

Text highlighted in blue must not be changed

EQUALITY IMPACT ASSESSMENT

The Equality Impact Assessment Standard Operating Procedure/Guidance **must** be used when completing this form:

Protective Marking:	Not Protectively Marked	Publication	Yes	
Title:	Metropolitan Police Service Policy for Child Abuse Investigation			
Branch / OCU:	Child Abuse Investigation Command (Specialist Crime & Operations 5)			
Date Created	June 2012	Review Date:	June 2016	Version: 5
Author:	Specialist Crime & Operations (SC&O5)			

1. Aims and Purpose of Proposal – see step 1 of the guidance

The purpose is to provide a clear framework of guidance for Metropolitan Police Service staff in respect of child abuse investigations and safeguarding children to ensure that the welfare and best interests of children are the focus of all investigations that falls within the remit of the Metropolitan Police Child Abuse Investigation Command (CAIC), complementing the Every Child Matters Policy owned by Territorial Policing (TP).

Implementation and progress is measured daily through supervision within Specialist Crime & Operations 5 (SC&O5) by line managers, the Crime Management Unit (SC&O15), Territorial Policing Crime and Customer Strategy, Crime and Performance Unit (TP COCU) and by our partner agencies who in the main are Children's Social Care (CSC) for the 32 London Boroughs, Education and Health.

Staff involved in the investigation of child abuse fall within the remit of every attested member of the Metropolitan Police Service including members of our extended family with some specific responsibilities falling to SC&O5 alone to proceed further with i.e. investigating Sudden Death in Infancy (SUDI).

Clarifying a corporate approach to investigating child abuse, which includes the tackling of paedophiles and internet crime, will increase the safety of children, protect them from harm and act as a deterrent to anybody considering committing offences against them.

2. Examination of Available Information – see step 2 of the guidance

Child abuse encompasses all situations of ill treatment of children including serious physical and sexual assaults, as well as cases where the standard of care does not reach reasonable expectations (neglect) and where psychological harm is caused.

Investigations in the main are conducted by SC&O5 but cross border with Territorial Policing Public Protection Units (PPUs), including Community Safety Units dealing with domestic violence incidents where children may be involved, Violent Crime units dealing with forced marriages, Sapphire (SC&O2) who investigate rape and serious sexual offences, and the newly created Multi-Agency Safeguarding Hubs (MASH).

The Child Abuse Investigation Command has a number of business areas (full details can be found in the Standard Operating Procedures (SOP) with specific terms of reference in relation to the investigation of Child Abuse – which are:

1. Child Abuse Investigation Teams
2. Paedophile Unit
3. Major Investigation Team
4. Hi-Tec Unit – Computer Crime
5. Paladin Team - working jointly with United Kingdom Border Agency (UKBA)
6. Serious Case Team

In May 2010 SC&O5 entered into a Memorandum of Understanding with SC&O2 to take on investigations of selected child on child offences, ordinarily outside the remit of SC&O5.

This Equality Impact Assessment (EIA) should be read in conjunction with the following SOPs: Police Protection; Every Child Matters, ViSOR (which forms part of the Management of Sexual and Violent Offenders that fall within the Multi Agency Public Protection Arrangements, MAPPAs), Female Genital Mutilation, Child Abduction, Abandonment of Babies and Investigating Human Trafficking in the MPS.

The material contained in the Policy and Standard Operating Procedures is taken from: legislation; national guidance & the 2008 Manual of Guidance (MOG), Lord Laming's reports into the deaths of Victoria Climbié and Baby Peter Connolly generated inspections by Her Majesty's Inspector of Constabulary who made further Areas For Improvement (AFI) recommendations which have been implemented and continue to be updated; the Crime Risk Assessment Model (CRAM) introduced to underpin the working of all SC&O5 investigations which is currently being implemented across SC&O5; findings from Serious Case Reviews generated by the Serious Crime Review Group (SC&O20); and the Directorate of Professional Standards (DPS) Organisational Learning Outcomes findings.

3. Screening Process for relevance to Diversity and Equality issues – see step 3 of guidance

Does this proposal have any relevance to:

a)	Age	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
b)	Disability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
c)	Gender	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
d)	Gender Reassignment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
e)	Marriage and Civil Partnership (employment only)	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

f)	Pregnancy and Maternity	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
g)	Race	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
h)	Religion or Belief	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
i)	Sexual Orientation	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
j)	Other Issues	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

4. From the answers supplied, you must decide if the proposal impacts upon diversity or equality issues. If yes, a full impact assessment is required.					
Full Impact Assessment Required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	

5. Consultation / Involvement – see step 5 of the guidance
<u>Who was consulted?</u>
<p>32 Children’s Social Care teams within the London local authorities 32 Local Safeguarding Children’s Boards Association of Chief Police Officers (ACPO) British Airports Authority (BAA) Child Abuse Investigation Policy and Standard Operating Procedures (SOP) Child Abuse and Safeguarding Children Second Edition 2009 Child Death Overview Panel (CDOP) Consultant Paediatricians Coroner’s Officers Foundation for the Study of Infant Deaths (FSID) Great Ormond Street Hospital (GOSH) Hasidic Jewish Community Her Majesty’s Inspectorate of Constabulary (HMIC) HMIC Areas For Improvement emanating from the review into ‘Baby P’ 2008 Home Office Sexual Violence Policy Unit Home Office, Department of Health Joint Area Review (JAR) Haringey Children’s Social Care (CSC) Kids Task Force London Child Protection Procedures 4th Edition 2010 (LSCB) London Safeguarding Children’s Board (LSCB) Lord Laming Report 2009 (Baby Peter) Lord Laming Victoria Climbié Report 2003 MPS Diversity and Citizen Focus Directorate (DCFD) MPS identified Areas for Improvement (AFI) MPS Occupational Health National Policing Improvement Agency (NPIA) Guidance on Investigation of Child National Muslim Safeguarding Advisory Board Orthodox Jewish Community Special Interest Groups The Child Bereavement Charity The Foreign and Commonwealth Office (FCO) The Metropolitan Police Authority (MPA) / Mayor’s Office for Policing and Crime (MOPAC) The Roman Catholic Church The Salvation Army Triangle Charity</p>

<p>UK Border Agency (UKBA) Working Together to Safeguard Children (HM Government - Department for Education and Skills –DfES) 1999 – currently under review</p>
<p>Date and method of consultation</p>
<p>SC&O5 SOPs are living documents and amendments are considered and made as and when required as a result of all work undertaken by every member of the Operational Command Unit (OCU). Consultation takes the form of face to face meetings, national forums, roundtable discussions and review by our partner agencies such as the London Safeguarding Children Board. All consultation takes place in conjunction with Territorial Policing under the arm of Every Child Matters.</p>
<p>Where are the consultation records stored?</p>
<p>All consultations with partner agencies are stored in police information databases, the Shared Drive and the SC&O5 Intranet site together with hard copy dockets filed at CAITs (Child Abuse Investigation Teams) and the Records Management Branch. All findings are shared with our partner agencies and published by the London Child Safeguarding Board available on the internet.</p>
<p>Give a brief summary of the results of the consultation / involvement? How have these affected the proposal?</p>
<p>Extensive consultation has been conducted working with partnership agencies. Our SOPs are living documents and subject to review and change continually. For the last three years SC&O5's work has revolved around the response to the HMIC inspection carried out as part of the Joint Agency Review (JAR) commissioned by Ed Balls, the Secretary of State, in response to the Baby P case. And Lord Laming's second review into Safeguarding Children.</p> <p>In particular the HMIC conducted an Inspection of Haringey Child Abuse Investigation Team and identified a number of concerns, some of which were already catered for in the Working Together procedures and Standard Operating Procedures (SOPs), while others required changes to be made. Many of the issues they highlighted had resource implications as they recommend a level of service provision, which had not previously been expected or delivered (see 7.). Additional recommendations and impetus for change emerged from that Review.</p> <p>The HMIC Review of Planning for Protective Services also identified the need for forces to assess not only the identified threats within child abuse investigations, but to assess the gap between the existing need for services and actual provision. This was a new approach for the MPS together with forces nationally.</p> <p>In response to the HMIC inspection, an Action Plan was implemented, led by an MPS Commander in which the 93 recommendations were grouped into 31 Areas for Improvement (AFIs) with the remit to respond expeditiously and professionally to the HMIC findings to make London a Safer place for children, to meet the Policing Pledge commitments and to reduce serious violence and enhance community confidence.</p>

The AFIs followed a Serious Case Review process which had no associated AFIs.

The AFIs were broken down into the following areas:

- **Management of Case Files**
- **Supervision, capability, capacity and support**
- **Child protection Policy and Standard Operational Procedures**
- **Information and Intelligence Management**
- **Medical Examinations**
- **Performance Management and Measurement**

All other SOPs owned/implemented by SC&O5 have been reviewed and updated where required and new areas considered for this EIA are: CRAM, Police Protection, Every Child Matters, ViSOR (see Management of Sexual and Violent Offenders that Fall Within the Multi Agency Public Arrangements, MAPPA), Female Genital Mutilation (FGM), Child Abduction, Abandoned Babies and Investigation of Rape and Serious Sexual Assault (SC&O2).

A further example of consultation has been where the Partnership Team have concentrated their FGM work around prevention rather than conviction rates and focused on training practitioners and educating children at risk. They successfully bid for funding from the MPS Diversity Directorate for a project to produce a national teaching resource for secondary schools. This project was match-funded by SC&O5 and the Home Office producing a DVD with an accompanying pack for teachers which has now progressed to working collaboratively with an inner London school, utilising students to produce the film. A bid is now being made to Kids Task Force and FORWARD to roll out this project across London secondary schools.

6. Full Impact Assessment – see step 6 of the guidance

Explain the potential impact (whether intended or unintended, positive or negative) of the proposal on individuals or groups on account of:

Age

Child abuse cuts across all cultures and communities. All children regardless of background are entitled to receive the same level of service.

Due to the diverse range of nationalities and cultures within the MPS area SC&O5 has to prioritise certain 'at risk' communities on an intelligence led basis.

The Child Abuse Investigation Command investigates allegations against all children, including unborn children, up to the age of 18 years covered by the Children Act 1989 and 2004. All children are considered vulnerable until they reach adulthood as they can be emotionally, physically or sexually abused or subject to neglect by another child or adult. All child offences are governed by legislation which reflects differing ages for differing offences as defined in the Sexual Offences Act 2003, as amended by the Policing and Crime Act 2009.

The FGM project around secondary schools will have a substantial impact on secondary

school age children and both serve awareness amongst communities to protect young girls who may be at risk but also alert young people who may want medical assistance who have been subjected to the procedure. It is believed that within the UK 6,500 girls (aged from 4-13) are currently at risk. It is also known that FGM can be performed on newborn infants or on young women prior to marriage or pregnancy. FGM could cause a child to go missing so as to avoid the procedure. It could also be attributed to missed health care appointments and even for families to move out of a particular area to avoid the matter coming to the note of officials.

Male circumcision is believed to relate to newborn babies in the main.

SUDI investigations and abandoned babies revolve around newly born babies.

Disability

Child abuse cuts across all cultures and communities. All children regardless of background are entitled to receive the same level of service.

Due to the diverse range of nationalities and cultures within the MPS area SC&O5 has to prioritise certain 'at risk' communities on an intelligence led basis.

Research has revealed that children with disabilities are more vulnerable to abuse for a number of reasons, e.g. as they may receive intimate personal care, have a higher dependency on carers, have fewer outside contacts and may be less able to complain about abuse due to communication difficulties. Where the child's disability is such that they have experienced little external social interaction, there is potential that any abuse has become normalised and the child may not realise that what they have experienced is wrong.

Officers are able to seek advice from children's social care, who should have information on every disabled child in their area. To address any problems with interviewing disabled children SC&O5 have linked in with the Triangle Charity to assist with such interviews.

See MPS guidelines around Achieving Best Evidence interview training, Special Measures and the use of Intermediaries. The Government is committed to ensuring that the justice system is fair, accessible, and delivers the justice victims and witnesses need, deserve and demand. This includes a justice system that punishes and reforms offenders and ensures that services and support available to vulnerable and intimidated witnesses, including children, reaches the highest possible standards.

In the last 20 years, great strides have been made in the way vulnerable and intimidated witnesses are supported before and during the trial to help them give their best evidence in what can be a traumatic and intimidating experience. The measures available in court include video-recorded statements, witness intermediaries and evidence via live link. However, every witness is different and so a more flexible tailored approach to the provision of support is required, that takes account of the witness' needs and views. For example, before an interview with a disabled person, an early review of the case with the CPS (Crown Prosecution Service) and relevant others such as carers, children's social care and voluntary agencies is required.

<p>Consultation from the Diversity Directorate stated that disabled LGBT (lesbian, gay, bisexual and transgender) children can be particularly vulnerable as they may be physically unable to remove themselves from dangerous situations. Joint agency and internal training highlights this issue to practitioners who can then risk assess case by case.</p>
<p>Gender</p>
<p>Child abuse cuts across all cultures and communities. All children regardless of background are entitled to receive the same level of service.</p> <p>Due to the diverse range of nationalities and cultures within the MPS area SC&O5 has to prioritise certain 'at risk' communities on an intelligence led basis.</p> <p>All allegations against children are investigated regardless of gender (London Child Protection Procedures 2010).</p> <p>FGM is performed on females. Any female child born to a woman who has been subjected to FGM must be considered at risk, as must other female children in the extended family, as it is believed within certain communities who engage in the practice of cutting or circumcision that girls who have not undergone the procedure are unclean. Cultural pressure is place on mothers to enforce 'cutting' performed by females. Men perpetuate the culture by actively seeking marriage partners who have been 'cut'.</p>
<p>Gender Reassignment</p>
<p>DCFD suggest that Transgender children can sometimes become victims of crime at the point that their gender identity becomes known or if they are perceived to be too effeminate (males) or too masculine (females). Frequently transgender children are rejected by their family and peers and this vulnerability is heightened when faith and culture play a part. This could place unwanted children at risk of forced exorcisms or abuse. Some may even be sexually abused to "cure" the child.</p> <p>The Diversity Directorate have advised that Trans children who are likely to need medical support cannot access this in the UK until they are 16 years old although with parental consent and participation this can occur before 16 years. Some trans children may therefore be denied access to medical support by the very people they rely on. Add to this bullying in school; sometimes by the teachers themselves, is a growing problem with children identifying as Trans. Joint agency and internal training highlights this issue to practitioners who can then risk assess case by case.</p>
<p>Marriage and Civil Partnership (employment only)</p>
<p>Not applicable</p>
<p>Pregnancy and Maternity</p>
<p>Abandoned Babies SOP – see separate EIA for further information.</p> <p>Sudden Unexpected Death in Infancy (SUDI) Sudden Unexpected Death in Infancy</p>

(SUDI) - The term SUDI is used to describe any death of an infant in sudden unexpected and unexplained circumstances. Previous terminology that may be familiar includes, 'Cot Death' or 'Sudden Infant Death Syndrome' (SIDS). It does not include children who have an accidental death or die following a serious illness for which they are being treated or where there is an End of Life Plan in place and the consultant will issue a medical certificate for cause of death. The death of a child that was not anticipated as a significant possibility 24 hours before the death, or where there was a similarly unexpected collapse leading to, or precipitating the events that led to the death. For the purpose of the instructions an infant is a child under the age of two years. The instructions do not apply to cases of still births.

SC&O5 staff all undergo specialist training to deal with investigating deaths of infants and whilst CAITs undertake non-suspicious deaths the Major Investigation Team within SC&O5 investigate suspicious deaths. Research has been conducted by the SC&O5 Intel Unit which is ongoing to see where risks can be mitigated which is published by the Foundation for the Study for Infant Deaths (FSID) nationally which has shown that the volume of sudden infant deaths in London has begun to level out after a gradual decrease since 2005. Levels of child deaths across London fluctuate unpredictably. During the last 6 years South London has experienced the highest number of SUDIs and East London the most medically-explained deaths. The most vulnerable households feature young mothers, single mothers, from black communities. The under-representation of Asian families has identified co-sleeping as a critical aggravator or to mitigate risk. Lower rates of smoking and alcohol consumption are likely to be protective factors, and established routines of infant care and extended familial support have been found to be also important. Households where one or more parent has a criminal record are over-represented in cases of SUDI with a theme of substance misuse and theft most pronounced.

Victims of FGM are very likely to experience difficult childbirths and in some cases, infertility leading to medical interventions being sought to aid conception.

Race

Child abuse cuts across all cultures and communities. All children regardless of background are entitled to receive the same level of service.

Due to the diverse range of nationalities and cultures within the MPS area SC&O5 has to prioritise certain 'at risk' communities on an intelligence led basis.

Some of the groups identified recently which have required police intervention and assistance to disrupt their operations are:

South East Asian/Vietnamese – Operation Gliddon – children being brought to the UK for exploitation.

Bangladeshi – information and intelligence from United Kingdom Border Agency (UK BA), Risk and Liaison Overseas Network Operations Centre (RALON), Bangladeshi police and the Asylum Screening Unit (ASU) that Bangladeshi children are brought to the UK by agents presenting as their parents and abandoned shortly after arrival. Some months later the children are then taken to ASU by a distant relative or family friend who claims they have found the child in a public place or in a shop or mosque who then offers to

accommodate the child, house them, claim child benefits on their behalf and enrol the child at school to enable free education.

Overall, research conducted by the SC&O5 Intelligence Unit has shown that the relative parity between Ethnic Appearance 1 (EA1) (White European) and Ethnic Appearance 3 (EA3) (Afro-Caribbean) groups across representative samples (physical abuse, sexual abuse and neglect allegations) has served to reject any inference that the Command provides a lesser service to any one particular ethnic group.

FGM is reportedly practiced in twenty eight African countries and in parts of the Middle and Far East. The reasons behind it are complex and can vary from community to community. It is not intended as a form of abuse. The belief held is that it is in the girl's best interests to conform to their prevailing traditional practice. FGM is firmly embedded in the culture of the practicing communities who may resent what they perceive as the imposition of 'western' values on them.

Religion and Belief

Child abuse cuts across all cultures and communities. All children regardless of background are entitled to receive the same level of service.

Due to the diverse range of nationalities and cultures within the MPS area SC&O5 has to prioritise certain 'at risk' communities on an intelligence led basis.

Female Genital Mutilation (FGM) which is often referred to as 'female circumcision or cutting' comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons. We know that FGM is carried out in 28 African countries, parts of the Middle East and in other countries and is practised by Muslims, Christians and non-believers on females. It is believed to be carried out in the UK but to date there have been no prosecutions. There have been a total of 63 reports in the last two years (Nov 2009 - Nov 2011) with 56 being referred by partner agencies showing 'concern' that FGM was about to take place or had taken place'; and four victims making reports themselves. All allegations are investigated within the MPS and SC&O5.

Project Azure team are a key member of strategic groups looking at the development of a national action plan, community engagement and training. Each year the school summer holidays bring an increased risk of female genital mutilation (FGM) to over 6000 young girls in London. A new teaching resource to help tackle this form of child abuse was launched on the 4th July 2011 involving a film by the Kids Taskforce 'Cut - Some Wounds Never Heal'. In addition to the new resource, specialist child protection officers work closely with partners each summer to raise awareness of the issues, to help identify girls who may be at risk and prevent them from being subjected to FGM. Agencies involved include British Airports Authority (BAA), the Home Office Sexual Violence Policy Unit, Kids Taskforce, the Foreign and Commonwealth Office (FCO) and the Deputy Mayor of London. Training has been given to Heathrow, British Transport Police, clinicians at Kingston and Barnet hospitals, and St. Pancras staff along with input to internal Police Conference Liaison Officers at Cam Road. SC&O5 are a member of the National FGM Forum and have carried out initiatives at Heathrow airport for the last two years at the commencement of the school summer holidays when children are most likely to be taken abroad. The lack of prosecution centres on police commitment to the best interest of the

child being of paramount importance. Often victims are faced with giving evidence against their loved ones which will lead to imprisonment. Prosecution cases need evidence at a level to prove the law 'beyond reasonable doubt'. Evidence of FGM is not enough to convict. Project Azure focuses on the preventative opportunities because of this and raising awareness amongst practitioners, those potentially at risk and who may be suffering from the effects. There is no religious basis for FGM. The Bible, Qur'an, Torah and other holy books do not advocate FGM.

Children believed to be possessed by Spirit possession or "witchcraft" - A child may suffer emotional abuse if they are labelled and treated as being possessed with an evil spirit. In addition, significant harm to a child may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child. This evil is variously known as black magic, kindoki, ndoki, the evil eye, djinns, voodoo and obeah. The forms which abuse can take are:

Physical – beating, burning, cutting, stabbing, semi-strangulating, tying up the child, or rubbing chili peppers or other substances on the child's genitals or eyes.

Emotional – in the form of isolation e.g. not allowing a child to eat or share a room with family members or threatening to abandon them, the child's own belief that they are possessed.

Neglect – in the form of failure to ensure appropriate medical care, supervision, school attendance, good hygiene, nourishment, clothing or keep the child warm.

Sexual – children abused in this way may be particularly vulnerable to sexual exploitation.

SC&O5 investigates all such allegations under the **Project Violet** banner with the CRIS (crime report information system) having a PV flag attached for monitoring purposes. It focuses on all allegations relating to a belief and not just in spirit possession or witchcraft. Project Violet has recently been extended to cover all faith based abuse and intend to examine why select communities choose to deal with abuse allegations from within. SC&O5 have given presentations to the Tavistock Centre and to Homerton Hospital clinicians and social workers to raise safeguarding awareness in light of a recent murder. They too presented at a LSCB conference on Spirit Possession in December 2011 and are members of the LSCB faith sub-group. SC&O5 are currently engaged in supporting social workers with training and have conducted presentations at Kingston hospital to clinicians and social workers. SC&O5 have a representative on the national Religion, Witchcraft and Child Safeguarding working group with Project Violet being promulgated as best practice. The Partnership Team also sit on the National Safeguarding Muslim Children's Board chaired by the NSPCC (National Society for the Prevention of Cruelty to Children). A series of specialist seminars for the NPIA have been run throughout 2011 on spirit possession and ritualistic abuse and more recently one on child trafficking and spirit possession for the LSCB. A presentation on spirit possession is due to be made in 2012 at the ACPO conference on child protection. Further training for SC&O5 officers and our partner agencies has been arranged via specialist seminar. The unit is currently working with Newham Borough piloting a 'Faith Link' initiative in conjunction with Children's Social Care and Safer Neighbourhood Teams.

SC&O5 have worked closely with the **Catholic** church to inform on Safeguarding issues and to assist the church show openness and transparency in investigations against Catholic priests following high profile cases publicised widely across the world. The Salvation Army are now inviting police to attend their Safeguarding meetings. SC&O5 have recently given training to Rabbis at Hendon Police Training College concerning all

areas of child protection within the **Orthodox Jewish** community.

Male circumcision is not necessarily restricted to particular faiths but is of concern when carried out by people with no medical qualification or experience. The legal position on male circumcision is untested and therefore remains unclear. Nevertheless professionals may assume that the procedure is lawful provided that:

- It is performed competently, in a suitable environment, reducing risks of infection, cross infection and contamination
- It is believed to be in the child's best interests
- There is valid consent from family/parents and the child (Frazer competent).

SC&O5 initially began to look at the issue of male children who were injured, to various degrees, as a result of this as a traditional or religious practice. There have been a number of serious incidents and even fatalities recorded as a result of a circumcision that had been incorrectly carried out. This was seen as a 'safeguarding' concern in that there is currently no legislation in the UK in relation to carrying out this procedure on any male. In essence it means that any layperson can become a circumciser, without any training, and physically practice this without committing any offences. Ultimately this is an issue in which Health takes the lead and SC&O5 work from a position of Advice and Guidance within the work of the multi agency Partnership Team. The Partnership team have recently presented at the Genital Autonomy conference in August 2011.

In March 2011 SC&O5 did a presentation at the National Conference for Safeguarding **Muslim** Children entitled 'Looking beyond the Difference' and they are a member of the National Safeguarding Group which meet quarterly. Another presentation was carried out at a safeguarding event at the London Muslim Centre in Whitechapel for Imams regarding physical assaults on children and young persons attending Madrassas and another presentation regarding general safeguarding issues was recently held at Regents Park Mosque.

Abduction

Each case of suspected Child Abduction is dealt with as a potential High Risk incident with actions to be taken in line with our current MPS Abduction SOPs. The Risk Assessment should take into account the risks posed to children in the country to which a child is or has been taken to. Most Child abductions reported are a parent who has taken their child abroad or keeps them abroad in conflict with the wishes of the other parent. These do not tend to be high risk cases where we have grave fears for the safety of the child but rather those where the family relationship has broken down. However some cases are more high risk especially where they are diversity considerations as well. For example if there is intelligence that the child has been taken abroad for FGM, or abuse linked to Belief, Forced Marriage or Honour Based Violence. Also the country they are taking the child to there may be the existence or not of extradition treaties. Each case is dealt with individually and the safety of the child is paramount to the investigation.

Sexual Orientation

Child abuse cuts across all cultures and communities. All children regardless of background are entitled to receive the same level of service.

Due to the diverse range of nationalities and cultures within the MPS area SC&O5 has to

prioritise certain 'at risk' communities on an intelligence led basis.

The MPS Diversity and Citizen Focus Directorate feel there are some specific issues relating to child abuse of Lesbian, Gay and Bisexual (LGB) children which are often compounded when culture and faith matters are also factors and have specifically asked that the following be included: "We know that LGB children are particularly vulnerable to abuse at the point their sexual orientation becomes known or is perceived to be "abnormal". Some cultures will adopt forced marriage or even corrective rape tactics to solve these issues. LGB children also face the loss of their home and family members and there are a higher than average number of LGB youngsters on the street as a result (Albert Kennedy Trust is a good source of facts and figures).

Some LGB children are subjected to faith based "exorcisms" and "cures" or denied social interaction with their peers.

LGB young people will and do suffer verbal, emotional and physical abuse across all cultures, faiths and classes. Add to this bullying in school, often by the teachers themselves, is a huge problem with around 70-80% of LGB children bullied in school."

Joint agency and internal training highlights this issue to practitioners who can then risk assess case by case.

Other Issues

Trafficking - Child trafficking is the practice of transporting children into, out of, or within the UK for the purposes of exploitation. Children are trafficked to, within and outside of the UK for various forms of exploitation. These include: Labour exploitation (e.g. construction, restaurants etc.); domestic servitude; criminal practices (e.g. cannabis cultivation, petty street crime, illegal street trade etc.); sexual; exploitation (brothel-based, closed community, for child abuse images); application of residence; benefit fraud; illegal adoption; forced marriage. After internal reorganisation SC&O9 now lead on human trafficking but SC&O5's **Operation Paladin** team work jointly with them and the immigration service United Kingdom Border Agency (UKBA) based at Heathrow and the Asylum Screening Unit at Croydon and their work is concentrated on safeguarding children who may arrive in the country as a result of trafficking and provide assistance at Ports regarding parental child abduction.

We continue to work very closely with our colleagues in Territorial Policing (TP) attending both **MAPPA** and **MARAC** (Multi Agency Risk Assessment Conference) meetings adding our voice to the decision making around some of the most dangerous offenders and those that pose the greatest potential harm to children and young people. We work in collaboration with community safety units where domestic violence involves children within the home. SC&O5 is represented on the Multi Agency Safeguarding Hub (**MASH**) project board and they are considering using a form of our risk assessment model (formulated by Crime Risk Assessment Model (**CRAM**) to identify those most at risk of harm.

Special Interest Groups have been set up for Female Genital Mutilation, faith based abuse and Child Trafficking. A Community Engagement Contact list has been compiled. The FGM forum has now become national and taken over by the Home Office to organise and chair the meeting.

SC&O5's **Partnership team** have presented to the Diversity Directorate and Diversity leads across the MPS, together with visiting all 18 CAITs, all MPS Community Safety Units (CSUs) and some hospitals and Education leads.

Project Ocean worked with the Safer Neighbourhoods OCU, Borough OCUs, SO15 and faith communities across London to map supplementary schools across the capital. Supplementary schools offer faith based education over and above formal education and general sit outside the scope of the oversight mechanisms in place in mainstream schools. They then used the information to share with LSCB partners to compare data and identify discrepancies.

Privately fostered children - This is where an arrangement is made between families without the involvement of a local authority for a child under 16 (18 if disabled) to stay with someone other than a relative for a period of 28 days or more. This can place a child in a more vulnerable position.

Home educated children - A child educated at home may not come into regular contact with agencies, in particular education, and may therefore be in a vulnerable position.

Children who Self harm or threaten or attempt to commit suicide - Self-harm or threats or attempts to commit suicide by a child should be regarded as an indication of possible abuse both of the child involved and of siblings or other children under the same care.

Children taken into Police Protection- see separate EIA – concerning children who are considered to be at risk of Significant Harm and Sect. 46 power used to protect the child by removing them from the harm.

Human Rights – ALL Articles can be applied to children in some capacity –
Article 1: All human beings are born free and equal in dignity and rights...;
Article 2: The Right to Life; Article 3: Inhuman treatment; Article 4: Slavery
Article 5: Right to Liberty; Article 6: Right to a fair trial; Article 7: Retrospective crimes;
Article 8 Right to respect for private and family life; Article 9: Freedom of conscience;
Article 10: Freedom of Expression; Article 11: Freedom of Assembly; Article 12: Marriage and the family; Article 14: Discrimination.

SC&O5 organise regular **MACIE** (Multi Agency Critical Incident Exercise) training with partner agencies which over the last five months has been a monthly one day immersive exercise for practitioners. After conducting a pilot the Partnership Team are now developing CAPE (Child Abuse Practitioners Exercise) training.

Occupational Health have recently been consulted regarding psychological assessments for all staff joining SC&O5 and continuing whilst employed within the Command. Work has been undertaken to risk assess all roles and together with SC&O2 (Sapphire) posts have been identified where assessments are critical and all managers are reminded to monitor the needs of their staff both in critical and non-critical roles. This will be monitored by Occupational Health at the end of 2012.

The Child Abduction SOP has recently been updated to place emphasis on the importance

of the Golden Hour and what steps need to be taken if the matter is considered a critical incident. There is a clear distinction between which cases SC&O5 take (Abduction of a Child by a Parent) and Territorial Policing (Abduction of a Child by Other Persons).

7. Monitoring – see step 7 of the guidance

a) How will the implementation of the proposal be monitored and by whom?

The Child Abuse Investigation Command SOPs are monitored on a daily basis by supervisors and other units. The Continuous Improvement Team (CIT) reviews each SC&O5 unit at least once a year and more regularly if the need arises. The Strategic Relationships arm of the MPS Customer & Commercial Services Directorate is currently discussing monitoring arrangements with SC&O5 re their effectiveness in relation to monitoring reports and intend to make recommendations about the measures they employ and, as a consequence, make some general observations about the future of policy monitoring within SC&O/MPS as a whole. SC&O5 have agreed to be part of the pilot which SC&O12 are implementing whereby the Performance Information Bureau (PIB) is used as a single point of contact prior to the writing of monitoring reports and this has recently been trialled when writing the Strategic and Operational Policing Committee Update and Review dated 10th November 2011 giving an overview of the work SC&O5 has undertaken for the financial year 2010-2011. SC&O5 produce Monthly Management Reports which feed into the National Performance Indicators. Bi-monthly SC&O5 inspections report to the command as a whole and to the SMT. Information is provided to the LSCBs as per the S.11 Monitoring Report, all child deaths are recorded and collated by the Child Death Overview Panel (CDOP) and further disclosure and monitoring is achieved under Freedom of Information and Subject Access requests.

Since the death of Baby Peter Connolly a modernisation programme has been undertaken across the command. An investment of £2.4 million was recommended and £1.2 m spent in the 2008-2009 budget period and a further £1.2 m in 2009-2010 budget period culminating in the recruitment of 97 extra staff (19 DSs, 25 DCs, 33 Band Ds and 20 Band Es). Following on from the Laming 2 Report the modernisation programme has been rolled into the core business of the Continuous Improvement Team (CIT) and each area of the command is now subject to annual review.

SC&O5 is intelligence and risk assessment led and without effective monitoring there can be no service improvements or good practice developed.

All information received concerning children at risk or actually being abused is shared with our partner agencies who, in the main, are children's social care, education and health. This is monitored within these agencies who feed back to LSCBs on a regular basis and Serious Case Reviews take place when a case requires the need. As such there is therefore a continuing monitoring of our performance by outside agencies as well as within which encourages organisational learning and enables databases to be built and the creation of analytical reports.

b) How will the results of monitoring be used to develop this proposal and its practices?

Any concerns or issues raised will be addressed through the monitoring procedures. The

remaining HMIC recommendations have been implemented with the introduction of dedicated CRIS pages for child abuse investigations. This investment will facilitate improved supervision and risk management which in turn will better enable us to safeguard vulnerable children. All intelligence is fed into CrimInt Plus and when patterns emerge a Tactical Planning Form is created and operations undertaken where the need is warranted. At present research is being looked into regarding the effect of the Olympics in 2012 on child abuse and whether there will be a major impact on SC&O5's workload.

c) What is the timetable for monitoring, with dates?

The monitoring report is reviewed annually and fully reported in the OCU Business Plan (see SC&O5 Child Abuse Investigation command OCU Business Plan 2011/2012).

8. Public Availability of reports / result – see step 8 of guidance

What are the arrangements of publishing, where and by whom?

The Child Abuse Investigation SOP is published on the MPS Intranet and the documents it relates to are published on the Internet, stored in the Business Shared Drive and shared with police forces nationally. Subject Access requests and Freedom of Information requests are received frequently within the MPS and responded to appropriately.