

**POLICY****Child Protection**

Policy Owner	Safeguarding and Investigations
Policy Holder	Child Abuse Investigation Unit
Author	D/Insp Policy & Strategy

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Approved by

Legal Services	N/A
Policy Owner	✓
JNCC	✓ 14.06.16

Note: by signing the above you are authorising the Policy for publication and are accepting accountability for the Policy on behalf of the Chief Constable.

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Note: Please send the final FPD with both signatures on it to the Force Policy Officer for the audit trail.

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Legal Basis

(Please list below the relevant legislation which is the legal basis for this Policy document). You must update this list with changes in legislation that are relevant to this Policy document.

Legislation/Law specific to the subject of this Policy document

Section	Act (title and year)
	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

Other legislation/law which you must check this document against

Act (title and year)
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

Other Documentation:

- Norfolk Safeguarding Children Board Protocols
- Working Together to Safeguard Children

- 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

1. Policy Statement

All staff of Norfolk Police in accordance with the Children Act 2004 and Working Together to Safeguard Children 2015 has a responsibility to actively support the process of safeguarding and promoting the welfare of children and should therefore adhere to this Policy.

Norfolk Police are committed to providing a standard and coherent response to all allegations of abuse against children, in a manner, which ensures the best possible protection, is afforded to the 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.

The procedures set out in this document apply to all Police Officers, Police Staff; including those employed by the Police and Crime Commissioner and partner agencies where appropriate, Special Constables and Volunteers.

Public authorities have an obligation to act in accordance with the European Convention of Human Rights Act. Staff must be mindful of their responsibilities within the Act and take them into account whilst engaged in Child Protection activities.

This Policy must be applied fairly, equally, and consistently by and to all Police Officers and employees irrespective of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other unjustifiable grounds.

2. Purpose

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.

A child is defined as anyone who has not yet reached their 18th birthday for the purposes of this Policy in line with “Working Together to Safeguard Children”. A guide to interagency working to safeguard and promote the welfare of children 2015.

The Policy highlights the role of Child Abuse Investigators within the Safeguarding & 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 Police 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 Child Abuse Investigation Unit intranet site, NPIA guidance "Investigating Child Abuse and Safeguarding Children and at Norfolk Safeguarding Board at www.nscb.norfolk.gov.uk

3. Underpinning Procedures Introduction

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 subject of abuse or in need of additional support and to know what actions to take.

This Policy is aimed to provide guidance to staff coming into contact with children and those Officers tasked with investigating the abuse of children.

All 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 CPC, CID, CIU's and Safeguarding & Investigations. Norfolk MASH provides a multi-agency specialist safeguarding service to protect vulnerable children.

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

Duty to Protect Children

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.

Awareness of Safeguarding Issues

All police officers and police staff who interact with the public, in whatever format, must undertake elements of the College of Policing (CoP) Public Protection Learning programme. Norfolk Constabulary have supplemented this programme with a Child Protection Podcast available for all staff to access. Such training will give staff an understanding of safeguarding issues

and signs to be aware of, which may indicate a child is suffering or is at risk of suffering harm. This training is mandatory and compliance will be monitored by Learning and Development Department.

4. Children who may be at Increased Risk

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 those falling into these groups are unable to communicate concerns as readily as others. Although 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.

Children with disabilities

Children with disabilities are at greater risk of abuse than non-disabled children. The Department of Health in 'Working Together to Safeguard Children' recognise that the available UK evidence suggests that children with disabilities are at greater risk of abuse and that the presence of multiple impairments appears to increase the risk of both abuse and neglect.

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.

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

Recent high profile investigations into the abuse and care of looked after children are testament of the need for a robust approach to the protection of these most vulnerable children. Whilst safeguarding has undoubtedly moved on considerably we must not become complacent and the vulnerability of such children should always be a consideration during investigations.

Children Missing from Home

Children who regularly go missing from home can place themselves at greater risk of abuse. They may become involved in risk taking behaviour and put themselves in a position where they are vulnerable to abuse 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.

Further information and guidance can be found in the [Missing Person Force Policy Document](#)

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

Children 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 structure. Children 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)

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.

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) and in all cases an Athena Child at Risk report sent to the MASH 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.

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

Children who are under 18yrs 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.

S.17 of the Children Act 1989 explains the duties of Local authorities to identify, assist and support young carers and their families.

If a young person is identified as fulfilling this role or intending to fulfil this role police must act proactively in completing a Child at Risk Referral on Athena and registering an interest to MASH Child Safeguarding.

MASH staff will ensure that this information is then shared with relevant partners.

Children Living in an Environment of Domestic Abuse

Even in households where children are not directly subject of abuse it is well established that living with domestic abuse can result in impaired development and psychological harm. The formation of the MASH has improved information sharing and liaison between these specialist areas of investigation. 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 and associated Athena Child at Risk. 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 forms should be completed before the end of the tour of duty.

All domestic abuse reports are risk assessed and those involving children will be further referred to Children's Services. Any High Risk reports where there are children in the family will be discussed with partner agencies during a daily MASH managers meeting.

Further information and guidance can be found in the [Domestic Abuse Force Policy Document](#)

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

Children who are at risk of Honour Abuse issues are at increased risk of significant harm. All staff should be aware of their responsibilities in relation to HBA and further guidance can be found within the HBA Force Policy Document. Due to the nature of HBA, forced marriage and FGM these investigations will be conducted by Vulnerability and Partnership officers.

Further information and guidance can be found in the [Honour Based Abuse Force Policy Document](#)

Children living with/in contact with Sex Offenders

Some children will have parents or relatives who are sex offenders or a sex offender may be a regular visitor to the child's household. Clearly children in contact with sex offenders are at greater risk of abuse. Where staff become aware that a child is living with or in regular contact with someone who is a sex offender or is under investigation for sexual offences advice should be

sought from the MASH, Duty Safeguarding & Investigations or Night Turn Detective Sergeant. In these circumstances police should liaise with Children's Services (Or via the Emergency Duty Team) to identify the most appropriate action in the best interests of the child. In all circumstances a Athena Child at Risk report must be sent to the MASH immediately. This will allow an appropriate risk assessment to be made and any protection issues addressed. Close liaison will take place with the Public Protection Unit who have responsibility for monitoring registered sex offenders.

Private Fostering

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 become aware that a private fostering arrangement may be in place then a Child at Risk report Athena (C39d) should be submitted, via the MASH, so that appropriate assessments can be carried out by Children's Services to ensure the child is receiving appropriate care.

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

This also reinforces the need for Police Officers to make contact with 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)

NSCB Protocol 5.12 provides further information

http://norfolkscb.proceduresonline.com/chapters/p_childrn_away.html#_private

6. Police Procedure

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

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 an Athena Child at Risk report. If it cannot be done immediately it must be done prior to completion of tour of duty.

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- 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

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 to seek 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 Appendix 3 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 an Athena Child at Risk form.
- Preserve any evidence (consider ABE, 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 an Athena Child at Risk report.
- If out of hours, inform the Children's Services Emergency Duty Team (EDT) via 0344 800 8014
- Ensure an accurate record is kept of any discussions and joint decision making that take 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)
- If deemed appropriate, consider arresting the alleged offender.

In cases of child in need or child in need of protection the MASH Detective Sergeant will be responsible for;

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- Assessing the information contained within the Athena Child at Risk report 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.

Positive Action to Ensure the Welfare of Children - Powers of Entry

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 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 absolutely 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.

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.

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.

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.

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.

Under Common Law a constable has the power to enter premises to prevent or deal with a Breach of the Peace.

Under Section 48 of the Children Act 1989, a warrant may be obtained to search for children who may be in need of protection.

A record of all searches should be made in accordance with PACE.

Police Protection

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.

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.

Section 46 of the Children Act 1989 gives a constable the power to take a child into what is commonly known as police protection:

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.

You must ensure that the Designated Officer (Duty Inspector) is notified as soon as possible.

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 8014 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 its current location.

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 Service. The protection must be discharged unless the child is still considered to be at risk of significant harm. The Children's Act states that the Designated

Officer is the rank of Inspector. It is therefore essential that supervisors are notified at an early stage.

Police protection does not give police officers parental rights

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. Social services/EDT should always be consulted before a child is placed into the care of others. Where this does happen an Athena Child at Risk report should be submitted to the MASH prior to retiring from duty.

Taking a child into Police Protection does not give the police or anyone else parental responsibility for that child. In order to gain parental responsibility an Emergency Protection Order (EPO) must be sought from the Courts. This will normally be led by Children's Services who will gain parental responsibility for the child.

In the majority of cases it is expected that concerns will be shared with the parents/carers before the child is interviewed. This is after a child has been assessed and has disclosed that abuse has taken place. Parental consent is not required for the assessment process to take place.

As a general rule information that a child is going to be interviewed should be shared with parents/carers unless to do so would affect the safety and welfare of the child or other children, or be detrimental to the criminal investigation. If a decision is made not to inform the parents/carer the reason must be recorded.

The needs and safety of the child must be the first consideration when determining at what point parents/carers should be informed of the concerns and that their child is being/has been interviewed. The child should never be interviewed in the presence of an alleged or suspected perpetrator.

In those cases where it is not possible to seek permission to interview a child from those with Parental Responsibility (PR), or where such permission is refused, 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 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.

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.

Submission Criteria Athena Child at Risk Form

The purpose of submitting a child at risk form is to pass details of the concerns that there might be for a child to the relevant agency that can provide assistance for the child. If a child has committed a crime or is at risk of harm, this can be completed via CIS.

A child is defined as someone under the age of 18 years and includes an unborn child.

The child referral that you submit might be dealt with as a criminal investigation by the CAIU or passed to a partner agency such as Health or Children's Services if it is decided that they are better placed to provide a service to the child.

Athena Child at Risk will 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 of an event that they may need to offer pastoral support over. To this end the referral must be completed before the end of your tour of duty.

The following criteria detail when you must submit a referral but are not exhaustive and if in doubt seek advice or submit a referral.

1. An allegation of any harm to a child is received either of a physical, sexual, emotional or neglect nature.
2. Where a child's circumstances raise concern for that child's welfare.
3. A child is present or known to live in a household where domestic violence has been reported or in which drug abuse occurs.
4. A child is left 'home alone' (As a guide - children under ten years or otherwise seeming immature and at a potential risk).
5. Any child abandoned.
6. Any child reported as missing. (see Missing Persons FPD)
7. A person who presents a 'risk to children' (previously known as schedule 1 offender), or who is subject of Multi Agency Public

Protection Arrangements (MAPPA), is a member of a household with children or is in regular contact with children.

8. Potential risk of harm to an unborn child.
9. A child has been arrested, reported or charged with an offence or been involved in anti-social behaviour
10. The death or injury to a child where neglect or care of that child might be an issue.
11. Serious injury or death of a child as a result of a road traffic collision.
12. Where you identify a child living otherwise than with their parent or lawful guardian (Private Fostering)
13. A female from a high risk group (Mental Health, Substance misuse etc) is known to be pregnant

You must complete the risk assessment that is detailed on page 2 of the form as this will guide agencies as to where action is needed quickly.

All relevant information including 'soft' intelligence and highlighting factors which may mean a child is at increased risk (see Section 4) should be included on the Athena (Child at Risk) Form.

Accessing Child Abuse Investigation Information

All Child Protection information is currently recorded on Athena. Previously this was recorded on the CAT's database by Safeguarding and Investigations staff. Operational staff has 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
- Control room supervisors
- CIB

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

All information stored on CATS and Athena is regularly audited. Where statements are obtained as part of a criminal investigation they are transferred to CJU or CDT to be stored with any other documentary evidence relating to

the investigation. They will be retained in accordance with the current retention and destruction Policy in place.

Making Referrals to Children’s Services Departments

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

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.

In the case of all referrals made by the Safeguarding & 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 CATS entry will be made of the supervisor's involvement and any decisions made.

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).

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 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 groups 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.

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

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

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.

Managing Allegations against Professionals

Chapter 2 of Working Together to Safeguard Children 2015 (Statutory Guidance) established procedures for managing allegations against those people who work with children whether in a professional or voluntary basis. This included the requirement for Local Authority's 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

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 s/he is unsuitable to work with children

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 must be aware of their responsibility to complete a NOK file and 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:

1. Photographers
2. Taxi Drivers
3. Bus Drivers
4. Foster Carers
5. School Caretakers

6. Club leader (Martial Arts Instructor, Sports Coach etc)
7. Teaching Assistant
8. Religious leaders or post holders within religious groups

All allegations against police officers with respect to conduct in the course of their duties will be investigated initially by Norfolk Police Professional Standards Department, overseen by the Independent Police Complaints Commission. If there is clear evidence to support an allegation meeting the LADO criteria, a referral to LADO should be made without delay. Where this evidence is not available a referral should be made following investigation, if the allegation is upheld and fits the LADO criteria. Norfolk Police PSD will notify the LADO through the officer with strategic oversight for the Force (Head of Safeguarding and Investigations).

NSCB Protocol 7.3 provides further guidance.

<http://norfolkscb.proceduresonline.com/chapters/contents.html#safe>

Information Sharing with other Agencies and Professionals

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 appropriate, 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.

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.

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.

Requests by partner agencies for information from the MASH will be completed on the Multi-Agency Information Request form and E mailed or faxed. 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.

NSCB Protocol 1.6 provides further guidance.

http://norfolkscb.proceduresonline.com/chapters/p_ca_information.html

Attending Initial Child Protection Case Conferences (ICPC)

Officers from the Safeguarding & 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 information held on a family and to decide an appropriate course of action. There will be occasions when it is appropriate for Officers from other Departments to participate.

Officers or police staff from the Safeguarding & Investigations Department will attend all ICPCs. There will be occasions when it is appropriate for Officers from other departments to participate. Officers attending must give careful consideration to what information is disclosed. The purpose of the meeting is for professionals to share information and decide whether or not a child 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.

Prior to attendance at the conference comprehensive research must take place to ensure the police representative is in possession of all relevant police information.

Only in very exceptional circumstances, for example where a criminal investigation would be compromised and 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 should be shared with other agencies and professionals at the earliest opportunity. However, in any competing demand 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.

Intelligence should be shared with the conference if it is felt to be relevant. Where it is felt that to disclose this 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 ICPC starting. This will allow professionals to make decisions based on all the relevant information. However it has to be stressed that this should only be necessary on rare occasions. Efforts should be made to firm up

intelligence from other sources to avoid identification of one source and efforts should be made to expedite the completion of ongoing police enquiries e.g. execute drugs warrant. Where issues still remain then the conference chair should be approached and the issues discussed prior to the conference taking place.

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

NSCB Protocol 3.6 provides further guidance.

http://norfolkscb.proceduresonline.com/chapters/p_init_CP_conf.html

Professional Challenge

Officers attending ICPCs and other multi-agency meetings do so with a view to safeguarding children and representing the interests of Norfolk Police. 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 are encouraged and indeed 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 that they are managed professionally and individuals do not lose sight of their primary goal which is to safeguard children. Officers should endeavour to resolve such agreements through professional discussion. Where this fails the officer should ensure that their objections are formally recorded on the minutes of the meeting in the case of ICPCs and other formally minuted meetings or in the case of telephone discussions on Athena. The officer should then escalate the issue to their supervisor 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

NSCB Protocol 9.2 provides further guidance.

http://norfolkscb.proceduresonline.com/chapters/p_res_profdisag.html

Determining if a child is subject of a Child Protection Plan

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

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protection plan after being deemed to be at risk of significant harm after consideration of information by professional agencies at an ICPC.

IR's 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.

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

Children Subject to a Protection Plan

If, following an ICPC, a decision is made that a child is in need of protection, a multi-agency protection plan will be formulated.

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 information marker.

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

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.

The officer attending must ensure that efforts should be made to see the named child/children and other children that are present. The attending officer should consider contacting the MASH (or out of hours EDT) to determine if they hold any additional information.

If there is evidence that the children may be suffering or at risk of suffering significant harm then the use of police protection should be considered. A Athena Child at Risk report should be submitted outlining the reasons for attendance at the address and the outcome of the incident and their checks. This should be done prior to completing their tour of duty. If necessary an immediate referral should be made to Children's Services and the use of police protection considered.

Child Sexual Exploitation (CSE)

The awareness of child sexual exploitation is an emerging issue for police and child protection professionals. Hidden from view and going unnoticed, vulnerable children and young people are subjected to grooming and leading to potential abused. Often targeting looked after children or children with vulnerability the actions of the perpetrators leave their victims traumatised and scarred for life.

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It is illegal activity by people who have power over young people and use it to sexually abuse them.

This can involve a broad range of exploitative activity, from seemingly 'consensual' relationships and informal exchanges of sex for attention, accommodation, gifts or cigarettes, through to very serious organised crime

Definition

The sexual exploitation of children and young people (CSE) under-18 is defined as that which: *'involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.*

Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. 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'

CSE Warning Signs & Vulnerabilities Checklist

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

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, 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 (in cases of gang-associated CSE only)
- Attending school with young people who are sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with young people who are sexually exploited
- Homeless
- Lacking friends from the same age group

- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence
- Young carer

The following signs and behaviour are generally seen in children who are **already being sexually 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 sexual bullying and/or vulnerability through the internet and/or social networking sites
- 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

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

Action to be taken – CSE Cases

Take immediate safeguarding action if you think the child is at risk of significant harm and inform the MASH Duty DS, the Multi Agency Sexual Exploitation (MASE) DS or the Night Turn, Safeguarding and Investigations DS.

In other cases submit an Athena Child at risk fully documenting your concerns and stating why you think the child may be at risk of sexual exploitation (referring to the checklist).

NSCB Protocol 5.8 provides further guidance

http://norfolkscb.proceduresonline.com/chapters/p_sg_ch_and_yp.html

Child Abuse and the Internet

Child abusers use the Internet for the following reasons;

- Download images of child abuse- at least 40% also abuse children in the real world

- Seek out children and 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

Generally these are stranger offences and will often be investigated by Officers outside of the Safeguarding and Investigations Command. 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. Each case should be judged on it’s 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.

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

NSCB Protocol 5.7 provides further guidance.

http://norfolkscb.proceduresonline.com/chapters/p_ca_information.html

Adults Abused in Childhood (Non Recent Abuse)

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

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.

The Police will refer any of the above exceptions to the MASH for consideration of single or joint investigation.

Investigation

Child Abuse Investigators within the Child Abuse Investigation Units (Meridian Way and Dereham Police Station) deal with all criminal allegations of sexual, physical and emotional abuse or neglect against children and young people

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under the age of 18 that occur within the family environment, or are committed by a person who is in a position of trust or authority.

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 stranger abuse although support can be offered from Child Abuse Investigators to other staff when investigating stranger abuse.

The Child Abuse Investigation Detective Sergeant is responsible for monitoring and feeding back on the quality of referrals received and recording the source of those referrals. This will ensure the accuracy of the information held; any discrepancies will be brought to the attention of the originator and resolved. The Child Abuse Investigation Detective Sergeant is responsible for monitoring and reviewing the quality of child abuse information held on the CATS system.

When investigating allegations of child abuse, officers should ensure they pursue all available avenues to gather evidence and intelligence. 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.

In cases where a suspect is identified, officers must be aware of their responsibility to ensure that they are correctly recorded on Athena, as suspects, in order to fulfill the national PND requirement. Officers equally need to be aware that the result of their investigation against a suspect may have further ramifications in terms of DBS checks undertaken by the suspect in future. In all cases where the suspect is not approached this must be policed on Police systems to support any future disclosure decisions.

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.

[Child Abuse Investigation criteria is attached at Appendix 2](#)

Protocol for undertaking Joint Investigations between Children's Services and the Police

Nominated Social Workers and Police Child Abuse Investigators have undertaken the same Achieving Best Evidence Course facilitated by Norfolk Constabulary's Learning and Development Department. This is an accredited

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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.

A Joint Investigation will always involve joint planning between officers from the Child Abuse Investigation Unit and the Children's Services Department. This requires early and precise communication between all agencies at the Referral and Strategy stage with a complete sharing of information.

Although most activities, for example video interviews, will 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 the Children's Services Department in the investigation. The remit of the Police is to prevent and investigate crime, gather evidence and the submission of cases for criminal prosecution. The remit of the Children's Services Department 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.

Throughout the investigation when different tasks are being undertaken there will be continual liaison between the police and the Children's Services Department.

Throughout the investigation when different tasks are being undertaken there will be continual liaison between the police and the Children's Services Department.

Criteria for Video Recording an Interview

Video recorded interviews should normally take place for child victims/witnesses however there may be occasions where this is not appropriate the following should be considered when making a decision 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.

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.

Consent to conduct a Joint Investigation/Video recorded Interview

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:

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

- Who may see the videotaped interview (including the alleged abuser at court);
- The different purposes to which a videotaped 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).

The child should be advised that, should the case proceed, whether a video recording is made or not, s/he 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 videotaped record does not by itself guarantee the video will be used.

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.

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, however it is recognised 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 this disclosure may lead to the child being taken immediately into Police Protection.

In those cases where it is not possible to seek permission to interview a child from those with Parental Responsibility (PR), or where such permission is refused, 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 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.

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.

Medical Examinations

Parental permission should be sought from a person holding parental responsibility. If consent is refused then consultation should take place with Children's Services. They will seek legal advice and look for EPO or Assessment Orders from the Court. 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

A 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.

In cases where there has been an allegation of sexual abuse further consideration should be given to a forensic medical examination being carried out.

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Please note if a child aged 12 or under needs a forensic medical examination, this must take place at the Child SARC with an FME trained paediatrician. In cases of sexual abuse a Crisis Worker from the Sexual Assault Referral Centre (SARC) should be called to assist.

When a young person aged 13 and over is to be examined by a paediatrician however a discussion should be had with the paediatrician to see which is the most appropriate option. The Child SARC will be used for these examinations. Similarly a decision will be made by the paediatrician who will conduct an examination should the child under 13 be post pubertal.

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 must always be kept to a minimum.

Suspect Considerations

Whenever a suspect is bailed or charged for offence 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.

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" form. Where possible this should be done in view of the custody CCTV and a note made on the custody record that this has been done. This form provides the suspect with advice and guidance regarding their own welfare and also details of support organisations that can help prevent any further offending against children.

Where any police officer has concerns in relation to any individual they believe is likely to commit offences causing serious harm, they should consider referral as a Potentially Dangerous Person (PDP) and be subject to risk management strategies. Please refer to the Force Policy for dealing with PDPs for further guidance.

Children in whom illness is fabricated or induced

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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 that they have not missed a vital piece of information.

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

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 and know what to do and who to speak to within their own organisation or a statutory one such as the police or local authority children's social care services.

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.

Sudden Unexpected Deaths in Infancy

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

Many of these deaths will involve police attendance at Emergency (A&E) Departments, where actions will be necessarily different to those where police attend other premises.

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.

In any event, a Safeguarding & Investigations Detective Inspector will be the Designated Senior Investigating Officer (SIO) in the first instance.

If subsequent assessment considers the death to be suspicious then out of hours the on call Force SIO will be contacted and 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.

NSCB Protocol 10.1 provides further guidance (currently under review).

Crime Recording

Crimes will be recorded in accordance with NCRS guidelines. Child Abuse Investigation Unit Detective Sergeants will ensure that crimes are recorded in a timely fashion and that appropriate investigations are carried out. 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 & Investigations Detective Inspector.

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 is available from the Child Abuse Investigation Unit to all non-specialist investigators who are allocated such cases.

Training

All staff within Norfolk Police who interact with the public as part of their role will be required to undertake an E Learning package on Safeguarding Children. 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.

Child abuse investigators are appointed following a recruitment, selection and vetting process. Due to the nature of the work they undertake child abuse investigators receive regular supported sessions from occupational health.

Child Abuse Investigators will be subject to additional vetting checks upon joining the department and every 3 years whilst in the department. All child abuse investigators will undertake SCAIDP (National Accreditation for Child Abuse Investigators) and have completed or are in the process of completing the ICIDP (Detectives course). Once both elements have been completed they will be accredited Child Abuse Investigators.

Child Abuse Investigators may also receive specialist training e.g. interviewing sex offenders training and multi-agency child protection training and are therefore an important source of guidance and information for officers carrying out enquiries into alleged child abuse. Any officer who cannot fulfil these requirements will be transferred from the department.

6. Strategic Considerations

Working Together to Safeguard Children 2015 is statutory guidance and is intended to provide a national framework within which agencies and professionals at local level, individually and jointly, draw up and agree upon their own ways of working together to safeguard and promote the welfare of children.

The guidance moves away from the idea of simply protecting children from harm (child protection) to providing children with the support and services they need to reach their full potential and achieve The Every Child Matters 5 key outcomes;

- stay safe;
- be healthy;
- enjoy and achieve;
- make a positive contribution
- achieve economic well being.

Guidance is provided on the roles and responsibilities of the various agencies involved including the police. The document gives guidance on how to implement statutory requirements e.g. from the Children Act 2004 and also incorporates recommendations from public inquiries e.g. the report by Lord Laming into the death of Victoria Climbié.

The guidance introduced Local Safeguarding Children Boards (LSCBs). The LSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.

Each LSCB has responsibility for developing multi-agency child protection procedures which each agency including the police agrees to adhere to.

Representation on the **Norfolk Safeguarding Children Board (NSCB)** is at a senior level. Norfolk Police is represented by a Chief Superintendent.

Numerous Sub-groups support the NSCB and are represented by Detective Superintendent and Inspector ranks. These subgroups are listed below –

Leadership Group

The Leadership group is made up of key Board members who work closely with the chair to help direct and drive the work of the Board and its sub-groups, and to monitor progress against the Board's overarching vision and business plans.

Performance Information and Quality Assurance Group (PIQAG)

Supports the NSCB in fulfilling its statutory duty to monitor and evaluate the effectiveness of work done by the Local Authority and board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve.

Child Death Overview Panel (CDOP)

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.

Workforce Development Group (WDG)

Supports the Norfolk Safeguarding Children Board (NSCB) fulfilling one of its key responsibilities-to ensure both single and inter-agency training is delivered to a consistently high standard, and that a process exists for evaluating the effectiveness of training and ensure 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.

Media and Communication Group (MCG)

Supports the NSCB in fulfilling one of its key functions in communicating and raising awareness by communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done, and encouraging them to do so.

Local Safeguarding Children Groups (LSCGs)

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 Board.

Health Safeguarding Advisory Group (HSAG)

For health professionals, both providers and commissioners, to convene and discuss safeguarding issues from a purely health perspective and advise the Board on themes emerging, such as increased incidents of self harm.

District Council Advisory Group (DCAG)

To ensure that all Norfolk's District Councils are meeting their duties and obligations under the Children Act 2004 and Working Together 2013 and increasing the visibility of the district council functions in the work of the NSCB.

Education Advisory Group (EAG)

To review NSCB actions specifically for schools and develop strategies for ensuring that the safeguarding agenda is taken forward by their colleague headteachers and governors, and to support effective communication ensuring that the Board has a mechanism through which to reach them and get their feedback on issues such as children missing education and promoting awareness of child sexual exploitation.

Children & Young People Shadow Board

To report regularly to Board to highlighting safeguarding issues that matter to them. Their feedback is crucial for all members to know that we are getting it right across the spectrum, from direct service delivery to the production of literature and promotional material

Serious Case Review Group (SCRG) – D/Supt representing**Children at risk of sexual exploitation (CSE)**

CSE subgroup forms a distinct category of vulnerable children, although many of them will also fall within the groups identified above. This subgroup has been meeting monthly to consider prevention, education and different approaches/responsibilities to protecting children at risk of sexual exploitation in Norfolk. There are four distinct workstreams to this subgroup including:

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data & mapping; referral and assessment; training and awareness raising; developing practical intervention

NSCB Protocols

The board have worked together to develop a common set of procedures which are web based and can be accessed via the child abuse pages on the force intranet or by going to

<http://norfolkscb.proceduresonline.com/chapters/contents.html>

Serious Case Reviews

The LSCB has taken over responsibility for initiating and overseeing Serious Case Reviews. These are undertaken where a child has been significantly injured or died and abuse or neglect is a factor. The purpose is to improve interagency working by investigating if there are any lessons to be learned.

The referral process will be made via form CPC1 with all available information from the referring agency to the Serious Case Review Group (SCRG).

The SCRG will consider the referral and task other agencies to collate their information regarding the case prior to the SCRG. This information will be added to the original CPC1 (as an attachment) and circulated to the group before the meeting to allow attendees to review and consider if the criteria is met.

The Police element of Serious Case Review will be carried out by A Safeguarding & Investigations Detective Inspector, or nominated individual unless they have had direct involvement in the case.

This will increase the independence of the process as the reviewing officer will not have direct supervisory responsibility for the staff involved in the review.

NSCB Protocol 11.1 provides further guidance.

http://norfolkscb.proceduresonline.com/chapters/p_learn_improve_frame.html

Child Death Overview Panel

From the 1st April 2008 all child deaths have been subject of a review from a Child Death Overview Panel. This is separate from any police investigation or the coroner's process. In most cases involving a child death it is expected that any subsequent investigation will be police led. This may not initially involve Child Abuse Investigators.

Following a child's death a local case discussion is held where professionals involved with the child meet and share information. A report is subsequently prepared which is presented to the Child Death Overview Panel to consider.

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The purpose of the panel is to identify any areas of concern in relation to professional practice and to identify any underlying trends that could be acted upon to reduce the number of child deaths. The CDOP reports the outcomes into the Norfolk Safeguarding Children’s Board.

The Police will report to the CDOP on the following types of cases:

1. Sudden Unexpected Deaths
2. Unnatural Deaths (Accidents, RTC, Suicides etc)
3. Unlawful Deaths

NSCB Protocol 10.2 provides further guidance

http://norfolkscb.proceduresonline.com/chapters/p_rev_all_deaths.html

7. Appendices

Appendix	Description
1.	Definitions
2.	Child Protection Investigation Criteria
3.	NSCB Board and Subgroup structure?

8. Compliance and Monitoring

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.

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.

9. Version Control

This Policy will be reviewed and updated at least every two years by the owner, and more frequently if necessary.

The Force Policy Officer will ensure this document is available on the Force intranet, including any interim updates.

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

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expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of 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>	Negotiation between CPC and CAIU to determine most appropriate means of investigation
<p>4. Organised Abuse. For example, multiple abusers and multiple abused children, organised abuse where children are particularly targeted, i.e. paedophile rings, child prostitution rings.</p>	Negotiation between CPC and CAIU to determine most appropriate means of investigation
<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>	Child Abuse Investigators/ CPC investigate
<p>6. Abuse by Stranger.</p>	CPC investigate with assistance from Child Abuse Investigators

	where appropriate.
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