

## **Child protection factsheet**

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### **The child protection system in the UK**

April 2010

**This briefing, written by the NSPCC Safeguarding Information Service, focuses on the key elements of the child protection process in England. Reference is sometimes made to other UK jurisdictions (Wales, Scotland and Northern Ireland) who have their own systems, legislation and procedures, which work in similar ways. It does not cover the legislation that relates to preventing unsuitable adults from working with children, but aims to provide brief answers to the following questions:**

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1. Who are the key agencies involved in child protection?
  2. What laws govern the child protection system in the UK?
  3. What is the relevance of Every Child Matters to child protection?
  4. What is the role of the Common Assessment Framework (CAF) in child protection?
  5. How are child protection concerns reported?
  6. What happens after a referral?
  7. What is involved in an initial assessment?
  8. What is a 'section 47' enquiry?
  9. What is a core assessment?
  10. What are child protection conferences and why are they held?
  11. What is involved in care proceedings?
  12. What circumstances warrant a serious case review?
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**Please note that this factsheet is of a general nature and does not represent a comprehensive review of the literature.**

**For further resources on this topic, you can search the NSPCC's [Electronic Library on Child Protection](#)**

**You can also contact us on [020 7825 2775](tel:02078252775) or via the NSPCC's free online [Enquiry service](#)**

## 1. Who are the key agencies involved in child protection?

Child protection in **England and Wales** is the overall responsibility of the Department for Children, Schools and Families (DCSF). The DCSF issues both statutory guidance to local authorities (which must be followed) and non-statutory guidance (which the DCSF suggests local authorities follow).

Local authorities use this guidance to produce their own procedures which should be followed by practitioners and professionals who come into contact with children and their families in that particular local authority area.

The National Assembly for **Wales** also increasingly produces its own guidance for local authorities within Wales as it devolves further from Westminster.

In **Northern Ireland**, child protection falls under the responsibilities of the Department of Health, Social Services and Public Safety (DHSSPS). In **Scotland**, it is the Scottish Government who issues guidance to local authorities.

### Ensuring cooperation between agencies: safeguarding boards

In **England and Wales**, Local Safeguarding Children's Boards (LSCBs) ensure that the key agencies involved in safeguarding children work effectively together in safeguarding and promoting the welfare of children at the local level.

LSCBs were put on a statutory footing in England in April 2006 and in Wales in October 2006, replacing the non-statutory Area Child Protection Committees (ACPCs). Their core membership is set out in the Children Act 2004, and includes local authorities, health bodies, the police and others.

In **Northern Ireland**, multi-agency Area Child Protection Committees (ACPCs) act as a focal point for local co-operation specifically to safeguard children who are considered to be at risk of significant harm. Reforms are currently being implemented to change for child protection services in Northern Ireland, including the establishment of a statutory regional Safeguarding Board (SBNI).

In **Scotland**, following the child protection reform programme completed in 2006, 30 local Child Protection Committees (CPCs) are responsible for local child protection processes and services in their respective areas. They consist of representatives from a range of backgrounds including the police, health services, local authorities, children's services and relevant voluntary sector fora. However, as yet it has not introduced Safeguarding Boards.

### Protecting children at the local level

Across the UK, local authority children's services are responsible for planning and providing child protection services.

In England, all children's services authorities (as defined in the Children Act 2004) are required to have a **children and young people's plan** in place, to give strategic direction to all services to children. They should have a **children's trust**, responsible for planning, commissioning and ensuring the delivery of these services. Children's Trust Boards were placed on a statutory footing from 1 April 2010.

The **children's services director** is professionally accountable for the delivery of services provided by the children's trust - which includes all education and social services functions for children. An elected councillor is designated as **lead member** for children's services.

The director, lead member and LSCB are responsible for producing and implementing the child protection procedures and policies for professionals working with children.

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## 2. What laws govern the child protection system in the UK?

Legislation that enables the prosecution of people accused of child cruelty has been in force since the 1880s, but it has taken a series of high profile child abuse deaths and subsequent inquiries to establish the child protection system we have today.

The first formal child death inquiry in England was the Curtis Committee Report into the death of Dennis O'Neill in 1945, who was killed at the age of 12 by his foster father, but it was the death of 7-year-old Maria Colwell in 1973 that led to the establishment of our modern child protection system. Further changes were prompted partly by the inquiries into several other child deaths, including 4-year-old Jasmine Beckford in 1984.

In **England and Wales**, the legislative framework for today's child protection system is founded in The Children Act 1989. In **Northern Ireland** it is founded in the Children (Northern Ireland) Order 1995; and in **Scotland** in the Children (Scotland) Act 1995.

The Children Act 1989 has since been amended by subsequent legislation: Lord Laming's inquiry into the death of 8-year-old Victoria Climbié in 2000 led to the government publishing Every Child Matters (DfES, 2003), and subsequently the Children Act 2004 provided the legal framework for the program. While it did not replace the Children Act 1989, it made sweeping changes to the way children's services are structured in England and Wales, which came into force between 2006 and 2008.

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### 3. What is the relevance of Every Child Matters to child protection?

The Children Act 2004 provides the legal framework for the Every Child Matters programme for change (DfES, 2003), which focuses on improving the ‘five outcomes’ for **all** children – that is: not just those in need, or at risk of significant harm. These five outcomes, as outlined in the ECM agenda and reiterated in the Children Act 2004 are: be healthy; stay safe; enjoy and achieve; make a positive contribution; and achieve economic well-being.

This means that agencies now have a duty to make arrangements to safeguard and promote the welfare of all children, putting measures in place to improve their safety and preventing abuse. The emphasis is on **integrated working processes and procedures** between all agencies, and the legislation places a **duty on ‘relevant partners’ to co-operate** and share information.

However, within the much wider remit of safeguarding and promoting the welfare of all children, child protection relates specifically to what should be done when there is a reasonable belief that a child is at risk of **significant harm** – i.e. when the circumstances warrant intervention.

#### The legal definition of harm

**Harm**, under The Children Act 1989 (section 31[9]) as amended by the Adoption and Children Act 2002, is defined as ill-treatment (including sexual abuse and non-physical forms of ill-treatment) or the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural). Section 120 of the Adoption and Children Act 2002 amended this definition to also include: "...for example, impairment suffered from seeing or hearing the ill-treatment of another".

*Working Together to Safeguard Children* (DCSF, 2010) is the core government guidance on how agencies should cooperate in child protection and in safeguarding and promoting the welfare of children. The 2006 guidance was revised in March 2010, following the recommendations made by Lord Laming (2009) in *The protection of children in England – a progress report*. The guidance states that “there are no absolute criteria on which to rely when judging what constitutes significant harm” (para 1.28) and that the nature, frequency, extent and circumstances of the harm have to be taken into consideration before doing so.

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## 4. What is the role of the Common Assessment Framework (CAF) in child protection?

In keeping with the Every Child Matters (ECM) agenda, the Common Assessment Framework (CAF) is a key part of delivering frontline services that are **integrated and focused around the needs** of children and young people. It can be used by practitioners across children's services in England.

It is a standardised approach to conducting assessments of children's **additional needs**, based on a holistic assessment that takes into account the roles of parents, carers and environmental factors on children's development. This information can then be used in deciding how these needs should be met, so that practitioners are better placed to agree with children and families about appropriate modes of support.

A common assessment **can be done at any time** – on unborn babies, new babies, and children or young people. It is designed for use when:

- there is **concern** about how well a child (or unborn baby) or young person is progressing (this includes particularly vulnerable children and young people such as persistent truants and young runaways)
- their **needs are unclear, or broader** than a service can address on its own
- a common assessment would help identify the needs, and provide a basis for getting other services involved (CWDC, 2007, p 5).

A common assessment may well give rise to concerns about a child's safety and welfare. However, undertaking a CAF is not a prerequisite to making a child protection referral (DCSF, 2010, para 5.17). It **should not be completed if it is believed a child is at risk of harm**: if this is the case, then the Local Safeguarding Children Board (LSCB) procedures should be followed immediately (CWDC, 2007, p 5).

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## 5. How are child protection concerns reported?

A **member of the public** who has a concern about the welfare of a child should report their concerns to either

- their local authority **child protection team** - a telephone number including an out-of-hours contact should be publicly available;
- the **NSPCC Helpline** on **0808 800 5000**; or
- in case of an emergency, the **police**.

All **professionals** who work with children and families should have their organisation's procedures to follow if they have concerns about the welfare of a child.

All **schools** must have a designated child protection teacher, who is approached in the first instance.

**Health sector organisations** similarly have designated nurses and doctors who deal with child protection issues. Other organisations may have their own procedures, all of which will involve going through the line-manager channel.

There are **no mandatory** reporting laws in the UK, but guidance issued by professional bodies and local safeguarding children boards emphasises the **duty** to make a referral where there is a reasonable belief that a child is at risk of significant harm.

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## 6. What happens after a child protection referral?

Referrals made to the NSPCC Helpline and the police are passed on to the local authority child protection team. Once the local authority child protection team receives a referral, they must decide within one working day what action to take. The local authority has the duty to investigate concerns about any child who is physically present in their area, even if the child is a resident of a different local authority.

They may decide that the child has not been harmed and is not at risk and no further action is necessary (although the case could be referred to other agencies if appropriate).

If they decide that the child may be at risk, an **initial assessment** is necessary to gather more information. This initial assessment must be completed within 10 working days of the referral to the child protection team (DCSF, 2010, para 5.39).

However, if at any point during the assessment process it becomes apparent that the child is in immediate danger, the local authority's assessment team can apply for an emergency court order.

The **NSPCC** is named in section 31(9) of The Children Act 1989 as an **authorised person**, which means it also has the power to apply directly for a court order if it believes a child is suffering or likely to suffer significant harm.

An **emergency protection order** allows a child to be removed from home for up to 8 days. Another option is the **exclusion order**, which would ban the alleged abuser from the family home but allow the child to stay with the non-abusive parent.

The police are also able to take immediate action themselves. This may involve removing the child to a place of safety or preventing their removal from a safe place (eg a hospital).

The child may be taken into **police protection** for a maximum of 72 hours, without first obtaining a court order. This power should only be used in exceptional circumstances. The local authority is usually involved in making accommodation arrangements for a child who has been taken into police protection.

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## 7. What is involved in an initial assessment?

After a referral is made to a local authority due to a child protection concern, an initial assessment must be carried out by the local authority in accordance with LSCB procedures - these should be published on the relevant LSCB's website.

The *Framework for the assessment of children in need and their families* (DH, 2000) defines an initial assessment as “a brief assessment of each child referred to social services with a request for services to be provided.”

DCSF (2010) guidance prescribes that this assessment should be undertaken within a maximum of 10 working days (previously 7 days; para 5.39). However, the *Framework* (2000) also states that it “could be very brief depending on the child's circumstances.” (p31, para 3.9).

Its purpose is to gather information about the needs of the child and whether the parents can adequately safeguard the child; to decide what action may be necessary, from where and within what timescales; and whether a further, more detailed **core assessment** should be undertaken.

In order to gather as much information as possible, the social worker responsible for undertaking the assessment meets with the child and family members and liaises with other professionals who know the family, including teachers, health visitors, police, and doctors.

The *Framework* (DH, 2000) outlines the principles involved in doing the assessment, though it does not set out the step-by-step procedures, as these need to be adapted to suit individual needs and circumstances.

If it is decided that the child is in need of further support from social services, they are officially designated a **child in need** (as defined by section 17 of the Children Act 1989). Under this section, local authorities have a duty to provide services to safeguard and promote the welfare of children in need.

If the child is judged to have suffered, or be at risk of, **significant harm**, then a **strategy discussion** is held. Professionals from the relevant agencies will meet to decide whether to initiate a **section 47 enquiry**. This refers to an enquiry under section 47 of the The Children Act 1989.

If the child is **not** deemed to have suffered actual, or be at risk of likely significant harm, then the social worker will meet the child, family and colleagues to determine and organise appropriate support services. The outcomes will be reviewed and the case closed when appropriate.

**Harm**, under The Children Act 1989 (section 31[9]) as amended by the Adoption and Children Act 2002, is defined as ill-treatment (including sexual abuse and non-physical forms of ill-treatment) or the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural). Section 120 of the Adoption and Children Act

2002 amended this definition to also include: "...for example, impairment suffered from seeing or hearing the ill-treatment of another". However, *Working Together* guidance (DCSF, 2010) also states that "there are no absolute criteria on which to rely when judging what constitutes significant harm" (para 1.28) and that the nature, frequency, extent and circumstances of the harm have to be taken into consideration in order to do so.

The court decides whether the harm is **significant**, by comparing the health and development of a child with that which could be reasonably expected of a similar child.

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## 8. What is a section 47 enquiry?

If an initial assessment indicates that the child has suffered, or is at risk of suffering significant harm, then a **strategy discussion** is held, where professionals from the relevant agencies will meet to decide whether to initiate a section 47 enquiry.

This refers to **section 47** of The Children Act 1989, which puts a duty on local authorities to investigate any cases where a child (who either lives in or is found in their area) is either

1. the subject of an emergency protection order; or
2. is in police protection; or
3. is suspected to be suffering, or likely to suffer, significant harm.

The child protection officer will take the lead on undertaking a core assessment, following the procedures set out in *Framework for the assessment of children in need and their families* (DH, 2000).

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### References

Great Britain, laws and statutes (1989) **Children Act 1989: chapter 41**. London, Her Majesty's Stationery Office (HMSO).

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## 9. What is a core assessment?

A core assessment is the **means** by which a **section 47 enquiry** is carried out. It will typically follow a **referral** and **initial assessment**, although it may also be used for a re-assessment of a family already known to social services. It should be completed within 35 working days (DCSF, 2010, para 5.120).

It involves gathering more information from the child, parents, family members and other professionals in order to determine whether the child is in need or at risk of continuing harm. This may or may not result in the local authority applying for an emergency protection order, a child assessment order, care or supervision order, or deciding that it is in the child's best interest to be in local authority accommodation.

Rather than duplicating information already obtained, the core assessment should build on the information gathered in the initial information-gathering stages to avoid unnecessary duplication of work.

Although it is the responsibility of the social worker to complete the core assessment, information from a number of agencies will be collected and analysed. Where detailed and up-to-date assessments about a family or child are available from another agency, for example a Statement of Educational Needs, or a hospital assessment on a disabled child, these should be incorporated into the Core Assessment Record, having obtained the necessary consents.

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### References

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## 10. What are child protection conferences and why are they held?

The initial child protection conference is held when, following a **section 47 enquiry**, a child is deemed to be at (continued) risk from significant harm. It must be held within 15 working days of the last strategy discussion (DCSF, 2010, para 5.83).

The conference should be attended by the child protection officers (social workers), other relevant professionals who have been involved with the assessment process, and family members. The child may be invited to attend if it is judged they are of sufficient age and understanding.

The guidance for holding child protection conferences is contained in *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children* (DCSF, 2010, Chapter 5).

The revised *Working together* (DCSF, 2010) guidance reflects the “key changes to Chapter 5...emphasising the importance of keeping the focus on the child and his or safety and welfare, understanding the daily life experience of the child...and using information about the family’s history and functioning to inform decision making” (p 16). This focus is reflected in the purpose of the initial child protection conference:

- to bring together and analyse, in an inter-agency setting, the information that has been obtained about the child’s developmental needs, and the parents’ or carers’ capacity to respond to these needs to ensure the child’s safety and promote the child’s health and development within the context of their wider family and environment
- to consider the evidence presented to the conference **and taking into account the child’s present situation and information about his or her family history and present and past family functioning**, make judgements about the likelihood of a child suffering significant harm in future, and decide whether the child is continuing to, or is likely to, suffer significant harm; and
- to decide what future action is required in order to safeguard and promote the welfare of the child, **including the child becoming the subject of a child protection plan, what the planned developmental outcomes are for the child and how best to intervene to achieve these.**”

(DCSF, 2010, para 5.82)

The child protection conference will lead to a decision whether or not to place a child on the **child protection register**. Each local authority keeps its own child protection register, which is a confidential list of children in its area who are at continued risk of significant harm.

A child protection **review conference** must be held within three months of the initial child protection conference, and further reviews should be held at intervals of not more than six

months for as long as the child remains the subject of a child protection plan (DCSF, 2010, para 5.136)

The initial child protection conference is responsible for agreeing an outline **child protection plan**. Professionals and parents/caregivers should develop the details of this plan in the core group. The core group is designated to meet regularly (the first meeting should be within 10 days of the child protection conference) to monitor the progress of the outcomes contained in the plan.

The child protection plan contains details of how social services will check on the child's welfare, what changes are needed to reduce the risk to the child and what support will be offered to the family.

Child protection conferences can also take place before the birth of a child (DCSF, 2010, para 5.149). This can happen if, for example, there is a history of child abuse from the parents, or if the mother is substance-dependant or suffering from mental health problems.

Generally the parents are kept informed and involved during the whole assessment process, except where it is considered that this poses too much of a risk to the child. Professionals must ascertain the wishes of the child and if the child is deemed competent, they might also take part in the child protection conference and any later care proceedings. The child protection plan should be explained to and agreed with the child in accordance with their age and understanding, and they should be given a copy of the plan, written at a level appropriate to his or her age and understanding, and in his or her preferred language (DCSF, 2010, para 5.126)

Placing a child on the child protection register is a mechanism which allows professionals to record and share their concerns, so that the child and family can receive the support and services they need to keep the child safe.

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## References and further reading

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NSPCC (2009) **Family group conferences in the child protection process**. Child protection factsheet.  
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NSPCC (various years) **Child Protection Register Statistics**.  
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## 11. What is involved in care proceedings?

Depending on the findings of the child protection conference, the child protection team may decide that **care proceedings** are necessary in order to keep the child safe.

‘Care proceedings’ is the phrase used to describe the legal process by which social services ask the court whether or not a young person should go into care.

To begin with, social services will ask the court to make temporary orders (called **interim care orders**) while matters are investigated further and plans are made. In the end, if social services still think a care order is necessary, they will ask for a full **care order** to be made (see Cafcass (2010) *Care questions answered*).

A **care order** gives the local authority **parental responsibility** for a child. In theory, this parental responsibility is shared with the parents, but in practice, the local authority has the power to determine the extent to which a parent or guardian is involved with their child and how far they are allowed to exercise their parental responsibility.

Care proceedings are usually held in the Family Proceedings Court, where cases are heard by a bench of three magistrates. This court is also responsible for awarding emergency protection orders. More complex cases may be transferred to the county court or high court, where decisions are made by judges.

The first step in care proceedings is usually to apply to the courts for an **interim care order**. The local authority has to produce a care plan, detailing where the child shall live and arrangements for attending school and seeing parents. In some cases, the child may continue to live with the parents under specified conditions. If these conditions are not met, then the local authority is able to intervene, without having to obtain a separate court order. An interim care order is awarded for eight weeks in the first instance, and then must be renewed every four weeks.

An interim care order gives the professionals enough time to complete their assessments and collect evidence for the final care order hearing. It also gives them time to work with the family to see if the child can be returned. This is known as **twin track planning**, as the local authority should be simultaneously looking at rehabilitation and placement.

At the final hearing, the court will decide whether to make a full **care order**. During care proceedings, the court will appoint a **children's guardian** (an expert welfare officer), whose job it is to represent the best interests of the child. If a child is judged to be sufficiently mature, they will be allowed to appoint their own solicitor, to represent their own wishes as well.

To make a care order, the court must be convinced that the **threshold criteria** set out in **section 31** of *The Children Act 1989* are met (that the child is suffering, or likely to suffer, significant harm and that the harm is attributable to the parents or carers). The court must also be convinced that making an order is better for the child than making no order at all - this is known as the **presumption of no order**.

Once a care order is awarded, the **care plan** for the child will be implemented. Depending on the circumstances of the individual, the child may continue to live at home or be placed in kinship care (with other members of the family), foster care or a children's home. In some cases the care plan may contain plans to return the child to their family, which may or may not result in the care order being discharged.

In circumstances where it would be unsafe for the child to return to live with her/his natural parents, the local authority may seek to have the child adopted. An **adoption order** (which transfers parental responsibility to the adoptive parents) is only made by a court following extensive enquiries. The sole criteria for deciding if the order should be made, is the best interest of the child.

At the point of the adoption the care order is discharged and the adoptive parents take over sole parental responsibility. Otherwise, care orders last until the child turns 18, but local authorities have a duty to continue to promote the welfare of care-leavers until the age of 21. Children become 'looked-after' by local authorities if they are subject to a care order. A child may be 'looked-after' by the local authority, but may still be living with their parents (under the terms of the care plan).

Children may also be **looked after** under section 20 of The Children Act 1989. This means children are accommodated with the permission of their parents, which may be because the parents are unable to cope, or short-term respite care for children with disabilities or long-term care for unaccompanied asylum-seeking children.

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## References

- CAFCASS (2010) **Care questions answered**.  
[www.cafcass.gov.uk/cafcass\\_and\\_you/info\\_for\\_families/care\\_questions\\_answered.aspx](http://www.cafcass.gov.uk/cafcass_and_you/info_for_families/care_questions_answered.aspx)
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## 12. What circumstances warrant a serious case review?

In England, the **local safeguarding children board** (LSCB) is required to carry out a **serious case review** when a child dies or is seriously injured and abuse or neglect are thought to be contributing factors. The LSCB is an inter-agency forum set up by the local authority to agree how different services and professionals groups should co-operate to safeguard children, and to ensure arrangements are working to bring about good outcomes for children.

The procedures for carrying out serious case reviews in England are outlined in Chapter 8 of the revised *Working together to safeguard children* guidance (DCSF, 2010). A revised version of this chapter was published in December 2009. This made clear that the prime purpose of an SCR is to learn lessons both at individual and inter-agency/LSCB level, and extended the timescale for completing a SCR from four to six months. The revised 2010 guidance adds a template for SCR executive summaries, and gives a flow chart of the SCR process. LSCBs now also need to include in their annual reports progress updates on the actions that have been taken in response to current and recent SCRs (DCSF, 2010, p18).

In certain circumstances the government or the local authority may initiate an **inquiry** following the death of a child, such as the Bichard Inquiry into the circumstances surrounding the deaths of Jessica Chapman and Holly Wells, or Lord Laming's inquiry into the death of Victoria Climbié.

A comparison of SCR processes across the UK found that “all parts of the UK have similar processes in place to review deaths from child abuse or neglect...but Northern Ireland and Scotland have only introduced processes in the last few years...England is the only area of the UK to have recently introduced processes for reviewing all child deaths. There are proposals to introduce new processes for wider review of child deaths in Wales and Northern Ireland but to date there are no proposals in Scotland.” (Vincent, 2009, p14).

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### References and further reading

#### DCSF (2010) **Working together to safeguard children**

[www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/workingtogether/workingtogethertosafeguardchildren/](http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/workingtogether/workingtogethertosafeguardchildren/)

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#### Vincent, S. (2009) **Child death and serious case review processes in the UK (Briefing no. 5)**. Centre for UK-wide Learning in Child Protection (CliCP)

<http://www.clicp.ed.ac.uk/publications/briefings/Briefing%205%20-%20Child%20Death%20SV.pdf>

#### NSPCC (2010) **What are Serious Case Reviews (SCRs) and why might they be undertaken?** Child protection factsheet.

[www.nspcc.org.uk/inform/research/questions/serious\\_case\\_reviews\\_wda70252.html](http://www.nspcc.org.uk/inform/research/questions/serious_case_reviews_wda70252.html)

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**More child protection information on NSPCC inform****Statistics.**

A compilation of government, official and research statistics on child protection, safeguarding and child abuse.

[http://www.nspcc.org.uk/inform/research/statistics/statistics\\_wda48748.html](http://www.nspcc.org.uk/inform/research/statistics/statistics_wda48748.html)

**Factsheets and FAQs**

Frequently asked questions on child abuse and child protection

[http://www.nspcc.org.uk/inform/research/questions/answers\\_wda48954.html](http://www.nspcc.org.uk/inform/research/questions/answers_wda48954.html)

**Reading lists**

Compiled by the NSPCC Safeguarding Information Service, on general child protection and safeguarding topics

[www.nspcc.org.uk/inform/research/reading\\_lists/reading\\_lists\\_wda48913.html](http://www.nspcc.org.uk/inform/research/reading_lists/reading_lists_wda48913.html)

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**Please note that this factsheet is of a general nature and does not represent a comprehensive review of the literature.**

**For further resources on this topic, you can search the NSPCC's [Electronic Library on Child Protection](#)**

**You can also contact us on 020 7825 2775 or via the NSPCC's free online [Enquiry service](#)**

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