

Appendices

West Wales and Powys Regional Child Protection Forum

(The West Wales & Powys Regional Child Protection Forum is currently reviewing the Appendices)

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APPENDIX 1

· PROTOCOL FOR JOINT (POLICE AND SOCIAL SERVICES) INVESTIGATIONS

To be read in conjunction with Chapter 3, Handling Individual Cases

a joint (Police and Social Services) investigation;

in cases where there are allegations/reasonable suspicions that child sexual abuse has occurred

there are allegations of physical injury to a child, including violence constituting an assault, actual or grievous bodily harm, bruising and soft tissue injuries to babies, repeated referrals on pre-school children;

there are allegations/reasonable suspicions of serious neglect which may be actionable under Section 1 of the Children and Young People Act 1993 or abandonment of young children (ie, under 5 years) where the child is exposed to danger or non-organic failure to thrive;

an alleged or known perpetrator has access to a child or children –eg babysitter, voluntary group leader, teacher, other professionals.

a Police only investigation;

in cases of: adults making allegations of abuse which occurred in childhood (although if the abuser has contact with children this will be referred to the Social Services Department for joint investigation)

allegations of abuse by a perpetrator unknown to the child where prompt action may be necessary

a Social Services enquiry

in cases where preliminary discussion suggests that a child is at risk of abuse but has not been abused where the alleged abuse does not appear to constitute a criminal offence.

If at any point during a single-agency investigation it becomes apparent that the criteria for a joint enquiry have been met, immediate contact must be made with the other agency with a view to convening a further strategy discussion/meeting.

Appendix 2

DISABLED CHILDREN.

Children with disabilities are particularly vulnerable to abuse. They have the same rights as other children to be protected and agencies need to be proactive, especially vigilant and alert to the possibility of abuse in respect of this group of children.

Assumptions should not be made as to their inability to take part in any enquiries or give evidence.

Reasons why disabled children may be particularly vulnerable to abuse.

Disabled children may:

- **have fewer outside contacts than other children;**
- **be highly dependent on family, professionals, other carers;**
- **receive intimate personal care, possibly from a number of carers;**
- **have an impaired capacity to resist or avoid abuse;**
- **have communication difficulties which may make it difficult to tell others what is happening;**
- **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;**
- **be more likely to be in residential care**

Safeguards for disabled children are essentially the same as for non-disabled children. “Working Together to Safeguard Children” Page 72f. sets out the steps which should be taken in respect of all disabled children as regards promoting their welfare and safety. The procedures contained in Part 3 Handling Individual Cases should be followed where there are concerns about the welfare of a disabled child.

Social services and the police should be aware of non-verbal communications systems and how to access them. Suitable interpreters or facilitators must also be available. However, some children may not have the vocabulary or may have no communication at all. Advice must be sought from the child’s key worker, a specialist teacher or a specialist social worker at the planning stage to involve them in facilitating communications. Language is not the only means of communication. The importance of observation should not be underestimated. The younger the child the more likely it is that any sexually aggressive behaviour has been generated within the family.

The assessment of alleged abuse needs to be set within the knowledge of the whole child and their network of care givers. Treatment will need to take account of the child's functioning and address the child's needs in a holistic way. Assessment may need to take place over a longer period of time and should involve an assessment of the child's full potential.

The child's special needs should be taken into account at each stage of the investigative process. Any learning difficulties/disability should be assessed at the outset and appropriate advocacy should be provided during any investigation. Although a child with learning disabilities may not be deemed capable in terms of giving evidence, the child nevertheless remains at risk.

Professionals should not assume that they have complete knowledge of the child and there should be even greater communication between professionals in such cases.

Appendix 3

Sudden Infant Death Syndrome

This protocol has been replaced by the All Wales Best Practice Multi Agency Protocol for the Management of Sudden Unexpected Deaths: Infants and Children (SUDI) 2004.

Appendix 4

DOMESTIC ABUSE

There is an inter- agency domestic abuse forum which meets regularly in each ACPC area.

Everyone working with women and children should be alert to the strong link between domestic abuse and the abuse and neglect of children. It is recognised that carer with a history of violence constitutes a risk to a child/children in a household. Even if a child is not directly subject to violence, he/she may be at risk of suffering long term psychological and emotional damage as a result of witnessing violence and of experiencing the stress and tensions involved in living in an environment where the likelihood of violence is ever present.

All agencies should consider carefully their response to investigations about domestic violence. The response should be discrete in terms of making contact with women in ways which will not further endanger them or their children. The police are often the first point of contact with families in which domestic violence takes place.

Action to be taken:

- **When responding to incidents of violence, the police should find out whether there are any children living in the household.**
- **The police should also make enquiries of the child protection register.**
- **Where the police have specific concerns about the safety or welfare of a child, they should make a referral to social services citing the basis of their concerns.**
- **In extreme cases a child may be in need of immediate protection and the police should then use their powers to take the child into Police Protection.**
- **Social services should undertake an initial assessment where there is one serious incident or several lesser incidents of domestic abuse where there is a child living in the household and existing records should be consulted as part of this assessment**

Outcomes of the initial assessment may indicate either that the child is suffering significant harm and is in need of protection or that the child is in need and that support is required to promote the child's welfare.

Prolonged and/or regular exposure to domestic violence can have a serious impact on a child's development and emotional well-being.

Appendix 5

Parents and Prospective Parents who misuse Drugs/Alcohol

A local protocol is currently being developed. The following are guidelines to be considered

The use of drugs/alcohol is not in itself a reason for applying child protection procedures.

Any professional who is concerned that a parent's use of drugs/alcohol may be placing a child at risk of significant harm should refer their concerns to social services. This includes concerns about prospective parents. Social services will undertake preliminary enquiries and an initial assessment as outlined in Part 3 Handling Individual Cases. The initial assessment may lead to Section 47 enquiries and/or a core assessment.

An initial child protection conference will be convened where the initial assessment and Section 47 enquiries indicate that the parent's use of drugs/alcohol has placed, or may place, the child at risk of significant harm. The assessment should be multi-agency and, in the case of a woman who is using drugs/alcohol whilst pregnant, there should be a multi-agency assessment of the likely effect if any, of her drug/alcohol use on the care she will be able to provide for a new born child.

If the initial assessment does not substantiate concerns that the child has suffered or is likely to suffer significant harm, consideration should still be given to whether the child is in need of help or support to promote his/her welfare.

For further information please refer to Standing Council on Drugs and Alcohol (SCODA) Guidelines.

A local protocol is currently being developed.

Appendix 6

CHILD ABUSE AND INDUCED/FABRICATED ILLNESS

This protocol has been replaced by the All Wales ACPC Protocol 'Safeguarding Children In Whom Illness is Fabricated or Induced' 2004

Appendix 7

RESOLUTION OF PROFESSIONAL DIFFERENCES RELATING TO THE CHILD PROTECTION PROCESS

If at any stage during the Child Protection process a professional considers that a child is not adequately protected, this must be brought to the immediate attention of their line manager and the Social Services Department Senior Manager responsible for child protection for the area. The Social Services Department Senior Manager will make enquiries into the concerns and report back to the agency concerned within five working days. The senior manager may wish to convene a multi-agency panel to consider the matter.

Where the agencies most involved judge that a child may continue to suffer significant harm, the Social Services Department should convene a child protection conference. The aim of the conference is to enable those professionals most involved with the child and family, and the family themselves, to assess all relevant information, and to plan how to safeguard the child and promote his or her welfare.

With regard to the convening of a Child Protection Conference, any agency may request that a Child Protection Conference is convened. If the Social Services Department Manager disagrees he/she must notify the agency in writing of the reason why the conference has been refused. If the agency is not satisfied they should make representation as outlined above.

DECISION MAKING PROCESS FOR REGISTRATION

In cases where there is conference disagreement as to registration or de-registration, the chairperson should attempt to reach a consensus. This will, however, not always be possible and generally the majority view will prevail.

However, when views are sought at the end of a conference, due regard should be given by the chairperson to the individual's knowledge, expertise and experience of child protection matters and their knowledge of the family in question. The decision whether or not to register a child or to remove a child's name from the register should be based on thorough weighing up of risk and should be decided at the time of the conference.

If there is a controversy remaining at the end of the conference it may indicate unresolved child protection issues or the need for a deferred decision, pending the collection of more information or the resolution of outstanding issues. However, unless it is absolutely unavoidable, decisions on registrations should not be deferred.

The decision to register or de-register rests ultimately with the chairperson. If the decision is based on a split decision, the reasons for the outcome should be clearly recorded in the minutes. Conference members should be reminded of the action to be taken if they believe that a child is not safe as a result of the decision taken or subsequent plan made.

Appendix 8

THE CHILD PROTECTION REGISTER

THE PURPOSE OF THE REGISTER

The purpose of the register is:

to provide a record of all children in each authority area considered to be suffering or likely to suffer significant harm as a result of abuse or the risks of abuse and for whom there is an inter-agency protection plan;

to ensure plans are formally reviewed at least every 6 months;

to provide a central and immediately available point of enquiry for professionals who are concerned about a child and who need to know whether the child is the subject of an inter-agency plan of protection.

INFORMATION HELD ON THE REGISTER

Categories of Abuse

Physical Abuse

Emotional Abuse

Sexual Abuse

Neglect

(more than one category may be used)

Information to be held on each case

Child's full name, other names known to be used, home address, gender, date and place of birth;

location (if not at home) and reason;

legal status of child and when first placed on the register;

full names (including maiden names), known other names used and addresses of parents or others caring for the child and addresses of any other adult members of, or relevant visitors to, the household together with information on their relationship to the child;

details of any relevant offences of any person mentioned above;

full names, dates of birth and gender of any other children in the household, legal status where appropriate and whether they are also on the child protection register?

date and source of first referral leading to registration;

category or categories of abuse;

name of key worker and telephone number;

other agencies providing services to the child and family including identification of the core group;

general practitioner's name, address and telephone number;

health visitor's name, address and telephone number;

child's school, play group, day nursery or child minder, if any , including name of teacher etc and telephone number;

date of registration and details of plan;

date when parents or carers and, age and understanding allowing, the child were told of the plan. If they have not been told of the registration, the reason for this;

programme of review;

date when inter-agency reviewing ended(ie. De-registration) or date when the child moved from area, new address and arrangements made for hand over to agencies in the new area eg: conferences held, records transferred etc;

note of area to which child has moved and office to which case records have been transferred.

Not all of the above information will be available to professionals at the point of enquiry.

All staff involved with the child and family should immediately notify changes in this information to the key worker who will notify the custodian of the register so that the register can be kept up to date.

Appendix 9

HANDLING COMPLAINTS FROM FAMILIES ABOUT THE FUNCTIONING OF CHILD PROTECTION CONFERENCES. THE APPEALS PROCEDURES

Complaints about individual agencies, their performances and provision of services should be responded to in accordance with the relevant agency's complaints procedure.

However, parents or children may complain about the functioning of a conference in terms of:

Process outcome. ie: in terms of the fact of and/or category of initial or continuing registration.

A decision not to register or to de-register.

Such complaints should be addressed. by the Area Child Protection Committee using its appeals procedure.

Appeals Procedure

Any parent/carer or child of sufficient age and understanding who is aggrieved has the right to appeal in relation to registration or de-registration in accordance with the following procedure:

the person aggrieved by a decision of a child protection conference should seek an interview with the chair person of the conference within 21 days of becoming aware of the decision for the purpose of discussing the reason for the decision and the grievance.

The person may wish to bring someone for support, or their solicitor, and the Chair may request that the County Solicitor attend.

If, following this, the person remains aggrieved, he/she should notify the chair person of the relevant Area Child Protection Committee (ACPC) in writing within a period of 10 days of the meeting with the conference chair person, of his/her wish to appeal.

Within a period of 10 working days of receiving the notice of appeal, the chair person of the ACPC shall convene and appeals panel which shall comprise of members experienced in child protection. Members involved in the original conference decision shall not be eligible to serve on the appeals panel. The membership of the panel should comprise not less than three and not more than four persons from appropriate disciplines. Each panel should have at least one senior representative of the Social Services Department and one health representative. Consideration should also be given to the racial and gender balance of the panel to reflect the rights of the consumer. The chair person of the original case conference will attend to assist the panel in relation to the conference process and decision making. In exceptional cases where the ACPC chair person chaired the initial conference he/she shall not be involved in the appeals process other than to convene the meeting and to assist the panel in his/her capacity as chair person of the Child Protection Conference.

The time limits referred to above may be extended by mutual agreement between the parties.

The members of the panel shall elect a chair person for the hearing from members and, where necessary, the chair person shall have a casting vote.

The chair person, having been elected, shall first determine the substance of the appeal. The panel shall then give the appellant the opportunity to make a statement, to ask questions and to call evidence relating to his/her grievance. At his/her discretion the chair person may allow the chair person of the child protection conference to ask questions of the appellant.

In order to assist the panel and the appellant, the chair person of the child protection conference, against whose decision the appeal is made, shall present the main points made at the conference, together with the decision and also, when and interview has taken place as referred to in paragraph (a) above, shall present a summary of the points made at the interview. The appellant shall be given the opportunity to ask questions.

The panel, through the chair person, can at any stage during the hearing ask such questions as are thought appropriate.

The hearing shall conclude with a final address by the appellant if so deemed, thereafter all persons, other than the panel, shall retire.

The appeals panel shall reach one of two conclusions;

that registration/de-registration was appropriate;

that the conference should reconvene to reconsider its decision to register/de-register.

The decision will be communicated verbally by the panel chair person to the appellant. The decision of the panel shall be communicated in writing, without delay to:

the parents/carers and, age and understanding allowing, the child;

members of the child protection conference.

If the decision is that the conference be reconvened, the reasons for this must be outlined fully in the communication.

In all cases the recommendations and decisions of the registering child protection conference will stand throughout the appeals process.

The subsequent decision reached by the reconvened conference will not be subject to further appeal. However, the appeal panel members and the ACPC must be informed of the outcome to consider whether any procedural changes are required.

Appendix 10

Children Missing From Care

1. INTRODUCTION

1.1 Children who go missing from care of the Local Authority invariably are at risk.

1.2 The reasons for such absence can be varied and complex and cannot be viewed in isolation from their home circumstances and their experiences in care.

1.3 It must also be a consideration that children who go missing from residential care or a foster home may have been motivated to abscond by abuse in the home.

1.4 Every "missing" report should, therefore, receive appropriate attention from the professionals involved with the child, and those professionals should work together to ensure an appropriate response is given to the child on his/her return.

1.5 Frequently, it is the Police and Social Services who are partners in managing reports of children missing from care and therefore joint and co-ordinated efforts are important.

1.6 This protocol is intended to assist this process by combining aspects of Social Services and Police procedures and seeks to clearly identify the respective actions and responsibilities of each agency.

2. OTHER FACTORS

2.1 It is recognised that in some instances children go missing for a short period and then return. Often the child's whereabouts are known. Such children may NOT be considered at risk but are believed to be testing boundaries, as part of their teenage behaviour.

2.2 In assessing the significance of a child's absence factors to be taken into consideration may include:-

- **guidance incorporated within the child's care plan**
- **legal status of child in care**
- **previous behavioural problems**
- **state of mind**
- **group behaviour**
- **whether child perceived as running from a situation, or to someone.**

2.3 In responding to and managing an individual child's absence from care, both Social Services and Police staff should guard against dismissing the practical significance of multiple abscondings by young offenders. Often such young people are immediately labelled as 'the problem' and insufficient consideration is given to considering why they are persistently absenting themselves.

3. DEFINITIONS

3.1 Child - a young person under the age of 18 years.

3.2 Categorisation based on Levels of Concern

3.2.1 Missing - where the child's location is unknown or reason for absence is unknown and there is cause for concern for the child because of their vulnerability or there is potential danger to the public.

3.2.2 Absconded - A child who is missing and his/her placement is subject of a Court Order.

3.2.3 Unauthorised absence - This category is critical to the clarification of roles of the Police and Social Services. Some children absent themselves for a short period and then return, i.e. maybe testing boundaries and are not necessarily considered at risk

(NB - The risk to all children whose whereabouts are unknown requires immediate assessment and only when the risk assessment process identifies a child as "missing" or "absconded" should immediate notification be made to the Police. In all other cases the child should be referred to as being an "unauthorised absent").

4. PLANNING BEFORE EVENT

4.1 Social Services staff should consider whether it is appropriate to discuss associated risks of a child being absent from care, as part of their planning process.

4.2 Where appropriate, the planning process should include the following and be recorded within the care plan:-

- degree of risk of child absconding
- level of supervision/support offered to the child
- parental advice on actions necessary if child goes missing
- level of risk if child goes missing.

4.3 In suitable cases, a copy of this protocol can be given to the relevant child and the actions taken by professionals explained in the event of them going missing.

5. NOTIFICATION OF ABSENCE

5.1 When a child is absent without authority it is necessary to initiate procedures which encourage the child to return as quickly and as safely as possible.

5.2 Whoever discovers such absence from a residential home should inform a Senior Manager immediately and similarly if a child goes missing from foster care, the Duty Officer, Social Services Department, from where the child originates should be contacted.

5.3 The Senior Manager or Duty Officer shall consider whether the absence causes sufficient level of concern as to fall within this Protocol. If it does not the Senior Manager or Duty Officer should take whatever steps are appropriate to secure the safe and speedy return of the child home.

5.4 If the absence is considered to fall within the definitions of "missing" or "absconded" (as per paragraphs 3.2.1 and 3.2.2 ante) the Senior Manager or Duty Officer should, without delay, contact:-

- The Police
- The Parent/s (and those who have parental responsibility)
- The Child's Field Social Worker

5.5 Where an initial assessment has not led to the reporting of the matter as outlined in paragraph 5.4 above (i.e. the matter dealt with as an "authorised absence") this decision will be subject of continuous risk assessment whilst they remain absent. If such absence continues for a period of 6 hours then the matter must be formally reported to the Police without further delay.

NB This should be treated as a maximum period. Shorter periods may be appropriate.

5.6 Any case of a missing child which causes particular concern or difficulty or where circumstances give rise to suspicion, should be brought to the attention of the Social Services and Police without delay.

6. INFORMATION TO BE PROVIDED - ON REPORT

6.1 When reporting the matter to Police, the Social Services Senior Manager or Duty Officer should provide:-

- Full name – aliases – nickname
- Home address
- Description of the child/clothing
- When and where child was last seen/with whom
- A recent photograph
- Family addresses
- Known acquaintances
- Places frequented (if known)
- Previous history of absconding
- Name and address of child's GP and dentist
- Legal status
- Identity of Field Social Worker
- If subject of care order/s
- Circumstances which may give risk to increase of risk to child
- Any known reason for absconding.

7. PUBLICITY

7.1 It is for the Police to advise the media regarding a child missing from care of the Local Authority, at the direction of Officers in Charge of Divisions. A decision to publicise the child as missing, and the method will be made in consultation with Social Services to allow informing of relevant parents.

8. POLICE ACTION

8.1 It is the policy of Dyfed Powys Police to treat all reports of missing persons aged under 18 years as VULNERABLE and thereby implement appropriate response.

8.2 As a result of the adoption by Police/Social Services of this protocol the Police can be confident that any child reported to them by Social Services are genuinely vulnerable, missing persons.

9. RECORD KEEPING

9.1 A detailed record of all actions undertaken and messages given/taken should be made, whether this be before or following report to the Police.

9.2 In the case of a residential placement, the record should be made within the home's log book (and details later transferred to the child's file)?

10. PLANNING

10.1 Contingency planning should take place to prepare for the child being located, and in formulating such plans professionals need to consider:-

- Will child return to previous placement?
- How will child be conveyed there?
- The requirement for the Police to interview the child before return to the placement?
- Liaison with the child's Field Social Worker.

10.2 Normally the Social Services Department will make arrangements for the transportation of a child to his/her residence. Where appropriate, the Police can assist.

10.3 Occasionally however, difficulties may arise in the cases of children over 16 years of age who are being "looked after" in that the police may have limited

powers to force the child to return against his/her will and there is no apparent risk.

10.4 Strategy discussions between agencies should address any legal problems such as this, which should be accurately minuted.

11. COMMUNICATION

11.1 In the event of continued absence, after Police, Social Workers and Parents have been informed, the Senior Manager of the home should make arrangements to inform all children and staff within the home.

11.2 Using this approach will help to avoid potentially distressing rumours and may encourage additional information to be divulged regarding the missing child's whereabouts.

11.3 Additional information gleaned should be IMMEDIATELY passed to the Police.

12. RETURN

12.1 When the child is found, or returns, he/she must be seen by the Police and encouraged to explain his/her reasons for absconding. If they have suffered abuse, then it must be appreciated that they will often not disclose the full extent of abuse and therefore questioning should be conducted in a sympathetic and patient manner.

12.2 Police Officers should always speak to the child prior to them returning to the Residential Home or Foster Home from where they went missing. This should preferably be done by an officer from the Family Protection Unit, or another officer trained in joint investigation procedures. If these officers are unavailable, then an untrained officer should be used.

12.3 Furthermore, when the child is found, that child should not be returned to his/her residence until the child's Field Social Worker has been consulted. That Field Social Worker may also wish to speak to the child before his/her return and when this is the case this should, whenever possible, coincide with the Police speaking to the child.

12.4 Should the child make a complaint of abuse, then the child should not be returned to their residence until a strategy discussion has taken place, involving both the Police and Social Services department.

12.5 Where there is no indication of abuse following the above actions, the child's Field Social Worker should consider, in consultation with the Line Manager and Home Staff, whether a special strategy meeting need be convened.

12.6 Upon the return of the child, an assessment should also be made of the child's medical condition and offer of medical attention made.

12.7 Parents, Police and Social Workers will all be advised of the child's return without delay.

13. MISSING - WHEN ENGAGED ON EXTERNAL ACTIVITY

13.1 The person in charge will:-

- Notify local Police
- Notify Senior Manager of the home
- Initiate a local search if staffing levels permit.

13.2 The Senior Manager of the home will be responsible for ensuring the initiation of subsequent action in accordance with this protocol.

13.3 Continued liaison will take place regarding the missing child between the home and the Police in the area local to where the absence occurred.

14. LONG TERM ABSENCES

14.1 Whenever a child has been missing for 21 days a strategy meeting should be held, attended by the Senior Social Services Manager, Officer in Charge of Police Division (or his/her nominee), together with other agencies as appropriate, to ensure that all possible actions to trace the child have been pursued.

14.2 In such cases, referral should be made to the Police National Missing Persons Bureau who should be informed without delay of a missing person being found.

14.3 The case should be kept open and regularly reviewed by senior representatives of Social Services and Police.

14.4 Police records shall remain "live" until the person is traced or all lines of enquiry are exhausted. Referral to HQ CID will take place following the expiry of 28 days as per Dyfed Powys Police policy and will subsequently be filed at this location.

15. MONITORING

15.1 The West Wales and Powys Regional Child Protection Forum should conduct reviews from time to time, develop a multi agency approach, consider particular reports and issues and make recommendations for improved practices where necessary.

Introduction

Although not always prominent or visible, there are children involved in prostitution in towns and cities throughout England and Wales. They may not be obvious on the streets, but there will be children being abused through prostitution in rooms and flats. This is a hidden problem; we do not know how many children are involved, however we can be certain that the problem exists. It is important to recognise that a child involved in prostitution cannot, and should not be considered as a miniature adult, capable of making the same informed decisions as an adult about entering and remaining in prostitution. It is known that the vast majority of children do not enter prostitution willingly, and their involvement is indicative of coercion or desperation, rather than choice. The purpose of this protocol is to enable all agencies to work together in order to:-

- Recognise the problem.
- Treat the child primarily as a victim of abuse.
- Safeguard children and promote their welfare.
- Work together to prevent abuse and provide children with opportunities and strategies to exit from prostitution.

Investigate and prosecute those who coerce, exploit and abuse children through prostitution.

The Children Act 1989 defines a child as a person below the age of 18 years. This protocol has also had due regard to the guidance published in May 2000 by the Department of Health, entitled ‘*Safeguarding Children Involved in Prostitution*’. Therefore, to be compliant with this document and the Act, children under the age of 18 years who are found involved in prostitution shall be dealt with in accordance with the guidance contained within this protocol.

What is Prostitution?

The commonly accepted definition of the term ‘prostitute’ is a person who offers sexual services for reward. Such reward may take the form of money, however could also extend to the receipt of drugs, or any other reward.

How children become involved in prostitution

It is a tragedy for any child to become involved in prostitution, as it exposes them to abuse, assault, and may even threaten their lives. They can also be robbed of their self esteem, opportunities for good health, their education, and their childhood.

Children drawn into prostitution come from wide and varied backgrounds. Some may come from families with severe problems, but this is not necessarily so. Some children may be living at home, others may be living away from home

(such as in residential care or foster care), or have run away and be homeless. There is no single pattern.

The most common factors are vulnerability and low self-esteem. These may result from a multitude of factors including difficult or abusive childhood experiences, or educational under-achievement.

Vulnerability is identified and targeted by coercers whether the child is living with their own family, looked after away from home or has run away.

Identifying children involved in prostitution

Parents and carers may be aware of, and concerned about a child's relationship with an older person, and/or frequent absences from home or school, and report their concerns to the police and/or social services. These concerns should always be taken seriously and consideration be given to the possibility that this pattern of behaviour could be part of a grooming process intended to draw the child into prostitution.

Staff working in residential settings may become aware that children are being picked up regularly by unauthorised older persons in cars, or that there are individuals loitering outside residential establishments to meet the children. These concerns should always be reported to a senior manager responsible for the home and to the police. These reports should always be taken seriously and investigated.

Health professionals, youth workers and teachers can often identify children who are at risk of becoming involved in prostitution and again should not hesitate to report any concerns to senior members of staff and to the Police.

Children involved in prostitution may also come to the attention of the police in the general course of their duties, i.e. during investigations into drug offences, or during the execution of search warrants.

Multi-agency response

The initial response by any agency to the discovery of a child who is involved in, or is at risk of being involved in prostitution must be to remove the child from any immediate harm, with the primary aim being to safeguard and promote the welfare of the child.

The identification of a child's involvement in prostitution should always trigger a child protection referral in accordance with the All Wales child Protection Procedures.

It must be stressed that the importance of ensuring that information concerning the child in question is shared appropriately with all relevant agencies, and that the confidentiality guidelines under the ACPC guidelines are fully complied with.

Police Investigation

In investigating the child's entry into prostitution and the abuse that may have occurred, the priority for the police will be the investigation and prosecution of those offenders who have been involved in the abuse of the child.

Interviewing Child Victim

When seeking evidence against coercers and abusers, sometimes there will be a need for an investigative interview of the child who has been abused. This will often require the victim to re-count traumatic, and even humiliating events, and to give evidence against someone who has been in a position of emotional, physical, and material domination over them. It must be remembered that the coercer could be a boyfriend or a close member of the family.

In such cases, consideration should be given to video recording the interview in accordance with the guidance laid down in the Memorandum of Good Practice.

Exit Strategy

It is recognised that creating a successful exit strategy from prostitution for a child is not a simple process, as it requires a careful, caring and concerted inter-agency approach that may have to be sustained for a long period of time. The exit strategy should be developed with the child and family, and should address the needs of the individual child. It could include mentoring to assist a return to education or employment, help to secure appropriate health services, pursue leisure activities and develop a positive network of friends and relatives to offer continuing support.

Prosecution Policy

The priority of the police is not to prosecute the child involved in prostitution, but to gather evidence to prosecute those who offend against them. The emphasis for the child must be to prevent them from further abuse, and to support them out of prostitution.

All agencies involved with the child should be meticulous in their note keeping and document carefully any information which could be used to assist the bringing of charges against those exploiting the child. Similarly, notes should also be kept of any conversation concerning any possible future prosecution of the child, should diversion fail.

Whereas nothing in this protocol decriminalises soliciting, loitering and importuning by children, the clear emphasis should be one of diversion and a welfare based approach to the child. Therefore, prosecution should only be considered when all work on diversion has failed over a period of time, and the child persistently, and of his or her genuine choice continues to solicit, loiter or importune in a public place for the purposes of prostitution.

The decision as to whether to initiate criminal proceedings against the child is for the police, and at a later stage, the Crown Prosecution Service. However, such a decision should not normally be taken unless the full circumstances of the case has been considered during a multi-agency strategy meeting, and it was satisfied that all other avenues had been explored.

When such diversion has failed then the child will be dealt with in accordance with the Dyfed Powys Police force policy in relation to the Reintegration of Offender and Community 'Final Warning Scheme' and subsequent court proceedings. Attempts at diversion should still however continue.

Appendix 12

Child Pornography and the Internet

All reports of Internet child pornography should be passed to the police. We have excellent arrangements with Internet Service Providers (ISPs) and a number of foreign authorities, particularly law enforcement in the US.

As much information as possible should be taken from any child or other complainant who makes reference to pornography that may involve children, or to any e-mail or chat activity which refers to or includes children.

It is essential that as many of the following as possible is collected:

1. **E-mail addresses – both the complainant's and any suspect correspondent's.**
2. **Chat rooms used by the parties involved.**
3. **Nicknames used on the Internet and those used off it if different.**
4. **The number(s) of telephone connections used to connect to the Internet by the parties involved.**
5. **The times of any chat or e-mail activity.**
6. **Written permission to access e-mail accounts**

If a live (switched on) computer is discovered, which is displaying or could contain child pornography, it is essential that the following process is strictly followed:

1. Do not touch the keyboard, mouse or on/off button and prevent anyone else from doing so. Under no circumstances 'shut down' the computer.
2. If criminal material is displayed on-screen, photograph the screen and keep a record of the date and precise time.
3. If criminal material is seen but is then obscured by a screen-saver, the action at 2. must not be taken. Go straight to 4.
4. Pull the power cable from the back of the computer (not from the wall). Again, do not touch the on/off switch.
5. Remove all other cables and secure the computer in a sealed bag with any relevant identifying marks.
6. Collect any associated floppy disks and other media, including any written passwords.
7. Store the computer and media away from all electronic devices including mobile phones, sources of heat and sources of moisture.
8. If it is necessary to transport the computer and media by car, keep them away from the heated rear window, the radio and from any in-boot devices like a CD-changer.

If any suspect computer is switched off, do not touch the on/off switch and take all actions from point 5. above.

If a computer is discovered in a place where only police powers can be exercised, call the police immediately.

Any written references to web sites or e-mail addresses which are found adjacent to the computer and media should also be collected.

Appendix 13

Provision of therapy to child witnesses prior to a criminal trial

This joint protocol is designed to set out clearly agreed guidance for all agencies involved with Child Witnesses prior to a criminal trial and is designed to compliment guidance set out in the:-

“Provision of Therapy for Child Witnesses Prior to a Criminal Trial”

practice guidance which was jointly issued by the Home Office, Crown Prosecution Service and Department of Health.

The protocol outlines the mechanism by which all relevant agencies can be made aware of the fact that a child witness is or is about to receive therapy in order to ensure that all agencies effectively work together in the best interests of the child. It allows the potential impact of the therapy to be considered thereby ensuring that informed decisions are made by the professionals concerned.

Decision Making

It is clear that the decision whether a child should receive therapy before a criminal trial is not a decision for the Police or the Crown Prosecution Service. Such decisions can only be taken by all of the professionals from the agencies responsible for the welfare of the child, in consultation with the carers of the child and the child itself, if he/she is of sufficient age and understanding.

In accordance with the Department’s guidance outlined previously “Provision of Therapy for Child Witnesses Prior to a Criminal Trial”, the CPS recognises that the best interests of the child are the paramount consideration in decisions about the provision of therapy before a criminal trial.

The CPS will offer advice, as requested in individual cases, on the likely impact on the evidence of a child receiving therapy.

Communication

The professionals proposing to undertake therapy with the child should ascertain if there is a current criminal case pending where the child concerned is a witness.

Where this is the case, this information should be notified to the Crown Prosecution Service dealing with the case via the Police Service. A contact list of designated Police Divisional Support Units is shown at Appendix ‘A’, in addition to designated contacts for the Crown Prosecution Service and Health Authority.

A suggested proforma letter of notification is outlined at Appendix ‘B’, which may be a useful tool for practitioners to use and ensures a degree of consistency in the notification process.

Any professionals considering ‘therapy’ for a child who is known to be a witness in criminal proceedings should consider early consultation with the police in order that the ramifications can be assessed. The Police in turn will discuss these issues with the CPS.

2. WHAT IS THERAPY

It is clear that the definition of what constitutes therapy is a difficult area to agree a definitive understanding which is universally understood by all professionals in the process.

This protocol does not define therapy, other than to refer to the relevant definition outlined in ‘Provision of Therapy for Child Witnesses Prior to a Criminal Trial’ – practice guidance.

This clearly states that ‘therapy’ covers a range of treatment approaches, including counseling, but in this context it does not include any physical treatment.

In addition it is acknowledged that in many instances professionals involved in ‘therapy’ with child witnesses do so without any reference to the actual offence concerned and this needs to be understood by all agencies.

3. RECORD KEEPING/DISCLOSURE

The administration of justice and the need to ensure a fair trial demand that ANY information and evidence which could have an impact on the decision to prosecute, the conduct of the case or the outcome of proceedings, be made available to the Police and Prosecution.

The rules of disclosure place certain responsibilities on the investigators, prosecutor and also third parties, i.e. individuals or bodies who are not part of the prosecution.

Therapists will generally be third parties for this purpose. Those responsibilities mean that all material that may be relevant to the issues disputed in the case must be preserved.

The fact that records have been kept, does not automatically mean that they will be disclosed to the Defence, but each case will be assessed individually by the CPS.

The records should include, in the case of therapy, details of those parties present, the content and length of the therapy sessions.

It is not expected for practical reasons, that verbatim written records will be kept.

CONCLUSION

It is understood that those involved in the prosecution of an alleged abuser have no authority to prevent a child from receiving therapy. However, as previously stated the Police and Crown Prosecution Service should be made aware that therapy is proposed, is being undertaken or has been undertaken in order that the judicial ramifications can be assessed.

The guidelines set out in this protocol, in conjunction with practice guidance – ‘Provision of Therapy for Child Witnesses prior to a Criminal Trial’ will ensure an effective, cohesive approach by all professionals involved in dealing with child witnesses.

Appendix B

FOR THE ATTENTION OF

DSU Sergeant

Dear Sir/Madam

Re: (Name, DOB of Witness): _____
Witness in the Case of:

Offence: _____

With reference to the above mentioned individual, who is a child witness in a criminal case, in accordance with the agreed protocol, I wish to inform you that consideration is being given to providing therapy to this child.

I would be grateful if this information could be forwarded to the Crown Prosecution Service for their information and consideration.

Yours faithfully

Appendix 14

CHILDREN ON EXCHANGE HOLIDAYS.

Please refer to the guidance provided in the Health and Safety of Pupils on Educational Visits, a Good Practice Guide (National Assembly, October 1999) and also the local protocol.

Any agency arranging an exchange holiday or a home stay visit has a responsibility to ensure that pupils are not placed without vetting the suitability of host families.

Factors to consider:

- **Child protection should be a major consideration when organising any trip or visit, whether at home or abroad for any child under 18 years of age.**
- **Child protection procedures must be complied with from the commencement of planning a trip or visit.**
- **Without causing undue alarm, organisers should share with child and young people some simple personal safety advice which will apply when they are on visits under or out of supervision of responsible adults.**
- **Informing parents is an essential stage in the protection process and should be carried out early in the planning process.**

In reminding parents of their responsibilities, child protection awareness should be part of the information process.

If a child protection concern arises outside the home authority, the incident must be reported to police and social services in the “host authority” and their local procedures followed.

All child protection incidents must be reported immediately to the police/social services according to the local child protection procedures. The referrer should make detailed notes of the incident. This information should be confidential and shared only with others on a “need to know” basis.

If a disclosure is made of a child protection nature by a pupil, but is not directly related to the visit, it must be reported to the home authority as soon as possible. If the disclosure concerns the parent or carer of the pupil, it should be kept confidential to the investigating agencies.

Children Visiting Prisons

The Prison Service recognises the importance for children of being able to maintain contact with a parent in prison. However, when visits are arranged, the adult accompanying the child should be aware that the facilities within the visiting areas of prison establishments differ. Some may offer specific facilities for children while in others there may be little or no provision. In addition, children may be subject to search or other security restrictions required by the establishment.

Prison Governors have the discretion to refuse any visit to an inmate by a person under the age of 18 years, if it is considered that the visit would not be in the interest of the child or young person. Social Services personnel should provide assistance to the Prison Service in determining whether it is in the best interests of a child or young person to visit a specific prisoner.

If a prisoner convicted of an offence listed in Annex A of Circular NAFWC 29-2005 and considered to be a risk to children requests a visit from a child or young person, the local Social Services Department has a responsibility to assist in the assessment of these prisoners when requested to do so. Certain prisoners, particularly those convicted of or charged with sexual offences against children, may pose a risk to specific child visitors. In these cases, care should be taken to ensure that the risk of suffering psychological harm is not underestimated.

Prison staff have a responsibility to report any abuse or potential abuse to a child or young person visiting a prison establishment to the local Social Services Department and/or Police Liaison Officer.

A15.1 Mother and Baby Units in Prison.

A small number of prison establishments have Mother and Baby Units. These only provide accommodation for a small number of babies and young children. If a mother and baby are accommodated within one of the units, parental responsibility for the child remains with the mother. A Health Visitor attached to the local NHS Trust will monitor the health and development of the child. If there is concern about the care provided by the mother, this concern should always be reported to the responsible prison officer and the local Social Services Department. In doing this, consideration must be given to ensuring the safety of the child and the promotion of his or her welfare.

Appendix 16

Children Visiting Psychiatric Hospitals

Pembrokeshire and Derwen NHS Trust issued a Policy document in March 2001(MHL/019), which sets out the arrangements that have to be in place for children visiting adult patients detained in hospital under the Mental Health Act (1983). It contains good practice guidelines, which can be applied to all situations where children visit psychiatric patients. All directorates within the trust area have a copy of the document.

Appendix17

FEMALE GENITAL MUTILATION.

This protocol has been replaced by the All Wales ACPC Female Genital Mutilation Protocol 2005.

CHILDREN OF ASYLUM SEEKING FAMILIES.

Increasing numbers of families and children are now living in Wales with the status of Asylum Seekers. New legislation has recently been revised to address issues in respect of this group of people which are not adequately covered by current immigration law.

Many children and young people arrive here with their parents but many also travel and arrive unaccompanied. These children are separated from their country of origin and are without the care and protection of their parents or legal guardian. Their status, age and circumstances may well be uncertain in addition to their having witnessed or experienced traumatic events, and they may be suffering the most extreme forms of loss. The situations in which they are accommodated, albeit on a temporary basis, may be less than adequate. (Please refer to the Framework for the Assessment of Children in Need and their Families, Page 41).

Children of asylum seeking families may have extensive unmet needs while the focus of activity centres on resolving the adult's asylum applications, accommodation or other pressing issues.

The main principle is that issues of concern about the welfare of any child in these circumstances must be referred in the normal way. These children have the same rights of protection as any other children. The first responsibility is to them as children rather than as asylum seekers. However, both the families and the children are especially vulnerable and insecure. Professionals who are involved in s.47 enquiries will need to ensure that, as far as possible, the child is not further disempowered by the child protection process. Most families do not know whether they are going to be allowed to stay or even when the decision about this will be made. Most are terrified of doing anything wrong and many are particularly afraid of the police. This deep mistrust of authority needs to be borne in mind when explaining the child protection process and when following up referrals, whether or not Section 47 enquiries are being made. It will not be possible to undertake police checks and other agencies will not have background information on the family.

All school age children of asylum seeking families, whether or not they are unaccompanied, will be allocated a school place and the families will also be able to register with a local G.P.. Therefore health and/or education should at least have current involvement with children of asylum seeking families about whom there are concerns.

In terms of a family's immigration status, it will be important not to make assumptions. The process is lengthy and complicated and individual families are likely to be at different stages within this process.

When setting up child protection plans, it will be important to take account of the stability of a family's current lifestyle; Many families become dispersed to

other areas in the country but this is less likely to happen if they have school age children.

Every asylum seeker should have a solicitor for immigration purposes. However, he/she may not necessarily have the expertise to advise the family on child protection matters.

Language and cultural issues are particularly important and every local authority should have access to resources and sources of advice in respect of these issues.

The Welsh Refugee Council may be able to assist and can advise on broad cultural issues but the Refugee Council in London has a Children's Panel to which unaccompanied children should be referred. The London Council should also be contacted about any child protection matters affecting children of asylum seeking families.

There are 12 regions within the UK who are contracting with the National Asylum Support Service regarding the dispersal of asylum seekers. Wales is named as one such Region. The Welsh Local Authorities Consortium for Asylum Seekers has 21 member local authorities. Cardiff is making separate arrangements. The Consortium has a role to co-ordinate and advise, and is inter-agency. Newport County Borough Council is the lead local authority of the Consortium, and for operational purposes Wales is divided into three sub-regions; North Wales led by Wrexham, South East Wales led by Newport, and South West Wales led by Swansea.

Appendix 19

Diplomatic Immunity

Immunity from jurisdiction within certain limits is accorded by legislation to persons connected with embassies, diplomatic missions, consular posts and certain Commonwealth posts, international organisations and international judicial bodies. The actual diplomatic status accorded to an individual will vary with the position held.

Should an officer receive a report of a child of a foreign national being at risk, agreed joint investigative procedures should be followed. It is for the foreign national to claim diplomatic status if entitled to do so and the investigation and any subsequent action should proceed until/unless diplomatic immunity is claimed.

Should diplomatic immunity be claimed, the officers must endeavour to obtain the full name and position held by the claimant. The investigating officers must then refer the matter to the detective inspector for the area concerned. The Police will then check the claimant's status with the central index of status of an individual claiming diplomatic immunity.

If the Police substantiate the claim of diplomatic immunity and advise that in all the circumstances they have no power to act, the relevant team manager must contact the senior manager with responsibility for child protection and the Legal Department and subsequently forward a written report to the Legal Department as soon as possible. The Director of Social Services must be notified of this action by the senior manager and he/she will then advise the Foreign and Commonwealth Office of the situation.

If, however, the Police advise that the claim of diplomatic immunity is not valid, the investigation will proceed in accordance with procedures.