



HM Government

Working Together to Safeguard Children

**A guide to inter-agency working to
safeguard and promote the welfare of
children**

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Introduction

All children have the right to a safe, loving, and stable childhood. Whilst it is parents and carers who have primary care for their children, local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts, which make this clear, and this guidance sets these out in detail. Local authorities have specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found, under sections 17 and 47 of the Children Act 1989. The Director of Children's Services and Lead Member for Children's Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions.

Whilst local authorities play a lead role, safeguarding children, promoting their welfare and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.¹

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
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

Under section 10 of the same Act, similar ranges of agencies are required to co-operate with local authorities to promote the wellbeing of children in each local authority area (see chapter 1). This co-operation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.

Practitioners² working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer. The 2017 Children and Social Work Act sets out how agencies must work together by placing new duties on the police, clinical commissioning groups and the local authority to make arrangements to work together and with other partners locally to safeguard and promote the welfare of all children in their area.

¹ In this document, a child is defined as anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout.

² The term 'practitioners' is used throughout the guidance to refer to individuals who work with children and their families in any capacity.

About this guidance

1. This guidance covers:
 - the legislative requirements and expectations on individual services to safeguard and promote the welfare of children
 - a clear framework for the three local safeguarding partners (the local authority; a clinical commissioning group for an area within the local authority; and the chief officer of police for an area within the local authority area) to make arrangements to work together to identify and respond to the needs of local children
2. This document replaces Working Together to Safeguard Children (2015). Links to relevant supplementary guidance that practitioners should consider alongside this guidance can be found at Appendix C.

What is the status of this guidance?

3. This guidance applies to local authorities and all other organisations as set out in chapter 2.
4. It applies, in its entirety, to all schools.
5. This document should be complied with unless exceptional circumstances arise.
6. This guidance is issued under:
 - section 7 of the Local Authority Social Services Act 1970, which requires local authorities in their social services functions to act under the general guidance of the Secretary of State
 - section 10(8) of the Children Act 2004, which requires each person or body to which the section 10 duty applies to have regard to any guidance given to them by the Secretary of State
 - section 11(4) of the Children Act 2004 which requires each person or body to which the section 11 duty applies to have regard to any guidance given to them by the Secretary of State
 - section 16B(7) of the Children Act 2004, as amended by the Children and Social Work Act 2017, which states that the Child Safeguarding Practice Review Panel must have regard to any guidance given by the Secretary of State in connection with their functions

- section 16C(2) of the Children Act 2004, as amended by the Children and Social Work Act 2017, which states that local authorities must have regard to any guidance given by the Secretary of State in connection with their functions relating to notifications
- section 16K of the Children Act 2004, as amended by the Children and Social Work Act 2017, which states that the safeguarding partners and relevant agencies for a local authority area in England must have regard to any guidance given by the Secretary of State in connection with their functions under sections 16E-16J of the Act
- section 16Q of the Children Act 2004, as amended by the Children and Social Work Act 2017, which states that the child death review partners for a local authority area in England must have regard to any guidance given by the Secretary of State in connection with their functions under sections 16M-16P of the Act
- section 175(4) of the Education Act 2002, which states that governing bodies of maintained schools (including maintained nursery schools), further education institutions and management committees of pupil referral units must have regard to any guidance given by the Secretary of State
- paragraph 7(b) of the Schedule to the Education (Independent School Standards) Regulations 2014, made under sections 94(1) and (2) of the Education and Skills Act 2008, which states that the arrangements to safeguard or promote the welfare of pupils made by the proprietors of independent schools (including academies or free schools) or alternative provision academies must have regard to any guidance given by the Secretary of State
- paragraph 3 of the Schedule to the Non-Maintained Special Schools (England) Regulations 2015, made under section 342 of the Education Act 1996, which requires arrangements for safeguarding and promoting the health, safety and welfare of pupils in non-maintained special schools to have regard to any guidance published on such issues

Who is this guidance for?

7. This statutory guidance should be read and followed by local authority Chief Executives, Directors of Children’s Services, practice leaders³ and other senior leaders within organisations who commission and provide services for children and families. This

³ Practice leaders as defined by the relevant knowledge and skills statement issued by the DfE have a key role to ensure that decisions about children are made according to this guidance.

includes social workers⁴ and practitioners from health services, adult services, the police, academy trusts, schools and education, youth justice services, the voluntary and community sector who have contact with children and families and the Child Safeguarding Practice Review Panel.

8. All relevant practitioners working with/for children and their families should read and follow this guidance so that they can respond to individual children's needs appropriately.

9. A version of the guidance for young people and a separate version suitable for younger children are also available for practitioners to share.

10. For children who need additional help, every day is vital. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by practitioners to meet the needs of these children as early as possible can be critical to their future wellbeing.

11. Children are best protected when practitioners are clear about what is required of them individually, and how they need to work together in partnership with others to promote the best interests of children and families.

12. This guidance aims to help practitioners understand what they need to do, and what they can expect of one another, to safeguard and promote the welfare of children. It focuses on core legal requirements, making it clear what individuals and organisations must and should do to keep children safe. In doing so, it seeks to emphasise that effective safeguarding systems are those where:

- the child's needs are paramount, and the needs and wishes of each child, be they a baby, infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates
- all practitioners who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children
- all practitioners share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care

⁴ The reference to social workers throughout the documents means social workers who are registered to practise with the Health and Care Professions Council.

- high quality practitioners are able to use their expert judgement to put the child's needs at the heart of the safeguarding system so that the right solution can be found for each individual child
- all practitioners contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes
- child and family social workers have the right knowledge and skills⁵ as set out in the post-qualification standards under the National Assessment and Accreditation System (NAAS) to do their jobs well
- Safeguarding partners must set up arrangements to safeguard children locally and monitor and challenge the effectiveness of local arrangements
- national and local reviews of serious child safeguarding cases are undertaken when appropriate, and published, so that lessons can be learnt
- local areas innovate and changes are informed by evidence and examination of the data to improve the timeliness and quality of help given to children and families

A child-centred and co-ordinated approach to safeguarding

Key principles

13. Effective safeguarding arrangements in every local area should be underpinned by two key principles:

- a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children
- safeguarding is everyone's responsibility: for services to be effective each practitioner and organisation should play their full part

Safeguarding is everyone's responsibility

14. Everyone who works with children – including teachers, general practitioners (GPs), nurses, midwives, health visitors, early years practitioners, youth workers, police,

⁵ The [knowledge and skills statements](#) issued by the DfE will shortly become post-qualifying standards for child and family social work and assessments against them will begin from 2018. All local authorities are encouraged to align their performance management systems to the knowledge and skills statements in anticipation.

Accident and Emergency staff, paediatricians, voluntary and community workers and social workers – has a responsibility for keeping them safe.

15. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

16. In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families, including practitioners who work with parents, is aware of the role that they have to play and the role of other practitioners. They should be aware of, and comply with, the published local arrangements as set out by the local safeguarding partners. Effective safeguarding requires clear local arrangements for collaboration between practitioners and agencies.

17. Any practitioners with concerns about a child's welfare should make a referral to local authority children's social care. Practitioners should always follow up their concerns if they are not satisfied with the response.

18. This statutory guidance sets out key roles for individual organisations to deliver effective local arrangements for safeguarding. It is essential that these arrangements are strongly led and promoted at a local level, specifically by:

- a strong lead from local authority members, including Council Leaders or Mayors, and the commitment of chief officers in all agencies, in particular the Director of Children's Services and Lead Member for Children's Services in each local authority, the Chief Constable and the CCG
- effective local co-ordination and challenge by the safeguarding partners in each area (see chapter 3)

19. Social workers have specific roles and responsibilities to lead the statutory assessment of children in need (section 17, Children Act 1989) and to lead child protection enquiries (section 47, Children Act 1989). It is crucial that social workers are supported through effective supervision arrangements by practice leaders and practice supervisors as defined under the NAAS⁶ who have the lead role in overseeing the quality of social work practice. Designated Principal Social Workers have a key role in developing the practice and the practice methodology that underpins direct work with children and families.

⁶ National Assessment and Accreditation System

A child-centred approach

20. Effective safeguarding systems are child-centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children.

21. Children are clear about what they want from an effective safeguarding system and this is described in the box on page 13 and below.

22. Children want to be respected, their views to be heard, to have stable relationships with practitioners built on trust and to have consistent support provided for their individual needs. This should guide the behaviour of practitioners. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs. A child-centred approach is supported by:

- the Children Act 1989. This Act requires local authorities to give due regard to a child's wishes when determining what services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989. These duties complement requirements relating to the wishes and feelings of children who are, or may be, looked-after (section 22(4) Children Act 1989), including those who are provided with accommodation under section 20 of the Children Act 1989 and children taken into police protection (section 46(3)(d) of that Act)
- the Equality Act 2010 puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs
- the United Nations Convention on the Rights of the Child (UNCRC)⁷. This is an international agreement that protects the rights of children and provides a child-centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children's rights to expression and receiving information

⁷ [United Nations Convention on the Rights of the Child](#)

Children have said that they need

- vigilance: to have adults notice when things are troubling them
- understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- stability: to be able to develop an ongoing stable relationship of trust with those helping them
- respect: to be treated with the expectation that they are competent rather than not
- information and engagement: to be informed about and involved in procedures, decisions, concerns and plans
- explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- support: to be provided with support in their own right as well as a member of their family
- advocacy: to be provided with advocacy to assist them in putting forward their views
- Protection: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee

23. In addition to individual practitioners shaping support around the needs of individual children, local agencies should have a clear understanding of the collective needs of children locally when commissioning effective services. As part of that process, the Director of Public Health should ensure that the needs of vulnerable children are a key part of the Joint Strategic Needs Assessment developed by the health and well-being board. Safeguarding partners should use this assessment to help them understand the prevalence of abuse and neglect in their area, which in turn should help shape services.

Chapter 1: Assessing need and providing help

Early help

1. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.
2. Effective early help relies upon local agencies working together to:
 - identify children and families who would benefit from early help
 - undertake an assessment of the need for early help
 - provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child
3. Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency co-operation to improve the welfare of children.

Section 10

Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the well-being of all children in the authority's area, which includes protection from harm and neglect. The local authority's relevant partners are listed in Table A in Appendix B.

Identifying children and families who would benefit from early help

4. Local agencies should have in place effective ways to identify emerging problems and potential unmet needs of individual children and families. Local authorities should work with relevant local agencies to develop a joined-up early help services based on a clear understanding of local needs. This requires all practitioners, including those in

universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment.

5. The three safeguarding partners should consider how they monitor and evaluate the effectiveness of training, including multi-agency training, for all practitioners in the area.

6. Training should cover how to identify and respond early to the needs of all vulnerable children, including unborn children; babies; older children, young carers, disabled children, and those who are in secure settings.

7. Practitioners should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs⁸
- has special educational needs (whether or not they have a statutory education, health and care plan)
- is a young carer
- is showing signs of engaging in anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home⁹
- is misusing drugs or alcohol themselves
- is in a family circumstance presenting challenges for the child, such as substance misuse, adult mental health problems and domestic abuse
- has returned home to their family from care¹⁰
- is showing early signs of abuse and/or neglect
- is at risk of being radicalised

8. Practitioners working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together

⁸ [Part 3 of the Children and Families Act 2014](#) promotes the physical, mental health and emotional wellbeing of children and young people with special educational needs or a disability

⁹ Children who run away or go missing from care (2014)

¹⁰ Children return home to their families from local authority care under a range of circumstances. These circumstances and the related local authority duties are set out in flow chart 6

to provide children and young people with the help they need. Practitioners need to continue to develop their knowledge and skills in this area. They should have access to training to identify and respond early to abuse and neglect, and to the latest research showing which types of interventions are the most effective.

Effective assessment of the need for early help

9. Local agencies including the three safeguarding partners should work together to put processes in place for the effective assessment of the needs of individual children who may benefit from early help services.

10. Children and families may need support from a wide range of local agencies and services. Where a child and family would benefit from co-ordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

11. A lead practitioner should provide support to the child and family, act as an advocate on their behalf, co-ordinate the delivery of support services and should undertake the early help assessment. A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator could undertake the lead practitioner role. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family.

12. For an early help assessment to be effective:

- the assessment should be undertaken with the agreement of the child and their parents or carers. It should involve the child and family as well as all the practitioners who are working with them
- A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator or other practitioner should be able to discuss concerns they may have about a child and family with a social worker in the local authority. Local authority children's social care should set out the process for how this will happen
- If parents and/or the child do not consent to an early help assessment, then the lead practitioner should make a judgement as to whether, without intervention, the needs of the child will escalate. If so, a referral into local authority children's social care may be necessary

13. If at any time it is considered that the child may be a child in need as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any practitioner.

Provision of effective early help services

14. The early help assessment carried out for an individual child and their family should be evidence-based and clear about the action to be taken and services to be provided (including any relevant timescales for the assessment that will deliver timely help for the child and family). The early help assessment should also aim to ensure that services are co-ordinated for the child and family and not delivered in a piecemeal way. Early intervention assessments should involve the child or young person and take their wishes and feelings into account wherever possible.

15. Local areas should have a comprehensive range of effective, evidence-based services in place to address assessed needs early. The early help on offer should draw upon any local assessment of need, including the Joint Strategic Needs Assessment, and the latest evidence of the effectiveness of early help and early intervention programmes. In addition to high quality support in universal services, specific local early help services will typically include family and parenting programmes, assistance with health issues and help for problems relating to domestic abuse and drug or alcohol misuse by an adult or the child. Services may also focus on improving family functioning and building the family's own capability to solve problems; this should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made. Some of these services may be delivered to parents but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.

Accessing help and services

16. The provision of early help services should form part of a continuum of help and support to respond to the different levels of need of individual children and families.

17. Where a child's need is relatively low level, individual services and universal services may be able to take swift action. For other emerging needs, a range of early help services may be required, co-ordinated through an early help assessment, as set out above. Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns (reasonable cause to suspect a child is suffering, or likely to suffer, significant harm) local

authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.

18. It is important that there are clear criteria for taking action and providing help across this full continuum to ensure that services are commissioned effectively and that the right help is given to the child at the right time.¹¹ These criteria for action should be understood by all practitioners and applied consistently, including for children returning home from care. The safeguarding partners, in making their arrangements, should determine how best to ensure that these criteria for action are transparent, accessible and well understood.

19. In making their local arrangements, the safeguarding partners should agree with their relevant agencies the levels for the different types of assessment and services to be commissioned and delivered. This should include services for children who have been or might be sexually exploited, children who have undergone or may undergo female genital mutilation (FGM) and children who have been or may be radicalised. This should also include services for disabled children and be aligned with the short breaks services statement.¹²

20. The local criteria for action should include:

- the process for the early help assessment and the type and level of early help services to be provided
- the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under
 - section 17 of the Children Act 1989 (children in need)
 - section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm)
 - section 31 (care orders)
 - section 20 (duty to accommodate a child) of the Children Act 1989
- clear procedures and processes for cases relating to:
 - the sexual exploitation of children and young people
 - children managed within the youth secure estate

¹¹ Guidance on specific safeguarding concerns can be found in Appendix C.

¹² Required under the [Breaks for Carers of Disabled Children Regulations 2011](#)

Referral

21. Anyone who has concerns about a child's welfare should make a referral to local authority children's social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so. Local authority children's social care has the responsibility for clarifying the process for referrals. This includes specific arrangements for referrals in areas where there are secure youth establishments.
22. Within local authorities, children's social care should act as the principal point of contact for safeguarding concerns relating to children. As well as clear protocols for practitioners working with children, contact details should be signposted clearly so that children, parents and other family members are aware of who they can contact if they wish to make a referral and/or require advice and/or support.
23. When practitioners refer a child, they should include any information they have on the child's developmental needs and the capacity of the child's parents or carers to meet those needs. This information may be included in any assessment, including an early help assessment, which may have been carried out prior to a referral into local authority children's social care. Where an early help assessment has already been undertaken it should be used to support a referral to local authority children's social care, however, this is not a prerequisite for making a referral.
24. Feedback should be given by local authority children's social care to the referrer on the decisions taken. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold and be considered by local authority children's social care for assessment and suggestions for other sources of more suitable support. Practitioners should always follow up their concerns if they are not satisfied with the local authority children's social care response and should escalate their concerns if they remain dissatisfied.

Information sharing

25. Effective sharing of information between practitioners and local agencies is essential for early identification of need, assessment and service provision. Serious Case Reviews (SCRs¹³) have highlighted that missing opportunities to record, share and understand the significance of information in a timely manner can have severe consequences for the safety and welfare of children.
26. Sharing information increases the capacity of practitioners to take action to keep children safe. Practitioners should be proactive in sharing information to help identify,

¹³ [Pathways to harm, pathways to protection: a triennial analysis of serious case reviews, 2011 to 2014](#)

assess and respond to risks or concerns about the safety and welfare of children whether this is when problems are first emerging, or where a child is already known to local authority children's social care (e.g. they are being supported as a child in need or have a child protection plan).

27. Information sharing is also essential for the identification of patterns of behaviour when a child has gone missing or in relation to children in the secure estate where there may be multiple local authorities involved in a child's care.

28. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children, which must always be the paramount concern. To ensure effective safeguarding arrangements:

- all organisations should have arrangements in place that set out clearly the processes and the principles for sharing information. The arrangement should cover how information will be shared within their own organisations; with other organisations, practitioners and individuals who may be involved in a child's life; and the three safeguarding partners
- all practitioners should be alert to the signs and triggers of child abuse and neglect, and should not assume that someone else will pass on information that they think may be critical to keeping a child safe. If a practitioner has concerns about a child's welfare and believes they are suffering or likely to suffer significant harm, then they should share the information with local authority children's social care and/or the police. All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority into another, due to the risk that knowledge pertinent to keeping a child safe could be lost
- all practitioners should aim to gain consent to share information, but should be mindful of situations where to do so would place a child at increased risk of harm. Information may be shared without consent if a practitioner judges that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner. When decisions are made to share information, practitioners should record who has been given the information and why

29. 'Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)' ¹⁴ supports front line practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. The advice includes the seven golden rules for

¹⁴ [Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers \(2015\)](#).

sharing information effectively and can be used to supplement local guidance and encourage good practice in information sharing.

Myth-busting guide to Information sharing

Sharing information enables practitioners and organisations to identify and provide appropriate services that safeguard and promote the welfare of children. Below are common myths that may hinder effective information sharing:

The Data Protection Act 1998 is a barrier to sharing information

No - the Data Protection Act 1998 does not prohibit the collection and sharing of personal information, but rather provides a framework to ensure that personal information about a living individual is shared appropriately.

Consent is always needed to share personal information

No - you do not necessarily need the consent of the information subject to share their personal information. Where possible, you should seek consent from an individual, and should be clear about why and with whom information will be shared. In situations where there are concerns that a child is suffering, or is likely to suffer significant harm, information may be shared without consent.

Personal information collected by one organisation cannot be disclosed to another organisation

No - this is not the case, unless the information is to be used for a purpose incompatible with the purpose that it was originally collected for. In the case of a child at risk of significant harm, it is difficult to foresee circumstances where sharing personal information with other practitioners would be incompatible with the purpose for which it was originally collected.

The common law duty of confidence and the Human Rights Act 1998 prevent the sharing of personal information

No - this is not the case, practitioners need to balance the common law duty of confidence and the rights within the Human Rights Act 1998 against the effect on individuals or others of not sharing the information.

IT Systems are often a barrier to effective information sharing

No – co-judgment is the most essential aspect of multi-agency work, which could be put at risk if organisations rely too heavily on IT systems. Evidence from the Munro review is clear that IT systems will not be fully effective unless individuals from organisations operate around meeting the needs of the individual child.

Assessments under the Children Act 1989

Statutory requirements

Assessments under the Children Act 1989 for children in need and children suffering, or likely to suffer, significant harm

- under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local authorities undertake assessments of the needs of individual children to determine which services to provide and what action to take
- a child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Children in need may be assessed under section 17 of the Children Act 1989. Where such an assessment takes place, it will be carried out by a social worker
- some children in need may require accommodation because there is no one who has parental responsibility for them, because they are lost or abandoned, or because the person who has been caring for them is prevented from providing them with suitable accommodation or care. Under section 20 of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area
- when assessing children in need and providing services, specialist assessments may be required and, where possible, should be co-ordinated so that the child and family experience a coherent process and a single plan of action
- local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Such enquiries enable them to decide whether they should take any action to safeguard and promote the child's welfare and must be initiated where there are concerns about maltreatment, including all forms of abuse and neglect, FGM and other honour-based violence, and extra-familial threats like radicalisation and sexual or criminal exploitation. There may be a need for immediate protection whilst the assessment is carried out

Assessment of disabled children and their carers

30. When undertaking an assessment of a disabled child, the local authority must also consider whether it is necessary to provide support under section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970¹⁵. Where a local authority is satisfied that the identified services and assistance can be provided under section 2 of the CSDPA, and it is necessary in order to meet a disabled child's needs, it must arrange to provide that support. Where a local authority is assessing the needs of a disabled child, a carer of that child may also require the local authority to undertake an assessment of their ability to provide, or to continue to provide, care for the child, under section 1 of the Carers (Recognition and Services) Act 1995. The local authority must take account of the results of any such assessment when deciding whether to provide services to the disabled child.

31. If a local authority considers that a parent carer of a disabled child (see glossary) may have support needs, they must carry out an assessment under section 17ZD of the Children Act 1989. The local authority must also carry out such an assessment if a parent carer requests one. Such an assessment must consider whether it is appropriate for the parent carer to provide, or continue to provide, care for the disabled child, in light of the parent carer's needs and wishes.

Assessment of young carers

32. If a local authority considers that a young carer (see glossary) may have support needs, they must carry out an assessment under section 17ZA of the Children Act 1989. The local authority must also carry out such an assessment if a young carer, or the parent of a young carer, requests one. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes. The Young Carers' (Needs Assessment) Regulations 2015¹⁶ require local authorities to look at the needs of the whole family when carrying out a young carers' needs assessment. Young carer's assessments can be combined with assessments of adults in the household, with the agreement of the young carer and adults concerned.

Assessment of young people in secure youth establishments

33. Any assessment of young people in secure youth establishments should take account of the specific needs that these young people will have. In all cases, the local authority in which a secure youth establishment is located is responsible for the safety and welfare of the children in that establishment. The host local authority should work

¹⁵ [Chronically Sick and Disabled Persons Act \(CSDPA\) 1970](#)

¹⁶ [The Young Carers' \(Need Assessment\) Regulations 2015](#)

with the governor, director, manager or principal of the secure youth establishment and the young person's home local authority, their relevant Youth Offending Team and, where appropriate, the Youth Custody Service¹⁷ to ensure that the child has a single, comprehensive support plan.

Contextual safeguarding

34. As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school, from within peer groups, or more widely from within the local community. These threats can take a variety of different forms from online safety, exploitation, sexual, by criminal gangs and organised crime groups to the influences of extremism leading to radicalisation and trafficking. Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and/or welfare of a number of different children and young people who may or may not be known to local authority children's social care.

35. For example, Channel panels, established under the Counter-Terrorism and Security Act 2015, assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where appropriate, arrange for support to be provided¹⁸. When assessing Channel referrals, local authorities and their partners should consider how best to align these with assessments undertaken under the Children Act 1989.

36. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

37. The Children Act 1989 promotes the view that all children and their parents should be considered as individuals and that family structures, culture, religion, ethnic origins and other characteristics should be respected. Local authorities should ensure they support and promote fundamental British values, of democracy, the rule of law, individual liberty, and mutual respect and tolerance of those with different faiths and beliefs.

38. Whatever legislation the child is assessed under, the purpose of the assessment is always:

- to gather important information about a child and family

¹⁷ As the placing authority

¹⁸ [Channel guidance](#)

- to analyse their needs and/or the nature and level of any risk and harm being suffered by the child
- to decide whether the child is a child in need (section 17) and/or is suffering, or likely to suffer, significant harm (section 47)
- to provide support to address those needs to improve the child's outcomes and welfare and where necessary to make them safe

39. Assessment should be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child. Any provision identified as being necessary through the assessment process should, if the local authority decides to provide such services, be provided without delay. A good assessment will monitor and record the impact of any services delivered to the child and family and review the help being delivered. Whilst services may be delivered to a parent or carer, the assessment should be focused on the needs of the child and on the impact any services are having on the child.¹⁹

40. Good assessments support practitioners to understand whether a child has needs relating to their care or a disability and/or is suffering, or likely to suffer, significant harm. The specific needs of disabled children and young carers should be given sufficient recognition and priority in the assessment process. Further guidance can be accessed at 'Recognised, valued and supported: Next steps for the Carers Strategy (2010)'.²⁰

The principles and parameters of a good assessment

41. In order to carry out good assessments, social workers should have the relevant knowledge and skills set out in the Knowledge and Skills Statements for child and family social work.²¹

42. Social workers should have time to complete assessments and have access to high quality practice supervision. Principal Social Workers should support social workers, the local authority and partners to develop their assessment practice and decision making skills, and the practice methodology that underpins this.

43. High quality assessments:

¹⁹ An assessment of the support needs of parent carers, or non-parent carers, of disabled children may be required

²⁰ [Recognised, valued and supported: Next steps for the Carers Strategy \(2010\)](#).

²¹ [Knowledge and skills statements for child and family social work](#)

- are child-centred. Where there is a conflict of interest, decisions should be made in the child's best interests; be rooted in child development and informed by evidence
- are focused on action and outcomes for children
- are holistic in approach, addressing the child's needs within their family and wider community
- ensure equality of opportunity
- involve children, ensuring that their voice is heard
- involve families
- identify risks to the safety and welfare of children
- build on strengths as well as identifying difficulties
- are integrated in approach
- are a continuing process, not an event
- lead to action, including the provision of services
- review services provided on an ongoing basis
- are transparent and open to challenge

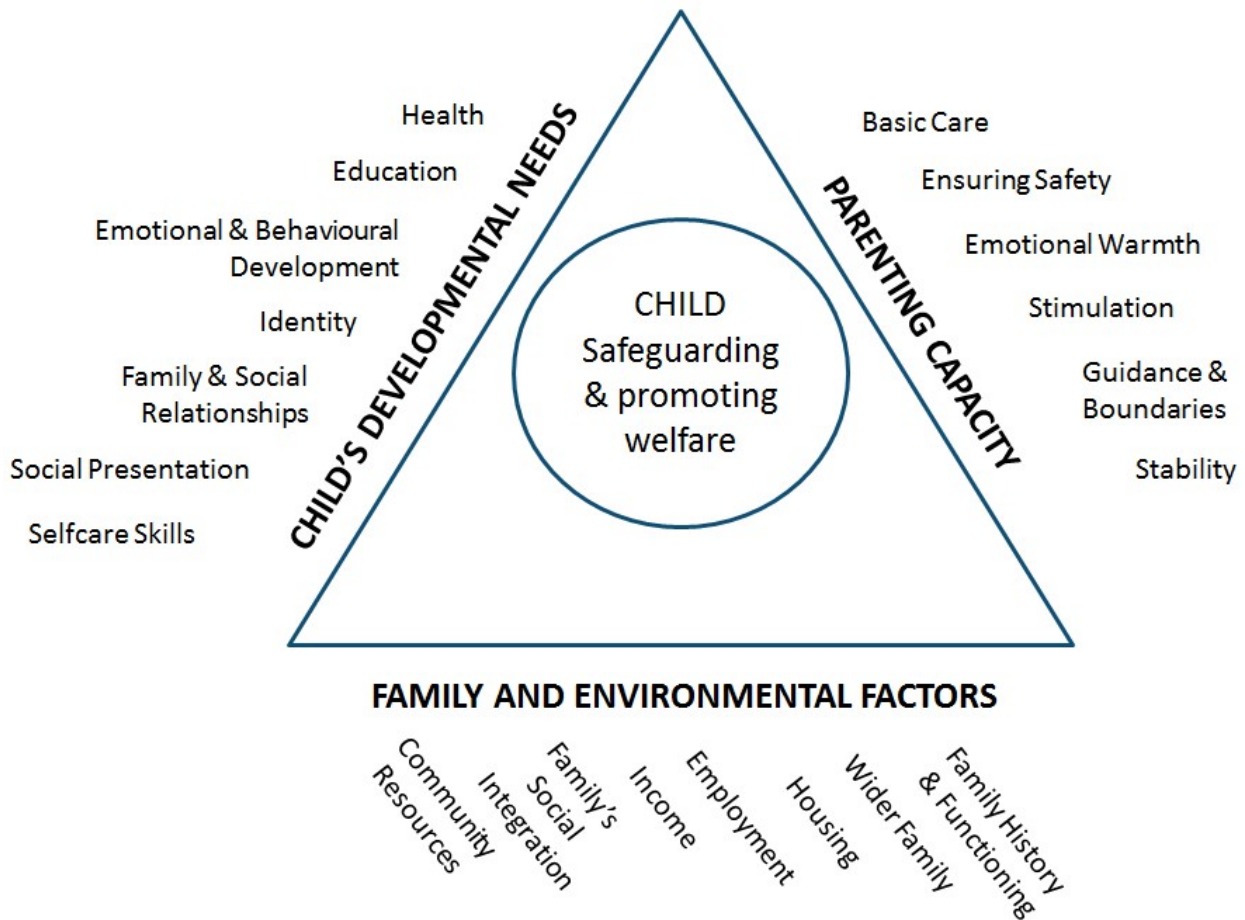
44. Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children. An example of such a model is set out in the diagram on the next page. It investigates three domains:

- the child's developmental needs, including whether they are suffering, or likely to suffer, significant harm
- the capacity of parents' or carers' (resident and non-resident) and any other adults living in the household to respond to those needs ^{22, 23}
- the impact and influence of wider family and any other adults living in the household, community and environmental circumstances

²² An assessment of the support needs of parent carers of disabled children may be required

²³ See Chapter 2 paragraph 26 on adults with parental responsibility for disabled children.

Assessment Framework



45. The aim of assessment is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family. It is important that:

- information is gathered and recorded systematically
- information is checked and discussed with the child and their parents/carers where appropriate
- differences in views about information are recorded
- the impact of what is happening to the child is clearly identified

46. Practitioners should be rigorous in assessing and monitoring children at risk of abuse and neglect to ensure they are adequately safeguarded over time. The local authority should act decisively to protect the child by initiating care proceedings where existing interventions are insufficient²⁴. Where an assessment in these circumstances

²⁴ Further information about processes relating to care and court proceedings (including pre-proceedings) can be found in the statutory guidance document for local authorities, [Court Orders and Pre-Proceedings](#) (DfE, 2014).

identifies concerns but care proceedings are not initiated, the assessment should provide a valuable platform for ongoing engagement with the child and their family.

47. Where a child becomes looked-after the assessment will be the baseline for work with the family. Any needs that have been identified should be addressed before decisions are made about the child's return home. Assessment by a social worker is required before a child in care under a care order returns home under the Care Planning, Placement and Case Review (England) Regulations 2010.²⁵ This will provide evidence of whether the necessary improvements have been made to ensure the child's safety when they return home. Appropriate support should be provided, following an assessment, for children returning home, including where that return home is unplanned. Any such support should ensure that children continue to be adequately safeguarded.

48. Where a child becomes looked-after, as a result of being remanded to youth detention accommodation (YDA), the local authority must visit the child and assess the child's needs before taking a decision. This information must be used to prepare a Detention Placement Plan (DPP), which must set out how the YDA and other practitioners will meet the child's needs whilst the child remains remanded. The DPP must be reviewed in the same way as a care plan for any other looked-after child.²⁶

49. Assessments for some children – including young carers, children with special educational needs (who may require Education, Health and Care Plans), unborn children where there are concerns, asylum seeking children, children in hospital, disabled children, children with specific communication needs, children considered at risk of gang activity and association with organised crime groups, children who are in the youth justice system – will require particular care. Where a child has other assessments it is important that these are co-ordinated so that the child does not become lost between the different agencies involved and their different procedures. The different agencies should be clear on how they will communicate with the child and family and share information with each other in a timely way.

Focusing on the needs and views of the child

50. Every assessment should be child-centred. Where there is a conflict between the needs of the child and their parents/carers, decisions should be made in the child's best interests.

51. Each child whose referral has been accepted by children's social care should have their individual needs assessed including an analysis of the parental capacity to meet

²⁵ [Care Planning, Placement and Case Review \(England\) Regulations 2010](#)

²⁶ Following the [Legal Aid Sentencing and Punishment of Offenders Act 2012](#) all children and young people remanded by a court in criminal proceedings will be looked-after

those needs. Frequently more than one child from the same family is referred and siblings within the family should always be considered. Family assessments that include all members of the family should always ensure that the needs of individual children are distinct considerations. Local authorities have to give due regard to a child's age and understanding when determining what (if any) services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989. Every assessment must be informed by the views of the child as well as the family. Children should, wherever possible, be seen alone and local authority children's social care has a duty to ascertain the child's wishes and feelings regarding the provision of services to be delivered.²⁷ It is important to understand the resilience of the individual child when planning appropriate services.

52. Every assessment should reflect the unique characteristics of the child within their family and community context. For example, a young carer's needs assessment must consider the impact of the child's caring role on their health and development; and reach a view about whether, in view of the child's needs and personal circumstances, any care tasks are "inappropriate" or excessive.

53. Where the child has links to a foreign country²⁸, a social worker may also need to work with colleagues abroad.²⁹

54. Every assessment, including young carer, parent carer and non-parent carer assessments, should draw together relevant information gathered from the child and their family and from relevant practitioners including teachers, early years workers, health practitioners, the police and adult social care. Where a child has been looked-after and has returned home, information from previous assessments and case records should also be reviewed.

55. A high quality assessment is one in which evidence is built and revised throughout the process. A social worker may arrive at a judgement early in the case but this may need to be revised as the case progresses and further information comes to light. It is a characteristic of skilled practice that social workers revisit their assumptions in the light of new evidence and take action to revise their decisions in the best interests of the individual child.

²⁷ Section 17 of the Children Act 1989, amended by section 53 Children Act 2004.

²⁸ A child with links to a foreign country may be a foreign national child, a child with dual nationality or a British child of foreign parents/national origin.

²⁹ Further guidance can be found in [Working with foreign authorities: child protection and care orders](#) (2014).

56. All practitioners should share information that contributes to an assessment that identifies difficulties and risk factors as well as developing a picture of strengths and protective factors for each child.

Developing a clear analysis

57. The social worker should analyse all the information gathered from the enquiry stage of the assessment, including from a young carer's, parent carer's or non-parent carer's assessment, to decide the nature and level of the child's needs and the level of risk, if any, they may be facing. The social worker should receive insight and challenge to their emerging hypothesis from their practice supervisors and other relevant practitioners who should challenge the social worker's assumptions as part of this process. An informed decision should be taken on the nature of any action required and which services should be provided. Social workers, their managers and other practitioners should be mindful of the requirement to understand the level of need and risk in a family from the child's perspective and understand both protective and risk factors the child is facing. The analysis should inform the action to be taken which will have maximum impact on the child's life.

58. No system can fully eliminate risk. Understanding risk involves judgement and balance. To manage risks, social workers and other practitioners should make decisions with the best interests of the child in mind, informed by the evidence available and underpinned by knowledge of child development.

59. Critical reflection through supervision should strengthen the analysis in each assessment.

60. Social workers, their practice supervisors and other practitioners should always consider the plan from the child's perspective. A desire to think the best of adults and to hope they can overcome their difficulties should not subvert the need to protect children from chaotic, neglectful and abusive homes. Social workers and practice supervisors should always reflect the latest research on the impact of neglect and abuse and relevant findings from serious case and practice reviews when analysing the level of need and risk faced by the child. This should be reflected in the case recording.

61. Assessment is a dynamic and continuous process that should build upon the history of every individual case, responding to the impact of any previous services and analysing what further action might be needed. Social workers should build on this with help from other practitioners from the moment that a need is identified.

62. Decision points and review points involving the child and family and relevant practitioners should be used to keep the assessment on track. This is to ensure that help

is given in a timely and appropriate way and that the impact of this help is analysed and evaluated in terms of the improved outcomes and welfare of the child.

Focusing on outcomes

63. Every assessment should be focused on outcomes, deciding which services and support to provide to deliver improved welfare for the child.

64. Where the outcome of the assessment is continued local authority children's social care involvement, the social worker should agree a plan of action with other practitioners and discuss this with the child and their family. The plan should set out what services are to be delivered, and what actions are to be undertaken, by whom and for what purpose.

65. Many services provided will be for parents or carers (and may include services identified in a parent carer's or non-parent carer's needs assessment).³⁰ The plan should reflect this and set clear measurable outcomes for the child and expectations for the parents, with measurable, reviewable actions for them.

66. The plan should be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs and the level of risk faced by the child. This will be important for neglect cases where parents and carers can make small improvements. The test should be whether any improvements in adult behaviour are sufficient and sustained. Social workers should consider the need for further action and record their decisions. The review points should be agreed by the social worker with other practitioners and with the child and family to continue evaluating the impact of any change on the welfare of the child.

67. Effective practitioner supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support practitioners to reflect critically on the impact of their decisions on the child and their family. The social worker should review the plan for the child. They should ask whether the help given is leading to a significant positive change for the child and whether the pace of that change is appropriate for the child. Any practitioner working with vulnerable children should always have access to colleagues to talk through their concerns and judgements affecting the welfare of the child. Assessment should remain an ongoing process, with the impact of services informing future decisions around action.

³⁰ Section 17ZD of the Children Act 1989 and section 1 of the [Carers \(Recognition and Services\) Act 1995](#)

Timeliness

68. The timeliness of an assessment is a critical element of the quality of that assessment and the outcomes for the child. The speed with which an assessment is carried out after a child's case has been referred into local authority children's social care should be determined by the needs of the individual child and the nature and level of any risk of harm faced by the child. This will require judgements to be made by the social worker on each individual case. Adult assessments, i.e. parent carer or non-parent carer assessments, should also be carried out in a timely manner, consistent with the needs of the child.

69. Within **one working day** of a referral being received, a local authority social worker should make a decision about the type of response that is required and acknowledge receipt to the referrer.

70. For children who are in need of immediate protection, action must be taken by the social worker, or the police or the NSPCC³¹ if removal is required, as soon as possible after the referral has been made to local authority children's social care (sections 44 and 46 of the Children Act 1989).

71. The maximum timeframe for the assessment to conclude, such that it is possible to reach a decision on next steps, should be no longer than 45 working days from the point of referral. If, in discussion with a child and their family and other practitioners, an assessment exceeds 45 working days the social worker should record the reasons for exceeding the time limit.

72. Whatever the timescale for assessment, where particular needs are identified at any stage of the assessment, social workers should not wait until the assessment reaches a conclusion before commissioning services to support the child and their family. In some cases, the needs of the child will mean that a quick assessment will be required.

73. The assessment of neglect cases can be difficult. Neglect can fluctuate both in level and duration. A child's welfare can, for example, improve following input from services or a change in circumstances and review, but then deteriorate once support is removed. Practitioners should be wary of being too optimistic. Timely and decisive action is critical to ensure that children are not left in neglectful homes.

74. It is the responsibility of the social worker to make clear to children and families how the assessment will be carried out and when they can expect a decision on next steps. Local authorities should determine their local assessment processes through a local protocol.

³¹ [National Society for the Prevention of Cruelty to Children.](#)

Local protocols for assessment

75. Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care and be consistent with the requirements of this statutory guidance. The detail of each protocol will be led by the local authority in discussion and agreement with the safeguarding partners and relevant agencies where appropriate.

76. A local protocol should set out and clarify how statutory social care assessments will be informed by, and inform, other specialist assessments (for example, an assessment for an Education Health and Care Plan, or an assessment by adult services).

77. The local authority is publicly accountable for this protocol and all organisations and agencies have a responsibility to understand their local protocol.

The local protocol for assessment should:

- ensure that assessments are timely, transparent and proportionate to the needs of individual children and their families
- set out how the needs of disabled children, young carers and children involved in the youth justice system will be addressed in the assessment process
- clarify how agencies and practitioners undertaking assessments and providing services can make contributions
- clarify how the statutory assessments will be informed by other specialist assessments, such as the assessment for children with special educational needs and disabled children (Education, Health and Care Plans)
- clarify how assessment will address the issue of FGM
- ensure that any specialist assessments are co-ordinated so that the child and family experience a joined up assessment process and a single planning process focused on outcomes
- set out how shared internal review points with other practitioners and the child and family will be managed throughout the assessment process
- set out the process for assessment for children who return home from care to live with their families
- seek to ensure that each child and family understands the type of help offered and their own responsibilities, so as to improve the child's outcomes

- set out the process for challenge by children and families by publishing the complaints procedures³²
- require decisions to be recorded in accordance with locally agreed procedures. Recording should include information on the child's development so that progress can be monitored to ensure their outcomes are improving. This will reduce the need for repeat assessments during care proceedings, which can be a major source of delay

Processes for managing individual cases

78. The following descriptors and flow charts set out the steps that practitioners should take when working together to assess and provide services for children who may be in need, including those suffering harm. The flow charts cover:

- the referral process into local authority children's social care
- how assessments will be child-centred and take into account the views and wishes of the child
- the process for determining next steps for a child who has been assessed as being 'in need'
- the essential processes for children where there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm (this includes immediate protection for children at serious risk of harm)

Response to a referral

Once the referral has been accepted by local authority children's social care the lead practitioner role falls to a social worker.

The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen.

Within **one working day** of a referral being received a local authority social worker should **make a decision** about next steps and the type of response that is required. This will include determining whether:

- the child requires immediate protection and urgent action is required

³² Including as specified under [Section 26\(3\) of the Children Act 1989](#) and the [Children Act 1989 Representations Procedure \(England\) Regulations 2006](#).

Response to a referral

- the child is in need, and should be assessed under section 17 of the Children Act 1989
- there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and whether enquires must be made and the child assessed under section 47 of the Children Act 1989
- any services are required by the child and family and what type of services
- further specialist assessments are required in order to help the local authority to decide what further action to take

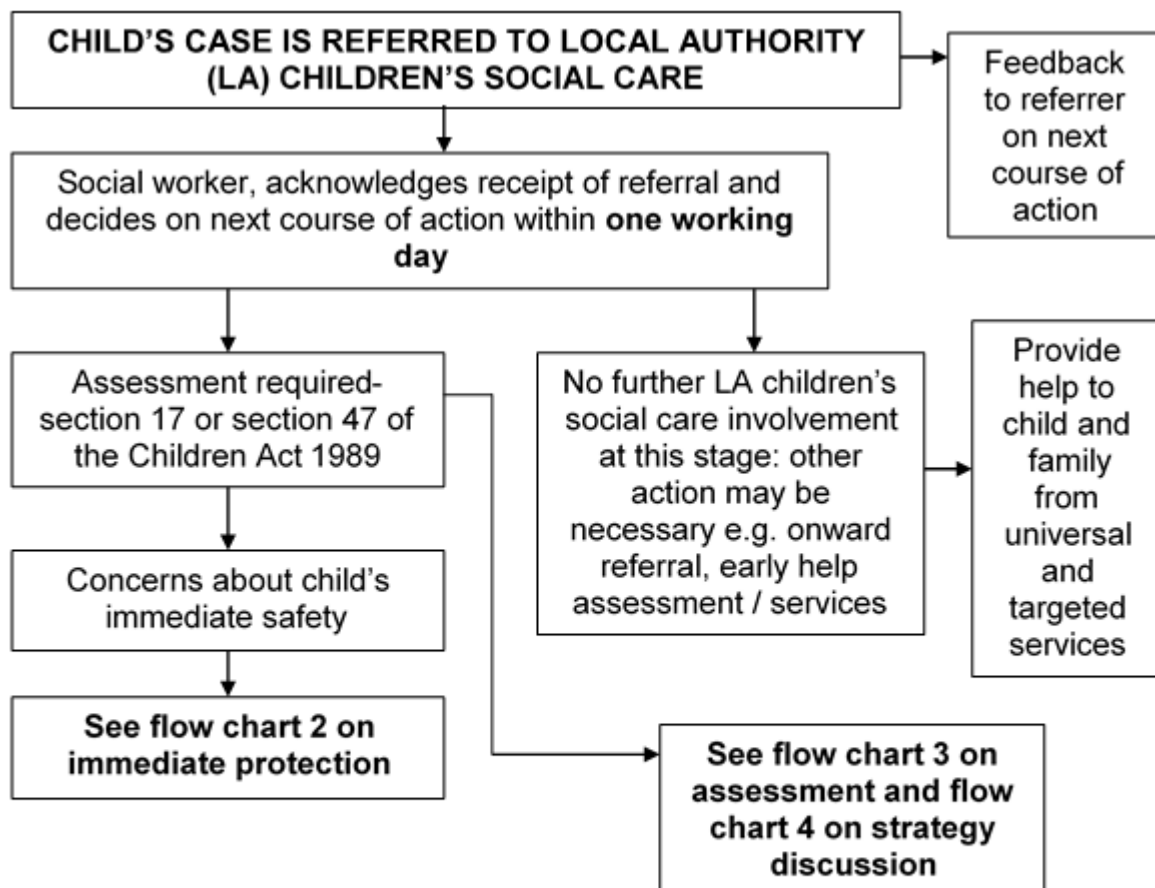
Action to be taken:

The child and family must be informed of the action to be taken.

Local authority children's social care should see the child as soon as possible if the decision is taken that the referral requires further assessment.

- Where requested to do so by local authority children's social care, practitioners from other parts of the local authority such as housing and those in health organisations have a duty to co-operate under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions

Flow chart 1: Action taken when a child is referred to local authority children's social care services



Immediate Protection

Where there is a risk to the life of a child or a likelihood of serious immediate harm, local authority social workers, the police or NSPCC should use their statutory child protection powers to **act immediately to secure the safety of the child**.

If it is necessary to remove a child from their home, a local authority must, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an **Emergency Protection Order (EPO)**. Police powers to remove a child in an emergency should be used only in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child.

An **EPO**, made by the court, gives authority to remove a child and places them under the protection of the applicant.

When considering whether emergency action is necessary an agency should always consider the needs of other children in the same household or in the household of an alleged perpetrator.

The **local authority** in whose area a child is found in circumstances that require emergency action (the first authority) is responsible for taking emergency action.

If the child is looked-after by, or the subject of a child protection plan in another authority, the first authority must consult the authority responsible for the child. Only when the second local authority explicitly accepts responsibility (to be followed up in writing) is the first authority relieved of its responsibility to take emergency action.

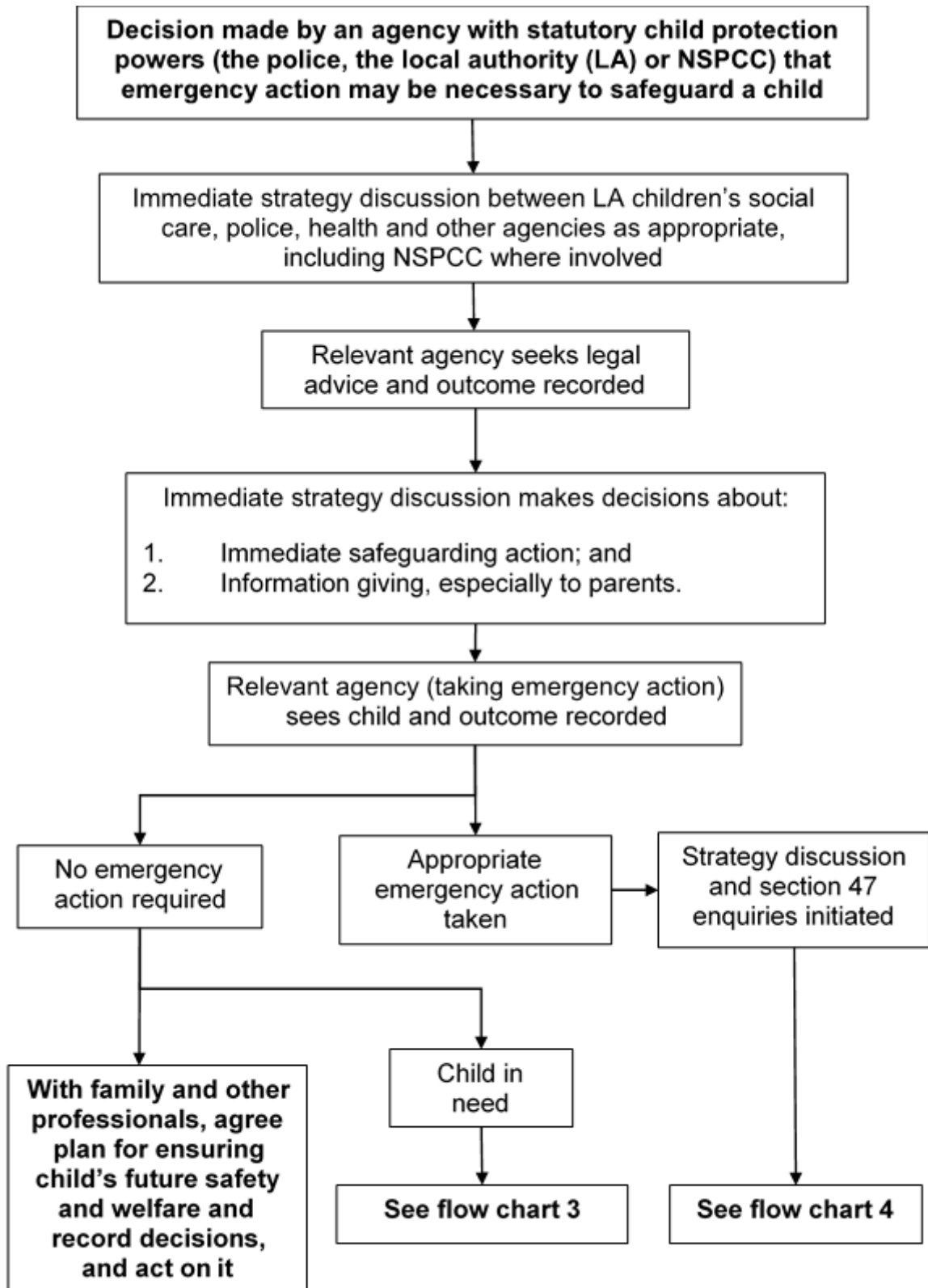
Multi-agency working

Planned emergency action will normally take place following an immediate strategy discussion. Social workers, the police or NSPCC should:

- initiate a strategy discussion to discuss planned emergency action. Where a single agency has to act immediately, a strategy discussion should take place as soon as possible after action has been taken
- see the child (this should be done by a practitioner from the agency taking the emergency action) to decide how best to protect them and whether to seek an EPO
- wherever possible, obtain legal advice before initiating legal action, in particular when an EPO is being sought

Related information: For further guidance on EPOs see Chapter 4 of *the statutory guidance document for local authorities, [Court orders and pre-proceedings](#)* (DfE, April 2014).

Flow chart 2: Immediate protection



Assessment of a child under the Children Act 1989

Following acceptance of a referral by the local authority children's social care, a social worker should lead a multi-agency assessment under section 17 of the Children Act 1989. Local authorities have a duty to ascertain the child's wishes and feelings and take account of them when planning the provision of services. Assessments should be carried out in a timely manner reflecting the needs of the individual child, as set out in this chapter.

Where the local authority children's social care decides to provide services, a multi-agency child in need plan should be developed which sets out which agencies will provide which services to the child and family. The plan should set clear measurable outcomes for the child and expectations for the parents. The plan should reflect the positive aspects of the family situation as well as the weaknesses.

Where a child in need has moved permanently to another local authority area, the original authority should ensure that all relevant information (including the child in need plan) is shared with the receiving local authority as soon as possible. The receiving local authority should consider whether support services are still required and discuss with the child and family what might be needed, based on a timely re-assessment of the child's needs, as set out in this chapter. Support should continue to be provided by the original local authority in the intervening period. The receiving authority should work with the original authority to ensure that any changes to the services and support provided are managed carefully.

Where information gathered during an assessment (which may be very brief) results in the social worker suspecting that the child is suffering or likely to suffer significant harm, the local authority should hold a strategy discussion to enable it to decide, with other agencies, whether to initiate enquiries under section 47 of the Children Act 1989.

Purpose:	Assessments should determine whether the child is in need, the nature of any services required and whether any specialist assessments should be undertaken to assist the local authority in its decision-making.
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Assessment of a child under the Children Act 1989

Social workers should:

- lead on an assessment and complete it in line with the locally agreed protocol according to the child's needs and within 45 working days from the point of referral into local authority children's social care
- see the child within a timescale that is appropriate to the nature of the concerns expressed at referral, according to an agreed plan
- conduct interviews with the child and family members, separately and together as appropriate. Initial discussions with the child should be conducted in a way that minimises distress to them and maximises the likelihood that they will provide accurate and complete information, avoiding leading or suggestive questions
- record the assessment findings and decisions and next steps following the assessment
- inform, in writing, all the relevant agencies and the family of their decisions and, if the child is a child in need, of the plan for providing support
- inform the referrer of what action has been or will be taken

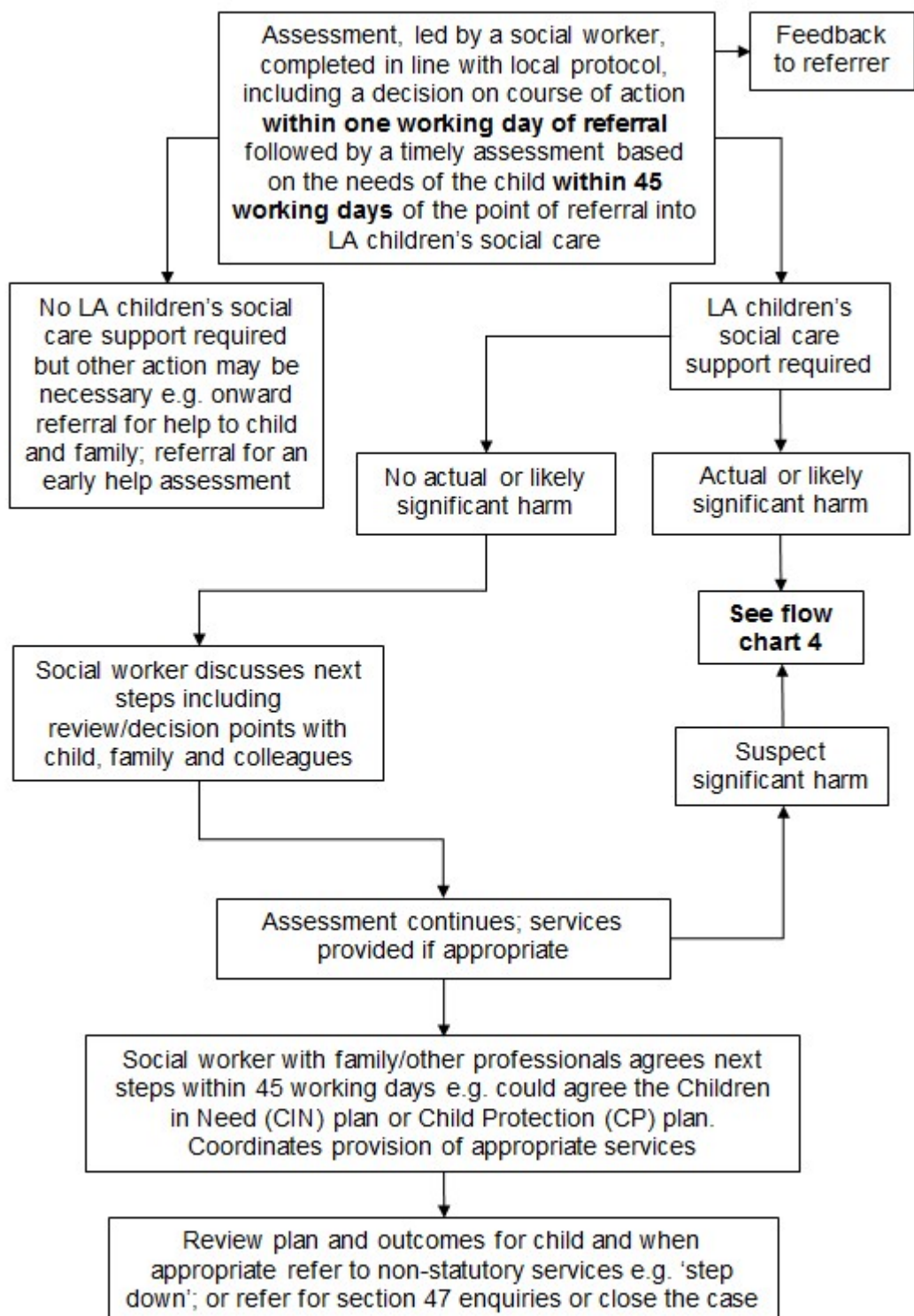
The police should:

- assist other agencies to carry out their responsibilities where there are concerns about the child's welfare, whether or not a crime has been committed. If a crime has been committed, the police should be informed by the local authority children's social care

All involved practitioners should:

- be involved in the assessment and provide further information about the child and family
- agree further action including what services would help the child and family and inform local authority children's social care if any immediate action is required
- seek advice and guidance as required and in line with local practice guidance

Flow chart 3: Action taken for an assessment of a child under the Children Act 1989



Strategy discussion

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving local authority children's social care (including the fostering service, if the child is looked-after), the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process and when new information is received on an already open case.

Purpose:

Local authority children's social care should convene a strategy discussion to determine the child's welfare and plan rapid future action if there is reasonable cause to suspect the child is suffering, or is likely to suffer, significant harm.

Strategy discussion attendees:

A local authority social worker, health practitioners and a police representative should, as a minimum, be involved in the strategy discussion. Other relevant practitioners will depend on the nature of the individual case but may include:

- the practitioner or agency which made the referral
- the child's school or nursery
- any health or care services the child or family members are receiving

All attendees should be sufficiently senior to make decisions on behalf of their agencies.

Strategy discussion

Strategy discussion tasks:

The discussion should be used to:

- share available information
- agree the conduct and timing of any criminal investigation
- decide whether enquiries under section 47 of the Children Act 1989 should be undertaken

Where there are grounds to initiate an enquiry under section 47 of the Children Act 1989, decisions should be made as to:

- what further information is needed if an assessment is already underway and how it will be obtained and recorded
- what immediate and short term action is required to support the child, and who will do what by when
- whether legal action is required

The timescale for the assessment to reach a decision on next steps should be based upon the needs of the individual child, consistent with the local protocol and certainly no longer than **45 working days** from the point of referral into local authority children's social care.

The principles and parameters for the assessment of children in need at chapter 1 paragraph 40 should be followed for assessments undertaken under section 47 of the Children Act 1989.

Social workers should:

Convene the strategy discussion and make sure it:

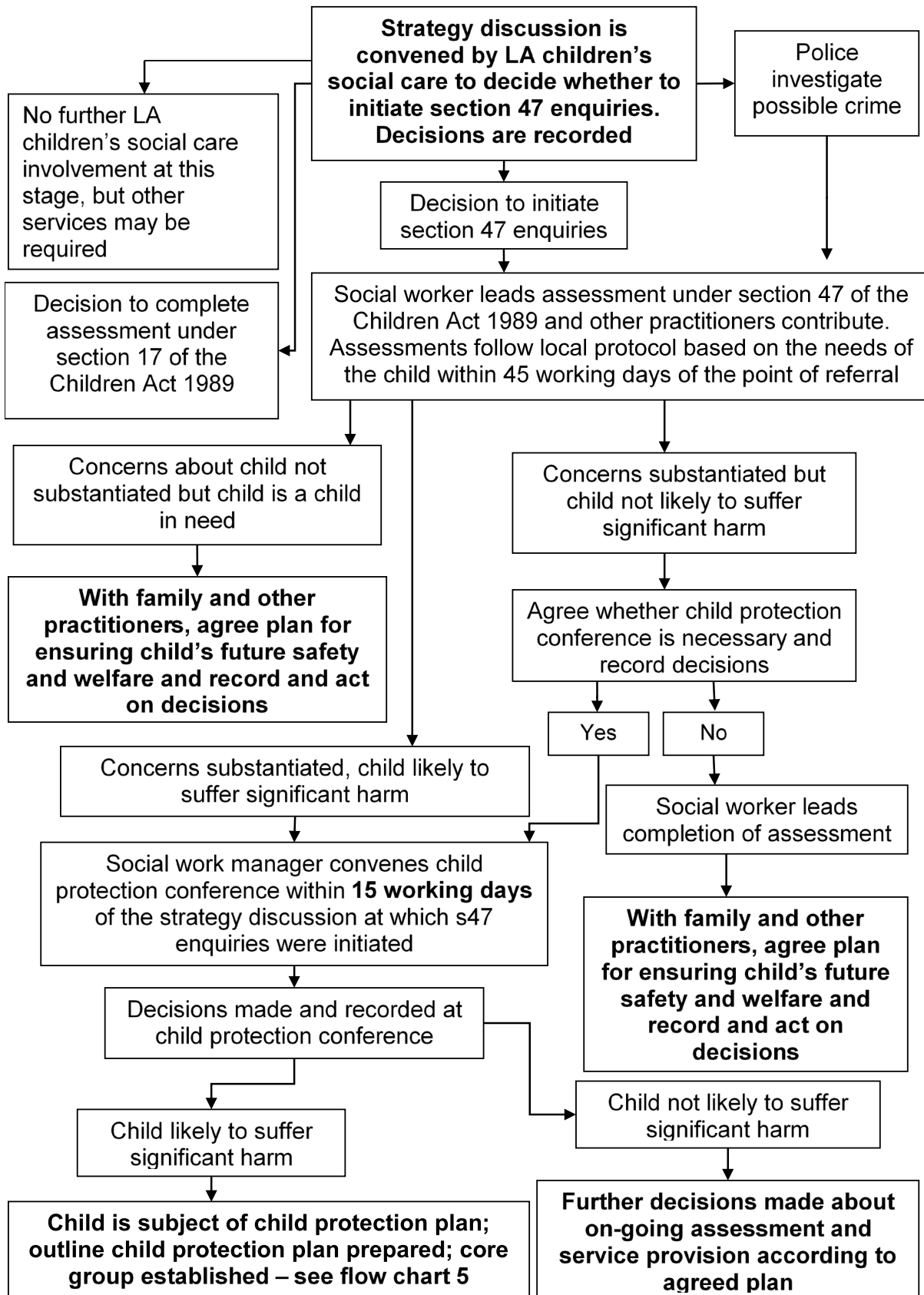
- considers the child's welfare and safety, and identifies the level of risk faced by the child
- decides what information should be shared with the child and family (on the basis that information is not shared if this may jeopardise a police investigation or place the child at risk of significant harm)
- agrees what further action is required, and who will do what by when, where an EPO is in place or the child is the subject of police powers of protection
- records agreed decisions in accordance with local recording procedures
- follows up actions to make sure what was agreed gets done

Strategy discussion

The police should:

- discuss the basis for any criminal investigation and any relevant processes that other agencies might need to know about, including the timing and methods of evidence gathering
- lead the criminal investigation (local authority children's social care have the lead for the section 47 enquires and assessment of the child's welfare) where joint enquiries take place

Flow chart 4: Action following a strategy discussion



Initiating section 47 enquiries

A section 47 enquiry is carried out by undertaking or continuing with an assessment in accordance with the guidance set out in this chapter and following the principles and parameters of a good assessment.

Local authority social workers have a statutory duty to lead assessments under section 47 of the Children Act 1989. The police, health practitioners, teachers and other relevant practitioners should help the local authority in undertaking its enquiries.

Purpose:	A section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm.
Social workers should:	<ul style="list-style-type: none">• lead the assessment in accordance with this guidance• carry out enquiries in a way that minimises distress for the child and family• see the child who is the subject of concern to ascertain their wishes and feelings; assess their understanding of their situation; assess their relationships and circumstances more broadly• interview parents/carers and determine the wider social and environmental factors that might impact on them and their child• systematically gather information about the child's and family's history• analyse the findings of the assessment and evidence about what interventions are likely to be most effective with other relevant practitioners to determine the child's needs and the level of risk of harm faced by the child to inform what help should be provided and act to provide that help• follow the guidance set out in 'Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures', where a decision has been made to undertake a joint interview of the child as part of any criminal investigation ³³

³³ Ministry of Justice [Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures](#) (2011).

Initiating section 47 enquiries

The police should:	<ul style="list-style-type: none">• help other agencies understand the reasons for concerns about the child's safety and welfare• decide whether or not police investigations reveal grounds for instigating criminal proceedings• make available to other practitioners any evidence gathered to inform discussions about the child's welfare• follow the guidance set out in 'Achieving Best Evidence in Criminal Proceedings: Guidance' on interviewing victims and witnesses, and guidance on using special measures, where a decision has been made to undertake a joint interview of the child as part of the criminal investigations
Health practitioners should:	<ul style="list-style-type: none">• provide any of a range of specialist assessments. For example, physiotherapists, occupational therapists, speech and language therapists and child psychologists may be involved in specific assessments relating to the child's developmental progress. The lead health practitioner (probably a consultant paediatrician, or possibly the child's GP) may need to request and co-ordinate these assessments• ensure appropriate treatment and follow up health concerns e.g. administration of missing vaccines
All involved practitioners should:	<ul style="list-style-type: none">• contribute to the assessment as required, providing information about the child and family• consider whether a joint enquiry/investigation team may need to speak to a child victim without the knowledge of the parent/carers• seek advice and guidance as required and in line with local practice guidance

Outcome of section 47 enquiries

Local authority social workers are responsible for deciding what action to take and how to proceed following section 47 enquiries.

If local authority children's social care decides not to proceed with a child protection conference then other practitioners involved with the child and family have the right to request that local authority children's social care convene a conference, if they have serious concerns that a child's welfare may not be adequately safeguarded. As a last resort, the safeguarding partners should have in place a quick and straightforward means of resolving differences of opinion.

Where concerns of significant harm are not substantiated:

Social workers should:

- discuss the case with the child, parents and other practitioners
- determine whether support from any services may be helpful and help secure it
- consider whether the child's health and development should be re-assessed regularly against specific objectives and decide who has responsibility for doing this

All involved practitioners should:

- participate in further discussions as necessary
- contribute to the development of any plan as appropriate
- provide services as specified in the plan for the child
- review the impact of services delivered as agreed in the plan
- seek advice and guidance as required and in line with local practice guidance

Where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm:

Social workers should:

- convene an initial child protection conference (see next section for details). The timing of this conference should depend on the urgency of the case and respond to the needs of the child and the nature and severity of the harm they may be facing. The initial child protection conference should take place within 15 working days of a strategy discussion, or the strategy discussion at which section 47 enquiries were initiated if more than one has been held
- consider whether any practitioners with specialist knowledge should be invited to participate
- ensure that the child and their parents understand the purpose of the conference and who will attend
- help prepare the child if he or she is attending or making representations through a third party to the conference. Give information about advocacy agencies and explain that the family may bring an advocate, friend or supporter

All involved practitioners should:

- contribute to the information their agency provides ahead of the conference, setting out the nature of the agency's involvement with the child and family
- consider, in conjunction with the police and the appointed conference Chair, whether the report can and should be shared with the parents and if so when
- attend the conference and take part in decision making when invited
- seek advice and guidance as required and in line with local practice guidance

Initial child protection conferences

Following section 47 enquiries, an initial child protection conference brings together family members (and the child where appropriate), with the supporters, advocates and practitioners most involved with the child and family, to make decisions about the child's future safety, health and development. If concerns relate to an unborn child, consideration should be given as to whether to hold a child protection conference prior to the child's birth.

Purpose:

To bring together and analyse, in an inter-agency setting, all relevant information and plan how best to safeguard and promote the welfare of the child. It is the responsibility of the conference to make recommendations on how agencies work together to safeguard the child in future. Conference tasks include:

- appointing a lead statutory body (either local authority children's social care or NSPCC) and a lead social worker, who should be a qualified, experienced social worker and an employee of the lead statutory body
- identifying membership of the core group of practitioners and family members who will develop and implement the child protection plan
- establishing timescales for meetings of the core group, production of a child protection plan and for child protection review meetings
- agreeing an outline child protection plan, with clear actions and timescales, including a clear sense of how much improvement is needed, by when, so that success can be judged clearly

The Conference Chair:

- is accountable to the Director of Children's Services. Where possible the same person should chair subsequent child protection reviews
- should be a practitioner, independent of operational and/or line management responsibilities for the case
- should meet the child and parents in advance to ensure they understand the purpose and the process

Initial child protection conferences

Social workers should:	<ul style="list-style-type: none">• convene, attend and present information about the reason for the conference, their understanding of the child's needs, parental capacity and family and environmental context and evidence of how the child has been abused or neglected and its impact on their health and development• analyse the information to enable informed decisions about what action is necessary to safeguard and promote the welfare of the child who is the subject of the conference• share the conference information with the child and family beforehand (where appropriate)• prepare a report for the conference on the child and family which sets out and analyses what is known about the child and family and the local authority's recommendation• record conference decisions and recommendations and ensure action follows
All involved practitioners should:	<ul style="list-style-type: none">• work together to safeguard the child from harm in the future, taking timely, effective action according to the plan agreed
Safeguarding partners should:	<ul style="list-style-type: none">• monitor the effectiveness of these arrangements

The child protection plan

Actions and responsibilities following the initial child protection conference

Purpose:	The aim of the child protection plan is to: <ul style="list-style-type: none">• ensure the child is safe from harm and prevent them from suffering further harm• promote the child's health and development• support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interests of the child
Local authority children's social care should:	<ul style="list-style-type: none">• designate a social worker to be the lead practitioner as they carry statutory responsibility for the child's welfare• consider the evidence and decide what legal action to take if any, where a child has suffered, or is likely to suffer, significant harm• define the local protocol for timeliness of circulating plans after the child protection conference

The child protection plan

Social workers should:

- be the lead practitioner for inter-agency work with the child and family, co-ordinating the contribution of family members and practitioners into putting the child protection plan into effect
- develop the outline child protection plan into a more detailed interagency plan and circulate to relevant practitioners (and family where appropriate)
- ensure the child protection plan is aligned and integrated with any associated offender risk management plan
- undertake direct work with the child and family in accordance with the child protection plan, taking into account the child's wishes and feelings and the views of the parents in so far as they are consistent with the child's welfare
- complete the child's and family's in-depth assessment, securing contributions from core group members and others as necessary
- explain the plan to the child in a manner which is in accordance with their age and understanding and agree the plan with the child
- consider the need to inform the relevant Embassy if the child has links to a foreign country
- co-ordinate reviews of progress against the planned outcomes set out in the plan, updating as required. The first review should be held within three months of the initial conference and further reviews at intervals of no more than six months for as long as the child remains subject of a child protection plan
- record decisions and actions agreed at core group meetings as well as the written views of those who were not able to attend, and follow up those actions to ensure they take place. The child protection plan should be updated as necessary
- lead core group activity

The child protection plan

The core group should:

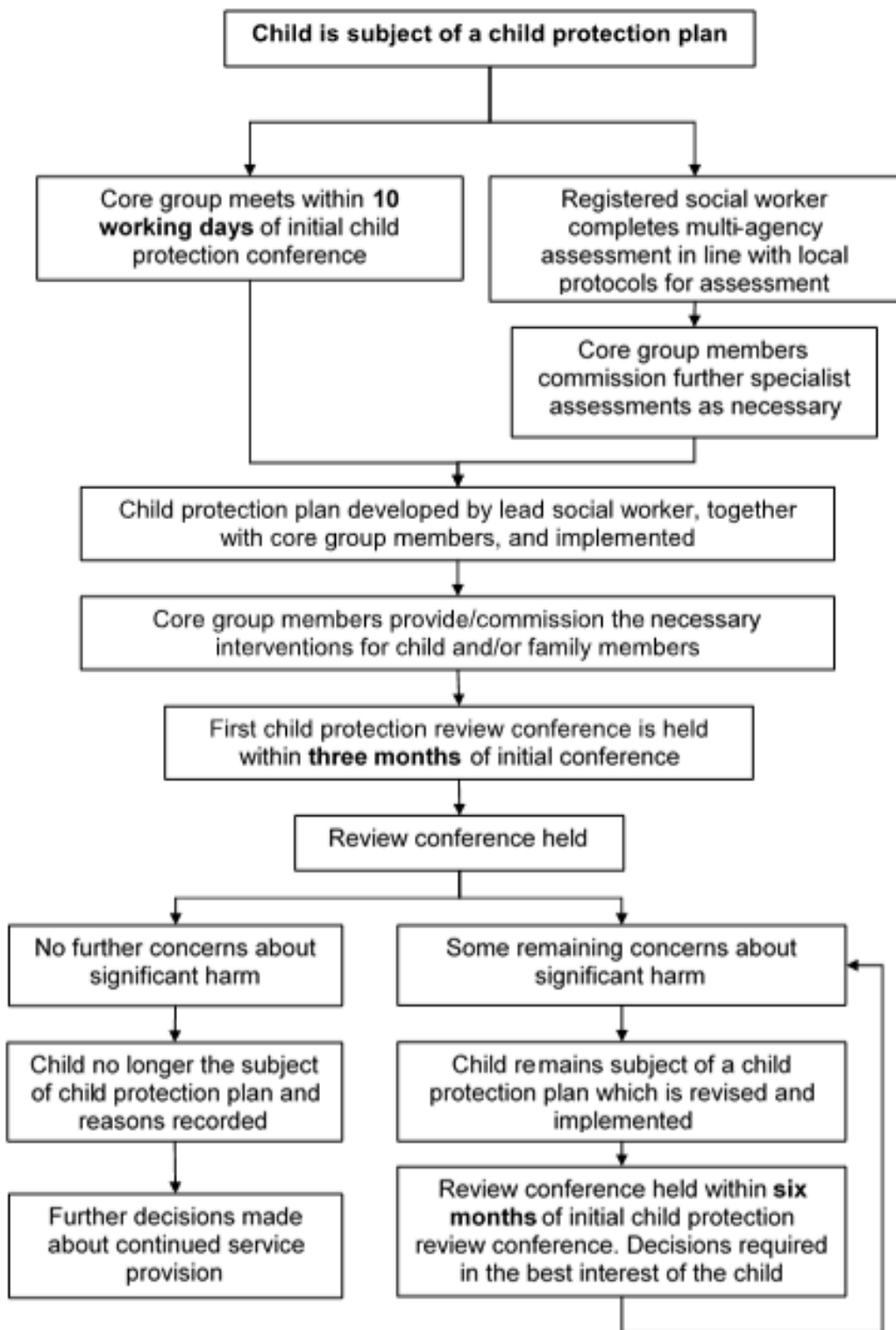
- meet within 10 working days from the initial child protection conference if the child is the subject of a child protection plan
- further develop the outline child protection plan, based on assessment findings, and set out what needs to change, by how much, and by when in order for the child to be safe and have their needs met
- decide what steps need to be taken, and by whom, to complete the in-depth assessment to inform decisions about the child's safety and welfare
- implement the child protection plan and take joint responsibility for carrying out the agreed tasks, monitoring progress and outcomes, and refining the plan as needed

Child protection review conference

The review conference procedures for preparation, decision-making and other procedures should be the same as those for an initial child protection conference.

Purpose:	<p>To review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against child protection plan outcomes.</p> <p>To consider whether the child protection plan should continue or should be changed.</p>
Social workers should:	<ul style="list-style-type: none">• attend and lead the organisation of the conference• determine when the review conference should be held within three months of the initial conference, and thereafter at maximum intervals of six months• provide information to enable informed decisions about what action is necessary to safeguard and promote the welfare of the child who is the subject of the child protection plan, and about the effectiveness and impact of action taken so far• share the conference information with the child and family beforehand, where appropriate• record conference outcomes• decide whether to initiate family court proceedings (all the children in the household should be considered, even if concerns are only expressed about one child) if the child is considered to be suffering significant harm
All involved practitioners should:	<ul style="list-style-type: none">• attend, when invited, and provide details of their involvement with the child and family• produce reports for the child protection review. This information will provide an overview of work undertaken by family members and practitioners, and evaluate the impact on the child's welfare against the planned outcomes set out in the child protection plan.

Flow chart 5: What happens after the child protection conference, including the review?



Discontinuing the Child Protection Plan

A child should no longer be the subject of a child protection plan if:

- it is judged that the child is no longer continuing to, or is likely to, suffer significant harm and therefore no longer requires safeguarding by means of a child protection plan
- the child and family have moved permanently to another local authority area. In such cases, the receiving local authority should convene a child protection conference within 15 working days of being notified of the move. Only after this event may the original local authority discontinue its child protection plan
- the child has reached 18 years of age (to end the child protection plan, the local authority should have a review around the child's birthday and this should be planned in advance), has died or has permanently left the United Kingdom

Social workers should:

- notify, as a minimum, all agency representatives who were invited to attend the initial child protection conference that led to the plan
- consider whether support services are still required and discuss with the child and family what might be needed, based on a re-assessment of the child's needs

Children returning home

There are three sets of circumstances where a child may return to live with their family – where the child: is voluntarily accommodated and returns home in an unplanned or planned way; returns home as a result of a care order being discharged; is placed with parents but remains under a care order and subject to the usual reviews and social worker visits.

Children only cease to be looked-after in the first two circumstances. This section covers circumstances where a child is no longer looked-after, but a decision has been taken that local authority children's social care will continue to provide support and services to the family following reunification.

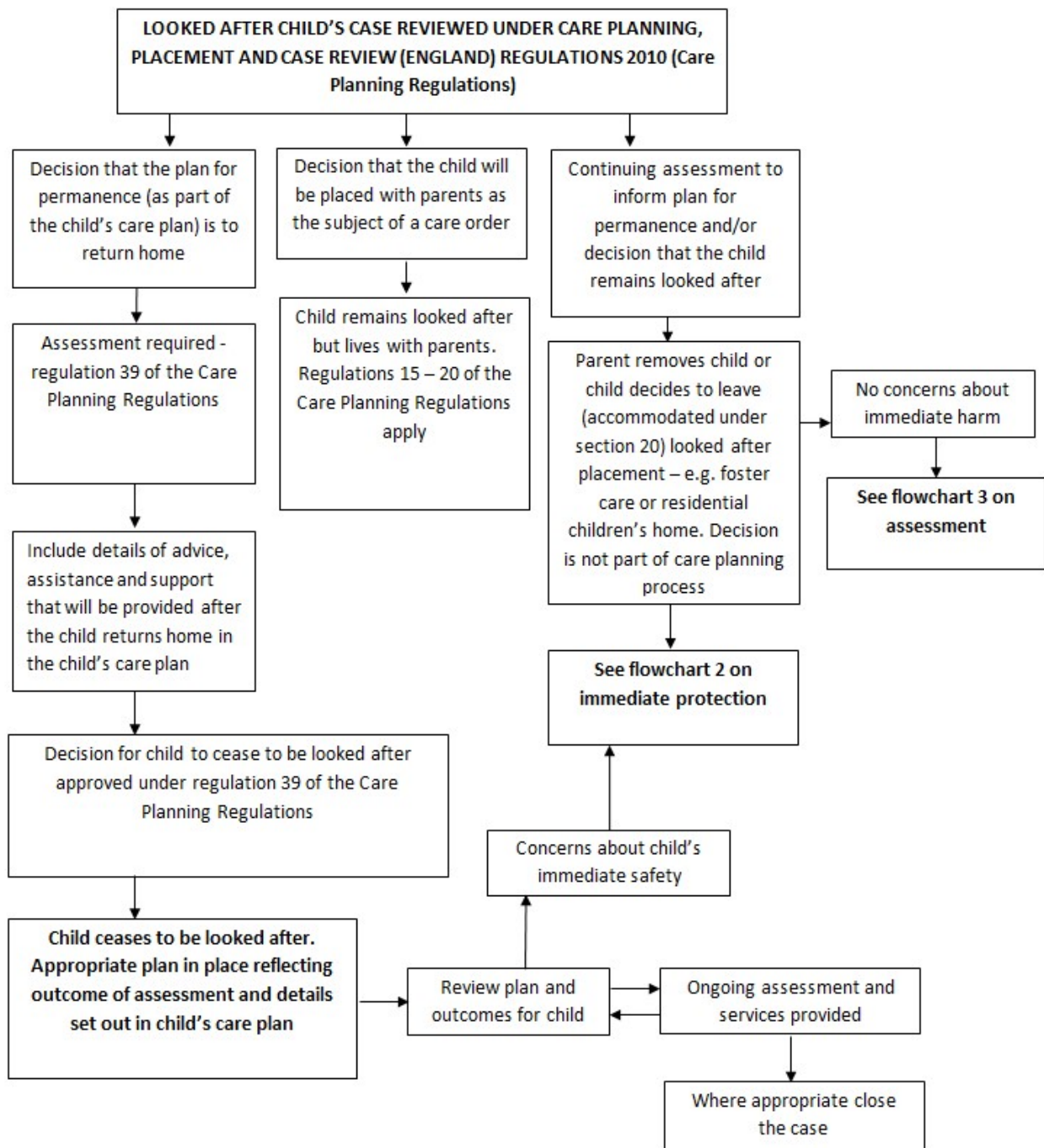
Where the decision to return a child to the care of their family is planned, the local authority will have undertaken an assessment while the child is looked-after – as part of the care planning process (under regulation 39 of the Care Planning Regulations 2010). This assessment will consider the suitability of the accommodation and maintenance arrangements for the child and consider what services and support the child (and their family) might need. The outcome of this assessment will be included in the child's care plan. The decision to cease to look after a child will, in most cases, require approval under regulation 39 of the Care Planning Regulations 2010.

Where a child who is accommodated under section 20 returns home in an unplanned way, for example, the decision is not made as part of the care planning process but the parent removes the child or the child decides to leave, the local authority must consider whether there are any immediate concerns about the safety and well-being of the child. If there are concerns about a child's immediate safety the local authority should take appropriate action, which could include enquiries under section 47 of the Children Act 1989.

Whether a child's return to their family is planned or unplanned, there should be a clear plan that reflects current and previous assessments, focuses on outcomes and includes details of services and support required. These plans should follow the process for review as with any child in need and/or child protection plan. Action to be taken following reunification:

- Practitioners should make the timeline and decision making process for providing ongoing services and support clear to the child and family
- When reviewing outcomes, children should, wherever possible, be seen alone. Practitioners have a duty to ascertain their wishes and feelings regarding the provision of services being delivered
- The impact of services and support should be monitored and recorded, and the help being delivered should be reviewed

Flow chart 6: Children returning home from care to their families



Chapter 2: Organisational responsibilities

1. The previous chapter set out the need for organisations, working together, to take a co-ordinated approach to ensure effective safeguarding arrangements. This is supported by the duty on local authorities under section 10 of the Children Act 2004 to make arrangements to promote co-operation to improve the well-being of all children in the authority's area.
2. In addition, a range of individual organisations and practitioners working with children and families has specific statutory duties to promote the welfare of children and ensure they are protected from harm.

Section 11 of the Children Act 2004

Places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Various other statutory duties apply to other specific organisations working with children and families are set out in this chapter.

3. Section 11 places a duty on:
 - local authorities and district councils that provide children's and other types of services, including children's and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services
 - NHS organisations, including the NHS England and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts
 - the police, including police and crime commissioners and the chief officer of each police force in England and the Mayor's Office for Policing and Crime in London
 - the British Transport Police
 - the National Probation Service and Community Rehabilitation Companies³⁴
 - Governors/Directors of Prisons and Young Offender Institutions (YOIs)
 - Directors of Secure Training Centres (STCs)

³⁴ The section 11 duty is conferred on the Community Rehabilitation Companies by virtue of contractual arrangements entered into with the Secretary of State.

- Principals of Secure Colleges
- Youth Offending Teams/Services (YOTs)

4. These organisations should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children
- a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services
- clear whistleblowing procedures, which reflect the principles in Sir Robert Francis' Freedom to Speak Up Review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed³⁵
- arrangements which set out clearly the processes for sharing information, with other practitioners and with safeguarding partners
- a designated practitioner lead (or, for health provider organisations, named practitioners) for safeguarding. Their role is to support other practitioners in their agencies to recognise the needs of children, including protection from possible abuse or neglect. Designated practitioner roles should always be explicitly defined in job descriptions. Practitioners should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively
- safe recruitment practices and ongoing safe working practices for individuals whom the organisation permit to work regularly with children, including policies on when to obtain a criminal record check
- appropriate supervision and support for staff, including undertaking safeguarding training

In addition:

³⁵ [Sir Robert Francis' Freedom to speak up review.](#)

- employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
- staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and the procedures to be followed if anyone has any concerns about a child's safety or welfare
- all practitioners should have regular reviews of their own practice to ensure they improve over time
- clear policies in line with those from the safeguarding partners for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:
 - behaved in a way that has harmed a child, or may have harmed a child
 - possibly committed a criminal offence against or related to a child
 - behaved towards a child or children in a way that indicates they may pose a risk of harm to children

5. County level and unitary local authorities should ensure that allegations against people who work with children are not dealt with in isolation. Any action necessary to address corresponding welfare concerns in relation to the child or children involved should be taken without delay and in a co-ordinated manner. Local authorities should, in addition, have designated a particular officer, or team of officers (either as part of local multiagency arrangements or otherwise), to be involved in the management and oversight of allegations against people that work with children. Any such officer, or team of officers, should be sufficiently qualified and experienced to be able to fulfil this role effectively, for example qualified social workers. Any new appointments to such a role, other than current or former designated officers moving between local authorities, should be qualified social workers. Arrangements should be put in place to ensure that any allegations about those who work with children are passed to the designated officer, or team of officers, without delay.

6. Local authorities should put in place arrangements to provide advice and guidance to employers and voluntary organisations on how to deal with allegations against people who work with children. Local authorities should also ensure that there are appropriate arrangements in place to liaise effectively with the police and other agencies to monitor

the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

7. Employers, school governors, trustees and voluntary organisations should ensure that they have clear policies in place setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegation against people who work with children should be reported immediately to a senior manager within the organisation. The designated officer, or team of officers, should also be informed within one working day of all allegations that come to an employer's attention or that are made directly to the police.

8. If an organisation removes an individual (paid worker or unpaid volunteer) from work in regulated activity³⁶ with children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure and Barring Service to consider whether to add the individual to the barred list.

9. This applies irrespective of whether a referral has been made to local authority children's social care services and / or the designated officer or team of officers. It is an offence to fail to make a referral without good reason³⁷.

Individual organisational responsibilities

10. In addition to these section 11 duties, which apply to a number of named organisations, further safeguarding duties are also placed on individual organisations through other statutes. The key duties that fall on each individual organisation are set out below.

Schools and colleges

11. The following have duties in relation to safeguarding and promoting the welfare of children:

- Governing bodies of maintained schools (including maintained nursery schools), further education colleges and sixth-form colleges³⁸

³⁶https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550197/Regulated_activity_in_relation_to_children.pdf

³⁷ Further guidance on referrals to the DBS is available at Appendix C

³⁸ As established under the [Further Education and Higher Education Act 1992](#)

- proprietors of academy schools, free schools, alternative provision academies and non-maintained special schools.^{39,40} . In the case of academies and free school trusts, the proprietor will be the trust itself
- proprietors of independent schools
- management committees of pupil referral units⁴¹

12. This guidance applies in its entirety to all schools.

13. Schools and colleges must also have regard to statutory guidance Keeping Children Safe in Education (2016), which provides further guidance as to how they should fulfil their duties in respect of safeguarding and promoting the welfare of children in their care.⁴²

Early Years and Childcare

14. Early years providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the early years foundation stage (EYFS).⁴³ Early years providers must ensure that:

- they are alert to any issues of concern in the child's life
- they have and implement a policy and procedures to safeguard children. This must include an explanation of the action to be taken when there are safeguarding concerns about a child and in the event of an allegation being made against a member of staff. The policy must also cover the use of mobile phones and cameras in the setting, that staff complete safeguarding training that enables them to understand their safeguarding policy and procedures, have up to date knowledge of safeguarding issues, and recognise signs of potential abuse and neglect
- they have a practitioner who is designated to take lead responsibility for safeguarding children within each early years setting and who must liaise with local statutory children's services agencies as appropriate. This lead must also complete child protection training.

³⁹ Under the Education (Independent School Standards) (England) Regulations 2014

⁴⁰ Under [the Education \(Non-Maintained Special Schools\) \(England\) Regulations 2011](#)

⁴¹ Section 175, Education Act 2002 for management committees of pupil referral units, this is by virtue of regulation 3 and paragraph 19A of Schedule 1 to [the Education \(Pupil Referral Units\) \(Application of Enactments\) \(England\) Regulations 2007](#).

⁴² [Keeping Children Safe in Education \(2015\)](#).

⁴³ [Section 3 – safeguarding and welfare requirements in the Statutory Framework for the Early Years Foundation Stage](#).

Clinical commissioning groups

15. Clinical commissioning groups are one of the three statutory safeguarding partners as set out in chapter 3. NHS organisations are subject to the section 11 duties set out in paragraph 4 of this chapter. Health practitioners are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating effectively with children and families, liaising with other agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews.

16. A wide range of health practitioners have a critical role to play in safeguarding and promoting the welfare of children including: GPs, primary care practitioners, paediatricians, nurses, health visitors, midwives, school nurses, those working in maternity, child and adolescent mental health, youth custody establishments, adult mental health, sexual alcohol and drug services for both adults and children, unscheduled and emergency care settings, highly specialised services and secondary and tertiary care.

17. All staff working in healthcare settings – including those who predominantly treat adults – should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance.^{44,45,46}

18. Within the NHS:⁴⁷

- **NHS England** is responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and promote the welfare of children. It is also accountable for the services it directly commissions, including primary care, and health care services in the under-18 secure estate (for police custody settings see below in the policing section). NHS England also leads and defines improvement in safeguarding practice and outcomes and should also ensure that there are effective mechanisms for safeguarding partners and health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS
- **clinical commissioning groups** (CCGs) are one of the statutory safeguarding partners and the major commissioners of local health services. They are responsible for the quality assurance of safeguarding through their contractual

⁴⁴ [Safeguarding Children and Young People: roles and competences for health care staff](#), RCPCH (2014).

⁴⁵ [Looked-after children: Knowledge, skills and competences of health care staff](#), RCN and RCPCH, (2015).

⁴⁶ For example, [Protecting children and young people: the responsibilities of all doctors](#), GMC (2012) and [Safeguarding Children and Young People: The RCGP/NSPCC Safeguarding Children Toolkit for General Practice](#), RCGP (2014).

⁴⁷ Further guidance on accountabilities for safeguarding children in the NHS is available in [Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework](#) (2015).

arrangements with all provider organisations. CCGs should employ, or have in place, a contractual agreement to secure the expertise of designated practitioners, i.e. designated doctors and nurses for safeguarding children and for looked-after children (and designated paediatricians for unexpected deaths in childhood). In some areas there will be more than one CCG per local authority, and CCGs may consider 'lead' or 'hosting' arrangements for their designated practitioner team, or a clinical network arrangement. Designated practitioners, as clinical experts and strategic leaders, are a vital source of advice to all relevant and other safeguarding agencies but particularly the CCG, NHS England, and the local authority, and of advice and support to other health practitioners

- **all providers of NHS funded health services** including NHS Trusts, NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding. In the case of ambulance trusts and independent providers, this should be a named practitioner. GP practices should have a lead and deputy lead for safeguarding, who should work closely with named GPs. Named practitioners have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow practitioners, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, designated practitioners and other statutory safeguarding partners.⁴⁸

Public Health England

19. Public Health England (PHE) is an executive agency of the Department of Health which has operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner. PHE's mission is "to protect and improve the nation's health and to address inequalities", and was established in 2013 following the Health and Social Care Act 2012. PHE's Chief Nurse provides advice and expertise in her capacity as the government's professional advisor (Public Health Nursing), which in the context of children's health includes health visitors and school nurses.

⁴⁸ Model job descriptions for designated and named professional roles can be found in the intercollegiate document [Safeguarding Children and Young People: roles and competences for health care staff](#) and [Safeguarding Children and Young People: The RCGP/NSPCC Safeguarding Children Toolkit for General Practice, RCGP](#) (2014)

Police

20. The police are one of the three statutory safeguarding partners as set out in chapter 3 and are subject to the section 11 duties set out in paragraph 4 of this chapter. Under section 1(8)(h) of the Police Reform and Social Responsibility Act 2011 the Police and Crime Commissioner (PCC) must hold the Chief Constable to account for the exercise of the latter's duties in relation to safeguarding children under sections 10 and 11 of the Children Act 2004.

21. All police officers, and other police employees such as Police Community Support Officers, are well placed to identify early when a child's welfare is at risk and when a child may need protection from harm. Children have the right to the full protection offered by the criminal law. In addition to identifying when a child may be a victim of a crime, police officers should be aware of the effect of other incidents which might pose safeguarding risks to children and where officers should pay particular attention. For example, an officer attending a domestic abuse incident should be aware of the effect of such behaviour on any children in the household. Children who are encountered as offenders, or alleged offenders, are entitled to the same safeguards and protection as any other child and due regard should be given to their welfare at all times.

22. The police can hold important information about children who may be suffering, or likely to suffer, significant harm, as well as those who cause such harm. They should always share this information with other organisations where this is necessary to protect children. Similarly, they can expect other organisations to share information to enable the police to carry out their duties. Offences committed against children can be particularly sensitive and usually require the police to work with other organisations such as local authority children's social care. All police forces should have officers trained in child abuse investigation.

23. The police have a power to remove a child to suitable accommodation under section 46 of the Children Act 1989, if the police have reasonable cause to believe that the child would otherwise be likely to suffer significant harm. Statutory powers⁴⁹ to enter premises can be used with this section 46 power, and in circumstances to ensure the child's immediate protection. Police powers can help in emergency situations, but should

⁴⁹ Potential powers of entry include those under:

- Police and Criminal Evidence Act 1984 (PACE) [section 17\(1\)\(b\)](#), a constable may enter and search any premises for the purpose of arresting a person for an indictable offence
- PACE [section 17\(1\)\(e\)](#), a constable may also enter and search premises for the purpose of saving life or limb or preventing serious damage to property – in the exercise of [police protection](#) powers if entry to premises is refused, this section may give adequate powers;
- common law, where a constable has the power to enter premises to prevent or deal with a breach of the peace (which is preserved under PACE [section 17\(6\)](#));
- Children Act 1989 [section 48](#), a warrant may be obtained to search for children who may be in need of emergency protection.

be used only when necessary and, wherever possible, the decision to remove a child from a parent or carer should be made by a court.

24. Restrictions and safeguards exist in relation to the circumstances and periods for which children may be taken to or held in police stations. PCCs are responsible for health commissioning in police custody settings.

Adult social care services

25. Local authorities provide services to adults who are themselves responsible for children who may be in need. These services are subject to the section 11 duties set out in paragraph 4 of this chapter. When staff are providing services to adults they should ask whether there are children in the family and consider whether the children need help or protection from harm. Children may be at greater risk of harm or be in need of additional help in families where the adults have mental health problems, misuse drugs or alcohol, are in a violent relationship, have complex needs or have learning difficulties.

26. Adults with parental responsibilities for disabled children have a right to a separate parent carer's needs assessment under section 17ZD of the Children Act 1989. Adults that do not have parental responsibility, but are caring for a disabled child, are entitled to an assessment on their ability to provide, or to continue to provide, care for that disabled child under the Carers (Recognition and Services) Act 1995. That assessment must also consider whether the carer works or wishes to work, or whether they wish to engage in any education, training or recreation activities.

27. Adult social care services should liaise with children's social care services to ensure that there is a joined-up approach when carrying out such assessments.

Housing services

28. Housing and homelessness services in local authorities and others at the front line such as environmental health organisations are subject to the section 11 duties set out in paragraph 4 of this chapter. Practitioners working in these services may become aware of conditions that could/are have/ing an adverse impact on children. Under Part 1 of the Housing Act 2004, authorities must take account of the impact of health and safety hazards in housing on vulnerable occupants, including children, when deciding on the action to be taken by landlords to improve conditions. Housing authorities also have an important role to play in safeguarding vulnerable young people, including young people who are pregnant, leaving care or a secure establishment.

British Transport Police

29. The British Transport Police (BTP) is subject to the section 11 duties set out in paragraph 4 of this chapter. In its role as the national police for the railways, the BTP can play an important role in safeguarding and promoting the welfare of children, especially in identifying and supporting children who have run away or who are truanting from school.

30. The BTP should carry out its duties in accordance with its legislative powers. This includes removing a child to a suitable place using their police protection powers under the Children Act 1989, and the protection of children who are truanting from school using powers under the Crime and Disorder Act 1998. This involves, for example, the appointment of a designated independent officer in the instance of a child taken into police protection.

Prison Service

31. The Prison Service is subject to the section 11 duties set out in paragraph 4 of this chapter. It also has a responsibility to identify prisoners who are potential or confirmed 'persons posing a risk to children' (PPRC) and through assessment establish whether the PPRC presents a continuing risk to children whilst in prison custody.^{50,51} Where an individual has been identified as a PPRC, the relevant prison establishment:

- should inform the local authority children's social care services of the offender's reception to prison, subsequent transfers release on temporary licence and of release date and of the release address of the offender
- should notify the relevant probation service provider of PPRC status. The police should also be notified of the release date and address^{52,53}
- may prevent or restrict a prisoner's contact with children. Decisions on the level of contact, if any, should be based on a multi-agency risk assessment. The assessment should draw on relevant risk information held by police, the probation service provider and the prison service. The relevant local authority children's social care contribute to the multi-agency risk assessment by providing a report on

⁵⁰ This applies not just to adult prisons but also to all types of establishments within the secure estate for children, with the same process applying to children who pose a risk to other children.

⁵¹ [HMP Public Protection Manual](#)

⁵² Once the PPRC has been released, the prison no longer has responsibility for them and it falls to the NPS/CRC to assess and manage the risk in the community.

⁵³ The management of an individual who presents a risk of harm to children will often be through a multidisciplinary Interdepartmental Risk Management Team (IRMT).

the child's best interests. The best interests of the child will be paramount in the decision-making process⁵⁴

32. A prison is also able to monitor an individual's communication (including letters and telephone calls) to protect children where it is proportionate and necessary to the risk presented.

33. Governors/Directors of women's prisons which have Mother and Baby Units (MBUs) should ensure that:

- there is at all times a member of staff allocated to the MBU, who as a minimum, is trained in first aid, whilst within the prison there is always a member of staff on duty who is trained in paediatric first aid (including child/adult resuscitation) who can be called to the MBU if required
- there is a contingency plan/policy in place for child protection, first aid including paediatric first aid and resuscitation, which should include advice for managing such events, and which provides mothers with detailed guidance as to what to do in an emergency
- each baby has a child care plan setting out how the best interests of the child will be maintained and promoted during the child's residence in the unit

This also applies to MBUs which form part of the secure estate for children.

Probation Service

34. Probation services are provided by the National Probation Service (NPS) and 21 Community Rehabilitation Companies (CRCs). The NPS and CRCs are subject to the section 11 duties set out in paragraph 4 of this chapter.⁵⁵ They are primarily responsible for working with adult offenders both in the community and in the transition from custody to community to reduce reoffending and improve rehabilitation. During the course of their duties, probation staff come into contact with offenders who:

- have offended against a child
- pose a risk of harm to children even though they have not been convicted of an offence against a child
- are parents and/or carers of children

⁵⁴ Ministry of Justice [Chapter 2, Section 2 of HM Prison Service Public Protection Manual](#).

⁵⁵ The section 11 duty is conferred on the Community Rehabilitation Companies by virtue of contractual arrangements entered into with the Secretary of State.

- have regular contact with a child for whom they do not have caring responsibility

They are, therefore, well placed to identify offenders who pose a risk of harm to children as well as children who may be at heightened risk of involvement in, or exposure to, criminal or anti-social behaviour, and of other poor outcomes due to the behaviour and/or home circumstances of their parent/carer(s).

35. They should ask an offender at the earliest opportunity whether they live with, have caring responsibilities for, are in regular contact with, or are seeking contact with children. Where this applies, a check should be made with the local authority children's services at the earliest opportunity on whether the child / children is/are known to them and, if they are, what the nature of their involvement is.

36. Where an adult offender is assessed as presenting a risk of serious harm to children, the offender manager should develop a risk management plan and supervision plan that contains a specific objective to manage and reduce the risk of harm to children. The risk management plan should be shared with other relevant agencies involved in the risk management.

37. In preparing a sentence plan, offender managers should consider how planned interventions might bear on parental responsibilities and whether the planned interventions could contribute to improved outcomes for children known to be in an existing relationship with the offender.

The secure estate for children

38. Governors, managers, directors and principals of the following secure establishments are subject to the section 11 duties set out in paragraph 4 of this chapter:

- a secure training centre
- a young offender institution
- secure children's homes (SCH), namely children's homes approved by the Secretary of State for the accommodation of children and young people who require the protection of a secure setting
- a secure college/school

39. Each centre holding those aged under 18 should have in place an annually reviewed safeguarding children policy. The policy is designed to promote and safeguard the welfare of children and should cover all relevant operational areas as well as key supporting processes, which would include issues such as child protection, risk of harm,

restraint, separation, staff recruitment and information sharing. A manager should be appointed and will be responsible for implementation of this policy.⁵⁶

40. Each centre should work with their local safeguarding partners to agree how they will work together, and with the relevant YOT and placing authority (the Youth Custody Service), to make sure that the needs of individual children are met.

Youth Offending Teams

41. YOTs are subject to the section 11 duties set out in paragraph 4 of this chapter. YOTs are multi-agency teams responsible for the supervision of children and young people subject to pre-court interventions and statutory court disposals.⁵⁷ They are therefore well placed to identify children known to relevant organisations as being most at risk of offending and to undertake work to prevent them offending. YOTs should have a lead officer responsible for ensuring safeguarding is at the forefront of their business.

42. Under section 38 of the Crime and Disorder Act 1998, local authorities must, within the delivery of youth justice services, ensure the 'provision of persons to act as appropriate adults to safeguard the interests of children and young persons detained or questioned by police officers'.

UK Visas and Immigration, Immigration Enforcement and the Border Force

43. Section 55 of the Borders, Citizenship and Immigration Act 2009 places upon the Secretary of State a duty to make arrangements to take account of the need to safeguard and promote the welfare of children in discharging functions relating to immigration, asylum, nationality and customs. These functions are discharged on behalf of the Secretary of State by UK Visas and Immigration, Immigration Enforcement and the Border Force, which are part of the Home Office. The statutory guidance Arrangements to Safeguard and Promote Children's Welfare and other guidance relevant to the discharge of specific immigration functions set out these arrangements.⁵⁸

⁵⁶ Detailed guidance on the safeguarding children policy, the roles of the safeguarding children manager and the safeguarding children committee, and the role of the establishment in relation to the LSCB can be found in [Prison Service Instruction \(PSI\) 08/2012 'Care and Management of Young People'](#).

⁵⁷ The statutory membership of YOTs is set out in [section 39 \(5\) of the Crime and Disorder Act 1998](#).

⁵⁸ [Arrangements to Safeguard and Promote Children's Welfare in the United Kingdom Border Agency](#). (original title "Every Child Matters" statutory guidance to the UK Border Agency under section 55 of the Borders, Citizenship and Immigration Act 2009).

Children and Family Court Advisory and Support Service

44. The responsibility of the Children and Family Court Advisory and Support Service (Cafcass), as set out in the Children Act 1989, is to safeguard and promote the welfare of individual children who are the subject of family court proceedings. This is through the provision of independent social work advice to the court.

45. A Cafcass officer has a statutory right in public law cases to access local authority records relating to the child concerned and any application under the Children Act 1989. That power also extends to other records that relate to the child and the wider functions of the local authority, or records held by an authorised body that relate to that child.

46. Where a Cafcass officer has been appointed by the court as a child's guardian and the matter before the court relates to specified proceedings, they should be invited to all formal planning meetings convened by the local authority in respect of the child. This includes statutory reviews of children who are accommodated or looked-after, child protection conferences and relevant adoption panel meetings.

Armed Services

47. Local authorities have the statutory responsibility for safeguarding and promoting the welfare of the children of service families in the UK.^{59,60} In discharging these responsibilities:

- local authorities should ensure that the Soldiers, Sailors, Airmen, and Families Association Forces Help, the British Forces Social Work Service or the Naval Personal and Family Service is made aware of any service child who is the subject of a child protection plan and whose family is about to move overseas
- each local authority with a United States (US) base in its area should establish liaison arrangements with the base commander and relevant staff. The requirements of English child welfare legislation should be explained clearly to the US authorities, so that the local authority can fulfil its statutory duties

⁵⁹ When service families or civilians working with the armed forces are based overseas the responsibility for safeguarding and promoting the welfare of their children is vested in the Ministry of Defence.

⁶⁰ The Army welfare contact is through the Army Welfare Service Intake and Assessment Team: Tel. 01904 662613 or email: AWS-HQ-IAT@mod.uk; The Naval Service welfare contact is through the RN RM Welfare (RNRMW) Portal. Tel: (Mil): 9380 28777; (Civ): +44 (0)23 9272 8777 or, email: navypers-welfare@mod.uk; The RAF welfare contact is through the Personal Support & Social Work Service RAF (SSAFA). Tel:Mil:95221 6333; (Civ): +44 (0) 01494 49 6477/6333 or email: air-cospers-polssafahd@mod.uk.

Multi-Agency Public Protection Arrangements

48. Multi-Agency Public Protection Arrangements (MAPPA) are the set of arrangements through which the police, prison and probation services work together with duty to co-operate (DTC)⁶¹ agencies to manage the risks posed by violent and sexual offenders living in the community in order to protect the public. Many of the agencies that are subject to the section 11 duty are also involved in MAPPA and the child safeguarding is a key element of public protection

Voluntary and private sectors

49. Voluntary organisations and private sector providers play an important role in delivering services to children. This includes statutory services that may be run by volunteers such as library services. They should have the arrangements described in paragraph 4 of this chapter in place in the same way as organisations in the public sector, and need to work effectively with the safeguarding partners as required by any local safeguarding arrangements. Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children, how they should respond to child protection concerns and make a referral to local authority children's social care or the police if necessary.

Sports Clubs / Organisations

50. There are many sports clubs and organisations including voluntary and private sector providers who deliver a wide range of sporting activities to children. They should have the arrangements described in paragraph 4 of this chapter in place in the same way as organisations in the public sector, and need to work effectively with the safeguarding partners as required by any local safeguarding arrangements. Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children, how they should respond to child protection concerns and make a referral to local authority children's social care or the police if necessary.

51. All National Governing Bodies of Sport, who receive funding from either Sport England⁶² or UK Sport,⁶³ must aim to meet the Standards for Safeguarding and Protecting Children in Sport.⁶⁴

⁶¹ The DTC agencies are listed in section 325(6) of the CJA 2003. They are required to co-operate as far as they can do so, consistent with the exercise of their other statutory functions.

⁶² [Sport England](#)

⁶³ [UK Sport](#)

⁶⁴ [Standards for Safeguarding and Protecting Children in Sport.](#)

Faith Organisations

52. Churches, other places of worship and faith-based organisations provide a wide range of activities for children and have an important role in safeguarding children and supporting families and communities. Like other organisations who work with children, they should have appropriate arrangements in place to safeguard and promote the welfare of children.

Chapter 3: Multi-agency safeguarding arrangements

1. To achieve the best possible outcomes, children and families need to receive targeted services to meet their needs in a co-ordinated way. Fragmented provision of services creates inefficiencies and risks disengagement by children and families. Local agencies are the front line when it comes to safeguarding children and it is vital that they work well together. There is a shared responsibility between agencies to safeguard and promote the welfare of all children in a local area. In order to do this effectively, local agencies should develop processes that promote:

- the commissioning of services in a co-ordinated way
- co-operation and integration between universal services such as schools, GP practices, adult services, early years settings, youth services and colleges, voluntary and community and specialist support services

2. The duty to make arrangements to safeguard and promote the welfare of all children in a local area rests with the three safeguarding partners.

Safeguarding partners

Safeguarding partners⁶⁵

A *safeguarding partner* in relation to a local authority area in England is defined under the Children Act 2004 as:

- (a) the local authority
- (b) a clinical commissioning group for an area any part of which falls within the local authority area
- (c) the chief officer of police for an area any part of which falls within the local authority area

3. The three safeguarding partners must set out how they will work together and with any relevant agencies whose involvement they consider may be required to safeguard and promote the welfare of children in particular cases. They must also set out how their arrangements will receive independent scrutiny. Once agreed, the safeguarding partners

⁶⁵ Children Act 2004, Section 16 E

must publish the arrangements.⁶⁶ The purpose of these local arrangements is to support and enable local agencies to work together in a system where:

- excellent practice is the norm
- partner agencies hold one another to account effectively
- there is early identification of 'new' safeguarding issues
- learning is promoted and embedded
- information is shared effectively
- the public can feel confident that children are protected from harm

Leadership

4. It is the responsibility of each safeguarding partner to identify a senior officer in each of their agencies to have responsibility and authority for ensuring full collaboration with these arrangements.

5. The representatives should be able to:

- speak with authority for the safeguarding partner they represent
- commit their organisation on policy and practice matters
- hold their own organisation to account and hold others to account

6. It will be the responsibility of these representatives to determine how they will work together to make the arrangements and to review them on an ongoing basis. All three partners have equal and joint responsibility for local safeguarding arrangements. In situations that require a clear, single point of leadership, all three safeguarding partners are responsible for determining who should take the lead on issues including implementation and compliance.

7. Where there is failure to reach agreement, or where those providing independent scrutiny consider that the leadership arrangements are weak or malfunctioning, action should be taken to resolve the dispute. The escalation route for any dispute should be set out in the arrangements- see paragraph 25.

⁶⁶ [placeholder - link to RA]

Publication of arrangements

8. Local safeguarding arrangements must be published and must include:
 - arrangements for commission and publication of local safeguarding practice reviews (see chapter 4)
 - the arrangements for independent scrutiny of the effectiveness of the arrangements
9. They should also include:
 - who the three local safeguarding partners are, especially if the arrangements cover more than one local authority area
 - geographical boundaries (especially if the arrangements extend or cut across the usual local authority boundaries)
 - the relevant agencies the safeguarding partners will work with, why these agencies are relevant and how they will work together to improve outcomes for children and families
 - how all schools (including independent schools, academies and free schools) and other educational partners will be included in the safeguarding arrangements
 - how any youth custody and residential homes for children will be included in the safeguarding arrangements
 - how the safeguarding partners will use data to assess the effectiveness of the help being provided to children and families, including early help
 - how the arrangements will be funded
 - the process for undertaking local practice learning reviews, setting out the process for how lessons will be learnt, and how any changes made will impact on outcomes for children and families

In agreeing their arrangements, safeguarding partners should take account of recommendations from any previous learning reviews and relevant research from the What Works Centre for Children's Social Care. They should also have regard to any reports sent to them by the child death review partners for their area.

Geographical area

10. Local arrangements can cover two or more local authorities, and safeguarding partners can join and collaborate on their arrangements, providing this has been agreed by the relevant safeguarding partners⁶⁷. The administrative geography of safeguarding partners is capable of changing over time. Where changes are proposed this should also be agreed by the three safeguarding partners.

11. A single local authority area must not be covered by two separate safeguarding partnerships.

12. Where more than one local authority joins together, the local authorities can agree to delegate their safeguarding partner duties to one authority. Each local authority must continue to fulfil their statutory and legislative duties to safeguard and promote the welfare of children. The same applies for clinical commissioning groups and chief officers of police in respect of their safeguarding partner duties only. All safeguarding partners should satisfy themselves that the arrangements, including those carried out by other agencies on their behalf, are robust.

Relevant agencies

13. Strong, effective multi-agency arrangements are ones that are responsive to local circumstances and engage the right people. For local arrangements to be effective, they should reflect the local needs assessment and engage agencies who can provide targeted support to children and families. This approach requires flexibility to enable joint identification of, and response to, existing and emerging needs, and to agree priorities to improve outcomes for children.

14. The safeguarding partners must agree how multi-agency safeguarding arrangements will work in their area and which agencies can bring that targeted help and support that children and families need. They must set out in their published arrangements which relevant agencies they will be working with to safeguard and promote the welfare of children. This list should and will change over time if the local arrangements are to work effectively for children and families.

15. Safeguarding partners should make sure the relevant agencies are aware of, and agree to, the expectations placed on them by the new arrangements. They should consult with relevant agencies in developing the safeguarding arrangements to make sure the expectations take account of an agency's structure and statutory obligations. Relevant agencies must co-operate with the safeguarding arrangements as far as they can do so consistently within the exercise of their other statutory functions. The

⁶⁷ Placeholder [Insert act ref]

legislation does not allow relevant agencies to disagree with their inclusion, or decline to participate.⁶⁸

16. Where safeguarding partners agree that a body or individual not named in the regulations as a relevant agency is an important partner for the purposes of safeguarding or promoting the welfare of children in their area, they may still include them in their safeguarding arrangements by agreement.

17. In setting out how they will work with relevant agencies, the safeguarding partners should set out how they will assure themselves that relevant agencies have appropriate, robust safeguarding policies and procedures in place. This could, for example, involve helping to align policies within the locality so that all relevant agencies are working to a common set of procedures.

Schools and other educational partners

18. All schools, including maintained schools, non-maintained, or independent schools, including academies and free schools, have duties in relation to safeguarding children and promoting their welfare. They have an important role to play in multi-agency safeguarding arrangements.

19. In setting out how schools and other educational partners will be included in the new safeguarding arrangements, the safeguarding partners should make arrangements to allow all schools and other educational partners in the local area to be fully engaged and involved, making sure communication is effective. Once designated as a relevant agency, schools and colleges, in the same way as other relevant agencies, are under a statutory duty to work in line with the arrangements published by the safeguarding partners.⁶⁹

Independent scrutiny

20. In striving for effective multi-agency arrangements, the role of independent scrutiny is critical to provide assurance in judging the effectiveness of services to protect children. Independent scrutiny can also assist when there is disagreement between the leaders responsible for protecting children in the agencies involved in multi-agency arrangements. The safeguarding partners should set up their arrangements to create an environment conducive to robust scrutiny and constructive challenge and must ensure there is independent scrutiny of the effectiveness of the arrangements. It will be a local decision how best to implement a robust system of independent scrutiny. Safeguarding

⁶⁸ Children Act 2004, Section 16G

⁶⁹ Placeholder [RA regs]

partners should involve a person or persons who are independent, for example by virtue of being from outside the local area and/or having no prior involvement with local agencies.

21. All published arrangements agreed by the safeguarding partners must include plans for scrutiny by an independent person. The published arrangements themselves should set out the plans for independent scrutiny, who will conduct the scrutiny, how the arrangements will be reviewed and how any recommendations will be taken forward. This might include, for example, the process and timescales for ongoing review of the arrangements.

22. Safeguarding partners should also agree arrangements for independent scrutiny of the report they must publish at least once a year.

Funding

23. The three safeguarding partners may make payments towards expenditure incurred in conjunction with local arrangements for safeguarding and promoting welfare of children locally.

24. The safeguarding partners should agree the level of funding secured from each partner, which should be equitable and proportionate, and with each relevant agency, to support the local arrangements to safeguard and promote the welfare of children in their area. The funding should be transparent to children and families in the area and sufficient to cover all elements of the arrangements.

Dispute resolution

25. Safeguarding partners and relevant agencies must comply with the arrangements for their area, and will be expected to work together to resolve any disputes locally. Public bodies that fail to comply with their obligations under law are held to account through a variety of regulatory and inspection activity for example, Ofsted in the case of schools.

26. If necessary, legislation allows the Secretary of State to take enforcement action against any agency that is not meeting its statutory obligations as part of local safeguarding arrangements.

Updates to arrangements

27. The three safeguarding partners should report any updates to the published arrangements in their yearly report and the proposed timescale for implementation.

Reporting

28. In order to bring transparency for children, parents and all practitioners to the activity undertaken by agencies, the safeguarding partners must publish a report at least once in every 12 month period. The report must set out what they have done as a result of the arrangements and how effective the arrangements have been in practice. It must also include actions relating to local child safeguarding practice reviews and what the safeguarding partners have done as a result.

29. In addition, the report should also include:

- evidence of the impact of the work of the safeguarding partners and relevant agencies on outcomes for children and families
- a record of actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any reviews
- ways in which the partners have sought and utilised feedback from children, young people and families to inform their work and influence service provision

30. Safeguarding partners should make sure the report is widely available, and the published safeguarding arrangements should set out where the reports will be published.

31. A copy of all published reports should be sent to the Child Safeguarding Practice Review Panel⁷⁰ and the What Works Centre for Children's Social Care⁷¹ within 7 days of being published. Where there is a secure establishment in a local area, safeguarding partners should include a review of the use of restraint within that establishment in their report, and the findings of the review should be reported to the Youth Justice Board.

Information requests

32. Agencies within a strong multi-agency system will have confidence that information is shared effectively, amongst and between them, to improve outcomes for children and their families. Safeguarding partners may require any person or body to provide them with specified information which they deem necessary to fulfil their duties of safeguarding or promoting the welfare of children in their area.

33. Partners may enforce the information request by court order if necessary, but they should seek to exercise these powers with sensitivity and with regard to guidance provided by the Information Commissioner's Office.

⁷⁰ Children Act 2004, Section 16F (3)(C)

⁷¹ [Placeholder]

Chapter 4: Learning from serious cases about children

Overview

1. Practitioners and organisations protecting children should reflect on the quality of their services and learn from their own practice and that of others. Good practice should be shared so that there is a growing understanding of what works well to safeguard and promote the welfare of children and their families. Equally, when things go wrong there needs to be an understanding not only of what happened but also why things happened as they did, including analysis of the context such as workload, staff capacity, and other external events. Responding appropriately when things go wrong is a key part of the way we can continually improve our response to children and their families. We should not hide from the reasons why we are not as effective overall as we should be. These are found at national and local level; they are evident in all professions; exist in all agencies; and are present in all regions. Challenge, reflection and analysis are important so that lessons can be learnt and services improved to reduce the risk of future harm to children and to improve their outcomes.
2. How we learn from these serious incidents and events should be transparent, with findings of reviews shared publicly. The findings, whilst very relevant locally, are important for all practitioners and Practice Leaders working with children and families as well as for the government and policy makers. Understanding whether there are systemic issues and whether and how policy and practice need to change is critical to the system being dynamic and constantly self-improving.
3. This chapter covers:
 - the duty on local authorities to notify incidents to the Child Safeguarding Practice Review Panel, and related guidance on notifications
 - guidance for safeguarding partners (local authorities, Clinical Commissioning Groups and chief officers of police) on serious child safeguarding cases
 - guidance for the Child Safeguarding Practice Review Panel
4. Safeguarding partners are responsible for overseeing the review of serious child safeguarding cases which, in their view, raise issues of importance in relation to their area.
5. The Child Safeguarding Practice Review Panel is responsible at a national level for overseeing the review of serious child safeguarding cases which in its view raise issues that are complex or of national importance.

6. 'Serious child safeguarding cases' are those in which:

- abuse or neglect of a child is known or suspected
- the child has died or been seriously harmed

7. 'Serious harm' includes serious or long-term impairment of mental health or intellectual, emotional, social or behavioural development. It should also cover instances of impairment of physical health. This is not an exhaustive list and when making decisions, judgment should be exercised in cases where impairment is likely to be long-term, even if this is not immediately certain.

Principles for learning and improvement

8. Safeguarding partners should put in place arrangements to monitor and challenge the quality of agencies' work in relation to children's safety and welfare. These arrangements should enable partners to identify and understand the reasons for and root causes of systemic strengths and weaknesses of local practice. Strategic decisions about local system changes should be driven by this intelligence. It is for single agencies and the safeguarding partners to decide which areas of practice should have a priority focus and why.

9. The arrangements should include ongoing assessment and sharing of good practice as well as assessment of situations where there have been 'near misses', and should set out how lessons learnt will be applied and monitored.

10. When a child dies or is seriously harmed and abuse and neglect is known or suspected, a number of agencies may be involved including possible criminal investigation, a coroner's investigation and professional body disciplinary procedures. The safeguarding partners and the Child Safeguarding Practice Review Panel should have clear processes for how they will work with other investigations that may run in parallel with their reviews. The purpose of these practice reviews at both local and national level is to learn lessons that can improve the response to children and families.

Duty on local authorities to notify incidents to the Child Safeguarding Practice Review Panel

16C(1) of the Children Act 2004 states

Where a local authority in England knows or suspects that a child has been abused or neglected, the local authority must notify the Child Safeguarding Practice Review Panel if –

- (a) the child dies or is seriously harmed in the local authority's area, or
- (b) while normally resident in the local authority's area, the child dies or is seriously harmed outside England.

11. The local authority must report any event that meets the above criteria to the Child Safeguarding Practice Review Panel. They should do so within five working days of becoming aware that the incident has occurred.

12. The local authority should also report the event to Ofsted, Department for Education (DfE), the relevant child death review partners and the relevant safeguarding partners within five working days. Where a looked-after child has died (including cases where abuse or neglect is not known or suspected), the event should also be reported to Ofsted, the safeguarding partners and the child death review partners (see chapter 5).

13. Whilst the duty to notify events to the Child Safeguarding Practice Review Panel rests on the local authority, it is open to anyone exercising functions in relation to children, who identifies a serious child safeguarding case to notify the Child Safeguarding Practice Review Panel accordingly.

14. Contact details and notification forms for local authorities to notify incidents to the Child Safeguarding Practice Review Panel are available from [].

Guidance for safeguarding partners on serious child safeguarding cases

Action on receipt of a notification

15. When the safeguarding partners receive information about the known or suspected abuse or neglect of a child in their area, where death or serious harm has occurred, they should undertake a concise investigative exercise to understand both the relevant circumstances and the involvement of local agencies. This should be completed,

and a decision taken on next steps, within five working days of receipt of this information and any immediate learning shared appropriately.

16. As soon as the initial investigative exercise is complete, the safeguarding partners should send a copy of the findings to the Child Safeguarding Practice Review Panel. When they do so, they should also advise the Panel whether in principle they already consider that a local child safeguarding practice review is appropriate or not.

17. The Panel will consider the information and will advise the safeguarding partners whether they intend to undertake a national child safeguarding practice review. In the meantime, the safeguarding partners should undertake necessary planning, for a local child safeguarding practice review, where applicable, so that immediate action can be taken once the Panel's views are known. Safeguarding partners should inform the Panel Ofsted and DfE of their final decision on whether or not they are commissioning a local child safeguarding practice review of any notified case, and about their next steps, including the name of any reviewer commissioned.

Local child safeguarding practice reviews

Deciding when to carry out a local child safeguarding practice review

18. Safeguarding partners must make arrangements to:

- identify serious child safeguarding cases which raise issues of importance in relation to the area
- commission and oversee the review of those cases, where they consider it appropriate for a review to be undertaken

19. The purpose of a local child safeguarding practice review is to identify any improvements that should be made locally to safeguard and promote the welfare of children (both collectively and individually). This means that learning must be at the heart of all reviews and should seek to prevent or reduce the risk of recurrence of similar incidents. Reviews are not conducted to hold individuals or organisations to account, as there are other processes for that purpose, including through employment law and disciplinary procedures, and professional regulation and in exceptional cases criminal proceedings. Employers should consider whether any disciplinary action should be taken against practitioners whose conduct and/or practice falls below acceptable standards and should refer to their regulatory body as appropriate.

When safeguarding partners are deciding when it is appropriate to commission a local review of a case or cases, they must take the following into account

- a) Whether the case highlights or could highlight improvements needed to safeguard and promote the welfare of children, including where those improvements have been previously identified
- b) Whether the case highlights or could highlight recurrent themes in the safeguarding and promotion of the welfare of children
- c) Whether the case raises or may raise issues relating to the safeguarding and promotion of the welfare of children in institutional settings⁷²
- d) Whether the case highlights or could highlight concerns regarding two or more agencies working together effectively to safeguard and promote the welfare of children
- e) Whether the case is one which the Child Safeguarding Practice Review Panel have considered and concluded a local review may be more appropriate

20. When deciding whether a review of a serious child safeguarding case may be appropriate, safeguarding partners must also have regard to the following circumstances:

⁷² “Institutional settings” includes—

- (a) all children’s homes including secure children’s homes;
- (b) all custodial settings where a child is held, including police custody, young offender institutions and secure training centres;
- (c) all settings where detention of a child takes place including under the Mental Health Act 1983 or the Mental Capacity Act 2005.

Safeguarding partners must also have regard to the following circumstances

- where the safeguarding partners have cause for concern about the actions of a single agency
- where there has been no agency involvement and this gives the safeguarding partners cause for concern
- where more than one local authority is involved, including in cases where families have moved around

21. If another type of review, for example a Domestic Homicide Review, MAPPA Serious Case Review or Safeguarding Adults Review, is being carried out, safeguarding partners should work collaboratively with those responsible for carrying out those reviews. This is to minimise duplication of effort, uncertainty and/or confusion relating to the different review processes, and reduce burdens on and anxiety for the families and children concerned.

Other circumstances

22. This guidance does not preclude a local area from making a decision to undertake a local child safeguarding practice review in other circumstances. For example, some cases may not meet the definition of a 'serious child safeguarding case', but nevertheless raise issues of importance to the local area. This includes where there has been good practice, poor practice or where there have been 'near miss' events (where something could have gone wrong but didn't). In such cases, safeguarding partners should consider what action to take, including whether they wish to commission a local child safeguarding practice review.

Commissioning a reviewer or reviewers for a local child safeguarding practice review

23. The safeguarding partners are responsible for commissioning and supervising reviewers for local reviews. When commissioning a reviewer, safeguarding partners should consider whether those they commission have the following⁷³:

⁷³ Safeguarding partners may also consider appointing reviewers from the Child Safeguarding Practice Review Panel's pool of reviewers where available.

- professional knowledge, understanding and practice relevant to the ability to undertake and write local child safeguarding practice reviews
- knowledge and understanding of research relevant to children's safeguarding issues

24. Safeguarding partners should also:

- seek to assure themselves that the reviewer they select is able to produce a quality review within the agreed timescale
- consider whether the reviewer has any conflicts of interest which could restrict his/her ability to identify improvements
- clearly commission the reviewer, taking into account the need for the review to be proportionate to the circumstances of the case and for it to establish and explain the reasons why the events occurred as they did
- ensure that any contract with a reviewer covers the above key points and that it provides for the safeguarding partners to remove the reviewer if this is necessary

Procedure for a local child safeguarding practice review

25. The safeguarding partners should agree with the reviewer(s) the method by which the review should be conducted, provided that it is consistent with the principles in this guidance, and the systems methodology recommended by the Munro review.⁷⁴ The methodology should provide a way of looking at and analysing front line practice as well as organisational structures and learning. The methodology should be able to reach recommendations that will improve outcomes for children.

26. As part of their duty to ensure that the review is of satisfactory quality, the safeguarding partners should seek to ensure that:

- practitioners are fully involved in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith
- families, including surviving children, are invited to contribute to reviews. This is important for ensuring that the child is at the centre of the process.⁷⁵ They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively.

⁷⁴ [The Munro Review of Child Protection: Final Report: A Child Centred System](#) (May 2011).

⁷⁵ Morris, K., Brandon, M. and Tudor, P.(2012) A Study of Family Involvement in Case Reviews: Messages for Policy and Practice, BASPCAN

27. The safeguarding partners should also seek to ensure that the reviewer:
- recognises the complex circumstances in which practitioners work together to safeguard children
 - seeks to understand practice from the viewpoint of the individuals and organisations involved at the time rather than using hindsight
 - is transparent about the way data is being collected and analysed
 - handles information securely
 - makes use of relevant research and case evidence to inform the findings

28. The safeguarding partners must supervise the review to ensure that the reviewer is making satisfactory progress. This should be against the timescales as set out in the contract agreed with the reviewer. Where there are other proceedings which will run parallel to a local review, for example a criminal investigation/prosecution or inquest, the safeguarding partners should ensure the reviewer works closely with those responsible to avoid one process jeopardising or unnecessarily delaying the other.

29. The President of the Family Division's Guidance covering the role of the judiciary in serious case reviews⁷⁶ applies equally to local child safeguarding practice reviews.

Expectations for the final report

30. Safeguarding partners must ensure that the final report is of satisfactory quality and includes:

- A summary of recommended improvements for the safeguarding partners or others to safeguard and promote the welfare of children
- An analysis of the systemic or underlying reasons why actions were taken or not taken in respect of matters covered by the report

Any recommendations which are made should be clear on what is required of relevant parties collectively and individually and focussed on improving outcomes for children. Safeguarding partners should regularly audit progress on the implementation of recommended improvements.

31. Safeguarding partners must publish the report, unless they consider it inappropriate to do so. In such a circumstance, they must publish any information about the improvements that should be made following the review that they consider it

⁷⁶ [President of the Family Division's Guidance covering the role of the judiciary in serious case reviews](#)

appropriate to publish. Given that this is about promoting and sharing information about improvements, both within the area and potentially beyond, there is a presumption that the full report should be published. Reports should be written in such a way that what is published avoids harming the welfare of any children or vulnerable adults involved in the case.

32. Safeguarding partners must send a copy of the full report to the Child Safeguarding Practice Review Panel and to the Secretary of State at least seven working days⁷⁷ (a) after completion or (b) before publication, whichever is the sooner. They should confirm what is being published and when, and set out for the Panel and the Secretary of State the justification for any non-publication, or delay to publication, if applicable. Safeguarding partners must have regard to any comments the Panel or the Secretary of State make with regard to publication.

33. Depending on the nature and complexity of the case, reports should be completed and published between two and six months from the date of the decision to initiate a review. Where other proceedings may have an impact on or delay publication, e.g. an ongoing criminal investigation, inquest or future prosecution, the safeguarding partners should inform the Child Safeguarding Practice Review Panel and the Secretary of State of the reasons for the delay. Every effort should also be made, both before the review and while it is in progress, to (i) capture points from the case about improvements needed, and (ii) take corrective action and disseminate learning.

Actions in response to national and local reviews

34. The safeguarding partners should take account of the findings from their own local reviews and from all national reviews, with a view to considering how identified improvements should be implemented locally, including the way in which agencies work together to safeguard and promote the welfare of children. Improvement should be sustained through regular monitoring and follow up of actions so that the findings from these reviews make a real impact on improving outcomes for children.

Guidance for the Child Safeguarding Practice Review Panel

National child safeguarding practice reviews

35. The Child Safeguarding Practice Review Panel is responsible for commissioning and supervising reviewers for national child safeguarding practice reviews. The purpose of a national child safeguarding practice review is to identify any improvements that should be made by safeguarding partners or others to safeguard and promote the welfare of children. These improvements should prevent or reduce the recurrence of

⁷⁷ 'Working day' means any day which is not a Saturday, Sunday or Bank Holiday.

similar incidents. As for local reviews, national reviews are not conducted to hold individuals or organisations to account. Learning must be at the heart of all reviews.

36. The Panel must decide when it is appropriate to commission a national review of a case or cases. When they do so, they must take the following criteria into account ('review regulations'):

Criteria to be taken into account

- (a) Whether the case highlights or could highlight improvements needed to safeguard and promote the welfare of children, including where those improvements have been previously identified
- (b) Whether the case raises or may raise issues requiring legislative change or changes to statutory guidance
- (c) Whether the case highlights or could highlight recurrent themes in the safeguarding and promotion of the welfare of children
- (d) Whether the case raises or may raise issues relating to the safeguarding and promotion of the welfare of children in institutional settings⁷⁸

37. The Panel must also have regard to the following circumstances in which a review of a serious child safeguarding case may be appropriate:

The Panel must also have regard to the following circumstances

- Significant harm or death to a child educated otherwise than at school
- Children who are seriously harmed or die while in the care of the local authority, or while on (or recently removed from) a child protection plan
- Cases which involve a range of types of abuse

38. As well as considering notifications from local authorities or others, the Panel should take account of a range of wider evidence when deciding whether to commission a review. This includes evidence from inspection reports (in particular Ofsted, HM

⁷⁸ "Institutional settings" includes—

- (a) all children's homes including secure children's homes;
- (b) all custodial settings where a child is held, including police custody, young offender institutions and secure training centres;
- (c) all settings where detention of a child takes place including under the Mental Health Act 1983 or the Mental Capacity Act 2005.

Inspectorate of Constabulary (HMIC) and Care Quality Commission (CQC) and other reports and information, for example joint targeted area inspections, Ofsted thematic reviews and research from the What Works Centre for children's social care. They should also consider information and related decisions from safeguarding partners about local child safeguarding practice reviews.

39. The Panel may also take into account any other criteria they consider appropriate to identify whether a serious child safeguarding case raises issues which are complex or of national importance.

40. The Panel should inform the relevant safeguarding partners promptly, and within at least five working days of their decision, if they intend to carry out a review of any notified case or cases. If they have views on whether a local review is appropriate, they should inform the safeguarding partners to the same timescale. When making a determination to carry out a review, the Panel should make clear to the safeguarding partners the basis of their decision.

Commissioning a reviewer for a national child safeguarding practice review

41. The Panel must select a reviewer or reviewers whom they consider suitable to carry out the review. Any person appointed to carry out a review must be in a pool of reviewers as determined by the Panel. In considering eligibility for the pool, the Panel must consider whether the reviewer has:

- professional knowledge, understanding and practice relevant to the ability to undertake and write national child safeguarding practice reviews
- knowledge and understanding of research relevant to children's safeguarding issues

42. When commissioning a reviewer, the Panel should:

- seek to assure themselves that the reviewer they select to carry out the review is able to produce a quality review within the appropriate timescale
- consider whether the reviewer has any conflicts of interest which could restrict his/her ability to identify improvements
- clearly commission the reviewer, taking into account the need for the review to be proportionate to the circumstances of the case and for it to establish and explain the reasons why the events occurred as they did

- ensure that the reviewer's contract covers the above and that it provides for the removal of the reviewer at any point, including if the Panel determines that his/her work is inadequate or that he/she has failed to maintain an acceptable standard of professional conduct

Procedure for a national child safeguarding practice review

43. The Panel should agree with the reviewer(s) the method by which the review should be conducted, provided that it is consistent with the principles in this guidance, including the systems methodology recommended by Professor Munro.⁷⁹

44. As part of their duty to ensure that the review is of satisfactory quality, the Panel should seek to ensure that:

- practitioners are involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith
- families, including surviving children, are invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively. This is important for ensuring that the child is at the centre of the process⁸⁰

45. The Panel should also seek to ensure that the reviewer:

- recognises the complex circumstances in which practitioners work together to safeguard children
- seeks to understand practice from the viewpoint of the individuals and organisations involved at the time rather than using hindsight
- is transparent about the way data is being collected and analysed
- handles information securely
- makes use of relevant research and case evidence to inform the findings

46. The Panel must supervise the review to ensure that the reviewer is making satisfactory progress. This should be against the timescales as set out in the contract agreed with the reviewer. Where there are other proceedings which will run parallel to a national review, for example a criminal investigation/prosecution or inquest, the Panel

⁷⁹ [The Munro Review of Child Protection: Final Report: A Child Centred System](#) (May 2011).

⁸⁰ Morris, K., Brandon, M. and Tudor, P.(2012) [A Study of Family Involvement in Case Reviews: Messages for Policy and Practice](#), BASPCAN

should ensure that the reviewer works closely with those responsible to avoid one process jeopardising or unnecessarily delaying the other.

47. The President of the Family Division's Guidance covering the role of the judiciary in serious case reviews⁸¹ applies equally to national child safeguarding practice reviews.

Expectations for the final report

48. The Panel must ensure that all reports are of satisfactory quality and include:

- A summary of recommended improvements for the safeguarding partners or others to safeguard and promote the welfare of children
- An analysis of the systemic or underlying reasons why actions were taken or not taken in respect of matters covered by the report

Any recommendations which are made should be clear on what is required of relevant parties collectively and individually and focussed on improving outcomes for children.

49. The Panel must publish the report, unless they consider it inappropriate to do so. In such a circumstance they must publish any information about the improvements that should be made following the review that they consider it appropriate to publish. Given that this is about promoting and sharing learning nationally, there is a presumption that the full report should be published. Reports should be written in such a way that what is published will not be likely to harm the welfare of any children or vulnerable adults involved in the case.

50. The Panel must send a copy of the full report to the Secretary of State at least seven working days (a) after completion or (b) before publication, whichever is the sooner. They should confirm what is being published and when, and set out for the Secretary of State the justification for any non-publication, or delay to publication, if applicable.

51. Reports should be completed and published within six months from the date of the decision to initiate a review. Where other proceedings may have an impact on or delay publication, e.g. an ongoing criminal investigation, inquest or future prosecution, the Panel should advise the Secretary of State of the reasons for the delay. During the review, the Panel should share any points that arise about improvements needed, at least with the safeguarding partners in the area covered by the review.

52. The Panel should send copies of published reports of national and local child safeguarding practice reviews, or published information about improvements linked to

⁸¹ [President of the Family Division's Guidance covering the role of the judiciary in serious case reviews](#)

those reviews, to the What Works Centre for children's social care. The Panel should regularly audit progress on the implementation of national-level recommended improvements.

Chapter 5: Child death reviews

1. The death of a child is a devastating loss that profoundly affects all those involved. The tragedy is that many child deaths are preventable and every preventable death is one death too many. The process of systematically reviewing all children's deaths is grounded in respect for the rights of children and their families, with the intention of learning what happened and why, and preventing future child deaths. The review should, keep an appropriate balance between forensic and medical requirements, learning lessons, and supporting the family at a difficult time.

Statutory Requirements

Under the Children Act 2004 (the Act), as amended by sections 24-28 of the Children and Social Work Act 2017, 'child death review partners' must make arrangements to review all deaths of children normally resident in the local area, and if they consider it appropriate, for those not normally resident in the area.

'Child death review partners' are defined under the Act as local authorities and any clinical commissioning groups for the local area. Child death review partners for two or more local authority areas may combine and agree that their area be treated as a single area to carry out certain functions. In addition to having to make arrangements to review child deaths:

1. They must make arrangements for the analysis of information from deaths reviewed.
2. They should identify any matters relating to the death or deaths that are relevant to the welfare of children in the area and to public health and safety. In doing so, they must consider whether it is appropriate for any action to be taken by anyone in relation to their findings. If they find action should be taken, they must inform the necessary person.
3. They must prepare and publish reports on:
 - a) what they have done as a result of the arrangements, and
 - b) how effective the arrangements have been in practice.
4. They can request information from a person or body that will enable or assist the review process, and the person or body must comply with the request. If they do not, the child death review partner can take legal action to enforce the request made.
5. Child death review partners may make payments directly towards expenditure incurred in connection with child death review, or by contributing to a fund out of which payments may be made. They may provide staff, goods, services, accommodation or other resources to any person for purposes connected with child death review.

2. Practitioners in all agencies should notify the child death review (CDR) partners of the death of any child of which they become aware. This is to share information for the purposes of reviewing the child's death, and to participate in local child death review arrangements. This might include any child death review meeting⁸² if they have been

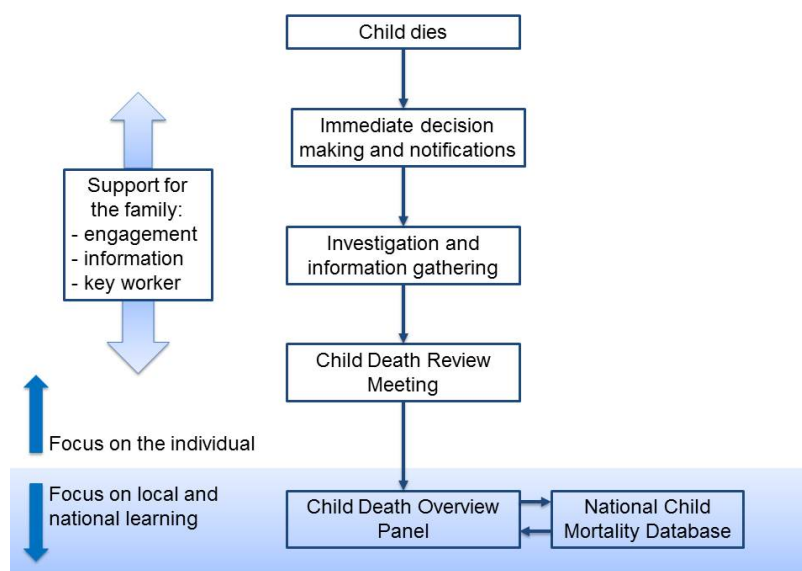
⁸² **Child death review meeting.** This is the final multi-practitioner meeting where those practitioners *directly involved* in the care of the child, and their peers, discuss all matters relating to the child's death. It is acknowledged that this meeting is known locally by a variety of names across hospital and community settings (mortality meeting, perinatal mortality meeting, and a local or final case discussion in the context of a joint agency response). This meeting is referred to in the Sudden Unexplained Death in Infancy (SUDI) guidance as the final case discussion.

involved with the child or family, and any Child Death Overview Panel (CDOP) when they have specific expertise which may help achieve the review's purpose.

3. The processes to be followed when responding to, investigating, and reviewing a child's death are set out in separate detailed guidance [insert link to Comprehensive Child Death Review Guidance 2018]

4. All forms and templates to be used for reporting child deaths can be found here: [placeholder for DH child death review webpage]. These forms will be replaced by direct input to the National Child Mortality Database once it is operational.

Flow Chart 7: Process to follow when a child dies



Responsibilities of Child Death Review Partners

5. CDR partners must review the deaths of all children from birth to their 18th birthday, regardless of the cause of death⁸³. CDR partners should set up a child death CDOP to conduct child death reviews.

⁸³ This will include the death of any new-born baby (of any gestation) who shows signs of life following birth, or where the birth was unattended, but does not include those (of any gestation) who are stillborn where there was medical attendance, or planned terminations of pregnancy carried out within the law.

6. CDR partners may request any practitioner or organisation to provide relevant information to enable or assist the reviewing and or analysis of each child's death. Practitioners and organisations must comply with such requests.
7. CDR partners should agree locally how the child death review process will be funded in their area.
8. The geographical and population 'footprint' of CDR partners must be locally agreed, but the minimum area is one local authority area, and primarily aligned to networks of clinical care at a sub-regional level. It is expected that such geographical populations would translate reviewing 80-120 deaths a year. CDR partners should come together to develop clear plans outlining the administrative and logistical processes for these new review arrangements. While there might be efficiencies in regions having larger administrative centres, this should not detract from local responsibilities to the child death review process.
9. All local organisations or individual practitioners that have had involvement in the case should co-operate in the child death review process.
10. In the case of a looked-after child, the CDR partners for the area of the local authority looking after the child, rather than where the child was resident, should take lead responsibility for conducting the child death review process, involving other CDR partners or agencies with an interest.
11. The CDR partners should ensure a process is in place whereby a designated doctor for child deaths is notified of each child's death and is sent relevant information. CDR partners should have a list of the relevant people and make it widely available.
12. CDR partners should publicise the arrangements for the child death review process: which local authority and CCG partners are involved, what geographical area is covered, and who are the accountable officials.

Child Death Overview Panels

13. CDR partners are responsible for ensuring that a review of each death of a child normally resident in their area (and where appropriate for the death in their area of a child not normally resident in their area) takes place. They should do this through a CDOP.
14. The CDOP should be composed of representatives of the CDR partners, lay members, and necessary experts, to ensure that the purposes of the child death review are met. Relevant experts may be standing members of the CDOP or co-opted from time to time. Panel members should not have provided direct care to the child being discussed. The CDOP should be chaired by someone independent of the key service

providers in the area. Quoracy should demand attendance by the local authority and lead practitioners from health.

15. The CDOP review of all children's deaths should be informed by an individual review of each child's death at a child death review meeting, involving those practitioners directly involved in the care of the child and family. The purpose of the child death review meeting is to ensure that local learning takes place in the context of reflective practice and quality improvement. The requirement for this individual review does not remove the need for an independent CDOP discussion of each child's death.

16. CDOPs should have themed panels. Panel themes may include, for example: neonates, sudden unexpected deaths in infancy, suicides, cardiac, trauma, and deaths in children with learning disabilities. Themed panels should have relevant co-opted experts. The frequency of such panels is dictated by the number of deaths in each category and an anticipated ability for an expert panel to review up to 12 deaths in a half-day session. Some types of deaths may require co-operation between any neighbouring CDOPs and review at a regional level.

17. A CDOP may be used to:

- collect and collate information on each child death, seeking relevant information from practitioners and, where appropriate, family members
- analyse the information obtained, including the report of the child death review meeting, in order to confirm or clarify the cause of death, to determine any contributory factors, and to identify learning arising from the child death review process that may prevent future child deaths
- make recommendations to anyone where actions have been identified which may prevent future child deaths or promote the health, safety and wellbeing of children
- notify the CDR partners when it identifies that a child was abused or neglected, so that the CDR partners can notify the Child Safeguarding Practice Review Panel and Local Safeguarding Partners
- notify the Medical Examiner (once introduced) and the doctor who certified the cause of death, where it identifies any errors or deficiencies in an individual child's registered cause of death, for the purposes of improving death registration
- provide specified data to the Department of Health and then, once established, to the National Child Mortality Database

- produce an annual report for CDR partners on local patterns and trends in child deaths, any lessons learnt and actions taken, and the effectiveness of the wider child death review process
- to contribute to local, regional and national initiatives to improve learning from child death reviews, including, where appropriate, approved research carried out within the requirements of data protection

Health input to child death review

18. The CDR partners, through the relevant CCGs, should ensure that a designated doctor for child deaths is appointed with responsibility for the child death review process. This doctor will take a lead in co-ordinating responses to children's deaths and health input to the child death review process. Sufficient time should be allocated within the individual's job plan to enable them to carry out these functions effectively.

19. The CDR partners, through the relevant CCGs, should ensure that arrangements are put in place to enable an appropriate and effective health response to each child death, including a joint agency response to those deaths requiring a police investigation. These arrangements should follow the guidelines laid out in 'Sudden unexpected death in infancy and childhood: multi-agency guidelines for care and investigation' (Royal College of Pathologists, 2016).

Processes for notification

20. Any practitioner who becomes aware of a child's death should notify the designated doctor for child deaths for the local authority area where the child is normally resident and the local authority for the area where the child has died (or where the child's body was found). Other persons who become aware of a child's death may also notify the designated person.

21. Where a doctor completes a Medical Certificate of the Cause of Death (MCCD) following the death of a child, they should also notify the designated doctor of the cause of death as entered on the MCCD.

22. Registrars of Births and Deaths (Children & Young Persons Act 2008) are required to supply the CDR partners with information which they have about the death of persons under 18 they have registered or re-registered; and notify CDR partners if they issue a Certificate of No Liability to Register where it appears that the deceased was or may have been under the age of 18 at the time of death. They should send the information to the appropriate CDR partners no later than seven days from the date of registration.

23. Coroners are required to notify the CDR partners for the area in which the child died (or where the child's body was found) within three working days of deciding to investigate a death or commission a post-mortem examination.

24. At the conclusion of an investigation into a child's death, the coroner should notify the CDR partners of their conclusions.

Responding to the death of a child

25. If there is an unexplained death of a child at home or in the community, the child should normally be taken to an Emergency Department rather than a mortuary. In some cases when a child dies at home or in the community, the police may decide that it is not appropriate to move the child's body immediately, for example, because forensic examinations are needed.

26. Whenever a child dies, practitioners should work together in responding to that death in a thorough, sensitive and supportive manner. The aims of this response are to:

- establish, as far as is possible, the cause of the child's death
- identify any modifiable contributory factors
- provide ongoing support to the family
- ensure that all statutory obligations are met
- learn lessons in order to reduce the risk of future child deaths and promote the health, safety and wellbeing of other children

27. Whenever a child dies or is discovered to be dead, the practitioners confirming the death should decide on the appropriate response to that death. This will vary depending on the nature and circumstances of the death, the necessity for any police investigation, and the requirements for any other internal or external review:

- Where the attending doctor is able to issue a MCCD without the requirement to notify the coroner, for example in a child who dies as a consequence of a life-limiting or life-threatening condition, or where there is a clear medical cause of death, the response should be health-led and focused around supporting the family and gathering appropriate information to inform the child death review process. There may be a need for an internal investigation into the quality of services provided to the child and family. All information pertaining to the child's death should be discussed at a child death review meeting (involving the clinical team and other relevant practitioners), which reports to the CDOP

- Where the death is due to external causes, including:
 - all accidents and injuries
 - suspected assaults
 - child abuse or neglect
 - suspected suicides
- where the death is sudden and there is no immediately apparent cause (including all sudden unexpected deaths in infancy)
- where the death occurs in custody or the child was detained under the Mental Health Act or under a Deprivation of Liberty Safeguards authorisation the attending doctor⁸⁴ should ensure that the coroner and the police are notified of the death. In these circumstances, there should be a joint agency response to the death as outlined in 'Sudden unexpected death in infancy and childhood: multi-agency guidelines for care and investigation' (Royal College of Pathologists, 2016). The joint agency response will culminate in a child death review meeting which reports to the CDOP
- Where a criminal investigation is undertaken, the police are responsible for collecting and collating all relevant information pertaining to the child's death, and should be consulted before any arrangements relating to the local child death review process are made
- Where a child is admitted to hospital following an acute event and is expected to die, and the circumstances are those listed above, then a joint agency response should be initiated on admission to hospital rather than at the time of death
- Where a death occurs during an operation or before recovery from the effects of an anaesthetic, the attending doctor should notify the coroner of the death. In these circumstances and in other circumstances where the doctor considers it appropriate to notify the coroner, but where a police investigation is not warranted, the response should be health-led and focused around supporting the family and gathering appropriate information to inform the child death review process. This should include a child death review meeting involving the clinical team and any other relevant practitioners which reports to the CDOP. There may be a need for an internal investigation into the quality of services provided to the child and family

⁸⁴ The "attending doctor" is the medical consultant who certifies the child's death.

28. As soon as possible after arrival at a hospital, the child should be examined by a consultant paediatrician and a detailed history should be taken from the parents or carers. The purpose of obtaining this information is to understand the cause of death and identify anything suspicious about it. In all cases when a child dies in hospital, or is taken to hospital after dying, the hospital should allocate a member of staff to remain with the parents and support them through the process.

29. If the child has died at home or in the community, the lead police investigator and a senior health care practitioner should decide whether there should be a visit to the place where the child died, how soon (ideally within 24 hours) and who should attend. This should almost always take place for cases of sudden infant death. After this visit the lead police investigator, senior health care practitioner, GP, health visitor or school nurse and local authority children's social care representative should consider whether there is any information to raise concerns that neglect or abuse contributed to the child's death.

30. If there is a criminal investigation, the team of practitioners must consult the lead police investigator and the Crown Prosecution Service to ensure that their enquiries do not prejudice any criminal proceedings. If the child dies in custody, there will be an investigation by the Prisons and Probation Ombudsman (or by the Independent Police Complaints Commission in the case of police custody). Organisations who worked with the child will be required to co-operate with that investigation.

31. The Prisons and Probation Ombudsman will carry out an investigation for any child who dies in a secure children's home. In order to assist the Ombudsman to carry out these investigations, secure children's homes are required to notify the Ombudsman of the death and to comply with requirements at regulation 40(2) of the Children's Homes (England) Regulations 2015 to facilitate that investigation.

32. Where a coroner is carrying out an investigation of a child's death, practitioners and organisations who are involved in the child death review process must co-operate with the coroner and provide him/her with documentation relevant to the child's death as requested. This should be informed by the child death review meeting and include a review of relevant information on the child from all involved agencies. This report should be delivered to the coroner as soon as possible after the death.

Involving and supporting the family

33. In all cases, regardless of the cause and circumstances of death, family members should be kept informed of what is being done in response to their child's death and any investigation taking place. They should be given the opportunity to contribute to the review process, have their views represented at the child death review meeting, and be

informed of the outcome of that meeting and any specific actions arising as a result of the wider child death review process.

34. Families should be given a single, named point of contact who they can turn to for information on the processes following their child's death, and who can signpost them to sources of support. This person will usually be a healthcare practitioner who is familiar with the family. Criteria for this role are set out in the [placeholder -comprehensive child death review guidance].

Appendix A: Glossary

Item	Definition
Children	Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.
Safeguarding and promoting the welfare of children	<p>Defined for the purposes of this guidance as:</p> <ul style="list-style-type: none"> • protecting children from maltreatment • preventing impairment of children's health or development • ensuring that children are growing up in circumstances consistent with the provision of safe and effective care • taking action to enable all children to have the best life chances
Child protection	Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
Abuse	A form of maltreatment of a child. 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 others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.
Physical abuse	A form of abuse which 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.

Item	Definition
Emotional abuse	<p>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 a child 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 a 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 cyber bullying), 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.</p>
Sexual abuse	<p>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 also 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.</p>
Child sexual exploitation	<p>Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.</p>

Item	Definition
Neglect	<p>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:</p> <ul style="list-style-type: none"> • provide adequate food, clothing and shelter (including exclusion from home or abandonment) • protect a child from physical and emotional harm or danger • ensure adequate supervision (including the use of inadequate care-givers) • ensure access to appropriate medical care or treatment <p>It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.</p>
Extremism	<p>Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.</p> <p>Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.</p>
Young carer	<p>A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work).</p>
Parent carer	<p>A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.</p>
Education, Health and Care Plan	<p>A single plan, which covers the education, health and social care needs of a child or young person with special educational needs and/or a disability (SEND). See the Special Educational Needs and Disability Code of Practice 0-25 (2014).</p>

Appendix B: Statutory framework

The legislation relevant to safeguarding and promoting the welfare of children is set out below.

Children Act 2004

Section 10 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners (see Table A) and such other persons or bodies who exercise functions or are engaged in activities in relation to children in the local authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of children in the authority's area – which includes protection from harm and neglect alongside other outcomes.

Section 11 places duties on a range of organisations and individuals (see Table A) to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children⁸⁵.

Sections 13 to 16 have been repealed.

Sections 16A -16D

Under 16A, the Secretary of State must establish the Child Safeguarding Practice Review Panel (the Panel). The Panel's functions under 16B are to identify serious child safeguarding cases which raise issues that are complex or of national importance and to arrange, where appropriate, for those cases to be reviewed under their supervision. The reviews will seek to identify improvements required to safeguard and promote the welfare of children. The National and Local Child Safeguarding Practice Review (England) Regulations [2018] set out the criteria the Panel must take into account when determining whether serious child safeguarding cases raise issues that are complex or of national importance, along with arrangements for national reviewers and reports. 16C places a duty on local authorities to notify the Panel of events where they know or suspect that a child has been abused or neglected and the child dies or is seriously harmed in the local

⁸⁵ Under section 55 of the Borders, Citizenship and Immigration Act 2009, the Secretary of State (in practice, the UK Visas and Immigration, Immigration Enforcement and the Border Force) has a duty to make arrangements to ensure that functions relating to immigration, asylum, nationality and customs, and any services that are contracted out to others in relation to such functions, are discharged or provided with regard to the need to safeguard and promote the welfare of children who are in the United Kingdom. Section 55 is intended to have the same effect as section 11 of the Children Act 2004.

authority's area, or dies or is seriously harmed outside England while normally resident in the local authority's area. 16D requires persons or bodies to supply information to the Panel, a reviewer or another person or body to enable the Panel to carry out its functions. The person or body to whom a request is made must comply with the request. The Panel may enforce such a request by making an application to the High Court or the county court for an injunction.

Sections 16E-K establish the roles and responsibilities of safeguarding partners.

Section 16E defines 'safeguarding partners' as the local authority, a clinical commissioning group and the chief officer of police within the local authority area; and a 'relevant agency' as a person who is specified in the Local Safeguarding Partner (Relevant Agencies) (England) Regulations [2018] and exercises functions in relation to children within the area. It also requires safeguarding partners to make arrangements for themselves (and relevant agencies they consider appropriate) to work together in safeguarding and promoting the welfare of children in their area. This must include arrangements to identify and respond to the needs of children in the area.

Section 16F requires local safeguarding partners for a local authority area to make arrangements to identify serious child safeguarding cases which raise issues of importance in relation to the area, and where appropriate, for those cases to be reviewed under their supervision. The purpose of these reviews is to identify improvements which should be made locally to safeguard and promote the welfare of children. The National and Local Child Safeguarding Practice Review (England) Regulations [2018] set out the criteria the safeguarding partners must take into account when determining whether serious child safeguarding cases raise issues of importance in relation to the area, along with arrangements for local reviewers and reports.

Section 16G requires safeguarding partners to publish their arrangements, and to ensure scrutiny of how effective the arrangements have been by an independent person. It places a duty on safeguarding partners and the specified relevant agencies to act in accordance with the published arrangements; and enables the Secretary of State to make regulations which provide for enforcement of this duty if necessary. It also requires the safeguarding partners to prepare and publish, at least once in every 12 month period, a report on the work that they have done as a result of their arrangements, and how effective the arrangements have been in practice.

Section 16H sets out the requirement for persons or bodies to supply (on request) information to the safeguarding partners for the purpose of enabling or assisting the performance of their work. When a recipient does not comply with such a request, a safeguarding partner may apply for a High Court or county court injunction to enforce it.

Section 16I allows the safeguarding partners and relevant agencies to fund their arrangements by making payments towards expenditure incurred in connection with the arrangements; and to supply resources to support the arrangements which may include (for example) staff, goods, services or accommodation.

Section 16J enables the safeguarding partners for two or more local authority areas to agree that their areas are to be treated as a single area; and if so, for safeguarding partners in those areas to arrange for one of them to carry out safeguarding partner functions on behalf of the other.

Section 16K specifies that the safeguarding partners and relevant agencies for a local authority area in England must have regard to any guidance given by the Secretary of State in connection with their functions.

Sections 16M-P establish the roles and responsibilities of child death review partners. Section 16Q defines 'child death review partners' as the local authority and any clinical commissioning group for the local authority area.

Section 16M sets out the requirement on child death review partners to make arrangements for the review of each death of a child normally resident in the area, or if they deem it appropriate, a child who is not normally resident. It also requires the partners to make arrangements for the analysis of information gathered by their reviews. This section sets out that where partners identify that it would be appropriate for someone to take action in relation to matters identified in their review, they must inform the relevant people. It also requires that child death review partners must prepare and publish reports on what they have done as result of their arrangements, and how effective the arrangements have been.

Section 16N sets out the requirement for persons or bodies to supply (on request) information to the child death review partners for the purpose of enabling or assisting the performance of their work. When a recipient does not comply with such a request, a child death review partner may apply for a High Court or county court injunction to enforce it.

Section 16O allows child death review partners to fund their arrangements by making payments towards expenditure incurred in connection with the arrangements; and to supply resources to support the arrangements which may include (for example) staff, goods, services or accommodation.

Section 16P enables child death review partners for two or more local authority areas in England to agree that their areas are to be treated as a single area. If so, those authorities may arrange for one of them to carry out child death review functions on behalf of the other

Education Acts

Section 175 of the Education Act 2002 places a duty on:

- a) local authorities in relation to their education functions; and
- b) the governing bodies of maintained schools and the governing bodies of further education institutions (which include sixth-form colleges) in relation to their functions relating to the conduct of the school or the institution.

to make arrangements for ensuring that such functions are exercised with a view to safeguarding and promoting the welfare of children (in the case of the school or institution, being those children who are either pupils at the school or who are students under 18 years of age attending the further education institution).

A similar duty applies to proprietors of independent schools (which include academies/free schools) by virtue of regulations made under sections 94(1) and (2) of the Education and Skills Act 2008.

Regulations made under Section 342 of the Education Act 1996, set out the requirements for a non-maintained special school to be approved and continue to be approved by the Secretary of State. It is a condition of approval and continuing approval that arrangements must be in place for safeguarding and promoting the health, safety and welfare of pupils and when making such arrangements, the proprietor of the school must have regard to any relevant guidance published by the Secretary of State.

Children Act 1989

The Children Act 1989 places a duty on local authorities to promote and safeguard the welfare of children in need in their area.

Provision of services for children in need, their families and others

Section 17(1) states that it shall be the general duty of every local authority:

- (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.

Section 17(5) enables the local authority to make arrangements with others to provide services on their behalf and states that every local authority:

- (a) shall facilitate the provision by others (including in particular voluntary organisations) of services which it is a function of the authority to provide by virtue of this section, or section 18, 20, 22A to 22C, 23B to 23D, 24A or 24B; and*
- (b) may make such arrangements as they see fit for any person to act on their behalf in the provision of any such service.*

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

- (a) the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority under Part III of the Children Act 1989;*
- (b) the child's health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or*
- (c) the child is disabled.*

Under section 17, local authorities have responsibility for determining what services should be provided to a child in need. This does not necessarily require local authorities themselves to be the provider of such services.

Provisions relating to young carers and parent carers have been inserted into Part 3 of the Children Act 1989 by sections 96 and 97 of the Children and Families Act 2014. These provisions are expected to come into force on 1 April 2015.

Section 17ZA states that a local authority in England must assess whether a young carer within their area has needs for support and, if so, what those needs are. This is either where:

- (a) it appears to the authority that the young carer may have needs for support;*
or
- (b) the authority receives a request from the young carer or a parent of the young carer to assess the young carer's needs for support.*

Section 17ZC requires a local authority that carries out a young carer's needs assessment to consider the assessment and decide –

- (a) whether the young carer has needs for support in relation to the care which he or she provides or intends to provide;*

- (b) if so, whether those needs could be satisfied (wholly or partly) by services which the authority may provide under section 17; and
- (c) if they could be so satisfied, whether or not to provide any such services in relation to the young carer.

Section 17ZD states that a local authority in England must assess whether a parent carer of a disabled child who lives within their area has needs for support and, if so, what those needs are, if:

- (a) it appears to the authority that the parent carer may have needs for support; or
- (b) the authority receive a request from the parent carer to assess the parent carer's needs for support; and
- (c) the local authority is satisfied that the disabled child cared for and the disabled child's family are persons for whom they may provide or arrange for the provision of services under section 17 of the Act.

The local authority need not carry out a young carer's assessment (under section 17ZA) or a parent carer's assessment (under section 17ZD) if the local authority has previously carried out a care-related assessment of the young carer/parent carer in relation to the same person cared for, unless it appears to the authority that the needs or circumstances of the young carer/parent carer or the person they care for have changed since the last care-related assessment.

Section 17ZF requires the local authority that carries out a parent carer's needs assessment to consider the assessment and decide:

- (a) whether the parent carer has needs for support in relation to the care they provide;
- (b) whether the disabled child cared for has needs for support;
- (c) whether any needs identified could be satisfied (wholly or partly) by services which the authority may provide under section 17 of the Act; and
- (d) whether or not to provide any such services in relation to the parent carer or the disabled child cared for.

Co-operation between authorities

Section 27 imposes a duty on other local authorities, local authority housing services and health bodies (see Table A) to co-operate with a local authority in the exercise of that

authority's duties under Part 3 of the Act which relate to local authority support for children and families. Where it appears to a local authority that any authority or body mentioned in section 27(3) could, by taking any specified action, help in the exercise of any of their functions under Part 3 of the Act, they may request the help of that other authority or body, specifying the action in question. An authority or body whose help is so requested must comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions. The authorities are:

- (a) *any local authority;*
- (b) *any local housing authority;*
- (c) *NHS England;*
- (d) *any clinical commissioning group, Special Health Authority National Health Service Trust or NHS Foundation Trust; and*
- (e) *any person authorised by the Secretary of State for the purpose of section 27.*

Section 47(1) states that:

Where a local authority:

- (a) *are 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*
- (b) *have 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 must make, or cause to be made, such enquires as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

Section 47(9) places a duty on persons mentioned in section 47(11) (see Table A) where a local authority is conducting enquiries under section 47, to assist them with these enquiries (in particular by providing relevant information and advice) if called upon by the local authority to do so. Both section 17 and section 47 of the Children Act 1989, to require in each case that in order to help it to determine what services to provide or what action to take, the local authority must, so far as is reasonably practicable and consistent with the child's welfare:

- (a) *ascertain the child's wishes and feelings regarding the provision of those services or the action to be taken; and*
- (b) *give due consideration (with regard to the child's age and understanding) to such wishes and feelings of the child as they have been able to ascertain.*

Emergency protection powers

The court may make an emergency protection order with respect to a child under section 44 of the Children Act 1989 on application by any person, if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if the child:

- is not removed to different accommodation (provided by or on behalf of the applicant); or
- does not remain in the place in which the child is then being accommodated.

An emergency protection order may also be made by the court on the application of a local authority or an authorised person (i.e. a person authorised to apply to the court for care orders or supervision orders under section 31 of the Act) if the court is satisfied that:

- enquires being made with respect to the child (in the case of a local authority, under section 47 (1) (b) of the Act) are being frustrated by access to the child being unreasonably refused to a person authorised to seek access, and
- the applicant has reasonable cause to believe that access is needed as a matter of urgency.

In addition, where the applicant is an authorised person the court must be satisfied that the applicant has reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

An emergency protection order gives authority to remove a child to accommodation provided by or on behalf of the applicant and place the child under the protection of the applicant, amongst other things.

Exclusion requirement

The court may include an exclusion requirement in an interim care order or emergency protection order (section 38A and 44A of the Children Act 1989). This allows a perpetrator to be removed from or be prohibited entrance to the home or to be excluded

from a defined area in which the home is situated, instead of having to remove the child from the home. The court must be satisfied that:

- there is reasonable cause to believe that if the person is excluded from the home in which the child lives, the child will not be likely to suffer significant harm, or that enquiries will cease to be frustrated; and
- another person living in the home is able and willing to give the child the care that it would be reasonable to expect a parent to give, and consents to the inclusion of an exclusion requirement in the relevant order.

Police protection powers

Under section 46 of the Children Act 1989, where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, the officer may:

- remove the child to suitable accommodation and keep him there; or
- take reasonable steps to ensure that the child's removal from any hospital or other place in which the child is then being accommodated is prevented.

No child may be kept in police protection for more than 72 hours.

Legal Aid, Sentencing and Punishment of Offenders Act 2012

Under the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPOA), all children remanded in criminal proceedings will be looked-after. Children may be remanded to accommodation provided by the local authority or to youth detention accommodation (YDA). The authority responsible for a child who becomes looked-after following remand is usually the one where the child normally lives, but where there is a doubt about this the court may initially determine which authority should be designated as being responsible for the child's care.

Where a child is remanded to local authority accommodation, the local authority's care planning responsibilities will be the same as for any other looked-after child (though authorities are not required to produce a "plan for permanence" for this group of children). Where a child, including a child already looked-after, is remanded to YDA, the local authority will be required to produce a Detention Placement Plan, describing the arrangements for responding to the child's needs whilst they are detained. The Care Planning, Placement and Case Review Regulations 2010, as amended, take LASPOA into account.

Police Reform and Social Responsibility Act 2011

Section 1 (8)(h) requires the police and crime commissioner for a police area to hold the relevant chief constable to account for the exercise of the latter's duties in relation to safeguarding children and promoting their welfare under sections 10 and 11 of the Children Act 2004.

Childcare Act 2006

Section 40 requires early years providers registered on the Early Years Register and schools providing early years childcare to comply with the welfare requirements of the Early Years Foundation Stage.

Crime and Disorder Act 1998

Section 38 requires local authorities, acting in co-operation with certain persons (including every Chief Police Officer or local policing body whose area lies within that of the local authority, clinical commissioning groups and providers of probation services), to such extent as is appropriate for their area, to secure that youth justice services are available in their area, such services to include the provision of persons to act as appropriate adults to safeguard the interests of children and young persons detained or questioned by police officers.

Housing Act 1996

Section 213A requires housing authorities to refer to adult social care services persons with whom children normally reside or might reasonably be expected to reside, who they have reason to believe may be ineligible for assistance, or who may be homeless and may have become so intentionally or who may be threatened with homelessness intentionally, as long as the person consents. If homelessness persists, any child in the family could be in need. In such cases, if social services decide the child's needs would be best met by helping the family to obtain accommodation, they can ask the housing authority for reasonable advice and assistance in this, and the housing authority must give reasonable advice and assistance.

Table A: Bodies and individuals covered by key duties

Body	CA 2004 Section 10 - duty to co- operate	CA 2004 Section 11 - duty to safeguard & promote welfare	Education Legislation - duty to safeguard & promote welfare	CA 1989 Section 27 - help with children in need	CA 1989 Section 47 - help with enquiries about significant harm
Local authorities and District councils	X	X	X In relation to their education functions under section 175 of the Education Act 2002	X (including local housing authority)	X (including local housing authority)
Local policing body	X	X			
Chief officer of police	X	X			
SoS re probation services' functions under s2 and 3 of the Offender Management Act (OMA) 2007	X	X (including Community Rehabilitation Companies (by virtue of contractual arrangements entered into with the SoS))			
Providers of probation services required under s3(2) OMA 2007 to act as relevant partner of a local authority	X				
British Transport Police		X			

Body	CA 2004 Section 10 - duty to co- operate	CA 2004 Section 11 - duty to safeguard & promote welfare	Education Legislation - duty to safeguard & promote welfare	CA 1989 Section 27 - help with children in need	CA 1989 Section 47 - help with enquiries about significant harm
National Crime Agency		X			
UK Visas and Immigration, Immigration Enforcement and the Border Force		Section 55 of the Borders, Citizenship and Immigration Act 2009 applies same duty as section 11			
Governor or director of prison (which ordinarily detains children) or secure training centre (and principal of secure college)		X			
Youth offending services	X	X			
NHS England	X	X		X	X
Clinical commissioning groups	X	X		X	X
Special Health Authorities				X	X

Body	CA 2004 Section 10 - duty to co- operate	CA 2004 Section 11 - duty to safeguard & promote welfare	Education Legislation - duty to safeguard & promote welfare	CA 1989 Section 27 - help with children in need	CA 1989 Section 47 - help with enquiries about significant harm
NHS Trusts and NHS Foundation Trusts		X		X	X
Cafcass					
Persons providing services pursuant to section 68 of the Education and Skills Act 2008	X				
Persons providing services pursuant to section 74 of the Education and Skills Act 2008		X			
Maintained schools	X (includes non- maintained special schools)		X under section 175 of the Education Act 2002 (maintained schools) & via regulations made under section 342 of the Education Act 1996 (non- maintained special schools)		
FE colleges	X		X under section 175 of the Education Act 2002		

Body	CA 2004 Section 10 - duty to co- operate	CA 2004 Section 11 - duty to safeguard & promote welfare	Education Legislation - duty to safeguard & promote welfare	CA 1989 Section 27 - help with children in need	CA 1989 Section 47 - help with enquiries about significant harm
Independent schools			X Via regulations made under sections 94(1) and (2) of the Education and Skills Act 2008		
Academies and free schools	X		X Via regulations made under sections 94(1) and (2) of the Education and Skills Act 2008		
Contracted services including those provided by voluntary organisations		X			

Appendix C: Further sources of information

Supplementary guidance on particular safeguarding issues

Department for Education guidance

- [Safeguarding children](#)
- [Child sexual exploitation: definition and guide for practitioners](#)
- [Safeguarding children who may have been trafficked](#) Department for Education and Home Office
- [Care of unaccompanied and trafficked children](#)
- [Multi-agency statutory guidance on female genital mutilation](#) Department for Education, Department of Health and Home Office
- [Mandatory reporting of female genital mutilation: procedural information](#) Department for Education and Home Office
- [Child abuse linked to faith or belief: national action plan](#)
- [Use of reasonable force in schools](#)
- [Safeguarding Children in whom illness is fabricated or induced](#) Department for Education, Department of Health and Home Office
- [Preventing and tackling bullying](#)
- [Keeping children safe in education: for schools and colleges](#)
- [Information sharing: advice for practitioners providing safeguarding services](#)
- [National service framework: children, young people and maternity services](#) Department of Health and Department for Education
- [What to do if you're worried a child is being abused: advice for practitioners](#)
- [Non-Maintained Special Schools Regulations 2015](#)
- [Knowledge and skills statements for child and family social work](#)

- Statutory visits to children with special educational needs and disabilities or health conditions in long-term residential settings.
- [Early years \(under 5s\) foundation stage framework \(EYFS\)](#)
- [Children who run away or go missing from home or care](#)
- [Children Act 1989: care planning, placement and case review](#)
- [Children Act 1989: court orders](#)

Guidance issued by other government departments and agencies

- [Forced marriage](#) Foreign and Commonwealth Office and Home Office
- [Apply for a forced marriage protection order](#) Foreign and Commonwealth Office
- [Violence against women and girls](#) Home Office
- [Guidance for health professionals on domestic violence](#) Department of Health
- [Supporting information for developing local joint protocols between drug and alcohol partnerships and children and family services](#) Public Health England
- [Guidance on offences against children](#) Home Office
- [Violence against Women and Children](#) Department of Health
- [Arrangements to Safeguard and Promote Children's Welfare](#) (original title "Every Child Matters" statutory guidance to the UK Border Agency under s.55 of the Borders, Citizenship and Immigration Act 2009).
- [Good practice guidance on working with parents with a learning disability](#) Department of Health
- [Circular 16/2005 - Guidance on offences against children](#) Home Office
- [Advice to parents and carers on gangs](#) Home Office
- [Disclosure and Barring Services](#) Disclosure and Barring Service
- [DBS barring referral guidance](#) Disclosure and Barring Service
- [Child protection and the Dental Team – an introduction to safeguarding children in dental practice](#) British Dental Association

- [Multi-agency public protection arrangements \(MAPPA\)](#) Ministry of Justice, National Offender Management Service and HM Prison Service
- [Prison, probation and rehabilitation: Public protection manual](#) National Offender Management Service and HM Prison Service
- [Probation service guidance on conducting serious further offence reviews framework](#) Ministry of Justice
- [Missing Children and Adults - A Cross Government Strategy](#) Home Office
- [Recognised, valued and supported: next steps for the carers strategy 2010](#) Department of Health
- [Carers Strategy: the second national action plan 2014-2016](#) Department of Health
- [Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures](#) Ministry of Justice
- [Mental Health Act 1983 Code of Practice: Guidance on the visiting of psychiatric patients by children](#) Department of Health
- [Modern slavery Act statutory guidance](#) Home Office
- [Guidance to schools and colleges on gangs and youth violence](#) Home Office
- [Advice to parents and carers on gangs](#) Home Office
- [Criminal exploitation of children and vulnerable adults: county lines](#) Home Office
- [Handling cases of forced marriage: multi-agency practice guidelines](#) Foreign and Commonwealth Office
- [Forced marriage](#) Foreign and Commonwealth Office and Home Office
- [Radicalisation - Prevent strategy](#) Home Office
- [Radicalisation - Channel guidance](#) Home Office
- [Serious and Organised Crime Toolkit](#) Home Office
- [Female Genital Mutilation Protection Orders: factsheet](#) Home Office
- [Forced Marriage Protection Orders](#) HM Courts and Tribunals Service

- [Understanding the female genital mutilation enhanced dataset: updated guidance and clarification to support implementation](#) Department of Health
- [Indecent images of children guidance for young people](#) Home Office
- [Cyber Aware](#) Home Office and Department of Culture, Media & Sport
- [Thinkuknow](#) National Crime Agency
- [Child Exploitation and Online Protection Centre](#) National Crime Agency
- [AssetPlus: assessment and planning in the youth justice system](#) Youth Justice Board
- [Safeguarding vulnerable people in the reformed NHS: Accountability and Assurance Framework](#) NHS England
- [NHS England safeguarding Policy](#) NHS England
- [Recognised, valued and supported: next steps for the Carers Strategy November 2010](#) Department of Health
- [Carers Strategy: Second National Action Plan 2014-2016](#) Department of Health
- [Mental Health Act 1983 Code of Practice: Guidance on the visiting of psychiatric patients by children](#) Department of Health

Guidance issued by external organisations

- [Improving the quality and use of serious case reviews](#) NSPCC
- [Private fostering](#) CoramBAAF
- [Safeguarding children and young people: roles and competences for health care staff - Intercollegiate document, March 2014](#) Royal College of Paediatrics and Child Health
- [Protecting children and young people: doctors' responsibilities](#) General Medical Council
- [Safeguarding Children Toolkit for General Practice](#) Royal College of General Practitioners
- [Standards for safeguarding and protecting children in sport](#) NSPCC

- [Looked-after children - Knowledge, skills and competences of health care staff](#)
Royal College of Nursing and Royal College of Paediatrics and Child Health
- [Guidance on when to suspect child maltreatment](#) NICE
- [Whistleblowing advice line](#) NSPCC
- [NICE guideline on child abuse and neglect](#) NICE
- [Child maltreatment: when to suspect maltreatment in under 18s](#) NICE
- [Inter parental relationships](#) Early Intervention Foundation
- [Sudden unexpected death in infancy and childhood: multi-agency guidelines for care and investigation](#) Royal College of Pathologists

Supplementary guidance to support the Learning and Improvement Framework

- [Guidance on Investigating Child Abuse and Safeguarding Children](#) College of Policing and National Police Chief's Council
- [Prison and Probation Ombudsman's fatal incidents investigation](#)



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