

CHILD PROTECTION GUIDELINES FOR FAMILIES

NOTE: These Info Sheets are frequently updated and improved so the exact wording on later versions does differ. However editing does not normally contradict previous versions.

Where new information does contradict previous information, this will be explicitly stated.

The **Children Act 1989** requires a local council (the SSD/ Social Services) to investigate if they have reasonable cause to believe a child is vulnerable. There are TWO types of investigation. The child appears to be

“at risk” (section 47 of the Act)
or “in need” (section 17 of the Act).

A Section 47 investigation involves issues of “**significant harm**”
(see “*Working Together to Safeguard Children*” DoH 1999).
That means significant harm appears to be severe or persistent.
It can be physical or mental.

A Section 17 referral is less serious, about “**health and development.**”
That means concerns that the child needs specific support “**services**”
provided by the local authority.
This includes all disabled children).

**A Social Services investigation begins with an “Initial Assessment” meeting with the family.
This normally takes place in the family home as a visit by Social Workers.**

You should be given at least a few days notice that an Initial Assessment is happening and the meeting should be by appointment unless it is considered the child is very seriously at risk.

However Social Workers do frequently try to carry out an Initial Assessment with a family in a very informal way, by dropping by for “a little chat.” In this way family members can be expected to be relaxed and talk more easily and freely to the visitors. Social Workers can also see what the home is like without any tidying etc such as most people normally do when expecting a visit from anyone not a member of the family circle.

**Any casual conversation at all with a Social Worker
in person or on the phone
can be written down on a file about you
and can affect how you and your child are treated.
You would be wise to check that your file is accurate.**

The Social Worker should tell you that they are a Social Worker but sometimes they do not do so. Any stranger asking you questions about your family or children could be a Social Worker.

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SOURCES OF THIS INFORMATION

The central government guidance on how a proper investigation must be done is set out in *“Framework for the Assessment of Children in Need and their Families”* (2000) Dept. of Health. More help and clarification is available from *“What to do if you are Worried a Child is being Abused”* (2003).

These central government policy documents define what Social Services, LEAs and any other public employee may do and not do when they consider child welfare or child protection concerns are relevant to a family.

While central government policy documents do not carry quite the weight of national law, they are government directives binding on LEA and SSD staff as government employees. The guidance in them may only be disregarded by public employees if unusual, or exceptional, circumstances apply which could then be justified and proved to a formal enquiry later. If a public employee such as a Social Worker or Education Welfare Officer or similar ignores the rules in these documents they are acting “ultra vires”. That is a useful term that means they are seriously out of order and you can make a complaint of maladministration about them. However complaints procedures are complicated and take a long time. But if you can quote the relevant rules when dealing with Social Workers and other public employees it will help them to keep to the rules of their work. They may be inexperienced or overworked and being reminded of the rules of their job assists them to give you the respectful treatment you deserve and which is required of them by their employers.

The important points from government documents are given here but you can find these documents to check for yourself on the Internet

“Framework for the Assessment of Children in Need and their Families” (2000).
http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4003256&chk=Fss1ka

“What to do if you are Worried a Child is being Abused” (2003).
http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4010283&chk=YpgIw9

You will need a .pdf reader download to read them.
<http://www.adobe.com/products/acrobat/readstep2.html>

SOCIAL SERVICES CONNECTION WITH OTHER AGENCIES e.g. LEA

The LEA and Social Services have mutual duties to raise concerns to each other as they arise from their different jobs with children.

Their work with children is in process of being closely coordinated under a new joint local Director of Children’s Services so that they work as partners. This will mean that they adopt more similar ways of working and that they can pass all information they have about families to each other quickly and easily. (*“Every Child Matters”* 2003; the *Children Bill 2004* based on it soon to become law).

CONFIDENTIALITY

Public agencies are already urged to share information about families wherever they have the slightest concern about child protection.

The new Children Act coming soon based on the Children Bill 2004 makes this guidance into law.

It removes all rights for families to confidentiality with

Doctors

Nurses, hospital staff

Health Visitors

Social Workers

Education staff

School staff,

Housing

Police

Youth workers

Connexions

Any public employee who has contact with children

Some voluntary workers who have contact with children

where there might be any issue of child protection or child welfare

Databases (computer based lists) are being created with a file for every child in the country.

A lot of personal information on both the child, and their relatives and friends, will be on these lists, including addresses, telephone numbers, name of school, doctor and any other public services a family uses.

Every public employee above will have access to these lists.

If a family has more than one contact with a public service a “flag” will go up on the lists, and that will mean that the family has to be investigated by all the public services together (a Case Conference).

There are plans to put all this information on the internet though little has been designed to protect the security of this online information from inappropriate persons’ access (paedophiles, hackers)

BASIS FOR A REFERRAL TO SOCIAL SERVICES

There does not have to be strong evidence of child protection worries.

A personal impression, or opinion, by any public employee is enough to trigger an investigation.

All staff are advised if in any doubt at all to call in Social Services.

You can therefore be investigated/ put through an Initial Assessment meeting in order to reassure public employees and ensure they do not get in trouble later. This is because following famous cases like the Victoria Climbié tragedy all public employees are now highly anxious they don’t overlook anything. Unfortunately there appears to be limited knowledge among public employees about the enormous stress and damage caused to families by even a small encounter with Social Services, such as an Initial Assessment. It cannot be emphasised too much that it takes very, very little to start a Social Services investigation happening.

WHO CAN REQUIRE A HOME VISIT OR INVESTIGATE A FAMILY

Anyone can tell Social Services that a child is in need or at risk. The identity of the person doing this (making a referral) is protected information. In practice referrals from other professionals will tend to be taken more seriously and are more likely to result in investigation. But only the Police and Social Services may actually assess/ visit/ investigate a family on grounds of child protection. Other officers must have another reason to assess/ visit/ investigate a family. If they feel concerned about child protection they must contact Social Services.

LEA REFERRALS

* LEA staff especially must carry out their educational duties but also **“safeguard and promote the welfare of children” (Education Act May 2004)**. Currently there is considerable dismay on the part of LEAs alike as to the interpretation of this clause and clarification from central government is expected.

* **LEA or other staff do not have the duty to investigate child protection issues themselves.** Only the Social Services and Police have the authority to investigate this area. Any public employee who has contact with a child has a duty to report concerns from directors at council offices driving to work, to refuse collectors operating at the family home. But it is only Social Services or Police who may officially act on this information.

“The education service itself does not have a direct investigative responsibility in child protection work” (“Framework for the Assessment of Children in Need and their Families” (2000: 5.42)

**Therefore an LEA or school may not require a visit or meeting
with a (home educating or other) family
on child welfare/ child protection grounds.
They may ask, but they have no authority to require it.
If they genuinely feel they have reason to believe
a child is at risk or has welfare needs they must ask Social Services to investigate.**

LEAs SPECIAL RESPONSIBILITY AS FIRST CONTACT

* **LEAs must handle their “vital” first contact with families responsibly** with a view to how their actions might damage trust and so influence later work by other professionals. (3.3). Social exclusion is referred to by the Framework 2000 in terms of *“disadvantaged”* children, and more specifically, about **“pupils”** that is, children registered at school.

WHAT “CHILD CENTRED” MEANS AND ITS RISK TO A FAMILY

* **Where a child is involved any Social Services’, LEA’s or other agency’s action must be “child centred” before all else.** *“Framework for the Assessment of Children in Need and their Families” (2000:1.34)*

This overriding principle to all else in child protection was established by the Children Act 1989. What this means is that the benefit of the child must come first.

This appears to match common sense and any caring person’s sense of responsibility. However in practice it has led to a major change in Social Work which does not necessarily result in the best interests of the child. Previously a family was viewed as a whole, as the first protection of a child. Since it was better understood in the 1980s that some families do badly abuse children, the attitude of child protection

is now that the person to be helped and supported is the child, and family members may be the enemies of the child.

This means that however sympathetically a Social Worker may act or feel towards a family their job is to look for flaws and weaknesses in the family that might threaten the child. However sympathetic or friendly they try to be they are not there to help other family members but to protect the child.

This can have the unfortunate effect of suspicion and distrust of other family members actually undermining them and damaging their confidence or ability to care for the child. Families investigated at only initial levels, e.g. one meeting only, report reactions of acute distress that affects them for a year or more. Depression, inadequacies of confidence in other areas of life, marriage/ partnership conflict or breakdown, and secondary effects of financial loss or crisis, substance abuse etc are reported to (telephone) support workers lasting a year or more after the contact with Social Services.

REQUIRED ATTITUDE OF LEAs AND OTHER AGENCIES TO A FAMILY

* **LEA and other staff should be aware that**

“The majority of parents want to do the best for their children.” (1.44)

* **Parents should be “made to feel respected and informed” (1.52).**

LEA and other staff must be “open and honest” with them. (1.52)

* **Parents who do need assistance should be approached as “partners”**

in a “co-operative working relationship”. (1.52)

* Staff must be aware of child development stages, but also that children vary a great deal individually. (1.38)

LEAs are particularly cautioned to maintain a high “quality” of liaison in their “vital” first contact work, so as not to damage potential contact by other professionals later on (1.52) for example, Social Services. This last point comes from the Government policy of agencies “working together.”

WHAT “SOCIAL EXCLUSION” MEANS

“Social exclusion” is only applicable where there is an evident combination of problems, not one issue alone.

* **“ Social exclusion is a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown. The Social Exclusion Unit was set up by the Prime Minister to help improve Government action to reduce social exclusion by producing 'joined-up solutions to joined-up problems'.” (Office of the Deputy Prime Minister, Social Exclusion Unit)**

In examining any attempt to link a home educating family to policies or staff involved with social exclusion it is worth recalling that the LEA or any other agency has a duty to treat parents with *respect* (1.44) on the assumption that they “want the best for their children” (1.44) and that LEAs are particularly cautioned to maintain a high “quality” of liaison in their “vital” first contact work, so as not to damage potential contact by Social Services professionals later on. (1.52)

SOCIAL EXCLUSION & TRUANCY

*Social exclusion is referred to by the Framework 2000 in terms of “disadvantaged” children, and more specifically, about “pupils” that is, children registered at school. Social exclusion is a term arising from research that links persistent truancy by pupils with other types of social disadvantage, which then

produces serious social problems, like crime. This research does not apply to occasional truancy. (5.44)

STAFF WHO REFER (CALL IN SOCIAL SERVICES) MUST KNOW THE RULES

* **LEA or other staff are expected to be briefed, that is to know about, the contents of “Framework for the Assessment of Children and Families” 2000**, and other documents quoted here. REF

REFERRALS SHOULD NORMALLY BE MADE IN AGREEMENT WITH PARENTS

* **An LEA referral to Social Services is normally made in agreement with the parents. (5.41)** so if parents are not asked first, or do not agree, a referral should be made on good grounds for waiving this.

REFERRALS SHOULD NOT WASTE PUBLIC MONEY

* **As public employees LEA or other employees must not ‘waste public resources’ (money)**. Any referral whatsoever involves paid public employees’ time and administrative equipment, and resources. All that costs money. A decision to spend public money is accountable to the **District Auditor**. A referral has to meet a “threshold” of concern to justify expenditure (money spent).

REFERRALS SHOULD NOT BE NONSENSICAL OR SILLY

* **“[I]t is not just social services departments which are the assessors”** (1.50), because LEAs or other agencies making referrals act as **partners** to the Social Services who have actual legal authority to investigate. Social Services are called the “*lead professional*”) However this together with the above, shows the LEA bears some responsibility for acting responsibly as professionals, using some common sense in making a referral. If this were not so they could pass on a comment on the colour of a mother’s clothes as cause for concern! (the Pink Petticoat Principle)

* **LEA or other staff can always speak to Social Services’ staff to check an apparent concern which might form the basis of a referral**. LEA and other staff are expected to use normal common sense to not to make referrals on ridiculous, unspecific, vague, information that would waste public resources.

STAFF WHO REFER SHOULD BE CLEAR ON WHAT THE AIM OF THE REFERRAL IS

* **LEA or other staff should be able to define what the aim of a section 17 child “in need” referral would be, in terms of specific, relevant services that appear to be needed.** (1.55)

* **LEA or other staff actually have a clear description of a child’s physical, mental and social needs (2.7) provided to assist them in identifying whether a referral may be necessary.** “[I]nexperienced staff” are directed to the NSPCC chart ‘*Referrals Involving A Child*’ (Clever *et al*, 1998) which is the “Framework’s’ own Appendix C.

The question is asked (3.4) **“Why is the referrer worried?”** and specific questions are listed to help identify the kind of concerns that might stimulate a referral such as

- injury,
- medical treatment,
- a physical appearance of neglect,
- an apparent lack of supervision,
- an account of sexual assault,
- behaviour indicating emotional abuse, or
- a person involved convicted of an offence against a child.

* **An LEA or other referral must be aware of the known “outcomes” for families of “intervention”** that is, the likely result of a referral and any enquiry that might follow. (1.58)

The process must be viewed as leading to **“improvement in the wellbeing or outcomes for a child or young person”** and must not be **“an end in itself.”** (4.1)

Plenty of research exists on the devastating effects of child protection/ welfare referrals, even minor ones, on families. They have been compared to a “witch hunt” in Parliament, and similarly by research scholars. Concerns are being raised about civil liberties issues. Abused children, the most important justification for referrals, report the investigative process as more abusive and painful than the original abuse. The experience of assessment has also been compared on record to the violation of rape, by parents.

CONCERNS MUST BE “EVIDENCE BASED”

* **LEA or another agency’s concerns that trigger a referral, should be “evidence based”** taken from **“direct observation”**, and **“other agency records or interviews”**. Staff should not make **“unreasonable assumptions without evidence.”** (2.29) Knowledge about child needs should be used **“critically”** and research findings should support the decision. (1.58)

CONCERNS MUST BE “NON-JUDGEMENTAL”

* **Making a referral should be “non-judgemental” without personal prejudice, stereotyping, or “damaging assumptions” that fail to take into account social differences of race, culture or religion.** (2.29) Home based education is technically a social ‘sub-culture’ with its own aims, standards and practices. An LEA officer as a trained professional can be expected to know this and not to make ignorant assumptions about **“cultural variation.”**

IT SHOULD BE CONSIDERED WHETHER THERE IS ANOTHER EXPLANATION

* **It is explicitly asked “Is there any other possible explanation the referrer can offer for their concern?”** clearly requiring an LEA officer should explore alternative explanations for apparent problems, which could and should include reasonable background checks using any evidence already available to them. (Appendix C: 3.4)

RECORDS MUST BE SYSTEMATIC, COMPLETE AND ACCURATE

* **LEA staff should record and update information relating to a referral systematically.** (1.58) Their records should be clear and complete and accurate, as they can be inspected by the family, on request. The family’s elected local Councillor, or a solicitor, can also inspect for them (a solicitor may involve a fee)

PART 2 - SOCIAL SERVICES INVESTIGATION PROCEDURES

FIRST ACTION: *“THE REFERRAL AND INITIAL INFORMATION RECORD.”*

*** A referral to Social Services, whether by the LEA, another professional, or from a member of the public, is recorded on a form called *“The Referral and Initial Information Record.”***

This is a form that a social worker starts filling in when the referral is received.

It gives the basic family details and the reason for the referral.

It shows whether any action will be taken, and must be signed by the original social worker and their Team Leader. (See Appendix for full details of what’s on this form)

ACTION IF NECESSARY: *INITIAL ASSESSMENT.*

*** A decision to gather more information proceeds to an *Initial Assessment.***

This is normally done as a meeting with the family in their own home. It may not use the name “Initial Assessment” but any requirement to permit a Social Worker to visit when this has not happened before to do with this individual child, is normally an Initial Assessment meeting. Frequently Social Workers regard this as minor and speak of having a “chat” or a “little chat.” To the family however this is an important meeting with major future implications for the family in terms of their reputation in the community and with public services, and is best treated as a formal business meeting.

“An initial assessment is defined as a brief assessment of each child referred to social services with a request for services to be provided. This should be undertaken within a maximum of 7 working days but could be very brief depending on the child's circumstances. It should address the dimensions of the Assessment Framework, determining whether the child is in need, the nature of any services required, from where and within what timescales, and whether a further, more detailed core assessment should be undertaken.” (3.9)

RECORD MADE: THE *INITIAL ASSESSMENT RECORD*

*** The Initial Assessment meeting is recorded in the *Initial Assessment Record.***

“The Department of Health has published an Initial Assessment Record, which has been developed for all staff to record salient information about a child’s needs, the parents’ capacity and the family’s circumstances, to assist in determining the social services’ response and whether a core assessment should be considered.... The initial and core assessment recording forms have been designed to assist in the analysis of a child and family’s circumstances.” (3.12)

*** The Core Assessment** is a bigger enquiry that sometimes follows the Initial Assessment.

SOCIAL SERVICES’ DECISION TO INVESTIGATE OR NOT

*** Social Services (DSS) must decide quickly (within one working day is recommended) whether to investigate a referral, or not. This is recorded on the Initial Referral Record. (3.8)**

*** The decision may be to take no action on the referral, which must be recorded on the Initial Referral Record. (3.8) also called *The Referral and Initial Information Record***

* It is not unusual for Social Workers to claim that they “have to” investigate all referrals received. This is not so, and in fact the majority of referrals do not lead to any action (55% on average, nationally).

* The numbers of referrals that go to an Initial Assessment meeting and its report are published by the Dept. of Health: the most recent figures are for the year ending 31 March 2002.

570,000 children/ young people were referred to Social Services depts. in England.

An estimated 45% of these, or 261,000 referrals were progressed to Initial Assessments of children or young people to determine if they were in need of a service from Social Service departments.

In other words 55% of referrals were NOT investigated, nationally (309,000).

*** The percentage of referrals investigated varies a great deal between different local councils and may be as low as 20% or as high as 90%.**

“*Local Council Tables: Referrals and assessments of children in need*” displays the comparison in tables so anyone can check their local rate of investigating referrals. (See References)

DECIDING TO INVESTIGATE: EVIDENCE

*** Social work practice must be “*evidence based*”; staff should not make decisions to investigate, or to conduct an investigation on “*unreasoned assumptions without evidence.*”**

A referral is assessed, investigated and reported on information derived from “direct observation” of the child, on any records on the child from a previous school, health or other agencies; and on a professional knowledge of the needs of children based on current research. (.58)

DECIDING TO INVESTIGATE: PREJUDICE

*** The assessment of a referral, and its conduct should be “*non-judgemental*” without personal prejudice, “*stereotyping*”, or “*damaging assumptions*” that fail to take into account social differences of race, culture or religion. (2.29)**

Social Workers are required to respect “*the diversity of family lives, traditions and behaviours*”. (6.27)

CHECKING SOCIAL WORKERS BEHAVE PROPERLY

*** A DSS officer must be regularly checked and examined by an experienced professional in the field. This “*supervision*” must specifically direct and support awareness and behaviour that respects “*the diversity of family lives, traditions and behaviours*”. (6.27).**

HOME EDUCATION

*** Home based education is technically a social ‘sub-culture’ with its own aims, standards and practices.** A DSS officer as a trained professional who must cover a great many specialist areas of child welfare may not be 100% well prepared on the details of home education law and cultural practice; however an LEA officer making a referral should be capable of advising the DSS officer on an educational sub-culture as part of their “*partnership working.*”

In the case of a non-professional referral from an ordinary person, DSS officers should respect the law and cultural diversity of home based education, as soon as a family subject to a referral advises them about it: home education itself is not a basis for a DSS investigation.

FEAR BY FAMILIES AND HARM TO THE FAMILY

*** Staff need to keep up to date with research findings, especially those about how their investigations and support interventions actually affect families as outcomes, as compared to how it might be hoped or assumed they do. (6.30; 6.27)**

There is clear research available to show that any contact with Social Services risks damage to a family of a serious nature. Therefore the risk of damage by intrusion must be balanced against real gains to the family by way of that intrusion and it should be clear that gains outweigh the risks.

INFORMING THE FAMILY OF THE REFERRAL AND ITS REASONS

*** Once a decision is made to investigate a referral, or not, the family (and the referrer) should be notified of the referral, and of its “*rationale*” (grounds), and of the decision taken (to investigate it,**

or not to investigate it). (3.8)

KNOWLEDGE AND CONSENT BY THE FAMILY

* **The general rule is that a referral and assessment is to be done with the knowledge, agreement and partnership of the family concerned.** *“Generally, all phases of the assessment process should be undertaken in partnership with the child and key family members, and with their agreement.”* (4.2)

ACCEPTING THE INITIAL ASSESSMENT MEETING

* **A family is extremely unwise to refuse an Initial Assessment meeting. This can be interpreted as an attempt to hide abuse, and stronger powers invoked to force a meeting. If this happens the meeting will begin from the assumption that the family is hiding abuse which will set up immediate distrust and suspicion far worse than the original situation.**

* However, unless the enquiry is of an extremely urgent Section 47 status (“*significant harm*”) the family may ask for an appointment to be made in writing.

HAVING A LITTLE CHAT/ PREPARING FOR THE MEETING

* **These meetings are often described as ‘a little chat.’ This is misleading. They are really business meetings which can carry enormous weight in later decisions about the future of all members of the family. It is therefore advisable to treat this event as important.**

* **It is best to:**

- **Tape the meeting so there can be no quarrels later about what is said. Buy a “conference microphone” to make sure you get a clear recording.**
 - **Have at least one person you know and trust there as a witness. Ask them to come the night before, or at least an hour or two in advance to help you cope with your natural fear. During the meeting they should be able to speak little and observe carefully.**
 - **Prepare a file of any papers you think might be useful** if you know what the meeting is about. If not, guess, and if in doubt put it in. Put everything in date order/ the order that it happened. Put a note of your own about any telephone calls or meetings already happened, with the date or an approximate date.
 - **Make a list of all the papers you have in date order, naming each item so you can recognise it and giving the name/s of any Social Worker, Education staff etc involved in each item. Put this list on top. From this you can quickly look up anything you need during the meeting.**
 - **Make a copy for each family member or witness who will be there.**
 - **Choose carefully where you will feel happiest to seat your visitors.** Round a table is good as it helps everyone to stay alert and businesslike. Think about how that area of your home looks: if you are happy with how it looks you will feel less nervous.
 - **Arrange something like a video to keep the child/ren happy** in another room. Or have them next door with a neighbour at first, or out with a trusted relative. Make sure that they can be reliably available within half an hour of the appointment time though.
- Separating the child/ren away allows you to deal with your visitors on their own then bring the child/ren into the meeting once you have got used to whoever comes. A short introductory period as adults also allows you to ask questions and get clearer what it is all about.
- **Treat the visit as a business meeting so don’t offer tea/ coffee and biscuits!** This encourages you and others present to relax and half-consciously treat the meeting in a sloppy way. Instead have a jug of water and glasses set out ready on the table together with the papers you prepare.
 - **Sadly you cannot trust your visitors, no matter how nice they are.** Many Social Workers are actually nice people who want to help others. But in child protection work their duty is to examine you and your home for any signs that you are an unfit parent. From their point of view you may be the enemy of your child’s health and happiness.

It is NOT their job to be kind to you or forgive you anything, though they should behave with respect and courtesy to you as above. They may as part of the job offer you sympathy or invite you to confide in them. This can be muddling but remember they are a kind of police checking that you have done nothing wrong and it becomes less muddling to understand what is happening.

– **Be very careful of the end of a meeting.** Even if it is only half an hour or an hour you will be very tired. You can easily say something careless at this point which causes misunderstandings and can blow up into trouble. DON'T make jokes at any time as these can be misunderstood.

– **Arrange in advance that your supporter or another will stay with you** for as long as possible afterwards. You will be upset and tired, and will need to talk over what happened.

MEETING THE CHILD

*** The crucial part of an Initial Assessment is to meet and assess the child who “*should be seen.*”**
(3.10)

However there is no authority to require you to permit your child to be interviewed alone without a known and trusted person with them. If the Social Workers visiting you ask to talk to the child/ren, ask for either yourself or another person you approve to sit with your child to monitor for any distress. If this is refused ask the Social Workers politely to tell you exactly where it is stated that they have authority to require an interview alone with the child/ren. Keep this as extremely polite as you can but insist.

You are the protector of your child and no child can be forced to talk to a stranger on their own except in a very urgent crisis where no trusted person can be available soon enough to help a child in bad distress.

Try to explain carefully to the child/ren in advance that these people just have to do their job, so they have a right to ask questions and there is nothing you can do about it. Explain a few days in advance if possible as this gives the child time to panic, refuse to cooperate, and calm down again, if they need to. If they do panic try to say little and allow them time to get over the shock.

The child/ren need to understand they should be polite and helpful. If they do not like the Social Workers they can say so to you, but should try to be polite even so. But you can explain that Social Workers do not have the right to upset the child/ren unnecessarily and someone familiar will stay with them at all times.

HOW TO TAPE THE MEETING

*** It is essential to tape any meeting to ensure there is an accurate record to access in case of any dispute about what happened or what was said.**

Taping also makes it clear that you are taking the meeting seriously and helps everyone remember to behave as sensibly as possible.

*** The tape can only be used later if everyone present was asked at the start if they objected to being taped.**

*** Consent to taping is best done with the tape already running as everyone sits down; to avoid disagreement later on as to whether consent was asked.**

There is no valid reason for social workers or other staff to object to taping.

*** You will need a “conference microphone” (non-directional) which can be bought cheaply from Maplin's.** Without this the tape may not be clear and usable.

WHO IS INVOLVED IN THE MEETING

*** The assessment should not assume that only the mother, or parents, are relevant to the child. “*A wide range of adults*” - fathers and other family or other important persons should be recognised and included as full participants in the meeting.** (2.12)

*** Professionals are directed to be careful to recognise differences in views between child, parent**

and professional. A child may see events differently to a parent, and family members may see matters differently to professional investigators. (4.8) These differences of view between child, parent (or other caregivers) and social workers, must be taken into account when the Initial Assessment is recorded. (4.8)

ASSUMPTIONS, PREJUDICE OR HOSTILITY

* **Practice during assessments should be “*non-judgemental*” without personal prejudice, “*stereotyping*”, or “*damaging assumptions*” that fail to take into account social differences of race, culture or religion. (Home based education is technically a ‘subculture’ with its own aims, standards and practices.)**

A social worker may not know about special social groups or cultures but should respond respectfully and supportively once this is explained. Ignorance is not an excuse for prejudiced assessment, for policy here is very clear that child protection must not discriminate on the basis of a particular “*cultural variation*”. (2.29)

* **In particular investigators during a meeting with the family are directed to be careful of “*attaching meaning to information without confirming the interpretation with the child and family members.*” (2.29)**

RECORDS OF THE MEETING

* **A record will be written about the meeting by one or both social workers attending it.**

* **Information stated at the meeting should be checked with parents and with the child “*with care and precision*”. (2.23)**

This record stays permanently on file about the child.

You should be sent a copy of the record shortly after the meeting and you can reply stating what you see as inaccurate.

You also have rights to view your complete file, see “Data Protection.”

THE PERMANENT RECORD

* **Information should have been checked with parents and with the child “*with care and precision*”. (2.23)**

* **Differences of viewpoint between child, parent (or other caregivers) and social workers, must be taken into account when the Initial Assessment is recorded, and made clear in its record. (4.8)**

* **The Initial Assessment Record is sent to the family, advising them of decisions made. (3.13)**

* **The family must be invited to reply with any necessary corrections. (3.13)**

* **The family must be asked to record their views and disagreements. (3.13)**

* **The family can require corrections of fact, but cannot alter statements of opinion, however derogatory and damaging opinions are.**

* **The family should be advised about the complaints procedures (required to be available under section 26 of the Children Act 1989). (3.13)**

* **The Initial Assessment Record cannot be removed or destroyed, or annulled, even if:-**

- **it contains damaging comments about the family or if**

- **the allegations involved were recognised as without foundation.**

* **The Initial Assessment Record is very unlikely to state that allegations were unfounded; or that anyone accused is innocent. The phrase used is usually “*No action taken.*”**

* **Normally no apology is given for the impact on the family.**

* **Once a child is 18 they have the right to read their file.**

* **The LEA or any other agency involved will then be advised (usually by sending a copy of the Initial Assessment). (3.13)**

FAMILY ACCESS TO THE RECORDS

***Parents and older children can exercise their rights to check their records under the Data Processing Act 1998 and Freedom of Information Act 2000.**

Parents or guardians can apply on behalf of younger children or if the older child prefers it done that way.

“Younger children* cannot be defined exactly as children vary, but a child of 12 or over would generally be assumed as capable of understanding and carrying out a request to see their own file.

***The LEA, Social Services or other agency must supply copies of all records kept, on formal request in writing, within 40 working days.**

***Names and specific identifying information of other people can be blocked out if other people would be identified and so put at risk.**

However the documents must still be supplied and anything not clear to an outsider explained.

*** A full list of all documents in the file, named and dated, must be supplied on request.**

SUPPORT CONTACTS

FALSE ALLEGATIONS SUPPORT ORGANISATION (FASO) is a voluntary organisation dedicated to supporting anyone affected by false allegations of child protection concern. Write to: FASO, PO Box 2000, Rugby, CV22 6ZD Email support@false-allegations.org.uk
National Help Line **0870 241 66 50 open Mon -Fri. 6pm to midnight (Weds. 9am to midnight)**

FAMILY RIGHTS GROUP Excellent advice leaflets covering all aspects of social services problems, going further than this SHE introduction. Freephone weekday afternoons **0800 731 1696 1.30pm - 3.30pm** but very busy. Email office@frg.org.uk New advocacy service for families. www.frg.org.uk/index.asp The Print House, 18 Ashwin St, London E8 3DL 0207 249 0008

PARENTS PROTECTING CHILDREN www.parents-protecting-children.org.uk/

CPS WATCH COM www.cpswatch.com Monitors child protection services. American, but beginning to network internationally.

STOP ABUSE COM American site on professional abuse of families. An excellent collection of links, but varied so some might find some of them unattractive.

FOUR NATIONS CHILD POLICY ORGANISATION UK Information on new moves on child policy, and archives of same. Lots of good info, sometimes awkward because it's always divided into English, Scots, Welsh and Irish. www.childpolicy.org.uk

CHILDREN'S LEGAL CENTRE

CHILDREN'S RIGHTS ALLIANCE Under Law & Public Policy you can get many of the key govt. documents www.crights.org.uk

NATIONAL FAMILY AND PARENTING INSTITUTE (NFPI) www.nfpi.org

NKMR Scandinavian site with lots of good articles www.nkmr.org/english/articles.htm

PARENTLINE PLUS! Supports and mentors parents but doesn't appear to recognise that the majority of parents know what they are doing! No "best practice" peer project. However they do stand up for parents in government policy discussions. Helpline ignorant of home education.

CITIZEN'S ADVICE BUREAU Some good info but not accurate on home education so get info and check it.

REFERENCES

- Children Act 1989 (See <http://www.legislation.hmso.gov.uk/> then Acts of UK Parliament on menu side left; scroll down select date; select Act.)
- Education Act 1996 (See <http://www.legislation.hmso.gov.uk/>)
- Education Act 2000 (See <http://www.legislation.hmso.gov.uk/>)
- EHELG (Elective Home Education Legal Guidelines) <http://www.home-education.org.uk>
- “Every Child Matters” Green Paper 2003
- “Framework for the Assessment of Children in Need and their Families” (2000)
<http://www.doh.gov.uk/scg/cin.htm>
- “Local Council Tables: Referrals and assessments of children in need”
<http://www.doh.gov.uk/public/cpr2002latables.pdf>
- NSPCC chart ‘*Referrals Involving A Child*’ (Cleaver *et al*, 1998) included as “Framework”’s own Appendix C.
- “Referrals and assessments of children in need” Dept. of Health statistics (The most recent figures are year ending 31 March 2002). <http://www.childpolicy.org.uk/dir/index.cfm?ccs=1508&cs=4476>
- “Social Exclusion” - definition from the Office of the Deputy Prime Minister, Social Exclusion Unit
<http://www.socialexclusionunit.gov.uk/>
- “What to Do if you are Worried a Child is being Abused” (2003)
<http://www.doh.gov.uk/safeguardingchildren/#intro>
- “Working Together” 1999

APPENDIX The Forms Used in a Child Protection Enquiry

- * **Referral and Initial Information Record,**
- * **Initial Assessment Record**
- * **Core Assessment Record 2000**

The Referral and Initial Information Record is used at the start of a referral to Social Services. (SSD) It records the reason the referral or request for services was made and what Social Services decided to do. It collects basic information about the child including who is the parent/s or guardian/s; who lives in the home; ethnicity; and any other “agencies” (public services) currently involved with the child and family.

In order to meet the assessment time scales set out in *The Governments Objectives for Children’s Social Services* (1999) a decision should be made on what the response will be to a referral within one working day of it being received.

Some referrals can be dealt with by the provision of information and advice, or by a referral to another agency. When referrals require a response from a social services department then an initial assessment is carried out.

What is on the form:

1. **SSD Case No.** A number given to the referral by the Social Services Department.
2. **Is the Parent/Carer aware of the referral? (at the time the referral is made)**
3. **Re-referral** Another referral about this child within a year where the previous referral was closed.
4. **Address** Child’s usual or home address, or if shared care both addresses.
5. **Current Address if different from above** If the child is not living at their usual or home
6. **Principal Carers** Main carers of the child at their usual or home address.
7. **Responsible Local Authority** (if not the local one)
8. **Agency/Rel to child** Relationship of the referrer to the child. e.g. LEA or neighbour
9. **Address** Referrer’s agency address, or home
10. **Ethnicity** Categories listed as used by the Government for statistical returns.

11. Other Household members All those people (children and adults) living at the child's usual or home address.

12. Significant family members not members of child's household Significant family members not living in the child's household. For example, a birth parent or relative who provides care for the child on a shared basis or has a lot of contact with him or her.

- **SSD case number if appropriate.** Used if a family member is already a Social Services Department service user. Parent or carer if they are known to adult social services.

- **Tick if also referred to SSD.** If another household member is being referred to the same social services department, at the same time.

14. Key Agencies Name of the key professional from any other agencies currently involved with the child - and family. Agencies should be consulted/involved as appropriate. Parental permission to contact other agencies should be obtained from parents except in cases where by doing so the safety of the child would be jeopardised (*Working Together to Safeguard Children (1999)*). State whether other professionals agree to information they provide being shared with the child and/or family.

15. Reason for referral/request for services Brief details about the reason for the referral, or services requested by, or on behalf of, the family. It is important to note these details, even when the services requested cannot be provided, or can not be provided immediately.

16. Further Action What action has been taken and what action is planned, by whom and from which agency. **This includes no further action.**

The referral should be collated with previous referrals and/or files, which should be consulted and information in them drawn upon as part of the analysis and decision making processes.

The worker who has completed the referral should always sign and date the record. The record should then be passed to the relevant manager to confirm the action recommended, in accordance with the Social Services Department's policy.

If referrals require a response from a social services department then an Initial Assessment is done.