

City of York Safeguarding Children Board

Multi-agency safeguarding procedure

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Introduction

- 1.1. All individuals working with children have a duty and responsibility to report any child protection allegations and concerns, which come to their attention. This section sets out the processes in making a referral if there are concerns and the initial actions of Children's Social Care.

Unclear situations

- 1.2. If it is unclear whether a child is suffering or likely to suffer significant harm, discussions should be held with your agency's child protection advisor and/or

with the Children's Social Care's Referral and Assessment Service (01904 551900).

Informing parents of the need to make a referral

- 1.3. In the majority of cases, it is good practice to be open and honest at the outset with the parents/carers about concerns, the need for a referral, information sharing between agencies and the accompanying need for making an enquiry in respect of whether a child is subject to a child protection plan.
- 1.4. All reasonable efforts should be made to inform parents/carers prior to making the referral. However, a referral should not be delayed if you are unable to discuss the concern with the parents. (See 1.6)
- 1.5. Where a child expresses a wish for his or her parents not to be informed, their views should be taken seriously and a judgement made, based on the child's age and understanding, as to whether the child's wishes should be overridden.
- 1.6. There are **cases where you should not** discuss concerns with parents/carers before making a referral. Concerns **must not** be discussed with parents/carers before referral in the following circumstances:
 - Where discussion would put a child at risk of significant harm
 - Where discussion would impede a Police investigation or social work enquiry
 - Where sexual abuse is suspected
 - Where organised or multiple abuse is suspected
 - Where factitious illness or induced illness is suspected
 - Where to contact parents/carers would place you or others at risk
 - Where it is not possible to contact parents/carers without causing undue delay in making the referral
 - In such cases, advice should be sought from Children's Social Care and/or the police's Protecting Vulnerable People Unit.

Checking if a child is subject to a Child Protection Plan

- 1.7. A professional working with children can make an enquiry to check whether a Child is subject to a child protection plan on 01904 551900 in order to establish whether the child or family is known. Enquiries can be either made in person, by telephone or in writing.
- 1.8. The Duty social worker (children subject to a child protection plan) will provide basic information (e.g. if the child is known to the Register of children subject

to a child protection plan) and will direct the inquirer to the relevant Children's Social Care team or individual worker involved.

- 1.9. If the child is currently the subject of a child protection plan, the Duty social worker will follow up the enquiry by contacting the key worker or relevant Service Manager to ensure they are aware of the enquiry.
- 1.10. Out of office hour's enquiries can be made by telephone to the Emergency Duty Team (01609 780780), which holds an index listing basic details of all children who are subject to a child protection plan.

Reporting concerns

- 1.11. If there are concerns that the child is suffering or is likely to suffer significant harm a referral should be made immediately to Children's Social Care via the Children's Front Door (01904 551900) or email:
childrensfrontdoor@york.gov.uk
or for secure emails: childrensfrontdoor@york.gcsx.gov.uk
- 1.12. A written referral must be completed and submitted within 24 hours.
(<http://www.saferchildrenyork.org.uk/concerned-about-a-child-or-young-person.htm>)
- 1.13. The referrer should:
 - Clearly identify themselves, their agency and give details of where they can be contacted that day.
 - Provide as much relevant family information as possible and, clearly stating the name of the child, the parents/carers and any other children known to be in the household, the dates of birth and addresses and any previous addresses known
 - Provide details of any special needs or communication needs of either the child or any family member
 - State why they feel the child is suffering, or is likely to suffer, significant harm.
 - Share their knowledge and involvement of the child(ren) and family
 - Share their knowledge of any other agency involved
 - Indicate the child's, parent's/carer's knowledge of the referral and their expectations
 - Ensure they record within their agency files the concerns and action taken

The referrer is entitled to:

- Receive an explanation from Children's Social Care of what will happen

next

- Be provided with the name of a contact person within Children's Social Care in respect of who will be dealing with the referral
- Receive information on the outcome of the referral within seven working days.

Where concerns about a child's safety arise out of office hours a referral should be made to the [Emergency Duty Team](#).

Responding to a referral ([see flowchart 1](#))

- 1.14. Once the referral has been accepted by Children's Social Care the lead professional role falls to a social worker.
- 1.15. The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen.
- 1.16. Within one working day of a referral being received a social worker within Children's Social Care should make a decision about the type of response that is required. This will include determining whether:
 - the child requires [immediate protection](#) and urgent action is required;
 - the child may have a need for additional services, 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;
 - further enquiries are needed to determine the appropriate action

Action to be taken:

- 1.17. The child and family must be informed of the action to be taken.
- 1.18. Children's Social Care should see the child as soon as possible if the decision is taken that the referral requires further assessment.
- 1.19. Where requested to do so by Children's Social Care, professionals from other parts of the City of York Council, such as housing, and those in health organisations have a duty to cooperate (under section 27 of the Children Act 1989) by assisting Children's Social Care in carrying out its functions.

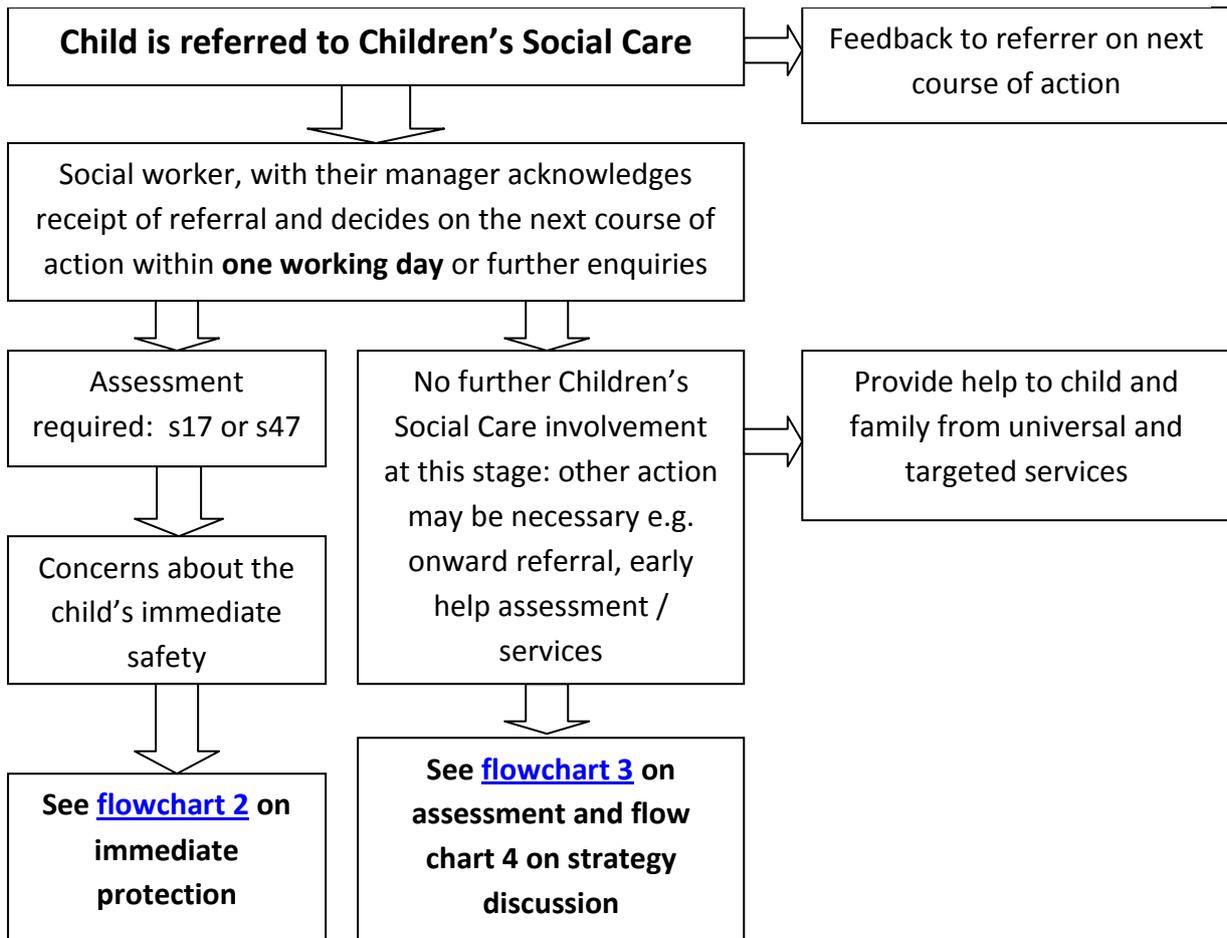
Disagreements

- 1.20. If the professional making the referral disagrees with Children's Social Care's

decision about whether child protection procedures should be applied, they should discuss this with the Child Protection advisor in their agency, who may wish in the first instance to contact the relevant Service Manager

- 1.21. Where a disagreement cannot be resolved, reference should be made to the CYSCB procedure ‘Resolution of professional concerns and disputes’

Flow chart 1: action taken when a child is referred to Children’s Social Care



Immediate Protection [\(see flowchart 2\)](#)

- 1.22. Where there is a risk to the life of a child or a likelihood of serious immediate harm, Children’s Social Care social workers, the police or NSPCC should use their statutory child protection powers to act immediately to secure the safety of the child.
- 1.23. If it is necessary to remove a child from their home, Children’s Social Care 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

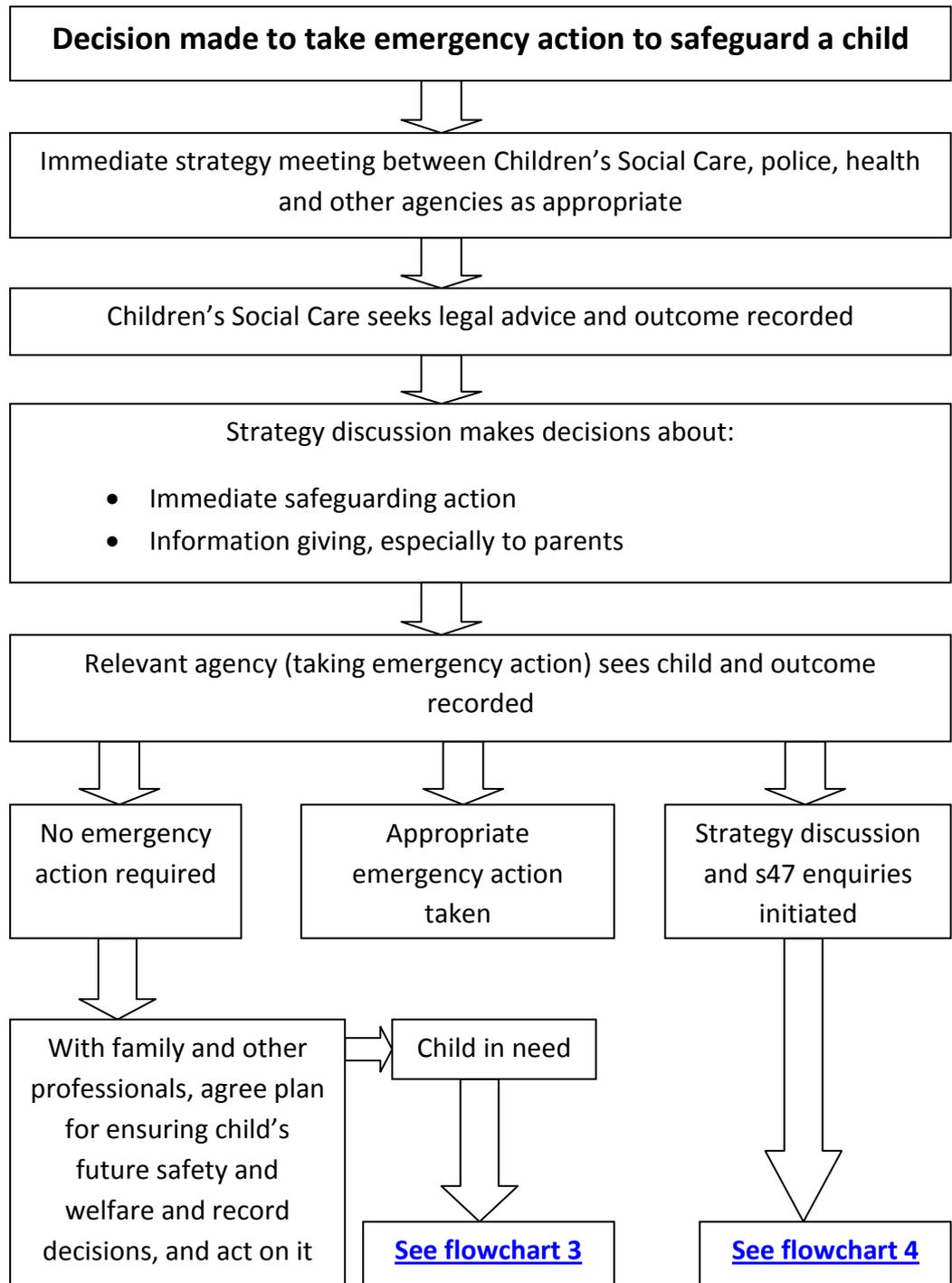
child in an emergency should be used only in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child.

- 1.24. An EPO, made by the court, gives authority to remove a child and places them under the protection of the applicant.
- 1.25. 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.
- 1.26. 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.
- 1.27. 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

- 1.28. 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; and
 - wherever possible, obtain legal advice before initiating legal action, in particular when an EPO is being sought.

Flow chart 2: immediate protection



Assessment of a child under the Children Act 1989 [\(see flowchart 3\)](#)

1.29. Following acceptance of a referral by the 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, but must be completed within 45 working days from the point of referral.

- 1.30. Where 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.
- 1.31. 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, Children's Social Care 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:

- 1.32. 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 Children's Social Care in its decision making.

Social workers should:

- lead on an assessment and complete it in line with the locally agreed protocol according to the child's needs ;
- 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

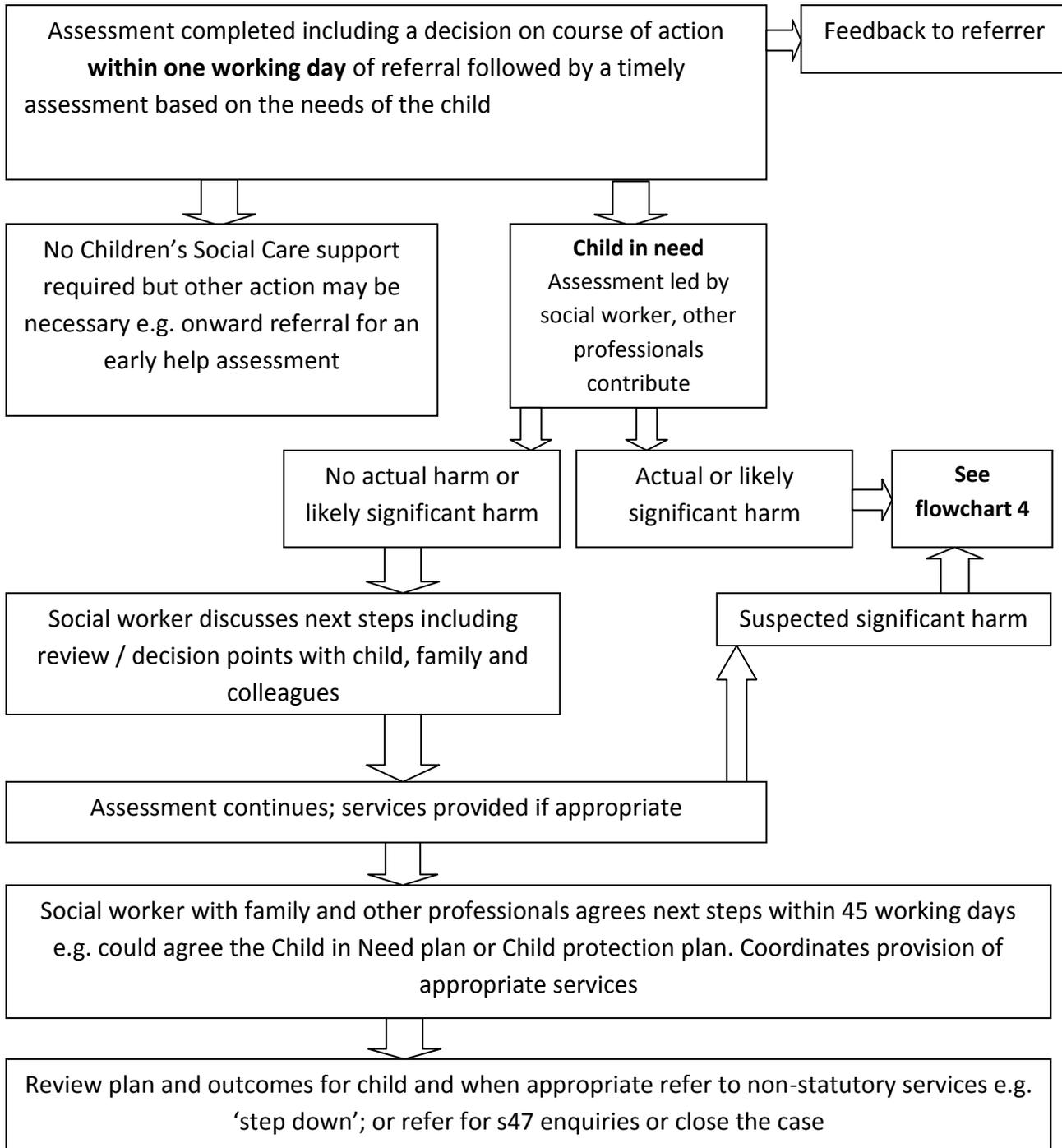
- support;
- and inform the referrer of what action has been or will be taken.

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 Children's Social Care

All involved professionals should:

- be involved in the assessment and provide further information about the child and family; and
- agree further action including what services, if any, would help the child and family and inform Children's Social Care.



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

Strategy discussions

- 1.33. 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 Children's Social Care, 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 if it comes to light within that process that a child may be suffering significant harm.

Purpose:

- 1.34. 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:

- 1.35. A Children's Social Care social worker and their manager, relevant health professionals and a police representative should, as a minimum, be involved in the strategy discussion. Other relevant professionals will depend on the nature of the individual case but may include:
- the professional or agency which made the referral;
 - the child's school or nursery; and
 - any health services the child or family members are receiving.
- 1.36. All attendees should be sufficiently senior to make decisions on behalf of their agencies.

Strategy discussion tasks:

- 1.37. The discussion should be used to:
- share available information;
 - agree the conduct and timing of any criminal investigation; and
 - decide whether [enquiries under section 47](#) of the Children Act 1989 should be undertaken.
- 1.38. Where there are grounds to [initiate a section 47](#) of the Children Act 1989 enquiry, 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; and
- whether legal action is required.

1.39. 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 CYSCB's assessment protocol

Social workers with their managers should:

- 1.40. 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; and
 - follows up actions to make sure what was agreed gets done.

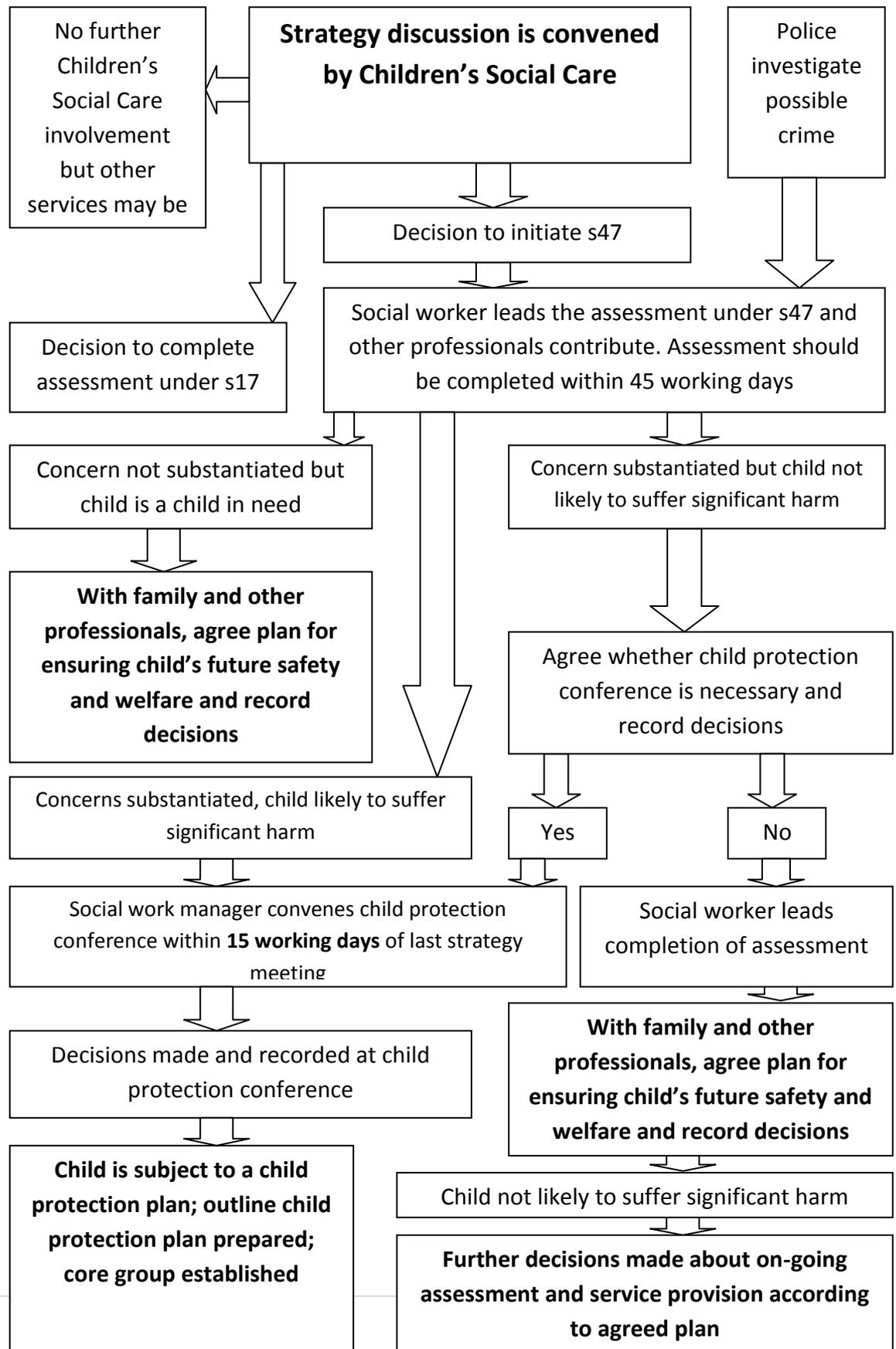
The police should:

- 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; and
- lead the criminal investigation (Children's Social Care have the lead for the section 47 enquires and assessment of the child's welfare) where joint enquiries take place.

Involved Health Professionals should:

- gather any relevant information from other involved health professionals to share at the Strategy meeting;

Flow chart 4: action following a strategy meeting



Initiating section 47 enquiries ([see flowchart 4](#))

- 1.41. 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. Children's Social Care social workers have a statutory duty to lead assessments under section 47 of the Children Act 1989. The police, health professionals, teachers and other relevant professionals have a duty to help Children's Social Care in undertaking its enquiries.

Purpose:

- 1.42. 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 with their managers should:

- 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 and/or caregivers 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 professionals 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; and
- 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.

The police should:

- 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 professionals any evidence gathered to inform discussions about the child's welfare; and
- 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 professionals should:

- undertake appropriate medical tests, examinations or observations, to determine how the child's health or development may be being impaired;
- 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 coordinate these assessments; and
- ensure appropriate treatment and follow up health concerns.

All involved professionals should:

- contribute to the assessment as required, providing information about the child and family; and
- consider whether a joint enquiry/investigation team may need to speak to a child victim without the knowledge of the parent or caregiver.

Outcome of section 47 enquiries

- 1.43. Children's Social Care social workers are responsible for deciding what action to take and how to proceed following section 47 enquiries.
- 1.44. If Children's Social Care decides not to proceed with a child protection conference then other professionals involved with the child and family have the right to request that 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 LSCB should have in place a quick and straightforward means

of resolving differences of opinion.

Where concerns of significant harm are not substantiated:

Social workers with their managers should:

- discuss the case with the child, parents and other professionals;
- determine whether support from any services may be helpful and help secure it; and
- 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 professionals 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; and
- review the impact of services delivered as agreed in the plan.

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

Social workers with their managers should:

- convene an initial child protection conference. 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 professionals 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; and
- 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 professionals 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; and
- attend the conference and take part in decision making and protection planning when invited.

Out of hours response

- 1.45. If concerns relating to significant harm are raised out of office hours, the Emergency Duty Team worker (EDT) taking the referral will consult with the EDT Manager or EDT Team Leader and will make enquiries of:
- All available agencies
 - All available records or agency checking systems
 - If necessary, refer back to the source of the information to obtain further detail.
- 1.46. The EDT worker will consult with the EDT Manager/Team Leader on completion of the above enquiries, to agree a plan which includes the following actions:
- Undertake any urgent investigation if necessary
 - Identify and action any immediate steps necessary to protect children

The EDT Manager/Team Leader will:

- Authorise Section 47 enquiries, if required
 - Ensure the Police are consulted and that joint action, if appropriate, is arranged
 - Authorise any immediate action necessary to protect children
 - Ensure that any decision taken to handover the enquiries to Children's Social Care is communicated to the other agencies involved.
- 1.47. The EDT Manager/Team Leader will ensure the appropriate paperwork is forwarded to the relevant Children's Social Care Team in order that they are able to continue with the enquiries.

The EDT worker will:

- Inform the relevant Children's Social Care team of information received and action taken at the start of the next working day.
- Be available to attend Initial Child Protection Conference where their involvement was significant, or to provide a written report if unable to attend.