

All Wales Child Protection Procedures 2008

A guide to changes and additions to
All Wales Child Protection Procedures 2002

Produced on behalf of All Local Safeguarding Children Boards in Wales

Page	Revision	Comment
	<p>The following document outlines the revisions made in the All Wales Child Protection Procedures 2008. This document has been produced to assist those with responsibility for training/updating relevant persons. Where there is a change/addition, readers are advised to read the whole section.</p>	
	<p>Preface, Glossary, boxes, introduction</p>	
	<p>This section now contains a very helpful glossary of terms, the list of 'Boxes' that are interspersed throughout the text and a comprehensive bibliography of the publications relevant to these procedures. It also explains how to use the procedures, which are now in five parts.</p>	
29	Glossary of terms	New
43	<p>List of Boxes Now described as 'additional guidance,' rather than 'advice'</p>	Addition
47	<p>The Purpose of the Procedures</p>	Addition
	<p>The 2008 procedures now have an additional part, which contains protocols developed by the All Wales Child Protection Procedures Review Group.</p>	New
51	<p>The procedures in context</p>	
	<p>This has been significantly expanded to encompass the Integrated Children's System. It also has an updated list of Acts, guidance and reports that the procedures take account of.</p>	Addition
57	<p>Part 1: Key Principles</p>	
	<p>This section is an expanded version of Part 1 of the 2002 Procedures. Domestic abuse, substance misuse and bullying are brought into the definitions of abuse and there is a helpful new section on identifying significant harm.</p>	
	<p>1. Key Principles Lists the 7 core aims of <i>Children and Young People: Rights to Action 2004</i>.</p>	New
	<p>1.1 Definitions of Child Abuse and Neglect</p>	

59	<p>1.1.2 Emotional abuse</p> <p>Introduces domestic abuse and bullying in the definition.</p> <p>1.1.4 Neglect</p> <p>Neglect may occur during pregnancy as a result of maternal substance misuse.</p> <p>1.1.5 identifying significant harm</p> <p>1.2 Principles underpinning work to safeguard and promote the welfare of children</p> <p>This section has been re-written and there are key additions.</p>	<p>Addition</p> <p>Addition</p> <p>New</p> <p>Addition</p>
73	<p>Part 2: Everyone’s Responsibilities</p> <p>This section is a much briefer version of Part 2 in the 2002 Procedures. It does not outline the individual role of every agency involved in working with children; the reader can find this in Chapter 2 of <i>Safeguarding Children: Working Together Under the Children Act 2004</i>.</p> <p>2.1.1 What everyone should do</p> <ul style="list-style-type: none"> • Have access to and comply with the <i>All Wales Child Protection Procedures</i> • Have received child protection training to a level commensurate with their role and responsibilities • Know that a child, parent, caregiver, relative or member of the public who expressed concerns about a child’s welfare to a professional...must never be asked to make a self referral to social services or the police. The professionalmust make the referral. <p>Agencies should be mindful that the police have statutory powers and responsibility for determining whether a criminal investigation is to be undertaken.</p> <p>2.1.2 Identifying and acting on concerns or suspicions of abuse</p> <p>Local authorities should ensure effective arrangements are in place to allow other agencies and members of the public to report concerns about children, including outside of core</p>	<p>Addition</p> <p>New</p> <p>New</p>

	office hours.	
	Local protocols for implementing the <i>Common Assessment Framework</i> must ensure that all professionals understand the importance of instigating a referral to social services or the police if and when concerns or allegations about child abuse or neglect emerge during assessment.	New
79	<p>Box 3</p> <ul style="list-style-type: none"> If it is a person with professional responsibility for children or young people you must act in accordance with your agency's professional abuse and whistle blowing policies. 	New
81	<p>2.2 Recognition and Referral</p> <p>Many local authorities have developed protocols establishing arrangements for conducting initial assessments by local services and defining the circumstances and thresholds under which a child should be referred to social services.</p>	New
81	<p>2.2.1 Making the referral</p> <p>Social services and police must ensure that an appropriate level and deployment of trained staff are available to undertake child protection section 47 enquiries, including out of hours.</p> <ul style="list-style-type: none"> The name, address and date of birth of parent's partner The name, address and date of birth of any other adults living in the household Any information you have on the child's developmental needs and his/her parents or caregivers ability to respond to these needs with the context of the wider family and environment <p>The individual employee or professional making the referral may be asked to;</p> <ul style="list-style-type: none"> Contribute to the initial and core assessments <p>.....In all such situations, the individual employee or professionals own line manager and <u>named professional for child protection</u> should be informed</p>	New
83	<p>2.3 Record Keeping</p> <p>Reference to ICS exemplars</p>	New

<p>85</p>	<p>Reference to retention and storage of records</p> <p>The purpose of written records is:</p> <ul style="list-style-type: none"> • To provide the basis for professional judgements <u>and decision making</u> • To enable managers to monitor work, <u>supervise and provide support to practitioners</u> <p>Records should:</p> <ul style="list-style-type: none"> • Be signed, dated <u>and timed</u> • Be concise, <u>legible and comply with professional, national and local agency standards and requirements</u> • Be organised and comprise detailed recording and chronologies and summaries including all contacts <p>The reader should be able to track:</p> <ul style="list-style-type: none"> • The author, date <u>and time of specific recording</u> 	<p>New</p> <p>New</p> <p>New</p>
<p>87</p>	<p>2.4 The roles of the various agencies</p> <p>In the 2002 AWCPP every agency with a connection to child protection was listed here along with their responsibilities. In the 2008 AWCPP, a decision was made not to repeat this section, but to refer the reader to the role of partner agencies and voluntary organisations, as described in <i>Safeguarding Children: Working Together under the Children Act 2004</i>.</p> <p>2.4.1 Supervision</p>	<p>New</p> <p>New</p>
<p>91</p>	<p>Part 3: The Child Protection Process</p> <p>This is the body of the procedures. It builds on part 3 of the 2002 Procedures but there are a significant number of new requirements and changes in practice resulting from the recommendations of the Climbie and Bichard Reports and the Children Act 2004. Practitioners need to be aware of what is now required of them and would be advised to regularly compare their practice against these Procedures.</p> <ul style="list-style-type: none"> • Referral: The police should be notified as soon as possible if it suspected that a criminal offence has been committed against a child. (Bichard) • Strategy Discussion: ‘...with other professionals/agencies as appropriate.’ • Strategy Meeting: ‘.Those attending a strategy 	<p>New</p> <p>Addition</p> <p>Addition</p>

	meeting should include police and social services staff, <u>the staff member or professional making the referral</u> , together with other staff members and professionals who can assist in the planning process for the child.....	New
	All six stages should be recorded on the relevant Integrated Children System exemplar.	New
93	3.2 Receiving the referral	
	specifies the need for a 24hour response from trained workers	New
	‘Should be treated in the same way and regardless of the source of the referral, including anonymous referrals.’	New
	3.2.1 Action	
	<ul style="list-style-type: none"> • A brief physical description of the child to assist the person making an initial visit being assured they have seen the correct child. 	New
	States the need to check the database for information on other children and adults in the household.	Addition
97	3.2.2 Referrals out of usual office hours	
	Clarifies that out of hours staff may need to hold a strategy discussion. 2002 said this should be held by the specialist workers when they were back on duty.	New
99	3.2.3 Keeping the referrer informed	New
	Anyone making a referral of child abuse should be made aware that any subsequent enquiries might be conducted jointly by the police and social services or as a single agency enquiry.	
	Referrer to be informed within 10 working days.	New
	Referrer to be informed about the appropriateness of the referral.	New
99	3.2.4 Cross border issues	
	This section is newly placed here and gives clarification to previous differences of opinion about the responsible authority	New
101	Box 4: Management of Duty and Referral Systems	New

103	Flowchart 1:referral	New
105	3.3 The Initial Assessment Includes two new requirements: <ul style="list-style-type: none"> To contact the education authority if the social worker becomes aware of a child who should be in school Specifies that the child must be seen and spoken to (Climbié) 	New
107	3.3.3 Requesting information from other agencies Gives information as to course of action should the child have lived abroad (Climbié)	New
	3.3.4 Carrying out the initial assessment	
109	Box 6: Involving family members <ul style="list-style-type: none"> Provide child and family friendly leaflets and information 	New
	Box 7: Initial Assessment and Enquiries The initial assessment considers the following questions: <ul style="list-style-type: none"> Is the child in need of services? 	New
113	3.3.5 Completion of the initial assessment and the possible outcomes Reminds workers that it may be necessary to consider a strategy meeting at the end of the initial assessment	New
	The outcomes of the initial assessment may be one or more of the following possibilities: <ul style="list-style-type: none"> No further action Offer services under section 17 Children Act 1984 as a child in need. 	New
117	3.3.6 Flow Chart: action following initial assessment	New
119	3.4 The Strategy Discussion This section has been expanded to include composition and seniority of professionals involved in the discussion, deciding what information will be shared with parents, the need to consider other children who may be affected and how the enquiries should be conducted.	Addition
121	3.4.2 Possible outcomes of the strategy discussion <ul style="list-style-type: none"> Child protection section 47 enquiries 	Addition
	3.4.3 Feedback to the referrer Feedback should be provided to the referrer within 10 days of the original referral	Addition

123	<p>3.5.1 Scope and purpose of the strategy meeting</p> <ul style="list-style-type: none">Local protocols and procedures should describe the circumstances under which a strategy meeting should be arranged. <p>This section also widens the examples for holding a strategy meeting and talks about neglect and physical injury as opposed to ‘serious neglect ‘ and ‘serious physical injury.</p>	New Addition
125	<p>3.5.1.1 Cross border issues and the strategy meeting</p> <p>This section gives clarification to previous differences of opinion about the responsible authority.</p> <p>3.5.2 Planning the strategy meeting Specifies the need to consider the attendance of the Children’s Guardian and the paediatrician.</p>	New
127	<p>3.5.3 Matters to be discussed at the strategy meeting</p> <ul style="list-style-type: none"> Determine if legal action is required Agree in particular how the child’s wishes and feelings will be ascertained so that they can be taken into account when making decisions Consider what information will be given by the police, and when, to inform the child about the eventual outcome of the police investigation. <p>The rest of this section has been expanded and is more specific about actions to be taken about recording minutes and if anyone not attending the meeting, requests a copy of the minutes.</p>	New
131	<p>3.6.1 When immediate protection is necessary</p> <p>Specifies that consideration should be given to applying for an EPO with directions for a medical assessment in situations where parents refuse to give consent for a medical examination.</p> <p>Where consideration is being given to interviewing a child, the <i>Achieving Best Evidence</i> guidance should be followed and replaces Home Office guidance</p>	New New
133	<p>3.6.2 The range of options for securing the immediate protection of a child</p> <p>.....Local services may be required to provide practical help and assistance on matters such as accommodation. Stresses the duty of other services to cooperate</p>	

	<ul style="list-style-type: none"> •subject to safeguarding checks being made as to their suitability, which should be described in local procedures • The police use their powers of protection <i>in exceptional circumstances when no other option is available</i>. Emphasises that Police Protection Powers should not be used as a short cut 	Addition
		Addition
	The above point is expanded in the next paragraph and clarifies that approval for such action is required from an Inspector or above and the child has been seen by a police officer who has judged that the child will be or is at risk of suffering harm unless the police remove the child immediately.	New
137	3.6.3 Flow Chart 3: Urgent action to safeguard children	New
	3.6.4 Flow Chart 4: action after the strategy discussion/meeting	New
141	3.7.1 Scope and purpose of child protection section 47 enquiries	Addition
	A range of materials is available to support practitioners in undertaking evidence-based assessments. These are described in Safeguarding Children: Working Together under the Children Act 2004, Appendix B, Use of Questionnaires and Scales to evidence assessment and decision making.	
143	3.8.1 Remove barriers to involvement	New
	An independent interpreter <i>must</i> be provided where the child or parent's language is not the same as that of the interviewer.	
145	3.8.3 Consider the child	Addition
	This should include the child's wishes about how the investigative interview is conducted including any preferences for support during the interview. All staff undertaking joint enquires should be conversant with the guidance provided within <i>Achieving Best Evidence in Criminal Proceedings</i> .	
	The child should always be kept informed of the process and outcome of the child protection enquiries and criminal investigation, subject to their age and understanding.	New
145	Box 10 Communicating with children	

147	<p>If the child is not able to communicate verbally, because of age or delay, there are a number of tools that can be used to facilitate communication.</p> <p>3.8.5 Consider the parents or caregivers</p>	Addition
	<p>Emphasises that care needs to be taken when the parent/caregiver is an alleged perpetrator. 2002 just referred to parent being a witness</p>	New
	<p>As the police lead all criminal investigations it will be their responsibility to inform the parents/caregivers, and where appropriate children, about criminal investigations.</p>	Addition
149	<p>3.8.6 Where parents or caregivers refuse to cooperate</p> <p>Lead directors should ensure arrangements are in place for social workers to access legal advice including out of hours.</p> <p>Emergency legal actions available would be:</p> <ul style="list-style-type: none"> • An Exclusion Order may be appropriate under a range of powers under the Family Law Act 1996, which allows a perpetrator to be removed from the home, instead of removing the child • In addition the police have powers of protection to remove a child to a place of safety, where they have reasonable grounds to believe that he/she is at risk of significant harm. 	New
151	<p>3.8.7 Children who move during the course of child protection section 47 enquiries</p> <p>New section clarifies responsibility Section expanded</p>	Addition
153	<p>3.9 Planning and carrying out the child protection section 47 enquiries and core assessment</p> <p>3.10 The medical examination</p> <p>3.10.1 When should the medical examination take place</p> <p>3.10.2 Standards for medical examination</p> <p>3.10.3 Consent for medical examinations</p> <p>3.10.4 Consent: other issues</p>	New New New New New New
161	<p>3.11 Recording</p> <p>Should be made no later than 24 hours after the event, this time specification is new.</p> <p>Professionals should follow their agency/professional</p>	New New

	codes of practice in relation to record keeping	
	Box 11: Recording visits to families	New
	Last two paragraphs of this section stress each agencies responsibility in relation to records	New
165	3.12 The conclusion and outcome of child protection and section 47 enquiries	
	This may include the need for a further strategy meeting	New
	Mentions the need for a completed core assessment and a child in need plan	New
	3.12.2 Concerns are not substantiated	
167	In some circumstances concerns about significant harm may remain but there is <i>insufficient</i> evidence. 2002 said 'no evidence.'	
	3.12.3 Concerns are substantiated but the child is not judged to be at continuing risk of significant harm	
	The decision and the reason for it must be recorded by the social worker and include the names of all those involved in the decision-making.	
169	Box 12: Family Group Conferences	New
171	3.12.4 Concerns are substantiated and the child is judged to be at continuing risk of significant harm	
	<ul style="list-style-type: none"> ...This decision should be made via a strategy discussion/meeting, with the conference following within 15 days. 	New
173	3.13 The core assessment	
	Box 13: Good Practice in Assessment	New
177	The Framework for the Assessment of Children and Families	New
	3.14.The initial child protection conference	
	3.14.1 Scope and Purpose	
	<ul style="list-style-type: none"> Make judgements about the likelihood of a child or any other connected <i>or unborn children</i> suffering significant harm..... 	New
	3.14.2 Planning the initial child protection conference	
	Explains the role of the Guardian at a conference	New

183	<p>3.14.4 Involvement of the child in the child protection conference Raises the issue of where parents are dismissive of the allegations, this is not a reason for excluding the child.</p> <p>3.14.4.1 Excluding children from a child protection conference This section brings together all aspects to consider</p>	New
187	<p>3.14.5.1 Supporting parents or caregivers to attend the child protection conference This section has been expanded. Regardless of whether they attend, parents should be sent the decisions and outline child protection plan within five working days.</p>	New
189	<p>3.14.5.2 Excluding a parent or caregiver from a child protection conference</p> <p>If a person with parental responsibility is to be excluded:</p> <ul style="list-style-type: none"> • They have a right to know why they have been excluded, and to request the chair reconsider the decision to exclude them, and to be consulted before and after the conference; • They have a right to be informed of the decisions of the meeting that directly affect their family life; <p>Bullet point 1 and 4 are new and the section raises the point that the excluded parent/ caregiver, may wish to make a complaint.</p>	New New New
191	<p>3.14.6 Reports for the child protection conference This section now acknowledges the ICS exemplars. Reports to be with the Chair 48hours before conference.</p> <p>All reports should distinguish between what is fact, observation, allegation and opinion. Previously this referred to the social worker's report Stresses the need to check adult records as well as those of the children as these could have a bearing on their capacity to meet the needs of, or protect, a child.</p> <p>3.14.8 The social worker's report The report may include a recommendation regarding registration, but this should not pre-suppose the decision making process of the conference. The social worker must be prepared to provide a clear summary and analysis to the conference to help decide what is needed to protect the child.</p>	New New New

195	<p>3.14.9 Other professionals reports Health-now required to provide chronologies</p> <ul style="list-style-type: none"> • GPs should always receive an invitation and if unable to attend should provide a written report. They should always receive minutes. • Adult services should be prepared to report on their involvement with the adult client and any issues that may indicate compromised parenting capacity. 	New New New
197	<p>3.14.10 Medical reports Only a medical practitioner should undertake any further interpretation of the report, <i>although the conference can, and should, explore the extent to which any diagnosis excludes any other alternatives to explain apparent abuse or injuries to a child.</i></p> <p>3.14.11 Chairing the child protection conference</p> <ul style="list-style-type: none"> • Knowledgeable about diversity and committed to anti-discriminatory practice <p>3.14.12 The role of the conference chair</p> <ul style="list-style-type: none"> • Enable all those present.....which will include consideration of advocacy arrangements for parents, caregivers and/or child. • Take responsibility for who will receive copies of the conference minutes 	Addition New New
201	<p>3.14.13 The conference process</p> <ul style="list-style-type: none"> • Make a decision whether to place the child's name on the child protection register and the category of risk <p>3.14.14 Confidentiality and the sharing of information at child protection conferences Expanded and new information</p>	New Addition New
205	<p>3.14.15 The decision making process of the initial child protection conference This section is more explicit about the role of the chair.</p> <p>3.14.16 Decision making at child protection conferences where consensus is not reached Gives examples of professional groupings.</p>	New New
213	<p>3.14.17 Deferring a decision at a child protection conference</p>	New

	3.15.1 The purpose of placing a child's name on the child protection register	
	3.15.2 Looked after children and registration	New
	3.16 The outline child protection plan Specifies that the detailed plan must be developed by the first core group and emphasises that each child registered should have their own plan which takes into account their wishes and feelings.	
	Specifies that the outline plan should be circulated within 5 days of the initial conference.	Addition
217	3.17 Other tasks of the initial child protection conference Should specify visiting arrangements of professionals and consider a contingency plan when parents fail to cooperate.	Addition
223	3.19 Complaints from parents, caregivers and children about the decisions and functioning of a child protection conference	Addition
	3.19.1 Informing families about the complaints procedure	New
225	3.20 The key worker More specific about the role	Addition
	3.21 The core group More specific about its role	Addition
231	3.22 The detailed child protection plan	Addition
235	3.22.1 Use of written agreement	New
	3.24.1 Purpose of the review child protection conference Consider the information and conclusions of the core assessment	
	3.24.2 Planning and conduct of the review child protection conference	Addition
239	3.24.3 Decision making at review child protection conference Introduces the idea that once de-registered, a child may still require a child in need plan.	Addition
245	3.24.4 Flow Chart 5: Action after the child protection	New

	conference, including review process	
249	3.25.3 Removing a child's name from the child protection register Formal notification should be sent to all the agencies involved with the child	Addition
	3.26 Access and enquiries to the child protection register	New
255	3.27 Moves of children on the child protection register More specific information about process and responsibilities of the local authorities involved, including where children go missing.	New Addition
	3.28 Moves of families with children in need	New
271	3.29 The child protection process and summary of timescales	New
277	Part 4: Child Protection in Specific Circumstances To be read in conjunction with Part 3. Part 4 covers additional specific circumstances, which might be applicable in individual cases. This part is more comprehensive than previously and covers additional specific circumstances and requirements for practice. 4.2 Children living away from home Children living away from home must be afforded the same level of protection as children living with their family <ul style="list-style-type: none"> Residential care, provided by the local authority or by a <u>voluntary</u> or independent agency Independent accommodation used by care leavers and other young people under 18 years 	New New
279	Box 17: Safeguards for Children Living Away from Home Re-worded to be more specific about need for written statements and arrangements	New
281	Box 18: Duty to notify social services about children in hospital or residential school	New
	4.3 Allegations of abuse of children by professional/staff members	Addition

285	<p>4.3.1 Allegations of child abuse by staff in residential homes A criminal offence must be reported to the police (Bichard)</p> <p>Immediate consideration should be given to postponing any new ore pending placements of children at the establishment</p> <p>The head of the residential home is required to report all allegations of abuse to CSSIW in accordance with the Children’s Homes (Wales) Regulations 2002.</p>	New New New
289	<p>4.3.2 Allegations of abuse against a foster carer Handling the referral:</p> <ul style="list-style-type: none"> • Ensure that no further placements are made pending the child protection enquiry • Inform CSSIW of the allegations 	New
291	<p>4.3.2.2 The Strategy Meeting : Attendance</p> <ul style="list-style-type: none"> • CSSIW • LAC clinical nurse specialist/named or designated child protection health professional <p>Tasks</p> <ul style="list-style-type: none"> • Consider the safety and welfare of the foster carers’ own children <i>and any other children with whom they have regular contact</i> • Consider any other employment or voluntary activity of the foster carer which brings them into contact with children and may place a child at risk 	New New New
293	<p>The foster carers</p> <ul style="list-style-type: none"> • Understands the concerns being expressed and arrange for the foster carer to verify and comment on the factual information given, <i>unless this compromises any criminal investigation.</i> <p>The independent reviewing officer (IRO).....are submitted for inclusion under POCA and POVA protocols, and any other subsequent requirements directed by the Welsh Assembly Government.</p>	New New
297	<p>4.3.3 Allegations against private foster carers</p> <p>4.3.4 Additional guidelines in respect of child minders The strategy meeting should cover;</p> <ul style="list-style-type: none"> • Consider action that may be taken by the CSSIW with regard to the suspension of the childminder’s registration 	New New

	<ul style="list-style-type: none"> What information should be shared with other parents currently using the service of the child minder 	New
301	4.3.5 Allegations of abuse of children in custody	New
305	4.3.6 Allegations of abuse against a professional, staff member or volunteer in contact with children <i>and vulnerable adult (or who manage/supervise/influence services)</i>	New
	Each agency must identify a senior manager/executive with responsibility for its professional abuse policy This section has been re-written and now embraces abuse of vulnerable adults. It also includes more detailed information on the process to be followed, the act of suspension, referral to POCA, POVA and PNC.	New Addition
315	4.3.6.6 Additional considerations in respect of education	New
	4.3.6.7 Action after the court hearing	New
317	4.4 Allegations of abuse of looked after children who are living outside their local authority area The child may be living with kinship carers, in a residential home or a placement provided by an independent fostering agency. The procedures should also be applied to children placed in secure accommodation, secure training centres, young offender institutions and prisons where young people under 18 are detained.	New
	4.4.1 Responsibility for the strategy meeting and investigation	New
	4.4.2 Strategy Meeting All decisions will be recorded and circulated within five working days.	New
321	4.5 Investigating organised or multiple abuse This section has been re-written and now contains more specific information. It specifies that the LSCB should have a written protocol for managing a complex investigation and describes the function of the strategic management group.	Addition
331	4.6 Future risk of harm to an unborn child	New
	4.6.1 Identifying the risk of harm Although statutory intervention cannot begin prior to birth, an assessment can take place and plans formulated at a child protection conference with the purpose of ensuring the needs of the baby can be met following birth. Serious case reviews reinforce the importance of pre-birth plans for protecting children.	New

	<p>Circumstances:</p> <ul style="list-style-type: none"> • A history of non-co-operation with agencies in families for whom there are concerns, especially where there is a new partner. 	New
	<p>4.6.2 Action required The plan will need to include; Ensuring that the named midwife/nurse informs the delivery team of the planned response and that a copy of the plan is sent to the maternity unit. The rest of this section is new.</p>	New
337	4.7 Abuse of children with disability	New
339	4.8 The sexual exploitation of children	New
345	<p>4.9 Children who display sexually harmful behaviour This section refers specifically to sexual behaviour, whereas the section in the previous procedures talked about general abuse by children and young people. Stresses the exploitative and coercive nature of the abuse and states that a child under 13 cannot, in law, consent to sexual activity. Consideration should be given to specialist harmful behaviour services where available States that services should be provided before the completion of the core assessment, if there is an urgent requirement.</p>	New New New
347	<p>4.9.2 Action required The enquiries should take account of;</p> <ul style="list-style-type: none"> • Whether consent/choice could not be exercised because of the victim's social or economic vulnerability • Establish whether the children's parents or caregivers were aware of the abuse prior to the referral being made but took no action or colluded with the abuse 	New
	<p>4.9.4 The child perpetrator Extra information in the first few paragraphs gives some pre-disposing factors. A child protection conference about the alleged abuser should;</p> <ul style="list-style-type: none"> • Set a date to discuss the results of the core assessment and any additional specialist assessments. 	Addition New
355	4.10 Unaccompanied asylum seeking children (UASC)	New
359	4.11 Multi agency public protection arrangements	New

367	<p>(MAPPA)</p> <p>4.12 Safeguarding children who visit adult prisoners</p>	New
377	<p>Part 5: All Wales Protocols for Safeguarding Children in Specific Circumstances</p> <p>This is an additional section to the 2002 Procedures and lists all the multi agency child protection protocols that are required by <i>Safeguarding Children: Working Together Under the Children Act 2004</i>. It also lists protocols that LSCB's are recommended to have, some of which are/or will be available as all Wales versions.</p> <p>Included in this section are the four protocols already developed on an all Wales basis:-</p> <ul style="list-style-type: none"> • Handling Complaints from Families about the Functioning of the Child Protection Conference • Safeguarding Children In Whom Illness Is Fabricated Or Induced • Safeguarding and Promoting the Welfare of Sexually Active Young People • The Protection of Children from Abuse via Information Technology 	<p>New</p> <p>New</p> <p>New</p> <p>New</p>
391		New
399		New
425		New
445		New