Children in Need and Child Protection Handbook - Emergency Duty Team

Initial Referral - Screening

On receipt of any referral in which concerns are expressed about the immediate safety or welfare of a child, the EDT officer must determine whether the threshold for Section 47 enquiries applies, that is, whether "There is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm".

This will always be the case where:

- The allegation/concern relates to a physical injury to a child, and particularly to a young child under the age of 5 years
- The child or young person has made an allegation of possible sexual assault, by someone who is, or may be, in direct contact with them;
- The child is already on the CPR, or there are recent enquiries logged onto the CPR;
- The child or young person is in the care of adults who are known to be currently involved in violence, drug or alcohol misuse, or where there are mental health problems - i.e. there is no safe or protective adult known to be caring for the child.

Given the out of hour's nature of the service, there will often be a lack of clarity or information about the nature and severity of risk. The EDT officer will therefore need to make, and record, a considered judgement about what initial enquiries will provide sufficient information upon which to determine whether there is a need for emergency action to safeguard and promote the welfare of a child.

Where a decision is made not to proceed under this Section, this should be recorded, together with the reasons, and the referrer should be advised as soon as possible, having due regard to issues of confidentiality where the referrer is a member of the public.

Where the officer determines that further enquiries and/or investigation is necessary, this should also be recorded and undertaken without delay.

Were the allegation or concern relates to a foster carer or member of staff, or where there is any suggestion that the referral may involve organised abuse, the EDT officer should immediately consult with their manager, or the Emergency Services Manager, who will co-ordinate any subsequent action.

Enquiries under Section 47 Children Act 1989

Enquiries should be made of: the police, via the Child Protection Team (CPT) where possible, the GP or other health representative, and any other agency known to have contact with the child. The CPR should always be checked.

The outcome of these checks should be recorded, together with the officers decision about whether Section 47 continues to apply, or whether there is evidence that the child is safe and no immediate action is necessary.
Where further Section 47 Enquiries are to be pursued, following the initial checks above, the EDT officer will hold a strategy discussion with the duty officer from CPT and the on call community paediatrician.

The strategy discussion should determine what immediate action needs to be taken both to clarify the referral information, and to promote and safeguard the child's welfare. In particular, the following should be noted:

- All children who are subject to child protection referrals must be seen by a responsible professional within 24 hours of referral. The strategy group will need to determine the level of urgency, and whether the child is to be seen that day, or the next working day. Clear hand over arrangements should be agreed for the latter.
- Where the allegation/concern relates to a suspected or actual physical injury to a child, this will always include consideration of the need for a medical assessment. Where the need for a medical is agreed, the timing, where it is to be carried out and by whom, should be agreed in consultation with the on call paediatrician, and at the earliest opportunity, the parent and child concerned.

The EDT officer will consult with the Emergency Services Manager in the following circumstances:

- Where a decision is taken not to see a child within 24 hours of referral. Such a decision should be based upon an initial assessment that the child is not at immediate risk, and should be agreed by all parties to the strategy discussion, and sanctioned by the EDT manager.
- Where a decision is made not to medically assess a child within 24 hours of an allegation of physical assault/abuse. As above, this should be subject to an assessment of the case, and in agreement with the on call community paediatrician.
- In exceptional circumstances where the strategy discussion agrees that the child needs to be seen as a matter of urgency, and the EDT officer is unable to visit, and another agency, such as the police, offers to undertake this on EDT's behalf. The EDT manager will agree to this course of action subject to there being: a clear remit about the issues to be assessed/discussed during the visit; arrangements for feedback to EDT and other strategy group members following the visit, and joint decision making about what action is then to be taken.
- Where there are any exceptional or unusual circumstances that prevent these procedures being followed.

Where a visit is to be undertaken by the EDT officer, due regard should be paid to issues of personal safety, and joint visiting with the police or other colleagues should always be considered where there is any suggestion of violence, or where the family are unknown to Services.

On conclusion of the investigation, the EDT officer, in consultation with the Strategy group, will take whatever action is necessary to ensure the child's immediate safety, pending a fuller assessment of risk by the Day Services.

EDT will provide a record of the strategy discussion (CP1), section 47 enquiries carried out, action taken and outcomes (CP2 and running records). This will be sent to the relevant team
manager in social services and other agencies involved in the strategy discussion. These will be submitted to the Group Manager and CP sub-committee.

"Responsible professional" refers to a social worker, or other professional nominated by the strategy group, with a clear brief and ability to assess the risk to the child concerned. Where the strategy group agrees that the matter is not urgent, EDT may pass this responsibility to the SSD Locality Team for the area in which the child lives, provided that this can be achieved within the 24 hour timeframe.

**Parental Participation/Consent**

It is good practice to consult parents/carers at the earliest opportunity in any referral, and to seek their agreement and permission before sharing information about them with other agencies. However, "this should only be done where such discussion and agreement seeking will not place a child at increased risk of significant harm". Working Together to Safeguard Children, (HMSO 1999)

The Emergency Services will rarely be in possession of sufficient information, or have sufficient time, to assess whether seeking parental consent will increase the risk to the child referred, prior to carrying out initial enquiries into the child’s circumstances.

EDT officers should therefore proceed as above, but should remain aware of the parent's rights to be informed at the earliest opportunity of agency concerns, and of agency involvement in discussing the appropriate response to these concerns. The strategy group should agree how and when the parent is to be consulted, and this should be clearly recorded.

**Outcomes**

All referrals considered under this procedure must be passed to the appropriate locality social work office on the next working day, regardless of the outcome or level of intervention.

The EDT officer should speak to the duty officer or their supervisor, or if the child is already allocated to a social worker, should speak directly to the worker or their manager/supervisor. This should be accompanied by a Fax of the referral form and associated recording.

It will then be the responsibility of the locality office to follow up the referral and to ensure that they are clear about who has been consulted, and exactly what action has been taken, with what results.

The locality team must specifically determine whether the parent/carer is aware of the referral, and what information has been shared with them, and should record this together with the reasons if any information has been withheld.

Where the investigation or assessment is likely to continue over a period of days, it is the responsibility of the locality office to ensure that EDT have up to date information about risk to the child, on which to base any emergency action which may then be required out of hours.
Schedule One Offenders - Housing Issues

Housing authorities have agreed that sex offenders will not be offered emergency accommodation in B&B or hostel accommodation where the authority has also housed families or vulnerable young people.

EDT officers who are approached to provide emergency accommodation for such individuals should therefore consult housing lists for identified single person accommodation in the first instance.

On receipt of any referral in which concerns are expressed about the immediate safety or welfare of a child, the EDT officer must determine whether the threshold for Section 47 enquiries applies, that is, whether "There is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm".

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