

CHILD PROTECTION POLICY

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CHILD PROTECTION

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Legal Basis

Legislation specific to the subject of this policy document:

- Police and Criminal Evidence Act 1984
- Criminal Justice and Public Order Act 1994
- Children Act 1989, Children Act 2004 and related legislation
- Youth Justice and Criminal Evidence Act 1999

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Other relevant legislation which you must check this document against (required by law)

- [Human Rights Act 1998 \(in particular A.14 – Prohibition of discrimination\)](#)
- [Equality Act 2010](#)
- [Crime and Disorder Act 1998](#)
- [Health and Safety at Work etc. Act 1974 and associated Regulations](#)
- [General Data Protection Regulation \(GDPR\) and Data Protection Act 2018](#)
- [Freedom Of Information Act 2000](#)
- [The Civil Contingencies Act 2004](#)

Other documentation which you must check this document against:

- [College of Policing – Code of Ethics](#)
- [Norfolk and Suffolk Constabularies' Standards of Professional Behaviour](#)
- [College of Policing – Authorised Professional Practice](#)

Other Documentation:

- Norfolk Safeguarding Children Partnership Protocols
- Working Together to Safeguard Children 2018
- Home Office, DoH, DfES Document
- Achieving Best Evidence in Criminal Proceedings
- Home Office/CPS Document
- Complex Child Abuse Investigations: Inter-Agency issues 2002, Home Office
- Victoria Climbié Inquiry Report
- Investigating Child Abuse and Safeguarding Children APP

1. Policy Statement

- 1.1 Norfolk Constabulary is committed to providing a standard and coherent response to all allegations of abuse against children in a manner that ensures the best possible protection is afforded to victims and witnesses. Offences of a serious nature committed against children will be investigated without undue delay and to the same standards as equivalent crimes against adults.
- 1.2 The procedures set out in this document apply to all police officers, police staff, including those employed by the Office of the Police and Crime Commissioner, special constables, volunteers and partner agencies where appropriate.
- 1.3 Public authorities have an obligation to act in accordance with the Human Rights Act 1998. Staff must be mindful of their responsibilities within the act and take them into account whilst engaged in child protection activities.

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- 1.4 The policy is intended to promote equality, eliminate unlawful discrimination and actively promote good relations regardless of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, economic or family status.
- 1.5 This policy has been formally agreed via the approved policy development/review process. It will be maintained by the Safeguarding and Investigations Command in conjunction with the Central Policy Unit.

2. Purpose

- 2.1 The overall aim of the policy is to inform operational personnel of their responsibilities in relation to the protection of children from abuse, criminal or otherwise.
- 2.2 A child is defined by The Children Act 1989 as anyone who has not yet reached their 18th birthday.
- 2.3 The policy highlights the role of Child Abuse Investigators within the Safeguarding and Investigations Command and the responsibilities of operational staff when dealing with incidents of child abuse. The policy also highlights the responsibility of all staff of Norfolk Constabulary towards safeguarding and promoting the welfare of children. The policy should be used in conjunction with locally developed multi-agency child protection procedures available via the Child Abuse Investigation Unit intranet site, the NPIA guidance 'Investigating Child Abuse and Safeguarding Children' and on the Norfolk Safeguarding Partnership website.

3. Underpinning Procedures Introduction

- 3.1 Police officers, police staff and volunteers routinely come into contact with children during the course of their day to day duties. They need to be aware of the signs that a child may be the subject of abuse or in need of additional support and to know what actions to take.
- 3.2 This policy is intended to provide guidance to officers and staff coming into contact with children and those officers tasked with investigating the abuse of children.
- 3.3 All officers and staff have a general responsibility within the multi-agency setting to ensure the best interests and welfare of the child are maintained at all times. Child protection investigations are investigated by numerous departments across the force area including County Policing Command (CPS), Custody Investigation Units (CIUs) and Safeguarding and Investigations. Norfolk Multi-Agency Safeguarding Hub (MASH) provides a multi-agency specialist safeguarding service to protect vulnerable children.
- 3.4 The central theme throughout this policy places a personal responsibility on officers and staff to take the most appropriate and immediate action to safeguard children. This is not a deferrable responsibility and cannot be abdicated through the subsequent submission of intelligence reports and

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Athena Child at Risk reports. Safeguarding children must be the primary concern in any interaction with Norfolk Constabulary.

Duty to Protect Children

- 3.5 Norfolk police officers, police staff and volunteers have a duty to safeguard all children, and should be professionally curious in their enquiries. Particular care should be taken to identify cumulative risk. It must be recognised that some children are at greater risk of abuse than others and require additional considerations.

4. Children who may be at Increased Risk

- 4.1 Children in the following situations may be at increased risk of child abuse due to the potential of additional vulnerability factors. Such characteristics or situations may mean that children falling into these groups are unable to communicate concerns as readily as others. Although officers and staff should be alive to risk to children in every situation, particular attention should be given when attending situations involving those at increased risk. These additional vulnerability factors should be clearly highlighted on the Athena Child at Risk form. A child risk assessment should be completed for each child and either a standalone Child Protection Investigation (CPI) created or an included classification of Child Protection Investigation (Athena reference NC/12) added where a crime is recorded.

Children with Disabilities

- 4.2 The Department of Health in 'Working Together to Safeguard Children 2018' recognise that the available UK evidence suggests that children with disabilities are at greater risk of abuse than non-disabled children and that the presence of multiple impairments appears to increase the risk of both abuse and neglect.
- 4.3 Children with disabilities may:
- receive intimate personal care, possibly from a number of carers, which may increase the risk of exposure to abusive behaviour.
 - have an impaired capacity to resist or avoid abuse.
 - have communication difficulties or lack of access to an appropriate vocabulary which may make it difficult to tell others what is happening.
 - not have someone to turn to, may lack the privacy they need to do this, or the person they turn to may not be receptive to the issues being communicated.
 - be inhibited about complaining because of a fear of losing services.
 - be especially vulnerable to bullying and intimidation.
 - be more vulnerable than other children to abuse by their peers.

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Children Living Away from Home e.g. Children in Care

- 4.4 High profile investigations into the abuse and care of looked after children are testament to the need for a robust approach to the protection of these very vulnerable children. Whilst safeguarding has undoubtedly moved on considerably, the vulnerability of such children should always be a consideration during investigations.

Children Missing from Home

- 4.5 Children who regularly go missing from home can place themselves at greater risk of abuse. They may become involved in risk taking behaviour and find themselves in a position where they are vulnerable to abuse and exploitation from others. By being away from family and friends they reduce the level of support and protection afforded to them by those who care about them.
- 4.6 Missing from home instances, particularly when regular, can also be an indicator that a child is already being exploited or abused. All missing from home instances are reviewed in the MASH and shared with Children's Services staff. Where it is felt that the missing episode(s) could be an indicator of child exploitation a multi-agency Child Exploitation Screening will be carried out in the MASH (see section 16 below for more information about child exploitation).
- 4.7 Further information and guidance can be found in the Missing and Absent Person Policy.

Children whose first language is not English and Asylum-Seeking Children living without their parents

- 4.8 Children for whom English is not their first language may find it more difficult to communicate what has happened to them. Religious or cultural traditions may make children reluctant to disclose any abuse that has been occurring. Unaccompanied minors/ Asylum-Seeking Children could also be vulnerable to abuse due to no or limited support structures. Children for whom English is not their first language or who may have a physical, sensory or learning disability may need the services of an appropriate interpreter/communication facilitator and a culturally competent advocate.

Children with Substance Abusing Parents (Also known as Hidden Harm)

- 4.9 Children may be put at risk by parents who abuse drugs, alcohol or other substances. The parents' ability to care for the child may be seriously impaired and the child may be at risk from accessing the same materials the parent is taking with serious medical implications.
- 4.10 Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including being the victim of or witness to abuse, neglect, domestic abuse, parental abandonment and growing up in a household in which there are adults experiencing alcohol and drug problems. ACEs have been found to have lifelong impacts on health and behaviour.

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- 4.11 Officers should always consider the welfare of children when conducting drug searches. Where concerns exist for the safety and welfare of a child of drug abusing parents then it is the responsibility of every officer to take immediate action to safeguard that child (Police Protection). In all cases, an Athena Child Protection Investigation (CPI) should be raised outlining the concerns and any action taken. It is essential that the MASH is informed where a child is present or normally resident in a household where it is suspected that drugs are being taken or supplied. This will allow a proper multi-agency assessment to be made on the parents' capacity to look after the child and to put safeguarding measures in place.
- 4.12 Where it is planned to execute a drug warrant and it is known or suspected that children will be present then consideration should be given to contacting the MASH prior to the execution of the warrant in order to consider any required safeguarding strategy.

Children who are Carers

- 4.13 Children who are under 18 years old and provide or intend to provide regular and ongoing care and emotional support to an adult family member or friend who is physically ill, mentally ill, disabled or misuses substances may require support from services to safeguard and promote their welfare.
- 4.14 S.17 of the Children Act 1989 explains the duties of Local Authorities to identify, assist and support young carers and their families.
- 4.15 If a young person is identified as fulfilling this role or intending to fulfil this role, police must act proactively in completing a Child Protection Investigation (CPI) on Athena and registering an interest to MASH Child Safeguarding.
- 4.16 MASH staff will triage and ensure that this information is then shared with partners where relevant.

Children Living in an Environment of Domestic Abuse

- 4.17 Even in households where children are not directly the subject of abuse it is well established that living with domestic abuse can result in impaired development and psychological harm, linking with the impacts of other Adverse Childhood Experiences (ACEs). It is imperative that when officers deal with incidents of domestic abuse they include full details of all children present or normally resident in that household in the Athena Non-Crime Domestic or Domestic Abuse crime and add a CPI to the investigation. Officers have a duty to physically check the welfare of any children at the time of the incident. It is vital to also include softer intelligence such as words spoken and demeanour of the child. Officers should take positive action to protect children in these situations and Athena investigations must be created before the end of the tour of duty.
- 4.18 All domestic abuse reports are risk assessed and those involving children will be further referred to Children's Services and Education so that Operation Encompass notifications can be made to schools.

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4.19 Further information and guidance can be found in the Domestic Abuse Policy.

Honour Based Abuse (HBA), Forced Marriage (FM) and Female Genital Mutilation (FGM)

4.20 Children who are at risk of Honour Based Abuse, Forced Marriage or Female Genital Mutilation issues are at increased risk of significant harm. All officers and staff should be aware of their responsibilities in relation to HBA and further guidance can be found within the Honour Based Abuse Force Policy. HBA Champions are based in the MASH and can be contacted for guidance.

Children living with/in contact with Sex Offenders

4.21 Some children will have parents or relatives who are sex offenders or a sex offender may be a visitor to the child's household. Clearly children in contact with sex offenders are at greater risk of abuse. Where officers or staff become aware that a child is living with or in contact with someone who is a sex offender or who is under investigation for sexual offences, advice should be sought from the MASH and the Public Protection Unit. If out of hours, then the Duty Safeguarding and Investigations or Night Turn Detective Sergeant should be contacted. In these circumstances, police should liaise with Children's Services (or the Emergency Duty Team) to identify the most appropriate action in the best interests of the child. In all circumstances, a CPI must be created and immediate action should be taken to safeguard any child from harm. Close liaison will take place with the Public Protection Unit who have responsibility for monitoring registered sex offenders.

Private Fostering

4.22 A private fostering arrangement is essentially one that is made privately (i.e. without the involvement of the Local Authority) for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative for 28 days or more. Where officers or staff become aware that a private fostering arrangement may be in place, then a CPI should be submitted so that assessments can be carried out by Children's Services to ensure the child is receiving appropriate care.

4.23 Particular care and scrutiny should be taken where communication difficulties provide a barrier.

4.24 This also reinforces the need for police officers to contact Children's Services (or via the MASH or Emergency Duty Team) when making decisions on placing children from any incidents we attend. (See Police Protection below)

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Police Procedures

5. Initial Police Response to Child Care Concerns / Allegations of Child Abuse

5.1 Where it is stated or believed **a child is in need of support**, but may not meet the criteria for being in need of protection (See Appendix 1 for definitions) the attending officer must:

- Ensure the immediate well-being of the child, this must include seeing the child and, if appropriate, speaking to the child.
- Inform the MASH by completing a CPI. If it cannot be done immediately it must be done prior to completion of tour of duty. MASH operates between the hours of 0700 and 1900hrs Monday to Friday and 0700 to 1500hrs at the weekend. Advice can be sought from the Duty Detective Sergeant outside of these times (call signs OV10 or OV90).
- Where possible, the parent/carer should be informed that a referral will be made to the MASH and that information may be shared with other agencies such as Children's Services, Health and Education.

5.2 Where it is stated or believed **a child is in need of protection**, i.e. suffering or is likely to suffer significant harm (See Appendix 1 for definitions), the police officer attending the incident must:

- Ensure the immediate well-being and protection of the child; this must include seeing the child and if appropriate speaking to the child. Police powers (Section 46 of the Children Act 1989 Police Protection) to be used in exceptional circumstances where there is insufficient time for Children's Services to seek an Emergency Protection Order. Ensure a supervisor is notified of the incident and takes an active role in ensuring the safety of children and compliance with policies and procedures (See section below regarding Police Protection). If the child's parent/carer agrees for the child to be taken to another family member or friend then this should be considered in consultation with Children's Services as it may be less distressing for the child than being taken to stay with strangers. However, checks must be made on the proposed carer to ensure they will not pose an additional risk to the child. The decision taken must be recorded on the CAD and a CPI must be created.
- Preserve any evidence (consider Video Recorded Interview (VRI), CSI, paediatric examination / seizure of electronic equipment etc.)
- Obtain details of witnesses and suspects.
- Inform the MASH by phoning in or via Control Room and then completing a CPI.
- Outside of MASH hours, advice can be sought from the Duty Detective Sergeant (call signs OV10 or OV90). Direct contact with Social Service's Emergency Duty Team (EDT) may also be necessary – 0344 800 8020.

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- Ensure an accurate record is kept of any discussions and joint decision making that takes place with other agencies and forward the record to the MASH.
- Consider safeguarding for any other siblings or young persons in the household (officers will need to consider the wider definition of household).
- Consider arresting the alleged offender. Safeguarding requirements as well as golden hour principles of evidence identification and preservation need to be taken into account.

5.3 In cases of child in need of support or protection, the MASH will be responsible for:

- Assessing the information contained within the CPI and any risks associated with it;
- Ensuring that the information is recorded onto Athena via the MASH IMU team;
- Initiating an appropriate investigation;
- Provide feedback/guidance on the quality of the information provided where appropriate.

6. Positive Action to Ensure the Welfare of Children – Powers of Entry

6.1 Whenever concern has been expressed about a child, officers should take positive steps to see the child to establish the child's welfare. This concern may come from an incident that the police are dealing with; it may be a request from partner agencies, another professional or a member of the public. It is important to note that there are a number of agencies who work in partnership with the police to safeguard children, e.g. social workers and health visitors. These are professional people who will only ask for police assistance when necessary. Calls for such assistance should be dealt with positively remembering that these professionals do not benefit from the same powers of entry that police officers do.

6.2 Checking on a child's welfare should be with the consent of the parent or carer where possible. If an offence is reasonably suspected or there is a reasonable suspicion of harm an officer should be acting legally in obtaining entry with or without consent. It may be that refusal to allow entry by a parent or carer arouses suspicion that a child has been harmed and indicates an intention to conceal that harm.

6.3 The exercise of powers of entry in order to protect children and respond to suspicions of child abuse should generally be considered reasonable and proportionate within the Human Rights Act 1998. Officers should record in their notebook their reasons for taking action.

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- 6.4 Under Section 17(1)(b) of the Police and Criminal Evidence Act (PACE) 1984, a constable may enter and search any premises for the purpose of arresting a person for an indictable offence.
- 6.5 Under Section 17(1)(e) PACE, a constable may enter and search premises for the purpose of saving life and limb or preventing serious harm to property.
- 6.6 Under Common Law a constable has the power to enter premises to prevent or deal with a Breach of the Peace.
- 6.7 Under Section 48 of the Children Act 1989, a warrant may be obtained to search for children who may be in need of protection.
- 6.8 A record of all searches should be made in accordance with PACE.

7. Police Protection

- 7.1 Section 46 of the Children Act 1989 gives a constable the power to take a child into what is commonly known as police protection.
- 7.2 The power to remove and accommodate children should be exercised sparingly by police officers. It is an emergency power that should only be used if it is not possible to leave a child in any given situation without them being at risk of significant harm.
- 7.3 The removal of a child to a place of safety or instructing that a child cannot be removed from a place of safety without the knowledge or agreement of those with parental responsibility constitutes taking that child into police protection.
- 7.4 Section 46 states: Where a constable has reasonable cause to believe that a child would otherwise be likely to suffer significant harm they may:
 - a) remove the child to suitable accommodation and keep him/her there, or
 - b) Take all reasonable steps to ensure that their removal from a hospital, or other place, in which they are being accommodated is prevented.

Note: A child is anyone under 18 years, and can remain in police protection for a maximum of 72 hours.

- 7.5 Any officer exercising this power must ensure that the Designated Officer (Duty Inspector) is notified as soon as possible.
- 7.6 Children's Services must be contacted when a child is taken into police protection. The Emergency Duty Team (EDT) can be contacted on 0844 800 8020 out of hours or via the MASH during working hours. They may hold additional information on a family that may influence the decision making. They will also be able to assist in accommodating the child if the child is to be removed from their current location.

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- 7.7 Although any constable can take the decision to take a child into police protection it is the responsibility of the Designated Officer to ensure that appropriate enquiries are conducted and liaison is made with Children's Services. The protection must be discharged unless the child is still considered to be at risk of significant harm. The Children Act 1989 states that the Designated Officer must be at least of the rank of Inspector. It is therefore essential that supervisors are notified at an early stage.
- 7.8 When a child has been taken into police protection officers may consider taking that child to a family member or other suitable person. It is the responsibility of the officer to fully investigate the background of any such person before a child is placed. Children's Services/EDT should always be consulted before a child is placed into the care of others. Where this does happen, a CPI should be submitted to the MASH prior to going off duty.
- 7.9 Taking a child into police protection does not give the police or anyone else parental responsibility for that child. See section 25 below for further information regarding joint investigations, interviews, consent and parental responsibility.
- 7.10 Police officers should bear in mind the effects of the Human Rights Act 1998 on decisions they make relating to child protection. Officers have a duty to positively uphold and protect the human rights of citizens, especially children as they are a vulnerable section of society. There is a greater emphasis on the prevention and protection role and responsibility of police officers. This is especially so in relation to child victims (Article 8 Right to Respect and Family Life). Such decisions should be necessary and proportionate.

8. Submission Criteria Athena Child Protection Investigation (CPI)

- 8.1 The purpose of submitting a Child Protection Investigation (CPI) is to pass details of any concerns there might be for a child to the MASH so they can consider which other agencies could provide assistance for the child or may need to know about the incident.
- 8.2 A child is defined as someone under the age of 18 years and includes an unborn child.
- 8.3 A CPI might be dealt with as a criminal investigation or (for non-crime matters) may be forwarded to a partner agency, such as Health or Children's Services, if they are better placed to provide a service to the child.
- 8.4 Athena CPIs may be shared with Children's Services who may need to take immediate action to support the child. This may also include informing the child's school so they can also provide support. To this end the referral must be completed before the end of a tour of duty.
- 8.5 The following criteria details when a CPI must be submitted, but are not exhaustive.

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- a) An allegation of any harm to a child is received either of a physical, sexual, emotional or neglectful nature.
 - b) Where a child's circumstances raise concern for that child's welfare.
 - c) A child is present or known to live in a household where domestic abuse has been reported or in which drug abuse occurs.
 - d) A child is left 'home alone' (As a guide – children under ten years or otherwise seeming immature and at a potential risk).
 - e) Any child abandoned.
 - f) Any child reported as missing where there is information from that missing episode that indicates the child has been at risk.
 - g) A person who presents a 'risk to children' (previously known as schedule 1 offender), or who is subject to Multi Agency Public Protection Arrangements (MAPPA), is a member of a household with children or is in regular contact with children.
 - h) Potential risk of harm to an unborn child.
 - i) A child has been arrested, reported or charged with an offence or been involved in anti-social behaviour.
 - j) The death or injury to a child where neglect or care of that child might be an issue.
 - k) Serious injury or death of a child as a result of a road traffic collision.
 - l) Where you identify a child living otherwise than with their parent or lawful guardian (Private Fostering).
 - m) A female from a high-risk group (Mental Health, Substance misuse etc) is known to be pregnant.
- 8.6 The risk assessment on page 2 of the CPI form must be completed as this will guide agencies as to where action is needed quickly.
- 8.7 All relevant information including 'soft' intelligence and highlighting factors which may mean a child is at increased risk (see section 4 above) should be included on the CPI.

9. Accessing Child Abuse Investigation Information

- 9.1 All child protection information is currently recorded on Athena. Previously this was recorded on the CATS database by Safeguarding and Investigations officers and staff. Operational staff have access to this information 24 hours a day via the MASH, or CCR out of hours. This will allow responding officers to make decisions on the basis of all available information. Some items of information will have restricted access due to their sensitive nature. A number of people within the organisation can access this information and assist with any enquiries being undertaken. They include:

- Child Abuse Investigation Officers

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- Control Room Supervisors
- CIB

9.2 Information on child abuse cases should be treated as confidential and only shared where appropriate (see section 12 below covering information sharing).

10. Making Referrals to Children's Services Departments

10.1 Initial referrals will be made to the appropriate Children's Services Department via the MASH or Emergency Duty Team (EDT) out of hours.

10.2 The officer making the referral to Children's Services should be in receipt of as much information as possible regarding the reason for the referral, names, ages/dates of birth, addresses, etc. and be in a position to share this information with the other agency. This will allow other investigators involved in the enquiry to be fully aware of what has been agreed and will provide an audit trail of decision making around the case. At the end of the conversation, both the officer and Children's Services should be clear about who will be taking what action, if any. The name of the partner agency with ownership should also be recorded.

10.3 In the case of all referrals made by the Safeguarding and Investigations Department, a Detective Sergeant will be involved in the decision to make a referral, to ensure effective supervision, decision making and investigation. An Athena entry will be made of the supervisor's involvement and any decisions made.

10.4 When child protection procedures are applied, an inter-agency child protection strategy meeting/discussion will take place. If there is reason to believe that Children's Services need to make enquiries into the child's situation, the enquiries will be undertaken under section 47 of the Children Act (referred to as section 47 enquiries) and will be as part of a Core Assessment (as detailed in the Department of Health Document: Framework for Assessment).

10.5 Following these enquiries and further inter-agency liaison, if it is considered that a child is at risk of continuing significant harm, an Initial Child Protection Conference (ICPC) will be held. This meeting brings together a variety of professionals including the police, health, education, Children's Services and also the child's parents or carers and, where appropriate, the child themselves. Information is shared and discussed at the meeting. The meeting will then decide if a multi-agency child protection plan is necessary to protect the child. If a plan is necessary a core group of professionals will be established to finalise and implement the child protection plan. This core group will meet on a monthly basis and regular child protection review conferences will be held until the child is no longer in need of protection.

10.6 Generally, the police will not form part of the core group and will not attend review conferences but will supply police information. Where it is felt that a police presence would add to the decision making at a review conference

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then a child abuse Police Staff Investigator or supervisor from the Child Abuse Investigation Unit will attend.

- 10.7 In certain circumstances local policing team officers may also be requested to attend strategy meetings to develop multi agency trigger plans to respond to the birth of a child who may be immediately taken into police protection.

11. Managing Allegations against Professionals

11.1 Chapter 2 of Working Together to Safeguard Children (Statutory Guidance) established procedures for managing allegations against those people who work with children, whether on a professional or voluntary basis. This included the requirement for Local Authorities to appoint a Local Authority Designated Officer or LADO. The purpose of the LADO is to:

- Be involved in the management and oversight of individual cases;
- Provide advice and guidance to employers and voluntary organisations;
- Liaise with the police and other agencies;
- Monitor the progress of cases to ensure they are dealt with as quickly as possible, consistent with a thorough and fair process.

11.2 These procedures should be used in respect of all cases, both recent and non-recent in which it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

11.3 Police officers may also carry out investigations involving members of the public who may work with children either professionally or on a voluntary basis. The nature of the allegation under investigation may give rise to concerns about their future involvement with children. Officers need to be aware of the need to establish what access these individuals have to children to decide if it is necessary to initiate LADO procedures. Police officers should also be aware of the Common Law Police Disclosure process (which has replaced the Notifiable Occupation Scheme) and should make a referral to the MASH as soon as reasonably practicable. It may well become indefensible to allow someone to continue working with children and vulnerable people without notification to their employer. Occupations that may not be immediately obvious for referral include:

- a) Photographers
- b) Taxi Drivers
- c) Bus Drivers
- d) Foster Carers

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- e) School Caretakers
- f) Club leader (Martial Arts Instructor, Sports Coach etc.)
- g) Teaching Assistant
- h) Religious leaders or post holders within religious groups

11.4 All allegations against police officers with respect to conduct in the course of their duties will be recorded and dealt with according to the nature of the allegation being made. It is imperative that Professional Standards are informed at the earliest opportunity to allow for the nature of the potential conduct to be assessed. This notification should not delay the natural course of the investigation or those immediate golden hour enquiries. Supervisors can consult with the Joint Professional Standards Department for further guidance.

11.5 Where an allegation of abuse of a child is made against a police officer or police staff member, or where there are concerns about that individual's suitability to work with children, a referral is made to the LADO in accordance with The Professional Standards LADO Protocol.

12. Information Sharing with other Agencies and Professionals

12.1 Officers dealing with any child protection issue should share all relevant information with other professionals in a manner that ensures the welfare and protection of the child. The police have a duty of confidentiality, and disclosure should be limited to factual information about previous convictions, pending cases and other relevant, non-conviction data. This can include police intelligence but consideration should always be given to the source of the intelligence, the impact on any ongoing police investigations and it should be made clear that the information being shared is intelligence and may or may not be factually correct. If you are in any doubt as to the risks to the source of any information you should seek advice.

12.2 Personal data that the force holds, must be processed within the terms of the GPDR and Data Protection Act 2018) and is confidential to serving police officers and police staff whose duties require them to officially obtain and be in possession of such information. However, officers are entitled to disclose information to other agencies where it is necessary or expedient to do so, to achieve the policing purpose of the prevention and detection of crime, the apprehension and prosecution of offenders and in order to protect a child from significant harm.

12.3 It must be acknowledged that the officers do not have a power to disclose information under all circumstances and each disclosure must be made on a case by case basis. Disclosure of personal data must be relevant and only the minimum amount required for the purpose. Advice should be sought from supervision where it is unclear what, if any, information should be shared with partner agencies.

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- 12.4 Requests by partner agencies for information from the MASH will be completed on the Multi-Agency Information Request form and emailed to the MASH Safeguarding Support Team inbox. Verbal requests for information from partner agencies will only be responded to when there is an urgent need to provide this information. The requesting agency will be required to follow this up in writing to ensure there is a clear audit trail of information being shared by the MASH to partner agencies.
- 12.5 For further information and guidance around the release / sharing of personal data, then please contact either the Constabularies' DPO and / or a Data Sharing Officer.
- 13. Attending Initial Child Protection Conference or Contextual Safeguarding Conference (ICPC / CSC)**
- 13.1 Officers and staff from the Safeguarding and Investigations Department will participate in strategy discussions for most child protection matters. The purpose of a strategy discussion is for professionals, including the police, to share relevant information and to decide upon an appropriate course of action. There will be occasions when it is appropriate for officers or staff from other departments to also participate. One potential outcome of a strategy discussion is that the case proceeds to an Initial Child Protection Conference or Contextual Safeguarding Conference.
- 13.2 Officers or staff attending such conferences must carefully consider what information is disclosed. The purpose of the meeting is for professionals to share information and decide whether or not a child or children should become subject of a child protection plan. When other service users, i.e. carers, are present at the conference, consideration should be given as to whether the sharing of information in their presence is necessary and justified.
- 13.3 Prior to attendance at the conference comprehensive research must take place to ensure the police representative is in possession of all relevant police information.
- 13.4 Only in very exceptional circumstances, for example where a criminal investigation would be compromised and/or others may be put in danger, would information be withheld from a conference. It is imperative that, in order to fully protect children from abuse, relevant information is shared with other agencies and professionals at the earliest opportunity. Where there are competing demands, however, the welfare of the child will be paramount. In such cases a senior officer should be consulted to direct on policy in relation to disclosure.
- 13.5 Intelligence should be shared with the conference if it is felt to be relevant. Efforts should be made to corroborate intelligence from other sources, in order to avoid identification of one source, and efforts should be made to expedite the completion of ongoing police enquiries prior to the conference, e.g. execute drugs warrant. Where issues still remain then the conference chair should be approached and the issues discussed prior to the

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conference taking place. Where it is felt that to disclose such intelligence in front of parents/carers would jeopardise an ongoing police investigation, or put the source of the intelligence at risk, then the information should be shared amongst professionals only prior to the conference starting. This will allow professionals to make decisions based on all the relevant information.

13.6 Details of the information shared at the strategy meeting or case conference should be recorded on Athena. The outcome of the meeting should also be recorded.

13.7 Officers and staff attending case conferences and other multi-agency meetings do so with a view to safeguarding children and representing Norfolk Constabulary. The priority is to ensure that actions are agreed that will safeguard children. There will be occasions where professionals disagree on what actions should be taken in the best interests of the child. Officers and staff are required to challenge other professionals when they do not agree with a particular course of action. Such challenges can produce healthy debate but it is essential they are managed professionally and individuals do not lose sight of their primary goal, which is to safeguard children. Officers and staff should endeavour to resolve such disagreements through professional discussion. Where this fails, the officer or staff member should ensure that their objections are formally recorded on the minutes of the meeting and they should also record the details on Athena. They should then escalate the issue to their supervisor, in line with the Norfolk Safeguarding Children Partnership's Resolving Professional Disagreements Policy, so that discussions can take place with the other agency at a higher level. This escalation should continue until a resolution is found. In all cases the nature and outcome of these discussions should be formally recorded.

14. Determining if a Child is Subject of a Child Protection Plan

14.1 Each Children's Services Department holds and manages a computerised system for recording all children within that local authority area that are subject of a child protection plan (this was formerly known as the child protection register). The purpose of this system is to make agencies and professionals aware of those children who are judged to be at continuing risk of significant harm and in need of safeguarding. A check of this system should only be made where there are current child protection concerns about a child and not for administrative purposes. A child is made subject of a child protection plan after being deemed to be at risk of significant harm after consideration of information by professional agencies at an ICPC or CSC.

14.2 Police Intelligence Reports are submitted for all children subject to a child protection plan. An Athena check should be completed and consideration given to contacting the MASH within hours and Emergency Duty Team (EDT) outside of working hours where there are concerns for a child who is the subject of a child protection plan.

14.3 Checking this system does **not** constitute a referral to Children's Services.

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15. Children Subject to a Protection Plan

- 15.1 If, following an ICPC or CSC, a decision is made that a child is in need of protection, a multi-agency protection plan will be formulated.
- 15.2 Part of the protection plan will always be to highlight the child's address on the force command and control system using a Child at Risk CAD object marker.
- 15.3 When a child is made the subject of a child protection plan, the MASH or Child Abuse Investigation Unit for the area in which the child resides has responsibility for adding the object marker.
- 15.4 If a control room operator becomes aware of an incident where a Child at Risk CAD information marker exists, the operator must inform the officer attending the incident that the marker is present.
- 15.5 The officer attending must ensure that efforts are made to see the named child/children and other children that are present. Depending upon the circumstances of the incident, the attending officer should consider contacting the MASH (or out of hours EDT) to determine if they hold any additional information.
- 15.6 If there is evidence that the children may be suffering, or at risk of suffering, significant harm then the use of police protection and an immediate referral to Children's Services should be considered. Even if no immediate safeguarding action is required a CPI should be submitted outlining the reasons for attendance at the address, the outcome of the incident and their checks. This should be done prior to completion of the attending officer's tour of duty.

16. Child Exploitation (CE)

- 16.1 The awareness of child exploitation is an emerging issue for police and child protection professionals. Hidden from view and going unnoticed, vulnerable children and young people can be subjected to grooming, leading to them being abused or exploited. Often targeting looked after children or children with vulnerabilities the actions of the perpetrators leave their victims traumatised and scarred for life.
- 16.2 Perpetrators will identify or create vulnerabilities in young people that they then use to criminally or sexually exploit them through an imbalance of power in the relationship. This can involve a broad range of exploitative activity, from seemingly 'consensual' relationships and informal exchanges of sex for attention, accommodation, gifts etc. through to very serious organised crime.

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17. Definitions

Child Sexual Exploitation (CSE)

17.1 CSE 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.

Child Criminal Exploitation (CCE)

17.2 CCE occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator, and/or (c) through violence or the threat of violence, not just to the child but also to the child's family. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact, it can also occur through the use of technology.

17.3 Child exploitation has links to other types of crime including child trafficking; grooming; domestic abuse; drugs related offences; abusive images of children; gang related activity; immigration offences and modern slavery. It can also lead to bullying, sexual health problems, teenage pregnancy, forced marriage, serious injury; mental health concerns or learning needs.

17.4 In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability.

Child Trafficking

17.5 Trafficking of persons shall mean the recruitment, transportation, transfer, harbouring or receipt of person, by means of the threat of, or use of, force, or other forms of coercion, abduction, fraud, deception or abuse of power, with a view to exploit them.

17.6 For a child to have been a victim of human trafficking they must have been recruited, transported, transferred or harboured or a person is in receipt of them for the purposes of exploitation. This can include cross border and domestic travel. It is irrelevant if the child consented to the travel.

17.7 In such cases a National Referral Mechanism (NRM) referral must be made. The Missing, Adult sex work, Slavery and Trafficking (MAST) Team

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in the MASH can provide expert advice in relation to slavery and trafficking issues and the use of the NRM.

18. CE Warning Signs & Vulnerabilities Checklist

18.1 The following are typical vulnerabilities in children **prior** to abuse:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic abuse, parental mental health issues, parental criminality).
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect).
- Recent bereavement or loss.
- Gang association either through relatives, peers or intimate relationships.
- Attending school with young people who are sexually or criminally exploited.
- Learning disabilities.
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
- Friends with young people who are sexually or criminally exploited.
- Homeless.
- Lacking friends from the same age group.
- Living in a gang neighbourhood.
- Living in residential care.
- Living in hostel or bed and breakfast accommodation.
- Low self-esteem or self-confidence.
- Young carer.

18.2 The following signs and behaviour are generally seen in children who are **already** being sexually or criminally exploited:

- Missing from home or care.
- Physical injuries.
- Drug or alcohol misuse.
- Involvement in offending.
- Repeat sexually-transmitted infections, pregnancy and terminations.
- Absent from school.
- Evidence of bullying and/or vulnerability through the internet and/or social networking sites.

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- Estranged from their family.
- Receipt of gifts from unknown sources.
- Recruiting others into exploitative situations.
- Poor mental health.
- Self-harm.
- Thoughts of or attempts at suicide.

18.3 Evidence shows that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of exploitation. Professionals should immediately start an investigation to determine the risk, along with preventative and protective action as required.

19. Action to be taken – CE Cases

19.1 Immediate safeguarding action must be taken if a child is at risk of significant harm. The MASH Duty DS, the Multi Agency Child Exploitation (MACE) DS or the Night Turn, Safeguarding and Investigations DS must be informed. Any crimes identified should be recorded and a detailed CPI completed.

19.2 In other cases, a detailed CPI should be submitted covering all concerns and rationale as to why a child may be at risk of sexual or criminal exploitation (referring to the checklist).

19.3 All CPIs detailing concerns of child exploitation and all referrals from other agencies raising child exploitation concerns will be reviewed in the MASH and a multi-agency Child Exploitation Screening process will be carried out. This will include the police, Children's Services, Health and any other relevant partners.

19.4 Following the screening process a decision will be made as to whether the current known information indicates that there is no, standard, medium or high risk of CE. The MACE process will then be followed with standard risk cases being allocated to appropriate teams for early intervention and with all high and medium risk cases being allocated to a locality social work team manager and the police MACE Team. Depending upon the circumstances of the case, either a Child Planning Meeting (under S.17 of the Children Act 1989) or a Strategy Meeting (under S.47 of the Children Act 1989) will be convened. At these meetings, all relevant partners will come together to share information and agree a joint plan to reduce the risk of child exploitation and to identify and disrupt those who are exploiting the child.

19.5 More information on Child Exploitation and the MACE Team can be found [here](#).

20. Child Abuse and the Internet

20.1 Child abusers use the internet for the following reasons:

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- Download and/or share images of child abuse;
- Seek out children to abuse/groom them;
- Used by paedophiles to seek out other like-minded people to help “normalise” their behaviour in a cycle of self-justification;
- “Meet” other offenders online and conspire to commit offences.

20.2 The Safeguarding Children Online Team (SCOLT) will investigate offences committed by Norfolk based offenders who download or share indecent images of children or seek to abuse children online.

20.3 Some young people will use the internet to share indecent images of themselves with other young people. Whilst a crime may have been committed, a common-sense approach should be taken to avoid criminalising what may be sexual experimentation. Such cases would not fall within the realm of SCOLT investigative work and are likely to be allocated to local CPC officers for investigation. Each case should be judged on its own merits, however the provision of advice and support through partner agencies may be a better solution than criminal prosecution. Consideration should also be given to targeted education by police and partners through identified schools or groups.

20.4 Consideration should be given to contacting SCOLT when conducting these investigations. These officers have undertaken specialist training in relation to internet offences and investigations. The MASH can also provide information from multi-agency sources and can also complete referrals to Children’s Services where appropriate.

21. Adults Abused in Childhood (Non-Recent Abuse)

21.1 In cases where an adult makes an allegation of abuse, which occurred in their childhood, police will normally carry out a single agency investigation.

21.2 Exceptions to this maybe where the alleged perpetrator:

- Is a member of a child/young person’s household;
- Is not a member of a child/young person’s household but has access to a child/young person in a family setting;
- Is not a member of a child/young person’s household but has contact with children/young people by means of organised children’s group activities, e.g. as a voluntary group leader.

21.3 All such cases will be referred to Children’s Services via the MASH for consideration of a strategy discussion.

22. Investigation

22.1 Child abuse investigators within the Child Abuse Investigation Unit (CAIU) deal with all criminal allegations of sexual, physical and emotional abuse or neglect against children and young people under the age of 18 that occur

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within the family environment, or are committed by a person who is in a position of trust or authority.

22.2 The CAIU will also be responsible for the criminal investigation of non-recent offences committed against adults when they were children under identical circumstances. The unit will not generally deal with abuse perpetrated by those outside of these circumstances although a supervisory discussion should be held to decide who is best placed to investigate offences against a child or children. It may be that a joint team approach is best employed with support offered from child abuse investigators to other staff when investigating such offences.

22.3 When investigating allegations of child abuse, officers and staff should ensure they pursue all available avenues to gather evidence and intelligence. Body Worn Video should be used by officers attending a scene where neglect is a concern. General living conditions should be considered along with availability of food and conditions of children's bedrooms. Intelligence can be gained by interviewing a suspect even though the victim may not want to proceed with a prosecution. The intelligence gained from this interview can be used internally and shared with partner agencies to inform risk assessments and decision making around the suspect and their future contact with children.

22.4 In cases where a suspect is identified, officers and staff must be aware of their responsibility to ensure that they are correctly recorded on Athena as a suspect in order to fulfill the national PND requirement. Officers and staff equally need to be aware that the result of their investigation against a suspect may have further ramifications in terms of Disclosure and Barring Service (DBS) checks undertaken in the future. In all cases where the suspect is not approached, the rationale must be recorded on Athena to inform any future disclosure decisions.

22.5 Officers must ensure that the PND is used to research suspects in all child abuse and sexual offence investigations. This is vital to ensure that the whole intelligence picture is understood. The PND is a tool that may provide links between uncorroborated allegations leading to positive outcomes for victims.

22.6 Child Abuse Investigation criteria is included at Appendix 2.

23. Procedure for undertaking Joint Investigations between Children's Services and the Police

23.1 Nominated Social Workers and police child abuse investigators should have undertaken the same Achieving Best Evidence (ABE) Course facilitated by Norfolk Constabulary's Learning and Development Department. This is an accredited course which ensures that both the nominated social worker and the police investigator fully understand the role they have to play and the process by which joint investigations are carried out.

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- 23.2 A joint investigation will always involve joint planning between officers from the Child Abuse Investigation Unit and Children's Services. This requires early and precise communication between all agencies at the referral and strategy stage with a complete sharing of all relevant information.
- 23.3 Wherever possible, trained Children's Services staff should be involved in any investigative interview process. Where this is not possible, the police will ensure that Children's Services are fully updated in order that appropriate and fully informed safeguarding decisions can be made.
- 23.4 Where it has been agreed by the police and Children's Services in a strategy discussion/meeting, that it is in the best interests of the child for a full criminal investigation to be carried out, the police are responsible for that investigation, including any investigative interview (video-recorded or otherwise) with the victim (recommendation 99 of the Victoria Climbié Inquiry Report). Having responsibility for the criminal investigation does not mean that the police should always take the lead in the investigative interview. Provided both the police officer and social worker have been adequately trained to interview child witnesses, in accordance with the guidance set out in the ABE Guidance Document 2011, there is no reason why either should not lead the interview. The decision as to who leads the interview should depend on who is able to establish the best rapport with the child. In circumstances where a social worker leads the interview, the police should retain their responsibility for the criminal investigation by ensuring that the interview is properly planned and that the police officer has an effective role in monitoring the interview. Similarly, where a police officer leads the interview, the local authority should retain their duty to make enquiries under Section 47 of the Children Act 1989 by ensuring that the interview is properly planned and that the social worker has an effective role in monitoring the interview. (*ABE guidance 2011 2.22*).
- 23.5 Although most investigative activities, for example Video Recorded Interviews, should be conducted jointly, there will be tasks agreed at the planning stage that will be conducted separately. This is due to the different remit of the police and Children's Services in the investigation. The remit of the police is to prevent and investigate crime, gather evidence and submit cases for criminal prosecution. The remit of Children's Services is to assess the needs of the child/young person and the family, including the likelihood of significant harm and the need for protection, ensuring that all appropriate steps are taken for the protection of children/young people. Their purpose is to prevent children/young people in their area suffering ill-treatment or neglect and to reduce the need to bring court proceedings in respect of them.
- 23.6 Throughout the investigation when different tasks are being undertaken there will be continual liaison between the police and Children's Services.

24. Criteria for Video Recording an Interview

- 24.1 It is a presumption in law that child witnesses will provide their evidence in chief by way of Video Recorded Interview (VRI). Paragraph 2.31 in the

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ABE Guidance Document 2011 states that the law presumes that child witnesses under 18 will normally give their evidence outside the courtroom by playing a video recorded interview as evidence-in-chief and cross-examination via live link unless this will not improve the quality of their evidence. As an alternative to cross examination via live link, S.28 of the Youth Justice and Criminal Evidence Act 1999 now provides for pre-recorded cross examination. Subject to the agreement of the court, children may opt out of giving their evidence by either a video recorded interview as evidence-in-chief or by means of cross examination via live link/pre-recording or both.

24.2 The following should be considered when deciding whether to video record an interview:

- The child has been involved in abuse (this may involve video recordings or the taking of indecent images);
- The needs and circumstances of the child (e.g. age, development, impairments, degree of trauma experienced, cultural/religious beliefs);
- Whether the measure is likely to maximise the quality of that particular child's evidence;
- The type and severity of the offence;
- The circumstances of the offence (e.g. relationship of the child to the alleged abuser);
- The child's state of mind (e.g. likely distress and /or shock)
- Perceived fears about intimidation and recrimination;
- The purpose and likely value of a video recorded interview on this occasion;
- Competency, compellability and availability of the child for cross examination;
- The child's ability and willingness to talk in a formal interview setting.

24.3 Discussions with partner agencies at the planning stage will enable the investigating team to decide whether a video recorded interview or an interview for the purposes of obtaining a written statement is appropriate for any particular individual.

24.4 Section 29 of the Youth Justice and Criminal Evidence Act provides that children and other vulnerable witnesses are eligible for communication assistance during their VRI through the use of an intermediary. All children under 11 who are video interviewed must be assessed to ascertain if they require intermediary assistance.

24.5 A trained and licenced member of staff should conduct an Achieving Best Evidence Language Screen (ABELS) with the child to ascertain if an intermediary is required and can assist.

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24.6 Investigators should also consider assessing the communication needs of older children using Child or Adult ABELS if there are particular concerns around communication.

24.7 In the case of interviews with particularly young witnesses (those under five), consideration should be given to using a 'Triangle' officer who has been trained in the forensic questioning of younger children, to conduct or advise around the interview.

25. Consent to conduct a Joint Investigation/Video Recorded Interview

25.1 At all times, interviewers should take steps to inform the child of the purpose of the video recorded interview, at a level appropriate to the child's age and understanding. Such explanation should always include the following topics:

25.2 The benefits / disadvantages of having or not having a digital record at a later stage;

- Who may see the video recorded interview (including the alleged abuser at court);
- The different purposes to which a video recorded interview may be put (e.g. if it appears the video be useful in disciplinary proceedings against a member of staff who is suspected of abusing a child in their care).

25.3 The child should be advised that, should the case proceed, whether a video recorded interview is made or not, they may be required to attend court and answer questions directly. A live link facility will normally be available to allow the witness to give best evidence at court and there is a presumption that this aid will normally be required by the child. The existence of a digital record does not by itself guarantee the video recording will be used.

25.4 Written consent to be video interviewed is not necessary from the child, but it is not practicable or desirable to video record an interview with a reluctant or hostile child. The interviewers are responsible for ensuring that, as far as possible, the child is freely participating in the interview, and not merely complying with a request from adult authority figures. Proper use of rapport, including the opportunity to practice ground rules, can enhance this.

25.5 Anyone with Parental Responsibility (PR) can give consent for a child to be interviewed. This includes a suspected abusing parent or carer (who may even be in custody) but, as a general rule the non-abusing parent or carer of a child should be asked to give their consent before their child is video interviewed. It is recognised, however, that the investigating team may need to interview the child without the knowledge of the parent or carer in certain situations. Relevant situations would include the possibility of the child being threatened or otherwise coerced into silence; a strong likelihood that evidence would be destroyed; or that the child in question did not want the parent to be involved at that stage, and is competent to take that decision. Police and Children's Services can assess children at any time without parental permission where the situation dictates. The outcome of

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this assessment may lead to the child being taken immediately into police protection.

- 25.6 In those cases where it is not possible to seek permission to interview a child from someone with PR, where such permission is refused, or where the child is not competent to make the decision themselves, a strategy discussion should be held. This should take place in order to consider whether it is appropriate to make an application for an Emergency Protection Order (EPO) under section 44 Children Act 1989 and to seek a direction from the court under section 44(6)(b) for an interview to be carried out as part of an assessment of the child, or, in cases where the provisions for an EPO are not met, for Children's Services to consider an application for an Interim Care Order.
- 25.7 Proceeding with the interview without parental knowledge will need to be carefully managed in subsequent Children's Services interventions with the family. The reasons for taking this step should be properly recorded.

26. Medical Examinations

- 26.1 Paediatric examinations will usually be arranged by Children's Services following a strategy discussion or meeting. Prior to arranging such an examination permission should be sought from a person holding parental responsibility. If consent is refused then further consultation should take place with Children's Services so that they can consider legal advice with a view to obtaining a Child Assessment Order under S.43 or an Emergency Protection Order under S.44 of the Children Act 1989 with a direction from the court under section 44(6)(b). At times, when the individual child is of sufficient age and understanding, it is possible to accept consent from the child/young person, however this will be a matter for the doctor conducting the examination to decide. This must be fully discussed on an inter-agency basis and the reasons for accepting the child/young person's consent must be clearly recorded.
- 26.2 A paediatric medical examination should be carried out on a child where there is an allegation that the child has been assaulted, especially where there is mention of the child being shaken as there may be no obvious signs of injury but the child may have suffered significant internal harm.
- 26.3 In cases where there has been an allegation of sexual abuse, further consideration should be given to a forensic medical examination being carried out at the Sexual Assault Referral Centre (SARC).
- 26.4 A strategy discussion must take place for all cases involving under 18's and the Child SARC pathway should be followed at all times. For under 13's, the discussion will be held with the police, Children's Services and the Community Paediatrician and for 13 to 17-year olds, it will involve the police, Children's Services and Mountain Healthcare. Officers must not contact the SARC and / or bring a victim to the SARC unless a strategy discussion has taken place and the case has been booked in.

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- 26.5 At the conclusion of the strategy discussion, the Community Paediatrician or Mountain Health Care must take responsibility for contacting the SARC and booking the forensic medical. This is important as there already may be cases (including self-referrals) booked in and so attendance without appointment must be avoided at all costs.
- 26.6 If a child aged under 13 needs a forensic medical examination, this must take place at the SARC with a Forensic Medical Examination (FME) trained paediatrician. In cases of sexual abuse, a Crisis Worker from the SARC will also be in attendance. Please note there is no out of hours provision for the Community Paediatricians; this is a Monday to Friday daytime service only.
- 26.7 When a young person aged 13 and over is to be examined this will be completed by a Forensic Nurse Examiner (FNE) and must take place at the SARC.
- 26.8 Similarly, a decision will be made by the paediatrician who will conduct an examination should the child under 13 be post pubertal.
- 26.9 Having obtained permission, thought must be given to the process of the medical examination and who is to be present during examination. When a child/young person has made allegations of sexual abuse, and it is not clear who the alleged perpetrator is, caution must be exercised when arranging carer's presence within the medical. In cases where carers are suspected they should not be present during this procedure. The number of people present within the medical will be discussed with those present and the child's / young person's wishes must be taken into account.

27. Suspect Considerations

- 27.1 Whenever a suspect is released under investigation, bailed or charged, enquiries must be made in relation to their living circumstances and what contact they have with children. Following these enquiries, where necessary a referral should be made to Children's Services so appropriate risk assessments can be carried out to safeguard children from the offender while the criminal justice process is ongoing. When the suspect is re-bailed or further charged further enquiries must be carried out to establish if their living circumstances or their access to children have changed.
- 27.2 Individuals who are suspected of abusing children require additional considerations both pre and post charge. When an individual who is suspected of sexual offences involving children (both contact and non-contact offences), is bailed either pre or post charge, then they must be given a 'What Happens Now' leaflet and, in cases of internet enabled offending, a "Stop It Now" suspect leaflet. These leaflets provide the suspect with advice and guidance regarding their own welfare and details support available through the "Stop It Now" project aimed at addressing behaviour leading to offending against children.
- 27.3 Where appropriate, a wider welfare discussion should be had with the suspect covering their own welfare, how and when they will be updated and

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details of disclosures that have been made to family members, friends and organisations about the investigation for safeguarding purposes. This will allow them to understand who is aware of the investigation and the rationale behind any such disclosures. Suspects should be signposted to relevant support organisations for any specific concerns raised by them during this conversation.

- 27.4 In appropriate cases relevant family members should also be provided with the “Stop It Now” family leaflet and the “Helpful Family Pack”, which provide further information about the police investigative process, what they can expect to happen next and contact details for the officer in the case.
- 27.5 Details of the welfare discussion, leaflets provided, measures introduced and signposting should be recorded on the relevant Athena investigation log.
- 27.6 Where it is believed that a suspect presents such a risk of harm that there would be substantial grounds under the Bail Act 1976 to detain them in custody after charge, and either the Threshold or Full Code Tests are met, officers should seek a charge and remand in custody.
- 27.7 When neither test is met, or where it would be disproportionate to seek a remand in custody, suspects should be released on bail with appropriate bail conditions in place as a safeguarding measure. This applies both pre and post charge.
- 27.8 Sexual Harm Prevention Orders are usually applied for on conviction for relevant sexual offences and are used when it is necessary to protect the public or particular members of the public, either in the UK or outside, from the risk of sexual harm. [Click here for further information.](#)
- 27.9 Sexual Risk Orders are an appropriate safeguarding measure in a small number of cases where there is no qualifying conviction but it can be shown (to the criminal standard of proof) that there has been an “act of a sexual nature” and that it is reasonably necessary for an order to protect the public from harm. These are used as a specialist safeguarding measure and anyone considering their use should contact the Public Protection Unit for advice. [Click here for further information.](#)
- 27.10 Multi-Agency Public Protection Arrangements (MAPPA) are designed to protect the public, including victims of crime, from serious harm by sexual or violent and other dangerous offenders. MAPPA requires criminal justice agencies and other bodies to work together in partnership with these offenders. All those who are subject to MAPPA will fall into one of three categories and will all have been convicted or cautioned for relevant offences.
- 27.11 A Potentially Dangerous Person (PDP) is a person who is not currently managed under one of the three MAPPA categories, but reasonable grounds exist for believing that there is a risk of them committing an offence, or offences, that will cause serious harm. These types of

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individuals could benefit from active management but would not be managed under MAPPA. This management would usually involve two or more agencies (with responsibility for leading on specific risk management actions), although there may be cases where only the police are involved. There must be a risk of the subject causing serious harm in order for their case to be managed. Although there is no statutory multi-agency framework to govern PDPs, a multi-agency approach is considered good practice. For further guidance regarding MAPPA and PDP (including on how to refer) [click here](#).

28. Children in whom illness is fabricated or induced

28.1 The fabrication or induction of illness in children is a relatively rare form of child abuse. Where concerns exist about fabricated or induced illness, it requires professionals to work together, evaluating all the available evidence, in order to reach an understanding of the reasons for the child's signs and symptoms of illness. The management of these cases requires a careful medical evaluation which considers a range of possible diagnoses. At all times professionals need to keep an open mind to ensure they have not missed a vital piece of information.

28.2 There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- **Fabrication** of signs and symptoms. This may include fabrication of past medical history;
- **Fabrication** of signs and symptoms and **falsification** of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- **Induction** of illness by a variety of means.

28.3 By their nature these types of cases require expert input from a range of disciplines, in particular paediatricians. It is, therefore, essential that all professionals who come into contact with children whose signs and symptoms may be being induced or fabricated are aware that this form of abuse exists. They should know what to do and who to speak to within their own organisation or a statutory one such as the police or Children's Services.

28.4 If concerns are suspected that children are at risk of illness which is fabricated or induced then specialist advice should be sought from the MASH or a duty detective supervisor in the first instance.

29. Sudden Unexpected Deaths in Infancy

29.1 Initial resource deployment will be at the discretion of the Contact and Control Room and will be influenced by the location at which the apparently dead child has been reported to be.

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- 29.2 Many of these deaths will involve police attendance at Accident and Emergency (A&E) Departments, where actions will be necessarily different to those where police attend other premises.
- 29.3 Police attendance should be kept to the minimum required. For example, several police officers arriving at a private house can be distressing, especially if they are uniformed officers in marked police vehicles. Whenever possible, consideration should be given to the initial response being from plain clothed specialist officers, but this may not be possible if an emergency response has been requested.
- 29.4 In any event, a Safeguarding and Investigations Detective Inspector will be the Designated Senior Investigating Officer (SIO) in the first instance or, if out of hours, the on-call Duty Detective Inspector.
- 29.5 If subsequent assessment considers the death to be suspicious then, out of hours, the on-call Force SIO will be contacted and will take the lead role in the investigation, assisted by the Duty Detective Inspector. If the death is within office hours, the Child Abuse Investigation Unit Detective Inspector will contact the Detective Superintendent, Joint Norfolk and Suffolk Major Investigation Team who will take the lead role. The on-call SIO can be contacted at all times for advice.
- 29.6 The NPCC Practice Advice on Child Death Investigations document and the Norfolk Constabulary Child Death Aide Memoire should be referred to for further guidance as necessary.

30. Non-Accidental Injuries

- 30.1 The police may, on occasion, be contacted by medical professionals in order to make them aware of a child who is receiving treatment for an injury that has been sustained non-accidentally.
- 30.2 Concerns may be heightened due to the nature of the injuries sustained, the location or circumstances in which they occurred or the fact that the injuries do not appear to be consistent with the parents'/carers' explanation.
- 30.3 As a result of concerns being raised, a strategy meeting will be held and a joint agency response agreed. All necessary steps will be taken to safeguard the child and any other children within the household. All such cases will be investigated by officers from the Child Abuse Investigation Unit.
- 30.4 This a particularly complex area of investigation. Often the injuries are 'hidden'. There may be healing fractures which can only be identified through skeletal scans which need to be conducted in hospital. Further complications arise from the fact that often the victims may be too young to say what has happened to them, how the injury was caused and by whom.
- 30.5 Often these injuries have been caused over a protracted period of time and may have never been previously identified by medical professionals.

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Therefore, it may prove difficult to establish exactly what happened to the child; when, where and at whose hand.

- 30.6 Cases of this nature rely heavily on medical evidence and expert witnesses. There is often conflicting expert opinion on whether an injury was accidental or deliberately inflicted and therefore these investigations can often be protracted.

31. Crime Recording

- 31.1 Crimes will be recorded in accordance with NCRS guidelines. MASH and Child Abuse Investigation Unit Detective Sergeants will ensure that crimes are recorded in a timely fashion and that appropriate investigations are carried out. It is important to recognise and correctly record crimes that are reported during child protection referrals and in multi-agency meetings (such as child protection conferences) that have not previously been disclosed to the police and/or recorded correctly.

- 31.2 Any decision not to pursue an investigation or a prosecution, if it is felt it is not in the child's best interests, must be authorised by a Safeguarding and Investigations Detective Inspector.

- 31.3 Those crimes which are allocated for investigation on Athena to non-specialist investigators outside of the Child Abuse Investigation Unit should be fully updated by the allocated investigator and reviewed by their supervisor. It is the responsibility of both the non-specialist investigator and the supervisor to ensure that where any allocated investigation becomes more serious or complex it should be escalated to the specialist team. Advice and guidance are available from the Child Abuse Investigation Unit to all non-specialist investigators who are allocated such cases.

- National Crime Recording Standards Intranet Page
- Crime Allocation Policy

32. Training

- 32.1 All student officers are provided with a safeguarding input as part of their initial training. This will provide them with a basic understanding of safeguarding issues and the signs that may indicate a child is subject to, or at risk of, abuse.

- 32.2 Child abuse investigators are appointed following a recruitment and selection process. Although historically CAIU only recruited qualified detectives there is now an entry route based upon the three-month aide programme where the officer has an aptitude and interest in the work of the unit. Selection is considered on a case by case basis taking account of the level of experience and skills that individuals have.

- 32.3 All child abuse investigators will undertake SCAIDP (National Accreditation for Child Abuse Investigators) and will undertake (if not already complete) the National Investigator's Exam and the Detective Training Program.

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Once both elements have been completed they will be accredited Child Abuse Investigators.

32.4 Child Abuse Investigators may also receive specialist training, e.g. Achieving Best Evidence Language Screen (ABELS), 'Triangle' forensic questioning of younger children and multi-agency child protection training. They are therefore an important source of guidance and information for officers carrying out enquiries into alleged child abuse.

33. Strategic Considerations

33.1 Working Together to Safeguard Children 2015 was superseded by Working Together to Safeguard Children 2018 following amendments made by the Children and Social Work Act 2017. The 2018 guidance covers:

- the legislative requirements placed on individual services.
- a framework for the three local safeguarding partners (the local authority; a clinical commissioning group for an area, any part of which falls within the local authority; and the chief officer of police for a police area, any part of which falls within the local authority area) to make arrangements to work together to safeguard and promote the welfare of local children including identifying and responding to their needs.
- the framework for the two child death review partners (the local authority and any clinical commissioning group for an area, any part of which falls within the local authority) to 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.

33.2 Following these changes, the Norfolk Safeguarding Children Board transitioned into the Norfolk Safeguarding Children Partnership (NSCP). Under these new arrangements there are now three partners in Norfolk who are jointly responsible in statute for the arrangements to keep children safe:

- Norfolk County Council
- Norfolk Constabulary
- The five NHS Clinical Commissioning Groups in Norfolk, acting together.

33.3 The NSCP has adopted a new structure, which includes independent scrutiny to challenge the effectiveness of its work. It will continue the emphasis on embedding learning, strong locality working, inclusion of all and promoting early help and support that together underpin Norfolk's ambition for children and young people.

33.4 The NSCP is chaired by an Independent Chair who takes a lead role in providing independent scrutiny of arrangements. The Independent Chair acts as a convener and facilitator of partnership work as set out in the Business Plan, on behalf of the statutory partners, and is expected to challenge and question performance as part of their scrutiny role.

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33.5 Representation on the Norfolk Safeguarding Children Partnership (NSCP) is at a senior level. Norfolk Constabulary is represented by the Assistant Chief Constable for Local Policing.

33.6 Numerous sub-groups support the NSCP and are attended by a range of officers from the Safeguarding and Investigations Command. There is an element of flexibility in relation to the composition of sub-groups as they will be commissioned for both short-term and longer-term pieces of work as the need arises. The key sub-groups include:

Leadership Group

33.7 The three safeguarding executive partners meet regularly with lead stakeholders, including education leaders, to ensure that the children's safeguarding agenda is moved on at pace. This ensures that the partners build on positive working relationships while also recognising the change in formal responsibility. The NSCP Leadership Group meets a minimum of six times a year.

Safeguarding Intelligence and Performance in Practice (SIPP)

33.8 The SIPP is a virtual group receiving information from three clear workstreams:

- Multi-Agency Audit Steering and Delivery with identified officers responsible for planning and undertaking single and multi-agency themed and case file audits, placing the NSCP in a strong position to respond to all inspection frameworks including JTAI audits as they are published;
- Data and Strategic Analysis, making use of the results of stronger strategic analysis. This will include identifying questions arising from the data to promote continuous improvement and the establishment of a multi-agency dataset/dashboard working with the Multi-Agency Child Protection Intelligence Hub currently being established by the Local Authority and other partners;
- Multi-Agency Observation in Practice, linking in with the NSCP Leaders, the LSCGs, and the Independent Chairs to observe practice and strengthen links with the frontline, children and families.

Child Death Overview Panel (CDOP)

33.9 Undertakes comprehensive and multi-disciplinary review of child deaths to improve the understanding of how and why children in Norfolk die and use the findings to take actions to prevent further child deaths and more generally to improve the health and safety of children in Norfolk. More information can be found on their website: [Child Death Overview Panel | Norfolk Safeguarding Children Partnership](#)

Workforce Development Group (WDG)

33.10 Supports the Norfolk Safeguarding Children Partnership (NSCP) fulfilling one of its key responsibilities to ensure both single and inter-agency training

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is delivered to a consistently high standard. Also ensures that a process exists for evaluating the effectiveness of training and ensuring that all individual members of the workforce who have contact with children, families or parents are recruited and trained to a standard that facilitates effective safeguarding of children.

Local Safeguarding Children Groups (LSCGs)

33.11 Ensures effective front-line coordination of agencies to safeguard and promote the welfare of children and acts as a key link in ensuring that knowledge and intelligence from the local groups informs the Partnership.

Safeguarding Practice Review Group (SPRG)

33.12 Child Safeguarding Practice Reviews are undertaken when abuse or neglect of a child is known or suspected and either (a) the child has died or (b) the child has suffered significant harm and there is cause for concern about the way agencies worked together. The purpose is to improve interagency working by investigating if improvements can be made to child protection systems and practices.

33.13 The SPRG will have an Independent Chair and will oversee all aspects of Child Safeguarding Practice Reviews as well as other learning options. The group will be responsible for:

- Undertaking Rapid Reviews when a case is referred and/or Children's Services have submitted a Serious Incident Notification to Ofsted
- Recommending whether a case should be reviewed under statutory guidance and, if not, proposing how learning can be taken forward; recommendations will go to the three partners for final decision
- Communicating to the National Panel
- Commissioning Reviewers and monitoring the progress of the Review
- Signing off on any reports before they go to the NSCP (to include all heads of agencies involved in the review)
- Overseeing publication
- Disseminating learning
- Monitoring impact of recommendations on practice – in partnership with SIPP and the Workforce Development Group
- Using learning from reviews to contribute to wider Partnership Conferences and/or Leadership Learning events.

NSCP Policies & Procedures

33.14 The NSCP ensures that local policies and procedures remain consistent and contemporary with government guidance and best practice. They have created a policy manual that is designed to be used across the partnership within Norfolk to provide consistency of understanding and practice. It is reviewed regularly and kept up to date. These policies are designed to help

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professionals from all disciplines access the guidance they need to safeguard children in all circumstances and are available here.

Multi-Agency Audit Group

33.15 The Multi-Agency Audit Group (MAAG) undertakes single and multi-agency themed case file audits. Audits are completed in line with the Joint Targeted Area Inspection (JTAI) framework and are a self-assessment of how agencies work together to identify, support and protect vulnerable children and young people. The group reports into the Norfolk Safeguarding Children Partnership and each agency representative is responsible for sharing audit findings within their own agency. Norfolk Constabulary are represented by two Detective Chief Inspectors and findings are reported internally into the Safeguarding and Investigations Senior Management Team.

NSCP Priority Sub-Groups

33.16 There are currently three main sub-groups that have been set up to deal with the NSCP's priorities of Child Exploitation, Neglect and Non-Accidental Injuries to Babies. These are:

- Vulnerable Adolescent Group
- Neglect Strategy Implementation Steering Group
- Protecting Babies Group

33.17 Norfolk Constabulary is represented within all three sub-group structures at strategic and operational level.

34. Compliance and Monitoring

34.1 The Head of Safeguarding and Investigations is responsible for the accuracy and integrity of this document. This policy will be continuously monitored, and updated when appropriate, to ensure full compliance with legislation.

34.2 The Head of Safeguarding and Investigations will review this process to ensure that all aspects are being adhered to in accordance with the framework of this policy.

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Appendix 1 – Definitions

Child/Young Person

Any person who is aged under 18 years

Child in need of Support

A child in need of support is defined by Section 17 of the Children Act (1989) if:

- She/he 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 for him/her of services; or
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- She/he is disabled.

Child in need of Protection

A child is in need of protection if there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm.

The Children Act (1989) defines significant as considerable noteworthy or important.

Harm is defined by the Children Act (1989) as:

- Ill treatment which includes sexual abuse, physical abuse and forms of ill treatment which are not physical, for example, emotional abuse; or
- Impairment of health (physical or mental); or
- Impairment of development (physical, intellectual, emotional or behavioral).

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child whom they are looking after.

Emotional Abuse

Emotional abuse is a persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to the child that they are worthless or unloved, inadequate, or are valued only so far as they meet the needs of the other person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger or the exploitation or corruption of children.

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Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative e.g. rape or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic materials or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger or the failure to ensure access to the appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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Appendix 2 – Child Abuse Investigation Criteria

	Who Investigates:
<p>1. Abuse by a member of immediate or extended family or other household member. Examples include parents, step-parents, grandparents, aunts, uncles, siblings, lodgers, etc but not distant relatives.</p>	Child Abuse Investigators
<p>2. Abuse by a person with custody, care or control of a child at the time of the offending. Examples include teacher, social worker, child minder, leader of organised activities such as scouts, guides, boys brigade, sporting clubs, etc.</p>	Child Abuse Investigators
<p>3. Network Abuse. For example, single abuser who involves network of children which escalates from a casual basis.</p>	Consideration between CID, MACE, SCOLT & CAIU to determine most appropriate lead department dependant on victim, age, vulnerabilities, suspect and platform used. Other teams will support lead department as appropriate.
<p>4. Organised Abuse. For example, multiple abusers and multiple abused children, organised abuse where children are particularly targeted, i.e. paedophile rings, institutional abuse.</p>	Consideration between JMIT, CID, MACE, SCOLT & CAIU to determine most appropriate lead department. Other teams will support lead department as appropriate.
<p>5. Historical Abuse. i.e. adult victim of alleged sexual abuse suffered as a child which would meet one of the criteria above.</p>	Consideration between CAIU, CID or CPC depending on the level of abuse and other safeguarding factors.
<p>6. Abuse by Stranger.</p>	Depends upon seriousness of abuse and platform used. CPC, CID, SCOLT investigate with assistance from Child Abuse Investigators where appropriate.

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