What to do if you’re worried a child is being abused –
Summary
Contents

Introduction – Safeguarding children 3

Everyone working with children and families should… 4

If you have concerns about a child’s welfare… 6

   Everyone should… 6

   Social workers and their managers, in responding to a referral, should… 8

   Police officers should… 9

What should happen later in the child protection process 10

   Social workers and their managers should… 10

   Police officers should… 10

   Everyone else should… 10

If you need further information 11

   Flow chart 1 – Referral 12

   Flow chart 2 – What happens following initial assessment? 13

   Flow chart 3 – Urgent action to safeguard children 14

   Flow chart 4 – What happens after the strategy discussion? 15

   Flow chart 5 – What happens after the child protection conference, including the review process? 16

Appendix 1 – Information sharing 17

   Flowchart of key principles for information sharing 19
Introduction – Safeguarding children

All those who come into contact with children and families in their everyday work, including practitioners who do not have a specific role in relation to safeguarding children, have a duty to safeguard and promote the welfare of children. You are likely to be involved in three main ways:

• you may have concerns about a child, and refer those concerns to children’s social care or the police. School staff (both teaching and non-teaching) should be aware of the local procedures to be followed for reporting concerns about a particular child. This will normally be via the school’s designated senior member of staff or their nominated deputy or if neither are available, another senior member of the school’s staff. In emergencies however, contact the police direct;

• you may be approached by children’s social care and asked to provide information about a child or family or to be involved in an assessment. This may happen regardless of who made the referral to children’s social care;

• you may be asked to provide help or a specific service to the child or a member of their family as part of an agreed plan and contribute to the reviewing of the child’s progress.

The flow charts starting on page 12 illustrate the processes for safeguarding children:
• from the point that concerns are raised about a child and are referred to a statutory agency that can take action to safeguard and promote the welfare of the child (flow chart 1);

• through an initial assessment of the child’s situation and what happens after that (flow chart 2);

• taking urgent action, if necessary (flow chart 3);

• to the strategy discussion, where there are concerns about the child’s safety, and beyond that to the child protection conference (flow chart 4); and

• what happens after the child protection conference, and the review process (flow chart 5).

Everyone working with children and families should…

• Be familiar with and follow your organisation’s procedures and protocols for promoting and safeguarding the welfare of children in your area, and know who to contact in your organisation to express concerns about a child’s welfare.

• Remember that an allegation of child abuse or neglect may lead to a criminal investigation, so don’t do anything that may jeopardise a police investigation, such as asking a child leading questions or attempting to investigate the allegations of abuse.

• If you are responsible for making referrals, know who to contact in police, health, education, school and children’s social care to express concerns about a child’s welfare.
When referring a child to children’s social care you should consider and include any information you have on the child’s developmental needs and their parents’/carers’ capacity to respond to these needs within the context of their wider family and environment. This information may have been obtained during the completion of a Common Assessment (2006). Similarly, when contributing to an assessment or providing services you should consider what contribution you are able to make in respect of each of these three domains. Specialist assessments, in particular, are likely to provide information relevant to a specific dimension, such as health, education or family functioning.

See the child and ascertain his or her wishes and feelings as part of considering what action to take in relation to concerns about the child’s welfare.

Communicate with the child in a way that is appropriate to their age, understanding and preference. This is especially important for disabled children and for children whose preferred language is not English. The nature of this communication will also depend on the substance and seriousness of the concerns and you may require advice from children’s social care or the police to ensure that neither the safety of the child nor any subsequent investigation is jeopardised. Where concerns arise as a result of information given by a child it is important to reassure the child but not to promise confidentiality.
• Record full information about the child at first point of contact, including name(s), address(es), gender, date of birth, name(s) of person(s) with parental responsibility (for consent purposes) and primary carer(s), if different, and keep this information up to date. In schools, this information will be part of the pupil’s record.

• Record in writing all concerns, discussions about the child, decisions made, and the reasons for those decisions. The child’s records should include an up-to-date chronology, and details of the lead worker in the relevant agency – for example, a social worker, GP, health visitor or teacher.

If you have concerns about a child’s welfare…

Everyone should…

• Discuss your concerns with your manager, named or designated health professional or designated member of staff, depending on your organisational setting. If you still have concerns, you or your manager could also, without necessarily identifying the child in question, discuss your concerns with senior colleagues in another agency in order to develop an understanding of the child’s needs and circumstances.

• If, after this discussion, you still have concerns, and consider the child and their parents would benefit from further services, consider which agency, including another part of your own, you should make a referral to. If you consider the child is or may be
a child in need, you should refer the child and family to children’s social care. This may include a child whom you believe is, or may be at risk of, suffering significant harm. If your concerns are about a child who is already known to children’s social care, the allocated social worker should be informed of your concerns. In addition to children’s social care, the police and the NSPCC have powers to intervene in these circumstances.

- In general, seek to discuss your concerns with the child, as appropriate to their age and understanding, and with their parents and seek their agreement to making a referral to children’s social care unless you consider such a discussion would place the child at an increased risk of significant harm. (Appendix 1 sets out six key points on information sharing reproduced from *Information sharing: Practitioners’ guide* (HM Government 2006) – Section 4 of this information sharing guidance provides more in-depth guidance on consent, confidentiality and information sharing. See www.ecm.gov.uk/deliveringservices/informationsharing)

- When you make your referral, agree with the recipient of the referral what the child and parents will be told, by whom and when.

- If you make your referral by telephone, confirm it in writing within 48 hours. Children’s social care should acknowledge your written referral within one working day of receiving it, so if you have not heard back within 3 working days, contact children’s social care again.
Social workers and their managers, in responding to a referral, should…

- Following a referral, you and your manager should decide on the next course of action within one working day and record this decision on the Referral and Information Record (Department of Health, 2002). Further action may include undertaking an initial assessment, referral to other agencies, provision of advice or information, or no further action.

- If you and your manager decide that you should take no further action at this stage, tell the referrer of this decision and the reasons for making it. Where a referral has been received from a member of the public, do this in a way that is consistent with respecting the confidentiality of each party.

- New information may be received about a child or family where the child or family member is already known to children’s social care. If the child’s case is open, and there are concerns that the child is or may be suffering harm, then a decision should be made about whether a strategy discussion should be initiated. It may not be necessary to undertake an initial assessment before deciding what to do next. It may, however, be appropriate to undertake a core assessment or to update a previous one, in order to understand the child’s current needs and circumstances and inform future decision-making. If this information causes you to be concerned about a child’s safety then discuss it with your manager. If you consider the child is or may be suffering harm, decide whether, as the child and family will be well known to children’s social care it is appropriate to hold a strategy discussion without undertaking an initial assessment.
• You and your manager should consider whether a crime may have been committed. If so, discuss the child with the police at the earliest opportunity, as it is their responsibility to carry out any criminal investigation in accordance with the agreed plan for the child.

• When you have received a referral from a member of the public, rather than another professional, remember that personal information about referrers, including anything that could identify them, should only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer. If the police are involved, you will need to discuss with them when to inform the parents about referrals from third parties, as this will have a bearing on the conduct of police investigations.

Police officers should…

• Where you become involved with a child about whom you have child welfare concerns, refer to children’s social care and agree a plan of action.

• Where you are contacted by children’s social care about a child, consider whether to begin a criminal investigation and lead on any investigation.

• Undertake the evidence gathering process whilst working in partnership and sharing relevant information with children’s social care and other agencies.

• Take immediate action where necessary to safeguard a child, consulting with children’s social care and agreeing a plan of action as soon as practicable.
What should happen later in the child protection process

Social workers and their managers should…

• Lead on the assessment and planning processes, ensuring planned interventions are carried out and the child’s developmental progress reviewed, and provide support or specific services to the child or member of the family as part of an agreed plan.

Police officers should…

• Investigate any allegations of crime or suspected crime and use the information gained to assist other agencies in understanding the child’s circumstances, in the interests of the child’s welfare.

• Investigate the criminal history of any known or suspected offender and where appropriate refer to the multi-agency public protection arrangements (MAPPA) so that any future risk of serious harm can be properly assessed and managed.

Everyone else should…

• provide relevant information to children’s social care or the police about the child or family members;

• contribute to initial or core assessments and undertake specialist assessments, if requested, of the child or family members;
provide support or specific services to the child or member of the family as part of an agreed plan, and contribute to the reviewing of the child’s developmental progress.

If you need further information


Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children. Website: http://www.everychildmatters.gov.uk/resources-and-practice/IG00060/

What To Do If You’re Worried A Child Is Being Abused. Website: http://www.everychildmatters.gov.uk/search/?asset=dowmeat&id=17378

Information sharing: Practitioners’ guide. Website: http://www.ecm.gov.uk/deliveringservices/informationsharing


The Exemplar Records for the Integrated Childrens’ System Website: http://www.everychildmatters.gov.uk/ics
Flow chart 1 – Referral

PRACTITIONER HAS CONCERNS ABOUT
CHILD’S WELFARE

Practitioner discusses with manager and/or other senior
colleagues as they think appropriate

Still has concerns

Practitioner refers to LA children’s
social care, following up in writing
within 48 hours

Social worker and manager
acknowledge receipt of referral
and decide on next course of
action within one working day

Initial assessment required

Concerns about child’s
immediate safety

See flow chart 3 on
emergency action

No longer has concerns

No further LA children’s social care
involvement at this stage, although
other action may be necessary,
e.g. onward referral

Feedback to referrer on next
course of action

See flow chart 2 on
initial assessment

No further child protection action,
although may need to act to ensure
services provided

Social worker and manager
acknowledge receipt of referral
and decide on next course of
action within one working day

Initial assessment required

Concerns about child’s
immediate safety

See flow chart 3 on
emergency action

No further child protection action,
although may need to act to ensure
services provided

Feedback to referrer on next
course of action

See flow chart 2 on
initial assessment

No further LA children’s social care
involvement at this stage, although
other action may be necessary,
e.g. onward referral

Concerns about child’s immediate safety

See flow chart 3 on emergency action
Flow chart 2 – What happens following initial assessment?

INITIAL ASSESSMENT COMPLETED WITHIN 7 WORKING DAYS FROM REFERRAL TO LA CHILDREN’S SOCIAL CARE

Feedback to referrer

No LA children’s social care support required, but other action may be necessary, e.g. onward referral

Child in need

No actual or likely significant harm

Actual or likely significant harm

Social worker discusses with child, family and colleagues to decide on next steps

Strategy discussion, involving LA children’s social care, police and relevant agencies, to decide whether to initiate a s47 enquiry

Decide what services are required

Concerns arise about the child’s safety

In-depth assessment required

Social worker leads core assessment; other professionals contribute

Further decisions made about service provision

Social worker co-ordinates provision of appropriate services, and records decisions

See flow chart 4

Review outcomes for child and when appropriate close the case
DECISION MADE THAT EMERGENCY ACTION MAY BE NECESSARY TO SAFEGUARD A CHILD

Immediate strategy discussion between LA children’s social care, police and other agencies as appropriate

Relevant agency seeks legal advice and outcome recorded

Immediate strategy discussion makes decisions about:
- immediate safeguarding action
- information giving, especially to parents

Relevant agency sees child and records outcome

No emergency action taken
- Child in need
  - See flow chart 2

Appropriate emergency action taken
- Strategy discussion and s47 enquiries initiated
  - See flow chart 4

With family and other professionals, agree plan for ensuring child’s future safety and welfare and record decisions
Flow chart 4 – What happens after the strategy discussion?

STRATEGY DISCUSSION MAKES DECISIONS ABOUT WHETHER TO INITIATE S47 ENQUIRIES AND DECISIONS ARERecorded

- No further LA children’s social care involvement at this stage, but other services may be required
  - Decision to commence core assessment under s17 of Children Act 1989
  - Police investigate possible crime
  - Decision to initiate s47 enquiries
  - Social worker leads core assessment under s47 of Children Act 1989 and other professionals contribute
  - Concerns about harm not substantiated but child is a child in need
    - With family and other professionals, agree plan for ensuring child’s future safety and welfare and record decisions
    - Concerns substantiated, child at continuing risk of harm
      - Social work manager convenes child protection conference within 15 working days of last strategy discussion
        - Decisions made and recorded at child protection conference
          - Child at continuing risk of significant harm
            - Child is subject of child protection plan; outline child protection plan prepared; core group established – see flowchart 5
          - Child not at continuing risk of significant harm
            - Further decisions made about completion of core assessment and service provision according to agreed plan
    - Concerns substantiated but child not at continuing risk of harm
      - Agree whether child protection conference necessary and record decision
        - YES
          - Social worker leads completion of core assessment
        - NO
          - With family and other professionals, agree plan for ensuring child’s future safety and welfare and record decisions

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

**CHILD IS THE SUBJECT OF A CHILD PROTECTION PLAN**

- Core group meets within 10 working days of child protection conference
- Keyworker leads on core assessment to be completed within 35 working days of commencement
- Core group members commission further specialist assessments as necessary

Child protection plan developed by key worker, together with core group members, and implemented

Core group members provide/commission the necessary interventions for child and/or family members

First child protection review conference is held within 3 months of initial conference

**Review conference held**

- **No further concerns about harm**
  - Child no longer the subject of child protection plan and reasons recorded
  - Further decisions made about continued service provision

- **Some remaining concerns about harm**
  - Child remains subject of a child protection plan which is revised and implemented
  - Review conference held within 6 months of initial child protection review conference
Appendix 1 – Information sharing: Practitioners guide

(Reproduced from Information sharing: Practitioners’ guide (HM Government, 2006, Page 5)

Six key points on information sharing

• You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime including where seeking consent might lead to interference with any potential investigation.

• You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child’s safety and welfare must be the overriding consideration.

• You should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information. You may still share information, if in your judgment on the facts of the case, there is sufficient need in the public interest to override that lack of consent.
• You should seek advice where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others.

• You should ensure that the information you share is accurate and up-to-date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it, and shared securely.

• You should always record the reasons for your decision – whether it is to share information or not.
You are asked to or wish to share information

Yes

Is there a legitimate purpose for sharing information? (para 4.2–4.5)

No

Does the information enable a person to be identified? (para 4.6)

No

Is the information confidential? (para 4.7–4.11)

Yes

Do you have consent? (para 4.12–4.22)

No

Do you have a statutory obligation or court order to share information? (para 4.23–4.24)

Yes

Is there sufficient public interest to share? (para 4.25–4.28)

No

You can share

Do not share

Share information:

• Identify how much information to share.
• Distinguish fact from opinion.
• Ensure that you are giving the information to the right person.
• Inform the person that the information has been shared if they were not aware of this and if it would not create or increase risk of harm. (para 4.29)

Record the information sharing decision and your reasons, in line with your agency’s procedures or local protocols (para 4.30–4.31)

Seek advice from your manager, supervisor, child protection advisor or Caldicott Guardian if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.