

JOINT INVESTIGATION PROTOCOL INCORPORATING SAFEGUARDING CHILDREN AND YOUNG PEOPLE INVOLVED IN COMPLEX ABUSE (ORGANISED OR MULTIPLE ABUSE)

FEBRUARY 2011

JOINT INVESTIGATION PROTOCOL

Section	Title	Page
1	Introduction	3
2	Initial Concerns	3
3	Purpose of Joint Investigations	4
4	Criteria for Joint or Single Agency investigation Joint enquiries/investigation between police and social care Criteria for Single Agency Investigation: South Yorkshire Police Criteria for Single Agency Enquiries: Children's Social Care	4
5	Planning the Investigation Strategy discussion/meeting The initial visit Medical Assessment	6
6	Interviewing Child witnesses Purpose of a video interview Special Measures available to Vulnerable and Intimidated Witnesses Criteria for Video Recording an Interview Planning the Interview	10
7	Witness support	16
8	Provision of therapy prior to a criminal trial	16
9	Post-Court: Dealings with the Outcome	17
Appendix 1	Safeguarding Children and Young People involved in Complex abuse (Organised or multiple abuse)	18

1.0 INTRODUCTION

This protocol has been developed to help all agencies involved with the investigation of allegations of abuse of children to work together for the best interests of the child and criminal justice. It offers an agreed way of working which should ensure:

- The development of strong and effective professional partnerships that will enhance the investigative process for all children and young people.
- An opportunity for professionals to make informed assessments and plan appropriate action
- That the process of investigation causes minimum distress to the child and allows them to receive the best protection and support through the criminal and civil channels, and
- South Yorkshire Child Protection Procedures are followed.

This protocol should be read in conjunction with Chapter 5 of these procedures: Referring Concerns to the Children's Social Care Department or the Police'. It is informed by guidance contained in 'Working Together to Safeguard Children' (2010) and the principles in the 1999 Youth Justice and Criminal Evidence Act. Much of the protocol is also taken from 'Achieving Best Evidence in Criminal Proceedings' (2007)

2.0 INITIAL CONCERNS

Whenever children's social care or the police encounter or have a case referred to them which constitutes, or may constitute, a criminal offence against a child, **they should always inform their partner agency at the earliest opportunity.** Early consultation should facilitate efficient collection of possible evidence; sharing of other information concerning the child, family and/or the alleged perpetrator and a discussion on the most appropriate way to progress the needs of the child using the skills and expertise of all agencies.

Children's social care and the police should always record the date of this conversation, and all subsequent conversations, with their counterpart, the name of the person spoken to and the outcome of the discussion.

The decision to undertake a joint investigation by police and children's social care should be taken jointly and be based on the child's best interests. A manager from each agency should always be involved at the referral stage and in any further strategy discussion. These managers should take an active role in ensuring that the investigation is carried out in a proper manner throughout. Where there is any disagreement about the advisability of a course of action, this should be discussed at a management level between the two agencies. It is suggested that this should be conducted between team manager and Sergeant, or, if not resolved, between the Manager, Safequarding Service and the Inspector.

There may be exceptional circumstances when it is considered essential for the police to act immediately, but not possible to discuss the matter with children's social care if, for example, the out of hours service is unavailable. In most cases, such decisions should be made by officers based at the South Yorkshire Police Child Abuse Unit. If, for any reason, the investigation is instigated by district police officers they should liaise with officers from the Child Abuse Unit. Where emergency action

has been taken to protect a child, police should inform children's social care out of hours service in the first instance. If this is not immediately possible, children's social care should be informed at the start of the next working day.

3.0 PURPOSE OF JOINT INVESTIGATIONS

The purpose of joint investigations is to utilise the respective skills and information held by police officers and social workers in the investigation of allegations or suspicions of child abuse, whilst safeguarding the child.

Joint investigation should:

- Aim to achieve a consistent approach to child abuse investigations
- Improve lines of communication and cooperation between the agencies concerned, and
- Increase public confidence in the effectiveness of those agencies to deal with child abuse in a positive, properly co-ordinated and sensitive manner.

4.0 CRITERIA FOR JOINT OR SINGLE AGENCY INVESTIGATION

4.1 Joint enquiries/investigation between police and social care Joint enquiries/investigations should **always** take place when the concern is regarding:

- a) Allegation, or medical evidence, of sexual abuse or serious physical injury where:
 - There is a definite link between the victim and the alleged perpetrator e.g. daughter, son, parents, grandparents, other family members, mother's/father's partner or cohabitee, close family friend
 - An alleged perpetrator works, in paid or volunteer capacity, with children e.g. teacher, police officer, youth worker, local authority children's homes employee, volunteer etc. (Please refer to Appendix 3 of these procedures)
 - An alleged perpetrator continues to pose a risk to the child or to other children by virtue of their contact with them
 - Concerns are expressed about other factors in the family e.g. failure to protect, possible collusion in the abuse etc.
- b) Unexplained injuries on very young children
- c) Serious cruelty, ill treatment, neglect, abandonment or exposure to moral danger
- d) Organised or multiple abuse
- e) Suspicion of fabricated or induced illness
- f) Sexual exploitation
- g) The suspicious or unexplained death of a child.

Joint enquiries should take account of:

- The wishes of the victim/non-abusing family members where this is consistent with the child's welfare, and
- Any circumstances that do not fit the above when, after discussion between agencies, it is considered that a joint investigation would be beneficial in protecting the child and their needs.

4.2 Criteria for Single Agency Investigation: South Yorkshire Police In most cases the investigation of alleged offences against children should be conducted by police officers at the South Yorkshire Police Public Protection Child Abuse Unit, located in each authority area.

A strategy discussion may agree that a single agency investigation may be undertaken by police where:

- a) There are concerns or suspicions of offences of child abuse where the concern is regarding children who may be victims of 'stranger' abuse, where the child or other children are not at continuing risk of abuse.
- b) In exceptional situations the police need to take immediate action to protect a child and children's social care is unavailable e.g. weekends and out of hours (limited assistance may only be available from out of hours duty teams). As soon as children's social care is available, the investigation should be conducted on a joint basis.

Where the police have undertaken a single agency investigation and they consider a child particularly vulnerable or distressed, they should consider making a referral to children's social care, or other appropriate agency. If children's social care receive such a referral, they should conduct an initial assessment of the child's circumstances in the normal way, that will consider whether there are grounds to undertake enquires under Section 47 of the Children Act.

In all cases, enquiries should also be made to the list of children who have a child protection plan. (Telephone 01226 772400)

4.3 Criteria for Single Agency Enquiries: Children's Social Care

A strategy discussion between children's social care and South Yorkshire Police may agree, in the following circumstances, that children's social care may undertake a single agency investigation.

- a) Allegations of minor physical assault within a family setting, where the concern is of poor parenting rather than intent, and where there are no other significant concerns identified by the initial assessment. A medical examination should be agreed with a paediatrician. Decisions as to whether the investigation remains on a single agency basis and how the child is best protected, should only be taken after the nature and implications of the injury and child's general well-being have been explored with the paediatrician, and the paediatrician's views have been taken into account
- b) Situations where both the victim and offender are under the age of criminal responsibility, depending on the nature or severity of the assault. This would not apply to serious injuries to pre-verbal children where parents may allege those injuries have been caused by another child
- c) Incidents that could be viewed as sexual experimentation between consenting children of a similar young age.

5.0 PLANNING THE INVESTIGATION

5.1 Strategy discussion/meeting

Whenever the police or children's social care have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy discussion involving managers between them and other agencies as appropriate. The paediatrician on-call for child protection work should also be involved in a discussion if a medical examination is required as part of the acute assessment.

The strategy discussion/meeting should be carried out in line with Chapter 6 (Section 6.11) of these procedures but, in particular, should consider:

- a) The welfare and safety of the child
- b) Whether the investigation should be undertaken on a joint or single agency basis at this point. However, this may change throughout the course of the investigation
- c) The nature of any initial visit to the child and family (see Section 5.2 below)
- d) The necessity for any medical assessment and its nature and timing, after discussion with a paediatrician from the relevant local service (see Section 5.3 below).

It is essential for the smooth conduct of any investigation that all relevant agencies have contributed to a clear and detailed plan.

It is vital that the strategy discussion/meeting is seen as an **ongoing process involving managers** and that throughout the course of the investigation there is clear dialogue between agencies regarding the planning of each stage and development.

5.2 The initial visit

Initial joint police/children's social care visits should be considered if:

- a) There is a need to preserve evidence e.g. clothing, bedding, photographs, implements etc. Social workers should be alert to the existence of relevant evidence and advise the police of this.
- b) There is a risk of violence or breach of the peace
- c) There is a need for emergency police powers to be invoked
- d) There is a need to arrest a suspect
- e) It is considered to be in the best interests of the child and family.

If it is agreed that a Section 47 investigation should take place, a visit by a social worker or police officer may be sufficient to establish whether there is a need for further enquiries/investigation.

The decision to undertake a joint investigation does not require every contact with the child or family to be undertaken jointly. However, the rationale behind all such decisions about visits to the child and family should be fully discussed and recorded.

When social workers require the assistance of police officers at any time, purely for protection or prevention of a breach of the peace, they should contact the police at the relevant district and make arrangements for appropriate support.

The initial visit should involve the child being seen and spoken to alone, where they are of a suitable age or ability, in order to establish whether there is reasonable cause to suspect that the child has suffered significant harm and therefore whether an offence has been committed. If it is intended to interview the child formally, this may only need to be very brief if the child has already given a clear account to another reliable adult.

If the initial visit leads to an assessment that the child is at immediate risk of significant harm, action should be taken to secure their safety in accordance with the child protection procedures. If it is established that concerns regarding significant harm are unfounded, consideration should still be given to a Child in Need assessment being undertaken.

An assessment should be made as to whether or not the child should be interviewed on video, using criteria outlined in Section 6.0 below of this protocol, and in the 'Achieving Best Evidence' guidance.

The visit should contribute to the initial and core assessments of the child and family circumstances being co-ordinated by children's social care, in accordance with the 'Framework for the Assessment of Children in Need and their Families'

Assessments should pay particular attention to any needs the child may have regarding any disability or cultural issues, which would need to be taken into account were the child interviewed on video, and application made for additional Special Measures (see Section 6.0 below).

Those undertaking initial visits should have the level of skill and experience to assess the situation, both from the civil and criminal perspectives. They should speak to the child in such a way that is not likely to detract from any subsequent witness statement, in line with guidance on questioning contained in 'Achieving Best Evidence'. It is important at this stage that the child should not be subject to a full interview.

All relevant information given by the child and family should be accurately recorded. The worker should note questions and answers, and time and date of the visit including times of arrival and departure. The record of the conversation should be made either contemporaneously, or **within 24 hours**. This information may be evidential and will be disclosable to the Crown Prosecution Service.

The wishes and feelings of the child or their family should be assessed and all concerned given as much information as agreed by the agencies during the course of the investigation. Please refer to Chapter 6 (section 6.14.4) of these procedures for circumstances in which parents will not be consulted.

Information sought at this stage should be proportionate to the need to inform further planning of the investigation and whether a video interview should be undertaken.

The child should not be subjected to detailed questioning, as this is not only stressful but may impair the quality of any subsequent evidential interview.

5.3 Medical Assessment

Medical examination should be considered by children's social care and the police, after discussion with the local paediatrician on-call according to the local service.

Decisions need to be made on:

- a) The need for a medical examination
- b) Its purpose and therefore who should conduct it, e.g. paediatrician and/or forensic medical examiner (('Guidance on Paediatric Forensic Examination in relation to Possible Child Sexual Abuse'
- c) Timing, taking into account any need for urgent forensic examination to find evidence of recent injury or to secure other forensic evidence. Please see Chapter 6.18 of these procedures.

The purpose of any medical examination is to:

- a) Establish the need for and provide any medical treatment required
- b) Provide a medical assessment of possible causes of injuries, illness or suspected abuse
- Provide a record of any injuries, illness or evidence of abuse together with a medical assessment of whether these are consistent with any account of their cause
- d) Establish the need for, and arrange, any further investigation
- e) Consider the need to obtain forensic samples
- f) Assess and record levels of development, functioning and general condition of the child
- g) Give an opinion on whether the findings are consistent with any history
- h) Assess the need for treatment, counselling or monitoring
- i) Provide reassurance to the child and parent, if they are concerned that abuse may have physically damaged the child
- j) Enable the Paediatrician to take a proper role in child protection conferences
- k) Provide paediatric reports and opinions which should be made available as appropriate to those conducting child protection enquires, including the police, to any subsequent child protection conference and to any court hearing. A brief interim report should be provided to inform the police investigation, outlining the findings and provisional medical opinion as to the possible cause of the findings. Should the court request a report, this should provide a fuller and more considered opinion.

Depending on the nature of the case the medical examination may precede or follow the police investigative interview. To minimise the information the doctor requires directly from the child, the police and social worker and caregiver involved in the case should share as much information with the doctor as possible prior to the consultation with the child.

5.3.1 Consent for examination

Those conducting the investigation should always secure consent from the child (if of an age and understanding to do so) and usually from a parent or other with parental responsibility, for the child to be medically examined. However, a parent's refusal to allow medical examination **should not** be allowed to cause unnecessary delay. In such circumstances, consideration should be given to seeking urgent legal advice. The local authority may be able to obtain a court order to facilitate a medical examination in the rare circumstances where consent is refused.

5.3.2 Who should conduct the examination?

The examination should be conducted by either a paediatrician or a forensic medical examiner, or both. The decision as to the most appropriate professional, after discussion with the paediatrician in a strategy discussion/meeting, should be based on the age/understanding of the child, the need for collection of forensic evidence and the experience of the professional. It is usually appropriate for paediatricians to examine younger children (pre-adolescent). If a forensic medical examiner conducts the examination, it will still be good practice for a paediatrician to be involved, in order to assess the need for ongoing treatment or assessment.

It is important that consideration is given to the gender of the doctor undertaking the medical examination, taking into account the child's wishes and feelings. Doctors undertaking such medical examinations should have the appropriate core and case dependent skills outlined in the 'Guidance on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse'. Doctors should be familiar with the contents of this document. (For further guidance please see Chapter 6.18.4 of these procedures)

5.3.3 The examination

All medical examinations should be undertaken in as sensitive a way as possible, giving appropriate information to the child, and their parent/caregiver, as to the nature and purpose of such examinations. When examining children, and when taking the history, doctors should take care to avoid asking leading questions or anticipating the investigative interview, if this has yet to take place. (For further guidance see Chapter 6.18 of these procedures). They should, however, make contemporaneous notes of any spontaneous comments by the child concerning the origins and circumstances giving rise to the examination. Where there are no reasonable grounds to believe that the alleged abuse has involved penetration or injury, the examination should not be unnecessarily intrusive or intimate.

It is essential that all notes and records concerning medical examinations and decisions made in the course of investigations are preserved, as they may be required for disclosure as part of any subsequent criminal or civil court proceedings. Reports of the findings of medical examinations should be made available, as soon as possible to those undertaking the enquiry, including the Police.

5.3.4 Further health assessment

The role of specialist staff, such as developmental assessment specialists and child and adolescent mental health workers, should also be considered. This will generally be for the purposes of assessment, e.g. mental health assessment or assessment of cognitive ability.

6.0 INTERVIEWING CHILD WITNESSES

6.1. Purpose of a video interview

Any video interview serves several purposes. These include:

- a) Evidence gathering for use in criminal proceedings
- b) The examination in chief of the child witness
- c) Using any relevant information gained to inform child protection enquiries and any subsequent actions to safeguard and promote the child's welfare,
- d) Safeguarding other children
- e) Using any relevant information to inform any subsequent civil or internal disciplinary proceedings.

The potential value of the video interview in every one of these circumstances should not be overlooked.

6.2 Special Measures available to Vulnerable and Intimidated Witnesses

It is recognised that people who are the victims of, or witness to crimes may find the investigation process and any subsequent criminal proceedings stressful and intimidating. The 1999 Youth Justice and Criminal Evidence Act introduced a range of measures which can be used to facilitate the gathering and giving of evidence by vulnerable and intimidated witnesses. All these measures are subject to the discretion of the court.

Special Measures available to vulnerable and intimidated witnesses include:

- Screens may be made available to shield the witness from the defendant
- The live link enables the witness to give evidence during the trial from outside
 the court via a televised link to the courtroom. The witness may be either
 accommodated within the court building or in a suitable location outside the
 court
- Evidence given in private: exclusion from the court of members of the public and the press (except for one named person to represent the press) will be considered in cases involving sexual offences or intimidation
- Removal of wigs and gowns by judges and barristers
- A video recorded interview with the vulnerable witness before the trial may be admitted by the court, as the witness's evidence in chief
- Video recorded cross-examinations should also be considered admissible if the witness has already given their evidence in chief on video prior to the court case
- Examination of the witness through an intermediary, who may be appointed by the court to assist the witness to give their evidence in court. This measure is available only to witnesses who are eligible for Special Measures on grounds of age or incapacity
- Aids to communication will be permitted to enable the witness to give best evidence whether through a communicator or interpreter, or through a communication aid or technique
- Mandatory protection of witness from cross-examination by the accused in person. An exception has been created which prohibits the un-represented

- defendant from cross-examining vulnerable child and adult victims in certain classes of cases involving sexual offences
- Discretionary protection of witness from cross-examination by the accused in person. In other types of offence, the court has discretion to prohibit an un-represented defendant from cross-examining the victim in person
- Restrictions on evidence and questions about complainant's sexual behaviour. The Act restricts the circumstances in which the defence can bring evidence about the sexual behaviour of a complainant in cases of rape and other sexual offences.

6.3 Criteria for Video Recording an Interview

Section 21 of the 1999 Youth Justice and Criminal Evidence Act creates three categories of child witness:

- a) Children giving evidence in sexual offence cases
- b) Children giving evidence in cases involving an offence of violence, abduction or neglect
- c) Children giving evidence in all other cases.

It is proposed that a video recorded interview should take place in all category 1) and 2) child witness cases, unless the child objects, and/or there are insurmountable difficulties. This could include the child having been involved in abuse where video recording or photography has been used.

In all other cases the decision whether or not to video record an interview should take into account such issues as the needs and circumstances of the child; whether the measure is likely to maximise the quality of the evidence etc.

There are no 'hard and fast' rules or unequivocal criteria that apply to the video recording of an interview. Among the considerations to be taken into account are:

- The individual child's circumstances, current or previous contact with public services, previous concerns around parenting, neglect or abuse, and history of the current allegation
- b) The purpose and likely value of a video recorded interview on this occasion
- c) Competency, compellability and availability of the child for cross examination
- d) The child's ability and willingness to talk in a formal interview setting
- e) Preparation of the child before interview.

The decision to undertake a video interview should be taken **jointly** by police and children's social care. Social workers should be encouraged to enter the discussion as equal partners. Should there be any disagreement, this should be taken up at a management level as outlined in Section 2 of this protocol.

Investigating police officers may wish to consult with the Crown Prosecution Service for advice. When deciding whether a child witness needs special measures, the 'primary rule' directs a court to start from the assumption that a child would normally benefit from the admission of a video recording as his or her evidence in chief.

Courts do not have to first decide that these measures will improve the quality of the child's evidence, as that requirement is treated as being satisfied.

6.4 Planning the Interview

Thorough planning is essential to a successful investigation and interview. Even if concerns about the child's safety necessitate an early interview, an appropriate planning session is required which identifies key issues and objectives. Time invested in considering the key issues early in the criminal investigation will impact on the quality of the interview. All issues and key questions should be considered in advance, as there will not be an opportunity to revisit them once the interview(s) have been completed.

6.4.1 Those involved in planning the interview

As a minimum, the planning team should involve representatives from both police and children's social care. It may also be important to involve health care, educational or other professionals/agencies who either know the child or can offer specialist knowledge, advice or skills.

Where children have had past or current involvement with children's social care, useful information may be available from previous CAF, initial or core assessments. Any existing assessment should be carefully considered before the interview, and used to inform planning.

The views of children and young people should be actively sought and considered in the planning stage. Research has shown that frequently their views are either ignored or marginalised.

The circumstances of each individual investigation should inform the timing, purpose and content of any medical examination, paediatric evaluation, in relation to the video interview. For example, a medical examination should not be arranged automatically in every case: it may depend on what a child alleges during the video interview. It must be remembered that children often do not disclose the full extent of abuse at the video interview and therefore there should be a low threshold for requesting a medical examination.

6.4.2 Support for a child during interview

It is important to guard against undue influence on the child by another adult. However it may be helpful to the child, and to the process of securing an account, if someone is present to offer support, especially if the child is very young or upset.

Parent/caregiver(s) should not be automatically excluded from this role, but their involvement should depend on the circumstances and nature of the case, together with any allegations made by the child.

The supporter should be advised not to participate in the interview itself, whether by instructing or correcting the child, answering the interviewer's questions, head nodding or facial expressions. Interview supporters should never offer the child inducements, such as a toy or trip, in return for general co-operation or answering particular questions.

6.4.3 Other issues relating to supporters, interpreters and intermediaries

The roles of supporter, interpreter and intermediary are distinct and separate and should not be performed by the same person.

The supporter, interpreter or intermediary should not be anyone who is likely to be called upon as a witness in any prosecution. This includes the person to whom the child has made the initial disclosure, who will be considered as a witness for the prosecution.

6.4.4 Factors to consider at the planning stage

Consideration needs to be given to a number of factors pertaining to the child, their family and background in the planning of the investigation and interview.

Interviewers must plan appropriately for each interview, differentiating from the strategic planning of the overall investigation.

All relevant factors and decisions should be clearly recorded, either by police or social workers. It should be noted that any records are disclosable as evidence.

Much of the necessary information may exist as a result of the inter-agency assessment led by children's social care using the 'Working Together to Safeguard Children' and 'Framework for the Assessment of Children in Need and their Families' guidelines.

The following is a checklist of factors to be considered at the planning stage:

- a) Child's age, gender and sexuality
- b) Child's race, culture, ethnicity, first language and religion
- c) Any physical and/or learning impairment
- d) Any specialist health and/or mental ill health needs
- e) Child's cognitive abilities
- f) Child's linguistic abilities
- g) Child's current emotional state and range of behaviours
- h) Child's family members/caregivers and nature of relationships including foster or residential caregivers
- i) Child's overall sexual education, knowledge and experience
- j) Types of discipline used with the child
- k) Bathing, toileting and bedtime routines
- I) Sleeping arrangements
- m) Any significant stress(es) recently experienced by the child and/ or family.

Information on the above issues will inform decisions about the structure, style, duration, pace and timing of the interview.

In cases where the child is a suspected or known victim of previous abuse, the investigating team should address issues such as the nature and duration of the abuse, the parental reaction to disclosure/allegation and any previous intervention.

6.4.5 Assessment prior to the interview

Interviewers may decide that the needs of the child and the needs of criminal justice are best served by an assessment of the child prior to the interview taking place. This assessment should be focused on the child's understanding of the process and their ability to participate in the interview to the required standard.

The 'Framework for the Assessment of Children in Need and their Families' may be helpful in compiling the assessment. A record of any such assessment(s) must be kept and referred to in the body of the witness statement that records the interview. This record should be disclosed to the CPS under the requirements of the Criminal Procedure and Investigations Act 1996.

It is the responsibility of the officer in the case to advise the CPS of any sensitive information that should not be disclosed.

Interviewers should have clear objectives for assessment(s) prior to interview and should apply the guidance contained in 'Achieving Best Evidence' when talking to children during such an assessment. Interviewers should avoid discussing substantive issues (in detail) and must not lead the child on substantive matters (see Section 5.2 of this protocol in relation to the initial visit).

The needs of the child may require that the assessment takes place over a number of sessions. No inducements should be offered for complying with the investigative process.

For some children, assessment(s) will indicate that their needs are not best met by proceeding with a full formal interview.

6.4.6 Preparing the child and family

Steps should be taken to prepare the child for the interview itself. This should include explaining to the child, in a manner appropriate to their age and understanding:

- a) What the interview is.
- b) Who will be present.
- c) When/where it will happen
- d) Approximately how long it will last.

This preparation should be undertaken by a member of the investigating team, who has the level of skill and experience to be able to speak to the child in such a way that is not likely to detract from any subsequent witness statement.

Consideration should be given to providing non-abusing/current caregiver(s) with information at this stage, as appropriate. For example they should:

 a) Be discouraged from initiating a discussion about the details of their allegation with the child. However, caregivers should be able to reassure the child who wishes to talk or express anxieties

- Also be discouraged from discussing details of the investigation with any other individuals
- c) Be instructed to carefully document any responses from the child regarding the allegation or investigation
- d) Be advised that the child should never be offered inducements for complying with the investigative process.

6.4.7 Planning for immediately after the interview

Although interviewers cannot predict the course of an interview, planning should cover the range of possible outcomes and implications for the child and family, taking into account information gained from the earlier assessment. A professional should be identified to whom the child and/or parent/caregiver can subsequently direct any queries. This may include the conduct of the police investigation, any criminal proceedings and likely actions by children's social care.

6.4.8 Misleading Statements

Children can, on occasion, provide misleading accounts of events, but these are often the result of misunderstandings or errors in recall, rather than deliberate fabrication. Children should never be challenged directly over an inconsistency; rather such differences should be presented as the interviewer needing to be clear about what the child has said.

It is important that all such questions should be reserved for the end of the formal questioning in order not to disrupt the child's narrative.

6.4.9 Further Interviews

One of the key aims of an early video recording within the investigation is to reduce the number of occasions children are asked to repeat their account. Good preinterview planning will often ensure that all the salient points are covered within a single interview. However, even with an experienced interviewer and good planning, an additional interview may sometimes be necessary.

Supplementary interviews for evidential purposes should only be conducted by members of the joint investigation team when they are fully satisfied (after consultation with the Crown Prosecution Service) that such an interview is required. The reasons for the decision should be fully recorded in writing. More than one supplementary interview is unlikely to be appropriate. Exceptions to this include when interviewing very young, psychologically disturbed children or children with a learning disability or when a case is exceptionally complex or involves multiple allegations. Once again, the reasons for such decisions should be fully recorded in writing and, if necessary, the Crown Prosecution Service should be consulted.

6.4.10 Interviewing Children with Disabilities

There is rarely any reason in principle why such children should not take part in a video interview, provided the interview is tailored to the particular needs and circumstances of the child.

6.4.11 Interviewing very young children

There are occasions where very young children are video interviewed. The planning phase and the interview itself should be undertaken with great care.

6.4.12 The child who becomes a suspect

Occasionally a child who is being interviewed comes under suspicion of involvement in a criminal offence. Although this is not a frequent occurrence, it is preferable to anticipate and plan for such an eventuality, while recognising that any decisions on a course of action are likely to depend upon the content of the video interview.

6.4.13 De-briefing

Following the completion of the interview, the joint investigation team should review the information gathered and consider the most appropriate steps to ensure the continuing safety and welfare of the child. Such considerations should include:

- Legal action
- Arrest of the accused
- Bail conditions taking into consideration potential further risk to the child
- Further work indicated.

7.0 WITNESS SUPPORT

Support during the criminal proceedings is provided by the Crown Court Witness Service. Referral to this service is usually made by the Crown Prosecution Service after the Plea and Directions hearing. Professionals supporting the child should ensure they are aware of the court timetable in relation to a particular case. Children's social care should carry out pre-court planning to ensure there is a support structure in place following the completion of any criminal proceedings.

8.0 PROVISION OF THERAPY PRIOR TO A CRIMINAL TRIAL

There is concern that some witnesses are denied therapy pending the outcome of a criminal trial for fear that their evidence could be considered tainted and the prosecution lost. This may conflict with ensuring that a witness is able to have immediate and effective treatment to assist recovery. Witnesses should not be denied access to any therapeutic help prior to any criminal trial, particularly if they have a mental illness.

Pre-trial therapy for child witnesses is the subject of guidance contained in 'Provision of Therapy to Child Witnesses Prior to a Criminal Trial: Practice Guidance'

Pre-trial therapy should be kept separate from preparation and support. The guidance emphasises that the best interests of the child are paramount when deciding whether, and in what form, therapeutic help is given.

Whether the child should receive therapy before the criminal trial is not only a decision for the police and/or the Crown Prosecution Service, but should involve relevant professionals from the agencies responsible for the welfare of the child.

This may include the paediatrician involved with the child. This decision should also be made in consultation with the caregivers of the child, and the child if they are of sufficient age and understanding. However, it is essential that the police and Crown Prosecution Service be informed of all arrangements and details of any therapeutic intervention.

While some forms of therapy may undermine the evidence given by the witness, this will not automatically be the case. The Crown Prosecution Service will offer advice on the likely impact on the evidence of any therapeutic intervention.

Records of therapy and other contacts with the witness must be maintained so that they can be disclosed to the court, if required. At the outset of therapy the child and caregivers should be informed of the circumstances when information obtained during therapy might be disclosed.

If there is a demonstrable need for therapeutic intervention that is likely to prejudice the criminal proceedings, consideration should be given to abandon them in the interests of the child's well-being.

9.0 POST- COURT: DEALING WITH THE OUTCOME

Experience has shown that the child, their parents/caregivers and other witnesses, appreciate support given after the close of proceedings, a time when they may otherwise feel isolated and may have difficulty in coming to terms with the court verdict. Whether or not a witness gave evidence, they may still need support and should be informed of the outcome as quickly as possible and offered the opportunity for debriefing.

Any discussion after the hearing also provides a useful opportunity for those involved to identify and make arrangements for continuing support, counselling and treatment in the light of the child's needs.

Appendix 1

PROTOCOL FOR SAFEGUARDING CHILDREN AND YOUNG PEOPLE INVOLVED IN COMPLEX ABUSE (ORGANISED OR MULTIPLE ABUSE)

Section	Title	Page
1	Introduction	19
2	Definition of complex abuse	19
3	Factors involved in complex abuse	20
4	Principles in investigating complex abuse	20
5	Referring concerns about complex abuse	21
6	Relationship with the Barnsley Safeguarding Children Board	22
7	Relationships between the police, local authority children's social care and the Crown Prosecution Service	22
8	Relationship with voluntary sector agencies	22
9	Setting up an investigation Initial Strategy Meeting / Discussion Professionals who need to be informed The Investigation Management Group (IMG) The Strategic Management Group (SMG)	23
10	Crossing geographical and operational boundaries	26
11	Closure and review of investigation Exit strategy Records to be maintained and file storage	27
12	References	28
	Acknowledgements	28
Appendix 1	Flow chart of Actions in Complex abuse investigations	29

1.0 INTRODUCTION

- 1.1 Like other types of child abuse, organised or multiple abuse is extremely traumatic for the children and young people involved. It is vital that trained and experienced specialist staff are involved in the investigation and support of the victims. The investigation of organised or multiple abuse is usually complicated due to the number of people and places involved, the time period over which the abuse may have taken place, and the number of agencies involved, often in different geographical locations and crossing organisational boundaries.
- 1.2 This protocol provides guidance for staff working in Barnsley agencies about the investigation of organised / multiple abuse, and procedural information about the action they should take if they suspect such abuse. All agencies, including those from the voluntary and community sector, who may be asked to contribute to complex abuse investigations, need to ensure they abide by this protocol. Registration authorities should also adhere to this protocol in cases where continuing registration of a setting may be affected by the investigation.
- 1.3 It should be remembered that vulnerable adults may also be victims of organised/multiple abuse, along with children and young people. In such cases advice should be sought from Barnsley Safeguarding Adults Service (01226 775832. Out of Hours: 0844 984 1800) or email adultprotection@barnsley.gov.uk Further information can be found in the South Yorkshire Adult Protection Procedures, 2007.
- 1.4 Associated procedures and protocols can be accessed via the Barnsley Safeguarding Children Board (BSCB) website www.safeguardingchildrenbarnsley.com. They include:
 - South Yorkshire Child Protection Procedures 2011
 - Allegations against staff, volunteers and carers 2011 Appendix 3 of the above Procedures

2.0 DEFINITION OF COMPLEX ABUSE

2.1 Complex abuse is defined as:

"Abuse involving one or more abusers and a number of children. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse".

Complex abuse occurs both as part of a network of abuse across a family or community, and within institutions such as residential homes or schools. (Paragraphs 6.10 and 6.11 of Working Together to Safeguard Children, 2010)

- 2.2 A 'number of children', as stated above, means two or more.
- 2.3 Although in most cases of complex abuse the abuser(s) is an adult, it is also possible for children / young people to be the perpetrators of such harm, with or without adult abusers. However, for the purposes of this document the abusers will be referred to as adults.

3.0 FEATURES OF COMPLEX ABUSE

- 3.1 Complex abuse incorporates an element of coordination by the abuser/s involved. This may include:
 - Sexual abuse / exploitation networks where adults plan and develop social contacts with children / young people for the purposes of sexual abuse
 - Sexual, physical or emotional abuse in residential homes, boarding schools or other settings, such as youth clubs
 - Adult/s who aim to contact children / young people for abusive reasons through leisure or welfare organisations, such as sports centres
 - The production and / or distribution of child abuse images
 - Adults seeking to contact children / young people via the Internet or mobile phones
 - Concerted efforts to aid or conceal the abuse of children / young people
 - A complex family where one or more adults within an extended family network abuse one or more children within the same extended family.
- 3.2 The complexity is heightened where, as in historical cases, the alleged victims are no longer living in the situations where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or their previous employment.
- 3.3 Complex abuse may take place across geographical and operational boundaries. This may be partly due to an abuser making efforts to avoid detection. An investigation may therefore involve more than one local authority and police force.

4.0 PRINCIPLES IN INVESTIGATING COMPLEX ABUSE

- 4.1 Complex abuse investigations require specialist skills from police and social work staff, and professionals from any other involved agencies.
- 4.2 Each complex abuse investigation necessitates comprehensive planning, good inter-agency working, and attention to the welfare needs of the children / young people who have been harmed and any other child / young person who may be at risk.
- 4.3 The agencies involved in the investigation should be committed to working together, to ensure that relevant information is shared and appropriate action is taken to minimise the risk posed by alleged offenders to children / young people.
- 4.4 The protection of children / young people at risk of harm remains paramount throughout the investigation. However, it should be remembered that sharing of information and issues of confidentiality should also be considered for the alleged offender, as it should be borne in mind that not all investigations proceed to court, or a defendant may be found not guilty, or does not meet the Local Authority's balance of probability. Steps taken in relation to the alleged offender need to be proportionate to their working environment and private life.

- 4.5 Complex child abuse investigations are dependent on highly confidential and often sensitive information being made available to investigators.
- 4.6 Equalities issues should be considered and addressed appropriately throughout the investigation. This applies to both victim/s and perpetrator/s. Account should be taken of issues relating to age, gender, race, religion, sexual identity and disability. Any particular needs of victims or alleged perpetrators should be dealt with sensitively and appropriately.
- 4.7 Following the conclusion of the investigation, if the allegations are found to be ungrounded, or false or malicious allegations have been made, the needs of the alleged abuser should be treated appropriately and sensitively.
- 4.8 All agencies who are involved should ensure records are preserved and secure, in accordance with their internal procedures.
- 4.9 If professionals are the alleged perpetrators, it is essential that their line managers are not a part of either the Investigation Management Group (see section 9.6) or any Strategic Management Group (see section 9.9). In order to avoid this, an early mapping exercise should help to identify such individuals. The Local Authority Designated Officer should also be consulted.
- 4.10 Where an allegation involves a member of staff who has a role identified within these procedures, the referrals must be reported to an alternative (more senior) manager. The BSCB protocol *Allegations against Staff, Volunteers and Carers* should be consulted for further information.

5.0 REFERRING CONCERNS ABOUT COMPLEX ABUSE

- 5.1 Professionals from any agency may become concerned about organised or multiple abuse. This may be because:
 - They are working with a child or young person who they are concerned may be a victim of complex abuse
 - They are working with a child, young person or adult who they are concerned may be a perpetrator of such abuse
 - They receive information from another source about possible complex abuse
 - An adult has made a historical disclosure that they were a victim of child abuse, the nature of which suggests complex abuse, in accordance with the definition in Section 2 above.
 - An adult has made a disclosure that they are abusing, or have abused, a child or children, the nature of which suggests it is complex abuse.
- 5.2 In any of the above circumstances, professionals should not delay in taking action to safeguard children and young people as detailed below.
- 5.3 Contact the relevant children's social care Assessment Team or the Emergency Duty Team for Out of Hours Service (contact details below) and Barnsley Public Protection Unit, South Yorkshire Police (01226 736341).

Assessment Team	Contact Telephone Number
West	(01226) 772423
Wellington House, Barnsley	
East	(01226) 438831
Cudworth Lift Building	, ,
Emergency Duty Team	0844 984 1800
Out of Office Hours Service	

In an emergency – do not delay – ring 999

- 5.4 For further information see Chapter 5 of the South Yorkshire Child Protection Procedures (BSCB, 2010): Referring Concerns to Children's Social Care or the Police.
- 5.5 On receipt of the information, children's social care or the police should immediately inform the Barnsley Safeguarding Children Unit about the allegation of complex abuse. For allegations concerning professionals, volunteers or carers the Local Authority Designated Officer should be informed.

6.0 RELATIONSHIP WITH BARNSLEY SAFEGUARDING CHILDREN BOARD

6.1 An investigation of complex abuse will be carried out under the auspices of BSCB. The Investigation Management Group should liase regularly with an identified officer of the Board. However, BSCB should not take any direct role in the management of the inquiry.

7.0 RELATIONSHIPS BETWEEN THE POLICE, LOCAL AUTHORITY CHILDREN'S SOCIAL CARE AND THE CROWN PROSECUTION SERVICE

- 7.1 As part of any S47 investigation a strategy discussion between children's social care and South Yorkshire Police will decide whether a complex abuse investigation should be undertaken as a joint operation. The Crown Prosecution Service (CPS) should be involved from an early stage, as appropriate.
- 7.2 The CPS is independent of the police and should not be involved in operational decisions about how the investigation should be conducted. However, they can give advice about evidential or legal issues that arise during an investigation. Early involvement of the CPS can, therefore, help inform decisions made by the investigation team. It is important that there is ongoing consultation and interaction between these agencies throughout the investigation and any resulting criminal trial.

8.0 RELATIONSHIP WITH VOLUNTARY AND COMMUNITY AGENCIES

8.1 When appropriate, senior managers from voluntary sector agencies may be involved in the investigation. Otherwise liaison should be maintained through senior and frontline children's social care staff. Advice may also be sought on specific issues (for example, the availability of local counselling or support services). Protocols about access to voluntary agency files should be agreed.

9.0 SETTING UP AN INVESTIGATION

9.1 All instances of organised or multiple abuse that will involve a complex child abuse investigation should be carried out in accordance with the Home Office and Department of Health Guidance *Complex Child Abuse Investigations: Inter-Agency Issues* (May 2002).

Initial Strategy Discussion

9.2 A Strategy discussion should be held between the Manager, Safeguarding service and a police representative as soon as practicable but **within 48 hours** of receiving a referral about possible complex abuse. This discussion should:

- Assess the information that is known
- Agree what further information is needed at this stage
- Arrange for the gathering of all relevant information, and agree who will be responsible, including whether a medical examination conducted by a paediatrician is required
- Decide whether organised / multiple abuse has been uncovered, and, if so, to what extent.
- Agree who should be involved in undertaking an initial mapping exercise to determine the scale of the investigation, and possible victims and perpetrators
- Agree an outline plan for the investigation to be presented to the Investigation Management Group, including resource implications
- Consider any immediate action that is required to protect children and young people at risk of harm, and organise its implementation.
- 9.3 The Strategy discussion may consult with the referrer if appropriate, a legal adviser and any other relevant professionals, including a paediatrician.
- 9.4 Having considered and discussed the information, if the Strategy discussion agrees that there is reasonable cause to suspect complex abuse, the Manager of the Barnsley Safeguarding Children Service should inform the Executive Director of Children, Young People and Families Services. The relevant Assistant Chief Constable, South Yorkshire Police will be informed through the chain of command, via the police officer who is involved in the Strategy discussion.

Professionals who need to be informed

9.5 The Manager of the Barnsley Safeguarding Children Service should ensure the following are informed of the complex abuse investigation:

- The Executive Director of Children, Young People and Families Services
- The Chair of Barnsley Safeguarding Children Board.
- The Chief Executive of Barnsley Borough Council,
- The Head of Corporate Communications BMBC
- Senior managers of relevant agencies.

Investigation Management Group (IMG)

9.6 An Investigation Management Group should be established to oversee the investigation. The Group will have oversight and decision making responsibility for

the investigation, as well as organising frontline staff in South Yorkshire Police and Children's social care, and any other agencies who are involved.

- 9.7 The Group should be chaired by the Manager from Barnsley Safeguarding Children Services. Membership should include representatives from Children's social care, school/s, health, and Barnsley MBC legal services. Meetings of this group should be fully minuted with the minutes being classified as "RESTRICTED".
- 9.8 Although the tasks and functions of the group will vary from case to case they should normally include the following:
 - a) Review the decisions of the strategy meeting and subsequently provide direction for the investigation
 - b) Complete an early mapping exercise to determine the scale of the investigation and ensure that, where professionals are implicated as suspected perpetrators, their line managers are not included in the investigation.
 - c) Ensure that wherever possible a dedicated incident room is established for the investigation team
 - d) Ensure that any current risks to children / young people that emerge during the course of the investigation are acted upon
 - e) Ensure that relevant intelligence is passed between agencies and to the SYP Major Incident Room and Force Intelligence Bureau as appropriate
 - f) Provide a forum where professionals regularly exchange information in relation to the investigation
 - g) Ensure support for all staff working on the investigation and ensure welfare concerns are addressed
 - h) Keep senior management informed of any resource implications or shortages.
 - i) Ensure that issues which need to be shared with agencies, not represented on the Group are communicated to those agencies
 - j) Ensure that all staff involved in the investigation are clear about the parameters of shared information, data protection and confidentiality between agencies
 - k) Request inter-agency meetings and / or child protection conferences are convened as appropriate
 - I) Consider the need, co-ordination and timing of input from therapeutic services
 - m) Regularly update senior management on the progress made and recommend when to close the investigation
 - n) Keep establishments subject to investigation fully informed of progress, as well as the inspection and regulation services.
 - o) Consider arrangements for court hearings and support to children and families
 - p) Ensure that careful consideration is given throughout the investigation to the health and social care needs of child victims and adult survivors and particularly those who will be acting as witnesses
 - q) Ensure a consistent and appropriate approach to practical and emotional support for victims
 - r) Co-ordinate inter-agency response to families and provide consistent information
 - s) Make recommendations about the placement of children and any contact involving children and their siblings, relatives or other adults

t) Ensure that relevant bodies e.g. Ofsted are kept fully informed of the progress of the investigation.

The Investigation Management Group is responsible for taking immediate action to safeguard children and commencing a criminal investigation.

The Strategic Management Group (SMG)

9.9 In particularly complex cases it may be appropriate to consider establishing a Strategic Management Group. This will be decided by the professionals listed in section 9.5 above. Once it has been agreed that a SMG is required it should operate as outlined below.

- 9.10 The Executive Director of Children, Young People and Families Services and the Barnsley District Commander for South Yorkshire Police will determine their representative on the SMG.
- 9.11 If necessary a SMG meeting, chaired by the police or children's social care depending on the circumstances, must be convened within **five working days** of the decision being made to convene the SMG. The SMG will have the following core membership that should remain constant throughout the investigation:
 - Executive Director of Children, Young People and Families Services
 - Barnsley District Commander, South Yorkshire Police
 - Manager Barnsley Safeguarding Children Service
 - Police Senior Investigating Officer
 - Children's social care Lead Manager
 - Barnsley Metropolitan Borough Council Legal advisor
 - Communications Teams Managers from agreed agencies
 - Barnsley Primary Care Trust representative
 - Representatives from agencies as appropriate for example, Barnsley Hospital Foundation Trust, the National Probation Service, school, CPS, voluntary sector organisations.
- 9.12 For all SMG meetings, minutes must be prepared, fully detailing all policy decisions and actions. All minutes must be classified "RESTRICTED".
- 9.13 The tasks and function of the SMG may vary from case to case but will normally include the following:
 - a) Establish the terms of reference for the investigation
 - b) Take ownership of the strategic leadership of the investigation
 - c) Ensure appropriate staffing of the investigation and membership of the Investigation Management Group
 - d) Where necessary, to agree strategies:
 - to govern the future handling of the investigation: for example on media handling and victim / witness support

- for the sharing of information: to ensure that the investigation team secures full access to records from all agencies affected by the investigation and individuals holding important information, and to commit all parties to providing the necessary help with the obtaining of records from any outside organisations
- to ensure staff safety and support in carrying out the investigation
- e) Ensure that there are safeguards in place to guarantee the integrity of the investigation, taking into account the need to exercise particular care to guard against the risk of eliciting false allegations against innocent people
- f) Ensure that all agencies work together effectively and commit sufficient resources
- g) Secure and resource access to expert legal advice
- h) Agree a coordinated media strategy. Media liaison should be assigned to a senior manager in each agency, who is in close contact with the investigation
- i) Depending on the nature of an investigation concerning abuse in a residential setting, the SMG may need to ensure that the child / young person is safeguarded, that other children who may be at risk are safeguarded and, if necessary, that suitable accommodation is provided
- j) Give consideration as to whether the case meets the criteria for a Serious Case Review or Case Review, and if so refer it to the Barnsley Serious Case Review Panel
- k) Consider the impact of stress on frontline workers from any agency, and ensure access to appropriate stress management resources
- Remain in existence until the court or the CPS has made a decision about the alleged perpetrators.

10.0 CROSSING GEOGRAPHICAL AND OPERATIONAL BOUNDARIES

- 10.1 Either from the beginning, or during the investigation, it may emerge that there are suspected or potential victims or abusers in more than one geographical area.
- 10.2 If the alleged abuse took place in Barnsley, or the alleged perpetrators were believed to operate in Barnsley, it will be the responsibility of South Yorkshire Police to manage the investigation.
- 10.3 If it is recognised that there are suspected or potential victims / abusers in other areas, a joint approach should be made by the IMG to the appropriate LA children's social care and police team.
- 10.4 The investigation team should conduct the investigation on behalf of the other geographical areas. A senior manager from each LA area or police force should join the IMG, and agree resource contributions as necessary.
- 10.5 In such a case it is essential that there is a joint IMG to provide overall planning.

11.0 CLOSURE AND REVIEW OF INVESTIGATION

Exit strategy

11.1 The Investigation Management Group should plan the following:

- Inform the Independent Safeguarding Authority of the final list of indictments where appropriate
- Inform all complainants / witnesses of the result of the case
- Inform all relevant agencies of the result of the case
- Agree a procedure for responding to any victims who identify themselves at a later date, and / or victims who remember things after the event
- Consider the need to offer continuing support to child victims and their families who have been in contact with the investigation, how this will be achieved and by whom
- Consider the need to maintain contact with witnesses, giving particular consideration to child witnesses who have given evidence in court proceedings, and ensure provision of counselling where appropriate
- 11.2 Cases where the alleged perpetrator cannot be traced should only be closed on the authority of the Senior Investigating Officer (SIO) in consultation with the senior manager from Children's social care who has been involved in the case. The SIO and Children's social care senior manager should also agree about case disposal where the alleged perpetrator/s has been traced, but the CPS has decided not to proceed on the grounds of insufficient evidence or that it is not in the public interest.
- 11.3 All agencies should review the investigation once it is completed. The review should highlight any policies, procedures or discipline processes which need changing for the various agencies. Barnsley Safeguarding Children Board may already have conducted a Serious Case Review or case review, although this may not be completed until the conclusion of court proceedings. It is good practice to conclude all major investigations with an overview report highlighting the prime activities and findings of the inquiry with recommendations for future inter-agency learning. This may lead to both inter-agency and individual agency action plans.

Records to be maintained and file storage

- 11.4 The Criminal Procedure and Investigations Act 1996 Code of Practice sets out the minimum requirements for record retention in all criminal cases. It defines what action should be taken by the police regarding retention and disclosure of material held by third parties. A central registry should be maintained, with file storage facility for all cases that come within this guidance. The holding agency should ensure that all documents and files used or generated in the process of an investigation are retained securely.
- 11.5 It is recommended that, against the various needs of agencies, all original files be retained for a minimum period of **six years** from the date of the completion of the investigation (whether or not proceedings are instituted). This is in case information contained in the files may be required in subsequent criminal and / or civil proceedings, or under the Freedom of Information Act. Such material may also be relevant as supporting evidence for compensation claims to the Criminal Injuries Compensation Authority. Certain material may be relevant to subsequent

investigations and / or enforcement action by a regulatory body such as the National Care Standards Commission.

12.0 REFERENCES

Complex Child Abuse Investigations: Inter-agency Issues Department of Health / Home Office, 2002

London Child Protection Procedures, London Safeguarding Children Board 2007

Lost in care, report of the tribunal of inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1974 Department of Health 2002

Provision of Therapy to Child Witnesses Prior to a Criminal Trial: Practice Guidance Crown Prosecution Service

http://www.cps.gov.uk/publications/prosecution/therapychild.html

South Yorkshire Adult Protection Procedures http://www.barnsley.gov.uk/safeguarding-vulnerable-adults-from-abuse

South Yorkshire Safeguarding Children Board's Child Protection Procedures 2010 www.safeguardingchildrenbarnsley.com

ACKNOWLEDGEMENTS

The London Safeguarding Children Boards, in relation to Chapter 14: 'Organised and Complex Abuse' London Child Protection Procedures, 2007 and 'Organised and Complex Abuse Protocol' Rotherham and Sheffield Safeguarding Children Boards, 2010 have been very useful in the development of this protocol.

Date: MAY 2011

Date for Review: MAY 2013

Appendix 1

Flow Chart of Actions in Complex abuse investigations

