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# West Midlands Joint Protocol

## Child Protection Enquiries and Related Criminal Investigations



Working Together to  
Safeguard Children



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This protocol has been agreed by the seven local authorities within the West Midlands area, Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall, Wolverhampton and West Midlands Police as a framework for joint agency working in child protection and child safeguarding. Staff that are or may be involved in the protection of children need to have a working knowledge of this document. They should refer to the relevant sections as required and are expected to adhere to this protocol in their working practice.

To achieve effective working together and support the delivery of this protocol all agencies will adopt a joint approach at a strategic level and participate in joint training.

Each agency signing up to this joint protocol is expected to generate local procedures that reinforce this protocol or incorporate it into existing procedures.

### **Overriding Vision for Local Authorities and Police in the West Midlands**

The agencies that are party to this protocol have committed to the following vision for working together in the West Midlands:

- To safeguard the child or young person
- To understand and respect the role and responsibilities of each others agency and work together in a way that supports each to fulfil their responsibilities
- To maximise the involvement of children and their families in child protection processes
- To ensure that all child protection enquiries address each child / young person's needs, including their race, religion, culture, language and ability
- To improve outcomes for the child or young person
- To take individual responsibility to achieve effective collaboration and communication between agencies
- To adhere to 'Working Together to Safeguard Children 2010'<sup>1</sup> and identified good practice
- LSCBs will be responsible for ensuring the effectiveness of joint investigation arrangements
- Joint responsibility not to contaminate the collation of evidence for criminal proceedings

### **Agreed Approach**

In working together to safeguard and promote the welfare of children the local authorities and police in the West Midlands will ensure their approach is underpinned by the following principles 'Working Together':

- |   |  |
|---|--|
| ▪ Decisions made are child centred                        | ▪ Holistic   |
| ▪ Focused on outcomes for the child or young person       | ▪ Decisions made are rooted in child development   |
| ▪ Ensuring equality of opportunity                        | ▪ Involving of children and families               |
| ▪ Builds on strengths as well as identifying difficulties | ▪ Part of a continuing process, not a single event |
| ▪ Multi / Inter-agency                                    | ▪ Providing and reviewing services                 |
| ▪ Informed by evidence                                    |  |

<sup>1</sup> For the remainder of the protocol this document will be referred to as 'Working Together'

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## **1 Introduction**

Local authorities and West Midlands Police have different roles and responsibilities in safeguarding children. The local authority are the lead agency for assessing the needs of a child and determining whether a child is a child in need of support, protection, local authority care or statutory services. The police are the lead agency in investigating criminal offences alleged to have been perpetrated against children. Staff in the two agencies also bring different skills as well as potentially competing professional demands to the investigative process. Staff from both agencies need to be aware of these competing demands and work together in such a way that promotes professionalism and respect for each others role and responsibility and ultimately recognises that they share the same objective, that of protecting a child.

The purpose of this protocol is:

- To set out an agreed protocol for how local authorities and West Midlands Police conduct child protection enquiries and in particular the circumstances in which joint enquiries are appropriate.
- To set out how both agencies must co-ordinate their activities at each stage of the process in Section 47 enquiries and criminal investigations to ensure that enquiries are well co-ordinated in the best interests of the child.
- To define the roles and responsibilities of the respective agencies when dealing with a child who is suffering or likely to suffer significant harm or a child who is in need under Section 17 of the Children Act 1989 where a criminal offence is also suspected.

## **2 The Children Act 1989 places a Duty on the Local Authority to Make Child Protection Enquiries**

These duties and responsibilities are set out in Working Together 2010 Chapter 2 (2.18). Local authority children's social care has the statutory duty to make child protection enquiries, or cause other agencies to do so. Children's social care is therefore the lead agency for these enquiries.

## **3 The Children Act 2004 and the Police and Criminal Evidence Act places a Duty and responsibility on the Police to Investigate Suspected Criminal Offences against children**

These duties and responsibilities are set out in Working Together 2010 Chapter 2 (2.123). Within West Midlands Police, the responsibility for investigating criminal offences against children is primarily the responsibility of specialist child abuse investigators (CAIs) based in Public Protection Units (PPUs). Where investigations fall outside of the remit of the CAIs, the senior investigating officer, (either from CID or front line uniform officers) and the children's social care lead must ensure the same level of co-operation, co-ordination and continued information sharing takes place between agencies. In such instances where an investigation sits outside the terms of reference of CAIs, officers are still required to notify children's social care and the PPU CAIs. An example of such would be a bullying incident, or where a child is physically injured by another child (who is not a family member). The PPU CAIs should offer advice and guidance to support police colleagues on child protection and safeguarding procedures. There should also be consideration as to who is best placed to interview the child where necessary, to improve working together and/or address safeguarding issues.

#### **4 The Responsibilities of all Agencies**

The Children Act 2004 Section 11 places a duty on all agencies providing services to children and families to do so with due regards for the safety and welfare of the child. All agencies have a duty to assist and provide information and advice in support of child protection enquiries and criminal investigations. Many organisations have specific roles and responsibilities in assessing the needs of children and safeguarding their welfare. These are set out in Working Together 2010 Chapter 2.

Assessing the needs of a child and the capacity of their parents or wider family network adequately to ensure his/her safety, health and development very often depends on building a picture of the child's situation using information from many sources.

All agencies are expected to:

- Collate and share all relevant information
- Contribute information to and/or attend the strategy discussions/meetings
- Update those conducting the enquiries of any developments in the child or family's situation which have a bearing on the child's safety or welfare
- Assist in monitoring the child and providing additional support

**These responsibilities will be adhered to whether the enquiry is conducted by a single agency or joint agencies.**

#### **5 Resolution Procedure**

At all stages in the process of safeguarding children, both agencies should reach agreement on actions to be taken. Each agency is responsible for recording their own actions and decisions. In the unlikely event that agreement on actions cannot be reached both agencies will adhere to the following procedure:

- Refer issue to immediate line manager. Line managers from both agencies to engage and resolve the issue.

In the event of failing to reach an agreement, each agency will refer the issue to the next tier of management and this will continue until the issue is resolved.

- Any disagreement should not leave a child at risk of harm or unreasonably delay an enquiry. A resolution of the issue should be reached within a timescale of no more than seven working days, however the disagreement should be duly accelerated in urgent cases or where circumstances dictate. In the event that an agreement cannot be reached the lead agency will make the final decision.
  - The police will be the lead agency in a criminal investigation
  - Children's social care will be the lead agency in a safeguarding issue
- In the event that the issue was not resolved by mutual agreement the general issue of disagreement should be discussed at a later stage for reflective learning to promote future best practice.
- There should be a joint local fora in place for agencies to review working together practice and decision-making. Case audits and discussion on cases, which lead to professional conflict or challenge should be raised at such forums. Consideration

should be given to inviting other key partners to local fora as and when appropriate or deemed necessary

- Consideration should be given to the outcomes and learning from the local fora being presented to the LSCB at a locally agreed frequency

## **6 Timescales for ‘Working Together’**

Staff from both agencies should ensure that they adhere to any statutory or legislative timescales and not adversely impact on their partner’s ability to comply.

If one of the agencies is unable to provide a timely response to a joint investigation and there is a need for urgent or speedy action then an initial action may be undertaken by a single agency only after being agreed and recorded in a strategy discussion. Any agency taking individual action in these circumstances must undertake the minimal activity required to address any immediate safeguarding issue for a child. As soon as is practical they should then review the situation with the partner agency and agree next steps as a joint enquiry if appropriate, ensuring not to unnecessarily duplicate actions already taken.

## **7 Information Sharing (‘Working Together’ Chapter 2 2.12- 2.14))**

The overriding principle when sharing information is that where it is deemed to be relevant to the protection and safeguarding of a child, information **will be** shared in a timely way (within a maximum of one working day). The rationale for sharing will be recorded together with the detail of the information shared for future reference.

If either agency has **concern** that a child might be at risk of harm they will contact one another to share information in order to determine whether action is required under section 17 or section 47 of the Children Act 1989. Regular updates will be shared between the agencies and continual assessment of the situation undertaken.

The Data Protection Act 1998, the Human Rights Act 1998 or common law principles **do not** prevent appropriate information sharing to safeguard and promote the welfare of vulnerable children. NB this includes sharing information in relation to concerns about persons posing a risk to children.

Both agencies will make immediate checks of their records to include:

- Whether the child is subject of a child protection, child in need or care plan
- Whether the child / family is or was ever known to their agency
- Intelligence/information systems and relevant records for information or previous history on any ‘relevant other’ identified in the referral e.g. a ‘relevant other’ may be the current partner of a parent, anyone responsible for the care or control of the child, any individual identified as a potential offender etc.
- Information that is relevant in deciding the level of enquiry that is required
- INI and/or VISOR checks should be completed by the police.
- Whether the child is subject to any orders

**8 Working Together 2010 Chapter 5 sets out a detailed procedure to be followed where there are concerns about a child’s safety or welfare**

**Immediate Protection**

Where there is a risk to the life of the child or a likelihood of serious immediate harm, the police officer or social worker must act quickly to secure the immediate safety of the child. Such emergency action may be necessary as soon as the referral is received, or at any point during involvement with children and families. The agency taking protective action must always consider whether this is also required to safeguard other children in the same household, in the household of an alleged perpetrator or elsewhere.

Immediate protection can be achieved by:

- Removal of the alleged abuser
- Voluntary agreement of the alleged abuser to leave the home
- Voluntary agreement for the child(ren) to move to a safe place
- Application by children’s social care to court for an emergency protection order
- Removal of the child(ren) under police protection powers
- Gaining entry to the household under police powers (only covers certain circumstances where there is reason to believe that it is necessary to force entry in order to save life or limb or effect an arrest)

In unplanned instances where children’s social care are required to remove a child from parental care to an alternative care arrangement with family or friends, it is essential that local checks on the proposed carer, other persons resident at the address and the respective address are completed. These checks are a means of ensuring that any child placed in this temporary care arrangement is not being placed at risk of harm. Children’s social care are responsible for completing their own checks, the police will support children’s social care by undertaking local intelligence checks, Crimes, PNC, INI, VISOR etc.

Whatever action is taken, it is imperative that there should be consultation between both agencies.

**The primary routes used under the Children Act 1989 are:**

**8.1 Emergency Protection Orders (EPO) (Sections 44 - 45 The Children Act 1989)**

An Emergency Protection Order (EPO) may be granted by a court if it has reasonable cause to believe that the child is likely to suffer significant harm if;

- (a) The child is not removed to suitable accommodation; or
- (b) If the child does not remain in the place in which he or she is being accommodated

Normally applications for EPOs are made by children’s social care. On rare occasions where the local authority has not applied for an EPO in its own right, any person may apply for an EPO including a police officer.

**An EPO lasts for a maximum of 8 days, including any time the child spent in police protection.**

## 8.2 Police Protection (Section 46 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;

- (a) Remove the child to suitable accommodation and keep the child there; or
- (b) Take such steps as are reasonable to ensure that the child's removal from any hospital, or other place, in which the child is then being accommodated is prevented.

The decision to take a child into police protection must be reviewed by a designated police officer that is Inspector rank or above and **independent** of the investigation.

Children's social care should be informed of the removal of any child. Placement of a child subject to police protection should be agreed between the two agencies. Where agreement cannot be reached the process set out in this protocol Section 5 Resolution Procedure should be followed.

### Police protection lasts for a maximum of 72 hours

*'Police protection powers should only be used when necessary, the principle being that wherever possible the decision to remove a child from the parent or carer should be made by a court.'* (Home office circular 44/2003).

*The above powers provide immediate protection, if more long-term protection is required for a child, other relevant court orders may be applied for by children's social care.*

## 9 Child Protection Medical Assessments

### 9.1 Purpose of the Child Protection Medical Assessment

The purpose of a child protection medical assessment is to inform decisions by the lead agencies about how best to safeguard the child. In all cases of alleged sexual abuse and serious physical harm a paediatrician should be invited to attend the strategy meeting and where this is not possible their views established prior to the strategy meeting and used to inform the discussion and agreed actions. The medical examiner and assessment must:

- Assess the child's general presentation at examination including any injuries
- Establish if any medical treatment is required and action as appropriate
- Establish if the physical evidence supports or negates any explanations given by the child or parent/carer
- Ensure that any forensic evidence that may inform an investigation is recovered and injuries photographed where appropriate
- Provide a verbal opinion and written report/statement in relation to the allegations made and any explanation offered as to the likely cause and to make this available for any subsequent conference or court hearing
- Provide advice regarding any further specialist assessment needed



## **9.2 Thresholds for Medical Assessments**

Medical assessments within child protection enquiries can be pivotal in assisting Children's Services or the police to make informed decisions on whether it is both appropriate and legally possible to take immediate steps to protect a child and/or their siblings.

The degree of urgency for medical assessment will depend not only on the severity of the immediate harm requiring urgent medical treatment but also on whether:

- There are issues relating to the immediate care of the child
- There is a need to record the physical evidence of abuse before it disappears
- There is a possibility of forensic evidence being available
- Seemingly minor injury may conceal more serious physical harm (particularly in babies)
- There are other children (of the family or elsewhere) who may need safeguarding as a consequence of the medical assessment

Thresholds for medical assessments are based on the following:

- Where non-accidental injury or neglect concerns exist. Even where the injury appears minor, medical assessment is required to ensure that there are no concealed injuries found on the child.
- Where allegations concerning sexual abuse of a child have been made. In cases of suspected sexual abuse, the child should be ABE video interviewed prior to any medical assessment, unless there are concerns regarding physical injury that may require emergency treatment. The purpose of interviewing the child prior to medical assessment is to establish the exact nature of the alleged abuse. A joint judgement to decide the necessity and nature of any medical assessment needs to be made based on the outcomes of the enquiries conducted in the investigation and the ABE interview with the child.

## **9.3 Responsibilities of the Social Worker and Police**

The investigating social worker and police officer have a joint responsibility to discuss and agree their roles in the conduct of the medical examination as detailed in the local procedures.

## **9.4 Involvement and Consent of Parents/Carers and Children**

Those conducting child protection enquiries must always secure consent for the child to be medically examined, treated, photographed and / or interviewed, unless to do so would place a child at further risk of harm. In the majority of cases, this consent will be given by parents/carers. In some instances in complex cases, where a parent is believed to have harmed a child and there are grounds to suspect that obtaining consent may put that child or other children at risk of harm or seriously undermine an investigation, a joint decision between CAIs and children's social care must be made as to the most appropriate course of action to be taken regarding the obtaining of consent. Occasionally it will be necessary to gain consent by court order. Any relevant documentation should be shown to the examining doctor.

A parent's refusal should not be allowed to cause unnecessary delay. Legal advice should be considered and court orders obtained if necessary. (N.B. police protection does not provide any form of consent).

Young people aged 16 years and over are able to give their own consent to be medically examined, treated, photographed and / or interviewed. However it is good practice to involve parents unless to do so would jeopardise the child's welfare or is against their wishes.

Account should always be taken of the age and ability of the child to give consent.

Some children under 16 years may be assessed by the medical practitioner to be *Fraser* (previously *Gillick*) competent to give informed consent. Legal advice should nevertheless be sought if this is against the parent's wishes.

Children must not be medically examined against their wishes unless the medical practitioner believes that there is a need for emergency medical treatment.

## **9.5 Decision Making**

Whenever a child protection medical assessment is sought for a particular child, consideration must be given as to whether the siblings/other children in the same household should also be medically assessed.

CAIs and children's social care staff should have the confidence to question medical conclusions where there is conflicting information. In some circumstances the police or children's social care may wish to seek a second medical opinion for clarification. The original examining doctor should be advised of the proposed action and the reasons for doing so. The reason for this request should be clearly recorded.

Occasionally, a parent may be advised by a social worker to take their child to their general practitioner for treatment of a minor injury. **This should never be used as an alternative to a child protection medical.**

**The outcome of any medical assessment is one part of the child protection enquiry. Medical examinations should not be relied upon to prove or disprove that a child has suffered significant harm.** The outcome of a medical examination and the information obtained within the core assessment and subsequent immediate police investigation should provide a holistic picture of the child and family. Best practice is when all the information gathered is taken into account to inform the level of need and risk.

## **10 Achieving Best Evidence (ABE) Interviews with Children**

Detailed guidance in interviewing children involved in criminal proceedings can be found at *Interviewing Children in Criminal Proceedings Achieving Best Evidence 2007*

Both social workers and police have a role in the ABE interview of a child and both police and social workers undertaking interviews with children in criminal proceeding must be ABE trained.

When it is necessary to ABE interview children, each interview must be subject of careful planning and include an assessment of whether the interview is likely to be completed over one session or if multiple sessions will be required.

The role and responsibility of each agency should be discussed and agreed in a planning meeting prior to the interview of the child. Roles should be decided in order to ensure the child is provided with the most valuable opportunity to give their evidence.

It is important to be aware of the importance of being sensitive to a child's needs and consideration must be given as to whether the act of recording an interview may be inappropriate due to the type of abuse a child has been subject to e.g. if the alleged abuse involved some form of recording equipment or other form of technology.

Where communication with a child for whatever reason may be complex, early consideration must be given to use of an intermediary.

## **11 Domestic Abuse Incidents that cause Child Protection Concerns**

All agencies have a responsibility to evaluate domestic abuse incident notifications in respect of any children in a household. This should be done within the context of all information held on the family and the alleged perpetrator of the abuse and if this raises additional concerns then an investigation must take place.

Where either agency deals with a domestic abuse incident / concerns where children are present, or normally resident, they must consider if there are child protection issues.

### **11.1 Barnardos Screening Tool**

The Barnardos Screening Tool for all children who are resident or normally resident in a household where a domestic incident has occurred, provides a process for a multi agency assessment of the risks to children.

#### **Aims:**

- To safeguard children and young people who are resident in domestic abuse situations
- To enhance the ability of police, children's social care and other multi disciplinary partners to identify the level of risk to children and young people in domestic abuse situations

If the concerns are founded then the following procedures will be followed in relation to child protection.

## **12 Inter-Agency management of Child in Need (s17 The Children Act 1989) and Child Protection Concerns (s47 The Children Act 1989)**

On being notified of a referral, children's social care has a duty to decide within 24 hours whether an initial assessment is required and then, within 10 days, whether a core assessment is required.

**The initial assessment is a brief assessment used to determine whether a child is a child in need and if so what services are required to address the need identified. The initial assessment may also determine whether there are reasonable grounds to suspect a child is suffering or likely to suffer significant harm.**

## **12.1 Suspicion of a criminal offence**

If during the course of an initial assessment it emerges that a criminal offence may have been committed the process may develop into a joint enquiry. Social workers will therefore need to be aware of the need to:

- Keep accurate notes of any interview
- Be alert to the potential for medical and forensic evidence

All Section 47 referrals, and any Section 17 referral that involves the suspicion of a criminal offence, will be subject of an early strategy discussion between the police and children's social care. This discussion will involve a minimum of a detective sergeant from the PPU and a designated manager from children's social care (and where the case relates to sexual abuse concerns the relevant paediatrician).

S47 enquiries should be opened immediately where either agency receives information, which already amounts to an allegation or suspicion that a child has suffered or is likely to suffer significant harm. Such a referral must always be discussed between the police and the local authority at the earliest opportunity but in any event before the end of that working day/tour of duty.

Where an allegation of a crime having been committed against a child is made, the police will crime the offence within Home Office Counting Rules (HOCR) and National Crime Recording Standards (NCRS). West Midlands Police are committed to the timely and ethical recording of crime.

The HOCR General Rules will be applied at all times when dealing with crimes reported irrespective of the source or nature of the referral.

Where a crime report has been generated, a decision should be made by a police manager and a designated manager from children's social care as to whether 'joint' or 'single' agency action is necessary to investigate and finalise the investigation. In certain instances, for example where a child has been over chastised by a parent, who admits the offence, is very remorseful and accepts support from social care, it may be appropriate for children's social care to lead the investigation.

## **12.2 No suspicion of a criminal offence**

Where there is no suspicion of a criminal offence having occurred then there will not be a requirement for children's social care to refer the matter to the police. However, staff should consider the benefits of speaking with the police to request a check of police intelligence databases as this could help inform any assessment of risk.

**Police should assist children's social care by providing intelligence that may help to inform any assessment of risk.**

## **13 Strategy Discussions**

The strategy discussion is the primary mechanism through which professionals can discuss and determine the best course of action for a child.

All Section 47 referrals, and any Section 17 referral that involves the suspicion of a criminal offence, will be subject of an early strategy discussion/meeting between the police and children's social care. This discussion will involve a minimum of a detective sergeant from the PPU and a manager from children's social care.

In all cases of alleged sexual abuse a paediatrician should be invited to attend the strategy meeting or be part of the strategy discussion and where this is not possible their views established and used to inform the discussion and agreed actions. Additionally in cases of a complex nature e.g. unexplained injuries to young children consideration should be given to involving a paediatrician in any strategy meeting or discussion.

The outcome any strategy discussion/meeting will be a decision to either:

- Take no further action
- Proceed with a single agency enquiry
- Proceed with a joint agency enquiry

Where a joint investigation takes place, the strategy discussion/meeting will also determine the role the social worker will play in the ABE interview.

Children's social care will complete a record of the strategy meeting discussion and agreed actions and forward a copy to the police and any other agency involved in the strategy discussion.

**Regular update discussions/meetings must take place between all the key staff involved in the investigation to ensure communication, challenge where necessary and that a truly 'joint investigation' takes place, rather than staff from each agency working in parallel.**

### **13.1 Take no further action in relation to Safeguarding concerns**

After initial enquiries and consultation between the police and children's social care it may be agreed that further child protection action by either agency is not necessary as there is insufficient evidence of risk of significant harm to the child.

### **13.2 Take no further action in relation to a criminal investigation**

After a police investigation and where appropriate in consultation with the Crown Prosecution Service (CPS), it may be decided that no further action is to be taken as there is either insufficient evidence to pursue a criminal case to court or it is not in the public interest to take the matter to court. These decisions do not however preclude safeguarding measures being considered and/or implemented by either children's social care or the police.

### **13.3 Proceed with a single agency enquiry**

Where there is a need for a child protection investigation but there is agreement, following a strategy discussion, that the investigation will proceed under a single agency regular updates will be shared with the other agency and continual assessment of the situation undertaken. On completion of a single agency investigation it is important that the outcome is formally shared with the other agency.

### **13.4 Proceed with a joint agency enquiry**

Where initial information indicates that a criminal offence has or may have been committed, regular updates will be shared between the agencies and continual assessment of the situation undertaken.

A police referral must be made whenever an allegation is made that may also constitute an allegation of crime, irrespective of the decision made by children’s social care about S.47 enquiry thresholds.

### 13.5 Outcomes

At the end of any period of involvement in an enquiry each agency must record the decision for no further action or case closure and the reason why this decision has been made. This record should be copied to the partner agencies to enable both to track defensible decision making from the strategy discussion to the termination of any child protection enquiry.

## 14 Threshold Response table

The table below provides an illustrative guide for the thresholds that agencies should consider when deciding whether a joint or single agency investigation should take place. Both agencies should involve each other when making a decision about thresholds and where there is doubt, discuss and jointly resolve.

Concern	Joint investigation	Single agency assessment by Children’s Services
<b>Physical abuse</b>	Any allegation of physical abuse to a child or any suspicious injury to a child	Any incident / injury triggering concern e.g. a series of apparently accidental injuries
	Inconsistent explanations or an admission about a clear non-accidental injury	
	Repeated allegations or reasonable suspicions of non-accidental injury	Repeatedly expressed minor concerns from one or more sources
<b>Domestic abuse incidents</b>	All domestic abuse incidents to be considered for assessment utilising the Barnardos screening tool	
	The child has been injured (even if inadvertently) or used as a shield during a domestic abuse incident	
	A child is the referrer of a domestic incident in their family and there are other concerns which exist in relation to the child or family	
<b>Verbal threats and/or emotional abuse</b>	Repeated allegations involving serious verbal threats and / or emotional abuse	Allegation concerning serious verbal threats Allegations of emotional abuse including that caused by minor domestic abuse incidents
<b>Neglect</b>	Allegations/reasonable suspicions of serious neglect	Minor neglect situations that impact on a child’s welfare, e.g. regular unauthorised absences from school
	Allegations of chronic or periodic neglect including insufficient supervision; poor hygiene, clothing or nutrition; failure to seek/attend treatment, or appointments; age inappropriate domestic chores	
	No available parent / carer and child vulnerable to significant harm e.g. an abandoned baby or child home alone	No available parent / carer, child in need of accommodation and no specific risk if this need met

<b>Sexual abuse</b>	Suspicion or direct allegations of sexual abuse e.g. sexualised behaviour, medical evidence indicative of sexual abuse, allegations by third party of sexual abuse to a child	
<b>Person Posing a Risk to a Child (PPRC)</b>	Person posing a risk to the child (formerly classified as a schedule 1 offender) moving into a household with under eighteen year olds	
<b>Fabricated or induced illness</b>	Suspicion that child has suffered or is at risk of significant harm due to fabricated / induced illness	
<b>Parental mental health</b>	Children subject of parental mental health which imply risk	Parental mental health limiting ability to consistently meet the needs of a child

**There are other areas of child safeguarding/protection, which require ‘joint working’ such as; missing children, Sudden Unexpected Deaths in Children (SUDC), management of allegations against professionals working with children (position of trust process).**

**In complex sexual child abuse situations e.g. where several children are involved or abuse has taken place over a number of years, reference should be made to ‘Working Together’ <http://www.everychildmatters.gov.uk/workingtogether/>**

## **15 The Child Sex Offender Disclosure Scheme.**

This scheme enables any person to request information about people involved in children’s lives if they are concerned that he or she might be a child sexual offender. It does not replace checks done by the Criminal Records Bureau (CRB).

The aim of the scheme is to give parents, carers, guardians and other interested parties a more formal mechanism for requesting information about an individual who has contact with their child or a child close to them if they are concerned that the individual is a child sexual offender.

If the checks show that the subject of the application for disclosure has a record for child sexual offences or other information that indicates they pose a risk of serious harm to the child, the police may disclose this to the person who is most able to protect the child. It should be noted that details about a person’s previous convictions are treated as confidential and that the police will disclose information only if it is lawful, necessary and proportionate to do so in the interests of protecting a child from harm.

Where the person checked would result in a disclosure being made to the person making the application and the individual either lives or has contact with children, then a referral will be made to children’s social care via the PPRC process in order to consider further safeguarding/child protection interventions necessary.

## **16 Areas outside the CAIs Terms of Reference**

- *Child sexual exploitation / child trafficking.* PPU will own the investigation, however the PPU DCI will determine which PPU staff will be most appropriate to undertake the investigation. There may be a need to utilise other police force resources dependent upon the nature and scale of the investigation

- *Any other offence involving the sexual abuse of a child that does not come under the CAI terms of reference (See Appendix 1).* The police will make an assessment as to the level of the investigation, in order to determine which officers/department is best placed to undertake the investigation. In such instances the investigating officers are still required to notify children's social care and the relevant PPU CAIs. The CAIs will undertake background checks on the child victim, as they may hold important information in relation to the child that could assist in any investigation. The PPU CAIs should offer advice and guidance to support the investigating police colleagues on child protection and safeguarding procedures. There should also be consideration as to who is best placed to interview the child where necessary, to improve working together and/or address safeguarding issues.

Where investigations fall outside of the remit of the CAIs, the senior investigating officer and the children's social care lead must ensure the same level of co-operation, co-ordination and continued information sharing takes place between agencies.

## **17 Arrangements for review**

The purpose of this document is to ensure all agencies meaningfully engage in the 'Working Together' process to safeguard children. All safeguarding concerns and investigations require effective information sharing in order to establish the varying degree of agency involvement.

This document will be reviewed when relevant legislation or working processes amendments dictate review.



## **Appendix 1 - Statutory Duties of Both Agencies (Working Together to Safeguard Children 2010)**

All organisations that work with children and young people share a commitment to safeguard and promote their welfare, many organisations have specific roles and responsibilities to do so that are underpinned by a statutory duty or duties.

Local authorities that are children's services authorities have a number of specific duties to organise and plan services and to organise and plan services and to safeguard and promote the welfare of children.

### **▪ Local Authorities**

In order to ensure that children are protected from harm, local authorities commission, and may themselves provide a wide range of care and support for adults, who may in turn be parents or carers of children and young people, children and families, including those groups whose needs may not be immediately obvious such as disabled children, children involved in gangs, unaccompanied asylum-seeking children and children within the immigration system, older people, people with physical or learning disabilities, people with mental health problems, people with substance misuse problems, ex-offenders and young offenders (including those in custody and their families), families especially where children have special needs and/or where children are growing up in special circumstances as set out in the *National Service Framework for Children Young People and Maternity Services*, families experiencing multiple and complex problems, adults and children affected by domestic violence, children who need to be looked after by the local authority through fostering or residential care and children who are placed for adoption.

Local authorities also have a duty under section 17 of the Crime and Disorder Act 1998 to do all they reasonably can to prevent crime and disorder in the exercise of their functions.

### **▪ The Police**

The main roles of the police are to uphold the law, prevent crime and disorder and protect citizens. Children, like all citizens, have the right to the full protection offered by the criminal law. Under section 11 of the Children Act 2004, the police authority and chief officer of police for a police area in England must ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children. Offences committed against children can be particularly sensitive, and often require the police to work with other organisations, such as children's social care, in the conduct of any investigation.

▪ **Terms of Reference for the Child Abuse Investigators**

The CAIs will be responsible for investigating the following crimes:

- Abuse within the family and extended family, including co-habitees of either parent.
- Abuse committed by anyone who has care of or responsibility for of a child, e.g. child minders, babysitters, school teachers, swimming pool attendants, scout- leaders, etc.
- 'Children in care' when the abuser is alleged to be the carer or an employee of the care organisation e.g. foster carers or children's residential unit employee.
- Children who sexually abuse other children.
- Children who suffer emotional or physical abuse as a result of domestic abuse.
- Sudden Unexpected Deaths of Children
- Organised abuse / institutional abuse involving child victims