospital Authorities (HSC 1999/160,) sets out the assessment process to be followed when deciding whether a child can visit a named person in these hospitals. When a Local Authority considers it has the powers under the Children Act 1989 to undertake the necessary assessment, it should assist the hospital by assessing whether it is in the best interests of a particular child to visit a named patient (LAC(99)23).

2.17.3. The Guidance on the visiting of Psychiatric Patients by Children (HSC 1999/222: LAC (99)32) and Amendment Directions 2000, 2002 to NHS Trusts, Health Authorities and Local Authorities, on the implementation of the guidance at paragraph 26.3 of the revised Mental Health Act 1983 Code of Practice, published in April 1983 states that "Hospitals should have written policies on the arrangements about the visiting of patients by children, which should be drawn up in consultation with local social service authorities. A visit by a child should only take place following a decision that such a visit would be in the child's best interest. Decisions to allow such a visit should be regularly reviewed."

2.17.4. The guidance also sets out principles to underpin child-visiting policies in respect of children visiting patients detained under the Mental Health Act. This emphasises the importance of facilitating a child's contact with their parents or other key family members, wherever possible. Where there are child welfare concerns, the trust may ask the local authority to assess whether it is in the best interests of a child to visit a named patient.

Prisons

2.17.5. To ensure the safety of children when considering visits or other contact with **convicted prisoners**, Prison Governors are expected to seek and follow advice from Children's Social Care Departments, where necessary.

2.17.6 When Children's Social Care receives such a request for advice and considers it has the necessary powers under The Children Act 1989, it should assist the prison by assessing whether it is in the interests of a particular child to visit a named prisoner.