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INTRODUCTION

This booklet describes how all agencies and professionals in Norfolk work together to protect children from abuse and neglect, and to minimise any adverse consequences of abuse. It summarises the processes that must be followed when there are concerns about a child, and the actions which should be taken to safeguard and promote the welfare of children who are suffering, or at risk of suffering, significant harm.

The Norfolk NSCB expects that its member agencies will ensure their compliance with these policies and co-operate with the measures introduced for their implementation.

The NSCB takes as its remit the safeguarding and promotion of the welfare of all children within its locality. These procedures relate specifically to those children who are at risk of, or likely to be at risk of, significant harm and therefore in need of protection.

For the purposes of this protocol, a child is defined as any individual from conception to the age of 18.

Working Together 2010 gives the following definitions:

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children’s health or development; and
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;

and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Protecting children from maltreatment is important in preventing the impairment of health or development. Protecting children from maltreatment and preventing impairment of children’s health and development are necessary, but not sufficient, to ensure that children are growing up in circumstances consistent with the provision of safe and effective care.

Child protection is a part of safeguarding and promoting welfare. This refers to the activity, which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm.

Norfolk NSCB produces an annual business plan, setting out a work programme for the coming year. This is available on NSCB website.
THE PRINCIPLES AND VALUES OF THE NSCB

- The Norfolk NSCB is committed to providing children and young people in need of protection or support with services, which will protect them from harm, promote their health and welfare, and minimise any adverse consequences of abuse.

- The NSCB believes that children and young people need to live in safe and secure caring environments which offer them consistency, and continuity of care and affection. The NSCB will seek to promote socially inclusive policies, built on the recognition that the needs of children and young people should best be met within the family and the community.

- The NSCB is bound by the provision and spirit of the relevant legislation, and all its work is informed by a commitment to the promotion of diversity. All constituent agencies are required to ensure that their services are equally underpinned by such a commitment.

- The NSCB believes that the welfare of children is of paramount concern, and that their individual needs and rights should be respected. Those working with children and young people should be sensitive to the diversity of children’s circumstances and backgrounds (e.g. in respect of their age, gender, physical and mental ability, ethnicity, culture and religion, language, sexual orientation and socio-economic status).

- These principles underpin all NSCB policies, procedures, protocols and training.

- The NSCB will use its influence to promote these principles and will seek wherever possible, both in its own work and that of its partner agencies, to eliminate discrimination, harassment and attacks on any group or individual.

- We will monitor the effectiveness of our work, and that of partner agencies, in these areas, and continuously seek to improve our performance.

- The NSCB is clear that all services users should be treated with appropriate respect and unconditional positive regard. Any practice that treats children or their families disrespectfully should not be tolerated.

- The NSCB is committed to ensuring that the provision of services for children in need of protection or support will be offered in partnership with parents in ways that promote parental responsibility and strengthen the capacity for parental care. Wherever possible, and where this does not prejudice the welfare of the child, decisions should be made in partnership with parents and be based on shared information, including the views, wishes and feelings of children and parents.

- The NSCB recognises that social exclusion, along with other factors, can have a detrimental effect on the welfare of children. The inter-agency community should be mindful that good practice would dictate that work with such families should not compound their existing difficulties.

- The NSCB is committed to ensuring a high degree of co-operation and collaboration between agencies and professional disciplines, and the promotion of partnership working to achieve the safeguarding of vulnerable children.
Roles and Responsibilities

Safeguarding and promoting the welfare of children requires effective coordination in every local area. For this reason, the Children Act 2004 (S13) requires each Local Authority to establish a Local Safeguarding Children Board (LSCB).

The NSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.

All core agencies are responsible for contributing fully and effectively to the work of the NSCB.

The Norfolk NSCB takes as its strategic lead the Norfolk Children and Young People’s Plan.

Membership Of Norfolk SCB

The Core Membership includes representatives from:

- local authorities (Children’s Services) including Youth Offending Team
- health services (covering both managerial and professional expertise and responsibilities)
- the Police
- the Probation Service
- NSPCC
- Connexions
- MAPPA
- District Councils in Norfolk

Inter-agency Co-operation.

All agencies involved with working with children and families have a statutory obligation to work together to safeguard and promote the welfare of children. The Children Act 2004 sets out those agencies that are legally obliged to be core members of the NSCB. However, the duty to promote the welfare of children equally applies to non-core agencies.

The NSCB is an inter-agency forum for agreeing how different services and professional groups should co-operate to safeguard children in that area, and for making sure that arrangements work effectively to bring about good outcomes for children. The following extracts from the Children Acts 1989 and 2004 describe the duty of local authorities to co-operate:
The Children Act 2004 Section 10 calls for all Children’s Services authorities to promote co-operation to improve children’s well-being. Agencies named in the Act include:

- District Councils
- Police
- Probation
- YOT
- Health agencies
- Those providing services under section 114 of the Learning and Skills Act 2000
- The Learning and Skills Council for England

The Children Act 2004 Section 11 sets out the safeguarding duties of those agencies named in the act. These duties include:

- To have in place procedures to promote the welfare of children
- To have in place safe staffing procedures
- The sharing of appropriate information
- To ensure that relevant staff training is undertaken
- To comply with any other relevant government guidance
The Children Act 2004 Section 13 sets out the duty for Children’s Services authorities to establish a Local Safeguarding Children’s Board, the core membership of which to include:

- local authorities (Children’s Services)
- health services (covering both managerial and professional expertise and responsibilities)
- the Police
- the Probation Service
- District Councils in Norfolk
- Youth Offending Team

Specific responsibilities of the NSCB are to:

- Develop and agree local policies, protocols and procedures for inter-agency work to safeguard children
- Audit and evaluate how local services work together to safeguard children, for example through case audits
- Put in place objectives and performance indicators for safeguarding children
- Promote, facilitate and develop effective working relationships between different services and professional groups, based on trust and mutual understanding
- Develop a culture of professional openness and capacity to constructively challenge
- Ensure that there is a level of agreement and understanding across agencies about operational definitions, and thresholds for intervention
- Improve local ways of working, in the light of knowledge gained through national and local experience and research, and to make sure that lessons learned are shared, understood and acted upon
- Undertake case reviews where a child has died, or in certain circumstances been seriously harmed, and abuse or neglect are confirmed or suspected, and make sure that any lessons from the case are understood and acted upon
- Improve the quality of inter-agency safeguarding work through robust interagency training and development
- Raise awareness within the community of the need to safeguard children and promote their welfare, and to engage the wider community in contributing to these objectives.
Section 17(1) of the Children Act 1989 states:

It shall be the general duty of every local authority in addition to the other duties imposed on them by this Part -

a) to safeguard and promote the welfare of children within their area who are in need: and

b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children’s needs.

Sect 17(10) states that a child shall be taken to be in need if:

a) he is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;

b) his health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or

c) he is disabled.

Section 47 of the Children Act 1989 states that:

Where a local authority -

a) is informed that a child who lives, or is found in their area -

i) is the subject of an emergency protection order; or

ii) is in police protection; or

iii) is aged under 10 years and in breach of a child curfew order

b) has reasonable cause to suspect that a child who lives, or is found, in their area, is suffering, or is likely to suffer, significant harm

the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child’s welfare.

Adoption and Children Act 2002 – Section 120 amended the definition of harm as follows:

"including, for example, impairment suffered from seeing or hearing the ill-treatment of another".

This would include those instances where a child may witness domestic violence.
**Recognition of Significant Harm**

Anybody who believes that a child or young person is suffering, or may be at risk of suffering, significant harm (see Appendix 1) should always refer their concerns to the local authority Children’s Services department, police or NSPCC.

All professionals have a duty of confidentiality. However, in certain circumstances the law permits the disclosure of confidential information necessary to safeguard a child. (See Protocol 8, *Sharing Information in Child Protection*).

Some incidents of harm to a child are easily recognisable; many are not.

Babies, young children, and children with disabilities are particularly vulnerable to abuse.

It is not possible to list all the circumstances that may result in the likelihood of significant harm. However, the following circumstances would normally indicate the need for a referral:

- Any allegation of sexual abuse
- Parents whose behaviour may present a high risk to children because of:
  - domestic violence (See Protocol 7, *Safeguarding Children Abused through Domestic Abuse*)
  - drug and alcohol abuse (See Protocol 10, *Substance Misuse*)
  - mental health problems
- Physical injury caused by assault or neglect which requires medical attention, especially any injury to a baby under the age of one year
- Repeated incidents of physical harm that are unlikely to constitute significant harm in themselves but collectively may do so
- Contact with a person assessed as presenting a risk to children (See Protocol 6, *Risk Management- Adults who Present a Risk to the Community*)
- Children who live in a low warmth, high criticism environment which is likely to have an adverse impact on their emotional development
- Children who suffer from persistent neglect
- Children living in a household where there is domestic violence likely to lead to physical or emotional harm (See Protocol 7, *Safeguarding Children Abused through Domestic Abuse*)
- A child living in a household or having significant contact with a person who presents a risk of harm to children and young people
- Children who may be involved in prostitution (See Protocol 3, *Responding to Children in Prostitution or other forms of Child Sexual Exploitation*)
- Other circumstances where professional judgement and/or evidence available suggests that a child’s health, development or welfare may be significantly harmed.
In discussing and recording information, professionals should bear in mind the child’s developmental needs, the carers’ parenting capacity, and other family and environmental factors. These are the elements that will be considered during the assessment process (see following diagram from Department of Health Assessment Framework).

The Assessment Framework

A wide range of factors may increase a child’s vulnerability to abuse; these may include being socially excluded, disabled or very young.

Professional Consultation
All NSCB agencies have designated advisers with whom to discuss concerns.

Please remember:

- Never delay taking emergency action to protect a child
- Always record in writing concerns about a child’s welfare, whether or not further action is taken, and record the reasons for taking or not following a particular course of action
- At the close of a discussion always reach a clear and explicit recorded agreement about who will be taking what action and the agreed timescales.

Referrals to the Children’s Services Department

When the Children’s Services Department is contacted with concerns about likelihood of significant harm it is the responsibility of departmental staff to clarify the nature of the concerns with the referrer.
This will include defining:

- How and why the concerns have arisen
- The vulnerability needs of the child, other children and family members.

The referrer will be asked to clearly identify whether the concerns are about abuse or neglect, the evidence for these, and whether the child or children may need urgent action to make them safe from harm. A professional referral to Children’s Services must be followed up in writing within 24 hours.

Upon receipt of information which indicates the likely need for a child protection enquiry, the social worker will gather and record background information, including:

- Checking to see if the child is subject to a Child Protection Plan, and other internally held records (e.g. S12 databases, Common Assessment Framework and Care First)
- Identifying and contacting the other agencies or persons who may be expected to hold relevant information
- Consulting with his/her line manager.

Whenever there is suspicion that a crime may have been committed e.g. sexual or physical assault, or neglect, Children’s Services will always notify the Police without delay.

Within 24 hours, Children’s Services will consider the available evidence and decide how and when to proceed.

If at any stage in the assessment the need for enquiries under S47 of the Children Act 1989 is indicated, these will be started immediately.

Unless there are clearly established concerns about significant harm, which indicate the need for immediate protection, Children’s Services will carry out an initial assessment under S17 of the Children Act 1989. This will be done in partnership with the family and other agencies who have knowledge of the family or who may be able to provide services relevant to the needs of the family.

Feedback will be provided to any professional referrer by Children’s Services. In the case of referrals from members of the public, this can only be done in a manner consistent with respecting the confidentiality of the child and family.

**Initial Assessment under S17 and S47**

The initial assessment by the Children’s Services Department of all children in need should be completed within ten working days of the date of the referral. If there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, the initial assessment period may be very brief and S47 enquiries will commence urgently.

All assessments should be multi-agency in nature.

Using the “Framework for the Assessment of Children in Need and their Families” the initial assessment will ask:
- What are the needs of the child, and is this a child in need? (S17 of the Children Act 1989)
- Are the parents able to respond appropriately to the child’s needs
- Is the child being adequately safeguarded from significant harm
- Are the parents able to promote the child’s health and development
- Is action needed to promote the child’s welfare?

The focus of the initial assessment will be the welfare of the child. If the concerns regarding significant harm are not substantiated, consideration may be given to whether a family would benefit from support and practical help to promote the child’s welfare and development.

If, at any stage in the process, it is clear that a child needs specific services, provision should be explored without delay.

Decisions following an initial assessment can lead to the following options:

- No further action
- Immediate provision of services either directly or indirectly
- Referral to another agency
- Strategy discussion or immediate protection.

An initial assessment may reveal that a crime has been committed. If this is the case it must be reported to the police without delay.

**The Core Assessment**


Core assessment will always involve more than one agency, and must be completed within 35 working days of the strategy discussion that initiated S47 enquiries, or within the same timescale if initiated under S17 procedures.

In accordance with the recommendations of the Child Protection Conference, the core assessment will address the needs of the child and the capacity of his/her parents to respond appropriately to these needs within the wider family and community context. The core assessment will underpin the child protection plan.

**Strategy Discussion**

If there are concerns that a child may be suffering significant harm, a strategy discussion will take place between Children’s Services, the police and any other relevant agency within two working days of the referral. The purpose of the discussion is to agree whether S47 enquiries are required, and if so, to develop a plan. Where a medical examination may be needed, a senior doctor should be included in the discussion: NSCB Protocol 11, *Medical Examinations*, applies.
The strategy discussion will share information, and consider:

- Who will be interviewed, by whom, for what purpose and when
- Who will see the child
- Any issues arising from disability, gender, race and ethnicity and culture of the child, children and family members
- The needs of any other child who may be affected
- What immediate action may be needed to safeguard the child and/or provide interim services and support
- 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 an alleged offence)
- Possible issues of multi-agency staff and public safety.

**Immediate Protection**

When information received by either Children’s Services or the police suggests a need for immediate action to protect a child, such action will be preceded by an immediate strategy discussion. The urgency of the situation may limit the opportunity for inter-agency consultation. In acute situations the police may independently invoke their powers of Police Protection in order to safeguard the welfare of a child.

The police or Children’s Services may take or initiate independent emergency action to protect a child. The police, invoking their powers of Police Protection, or Children’s Services, may seek an Emergency Protection Order. However, there are alternative forms of emergency protection available, i.e

- Assisting the alleged abuser to reside elsewhere
- The child being accommodated by protective members of the extended family
- A non-abusing parent initiating private law proceedings to exclude an alleged abuser from the family home
- Assisting the child and non-abusing parent to live elsewhere, or
- The Police effecting the arrest and custody of the alleged abuser.

**S47 Enquiries**

S47 of the Children Act requires Children’s Services to make enquiries to determine whether action is needed to safeguard and promote the welfare of a child.
Those making enquiries will also be alert to the needs and safety of:

- Siblings
- Other children in the household, and
- Children in other households with whom the alleged offender may have had contact.

The overall aim of the enquiry is to assess the needs of the child and the capacity of the parent or wider family network to adequately safeguard the child/children.

The enquiry will:

- Decide the need for immediate protection
- Establish the facts which led to the concern, taking into account:
  - the views of the child
  - the views of the parent/carer
- Decide whether there is evidence to support the concern
- Identify the likely source of the harm
- Assess the level of current and future risk
- Identify other children who may be at risk
- Establish whether a Child Protection Conference is required
- Establish whether services can be provided under S17.

**All children will be seen during the course of the enquiries, and separate interviews with a child of sufficient age and understanding will be undertaken.**

The police will need to establish the facts, and collect evidence about any offence that may have been committed.

**The Outcome of S47 Enquiries**

S47 Enquiries will result in three possible outcomes:

1. Concerns are **not** substantiated. However, enquiries may reveal a range of needs for which services are required
2. Concerns **are** substantiated but the child is **not** judged to be at continuing risk of significant harm

It may be that even when concerns are substantiated, a plan for ensuring the child's future safety and welfare can be implemented without the need for a Child Protection Conference.
3. Concerns are substantiated and the child is judged to be at continuing risk of significant harm. Where the agencies most involved judge this to be the case, the Children’s Services Department will convene a Child Protection Conference.

Another agency may disagree with the decision not to hold a Child Protection Conference. Following a formal request, endorsed by a manager with child protection responsibilities, a Conference will normally be held.

If there has been a significant change of circumstances, Children’s Services may decide in consultation with other relevant agencies that there is not the need for a Child Protection Conference.

**Child Protection Conferences**

The purpose of the Child Protection Conference is to enable professionals with particular expertise, those most involved with the child/children and family, the family itself and the child/children (where appropriate), to assess all relevant information and plan how to safeguard the child and promote his/her welfare (see Protocol 2, *The Management and Conduct of Conferences*).

Child Protection Conferences will be chaired by an independent chair, who is employed by Children’s Services on behalf of the NSCB.

Explanatory leaflets will be made available to the child/children and parents prior to the Child Protection Conference.

**The Initial Child Protection Conference**

The purpose of the Initial Child Protection Conference is:

- To collate and analyse, in an inter-agency setting, the information which has been obtained about the child’s health, development and functioning
- To consider the capacity of the parent(s) to ensure the child’s safety and promote his/her health and development
- To make judgements about the likelihood of a child suffering significant harm
- To decide what future action is needed to safeguard the child/children and promote his/her/their welfare, how that action will be taken forward and with what intended outcomes.

The Initial Child Protection Conference will be held within fifteen working days of the strategy discussion.

Those attending Conferences should do so because they have a significant contribution to make with regard to the child or their family, or they hold professional knowledge and expertise in respect of risk of significant harm. The Conference must be attended by representatives from Children’s Services and at least two other agencies (*Working Together 2010*). A Conference will be deemed viable when appropriate professionals/agencies who have or are likely to have contact with the family are present. It
is the Chair’s decision as to whether the appropriate people are in attendance thereby allowing the Conference to take place.

The Initial Child Protection Conference decides whether the criteria are met for making the child/children subject to a Child Protection Plan.

The test is that either:

a) The child can be shown to have suffered ill treatment or impairment of health or development as a result of physical, emotional or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment are likely or

b) Professional judgement, substantiated by findings of enquiries in this individual care or by research evidence, is that the child is likely to suffer ill treatment or the impairment of health and development as a result of physical, emotional, sexual abuse or neglect.

The chair will determine which category of primary concern is to be used.

The categories are:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

If the child is or the children are made subject to a Child Protection Plan, the Conference will:

- Identify a named key worker (from the Children’s Services Department)
- Identify a core group
- Formulate the outline child protection plan, including:
  - Objectives to minimise the risk to the child/children
  - Timescale in which these objectives are to be achieved
  - Identify who will undertake the work
  - Commission further assessments where appropriate
  - Determine contingency plans and
  - Schedule the first core group meeting and subsequent frequency
  - Book a date for the Child Protection Review Conference.
  - Promote the child’s health and development
  - Support the family to promote the welfare of their child, provided it is in the best interests of the child.
The Child Protection Plan

The plan should:

- describe the identified developmental needs of the child, and what therapeutic services are required
- include specific, achievable, child-focused outcomes intended to safeguard and promote the welfare of the child
- include realistic strategies and specific actions to achieve the planned outcomes
- include a contingency plan to be followed if circumstances change significantly and require prompt action
- clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members
- lay down points at which progress will be reviewed, and the means by which progress will be judged; and
- set out clearly the roles and responsibilities of those professionals with routine contact with the child, for example, health visitors, GPs and teachers, as well as those professionals providing specialist or targeted support to the child and family.

Work should be undertaken with the child, where appropriate, and the family in order to ensure that they are clear about the purpose and scope of the child protection plan.

Key Worker

Each child subject to a Child Protection Plan should have an experienced and qualified Key Worker. The key worker is responsible for:

- Convening the core group within agreed timescales
- Making sure the outline child protection plan is developed into a detailed interagency plan
- Completing the core assessment which addresses the needs of the child, and the capacity of his/her parents to respond appropriately to these needs within the wider family and community context - (see Core Assessment section below)
- Acting as a lead worker for inter-agency work
- Co-ordinating the contributions of the family and other agencies to effect the child protection plan
- Reviewing progress against the objectives set out in the plan.
The Core Group

The core group will meet within ten working days of the initial Conference and is responsible for developing the child protection plan and implementing it.

The core group will meet sufficiently regularly to facilitate effective working together, to monitor actions and outcomes against the child protection plan, and make any necessary changes as circumstances evolve.

Membership includes:

- Key worker
- The child (if appropriate)
- Family members
- Relevant professionals and foster carers.

The Pre-Birth Child Protection Conference

When S47 enquiries give rise to concern that an unborn child may be at future risk of significant harm, a strategy discussion will take place and an Initial Child Protection Conference may be convened prior to the child’s birth. This will usually occur after the 24th week of pregnancy and at least six weeks prior to the expected delivery date. NSCB Protocol 23, Multi-Agency Pre-Birth Protocol, gives details of the procedures that should be followed, and should be referred to in such cases.

The Child Protection Review Conference

Takes place once a child has been made subject to a Child Protection Plan. The first Review must be within three months of the Initial Child Protection Conference and thereafter at intervals not exceeding six-months.

The core group may bring forward a Review Conference if the child protection plan is not working, or if there is a significant change of circumstances.

As with Initial Conferences the Review Conference must be attended by Children’s Services and at least two other relevant agencies. Again, a Conference will be deemed viable when appropriate professionals/agencies are present. It is the Chair’s decision as to whether the appropriate people are in attendance thereby allowing the Conference to take place.

The purpose of the Child Protection Review Conference is to:

- Review the safety, health and development of the child against intended outcomes identified in the child protection plan
- Ensure that the child continues to be adequately safeguarded
- Consider whether the child protection plan should continue, or be changed
- Consider whether the child continues to be at risk of significant harm, and if not, to decide on the discontinuation of the Child Protection Plan
• Consider what services and support the family may still require after the Child Protection Plan has been discontinued.

As with Initial Child Protection Conferences the Review Conference must take account of the child’s wishes and feelings.

A Child Protection Plan may be discontinued if:

• It is judged the child is no longer at continuing risk of significant harm requiring safeguarding by means of a child protection plan, e.g. the risk of harm has been reduced by action taken through the child protection plan, the child and family’s circumstances have changed, or re-assessment of the child and family indicates that a child protection plan is not necessary

or

• The child and family have moved permanently to another local authority area. In such cases, the receiving local authority should convene a Child Protection Conference within 15 working days of being notified of the move

or

• The child has reached 18 years of age, has died or has permanently left the UK.

Children Moving to Norfolk who have a Child Protection Plan

Children who move to Norfolk and are already subject to a Child Protection Plan in another local authority will automatically be made subject to a Child Protection Plan in Norfolk. A Child Protection Conference will be arranged within fifteen working days of receipt of the information. The Conference will involve all relevant personnel from the originating authority as well as Norfolk personnel, and will consider the need to continue with the Child Protection Plan within Norfolk and the provision of appropriate services.

When a child who is subject to a Child Protection Plan in Norfolk’s moves to another Local Authority, the receiving Children’s Services operational manager will immediately be given full and clear information. That authority will also be formally notified of the details of the child so that a record of the child’s status as being subject to a Child Protection Plan can be made. Relevant professionals from Norfolk will attend the subsequent Transfer in Conference.

Children Subject to Child Protection Plans

Norfolk will maintain records of all the children in Norfolk who are the subject of a Child Protection Plan.
Complaints Regarding a Child Being made Subject to a Child Protection Plan

The NSCB has a complaints procedure, which deals with complaints about:

- The process or conduct of a Conference
- The outcome of the Conference, i.e. the decision to make a Child Protection Plan, category of primary concern or to continue the Plan
- A decision not to make a child subject to a Child Protection Plan, or to discontinue a Child Protection Plan.

A leaflet will be made available to parents prior to a Child Protection Conference explaining their entitlement to make a complaint and the timescales in which they should do so.

SERIOUS CASE REVIEWS

Case reviews are carried out:

- When a child dies (including death by suicide), and abuse or neglect is known or suspected to be a factor in a child's death

- Where a child has sustained a potentially life threatening injury through abuse or neglect, serious sexual abuse, or sustained serious impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard and promote the welfare of children. This includes situations where a parent has been killed in a domestic violence situation or where a child has been killed by a parent who has a mental illness

- Working Together to Safeguard Children also advises that a Serious Case Review should be conducted when 'a child’s parent has been murdered and a homicide review is being initiated' (paragraph 8.2). Because the circumstances of such events may vary considerably, Norfolk Serious Case Review Panel (SCRP) supports an approach to such events whereby the Police and Norfolk Children’s Services jointly agree the appropriate level and nature of care and support that needs to be available to the children of the victim. If, in the judgement of the two agencies the circumstances warrant consideration of a Serious Case Review, then a referral will be made to the SCRP

- Where it is requested by an agency via the Chair of the NSCB, if it is believed that there are important lessons to be learned for inter-agency working.

The purpose of the review is to:

- Establish whether there are lessons to be learned from the case about the way in which local professionals and agencies work together to safeguard children
- Identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result; and as a consequence
- Improve interagency working and better safeguard children.
The SCRG may commission an NSCB sub-group to conduct reviews of those serious cases that do not meet the Chapter 8 criteria, but give rise to concerns and meet the criteria set out for such reviews.

The SCRG may also commission single-agency reviews from those agencies involved in a case which has given rise to concerns, but where those concerns relate solely to the work of that agency.

CHILD PROTECTION IN SPECIFIC CIRCUMSTANCES

The Armed Services

Local Authorities have the statutory responsibility for the protection of the children of Armed Service families resident in Norfolk. There is an NSCB protocol for liaison with the armed services. (See Protocol 16, Liaison with the Armed Services)

Multi Agency and Public Protection Arrangements (MAPPA)

Agencies sometimes come into contact with people whose behaviour places others at high risk of significant physical, psychological or sexual harm or present a risk to staff or other identified persons. Such people are categorised as potentially dangerous persons and, as such, become subject to an interagency assessment, which is carried out in line with the NSCB sharing information protocol. (See Protocol 8, Sharing Information in Child Protection).

Children Living Away From Home in Norfolk

Children living away from home are always vulnerable to abuse and the NSCB procedures apply to such children in all situations. (See Protocol 4, Children Missing from Care and from Home)

Child on Child Abuse (see also page 27)

Children living away from home are particularly vulnerable to child on child abuse, which should be responded to in the same way as abuse perpetrated by an adult. Staff should not dismiss abusive sexual behaviour between young people as normal, and should not delay before taking action. Referrals should be made in respect of both children. (See Protocol 14, Abuse by Children and Young People)

Foster Care

S47 enquiries involve consideration of the safety of all children in the household include the foster carers’ children and other children in the household.

Children Missing

Children go missing for a variety of reasons. It is important that when they have run away their reasons for doing so are fully and sympathetically explored. (See Protocol 4, Children Missing from Care and from Home).
**Families who go Missing**

When working with families where there are outstanding child protection concerns (including for an unborn child), a series of missed appointments may mean that the family has moved away. Children’s Services and the police must be informed immediately that such concerns arise. Consideration will be given to notifying other authorities. (See Protocol 4, *Children Missing from Care and from Home*). In the case of children taken overseas it may be appropriate to contact the Consular Directorate at the Foreign and Commonwealth Office which offers assistance to British nationals in distress overseas (www.fco.gov.uk 020 7008 1500).

Where appropriate attempts to locate a child have failed, and they have been missing for longer than 21 days then if the following tests are met the National Alerts Notification System will be enacted:

- Children who have disappeared immediately before, during or immediately following a section 47 investigation of serious allegations of significant harm where the Child Protection Co-ordinator considers that there is evidence of sufficient danger to justify a national alert notification.

- Children on a care order who are deemed to be in danger because they have been abducted by a parent/individual who poses a significant risk of harm to the child and whose whereabouts are not known.

- Children accommodated following significant Child Protection concerns who are deemed to be in danger because they have been removed without notice by a parent/individual who poses a significant risk of harm to the child and whose whereabouts are not known.

**Bullying**

Bullying can take the form of physical, emotional or verbal abuse. All settings in which children are provided with services should have in place rigorously enforced anti-bullying strategies.

**Allegations of Abuse Made against a Professional, Foster Carer or Volunteer**

All such concerns and allegations should be reported to the Local Authority Designated Officer (LADO) with responsibility for such issues. This officer will have responsibility for monitoring the progress of such cases. The LADO will report annually to the NSCB.

All allegations must be taken seriously, immediately referred to Children’s Services, and treated in accordance with the above procedures (including discussion with the police). This applies to current and historic allegations, including issues regarding the abuse of trust.

Other organisations should have a procedure for handling allegations, and for referring concerns to Children’s Services. These should be consistent with NSCB procedures, available to service users and supported by training and supervision of staff (see Protocol 17, *Children, Voluntary Agencies and Recreational Settings*).
All procedures should co-ordinate the three interdependent factors of

- Child protection enquiries
- Police investigation
- Disciplinary procedures.

All member agencies will have in place safeguarding whistle-blowing procedures.

**Complex Abuse Enquiries**

Complex abuse is defined as:

Complex abuse is defined as abuse involving one or more abusers and a number of children. The abusers concerned may be acting together to abuse a child or children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse.

Concerns about complex abuse are often subtle and cumulative. Agencies and organisations, statutory, independent and voluntary, have a duty to liaise with partners regarding emerging concerns at an early stage.

Complex abuse occurs both as part of a network of abuse across a family or community, and within institutions such as residential homes or schools.

NSCB Protocol 5, Complex Abuse Enquiries, gives further details. This protocol is currently being updated.

**Children with disabilities and abuse**

Evidence indicates that children with disabilities are more vulnerable to abuse than other children. Lower standards of care must not be tolerated for children with disabilities.

Where a child has communication or learning difficulties, attention must be paid to the child’s special needs and to ways of ascertaining his/her perception of events. The child’s wishes and feelings should be identified by use of non-verbal communication systems, interpreters or facilitators as necessary.

All agencies should promote high standards of care and raising awareness of the risks to children with disabilities, in order to strengthen the capacity of children and their families to protect them.

Measures include:

- Establishing it as practice to facilitate children with disabilities to make their wishes and feelings known in respect of their care and treatment
- Ensuring that children with disabilities receive appropriate personal, health and social education (including sex education)
- Ensuring that all children with disabilities know how to raise concerns if they are worried or angry about something. They should have access to a range of adults with whom they can communicate. Those children with disabilities who have
communication difficulty should have a means of being heard available to them at all times

• Commitment to and understanding of all children’s safety and welfare needs among providers of services

• Close contact with families and a culture of openness on the part of services

• Guidelines and training for staff on:
  • good practice for intimate care
  • working with children of the opposite sex
  • Handling difficult behaviour (Guidance can be found in the NORFOLK JOINT SERVICES POLICY ON POSITIVE HANDLING STRATEGIES (including restrictive physical intervention) in respect of children and young people with Learning Disabilities and Autistic Spectrum Disorder)
  • consent to treatment
  • anti-bullying strategies
  • sexuality and sexual behaviour among young people living away from home.

**Child on Child Abuse**
(See Protocol 14, *Abuse by Children and Young People*)

Work with children and young people who abuse others – including those who sexually abuse/offend – should recognise that such children are likely to have considerable needs themselves, and also that they may pose a significant risk of harm to other children.

The following principles apply:

• There should be a co-ordinated approach on the part of youth justice, child welfare, education services (including educational psychology), and health agencies (including child and adolescent mental health)

• The needs of children who abuse others should be considered separately from the needs of their victims

• An assessment should be carried out in each case, appreciating that these children may have considerable unmet developmental needs, as well as specific needs arising from their behaviour.

Agencies must decide:

• The most appropriate course of action within the criminal justice system, if the child is above the age of criminal responsibility

• Whether the young abuser should be the subject of a Child Protection Conference; and

• What plan of action should be put in place to address the needs of the young abuser, detailing the involvement of all relevant agencies.
Domestic Violence
(See Protocol 7, Safeguarding Children Abused through Domestic Abuse)

There may be serious effects on children who witness domestic violence, which often result in behavioural issues, absenteeism, ill health, bullying, anti-social behaviour, drug and alcohol misuse, self-harm and psychosocial impacts. Where there is evidence of domestic violence, the implications for any children in the household should be considered, including the possibility that the children may themselves be subject to violence or may be harmed by witnessing or overhearing the violence.

The Adoption and Children Act 2002, Section 120, amended the definition of harm to include those instances where a child may witness domestic violence.

The police are often the first point of contact with families in which domestic violence takes place. When responding to incidents of violence, the police should find out whether there are any children living in the household. They should see any children present in the house to assess their immediate safety. There should be arrangements in place between police and children's social care, to enable the police to find out whether any such children are the subject of a child protection plan.

Children Involved in Prostitution

Those who abuse or exploit children through prostitution should feel the full force of the law. The Sexual Offences Act 2003 introduced a number of new offences to deal with those who abuse and exploit children in this way. They protect children up to the age of 18 and can attract tough penalties.

Children involved in prostitution or other forms of commercial sexual exploitation will be treated as the victims of abuse. They will be subject of an assessment of their needs under S17 of the Children Act. (See Protocol 3, Responding to Children and Young People involved in Prostitution/Child Sexual Exploitation).

The NSCB promotes an approach whereby agencies should work together to:

- Recognise the problem
- Safeguard the children involved and promote their welfare
- Provide children with strategies to leave prostitution
- Investigate and prosecute those who coerce, exploit and abuse children.

Child Pornography and the Internet

There is some evidence that persons found in possession of indecent photographs/pseudo photographs of children are likely to be involved directly in child abuse. Thus, when somebody is discovered to have placed or accessed such material on the Internet, the police should normally consider the potential likelihood that the individual is involved in the active abuse of children. In particular, the individual's access to children should be established, within the family, employment contexts, and in other settings (e.g. work with children as a volunteer or in other positions of trust). If there are particular concerns about one or more specific children, it may be necessary to undertake S47 enquiries.
Female Genital Mutilation

Female circumcision is illegal (except on specific health grounds). The local authority may make enquiries under S47 if there is reason to believe that a child is likely to be or has been subject to significant harm due to female genital mutilation.
The concept of significant harm

1.23 Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives LAs a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

1.24 A court may make a care order (committing the child to the care of the LA) or supervision order (putting the child under the supervision of a social worker or a probation officer) in respect of a child if it is satisfied that:

- the child is suffering, or is likely to suffer, significant harm; and
- the harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (s31).

1.25 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child’s physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family’s strengths and supports.

Under s31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

'harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;

'development' means physical, intellectual, emotional, social or behavioural development;

'health' means physical or mental health; and

'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.
Under s31(10) of the Act:

Where the question of whether harm suffered by a child is significant turns on the child’s health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

1.26 To understand and identify significant harm, it is necessary to consider:

- the nature of harm, in terms of maltreatment or failure to provide adequate care
- the impact on the child’s health and development
- the child’s development within the context of their family and wider environment
- any special needs, such as a medical condition, communication impairment or disability, that may affect the child’s development and care within the family
- the capacity of parents to meet adequately the child’s needs
- the wider and environmental family context.

1.27 The child’s reactions, his or her perceptions, and wishes and feelings should be ascertained and taken account of according to the child’s age and understanding.

1.28 To do this depends on communicating effectively with children and young people, including those who find it difficult to do so because of their age, an impairment, or their particular psychological or social situation. It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible. ‘Accuracy is key, for without it effective decisions cannot be made and, equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults.’
APPENDIX 2 - NSCB PROTOCOLS

These Procedures are supported by the following Norfolk SCB Protocols:

Protocol 1 – The Conduct of Child Protection Enquiries
Protocol 2 – The Management & Conduct of Conferences
Protocol 3 – Responding to Children in Prostitution/Child Exploitation
Protocol 4 – Children Missing from Care and from Home
Protocol 5 – Complex Abuse Enquiries
Protocol 6 – Risk Management, Exchanging Information & Public Protection
Protocol 7 – Safeguarding Children Abused through Domestic Abuse
Protocol 8 – Sharing Information in Child Protection
Protocol 9 – Complaints Process
Protocol 10 – Substance Misuse
Protocol 11 – Medical Examinations
Protocol 12 – ‘Chapter 8’ Serious Case Reviews
Protocol 13 – Involvement of Families and Children in the Child Protection Conference
Protocol 14 – Abuse by Children & Young People
Protocol 15 - Video Interviews
Protocol 16 – Liaison with the Armed Services
Protocol 17 – Voluntary Agencies and Sports, Cultural & Recreational Activities
Protocol 18 – Family Support Conferences
Protocol 19 – Services for Children in Need who have Parents with Mental Health and/or Substance Misuse Problems
Protocol 20 – Sudden Unexpected Infant/Child Deaths (including management of anticipated/explained deaths)
Protocol 21 – Core Group Working
Protocol 22 – Child Protection & Looked After Children Processes
Protocol 23 – Pre-birth Protocol
Protocol 24 – Access Requests under the Freedom of Information Act
Protocol 25 – Children Visiting Adults in Prison/Special Hospitals

Protocol 26 – Safeguarding the Welfare of Children & Young People in the Secure Estate

Protocol 27 – Allegations against Staff, Carers & Volunteers

Protocol 28 – Children who move from one Authority’s area to another

Protocol 29 – Private Fostering

Protocol 30 – Family Group Conferences (not currently listed on NSCB website as there are no longer FGC)

Protocol 31 – Unaccompanied Asylum Seekers

Protocols are also subject to continuous updating to ensure that they reflect new guidance, legislation and practice developments. The protocols are available on the Norfolk SCB website (http://www.nscb.norfolk.gov.uk). The lead child protection person in each agency should have a full set of protocols.
APPENDIX 3 - DEFINITION OF ABUSE AND NEGLECT

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them, or more rarely, by a stranger.

PHYSICAL ABUSE

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child.

EMOTIONAL ABUSE

Emotional Abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

SEXUAL ABUSE

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children in looking at or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment), failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision (including the use of inadequate care-givers) or failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Working Together 2010
DEFINITIONS – the following definitions apply throughout these procedures

Carer
Includes anyone with Parental Responsibility or who undertakes day-to-day care for a child. It may include stepparents, grandparents or other members of the family (including siblings), foster carers, residential staff.

Child
A child is anyone who has not yet reached his or her eighteenth birthday

Children’s Services
A branch of the Local Authority, providing both education and social care services to the public

Domestic Violence
Domestic violence is perpetrated by adults on their current or recent partner. It includes threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. Evidence exists that children can suffer long term damage from living in a household where domestic violence takes place. Exposure to domestic violence is now included in the definition of harm

LSCB
The Local Safeguarding Children Board. A statutory agency created by the Children Act 2004 and operational from 01.04.06. The NSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do

Parent
This includes all birth parents, even if they do not have Parental Responsibility, as well as adoptive parents

Parental Responsibility
The legal capacity to make decisions in respect of a child, and to hold responsibility for that child. All birth mothers have Parental Responsibility. Birth fathers have Parental Responsibility if married to the mother at the time of birth, or if their name is on the child’s Birth Certificate. Parental Responsibility can also be obtained via a Court Order, and as such can be obtained by birth fathers, other carers (i.e. grandparents) or the Local Authority

Safeguarding
The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care which is undertaken so as to enable children to have optimum life chances and enter adulthood successfully
| **Significant Harm** | Introduced in the Children Act 1989, as the threshold that justifies compulsory intervention in family life in the best interests of the child. |
| **S47** | S47 (Children Act 1989) establishes the Local Authority’s duty to investigate any instance where it has reason to believe that a child may be suffering, or likely to be suffering from significant harm. It is for the Local Authority to carry out such investigations, in partnership with the Police and any other relevant agency. |
| **S17** | S17 (Children Act 1989) sets out the duty of the Local Authority to safeguard and promote the welfare of children in need. |
| **Working Together 2010** | HM Government guidance to inter-agency working to safeguard and promoting the welfare of children. |
SAFEGUARDING CHILDREN

Are there concerns about a child?

- YES
  - Is the child judged to be at continuing risk?
    - YES
      - Child Protection Conference
    - NO
      - Is an assessment of need required?
        - YES
          - Treat as a child in need
        - NO
          - No further action
  - NO
    - Services for children in need
    - No further action