WORKING TOGETHER ON THE ISLE OF MAN TO PROTECT CHILDREN FROM HARM AND NEGLECT

SAFEGUARDING CHILDREN BOARD (SCB)

INTER AGENCY CHILD PROTECTION PROCEDURES

Approved by the SCB on 23.04.10

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Message from the Chair of the Safeguarding Children Board

I am pleased to introduce these child protection procedures on behalf of the Safeguarding Children Board (SCB). They cover those instances where it is clear a child is being abused or neglected and also those situations where there are concerns a child may be at risk of significant harm.

These procedures are supported by the SCB's *Information Sharing Guidance*, published in 2009, and compatible with the Island's data protection principles. Together these documents provide a solid basis for our work to ensure children are protected from harm and neglect.

The procedures lay out in detail a framework for inter-agency 'working together' to protect and safeguard children. I hope they are useful to practitioners and managers, supporting sound professional judgement and providing guidance and information on how to deal with situations that can be both complex and demanding.

Additionally, the SCB will use them to monitor the effectiveness of our work to protect children and also to inform and develop the SCB's Training Programme.

The inter agency child protection procedures will come in two hard copy versions:

> *Practitioner Procedures* which we have kept to a minimum, and
> *Managers and Supervisors Procedures* which, as well as the practitioner procedures will include Serious Case Review guidance and Child Death Overview protocols. These additional documents will be sent to the appropriate managers and supervisors to be added to their procedures once they are printed.

We will ensure you are kept informed of additions or amendments. I anticipate that you will also be able to access procedures and the above document through the intra net within the next few months.

During my period as Chair of the SCB I have come to recognise that we have some excellent practitioners working here on the Island and I would like to thank you for all that you do to protect and safeguard the Island's children and young people. This is an exciting and challenging time and I know you will share my aspiration to have the best arrangements and guidance in place to support this important work.

I commend these procedures to you.

Will Greenhow
Safeguarding Children Board Chair

Preface

"The support and protection of children cannot be achieved by a single agency. Every service has to play its part. All staff must have placed upon them the clear expectation that their primary responsibility is to the child and his or her family."

Lord Laming (Victoria Climbié Inquiry Report, 2003)

There are some key features of effective arrangements to protect and safeguard children which all agencies will need to take into account. These arrangements will help agencies to create and maintain an organisational culture and ethos that reflects the importance of safeguarding and promoting the welfare of children.

At an organisational or strategic level, these key features are having:

- Senior management commitment to the importance of safeguarding and promoting children's welfare.
- A clear statement of the agency's responsibilities towards children available for all staff.
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children.
- Service development that takes account of the need to safeguard and promote welfare and which is informed, where appropriate, by the views of children and families.
- Staff training on safeguarding and promoting the welfare of children for all staff working with or (depending on the agency's primary functions) in contact with children and families.
- Safe recruitment procedures in place.
- Effective inter-agency working to safeguard and promote the welfare of children.
- Effective information sharing.

Chapter 1

Introduction to the Procedures

Aim

1.1 The aim of this document is to:
- Assist decision making when there are concerns that a child is, or maybe, at risk of harm or neglect.
- Set out the procedures to be followed when a child may be at risk of harm or neglect.
- Set out the procedures to be followed when a child has been identified as at risk of harm or neglect.
- Provide guidance to assist practice.

1.2 It is designed for managers and practitioners in all agencies who work with vulnerable children and is published by the Safeguarding Children Board (SCB).

Context

1.3 The contents of this document are consistent with the Children & Young Persons Act 2001 and the Isle of Man Government policy document 'Working Together on the Isle of Man to Safeguard Children from Harm and Neglect' (to be released later this year).

1.4 This document also draws on lessons from case reviews and current literature relating to safeguarding practice.

1.5 *The Commission of Inquiry into the Care of Young People Report* (2006) recommended the establishment of a statutory Board responsible for safeguarding children. Once the legislation is enacted the statutory Board will provide the key statutory mechanism for agreeing how agencies will co-operate to protect children and ensure that practice is effective.

1.6 A central function of the SCB is to develop procedures and guidance to support staff in protecting and safeguarding children on the Isle of Man.

1.7 It is expected that SCB member agencies will ensure that all relevant staff have access to these Inter-Agency Child Protection Procedures and comply with them.

1.8 Information about additions, amendments or new protocols/practice guidance will be emailed to all manual holders.

Supporting documents

1.9
- *Children & Young Persons' Act* (2001)
- *Information Sharing Guidance (Safeguarding Children Board*, 2009)
- *Information Sharing Guidance for Managers and Practitioners*
- *Information Sharing Pocket Guide*
- *What to do if you're worried a child is being abused or is at risk of being abused* (Safeguarding Children Board, 2009))
- *Multi Agency Public Protection Arrangements (MAPPA) Guidance* (UK Home Office 2007 & 2009)
- *Framework for the Assessment of Children in Need and their Families* (UK Department of Health 2000).

How to use this document

1.10 This document is intended to help all staff working with children and families act in a way which promotes the welfare and safety of children when there are concerns that a child is being or likely to be abused or neglected. It sets out procedures that should be followed at key stages of work with children and families.

1.11 The contents of each chapter are set out under the following two section headings:

Procedures: these are based on best practice guidance, endorsed by the SCB, and therefore should be followed unless there are exceptional reasons for not doing so. Where procedures are not followed, the reason for this must be recorded in the agency records.

Practice guidance: this is to assist practitioners in making sound professional judgements.

Supplementary leaflets

1.12 Leaflets covering a variety of topics will be published by the SCB and will be available from the SCB Strategic Co-ordinator and on the SCB website.

Definition of terms

1.13 The following terms are used throughout the text:

Term	Definition
Child	Anyone under 18 years of age.
Child in Need of Protection	A child where it has been clearly established that they are at risk of significant harm and need protection.
Child in Need who may be at Risk of Significant Harm	These children will need an assessment to establish whether they require protection or additional services.
Child in Need of Additional Services	A child with complex needs that does not need protection. This is a child that requires services in addition to the universal services offered to all children. E.g. Looked After Children, Children with Disability, Children subject to a Common Assessment. (A common assessment can be a useful tool in identifying what additional services are required but it is not appropriate if a child is at risk of harm. The Common Assessment is not covered in these procedures.
Abuse & Neglect	Forms of maltreatment of a child.
Physical Abuse	Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.
Emotional Abuse	Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are

	beyond the child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children to frequently feel frightened or in danger, or the exploitation or corruption of children. Some level of Emotional Abuse is involved in all types of maltreatment of a child, though it may occur alone.
Sexual Abuse	Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual on-line images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
Neglect	Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of parental behaviour which could damage the unborn child, e.g. maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: • Provide adequate food, clothing and shelter (including exclusion from home or abandonment); • Protect a child from physical and emotional harm or danger; • Ensure adequate supervision (including the use of inadequate care-giver); • Ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
Child Protection	Child Protection is the process of protecting individual children identified as suffering, or at risk of suffering, significant harm as a result of abuse or neglect.
Safeguarding & Promoting the Welfare of Children	The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully. Safeguarding and promoting the welfare of children may be described as two sides of the same coin. Safeguarding has two elements: 1) Protecting children from harm; and 2) Preventing impairment of children's health or development. Promoting welfare is a proactive responsibility, i.e: ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and creating opportunities to enable children to have optimum life chances such that they can enter adulthood successfully.
Social Services	The Division of the Department of Social Care exercising their

	Social Services function in relation to children.
Well-being	Children's well-being can be measured by them reaching their full potential in respect of the following five outcomes: • Staying safe • Being healthy • Enjoying and achieving • Making a positive contribution • Prospering.
Harm Development Health Ill treatment	Under s31(6) of the Children & Young Persons Act 2001 the following apply: Defined as ill treatment or the impairment of health or development. Defined as meaning physical, intellectual, emotional, social or behavioural development. Defined as meaning physical or mental health. Defined as including sexual abuse and forms of ill treatment which are not simply physical.
NB: Where the question of whether harm suffered by a child is significant turns on the child's health and development. His health or development shall be compared with that which could reasonably be expected of a similar child.	

The scope of these Procedures

1.14 The 'Hierarchy of Need' triangle below shows the different category of need a child might experience at different times in his or her life. The categories relate to:

- Children who are clearly in need of protection from harm or neglect.
- Children who may be at risk of significant harm and who need to be assessed in order to clarify if they need protection or additional services.
- Children who are in need of additional services.
- Children whose needs are met within their family, community and universal services.

'Hierarchy of Need' Triangle

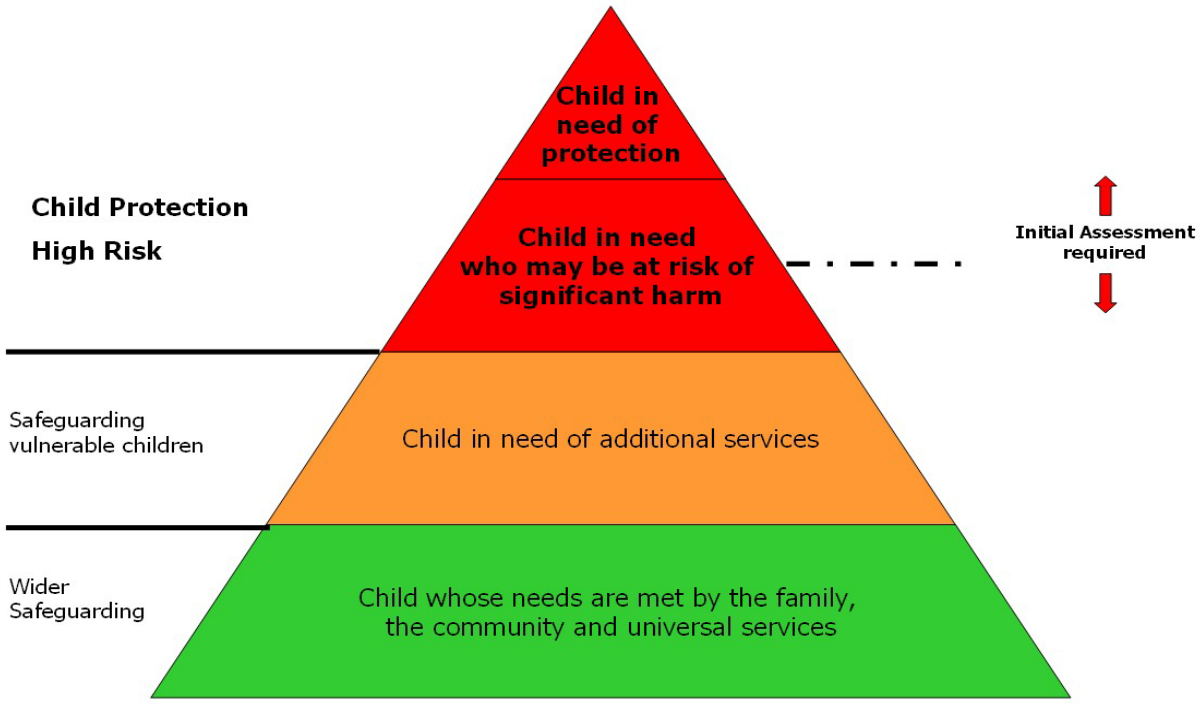


Diagram 1: Showing the area of need covered by these Procedures

These Child Protection Procedures provide guidance in dealing with the top two categories.

1.15 A child's level of need will vary depending on factors such as changes in circumstances, individual resilience, support and successful interventions. Practitioners should always aim to return a child to the lowest level of need where they will be safe and able to flourish.

1.16 If any practitioner is in doubt about whether or not their concerns about a child fall into the top two categories they should discuss them with their manager or designated person. The rule must always be **'If in doubt – refer'** to Social Services**.**

Timescales

1.17 The arrangements for protecting children requires practitioners to act within specific timescales. These are set to ensure that referrals, assessments and the child protection conference process are dealt with in a speedy, focussed manner. Where there are decisions to act outside of these timescales these must be discussed and agreed with senior or designated staff in the agencies involved and the rationale for delay must be recorded.

1.18 Any delays must be in the interests of the child. If delays are related to organisational resource issues, these must be reported to the SCB.

Appendix 5 summarises the timescales contained within these procedures.

Chapter 2

Recognising and responding to concerns about a child who may be in need of protection

Members of the public

2.1 The SCB knows that the abuse of children often comes to light due to members of the public being vigilant and reporting concerns to the statutory agencies. This is an important aspect of protecting children from harm and any referral from a member of the public should be responded to in line with the procedures set out in Chapter 3.

2.2 Similarly, anonymous phone calls and phone calls from extended family members must always be taken seriously and given full consideration. It is potentially dangerous to assume that they are malicious.

2.3 The guidance *What to do if you are worried a child is being abused or at risk of abuse* (2009) sets out what should happen when anyone is concerned about the welfare of a child and will help members of the public in making a referral.

Identifying concerns - procedures to be followed by practitioners working with children and their families

2.4 Concerns about the welfare of a child may occur:

- In situations where there have been no previous concerns and the child has not previously received any services, other than those universal services accessed by all children.
- Where an assessment has taken place by agencies other than Social Services under the Common Assessment Framework and a plan has been put in place in order to improve the wellbeing of the child.
- Where the child is already allocated to a worker in Social Services.
- Where there is no current involvement by Social Services but there have been previous referrals.

2.5 The concern should be discussed with a senior member of staff in order to clarify the seriousness and urgency of the situation and decide the next course of action. The senior member of staff may be:

- A manager.
- A designated member of staff with responsibility for safeguarding children, for example; designated nurse/named nurse or doctor, designated person in an education setting.

2.6 If it is not possible to hold a discussion, or if following this discussion there are still concerns about the welfare of the child, consideration should be given to contacting the duty officer at the Social Services office for advice. The discussion should be recorded by both parties in a retrievable form. It is the responsibility of Social Services to ensure appropriate systems are in place to log referrals and decisions. In all cases the referrer is expected to give the name of the child the concerns relate to. Only then can proper and thorough checks be made to make an informed decision about the safety of the child.

There may be occasions when a professional wishes to seek more general, hypothetical advice

from Social Care about the handling of particular sorts of situations. In no circumstances should such a general discussion be interpreted as Social Services providing advice in relation to a particular child. In the event that such a discussion leads to a professional deciding to make a referral about a specific child, then the professional must follow the relevant procedures, including following up their referral in writing.

2.7 If the practitioner with the concerns believes that a child or young person is suffering, or is likely to be suffering, significant harm they should always refer their concerns to Social Services immediately.

2.8 If the practitioner with the concerns believes that a child's health or development is being impaired without the provision of services by Social Services (i.e. the child is a Child in Need), consideration should be given to making a referral to Social Services. The parent(s) and the child (where appropriate) should be consulted prior to a referral being made.

2.9 In most situations, concerns should be discussed with the child (as appropriate to their age and understanding), and with their parents, and their agreement sought to a referral being made. However, **agreement should not be sought if doing so would place the child at risk of significant harm**. Where it does not place the child at increased risk of significant harm parents should be informed that a referral is being made.

2.10 The guidance on information sharing *Information Sharing: Guidance for Managers and Practitioners* (2009) must be used to inform the decision about what information should be shared at the point of referral. The Seven Golden Rules on information sharing set out in this guidance are in Practice Guidance.

NB: It is always appropriate to share information if there is a concern that a child is at risk of harm.

Deciding when to refer to Social Services

2.11 The definitions of physical abuse, emotional abuse, neglect and sexual abuse should be used to assist decision making about when a child is at risk of significant harm. See also the Practice Guidance to this Chapter 'Recognising and Responding to Concerns' which is also designed to help professionals understand the concepts of 'need' and 'harm'.

2.12 The following tables set out the criteria that should be used when deciding whether or not to refer to Social Services. Professionals are reminded that they need to use their professional judgment in using these criteria and, if in doubt, to consult with a designated senior to decide what action to take.

2.13 The tables distinguish between children who are clearly in need of protection, those children who may be at risk of significant harm, and those who may need some support to achieve the five outcomes.

2.14 The tables cannot provide an exhaustive list of indicators. The aim is to assist decision making and to help develop a more consistent approach across agencies.

2.15 The remainder of this chapter provides more detailed information about when referrals should be made in respect of children in specific circumstances. Practitioners are advised to make themselves familiar with these details and use them when making and/or responding to referrals.

Table : Deciding when to refer to Social Services

Child in need of protection

Any situation where there is clear evidence of abuse or neglect must always be referred to Social Services. (See categories of abuse under 'Definition of Terms' table at paragraph 1.13)

Child in need who may also be at risk of significant harm

A referral to Social Services must always be made in the following circumstances:

- Any allegation of sexual abuse.
- Physical injury caused by assault or neglect which may or may not require medical attention.
- Incidents of physical harm that alone are unlikely to constitute significant harm, but taken into consideration with other factors may do so.
- Children who suffer from persistent neglect.
- Children who live in an environment which is likely to have an adverse impact on their emotional development (e.g. where a child experiences a low level of emotional warmth and a high level of criticism).
- Where parents' own emotional impoverishment affects their ability to meet their child's emotional and/or physical needs regardless of material/financial circumstances and assistance.
- Where parents' circumstances are affecting their capacity to meet the child's needs because of:
    - domestic abuse,
    - drug and/or alcohol misuse
    - mental health problems,
    - previous convictions for offences against children.
- A child living in a household with, or having significant contact with, a person at risk of sexual offending.
- A child under 13 who is sexually active.
- An abandoned child.
- Bruising to an immobile baby.
- Pregnancy where children have been removed.
- Suspicion of fabricated or induced illnesses.
- Child who persistently runs away from home or school.
- Children who are sexually exploited.
- Where a person known to PPA (Public Protection Arrangements) as a violent person has significant contact with children.
- Episode(s) of domestic abuse (the Police notify Social Services when they have attended an incident of domestic violence where a child is present).
- When further information comes to light that indicates that either the child is at risk of significant harm or the involvement of Social Services is essential to the delivery of services.

Child in need of additional services

This is not an exhaustive list, but highlights common situations where a referral to Social Services should be considered. In such instances, a child may be at risk of significant harm from abuse or neglect or may have a high level of need for additional services, eg:

- Child who self harms.
- Child who is over 13 years and is known to be involved in underage sexual activity.
- Disabled child with complex needs that cannot be realistically met by the parent or carer.
- Parents with learning disabilities or parents with learning difficulties whose impairment impacts on their parenting skills.
- Parenting skills are inadequate to meet the child's needs.
- Episode(s) of parental mental illness which might affect the child.
- Substance misuse which is affecting parenting capacity.

In addition, some children may be particularly vulnerable in specific circumstances:

- Children living away from home, e.g. in foster care (including private fostering) or residential care.
- Children in hospital.
- Children in custody.
- Children with a disability.
- Children who are bullied.
- Children who are abused through technological means (e.g. cyber bullying).
- Children who become subjects of internet pornography.
- Children whose behaviour indicates a lack of parental control.
- Children who are subject to racism.
- Children who witness domestic violence.
- Children of drug misusing parents.
- Children of families living in temporary accommodation.
- Children and families who go missing.

This list is not exhaustive. More information can be found in Chapter 7 of these Procedures.

Section 23 of the Children and Young Persons Act 2001 defines a child in need as follows:

a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services under this part, or
b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services, or
c) he is disabled.

A referral to Social Services is not required unless a child in need is also in need of protection or additional services as described above.

Deciding when to refer - neglect

2.16 Deciding how to act in situations of neglect presents some of the greatest challenges to professionals, and may require careful, close observation of parenting, and child behaviour. Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglect can result, in extreme cases, in death.

2.17 Where any of the following are present the practitioner should discuss the child's needs with a senior member of staff in order to decide the most appropriate course of action.

The basic essential needs of the child not being met. Parental factors contributing to failure to meet needs may be substance misuse, mental ill health, domestic violence or learning disability. Other signs and indicators are:

Physical signs e.g. growth not within the expected range; recurrent infections; skin conditions; unkempt dirty appearance; inadequate clothing; unmanaged/untreated health conditions; frequent accidents or injuries.
Developmental signs e.g. developmental delays; poor attention/concentration; lack of self confidence/poor self esteem; educational underachievement (including erratic or non school attendance).
Behavioural signs e.g. over-active; aggressive; impulsive behaviours; indiscriminate friendliness; withdrawn with poor social relationships; wetting, soiling or destructive behaviours; substance misuse or running away; school non-attendance; sexual promiscuity; self harm; offending behaviours.
Signs in the home environment e.g. dirty, hazardous environment; personal or environmental odour; poor state of children's bedding; inadequate ventilation or heating; lack of play opportunities; isolation of parents and children from the local community.

2.18 If any practitioner has been working with a family for more than three months and they are concerned that there may be features of neglect that are not being responded to appropriately by either their own agency or others, they must take the case to supervision for discussion and record a plan of action in the child's file.

2.19 The **Significant Harm Threshold** will have been met where there is evidence of:

- **Persistent *neglect* of a child's physical and/or emotional needs** i.e. occurring over a period of time and/or not likely to change within the child's time frame.
- **Repetition of neglectful parenting** which is continuing despite interventions.
- **Severity** i.e. severe detrimental outcomes for the health or development of child(ren).
- **Parents' own emotional impoverishment** affecting their ability to sufficiently meet the child(ren's) physical and/or emotional needs regardless of material/financial circumstances or assistance.

Deciding when to refer - underage sexual activity

2.20 **Under 13 year olds**
Under the Sexual Offences Act 1992 penetrative sex with a child under the age of 13 is classed as rape, regardless of the age of the perpetrator(s).

2.21 Where the allegation is of penetrative sex or other intimate sexual activity with a child under 13, there would always be reasonable cause to suspect that they are suffering or are likely to suffer significant harm. In this situation the child must be referred to Social Services.

2.22 **Under 16 year olds**
Sexual activity with a child under 16 is also an offence. Where the child is aged 13 and up to their 16th birthday, the practitioner should discuss their concerns with their nominated child protection lead and consideration should be given in every case as to whether there should be a discussion with other agencies and whether a referral should be made to Social Services.

2.23 When an agency has decided that they do have concerns about a child involved in underage sexual activity and they have information about the partner/s, they should check with other agencies, including the Police, to establish what else is known. The Police should normally share the required information without beginning a full investigation, if the agency making the check requests this.

2.24 The following checklist should be used to assess the extent to which a child may be suffering or at risk of harm:

- The age of the child. The younger the age the greater the likelihood of cause for concern;
- The level of maturity and understanding of the child;
- What is known about the child's living circumstances or background.
- Age imbalance – particularly where there is a significant age difference.
- Overt aggression or power imbalance.
- Coercion or bribery.
- Familial child sex offences.
- Behaviour of the child (e.g. withdrawn or anxious).
- The misuse of substances as a dis-inhibitor.
- Whether the child's own behaviour, because of the misuse of substances, places him/her at risk of harm so that he/she is unable to make an informed choice about any activity.
- Whether any attempts to secure secrecy have been made by the sexual partner, beyond what would be considered usual in a teenage relationship.
- Where the child denies or minimizes the concerns.
- Whether the methods used are consistent with grooming.
- Whether the sexual partner/s is/are known to one of the agencies.

2.25 **Between 16 & 17 years**
Where a child is aged 16-17, sexual activity may still involve harm or risk of harm. The above checklist should be used to inform decisions. Concerns and requests for information sharing should be treated in the same way as for those from 13 years up to their sixteenth birthdays.

2.26 It is an offence for a person to have a sexual relationship with a person under the age of 18 if they hold a position of trust or authority in relation to them. If any professional is aware of such activity they should pass the information to the Police child protection team. Decisions not to refer must be fully documented, with detailed reasons given. Such a decision must be supported by a manager and follow a full and thorough assessment using the checklist in paragraph 2.24.

Deciding when to refer - domestic abuse

See also (below) *Chapter 5 - Practice Guidance – Working with families affected by domestic abuse*

2.27 For the purpose of this document domestic abuse is defined as "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality".

2.28 An intimate relationship can refer to relationships involving:

- Partners
- Siblings
- Parents in law
- Other adult relatives
- Parents and child(ren).

2.29 Most reported cases of domestic abuse involve the abuse of women by men, although violence does occur in same sex relationships and men can also be victims. Information currently shows that 81% of victims are women and 19% are men (*British Crime Survey* 2002).

2.30 Children experiencing, including witnessing, domestic violence are seen as children in need who may be at risk of significant harm and a referral to Social Services must be made.

2.31 Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child(ren)'s development and emotional well-being, despite the best efforts of the non-abusing parent to protect the child(ren). This can include witnessing or overhearing incidents of domestic abuse.

2.32 Domestic abuse episodes can begin or escalate during pregnancy. Domestic abuse can pose a threat to an unborn child(ren), because assaults on pregnant women frequently involve punches or kicks directed to the abdomen, risking injury to both mother and unborn child(ren).

2.33 Violence and/or threats of violence may continue after separation. Research suggests that victims may be at greater risk when preparing or attempting to leave, or through contact arrangements.

2.34 Everyone working with women and children should be alert to the possible inter-relationship between domestic abuse and the abuse and neglect of children. Where there is evidence of domestic abuse, the implications for any children in the household should be considered, including the possibility that the children may themselves be subject to violence or other harm. Conversely, where it is believed that a child(ren) is/are being abused, workers should be alert to the possibility of domestic abuse within the family.

2.35 Children's behaviours may indicate that they live with domestic abuse. Such indicators may include:

- Refusal or reluctance to discuss own or parents' injuries.
- Withdrawal from physical contact.
- Child(ren) show/s fear of returning home or leaving home.
- School refusal or a reluctance to leave school.
- Self-destructive tendencies in children.
- Aggression towards others.
- Running away from home.
- Excessive tiredness.

- Frequent accidental injuries.
- Low self esteem.
- Lack of social relationships.
- Physical, mental and emotional developmental delay.
- Over reaction to mistakes.
- Sudden speech disorders.
- Sudden changes of demeanour.
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking).
- Extremes of passivity or aggression.
- Drug/solvent abuse.
- Eating disorders.

This list is not exhaustive. It should also be noted that these might also be indicators of other forms of abuse or situations in the family, not only domestic abuse.

2.36 Behaviours in adults may indicate that they live with domestic abuse. Such indicators may include:

- Failure to keep appointments.
- Alleged abuse of children in the household.
- Poor health, disability, drug and alcohol abuse.
- Anxiety over timekeeping.
- Lack of eye contact.
- Inconsistent injuries.
- Untreated injuries.
- Low self esteem.
- Living with a known abuser.
- Always accompanied by partner.
- Isolation.
- Constantly deferring to partner.
- Abuse of pets in household.

This is not exhaustive and some of these indicators could also relate to depression, stress, mental illness and being a victim of abuse when younger.

2.37 The Significant Harm Threshold is likely to have been reached when there is evidence that any of the following are present:

- Parental domestic abuse is adversely impacting on a child's health and development.
- The child has witnessed domestic abuse.
- The non-abusing parent is not able to provide a safe and secure environment for the child.

Deciding when to refer - parental drug and alcohol use

2.38 Problematic alcohol or drug use is strongly associated with significant harm to children, especially when combined with other features such as domestic violence. Increasingly, drugs which have not been prohibited or banned are being used to achieve 'legal highs' and need to be treated in the same way as misuse of alcohol.

2.39 Anyone who is aware of a parent who has a problematic use of alcohol or drugs should be alert to the following factors and, if any are present, should refer to Social Services:

- Use of the family resources to finance the parent's dependency, characterised by inadequate food, heat and clothing for the children.
- Children exposed to unsuitable care givers or visitors, e.g. customers or dealers.
- The effects of alcohol leading to an inappropriate display of sexual and/or aggressive behaviour.
- Chaotic drug and alcohol use leading to emotional unavailability, irrational behaviour and reduced parental vigilance.
- Disturbed moods as a result of withdrawal symptoms or dependency.
- Unsafe storage of drugs and/or alcohol or injecting equipment.
- Drugs and/or alcohol having an adverse impact on the growth and development of the unborn child.

2.40 The **Significant Harm Threshold** is likely to have been reached when there is evidence that any of the following are present:

- Parental drug and alcohol use is adversely impacting on the child's health and development.
- There is no one parental figure able to provide a stable secure environment for the child.
- There is no evidence that parental behaviour will change within a time frame congruent with the needs of the child.

Deciding when to refer - parental mental illness

2.41 The majority of parents who experience significant mental ill-health are able to care for and safeguard their children and/or unborn child.

2.42 However, in some cases, enduring and/or severe parental mental ill health will seriously affect the safety, health and development of children. Where professionals believe that this may be the case a referral must be made to Social Services.

2.43 Where any of the following are present in an adult carer a referral should be made for an assessment to be carried out in order to determine how the child's needs can be met and the likelihood of significant harm:

- History of severe mental illness.
- Delusional thinking involving the child.
- Threats to harm a child.
- Self harming behaviour and suicide attempts.
- Altered states of consciousness e.g. splitting/dissociation, misuse of drugs, alcohol, medication.
- Obsessive-compulsive behaviours involving the child.
- Non-compliance with treatment, reluctance or difficulty in engaging with necessary services, lack of insight into illness or impact on the child.
- Disorder designated 'untreatable', either totally or within timescales compatible with the child's best interests.
- Domestic violence and/or relationship difficulties.
- Unsupported and/or isolated parents.
- A child is acting as a young carer for a parent or sibling.

2.44 The **Significant Harm Threshold** is likely to have been reached when:

- There is an impact on the child's growth, development, behaviour and/or mental/physical health.

- The parent/carer's needs or illnesses are taking precedence over the child's needs.
- There is insufficient alternative care for the child within the extended family.

Deciding when to refer - children with disabilities

2.45 There is evidence that children with disabilities are significantly more likely to be abused than children without disabilities. Research has shown (Sullivan & Knutson 1998: 'The association between child maltreatment and disabilities in a hospital based epidemiological study' *Child Abuse and* Neglect*,* 22, pp271-288) that children with disabilities are approximately four times more likely to be abused than children without disabilities. This should always be taken into account when deciding how to respond to concerns. The following should be taken into account when making a decision about whether to refer concerns to Social Services:

- children with disabilities demonstrate the same signs and indicators as children without disabilities. However, these may sometimes be confused with factors associated with the child's impairment. Where any of the following exist a referral should be made and assessment commenced by Social Services, in order to understand the situation and needs of the child:
    - challenging behaviour;
    - sexualised behaviour;
    - low self esteem / sadness / passivity / emotional withdrawal;
    - self harm – including such behaviours as head banging / biting / scratching;
    - recurrent injuries;
    - denial of necessary equipment by parents or carers;
    - invasive procedures against the child's will;
    - failure to follow medical advice / give the child required medication;
    - an *escalation* in requests for short break / respite care;
    - exaggeration of a child's impairment, e.g. insisting on treatment/medical intervention not deemed appropriate by professionals (issues relating to fabricated illness may be relevant in this situation).

2.46 The parental factors associated with abuse are also just as likely to be present in families with children with disabilities. It is very important that children with disabilities are not blamed for parental factors such as domestic abuse, substance misuse and parental ill health leading to the appropriate action not being taken. Parental factors should be taken into account in decision making about potential harm in the same way as they are for children without disabilities.

2.47 The **Significant Harm Threshold** for children with disabilities will have been met when:

- There is clear evidence of abuse.
- Needs have previously been identified and parents/carers have not been willing to work with services to change their parenting behaviour within the required time frame.

Deciding when to refer - child abuse images and the internet

2.48 The internet provides the opportunity for adults to access and distribute indecent images of children and share stories about their fantasies with other like-minded individuals. It can also be used to make contact with children with a view to grooming them for inappropriate or abusive relationships.

2.49 If there are concerns a child may be vulnerable through internet use there can be no ambiguity in dealing with this. A referral must be made to Social Services, who will immediately inform the relevant Police team.

2.50 If you are aware that someone has placed child abuse images on the internet, or is accessing child abuse images, the police child abuse investigation unit must be informed

Deciding when to refer - sexually harmful behaviour carried out by children and young people

2.51 Considerable care needs to be taken to determine whether an incident constitutes sexually harmful behaviour and to distinguish it from mutually consenting, age appropriate sexual exploration. If any professional is concerned about the behaviour of a child or young person they should telephone the duty officer at Social Services for advice.

2.52 In evaluating the likelihood that one child is sexually harming another consideration should be given to:

- The nature of the relationship between the perpetrator and victim with particular attention to power differentials. The greater the degree of power held by the perpetrator in relation to the victim, the greater the opportunity for sexually harmful behaviours to take place.
- The nature of the alleged acts i.e. how frequent/persistent.
- The effect on the victim.
- The sexualised behaviour of the children involved. i.e. the greater the departure from 'normal' sexual activity the stronger the suspicion of sexually harmful behaviour.

2.53 The following should **always** be referred to Social Services:

- Attempted or actual oral, vaginal or anal penetration of children, animals or dolls;
- Using force to touch another's genitals.
- Simulated intercourse with peers.
- Genital injury not explained by accidental cause.
- Sexually explicit conversations with significantly younger children.
- Touching the genitals of others.
- Repeated or chronic genital exposure or public masturbation, simulated sexual activity (not intercourse) with peers, animals or toys.
- Any other significant sexual behaviour.

2.54 **Consideration** should be given to making a referral and advice sought from the duty officer in Social Services when there is:

- Preoccupation with sexual themes or masturbation.
- Non normative level of sexual knowledge.
- Sexually explicit conversations with peers.
- Attempts to explore other's genitals.
- Mutual or group masturbation.
- Simulated foreplay with toys or peers.

Deciding when to refer - where a parent has learning disabilities

2.55 Parents who have learning disabilities may need additional support to assist them with their parenting. Any parent who has been assessed with an IQ of less than 60 is unlikely to be able to parent effectively alone without additional support (McGaw, S., & Newman, T. (2005) *What Works for Parents with Learning Disabilities?* London: Barnardos). Other parents with an IQ in the range 60-80 may find the combination of a learning disability, and the complexity of the tasks (e.g. large numbers of children, children with medical needs) compromises their ability to

meet the needs of their children without support. In addition, parents with learning disabilities who have experienced trauma in their own past are likely to need additional support (Ref: Tymchuk A. J. (1992), *Predicting Adequacy of Parenting by People with Mental Retardation in 'Child Abuse and Neglect' No 16, pp165 - 178*).

2.56 Parents with learning disabilities may also be vulnerable to exploitation and abuse by others. For example, they may be targeted by sex offenders.

2.57 Where any of the following exist a referral should be made to Social Services and an assessment commenced in order to determine whether the needs of the children are being met and what support the parent is likely to need:

- The parent has been assessed as having an IQ of 60 or less and has few or no supports in their family and social network.
- The parent(s) are known to have a learning disability and there are other factors which might challenge their ability to care for the child(ren). Such factors will include:
    - a child with their own additional needs;
    - parental history of trauma / mental ill health;
    - an abusive relationship with their current partner.
- There is reasonable cause to suspect that known sex offenders are visiting the household.

2.58 The **Significant Harm Threshold** is likely to have been reached when:

- There is evidence that the child's health or development is being impaired.
- The parents are unable to meet the needs of the child despite a Child in Need Plan being in place.
- There is evidence that sex offenders and/or their associates are visiting the household.

Deciding when to refer - fabricated illness

2.59 Fabricated illness is when a child suffers harm caused by the action of a parent or other carer who deliberately fabricates symptoms or induces medical symptoms in a child which would not otherwise be present.

2.60 The following should alert professionals to the possibility of fabricated illness:

- Reported symptoms and signs found on examination are not explained by any medical condition.
- Physical examination and results of investigations do not explain reported symptoms and signs.
- There is an inexplicably poor response to prescribed medication and treatment.
- New symptoms are reported on resolution of previous ones.
- Reported symptoms and found signs are not observed in the absence of the carer.
- The child's normal, daily life activities are being curtailed beyond that which might be expected from any known medical disorder from which the child is known to suffer.

2.61 The above may be noticed by doctors, nurses and other professionals working with the child as well as professionals who may be working with the child's parents.

2.62 Where fabricated illness is suspected there should be discussion with the GP or Paediatrician responsible for the child's health. If the person concerned feels their worries are not taken seriously or responded to appropriately they should discuss this with the Safeguarding Doctor or Designated Nurse.

2.63 Where there are concerns about fabricated illness a full developmental history and appropriate developmental assessment should be carried out.

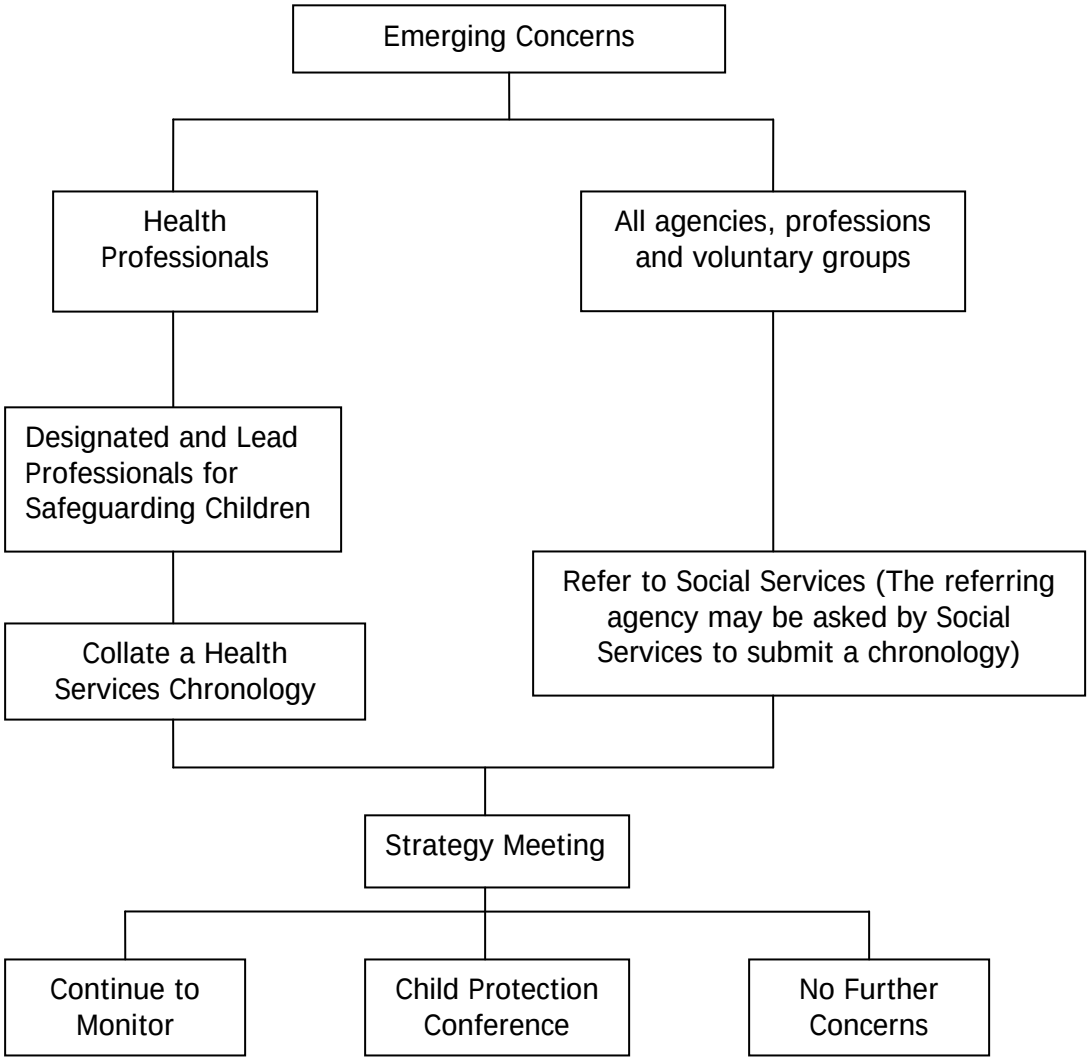
2.64 A medical evaluation should:

- Explore the signs and symptoms for a range of possible diagnoses.
- Carry out specialist tests or seek specialist advice where a reason cannot be found for the signs and symptoms.
- Normally result in feedback being given to the parents where an explanation has not been found and the parental response to this information be noted.
- Ensure that parents are kept informed of further assessments / investigations / tests and of the findings.

2.65 At no time should concerns about the reasons for the child's signs and symptoms be shared with parents if this information would jeopardise the child's safety. In these situations, convening a professionals' meeting may be a useful first step.

2.66 The **Significant Harm Threshold** will have been met and a referral should always be made and child protection enquiries commenced when a possible explanation for the signs and symptoms is that they may have been fabricated or induced by the carer and, as a consequence, the child's health or development is likely to be impaired.

Fabricated Illness Flowchart



The referral process for children in need of protection

2.67 **Where the child is not an open case with Social Services**
If there are immediate concerns about the safety of a child, a referral should be made by telephone to Social Services (see Contact Details). At the end of any discussion or dialogue about a child the referrer (if a professional from another service) and Social Services must record the decision taken in their records.

2.68 If concerns are not immediate, but it is believed that a child is a child in need, who may also be in need of protection, a referral should be made in writing. Where a Common Assessment has been completed by the referring agency this will form the basis of the referral. Where necessary the assessment should be updated in order to ensure that the most recent information is being passed to Social Services. It is good practice to discuss the referral with the child (if

appropriate) and parents/carers unless doing so would place the child at risk of significant harm or, where Police may become involved, be likely to prejudice a criminal investigation.

2.69 **Where the child is an open case with Social Services**
Practitioners from outside Social Services should contact the allocated worker to express their concerns and follow these up in writing within 24 hours. If the allocated worker is not available then their manager or supervisor should be contacted.

2.70 If concerns come to light from within Social Services in relation to an open case, a decision should be made as to whether or not a Strategy Discussion should be initiated (see Action to be taken where a Child is at Risk of Significant Harm Procedure, paragraphs 4.4.-4.12). In these circumstances it may not be necessary to undertake an Initial Assessment before deciding what to do next. It may, however, be appropriate to undertake a Core Assessment or update a previous one in order to understand the child's current needs and circumstances and inform future decision making.

2.71 **All telephone referrals should be followed up in writing within 24 hours.**

Making a referral

2.72 It is important that those practitioners who make a referral to Social Services understand the importance of sharing their concerns fully and clearly. This means that referrers must share:

- All **known** details of the child, including name, date of birth, family members and address.
- Any known aliases of adults in family/household.
- Previous addresses.
- Any relevant history relating to child or adult family/household members.
- Factual information about the concern, observation.
- Professional judgement on the matter.
- Why exactly the case is being referred, e.g. the child is in need of protection, the child may be at risk of significant harm.

Sharing concerns with Social Services does not necessarily mean that this is the end of the situation for the referrer. If they believe a child is still at risk they must take their concerns to their supervisor or a designated member of staff.

Taking a referral - procedures to be followed by Social Services

2.73 It is vital that staff have access to immediate consultation and guidance from qualified and experienced workers in order to ensure that all necessary information is gathered and an appropriate response is made.

2.74 As soon as a referral is made about the welfare of a child, records should be checked in order to ascertain whether either the child or the child's parents/carers are known to children's or adults' Social Services. This information must be recorded.

2.75 In the event of a telephone referral which is passed to the relevant social work team the duty worker will:

- Give their name and designation.
- Help the referrer give as much information as possible.

- Clarify the information that the referrer is reporting directly and information that has been obtained from a third party.
- Clarify who knows about the referral.
- Clarify the whereabouts of the child and immediate action to be taken.
- Explain what is going to happen next.
- When the referrer is a professional, confirm that a written referral will be received within 48 hours.
- Agree how to re-contact the referrer if further clarification is required.
- Clarify whether the referrer gives consent for their details to be revealed to the child/family concerned (refusing consent should only be an exception in the event of a referral from another professional).
- Explain how feedback will be given.

Referrals from family members, neighbours or made anonymously must be taken seriously and should not be pre-judged as malicious or the result of a family dispute.

2.76 It may be appropriate to agree anonymity where:

- The referrer is a member of the public.
- There is evidence of intimidation or threats of violence towards the professional concerned.

2.77 All referrals should record details of where there is:

- Evidence of domestic violence.
- Evidence of parental mental ill health, drug or alcohol use, parental learning disability;
- Any known impairment of the child or parent or carer.
- Convictions against children or previous suspected abuse.

2.78 Where the duty worker is not a qualified social worker experienced in dealing with child and family matters, the referral details should be passed immediately to a qualified worker for an assessment of the urgency of the situation.

2.79 Where a written referral is received by Social Services, the duty manager should decide on next steps within 24 hours.

Practice Guidance

Recognising and responding to concerns about a child

Do's and Don'ts

(Taken from *What to do if you are worried a child has been abused or is at Risk of Abuse*, 2009)

Do record full information about the child(ren) or young person(s) at first point of contact, including name(s), address(es), gender, date of birth, name(s) of person(s) with parental responsibility (for consent purposes) and primary carer(s), if different, and keep this information up to date.

Do ensure that the child(ren)'s records includes an up-to-date chronology, and details of the lead worker in the relevant agency – for example, a social worker, GP, health visitor or teacher.

Do know who to contact within your own organisation to express concerns about a child's welfare.

Do know who to contact in Police, Health Services, Education and Social Services to express concerns about a child's welfare.

Do talk to your manager and other professionals: always share your concerns, and discuss any differences of opinion.

Do listen to what the child or young person has to say and record in their own words what has been said. Sign and date all records.

Do note visible marks or injuries on a body map and document details in your records.

Do NOT attempt to physically examine a child(ren).

Do record any conversation with parents or carers fully and accurately.

Do NOT ask leading questions or attempt to investigate allegations.

Do ensure that you have all the information held by your agency relating to the child(ren) or young person(s), their family and the details of your concern to hand when making a referral.

Do record all concerns, discussions about the child(ren) or young person(s), decisions made, and the reasons for those decisions.

Do follow up your concerns. Always follow up oral communications to other professionals in writing and ensure your message is clear.

Do keep careful and detailed notes.

Do record any unusual events and make a distinction between events reported by the carer and those actually witnessed by others including professionals. Notes should be timed, dated and signed.

The following is taken from: *Information Sharing Guidance for Managers and Practitioners (*IoM 2009*)*

Seven Golden Rules for Information Sharing

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living individuals is shared appropriately.

2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgment, that lack of consent can be overridden in the public interest. You will need to base your judgment on the facts of the case.

5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Golden Rules

There is case law that places a duty of care on all public authorities regarding managing the risk of harm to an individual, i.e:

- R v Osman
- R v Van Colle

It is important that where there is a known or perceived risk to an individual all reasonable action is taken to mitigate that risk.

Confidentiality

In deciding whether there is a need to share information you need to consider your legal obligations including:

- **Whether the information is confidential.**
  If it is confidential, whether there is a public interest sufficient to justify sharing.

- **Information is not confidential if it is already in the public domain,** e.g. a teacher may know that one of her pupils has a parent who misuses drugs. That is information of some

sensitivity but may not be confidential if it is widely known or it has been shared with the teacher in circumstances where the person understood it would be shared with others. If, however, it is shared with the teacher in a counselling session it would be confidential.

- **Confidence is only breached** where the sharing of confidential information is not authorised by the person who provided it or to whom it relates.

- **Even where sharing of confidential information is not authorised** you may share it if this can be justified in the public interest.

- **A key factor in deciding whether or not to share confidential information is proportionality**, i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question.

- **Where there is a clear risk of significant harm** to a child, or serious harm to adults, the public interest test will almost certainly be satisfied. However, there will be other cases where practitioners will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action – the information shared should be proportionate.

- **Circumstances in which sharing confidential information without consent will normally be justified in the public interest:**

    - When there is evidence that the child is suffering or is at risk of suffering significant harm; or
    - there is reasonable cause to believe that a child may be suffering or at risk of significant harm; or
    - To prevent significant harm arising to children and young people or serious harm to adults, including through the prevention, detection and prosecution of serious crime.

Please note:
It is essential that staff do not give false reassurance that information will be kept confidential when information will need to be shared if a child is at risk of harm.

Chapter 3

Action to be taken following a referral to Social Services

Initial decision making - procedures to be followed

3.1 Within one working day Social Services will:

- Decide – on the basis of available evidence - whether there are concerns about either the child's health and development or actual and/or potential harm, which justifies an **Initial Assessment** to establish whether this child is a Child in Need of Protection or a child in need of additional services, i.e. a child whose needs cannot be fully met within the family, community and universal services.
- Record the referral on the Referral and Information Record including decisions taken as to what is to happen next.
- Acknowledge a referral in writing within 3 working days.

3.2 This initial consideration of the case should be based on:

- Discussion with a referring professional.
- Consideration of information held on past records of child and family members.
- Discussion with Health Services, Education, School and any other professionals as appropriate.
- Discussion with Probation when there are concerns about an adult closely associated or living with the family.
- Where fabricated illness is a possibility, the Paediatrician responsible for the child's health care must be consulted as part of the initial decision making process.

3.3 It is the responsibility of the referrer to:

- Follow up a telephone referral in writing within 24 hours.
- Contact Social Services again if they have not received a written acknowledgement of the telephone referral within 3 working days.
- Record in their own agency records the decisions taken following referral.

Information gathering and sharing

3.4 When approaching other agencies for further information to assist initial decision making, consideration should be given to the advice on information sharing set out in the SCB Information Sharing Guidance (2009).
(Also see Chapter 2 : Recognising and Responding to Concerns about the Welfare of a Child)

3.5 Seeking consent from parents should be the first option when deciding whether to contact other agencies for information. However, in some circumstances, the proportional response at the initial decision making stage may be to seek information without contacting the parents. For example, in order to decide whether a referral is malicious, it may be that one phone call to another agency might prevent extreme distress to the parents/child. Whichever approach is taken the practitioner must record the reasons for their action on the Referral and Information Record.

3.6 If there is reasonable cause to suspect that a child may be suffering, or may be at risk of suffering significant harm, parental permission to seek information should only be sought where such discussion and agreement–seeking will not place the child at increased risk of significant harm, or lead to any interference with any potential investigation.

3.7 When responding to referrals from a member of the public, details about referrers, including identifying details, should only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer.

Procedures to be followed after the initial decision has been made

3.8 Where the decision is no further action:

- Feedback should be given to the referrer, who should be told of the decision and reasons for it. In the case of public referrals, this should be done in a manner which is consistent with respecting the confidentiality of the child.

3.9 Where the decision is to conduct an **Initial Assessment** of the child's needs:

- The assessment should be led by a qualified and experienced social worker and the assessment carried out in line with the Initial Assessment Procedure (starting at paragraph 3.13).

All agencies should contribute to the Initial Assessment if requested to do so.

3.10 Where risk of **significant harm** has been identified:

- The child should be allocated a qualified and experienced social worker and a Section 46 Enquiry commenced in line with these procedures.

3.11 Where immediate action is needed to protect the child:

- The team manager in Social Services should ensure that a qualified and experienced duty social worker is made available and action is taken in line with paragraphs 3.17 to 3.26.

3.12 If a professional referrer is of the view that their concerns have not been fully considered they must share this with Social Services to ensure their concerns have been properly expressed and understood. If the matter is still not resolved, and the referrer remains concerned that the child is at risk, the SCB Escalation Protocol should be used (see Appendix 3).

Initial Assessment of the child's needs

3.13 An Initial Assessment is a brief assessment of each child referred to Social Services to determine whether the child is a child in need of protection of additional services, the nature of any services required, and whether a further, more detailed Core Assessment should be undertaken. Where other assessments (e.g. a Common Assessment) has been completed prior to referral, the Initial Assessment should build on these.

3.14 The Common Assessment or any other assessment does not replace an Initial Assessment at the point of referral.

3.15 Where a Lead Professional had previously been appointed for the child, Social Services should agree with the Lead Professional who should continue to co-ordinate services currently in place.

3.16 An Initial Assessment will:

- Be led by a qualified and experienced social worker.
- Be completed within 10 working days of referral.
- Include the child being seen.
- Be carefully planned with clarity about who is doing what, as well as what information is to be shared with the parents.
- Be undertaken in collaboration with all those involved with the child and the family.
- Use the Framework for Assessment of Children in Need (DOH 2000). This includes consideration of the child's developmental needs, parenting capacity and family and environmental factors. For full details visit the Department of Health website.
- Use the Initial Assessment Record to record information, analysis and judgement.

- Ensure that where concerns regarding significant harm are identified, a Strategy Discussion is arranged immediately to decide whether to initiate a Section 46 Enquiry.
- Ensure that where there are no concerns about harm, but the assessment confirms that the child is a child in need of additional services, a planning meeting is held with the child, family and relevant professional in order to agree a Child in Need Plan.

See **Practice Guidance - The Assessment Process** at the end of this chapter, which will assist those carrying out Initial Assessments.

Immediate protection of the child

3.17 Emergency action might be needed:

- As soon as a referral is received.
- At any point in involvement with children and their family.

3.18 Children in need of protective action may include not only the referred child but also

- other children in the household; and
- children in the household of an alleged perpetrator or elsewhere.

3.19 It should be remembered that Neglect as well as physical abuse or sexual abuse can pose such a risk to a child that immediate protective action is needed.

3.20 It is the responsibility of Social Services to take action to secure the immediate safety of the child. Where the child is Looked After or subject to a Child Protection Plan in another jurisdiction that authority should be consulted. The Isle of Man retains responsibility for the protection of a child until the other authority explicitly accepts responsibility (confirmed in writing).

3.21 Where there is a risk to the life of a child or a likelihood of serious immediate harm, Social Services or the Police should act quickly to secure the immediate safety of the child. However, Police powers should only be used in exceptional circumstances where there is insufficient time to seek an Emergency Protection Order or for reasons relating to the immediate safety of the child.

3.22 Planned emergency action should normally take place following an immediate Strategy Discussion between Police, Social Services, and other agencies involved with the child and their family. In situations where an Emergency Protection Order is required, Social Services must obtain legal advice before initiating legal action.

3.23 Where a single agency has had to act immediately a Strategy Discussion should take place within four hours or at the earliest opportunity in order to plan next steps.

3.24 A Section 46 Enquiry should be immediately initiated following any emergency action in order to assess the needs and circumstances of the child and agree action to safeguard and promote the welfare of the child in the long run.

3.25 The child's safety should be secured by either:

- A parent/carer taking action to remove an alleged perpetrator.
- The alleged perpetrator agreeing to leave the home.
- The child remaining in a safe place or being removed to a safe place, either on a voluntary basis or by obtaining an Emergency Protection Order.
- The Police using their powers to place a child in Police protection and remove a child, or keep a child in suitable accommodation.

3.26 Where the child is Looked After by Social Services, the child's social worker should be informed of the action taken at the earliest opportunity.

Practice Guidance

Actions to be taken following a referral to Social Services

> "The quality of the initial response and the subsequent Initial Assessment is crucial, as it determines the whole course of work with that family."
>
> *Safeguarding Children: A Joint Chief Inspectors Report on Arrangements to Safeguard Children* (2002)

Although the Initial Assessment is a brief assessment of the needs of the child, it is important that it is a thorough piece of work. This will ensure that appropriate decisions can be made about whether or not the child is a child in need and at risk of significant harm. The following should be used by practitioners and managers to check the quality of the assessment process:

- All relevant information, including historical information, should be taken into account. This includes seeking information from relevant services if the child and family have spent time abroad.
- Information should be obtained from family members as appropriate, professionals, and others in contact with the child and family.
- The child should always be seen and spoken to (according to age and understanding) when necessary and appropriate on their own. All interviews should be undertaken in a way that minimises distress to them and maximises the likelihood that they will provide accurate or complete information. As it will not necessarily be clear whether a criminal offence has been committed, leading or suggestive questions should be avoided. (Where a criminal offence may have been committed the process set out in *Achieving Best Evidence* will be followed).
- Where the child has communication differences this should not be a reason for failing to obtain the child's wishes and feelings. The plan for the assessment should include consideration of how to best communicate with the child, including the use of non verbal communication methods.
- In situations where a parent or carer has considerable needs of their own, every effort must be made to maintain the focus on the child and not be distracted by the adult's needs.
- Interviews should always be undertaken in the preferred language of the child and family. A commissioned interpreter should be used. A child or their parent/carer may feel unable to share information if the interpreter is a family or community member.
- The assessment should not only gather information but should analyse this information using professional judgement. Professional judgement will be informed by knowledge from research and the literature, expertise based on past experience, the perspective of the child and family and clarity about how values and attitudes and work context may be affecting the analysis.
- Analysis of the information should lead to a judgement about the child's needs and how far parents are able to meet these needs within their current social context.

Research has shown that there are common pitfalls in the process of conducting Initial Assessments. These pitfalls and how to avoid them are presented below in order to assist the Initial Assessment process.

(Cleaver H., Wattam C., Cawson P., & Gordon R.*Children Living at Home: The Initial Child Protection Enquiry. Ten Pitfalls and How to Avoid Them in Assessing Risk in Child Protection,* London: NSPCC, 1998*)*.

Initial Assessment and Enquiries: ten pitfalls and how to avoid them

1. Not enough weight is given to information from family, friends and neighbours
Ask yourself: Would I react differently if these reports had come from a different source? How can I check whether or not they have any substance? Even if they are not accurate, could they be a sign that the family are in need of some help or support?

2. Not enough attention is paid to what children say, how they look and how they behave
Ask yourself: Have I been given appropriate access to all the children in the family? If I have not been able to see any child, is there a very good reason, and have I made arrangements to see him/her as soon as possible, or made sure that another relevant professional sees him/her? How should I follow up any uneasiness about the child/ren's health or well-being? If the child is old enough and has the communication skills, what is the child's account of events? If the child uses a language other than English, or alternative non-verbal communication, have I made every effort to enlist help in understanding him/her? What is the evidence to support or refute the young person's account?

3. Attention is focused on the most visible or pressing problems and other warning signs are not appreciated
Ask yourself: What is the most striking thing about this situation? If this feature were to be removed or changed, would I still have concerns?

4. Pressures from high status referrers or the press, with fears that a child may die, lead to over-precipitate action
Ask yourself: Would I see this referral as a child protection matter if it came from another source?

5. Professionals think that when they have explained something as clearly as they can, the other person will have understood it
Ask yourself: Have I double-checked with the family and the child(ren) that they understand what will happen next?

6. Assumptions and pre-judgements about families lead to observations being ignored or misinterpreted
Ask yourself: What were my assumptions about this family? What, if any, is the hard evidence which supports them? What, if any, is the hard evidence which refutes them?

7. Parents' behaviour, whether co-operative or unco-operative, is often misinterpreted
Ask yourself: What were the reasons for the parents' behaviour? Are there other possibilities besides the most obvious? Could their behaviour have been a reaction to something I did or said, rather than to do with the child?

8. When the initial enquiry shows that the child is not at risk of significant harm, families are seldom referred to other services which they need to prevent longer term problems
Ask yourself: Is this family's situation satisfactory for meeting the child(ren)'s needs? Whether or not there is a child protection concern, does the family need support or practical help? How can I make sure they know about the services they are entitled to, and can access them if they wish?

9. When faced with an aggressive or frightening family, professionals are reluctant to discuss fears for their own safety and ask for help
Ask yourself: Did I feel safe in this household? If not, why not? If I or another professional should go back there to ensure the child(ren)'s safety, what support should I ask for? If necessary, put your concerns and requests in writing to your manager.

10. Information taken at the first enquiry is not adequately recorded, facts are not checked and reasons for decisions are not noted
Ask yourself: Am I sure the information I have noted is 100% accurate? If I didn't check my notes with the family during the interview, what steps should I take to verify them? Do my notes show clearly the difference between the information the family gave me, my own direct observations, and my interpretation or assessment of the situation? Do my notes record what action I have taken/will take? What actions all other relevant people have taken/will take?

Chapter 4

Action to be taken where a child is at risk of significant harm

Child protection enquiries

4.1 Section 46 of the Children and Young Persons Act 2001 confers a duty on Social Services that where a child is:

- Subject to Police protection or
- They have reasonable cause to suspect a child is suffering or is likely to suffer significant harm

The Department shall make or cause to be made necessary enquiries to decide whether they should take any action to safeguard or promote the child's welfare.

4.2 Where enquiries are being made Social Services should:

- Obtain access to him/her or ensure access is obtained by an authorised person.
- The Children and Young Persons Act 2001 supports the best practice so that for the purposes of making a determination as to what action to take the Department shall, where possible:
    - ascertain the child's wishes and feelings about such action; and
    - give due consideration to the child's wishes and feelings.

4.3 The relevant manager in Social Services must ensure that Section 46 Enquiries are initiated when:

- A referral has been received that meets the criteria for immediate enquiries under Section 46 i.e. that a child is suffering or likely to suffer significant harm.
- Another child in the family has died or has been seriously injured and abuse is suspected (It will be necessary to refer to the Serious Case Review guidance).
- An Initial Assessment of a child in need identifies that the child is suffering or is likely to suffer significant harm
- During the process of a Core Assessment for a child in need concerns arise that the child is suffering or is likely to suffer significant harm

4.4 Once it has been decided that a Section 46 Enquiry is required, the manager should ensure that:

- Checks are carried out with all agencies in order to ascertain who might have relevant information to contribute to a Strategy Discussion.
- The first Strategy Discussion takes place within 24 hours.

Strategy discussions/meetings

4.5 Strategy Discussions by telephone may occur:

- In less complex cases.
- At the initial stages of the enquiry in complex cases where time is needed in order to clarify who should attend a Strategy Meeting. In this situation the meeting should take place within a maximum of 5 working days.

4.6 Face-to-face Strategy Meetings should be held where:

- A joint investigation is likely.
- There are allegations against staff, carers, volunteers or anyone professionally involved with the child – see Chapter 7, Protecting Children in Specific Circumstances: Allegations Against Staff, Carers and Volunteers Procedure.

- In situations of complex abuse.
- There is an allegation that a child has abused another child (separate meetings should be held for each child).
- The child is disabled.
- Fabricated illness is possible.
- There has been the unexplained death of a child. In this instance, consideration should be given to the meeting being chaired by someone independent of the case. Consideration should be given to informing the Chair of the SCB of the possible need for a Serious Case Review.

4.7 The manager responsible for convening a Strategy Meeting should ensure participants include:

- Relevant staff from all agencies that may have information that will be of assistance in planning the enquiries. This must include the Police, Named Nurse for Safeguarding Children and the relevant Designated Teacher if the child or any child in the family is of school age.
- Those who are sufficiently senior and able to contribute to the discussion of available information and make decisions on behalf of their agencies.
- The member of the medical team, ideally the medical consultant responsible for the child's healthcare, where a child is an in-patient or receiving services from the Pre-School Assessment Centre (PSAC).
- The senior ward nurse, or a nurse with knowledge of the child, if the child is a hospital in-patient.
- The timing of a Strategy Meeting must find a balance between maximum attendance and urgency. In general every effort must be made to ensure those with useful information will attend or submit a report.
- Those invited to a Strategy Meeting should prioritise attendance.

4.8 Strategy Meetings should be chaired by an experienced professional from Social Services.

4.9 Complex abuse Strategy Meetings should be chaired by a senior member of Social Services (Team Manager or above) who should notify the Child Care Co-ordinator at Social Services and the Chair of the Safeguarding Children Board. Complex abuse may involve alleged professional abuse or networks of sexual offenders or possible fabricated or induced illness. In many such situations more than one Strategy Discussion will be necessary.

4.10 The Strategy Discussion should:

- Confirm details of the concerns.
- Evaluate content and urgency.
- Agree the conduct and timing of any criminal investigation led by Police.
- Decide whether a Core Assessment under Section 46 of the Children and Young Persons Act 2001 should be initiated or continued if it has already begun.
- Agree whether the enquiry will be conducted solely by Social Services or jointly with the Police.
- Agree whether there is a need for Medical Assessment or treatment.
- Agree what action is needed immediately to safeguard and promote the welfare of the child and/or provide interim services and support. If the child is in hospital decisions should be made about how to secure the safe discharge of the child.
- Determine what information from the Strategy Discussion should be shared with the family.
- Determine if legal advice is required.
- Agree a plan for the Core Assessment including who should be interviewed and when and how the child's wishes and feelings should be obtained.
- Consider the race and ethnicity of the child and family and how this should be taken into account, including establishing whether an interpreter is needed.
- Consider any impairment (child or family) and determine particular needs including access and/or any assistance that will be required with communication.
- Consider the needs of other children who may be affected; for example, siblings and

other children in contact with alleged abusers.
- Agree a contingency plan if a parent refuses consent for an interview or medical assessment of the child.

4.11 Where there are concerns about fabricated illness and it is decided to commence a Section 46 Enquiry, the Strategy Meeting should, in addition, agree:

- Whether the child needs constant professional observation, and if so, whether the carer should be present.
- The designation of a medical clinician to oversee and co-ordinate the medical treatment of the child and control the number of specialists and hospital staff the child may be seeing.
- Who should be responsible for collating the medical records of all family members, including children who may have died or no longer live with the family.
- The nature and timings of Police investigations, including analysis of samples and covert surveillance. Any covert surveillance will be Police led and draw on the Regulation of Surveillance Etc Act 2006.
- How any required expert consultation will be obtained.

4.12 Where there are concerns about domestic abuse and it is decided to commence a Section 46 Enquiry, the Strategy Meeting should be aware of:

- The power and control of the perpetrator affecting the assessment process.
- The potential increase in risk to the victim and child(ren) as a result of the child protection enquiry.
- The psychological impact of living with domestic violence which can lead to the abuse of drugs, alcohol and the development of mental ill health.
- The Strategy Meeting should agree what information can be shared; however the victim's safety could be compromised if their whereabouts are discussed.
- The safety of the family must be paramount.
- Consideration must always be given to the safety of professionals involved in the enquiries.
- The Strategy Discussion needs to include specialist domestic abuse advice and guidance.

4.13 Strategy Discussions – recording

The Record of Strategy Discussion should record details of:
- information shared;
- decisions reached and the basis for those decisions; and
- actions and timescales agreed.

The record of the discussion should be circulated within two working days to those who participated.

Section 46 Enquiries and associated Police investigations: decision making about joint or single agency enquiries

4.14 Significant harm to children gives rise to both child welfare concerns and law enforcement concerns. Section 46 Enquiries may therefore run concurrently with Police investigations concerning possible associated crime(s).

4.15 When joint enquiries take place, the Police have the lead for the criminal investigation, and Social Services have the lead for the Section 46 Enquiry and the child's welfare.

4.16 The Strategy Meeting or Discussion must agree that single agency enquiries by Social Services are appropriate.

Joint agency enquiries

4.17 Joint enquiries are those jointly conducted by Social Services and the Police.

4.18 A joint enquiry must **always** take place when there is an allegation or reasonable suspicion that one of the criminal offences below has been committed:

- Any suspected sexual abuse committed against a child aged up to eighteen years, except in situations of stranger abuse.
- Serious neglect or ill-treatment or emotional harm.
- Serious physical abuse to a child aged up to eighteen years old; this includes murder, manslaughter, any assault involving actual or grievous bodily harm, repeated assaults involving minor injury.
- Allegations involving organised or institutional abuse.
- Allegations which involve unusual circumstances, such as the presentation of bizarre behavioural/medical conditions including suspected illness induced or fabricated by carers with parenting responsibilities.
- Allegations relating to the forced marriage of a child.
- Allegations against professionals who work with children.
- Adults who are accessing indecent images of children who have regular direct contact with the children.

No agency should take any independent action in situations where there is an allegation or reasonable suspicion that one of the criminal offences above has been committed. Doing so could place a child at increased risk and compromise a criminal investigation.

4.19 A joint enquiry must be considered in cases of:

- Minor injuries to a child subject to a Child Protection Plan or Looked After.
- Injury to a pre-mobile child.

4.20 For other cases of minor injury the following factors (where known) must be considered in determining the seriousness of the allegation or concern and, therefore, whether the threshold for a joint investigation has been met:

- The vulnerability of the child (including age, impairment).
- Any previous history of minor injuries.
- The intent of the assault.
- The use of a weapon.
- Previous concerns from a caring agency.
- The consistency with and clarity or credibility of the child's accounts of the injuries.
- Other predisposing factors about the alleged perpetrator, e.g. criminal convictions, alcohol/drug misuse, mental health difficulties and domestic violence.

Social Services single agency enquiries

4.21 The criteria for single agency enquiries are where the available evidence suggests:

- Emotional abuse alone.
- Physical abuse resulting in minimal or no injury (except pre-mobile babies where a joint enquiry should be considered).
- Neglect insufficient for prosecution.
- Over-sexualised behaviour of a child where there is no other concerning features.

4.22 If, at any point during the enquiries, it becomes apparent that the joint enquiry criteria are met, contact should be made with the police and a joint enquiry started.

Police single agency enquiries

4.23 These will usually be appropriate where:

- An adult makes an allegation about abuse in childhood.
- The alleged offender is not known to the child or the child's family (i.e. stranger abuse). In this situation Social Services must be made aware of the investigation and a joint decision made by the first line managers in each agency as to whether the child's needs should be assessed.

4.24 On occasions the Police may conduct a single agency investigation out of hours reflecting their duty to respond and take initial action to protect either a child or criminal evidence. If this occurs, Social Services must be informed as soon as possible and a joint enquiry commenced, if appropriate.

Section 46 Enquiries and the Core Assessment

4.25 The objective of the Section 46 Assessment is to determine whether action is required to protect and safeguard the child or children who are the subjects of the enquiries.
The Core Assessment is the means by which a Section 46 Enquiry is carried out. It is based on the framework for assessment of children in need and assists the analysis of risk, harm and need.

Information on the framework for assessment is available at Appendix 4.

4.26 Social Services have lead responsibility for the Core Assessment under Section 46, Children and Young Person's Act 2001. However, all agencies which have relevant information should assist the social worker throughout the assessment process.

4.27 The Core Assessment should be led by a qualified and experienced social worker and all workers undertaking Section 46 Enquiries should have specialist training and experience in interviewing children.

4.28 The assessment should be completed within 35 days of the decision to undertake a Core Assessment. This will not be within the timescale of an Initial Child Protection Conference if one is required. Where it has been decided to hold a conference, sufficient progress should have been made with the Core Assessment to enable the conference to make a reasoned decision about the needs of the child(ren).

4.29 The **Core Assessment** process /**Section 46 Enquiries** should always:

- Be carried out in such a way that distress to the child is minimised.
- Involve separate interviews with the child who is the subject of concern, and interviews with parents and/or care givers, and observation of the interactions between parents and children.
- A child who is competent to take the decision can decide that they do not wish the parent to be involved and exceptionally, it may be agreed between Social Services and the Police that, in order to ensure the best possible evidence, it may be necessary to speak to a suspected child victim without the knowledge of the parent or the care giver. If parental consent for an interview is refused, the team manager in Social Services must be immediately informed and legal advice sought as a matter of urgency.
- Include other children in the family being seen/considered for interview;
- Treat families sensitively and with respect.
- Use the Framework for the Assessment of Children in Need and their Families to collect and analyse information and before completion cover all dimensions in the Assessment Framework.
- Give consideration to conducting interviews with all those who are personally or professionally connected with the child, and/or their parents and care givers.

- Ensure a commissioned interpreter is provided where a child or parent speaks a language other than that spoken by the interviewer. Wherever possible, this interpreter should be trained or briefed in safeguarding issues.
- Ensure children and parents with disabilities are provided with help with communication as required.
- Use alternative means of understanding the child's perspective, including observation if a child is unable to take part in an interview because of age or understanding.
- Avoid using leading or suggestive communication where possible, although it must be recognised that some communication systems used by children with disabilities are leading in nature. This should not prevent the child's views being ascertained.
- At all stages of the enquiry the child's views, wishes and feelings should be ascertained and recorded.

4.30 In the event of parents choosing not to co-operate with the Section 46 Enquiry – but concerns about the child's safety are not so urgent as to require an Emergency Protection Order – Social Services may apply to court for a Child Assessment Order. In these circumstances, the court may direct the parents/care givers to co-operate with an assessment of the child, the details of which should be specified. The Order does not take away the child's own right to refuse to participate in an assessment (for example, a medical examination) so long as he or she is of sufficient age and understanding.

Section 46 Enquiries and Medical Assessments

4.31 The first consideration should be whether the child needs urgent medical attention, in which case they should be taken to the A & E Department.

4.32 When the medical examination takes place out of the area, the Strategy Discussion/Meeting should ensure the medical report is available.

4.33 In other circumstances the Strategy Discussion/Meeting will ensure that the need and timing of a medical assessment is agreed with the appropriate paediatrician.

4.34 A medical assessment should *always* be considered when there is disclosure or suspicion of any form of physical abuse or sexual abuse or neglect. Additional considerations are the need to:

- provide reassurance for the child and family where appropriate;
- secure forensic evidence;
- obtain medical documentation.

Consent for medical examination or medical treatment

4.35 The following may give consent to a medical examination:

- A child of sufficient age and understanding (often referred to as Fraser Competent). This should generally be assessed by the doctor with advice from others as required. A young person aged sixteen or seventeen has an explicit right to provide consent to surgical, medical or dental treatment and unless grounds exist for doubting their mental health no further consent is required.
- Any person with parental responsibility.
- Social Services when the child is subject of a Care Order (though the parent/carer should be informed).
- Social Services when the child is accommodated under The Children and Young Persons Act 2001 **and** the parent/carers have abandoned the child or are physically or mentally unable to give such authority. When a parent or carer has given general consent authorising medical treatment for the child legal advice must be taken as to whether this provides consent for a medical assessment for child protection

purposes.
- The High Bailiff has inherent jurisdiction.
- A Family Proceedings Court as part of a direction attached to an Emergency Protection Order, an Interim Care Order or a Child Assessment Order.

4.36 A child who is of sufficient age and understanding may refuse some or all of the medical examination though refusal can potentially be overridden by the court.

4.37 Wherever possible the permission of a parent for a child under 16 should be obtained prior to any medical examination and/or other medical treatment even if the child is judged to be of sufficient understanding. If this is not possible or appropriate, then the reasons should be clearly recorded.

4.38 Where circumstances do not allow permission to be obtained and the child needs emergency treatment then the medical practitioner may:

- Decide to proceed without consent.
- Regard the child to be of an age and level of understanding to give her/his own consent.

4.39 In these circumstances parents must be informed as soon as possible and a full record made at the time.

4.40 In non-emergency situations when parental permission is not obtained, the social worker and their line manager must consider whether it is in the child's best interest to seek a court order.

The process of medical examination

4.41 In the course of Section 46 Enquiries, appropriately trained and experienced practitioners must undertake all child protection medical examinations.

4.42 Only doctors may physically examine the whole child, but other staff must note any visible marks or injuries on a body map and document details in their recording.

4.43 Referrals for a medical examination will be made by the social worker, police officer or their manager, depending on the child's needs and Island provision, to the consultant paediatrician on call. In urgent situations, the child should be taken straight to Accident & Emergency.

4.44 In planning the examination, the social worker, the police officer, their managers and the relevant doctor must consider whether it might be necessary to take photographic evidence for use in care proceedings or criminal proceedings. Where such arrangements are necessary, the child and parents must be informed and prepared and careful consideration given to the impact on the child.

4.45 The social worker should (unless this would cause undue delay) consult parents or a child of sufficient age and understanding about the gender of the medical practitioner prior to the examination being conducted. However, no guarantees about this can be given, and it should not be given undue emphasis. It is most relevant to older children when examination for sexual abuse is needed.

4.46 In cases of severe neglect, physical injury or recent penetrative sexual abuse where there is a possibility of forensic evidence being available, the examination should be undertaken on the day of referral, giving due consideration to the welfare of the child.

4.47 In non acute sexual abuse, less severe neglect, emotional abuse and some cases of minor physical injury (in the latter, only after consultation with a paediatrician), examination should take place as a planned appointment, not necessarily on that day. However, if it is considered that the protection plan for the child might be altered by the outcome of the examination, this should take place on the day of referral.

4.48 In all cases of suspected sexual abuse an appropriate examination should be carried out in accordance with best practice in order to secure forensic evidence. GPs must not perform a detailed examination. In such cases:

- Examinations are carried out by a forensically trained Force Medical Examiner (FME). (Best practice guidance is available from the *Royal College of Paediatrics and Association of Police Surgeons Child Health Guidelines (2004)* which can be found at Royal College of Paediatrics and Child Health website.) It may be necessary for younger children to have a joint examination with a paediatrician present, led by the FME.
- The police officer leading the enquiry will ensure that doctors are briefed and possession is taken of evidential items.
- Single examinations will only be undertaken if the person has the requisite skills and equipment.
- Single examination by an FME should preferably only be undertaken on older children (at least 10 years or older) and this will usually be in the case of acute (recent) sexual abuse or alleged rape.
- The FME (or paediatrician if involved in a Strategy meeting) or following a joint examination has the discretion to recommend that a child is referred to a recognised UK sexual abuse centre. This can be for initial examination or for second opinion. The circumstances will vary on the Island depending on the availability and the experience of the FME and the paediatrician;
- It is acknowledged that no FME or paediatrician on the Isle of Man will be able to undertake colposcopy examination and this will influence the decision regarding examination at a UK centre;
- The need for a specialist examination by a child psychiatrist or psychologist should be considered.

Recording the medical examination

4.49 The paediatrician must agree with the referrer an appropriate timescale for the provision of an initial report. This must be provided to the social worker, police officer (if involved) and GP. In most cases, it will be appropriate to provide at least an initial report within 24 hours, to be followed up by a more detailed report as soon as practicable. In some cases, further investigation or assessment may mean it takes longer to provide a definitive opinion.

4.50 Where medical examination is carried out off-Island, the appropriate off-Island protocols should be followed.

4.51 Disclosure to the parents of the information contained in the report should be agreed in consultation with the social worker and police officer.

4.52 The report should include:

- Date, time and place of examination.
- Those present.
- Who gave consent and how (child/parent written/verbal).
- A verbatim report of the carer's and child's spontaneous accounts of injuries and concerns noting any discrepancies or changes in account.
- Documentary findings in both words and diagrams.
- Site, size, shape and, where possible, age of any marks or bruises.
- Other findings relevant to the child, e.g. squint, hearing problems, learning or speech problems.
- Confirmation of the child's developmental progress (especially important in cases of neglect).
- Time the examination ended.
- A medical opinion of the likely cause of any injury or harm.

4.53 All reports and diagrams should be signed and dated by the doctor undertaking the

examination.

Section 46 Enquiries and Police investigative interviews

4.54 The Strategy Meeting will have decided who needs to be interviewed and who will conduct the interview(s).

4.55 Visually recorded interviews will be conducted in accordance with the guidance set out in *Achieving Best Evidence and Significant Witness Interview* procedure.

4.56 Where a child is deemed to be particularly vulnerable and/or has a communication difficulty, consideration should always be given as to whether an intermediary should be involved at the early stages of the investigative process.

4.57 The Police will be primarily responsible for interviewing the alleged perpetrator(s). They must keep Social Services informed about the progress of the investigation in order to ensure that the child remains adequately protected once the alleged perpetrator hears the allegations against them or if, having been charged with the offence, they are subsequently released on bail.

Action following Section 46 Enquiries

4.58 Section 46 enquiries will result in one of the following outcomes:

- Concerns not substantiated.
- Concerns substantiated but the child is not judged to be at continuing risk of significant harm.
- Concerns substantiated and the child is judged to be at continuing risk of significant harm.

4.59 **Action where concerns NOT substantiated**
Where concerns about the child being at risk of or suffering significant harm are not substantiated:

- The Core Assessment should be completed.
- A Child in Need Meeting should be held in order to consider with the family what support and/or services may be helpful.
- In some cases, concerns may remain about Significant Harm, despite there being no real evidence. It may be appropriate to put in place an arrangement to monitor the child's welfare, but this should never be used as a means of deferring or avoiding difficult decisions. Where it has been decided that monitoring is required:
    - The purpose of monitoring should be clear – what is being monitored, why, in what way and by whom.
    - Parents should be informed about the nature of any on-going concern.
    - A date should be set for a discussion or meeting to review the monitoring arrangements.
- At this stage it may be appropriate to hold a Family Support Meeting to engage the parents and wider family group (as appropriate) in developing and implementing a Child in Need Plan.

4.60 **Concerns are substantiated but child NOT at risk of significant harm**
Where concerns are substantiated, but an analysis of evidence obtained through Section 46 Enquiries supports a judgement that the child is not at continuing risk of significant harm, a Child Protection Conference may not be required.

4.61 Additionally, a Child Protection Conference may not be required in the following circumstances:

- The family's circumstances have changed, e.g. the perpetrator of the abuse has

permanently left the house and does not have contact with the child;
- Where significant harm was incurred as a result of an isolated abusive incident unlikely to occur again, e.g. abuse by a stranger.
- The agencies most involved judge that a parent or care giver, or members of the child's wider family, are willing and able to co-operate with actions to ensure the child's safety and welfare. This judgement must be based on a soundly based assessment of the likelihood of successful intervention, based on clear evidence and mindful of the dangers of misplaced professional optimism.

4.62 **Concerns substantiated and child at risk of significant harm**
Where concerns are substantiated and the child is judged to be at continuing risk of significant harm:

- In all situations where a child is judged to be at continuing risk of harm, Social Services must convene a Child Protection Conference.
- Where risk of harm is immediate the steps outlined in *Action to be taken following a Referral to Social Services* (para 3.14) should be followed before a Child Protection Conference is convened.
- Unless there is some legal protection or a contingency plan in place where a child has become 'looked after' as a result of child protection concerns, an Initial Child Protection Conference will be required to gather information to inform planning to make sure that the 'safety net' is based on sound information and consideration of the facts.

4.63 Feedback on all child protection enquiries, whatever their outcome, will be provided by the social worker to:

- Their line manager.
- The child(ren) where appropriate.
- Parents and/or carers who will receive a copy of the 'Record of Outcome of Section 46 Enquiries' and Core Assessment when completed.
- Professionals who have contributed to the enquiries but who are not likely to have ongoing involvement with the child and family. They should receive notification of the outcome of enquiries.
- Professionals who were involved in the enquiries and who have ongoing involvement with the child and family. They should receive a copy of the 'Record of Outcome of Section 46 Enquiries' and a copy of the Core Assessment.
- If consulted during the Child Protection Enquiry, the Child Care Co-ordinator should receive feedback on the outcome.

Practice Guidance

Section 46 Enquiries/Core Assessments

Action to be taken where a child is at risk of significant harm

Communicating with children through the process

Communicating with children is an essential part of the enquiry process.

Where a crime is thought to have been committed, the guidance on investigative interviewing is set out in *Achieving Best Evidence (ABE)* (2007). Where possible such interviews should be conducted by ABE trained and accredited staff.

Jones (Jones, D., 2003 *Communicating with Vulnerable Children*, London: Gaskell) on behalf of the Department of Health reviewed the research evidence and implications for best practice where an investigative interview is not required but an in-depth interview is needed with a child as part of a Core Assessment/Section 46 Enquiry. Below is a summary of some of the key findings. It is recommended that all practitioners undertaking such interviews should consult the main text.

Summary of the principal implications from research for practitioners undertaking in-depth interviews

- A child's free account is preferable to answers obtained from specific questions, because it is likely to be fuller and more accurate.
- If direct questions are used, they should not be leading in type, repeated frequently during the interview, or associated with any other type of pressure from the professional. They should be followed by open ended questions or invitations to the child to say more.
- Practitioners should avoid bias and supposition.
- Interviews should normally be planned in advance. This enables clear identification of the purpose of the interview.
- It is useful to prepare children for in-depth interviews so that they know what to expect and in order to involve them in the process.
- In-depth interviews should normally have an introductory rapport building phase;
- A flexibly employed structure to the session is useful.
- Interviews should be recorded carefully in the most appropriate way for the individual circumstances.
- The practitioner should remember that false or erroneous accounts can emanate from children, adult carers or from professional practice.
- Any interviews with children should be based on established principles of professional good practice.
- It is essential to listen to and understand the child.
- It is essential to convey genuine empathic concern.
- It is essential to convey the view that it is the child who is the expert, not the professional;
- It is easier for practitioners to develop and maintain the qualities and competencies outlined above if they work within an environment that encourages critical review of practice if they seek frequent updates on research findings and consensus statements, and if they have the opportunities for continuing professional development.

Neglect

Concerns about neglect may come to light suddenly, but, more often, enquiries will be commenced following involvement with the family by a number of agencies over time. There is evidence that such situations may result in information becoming fragmented (Reder, P., Duncan, S., & Gray, M. (1993) *Beyond Blame: Child Abuse Tragedies Revisited* London: Routledge) and professionals becoming 'stuck', not seeing evidence which challenges their ideas about a family (Munro, E (2001)

Effective Child Protection London: Sage) and at times finding ways to minimise their involvement (Bridge Child Care Consultancy (1995) Paul: *Death through Neglect* London: Bridge Consultancy Services).

It is therefore important that during the process of enquiries:

- Information is gathered from all those who may have had contact with the child and family, including voluntary agencies and adult services.
- There is the opportunity for those involved to reflect with their supervisor on the impact that working with the family has had on them and whether this has led them to have become 'stuck' and miss important information.

When making enquiries in cases of neglect, consideration should always be given as to whether a medical assessment is required in order to determine the impact of the care giving environment on a child's development.

Research has shown that in order to adequately assess situations of possible neglect it is important to use an ecological framework (Turney, D., & Tanner, K. (2005) *Understanding and Working with Neglect* London: DFES).

Enquiries must therefore gather information about:

- The child and their current development (including their views).
- The family history and network including both parents' history of being parented and how this might affect their parenting capacity and relationship with the child(ren).
- The environment/community within which the family are living, including stressors and supports.
- The impact of the wider societal values and beliefs, including the impact of such factors as racism or disability.

Once the above information has been gathered, the assessment should focus on the way in which the factors interact and the impact that this has on the likely developmental outcomes for the child both in the short term and the long term.

Throughout the enquiries it must be remembered the impact that neglect can have on the developing child. *Working Together on the Isle of Man to Safeguard Children* states:

> "Severe neglect of young children has adverse effects on a child's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long term difficulties with social functioning, relationships and educational progress. Neglected children may also experience low self esteem, feelings of being unloved and isolated. Neglect can also result in extreme cases in death. The impact of neglect varies depending on how long children have been neglected, the children's age, and the multiplicity of neglectful behaviours children have been experiencing."

Sexual abuse

Enquiries into situations of alleged sexual abuse should be carried out by professionals who have training in this specific area of work. It is likely that enquiries will be conducted jointly by Police and Social Services in line with procedures set out in this chapter.

Enquiries and assessments should include consideration of:

- The nature of sexual offending, i.e. how sexual offenders operate; the possibility of professionals being "groomed", as well as children and families, and ways in which children may be silenced by their abusers. See for example Calder, M. (2000) *Complete Guide to Sexual Abuse Assessments*, Lyme Regis: Russell House.

- Factors associated with the non-abusing carer's capacity to protect the child. Smith, G. (1995) 'Assessing Protectiveness in Cases of Child Sexual Abuse' in Reder, P., & Lucey, C., (eds) *Assessment of Parenting* London: Routledge.
- Alleged sexual abuse within the whole family context and the possible association with other forms of abuse.
- The impact of sexual abuse on children and the support they are likely to need throughout the assessment process.

The severity of impact on the child will increase:

- The longer the abuse continues.
- The more extensive the abuse.
- The older the child.

Other features associated with severity of impact are:

- A close relationship between the abuser and the child.
- Premeditated abuse.
- The degree of threat and coercion, sadism, bizarre and unusual elements.

Effective assessments

An overview of research has shown that the following are important in enquiries into allegations of child sexual abuse (Jones, D., & Ramchandani, P (1999) 'Child Sexual Abuse: Informing Practice from Research' Lyme Regis: Radcliff):

- The initial approach is extremely important and sets the tone for the remainder of the investigation.
- Parents found that professionals who treated them personally with care and respect and who listened to their perspectives and were generally non-judgmental, were the most help.
- Children were especially sensitive to being patronised or kept in the dark, and wanted information and openness from the practitioner.
- There is a need for specialist help to be available for minority ethnic children, or those with particular needs.
- It may be hard to evaluate the potential for a parent to be supportive to his/her child, and easy to misinterpret the parent's first reactions. This may require further evaluation by the professional in order to clarify parental reactions and responses.
- In cases where partnership is initially difficult with parents, perhaps because of the need to take immediate child protective action, it may still be possible to work in partnership despite early difficulties.
- Parents benefit from direct information and instructions as to how best to help and respond to their child, particularly when they themselves are in a state of crisis and have reduced coping ability as adults.

Sexual abuse by children and young people

Where the potential abuser is a young person themselves, an assessment of their needs should be carried out separately and should include:

- The nature and extent of the abusive behaviours. Expert professional judgement may be required, within the context of knowledge about normal childhood sexuality.
- The context of the abusive behaviours.
- The child's development, and family and social circumstances.
- Needs for services specifically focusing on the child's harmful behaviour as well as other significant needs.
- The risks to self and to others, including other children in the household, extended family, school peer group or wider social network. This risk is likely to be present unless the opportunity to further abuse is ended, the young person has acknowledged the abusive

behaviour and accepted responsibility and there is agreement by the young abuser and his/her family to work with relevant agencies to address the problem.

Decisions following the assessment will include:

- The most appropriate action within the criminal justice system if the child is above the age of criminal responsibility.
- Whether the young abuser should be subject of a Child Protection Conference.
- What plan of action should be put into place to address the needs of the young abuser, detailing the involvement of all relevant agencies.
- Cognizance should be taken of the level of risk within the context of the Isle of Man Offender and Potential Offender Management programme.

Serious injuries to infants

Where an infant has sustained serious injury it is vital that the procedures set out at the beginning of this chapter are followed. It will be particularly important to work closely with medical colleagues and ensure that the immediate protection of the child is secured.

Whilst the Framework for the Assessment of Children in Need will form the basis of the enquiries, research (Dale, Greene, & Fellows (2002) *What really happened: child protection case management of infants with serious injuries and discrepant explanations* London. NSPCC) has indicated that there are additional factors to consider, and that good assessments will:

Avoid intuitive judgements
Munro (Munro, E. (2002) *Effective child protection* London: Sage) has noted that there is a tendency to interpret child protection situations on an intuitive and emotional basis rather than a rational analytical one. When this happens there is a danger that information that does not fit the views of the worker will not be sought. In situations of serious injury to infants it is important that all possible explanations are identified and forensically examined.

Pay attention to detail
Those conducting enquiries must develop a detailed understanding of what exactly happened, when and where, who was present, what happened next? These questions may be a vital key to establishing the roles of parents/carers and will help in assessing the veracity and consistency of accounts and the probability of explanations.

Be neutral
Certain overt professional opinions and single minded advocacy (for or against a parent) should be avoided. When neutrality is lost, parents experience some professionals as 'on their side' and others who are 'against' them. This is unlikely to lead to good outcomes. Neutrality involves the open-minded and systematic exploration of alternative hypotheses regarding the cause and circumstances of a serious suspicious injury to a child.

Consider probability
The focus of the enquiry should be on systematically establishing a level of probability in relation to an injury being caused as described. For example, given that a self-inflicted fracture to a six week old baby may conceivably be possible but extremely unusual - how probable are the alternative explanations?

Children with disabilities

It is known that children with disabilities are more likely to be abused than children without disabilities (Sullivan, P., Knutson, J. F. (2000) 'maltreatment and disabilities: a population based epidemiological study' *Child Abuse and neglect* 24 (10)) yet there is evidence that they are less likely to be protected by our child protection system (National Working group on child protection and Disability *It doesn't happen to children with disabilities* London NSPCC).

Guidance has been issued to Local Safeguarding Children Boards in England and Wales regarding protection of children with disabilities (Morris, J. (2006) Safeguarding Children with disabilities: A Resource for Local Safeguarding Children Boards, London DFES). This sets out issues that need to be taken into account when conducting Section 47 (Section 46 on the Isle of Man) Enquiries. The following is adapted from this guidance and has only been amended to accommodate Isle of Man relevant legislation.

Take time to gather information you require in order to understand the context of the concern, the nature of the child's needs and the risks to the child's welfare.
More time may be needed to gather information and you are likely to have to seek information from more people than in the case of a non-disabled child.

It will be useful to gather information from:

- *Carers* – there may be carers additional to those usually involved with a non-disabled child
- *Health professionals* – as well as those routinely contacted during enquiries
- *Find out* whether the child is in regular contact with the:
    - School nurse
    - Community/district nurse
    - Physiotherapist
    - Occupational therapist
    - Dietician
    - Speech and language therapist
    - Clinical psychologist
    - Psychiatrist
    - Complementary Health workers
- *Education and schools* – thought should be given as to the wide range of people who may be in contact with a disabled child including:
    - Special educational needs co-ordinators or inclusion co-ordinator
    - Classroom/lunchtime assistants
    - Transport drivers and escorts
    - Volunteers
    - Peripatetic teachers.

A child with disabilities is more likely to receive care from a number of adults and this is a risk factor in itself
This means Section 46 Enquiries may be more complex. There may be more adults to be interviewed and more potential perpetrators. These difficulties need thorough consideration at the **Strategy Discussion** to ensure all risk factors are identified and contamination of evidence is avoided.

Recognise that you may need to seek specialist advice and information in order to make judgements about whether a child is suffering significant harm and what action should follow
Examples of significant harm which may arise for children with disabilities may fall outside your previous experience; for example:

- Failure to meet the communication needs of a hearing impaired child to the point where their development is impaired.
- Misuse of medication.
- Being denied mobility, communication and other equipment.
- Being denied access to medical treatment including, for example, parents not agreeing to a gastrostomy where the child is receiving inadequate nutrition and/or oral eating is unsafe.

A failure to recognise children with disabilities' human rights can lead to abusive situations and practices
Basic human rights include issues relating to food nutrition, appropriate levels of discipline or sanctions, finances, hygiene, physical comfort, social interaction, sexuality, liberty and sleep. These basic rights can be abused either through ignorance, lack of appropriate resources or support or with

intention to cause harm. Whether abuse of rights is unintentional or not, is unacceptable or not, it is not acceptable for this to go unchallenged as it does not promote children's welfare or safety. Moreover, when human rights are denied children are vulnerable to further types of abuse.

Abuse of rights and poor practice can become pervasive in institutions and poor care practices can have more significant consequences for some children with disabilities than for non children with disabilities. Poor care practices that for a non-disabled child may affect their development, might be life threatening for a disabled child.

Medical and health issues have particular implications for identifying significant harm
The potential to abuse or neglect children through medical or health issues is greater than with children who are not as reliant on specific health needs being met. Main areas of concern that should be considered during enquiries are:

- The *misuse of medication*, for example:
    - To restrict liberty
    - To control emotion and behaviour
    - To impair physical and emotional capacity to resist abuse.

- The *neglect* of *health needs*, for example:
    - Poor equipment adaptations and aids, which may result in harm
    - Tampering with equipment to restrict liberty
    - Basic health care needs not being met
    - Denying or restricting access to food and nourishment.

Experiences such as these can inhibit children's ability to reach their full potential and can also affect their ability to resist abusive behaviours towards them, making them more vulnerable to further abuse.

If someone tells you that a child's injury or behaviour is a normal part of their disability make sure you verify this opinion
A previous occurrence should not automatically act as a verification of 'normality' and it may be necessary to seek medical or other specialist advice.

Take care to address any barriers to communicating with a disabled child
Children with disabilities may have different communication needs. They may use other communication systems such as British Sign Language, symbols or hand gestures (e.g. Makaton, Rebus). The child might have very limited communication with only a hand or sign movement that indicates yes and another to indicate no. This does not mean that the child cannot understand or is not able to communicate what has happened to them.

If a parent or professional tells you that a child cannot communicate, explore further what they mean. *Ask* - how do they know when the child is in pain? Hungry? Hot/cold? Or does not like something? This will inform you how the child communicates.

For some children their only way of communicating with you will be through changes in their behaviour. It is very important, therefore, to maximise the use of observation and reports from those in contact with the child. For example, where a child's response to personal care changes suddenly, or where they express fear or aversion to a particular carer.

If it is possible that there will be a criminal prosecution always consider whether an intermediary should be used at an early stage in the enquiries.

Do not think that because a child has a different ability to understand the world that they will not be affected by being harmed or neglected
Abuse and neglect are as harmful for all children, including children with disabilities. Best practice based on research evidence recognises that the impact of abuse on children's psychological, emotional and physical health should always be addressed, regardless of whether at the time they

understood what was happening to them. This should be applied to all children, including those with cognitive impairments.

Issues to consider where parents have learning disabilities

Where a parent has a learning disability it does not automatically follow that they will be unable to care for their child. However, parents with learning disabilities may lack the understanding, resources, skills and experience to meet the needs of their children. Moreover, they frequently experience additional stresses such as having a child with disabilities, domestic violence, poor physical and mental health, substance misuse, social isolation, poor housing, poverty and a history of growing up in care.

Children of parents with learning disabilities are at increased risk from learning disability and more vulnerable to psychiatric disorders and behavioural problems. They may also assume the role of carer for their parents and other siblings. Unless parents with learning disabilities are comprehensively supported (for example by a capable non-abusing relative, such as their own parent or partner) their children's health and development is likely to be impaired. A further risk of harm to children arises because mothers with learning disabilities may be attractive targets for men who wish to gain access to children for the purpose of sexually abusing them.

Where there are concerns about significant harm it is important that care is taken to:

- Use the ecological model underpinning the Core Assessment process to gather information about the child's development, the relationship between the child and their parents and the support systems available to the family both from within their own family network and the wider community. Those conducting the enquiries should also be alert to the possible discrimination faced by the family and how their own attitudes and values regarding parents with learning disabilities might affect their assessment.
- Plan the enquiries carefully paying particular attention to understanding the nature of the learning disability. What is each parent's level of functioning? It will be important to use colleagues in adult services to assist in the enquiries and it may also be possible to gain further information regarding the parents capabilities via past school records.
- Make sure that the parent(s) fully understand the enquiry process. Do they need a supporter? Are written materials adapted to be accessible to them?

An overview of the research literature in relation to parents with learning disabilities (McGaw, S & Newman, T (2005) *What works for parents with learning disabilities* London: Barnados) should assist those undertaking enquiries. This noted:

- While the association is ambiguous, there is strong evidence for a genetic link between parental learning disability and child developmental delay.
- Where families receive insufficient support, genetic vulnerability to developmental delay in children may be compounded by a paucity of environmental stimulation.
- Behavioural problems, particularly in boys, and corresponding difficulties in parental management may arise when the child's intellectual capacity exceeds that of their parents.
- The prevalence of childhood abuse is likely to be greater among parents with learning disabilities than the general population, and this may impact on their ability to parent and safeguard.
- In the absence of adequate support, a parental IQ <60 can be considered a factor predictive of inadequate parenting.
- A reasonable supposition is that an adult with an IQ of just >60 but <80 will need additional support. However, these are just indicators and do not replace professional knowledge and judgement.
- The main predictor of competent parenting is an adequate structure of professional and informal support.

Black and minority ethnic children and their families

Children from all cultures are subject to abuse and neglect. However, in order to make sound professional judgements those conducting enquiries should:

- Be sensitive to differing family patterns and lifestyles and to the child rearing patterns that vary across different racial ethnic and cultural groups.
- Be aware of the broader social factors that serve to discriminate against black and minority ethnic people.
- Be committed to equality in meeting the needs of all children and families and to understand the effects of racial harassment, racial discrimination and institutional racism, as well as cultural misunderstanding and misinterpretation.

The process of enquiries should:

- Maintain a focus on the needs of the individual child.
- Include consideration of the way in which religious beliefs and cultural traditions in different racial, ethnic and cultural groups influence their values, attitudes and behaviour and the way in which family and community life is structured and organised.
- Ensure that cultural factors are not used to explain or condone acts of omission or commission which place a child at risk of significant harm.
- Guard against myths and stereotypes both positive and negative.

Anxiety about being accused of racist practice should not prevent the necessary action being taken to safeguard and promote a child's welfare.

Issues to consider in situations of domestic abuse

All assessments should take place in line with local protocols and involve relevant local agencies.

Whilst most reference in this section is to women as victims of domestic abuse, it could also be the male partner that is the victim. If children are present the impact of the incident and subsequent living conditions should always be considered.

Working Together on the Isle of Man to Safeguard Children (2010) identifies the following which should be taken into consideration in responding to situations where domestic violence may be present:

- Asking direct questions about domestic abuse.
- Checking whether domestic abuse has occurred whenever child abuse is suspected and considering the impact of this at all stages of assessment, enquiries and intervention.
- Identifying those who are responsible for domestic abuse in order that relevant family law or criminal justice responses may be made.
- Taking into account there may be continued or increased risk of domestic abuse towards the abused parent and/or child after separation, especially in connection with post-separation child contact arrangements.
- Providing women with full information about their legal rights and the extent and limits of statutory duties and powers.
- Assisting women and children to get protection from abuse by providing relevant practical and other assistance.
- Supporting non-abusing parents in making safe choices for themselves and their children.
- Working separately with each parent where domestic abuse prevents non-abusing parents from speaking freely and participating without fear of retribution.

In assessing safety and risk to the child the following information should be obtained (Hester, M., Pearson, C., and Harwin, N., (2000) *Making an Impact- children and domestic violence*, London: Jessica Kingsley):

- When was the most recent incident of violence/abuse?

- What were the details of the incident?
- Were any weapons used or threatened to be used? Have any weapons been used or threatened to be used in the past?
- Was the mother locked in a room or prevented from leaving the house? Has either of these things happened before?
- Was there any substance abuse involved?
- How often do violent incidents/abuse occur?
- Have the police ever come to the house? What happened?
- What does the child do when there is violence? Does the child try and intervene? What happened?
- Where were the child's siblings during the violence?

Issues to consider in situations of parental substance misuse

There is now considerable research evidence that parental substance misuse, particularly when combined with domestic violence can have an adverse effect on outcomes for children. (Cleaver, H., Unell, I., & Aldgate, J (1999) *Children's Needs - Parenting Capacity. The impact of parental mental illness, problem alcohol and drug use and domestic violence on children's development*. London:The Stationery Office).

During enquiries it will be important to use the expertise of professionals in substance misuse teams. For the purpose of this section of this guidance the term alcohol refers to consumption where its use is considered problematic.

Assessing the impact of parental substance misuse on children
Forrester (Forrester, D. (2004) 'Social work assessments with parents who misuse drugs or alcohol' *Children exposed to parental substance misuse*. London BAAF) suggests the following assessment principles:

- *Focus on the child*
  Do not become overly concerned about pattern of use as there is no simple relationship between what is taken, how much is taken, the behaviour of the carer and the effect on the child.
- *Adults' management of their own lives is a good indicator of their ability to look after a child*
  Are the parents causing themselves harm through their failure to manage their own lives? If they are, then this indicates concern about their own ability to manage their child's life.
- *The best predictor of future behaviour is past behaviour*
  It is important to collect an accurate chronology through working with the parents and children rather than just collating this from files.
- *Information from a variety of sources is better than information from one*
  As well as working with professionals in the network it will be important to consider information that may exist within the wider family. The family network, and particularly grandparents, often take on a caring role in relation to children of parents who misuse drugs or alcohol. Including them in the assessment (with permission) is important as they can provide both valuable sources of strength and support for children as well as vital evidence for the assessment.

Parental drug or alcohol use

- Is there a drug/alcohol free parent, supportive partner or relative?
- Is the drug/alcohol use by the parent: Experimental? Recreational? Chaotic? Dependent?
- Does the user move between categories at different times? Is there both drug and alcohol use?
- Are levels of child care different when a parent is using drugs or alcohol and when not using?
- Is there evidence of coexistence of mental health problems alongside the drug/alcohol use? If there is, do the drugs/alcohol cause these problems, or have problems led to the drug/alcohol use.

Accommodation and the home environment

- Is the accommodation adequate for children?
- Are the parents ensuring that the rent and bills are paid?
- Does the family remain in one area or move frequently? If the latter, why?
- Are other drug/alcohol users sharing the accommodation? If they are, are relationships with them harmonious, or is there conflict?
- Is the family living in a drug/alcohol using community?
- If parents are using drugs or alcohol, do children witness the taking of the drugs, or other substances?
- Could other aspects of the drug/alcohol use constitute a risk to children (e.g. conflict with or between dealers, exposure to criminal activities related to drug use)?

Provision of basic needs

- Are there adequate food, clothing and warmth for the children?
- Are the children attending school regularly?
- Are children engaged in age-appropriate activities?
- Are the children's emotional needs being adequately met?
- Are there any indications that any of the children are taking on a parenting role within the family (e.g. caring for other children, excessive household responsibilities, etc.)?

Procurement of drugs

- Are the children left alone while their parents are procuring drugs or alcohol?
- Because of their parent's drug and/or alcohol use, are the children being taken to places where they could be "at risk"?
- How much are the drugs and/or alcohol costing?
- How is the money obtained?
- Is this causing financial problems?
- Are the premises being used to sell drugs and/or alcohol?
- Are the parents allowing their premises to be used by other drug/alcohol users?
- Are children being used to procure drugs/alcohol for their parents?

Health risks

- If drugs and/or injecting equipment are kept on the premises, are they kept securely?
- Are the children aware of where the drugs are kept?
- If parents are intravenous drug users:
    - Do they share injecting equipment?
    - Do they use a needle exchange scheme?
    - How do they dispose of the syringes?
    - Are parents aware of the health risks of injecting or using drugs?
- If parents are on a substitute prescribing programme, such as methadone:
    - Are parents aware of the dangers of children accessing this medication?
    - Do they take adequate precautions to ensure this does not happen?
- Are parents aware of, and in touch with, local specialist agencies who can advise on such issues as needle exchanges, substitute prescribing programmes, detox and rehabilitation facilities? If they are in touch with agencies, how regular is the contact?

Family social network and support systems

- Do parents and children associate primarily with:
    - Other drug/alcohol users?
    - Non-users?
    - Both?
- Are relatives aware of the drug/alcohol use? Are they supportive of the family?
- Will parents accept help from the relatives and other professional or non-statutory agencies?
- The degree of social isolation should be considered particularly for those parents living in remote areas where resources may not be available and they may experience social stigmatisation.

Parents' perception of the situation

- Do the parents see their drug/alcohol use as harmful to themselves or to their children?
- Do the parents place their own needs before the needs of the children?

- Are the parents aware of the legislative and procedural context applying to their circumstances (e.g. child protection procedures, statutory powers)?

Issues to consider in situations of parental mental ill health

Mental illness in a parent or carer does not necessarily have an adverse impact on a child's developmental needs, but, during Section 46 Enquiries where a parent or carer has a mental illness, its impact on each child in the family should be assessed. This will mean using the expertise of colleagues working in adult mental health who will be able to give important information regarding the likely behaviours associated with the particular mental health problem.

Factors associated with positive outcomes for children where a parent has a mental illness are:

- Mild parental problems lasting only a short time.
- Minimal family disharmony and generally stable family relationships.
- One parent or family member able to respond to the child's needs.

Children most at risk of significant harm are those:

- Who feature within parental delusions.
- Who become targets for parental aggression or rejection.
- Who are neglected as a result of parental mental illness.
- Where mental illness is combined with domestic violence.

A study of 100 reviews of child deaths where abuse and **neglect** had been a factor in the death showed clear evidence of parental mental illness in a third of the cases (Falcov, A. (1996) A Study of Working Together 'Part 8' Reports *Fatal Child Abuse and Parental Psychiatric Disorder*, DoH ACPC Series 1 London).

It is not necessary to have a formal diagnosis in order to complete the assessment. Section 46 Enquiries/Core Assessments should focus on identifying **parental behaviours** and considering their potential impact on the child.

Table 1 : Impact of parental behaviours on children

This list is not exhaustive.

The following table may assist in the assessment process (Duncan, S., & Reder, P. (2000) "Children's experiences of disorder in their parents" in Reder, R., McClure, M., Jolley, A. (eds) (2000) *Family Matters*, Routledge: London):

Parental Behaviour	**Parental Impact on Children (in addition to attachment problems)**
Self-preoccupation	Neglected
Emotional unavailability	Depressed, anxious, neglected
Practical unavailability	Out-of-control, self-reliant, neglected, exposed to danger
Frequent separations	Anxious, perplexed, angry, neglected
Threats of abandonment	Anxious, inhibited, self-blame
Unpredictable/chaotic planning	Anxious, inhibited, neglected
Irritability/over-reactions	Inhibited, physically abused
Distorted expressions of reality	Anxious, confused
Strange behaviour/beliefs	Embroiled in behaviour, shame, perplexed, physically abused
Dependency	Caretaker role
Pessimism/blames self	Caretaker role, depressed, low self esteem
Blames child	Emotionally abused, physically abused, guilt
Unsuccessful limit-setting	Behaviour problem
Marital discord and hostility	Behaviour problem, anxiety, self-blame
Social deterioration	Neglect, shame

In any situation where a parent or carer has considerable needs of their own, every effort must be made to maintain the focus on the child and not be distracted by the adult's needs. It may be appropriate to refer the adult for services in their own right.

Chapter 5

Child Protection Conferences

Purpose of the Initial Child Protection Conference

5.1 The **Initial Child Protection Conference** brings together family members, the child, where appropriate, and those professionals most involved with the child and family following a Section 46 Enquiry. Its purpose is:

- To bring together and analyse in an inter-agency setting, the information which 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, make judgements about the likelihood of a child suffering significant harm in future and decide whether the child is at continuing risk of harm.
- To decide what future action is required to safeguard and promote the welfare of the child, how that action will be taken forward, and with what intended outcomes.

5.2 Those professionals and agencies who are most involved with the child and family, and those who have taken part in a Section 46 Enquiry, have the right to request that Social Services convene a conference, if they have serious concerns that a child's welfare may not be adequately safeguarded. Any such request that is supported by a senior manager, or a Named Professional or a Designated Professional, should normally be agreed. Where there remain differences of opinion as to the necessity of a conference, every effort should be made to resolve them through discussion. Use of the SCB Escalation Protocol (Appendix 3) may be appropriate if a resolution cannot be found.

Timing of the Conference

5.3 Once the decision to have an Initial Child Protection Conference has been made the case conference should take place **within 15 working days**. This decision could be made at any strategy discussion during the course or at the conclusion of the Section 46 Enquiry.

5.4 Any delay should be agreed at a meeting with the Child Care Co-ordinator within Social Services within the 15 day period. Records must be kept of this meeting by the Child Care Co-ordinator giving the reasons for the delay and agreeing the latest date for the conference to be held. The reasons for this should be recorded in the minutes and shared at the conference. This information should be passed to the chair of the SCB Quality Assurance Group.

Pre-birth Conferences

5.5 In the case of concerns about the safety of unborn children, a conference may be held as a result of:

- The outcomes of a Core Assessment on a case already known to Social Services indicating that the unborn child may be at risk of significant harm.
- Previous children having been removed from the family as a result of legal proceedings and the family are known to Social Services.
- Previous historical knowledge indicates that there is a strong likelihood of the baby suffering significant harm.

5.6 The timing of the conference should be such that there is time for proper plans to be made

prior to the birth of the baby, but not so far before the baby is born that circumstances might significantly change. Pre-birth Child Protection Conferences should therefore normally be held after the 24th week of pregnancy and not less than 6 weeks prior to the expected delivery date.

Note: Where concerns are particularly high it should be planned that the conference takes place earlier in order to ensure appropriate birth plans and arrangements following the birth can be in place.

5.7 The relevant midwife should always attend Pre–birth Conferences.

The Review Child Protection Conference

Purpose

5.8 The purpose of the Review Child Protection Conference is to:

- Review the safety, health and development of the child against the intended outcomes set out in the Child Protection Plan.
- Ensure the plan continues to adequately protect the child from risk of harm.
- Bring together and analyse information about the child's health and development and the parent/carers' capacity to ensure the child's safety and welfare.
- Make judgements about the likelihood of the child suffering significant harm in the future.
- Decide what action is required to safeguard the child and promote their welfare.

Timing

5.9 The first Review Conference should take place **within 90 working days** of the Initial Conference.

5.10 Further Review Conferences must be held at intervals of **not more than 6 months**, for as long as the child is judged to be at risk of harm and there is the need for a Child Protection Plan.

The Quality Assurance Group will audit the first Review Conference process.

5.11 Consideration must always be given to bringing the date of the conference forward when:

- There is a new incident of abuse.
- There are difficulties in carrying out the Child Protection Plan.
- A child is to be born into the household of a child who is subject to a Child Protection Plan.
- An offender convicted of offences against a child joins or commences regular contact with the household.
- There are significant changes in the family circumstances, not anticipated at the previous conference that have implications for the safety of the child.
- The Core Group, at any early stage, believes that the child no longer needs to be subject to a Child Protection Plan.

The Conference Process

Attendance

5.12 Professionals attending conferences should be there because they have:

- Professional expertise relevant to the case, and/or

- Knowledge of the child and family, and/or
- Represent their agency's accountability to safeguard children.

5.13 The social work manager should consider whether to seek advice from, or have present, a medical professional who can present the medical information in a manner which can be understood by the conference attendees and enable such information to be evaluated from a sound knowledge base.

5.14 There should be sufficient information and expertise available – through personal representation and written reports - to enable the conference to make informed decisions and plans. However, a conference that is larger than it needs to be can inhibit discussion and intimidate the child and family members.

5.15 Those who have a relevant contribution to make to a conference may include:

- The child, or his or her representative.
- Family members.
- Staff from Social Services who may have led or been involved in an assessment of the child and family.
- Foster carers (current or former).
- Residential care staff.
- Professionals involved with the child (for example, health visitor, midwife, school nurse, paediatrician, school staff, early years staff, GP).
- Professionals involved with the parents or other family members (for example, family support services, adult mental health services, probation, GP.
- Professionals with expertise in the particular type of harm suffered by the child or in the child's particular condition, for example a disability or long term illness.
- Those involved in investigations (for example the police).
- Children's guardian.
- Children's advocate (not lawyer, from advocacy service).
- Social Services legal representative (child care).
- Involved voluntary organisations.

Involving the child and family members

5.16 Before a conference is held, the purpose of the conference, who will attend and the way it will operate should be explained to the child of sufficient age and understanding, the parents and other involved family members. They should be given a leaflet explaining the child protection conference and informed that they may choose to bring a friend or supporter to help them fully participate in the conference and express their view. This may be a legal advocate acting in the role of a supporter.

5.17 Subject to consideration of their age and understanding, the child(ren) should be given the opportunity to attend the conference should they so wish. They should be told that they may bring a friend or supporter.

5.18 In deciding whether to give a child the opportunity to attend the conference the primary questions to be addressed are:

- Does the child have sufficient understanding of the process?
- Have they expressed an explicit or implicit wish to be involved?
- What are the parents' views about the child's attendance?
- Is inclusion assessed to be of benefit to the child?

Normally it should be assumed that a child of twelve or over should be eligible to attend unless there is a reason not to do so.

5.19 If the child states that they do not wish to attend the conference this must be respected. Similarly, if they wish to attend, this should be acceded to unless it can clearly be shown that this is contrary to their best interests.

5.20 When the child does not attend the social worker must ensure that every effort is made to ensure the child's views are conveyed to conference members. This may be via:

- A pre-meeting with the conference chair.
- Written statements/e-mails/text messages and recorded comments.

5.21 Where the child or the parents/carers are bringing a friend or supporter it should be explained to them that the role of a friend or supporter is not to represent the parent/child or to speak on their behalf, but to provide emotional support and assist them in understanding the information presented to the conference and in expressing their view. In exceptional circumstances a conference chair may prevent a friend or supporter from attending a conference (e.g. where their presence is disruptive or where the person is deemed to a risk to children).

5.22 Where the child's attendance is neither desired by them, nor appropriate, the Social Services professional who is working most closely with the child should ascertain their wishes and feelings and make these known to the conference.

5.23 Parents should normally be invited to attend the conference and be helped to participate fully in the conference. Such help is the responsibility of the child's social worker and should include:

- Assistance with preparing for the conference, including thinking in advance what they want to convey and how best to do this. Some may wish to prepare a written report, and assistance with this should be given should the parent/carer so wish.
- Help with travel arrangements to and from the conference.
- Provision of an interpreter for parents/children whose first language is not English or, who are deaf and use sign language.
- Assistance with reading written material if this is required.
- Ensuring that the exact requirements needed to support fully the participation of parents with disabilities are identified, and that these requirements are met.
- Informing the conference chair if the child or family are bringing a friend, relative or supporter.
- Young children should not attend conferences, and alternative child care arrangements should be made for them with the help of the social work team where necessary.

5.24 The child's social worker should brief the conference chair if there are any reasons why it may not be possible to involve all family members at all times in the conference; for example, if there is a high level of conflict between family members or adults, and any children who do not wish to speak in front of one another.

5.25 There is an expectation that all relevant information will be shared in line with the SCB's *Information Sharing Guidance* (2009). If a professional is concerned about sharing a specific piece of information they should discuss this with the conference chair before the conference and reach a decision about how the information can be presented. In no circumstances should information be withheld.

5.26 Parents/carers should only be excluded partially or completely from the conference if one of the criteria below applies. The decision to exclude rests with the chair of the conference. Reasons for exclusion should be conveyed to the parents, both orally and in writing. Reasons for exclusion should also be recorded in the minutes of the meeting.

5.27 If parents are excluded or unable to attend, they should be enabled to communicate their views to the conference by another means; for example, via a written report. The chair, in consultation with conference members, will agree what information from the minutes of the meeting will be received by the excluded person.

5.28 Criteria for excluding parents/carers from a child protection conference:

Full Exclusion

- A strong risk of violence or intimidation by a family member at or subsequent to the conference, towards a child or anybody else.
- If the parent or carer presents on the day or during the meeting in a way which indicates that they are likely to cause disruption to the meeting.

Partial Exclusion

- The presence of an alleged perpetrator may affect the outcome of criminal proceedings.

Quorate Conferences

5.29 The primary principle for determining quoracy is that there should be sufficient agencies present to enable safe decisions to be made in the individual circumstances.

5.30 The minimum representation for quoracy is Social Services and at least 2 other agencies which have had direct contact with the child and family.

5.31 Where a conference is inquorate it should not normally proceed and in such a circumstance the chair must ensure that either:

- An immediate Child Protection Plan is produced.
- Any existing plan is reviewed with the professionals and family members that do attend so as to safeguard the welfare of the child.
- The notes of this discussion must be minuted and circulated to all those who should have attended the conference.
- Another conference date is set immediately.

5.32 In exceptional circumstances the chair may decide to proceed with the conference despite lack of agency representation. This may occur where:

- A child has not had relevant contact with three agencies (see 5.30 above).
- Sufficient information is available and delay will be detrimental to the welfare of the child.

Information for the Conference

5.33 All information provided to the conference, whether written or verbal, should take care to distinguish between fact, observation, allegation and opinion.

5.34 At the Initial Conference, Social Services should provide the conference with a report relating to each child. This should be consistent with the information set out in the Initial Child Protection Conference Report.

5.35 Although a Core Assessment is the means by which a Section 46 Enquiry is carried out, it is unlikely that it will have been completed in time for the Initial Conference. The report will therefore summarise and analyse the information obtained so far and should include:

- A genogram that has been prepared with the family.
- A chronology of significant events and agency and professional contact with the child and family.
- Information on the child's current and past developmental needs.
- Information on the capacity of the parents and other family members to ensure the child is safe from harm, and to respond to the child's developmental needs, within their wider family and environmental context.
- The expressed views, wishes and feelings of the child, parents and other family members with regard to the services or actions being considered.

- An analysis of the implications of the information obtained for the child's future safety and of meeting his or her developmental needs.

5.36 Other professionals attending the Initial Conference who have had direct contact with the child and family should provide a report in advance, outlining:

- A Chronology of their involvement with the child and family;
- Knowledge they have concerning the child's health and development, the capacity of the parents and other family members to safeguard the child and family and environmental factors which might affect parenting capacity;
- Their analysis of the implications of the information for the child's future safety and meeting of his or her developmental needs;

5.37 For the Review Conference, the Core Group has a collective responsibility to produce reports which together provide an overview of the work undertaken by family members and professionals and evaluate progress against the outcomes specified in the detailed Child Protection Plan.

5.38 In addition to the reports above, the outcome of the completed Core Assessment will also be presented to the Review Conference.

5.39 The parents and each child (where appropriate) will be provided with a copy of the inter-agency Core Assessment and all additional reports at least one working day in advance of the conference. The contents of reports should be explained and discussed with the child and relevant family members in advance of the conference itself in the preferred language(s) of the child and family members.

Actions and decisions for the Conference

5.40 It is the role of the conference to:

- Decide whether the child is at continuing risk of significant harm and therefore requires inter-agency help and intervention delivered through a formal Child Protection Plan.
- Formulate an outline plan.
- Ensure that, where a child is not judged as being at continuing risk of significant harm, consideration is given as to whether the child may need services to promote his or her development.

5.41 It is the role of the conference chair to determine which of the Categories of abuse or neglect the child has suffered. The category used (that is physical abuse, emotional abuse, sexual abuse or neglect) will indicate to those consulting Social Services' record the primary presenting concerns at the time the child became the subject of a Child Protection Plan. Use of multiple categories should be minimised in order to maintain focus on the most pressing issues.

Decision making at the Initial Conference

5.42 The test as whether the child is at continuing risk of significant harm should be that either:

- The child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical abuse, emotional abuse, or sexual abuse or neglect, and the professional judgement is that further ill-treatment or impairment are likely; or
- Professional judgement, substantiated by the findings of enquiries in this individual case or by research evidence, is that the child is likely to suffer ill-treatment or the impairment of health or development as a result of physical abuse, emotional abuse, or sexual abuse or neglect;

Where the conference is equally divided for the need for a Child Protection Plan, the chair

will make the final decision. **Child Protection Conferences Procedure** (5.55) provides specific procedures to be followed where there are formal complaints regarding the functioning of a Child Protection Conference.

5.43 The conference decision should result from the chair ensuring that:

- All the information available to conference has been scrutinised by the conference members and information that is missing has been noted.
- All conference members have had an opportunity to present their views and challenge the views of others.

Child subject of a Child Protection Plan

5.44 Where a child is to be made subject of a Child Protection Plan, it is the responsibility of the conference to consider and make recommendations on how agencies, professionals and the family should work together to ensure that the child will be safeguarded from harm in the future.

5.45 The conference should:

- Appoint the lead statutory social worker who will act as key worker. They should be a qualified, experienced social worker. Where it is not possible to appoint a key worker at the conference it becomes the responsibility of the team manager whose team is bringing the case to ensure the key worker role and functions are met and that a key worker is appointed by the first Core Group meeting.
- Identify the membership of a Core Group of professionals and family members who will develop and implement the Child Protection Plan as a detailed working tool.
- Consider whether a Family Group Conference/Meeting would be an effective way of engaging the wider family group in developing and implementing the Child Protection Plan.
- Establish how children, parents (including those with parental responsibility) and wider family members should be involved in the ongoing assessment, planning and implementation process and the support, advice and advocacy available to them.
- Establish timescales for meetings of the Core Group, production of a Child Protection Plan, and for child protection review meetings.
- Identify in outline what further action is required to complete or update the Core Assessment and what other specialist assessments of the child and family are required to make sound judgements on how best to safeguard and promote the welfare of the child.
- In the case of an Initial Conference, outline the Child Protection Plan, especially identifying what needs to change in order to safeguard and promote the welfare of the child.
- Ensure a Contingency Plan is in place if agreed actions are not completed and/or circumstances change.
- Agree a date for the Review Child Protection Conference, and clarify under what circumstances it might be necessary to convene the conference before that date.

Child not subject of a Child Protection Plan

5.46 If it is decided at the Initial Conference that the child does not need a Child Protection Plan, the conference should develop an outline Child in Need Plan. It may be helpful to use a Family Support Meeting or Family Group Conference to complete the Child in Need Plan, and to engage the wider family group in this process.

Discontinuing the Child Protection Plan

5.47 A child should no longer be the subject of a Child Protection Plan if:

- It is judged that the child is no longer at continuing risk of significant harm requiring safeguarding by means of a Child Protection Plan. Under these circumstances only a Child Protection Conference can decide that a Child Protection Plan is no longer necessary.
- The child and family have moved permanently off Island. In such cases the receiving local authority should convene a Child Protection Conference within 15 working days of being notified of the move. Only after this event, and after written confirmation has been received, should the Child Protection Plan be discontinued in the original authority.
- Where the child's parents are in the Armed forces and are moving to an overseas command, Children's Social Care should ensure that SSAFA FH, the British Forces Social Work Services (overseas), or the NPFS for Royal Naval families, are informed and can confirm that appropriate resources exist in the proposed location to meet identified needs.
- The child has reached 18 years of age, has died or has permanently left the UK.

5.48 When a Review Child Protection Conference agrees and a child is no longer subject of a Child Protection Plan:

- Notification should be sent to all those agencies' representatives who were invited to attend the Initial Child Protection Conference, subsequent reviews or Core Group meetings.
- The Review Child Protection Conference should discuss with the child (if attending) and family what services continue to be required in order to meet the child's developmental needs.
- Recommendations should be made concerning whether the child continues to be a child in need, and the content of any Child in Need Plan.
- In most instances, a Child in Need Plan will be required for a minimum of three months in order that the child and family continues to receive appropriate support.
- If a Child in Need Plan is **not** agreed at this point, the reasons for this should be clearly recorded.
- The key worker should meet with the child and family within 10 working days of the discontinuation of the Child Protection Plan in order to confirm the content of any Child in Need Plan and the process for implementation and review.
- The decision to discontinue a Child Protection Plan can **only** be made by a Review Child Protection Conference.

Recording

5.49 **Immediate Information**

A letter outlining the decisions and recommendations of the conference and date of the first Core Group meeting will be sent within 2 working days to parents, children (where appropriate) and all those invited to the conference.

5.50 **Conference minutes**

Social Services will be responsible for ensuring that all child protection conferences have a dedicated person to take notes and produce minutes of the meeting.

The conference minutes will include the following information:

- a list of those present and apologies for absence.
- family composition and legal status of the children.
- a record of any delay in convening the conference with the reasons.
- reasons for the decision to convene a conference.
- the essential facts of the case.

- a summary of discussion at the conference.
- all decisions reached, and reason for the decisions.
- the outline or revised Child Protection Plan.

A copy of the minutes will be distributed to all agencies and parents invited to the conference, whether or not they were present, except where any agency has indicated that there is no current involvement with the family or any planned for the future.

Minutes will not be distributed to any friends, supporter or advocates who have attended the conference.

Full minutes will be distributed within 15 working days.

Minutes are a confidential document and should not be passed by professionals to third parties without the consent of either the conference chair or the key worker. However, in cases of criminal proceedings, the Police will have to reveal the existence of the notes to the Attorney General's Chambers in line with our disclosure in criminal proceedings arrangements.

Arrangements must be made to keep the minutes securely and retained by the recipient agencies in accordance with their record retention policies. They should not be filed in professional records that have open access.

Action following the Child Protection Conference

5.51 The key worker is responsible for:

- Co-ordinating the work of the Core Group to ensure that the outline Child Protection Plan is developed into a more detailed inter-agency plan.
- Ensuring that all Core Group members understand the role and function of the Core Group and have a copy of the leaflet *Attending Core Group Meetings.*
- Completing the Core Assessment, securing contributions from Core Group members and others as necessary.
- Acting as lead worker for the inter-agency work with the child and family.
- Seeing the child as agreed in the Child Protection Plan in order to monitor their well-being and be aware of their wishes and feelings.
- Co-ordination of the actions required to put the Child Protection Plan into effect and reviewing progress against the objectives set out in the plan.

Complaints about a Child Protection Conference

5.52 Children, parents and care givers are entitled to make representations or complain in respect of one or more of the following aspects of the functioning of Child Protection Conferences:

- The process of the conference.
- The outcome, in terms of the fact of and/or the category of primary concern at the time the child became the subject of a Child Protection Plan.
- A decision for the child to become, or not become, the subject of a Child Protection Plan or not, or to cease the child being the subject of a Child Protection Plan.

5.53 Complaints about individual agencies, their performance and provision (or non-provision) of services should be responded to in accordance with the relevant agency's complaints handling process.

5.54 Complaints about aspects of the functioning of conferences described in 5.52 should be addressed in the first instance by the conference chair. If it is not possible to resolve the complaint at this stage Social Services should convene an inter-agency panel made up of senior representatives from the Safeguarding Children Board. The panel should consider

whether the relevant inter-agency protocols and procedures have been observed correctly, and whether the decision that is being complained about follows reasonably from this.

5.55 Professionals contributing to the child protection process do not have a formal means of complaint against it as do family members. However, professionals who dissent from the consensus view of the Child Protection Conference will have their dissent recorded and in the event that professional views are equally split between the need for a Child Protection Plan or not the conference chair will decide.

More generally, a professional from any agency may formally express their concern to Social Services about the management of a particular child's circumstances. In this instance the file will be read and reviewed by a Service Manager, the professional raising the concerns will be met with and spoken to and the outcome will be recorded on the case file and any actions implemented.

If a professional remains concerned and in situations where a resolution cannot be sought the SCB Escalation Protocol should be used. See Appendix 3.

Practice Guidance

The Child Protection Conference

Chairing the Conference

The conference chair should be:

- A qualified and experienced worker in children's services, independent of operational or line management responsibilities for the case.
- Trained in the role and having:
    - a good understanding and professional knowledge of children's welfare and development and best practice in working with children and families;
    - the ability to look objectively at, and assess the implications of, the evidence on which judgements should be based;
    - skills in chairing meetings in a way which encourages constructive participation, while maintaining a clear focus on the welfare of the child and the decisions which have to be taken;
    - knowledge and understanding of anti-discriminatory practice.

Prior to the meeting the conference chair should:

- Meet the child and family members to ensure that they understand the purpose of the conference, what will happen and explain about the complaints procedure;
- Decide whether a conference is quorate (see section 'Quorate Conferences' earlier in this chapter).

During the meeting the conference chair should:

- Set out the purpose of the meeting to all those present, confirming the agenda and emphasising the confidential nature of the occasion.
- Enable all those present and absent contributors to make their full contribution to discussion and decision making.
- Encourage detailed scrutiny of the information presented to conference and constructive challenge between conference members.
- Ensure that neither the content of the meeting, nor the way in which it is conducted, is discriminatory and that any discriminatory behaviour is addressed.
- Ensure that the conference takes the decisions required of it in an informed, explicit and systematic way.

Following the meeting the conference chair should:

- Ensure that the conference minutes are circulated to the correct people within the expected timescale.

Chapter 6

Implementing Child Protection Plans

Introduction

6.1 The Child Protection Plan is an important tool for professionals to use in working together with families to achieve the necessary outcomes for children. If a child is the subject of a Child Protection Plan, they have been assessed as being at identified risk of harm and the plan will be the vehicle through which the risk will be reduced. It is therefore vital that, although Social Services has lead responsibility for ensuring that a plan is in place, agencies named on the plan take an active role in ensuring that it is implemented. If family group meetings are to be used, then the wider family may have an agreed role in developing and taking forward a plan of action.

6.2 The Core Group is the vehicle through which professionals and families can work together to implement the plan and achieve positive change for children.

6.3 The Core Group can decide whether it is appropriate to use a Family Group Conference as a vehicle by which families and professionals can work together to implement the plan.

The Core Group

6.4 The Core Group is an important forum for:

- Working with parents, wider family members, and children of sufficient age and understanding. Families may find child protection conferences intimidating and the Core Group provides an opportunity for them to express their views regarding the help they need to improve the situation for their child.
- Ensuring that all professionals develop effective working relationships based on trust and a full understanding of each other's roles.

6.5 The Core Group meeting should:

- Take place within 10 working days of the Initial Child Protection Conference. This meeting should not be held immediately after the Child Protection Conference. At this time everyone is likely to be tired and family members may be shocked or upset. Time to reflect on the meeting will be beneficial for all concerned and will enable the best use to be made of the Core Group meeting.
- Be chaired by the Team Manager or Senior Practitioner of the team which holds case responsibility in Social Services.

6.6 Subsequent Core Group meetings:

- Should meet within the timescales specified at the initial or review conference.
- May be chaired by the key worker with the agreement of the Team Manager.

6.7 All Core Group meetings should:

- Be held at a venue which is accessible for all concerned and in which family members will feel comfortable and able to contribute. Schools, health centres or children's centres may be the most suitable venues.
- Be minuted by a nominated member of the group (not the chair) and minutes circulated within 5 working days.

6.8 The Core Group is responsible for:

- Developing the Child Protection Plan as a detailed working tool and implementing it

within the outline plan agreed at the initial conference. The findings of the Core Assessment should inform the detailed development of the plan.
- Monitoring the progress of the plan including the impact of any changes in family circumstances which might increase the likelihood of the child suffering significant harm.
- Ensuring that all aspects of the plan are carried through. The Key worker should alert the conference chair immediately if there are significant aspects of the outline plan which it will not be possible to implement.
- Reporting progress on the plan to the Review Child Protection Conference.

The Child Protection Plan

6.9 The aim of the Child Protection Plan is to:

- Ensure the child is safe and prevent them from suffering further harm.
- Promote the child's health or development, i.e. his or her welfare.
- Support the family and wider family members to safeguard and promote the welfare of the child.

6.10 The plan should use a format consistent with the information set out in the exemplar for the Child Protection Plan (Integrated Children's System). This should include:

- Identification of the child's needs derived from the findings of the Core Assessment.
- Specific, achievable, child-focused outcomes.
- Realistic strategies and specific actions to achieve the planned outcomes.
- A Contingency Plan to be followed if circumstances change significantly and require prompt action.
- Clear identification of the roles and responsibilities of professionals and family members including the nature and frequency of contact. This should include professionals with routine contact as well as those providing specialist or targeted support.
- Points at which progress will be reviewed and the means by which it will be judged.

6.11 The plan should:

- Be based on the findings from the Core Assessment and draw on knowledge about effective interventions.
- Take into consideration the wishes and feelings of the child, and the views of the parents, insofar as they are consistent with the child's welfare.
- Be constructed with the family in their preferred language/communication method and they should be given a copy in that format. Where the parent has a learning disability, care must be taken to ascertain their level of understanding and give them a copy of the plan in a format that is accessible to them.
- Acknowledge and give reasons for any disagreements with family members about how to best safeguard and promote the welfare of the child.
- Be signed by all members of the Core Group including family members. The plan therefore will form a written agreement between all members of the Core Group.
- Be adjusted as necessary at subsequent Core Group meetings and the amended copy signed and circulated.

Child Protection Plans and children looked after by Social Services

6.12 The Child Protection Plan should not exist in isolation from other child care plans. Where the child is Looked After by the Social Services, the Child Protection Plan should be integrated into the overall care planning process as follows:

- The Key worker should send a copy of the detailed Child Protection Plan, developed at the first Core Group meeting, to the Independent Reviewing Officer responsible

for the Child Care Review held under Review Regulations.

- The Child Protection Review Conference should be timed to take place prior to the Child Care Review meeting in order to ensure that the information from the conference is taken to the review meeting and informs the overall care planning process.

- It should be remembered that changes to the care plan can only be made at a Looked After Review Meeting and changes to a Child Protection Plan can only be made at a Child Protection Conference.

Child Protection Plans and the children in need planning process

6.13 Where a child has been subject to a Child in Need Plan prior to the Initial Child Protection Conference, the Child in Need Plan should be used by the Core Group to develop the Child Protection Plan. This should ensure that the focus of interventions is to reduce the likelihood of harm, as well as meeting the overall developmental needs of the child.

6.14 Where a child ceases to be the subject of a Child Protection Plan, a Child in Need Plan is likely to be necessary for a minimum of three months in order that the child and family continue to receive services. In this case, an inter-agency meeting should be held within 10 working days to agree the Child in Need Plan.

Practice Guidance

Developing Effective Plans and Interventions

Plans

The Child Protection Plan should be a document which is owned and understood by the family and all relevant professionals. Thus great care should be taken at the first **Core Group** meeting to ensure that everyone is clear about their roles and responsibilities and what they should do if, for any reason, they are unable to fulfil their obligations in respect of the plan.

In developing plans the following general principles should be taken into account:

- Plans should be drawn up in agreement with the child/young person and key family members.
- Objectives should be reasonable and timescales not too short or unachievable.
- Plans should not be dependent on resources which are known to be scarce or unavailable.
- The plan must maintain a focus on the child even though help may be provided by a number of family members as part of the plan.

All plans need to define clearly measurable outcomes, i.e:

- Objective of the plan.
- Services to be provided and by whom.
- Timing and nature of professional contact.
- Purpose of services and professional contact.
- Specific commitments to be met by the family.
- What is negotiable/non-negotiable.
- What needs to change - goals to be achieved.
- What is unacceptable care.
- What sanctions will be used if the child is placed in danger.
- What preparation will service users receive if in court as a witness in criminal proceedings.
- Contingency plans.

Planned outcomes should be SMART, ie:

- Specific
- Measurable
- Achievable
- Related to the assessed needs of the child/young person
- Time related.

Interventions

Interventions should be clearly linked to the developmental needs of the child, and based on knowledge of what is likely to work best to bring about good outcomes. At the end of this section there is a summary of the literature describing what works in various situations. This is not an exhaustive overview and practitioners will need to keep up to date with current developments.

Key components

Interventions are likely to have a number of inter-related components:

- Action to make a child safe;
- Action to help promote a child's health and development;
- Action to help parents/care givers in safeguarding a child and promoting his or her welfare;
- Therapy for an abused child;

- Support or therapy for a perpetrator of abuse.

A good Child Protection Plan will include all of the above (if relevant). However, research has shown that plans do not always adequately meet them all.

A report by the Commission for Social Care Inspection (CSCI (2006) *Meeting the needs of parents with children on the Child Protection Register : CSCI Special study report*: London CSCI) noted that the needs of parents were not always taken account of when developing Child Protection Plans:

> "Unless effectively addressed, adults' problems can undermine the well-being of children, directly or indirectly, and in the short and long term. In a minority of cases these 'adult' problems can contribute to the neglect of children's physical, emotional and psychological well-being. In certain circumstances, they can result in various forms of abuse."

Although the main objective of the plan must be to improve the situation for the child, all plans should take account of the needs of relevant adults and aim to provide services to support them in their parenting role. This may involve ensuring that relevant adult services are included in the Core Group.

Motivation to change

Interventions will need to be based on an assessment of parental motivation to change and whether change is likely to occur within a timescale compatible with the needs of the child. Where change cannot occur within the required timescale, the process of decision making and planning should be as open as possible and seek to involve parents and carers at all stages of the process.

Where the child has been removed from the family and plans are to reunite the child, interventions should include the detailed work necessary to help the parents/care givers develop the necessary parenting skills.

Interventions and neglect

> *"*The distinction must be made between **neglect** caused by financial poverty, which can be alleviated by financial help, and that caused by emotional poverty. These may co-exist, but relief of the former condition does not relieve the latter" (Rosenberg, D & Cantwell, H 91993) *'The consequences of neglect'* in Hobbs, CJ & Wynne.

Interventions in situations of neglect must be:

- Congruent with the findings of the core assessment.
- Take a flexible approach which includes a wide range of formal and informal responses. These are likely to include provision of concrete resources, the development of social supports and work focusing on family relationships.

Evidence points to the **importance of casework and empowerment skills** (Turney, D and Tanner, K (2005) *"Understanding and Working with Neglect*" DFES (See the DFES Research in Practice website) in addressing difficulties that underpin neglect. It is important that the relationship between practitioners and parents should involve interventions that empower the family members to develop a sense of personal efficacy and agency.

In cases of chronic neglect, there may be a need to plan for long term intervention. These plans must:

- Be underpinned by in-depth assessment.
- Include measurable objectives for change.
- Describe strategies for achieving these changes.
- Include ways of evaluating whether the required changes have taken place.

Once it is clear that interventions are in place and meeting the developmental needs of the child, it is likely that these will be delivered outside the formal Child Protection Plan.

If it is clear that family-focused interventions are not meeting the needs of the child, it is likely that the plan will need to include removal of the child.

Parenting skills programmes may be helpful. Contra-indications for such programmes without a lot of individual support to enable parents to make use of them are:

- Depression
- Stress
- Low socioeconomic status
- Lack of sense of self-efficacy
- Social isolation
- Poor relationship
- Chronic nature of problems.

Home visiting programmes at the ante-natal and early post-natal stage can be effective in facilitating the development of a sensitive and empathic relationship between the parent and young child which may forestall attachment and other relationship difficulties.

Protective factors for children experiencing neglect are:

- Achievement at school
- The opportunity to develop talents and interests
- The experience of an enduring, supportive relationship in which they feel valued.

Parents with learning disabilities

Intervention should always be based on a thorough assessment and take into account the most appropriate method of working with the parents, given their specific needs.

Plans for intervention should always include methods of evaluating whether the support package is meeting the child's needs. If there is uncertainty about the parents' continued capacity to engage with a support package, the plan will need to be delivered within the formal child protection process.

It is likely that there will need to be planning for long term interventions that adapt and change as the child develops.

A review of the literature (McGaw, S., and Newman, T. (2005) "*What works for parents with learning disabilities?*" London: Barnardo's) identified the following messages in relation to interventions:

- Interventions should build on parents' strengths as well as their vulnerabilities.
- Interventions should be based on performance rather than knowledge and should incorporate modelling, practice, feedback and praise.
- Tangible rewards may promote attendance at programmes, rapid acquisition of skills and short-term commitment. Other methods of engagement are needed long term. Intensive service engagement is more demanding than intermittent service engagement, though it may be more effective.
- In order for generalisation to occur, programmes should be adaptable to provide training in the actual environments in which the skills are needed.
- If teaching must be provided out-of-home, it should be in as home-like an environment as possible.
- Factors which promote resilience in the children's environment should be identified and enhanced.
- The importance of family ties should be recognised and no actions taken that damage such ties.
- Interventions should diminish, rather than cause or contribute to, the social exclusion of the child and parents.

A review of positive practice in supporting parents with a learning disability noted that they can often be 'good enough' parents when provided with ongoing emotional and practical support (Tarleton et al *Finding the Right Support: A Review of Issues and Positive Practice in Supporting Parents with Learning Difficulties and Their Children*, Bristol: The Baring Foundation).

Support packages need to include:

1. Easy to understand information

- About all aspects of parenting (The CHANGE Book, You and Your Baby, 2004, is a helpful accessible resource) (Affleck, F., & Baker, S., (2004) You and Your Baby Leeds: CHANGE).
- On the support available – whether from mainstream services, like maternity services, or a specialist learning disability team.
- About child protection and judicial process.

2. Advice

Parents frequently need advice in multiple areas of their lives, not just around the forthcoming baby. This includes advice on benefits and how to handle problems in relation to poor housing, harassment, and so on.

3. Skills teaching

And other focussed help as necessary.

4. Ongoing support

Adapted to changing circumstances as the child gets older and continuing if (and after) a child is adopted.

5. Consistency and clarity

From the professionals involved about their expectations of them as parents.

6. Key Working

So that parents are not confused by different interventions by different professionals.

7. Advocacy

Whether professional or voluntary, to support parents, particularly if they are involved in child protection or judicial processes.

8. Informal support

E.g. via a Family Centre 'drop in'.

9. Encouragement and affirmation

So that parents can gain the confidence to engage positively with services and demonstrate that they can be good enough parents with support.

10. Contact with other parents

For example, through parents' groups, so that parents can share skills and experiences.

11. Parent involvement

In the development of new services, training of professionals and other initiatives.

Interventions and child sexual abuse

Plans for children who have been sexually abused need to take account of the overall needs of the child rather than focusing on the sexual abuse alone.

While self-protection work may be part of the plan, care must be taken not to rely solely on this, as to do so is rendering the child responsible for their own protection.

A review of the literature identified the following practice implications in relation to intervention (Jones, D., and Ramchandani, P (1999) "*Child* Sexual Abuse – *Informing Practice from Research*" Oxford: Radcliff):

- Psychological treatments are more effective than the passage of time alone.
- Treatments cannot work in isolation, but require direct social casework support to enable them to be effective, and need to be fully integrated with wider case management.
- Children must remain safe from further maltreatment in order to benefit from treatment.
- All child victims could benefit from education concerning sexual abuse and its causes and effects, but this would need to be sensitive to the developmental stage of the child.
- Children expressing the symptoms of sexual abuse can, in addition, benefit from focused treatments.
- Of these focused treatments, cognitive behavioural therapy has the greatest proven benefit for sexually abused children.
- Treatments must involve the non-abusive parent or carer.
- A variety of treatment approaches needs to be available to cover the disparate needs of this population group.

Interventions and domestic abuse

Interventions, in situations of domestic abuse, need to take account of the evidence that children can suffer serious long term damage through living in a household where domestic violence and abuse is taking place, even though they have never themselves been directly harmed. This evidence is reflected in the extension of the legal definition of harm within the proposed Children's Bill 2010 to include impairment through seeing or hearing the ill treatment of another, particularly in the home, even though they themselves have not been directly assaulted or abused.

The most effective intervention for ensuring safe and positive outcomes for children living with domestic abuse is usually to plan a package of support that incorporates:

- Risk assessment.
- Trained domestic abuse support.
- Someone acting on an individual's behalf.
- Safety planning (for the non abusing parent who is experiencing domestic abuse).
- Protection and support for the child (*Vision for services for children and young people affected by domestic violence (2006)* Women's Aid, CAFCASS**,** Local Government Association).

When planning interventions, account should be taken of a study of twenty-nine child homicides occurring in England and Wales as a result of contact arrangements with a violent parent. This found that, despite the involvement of statutory services with most of the families, children were often not spoken to or assessed and domestic violence was viewed as an 'adult problem,' rather than a child protection issue. With regard to three out of thirteen families, contact orders had been granted to very violent fathers either against professional advice, without waiting for professional advice or without requesting professional advice. Saunders, H. (2004). *Twenty-nine child homicides: lessons still to be learnt on domestic violence and child protection*, Bristol: Women's Aid Federation of England.

Chapter 7

Protecting children in specific circumstances

Looked After Children

7.1 The term 'looked after' refers to children and young people who are in the care of the Government or who are provided with accommodation for more than a continuous period of 24 hours. It places specific responsibilities on Government to safeguard and promote the child's/young person's welfare.

7.2 In addition, children and young people who live away from home for other reasons, whilst not being 'looked after', may still be vulnerable. Such settings include private fostering (see below), healthcare, boarding schools (including residential special schools), the secure care home and the Armed Forces.

Safeguarding Looked After Children

7.3 Children and young people, either 'Looked After' or living away from home, should be afforded the same essential safeguards against abuse, but practice needs to be framed on an understanding that there may be additional risks and vulnerabilities for children and young people living away from home.

7.4 Many agencies may be involved, but all should have policies and procedures that are in line with the SCB's arrangements and ensure that children and young people have their general welfare promoted, are protected from harm and treated with dignity and respect.

7.5 When a referral is received concerning a child or young person who is Looked After, the same procedures should be followed as for any child or young person. The duty to undertake Section 46 Enquiries when there are concerns about significant harm is the same.

7.6 In situations where an allegation is made against a member of staff or a volunteer or carer refer to 7.79.

7.7 When a child or young person is subject of Child Protection Plan and he or she is Looked After, meetings and planning should be separate but co-ordinated. Reviews of the care plan should take into account the protection plan and vice versa.

7.8 For all Looked After children, any changes to the child or young person's care arrangements, or circumstances such as a return to their birth parents, should be discussed and the risks evaluated by a Child Protection Conference prior to decisions being made. If it is not possible to convene a conference prior to a change in care arrangements or circumstances, a full evaluation of any risks needs to be made by the allocated practitioner, authorised by a manager and recorded on the case file.

7.9 If a decision has been made by the court to return the child home, then the court's directions should be clearly recorded in the care plan, particularly if the actions prescribed differ from those within that plan. All agencies must be notified in writing.

7.10 Professional disagreements between the Looked After care planning process and Child Protection Conference should be brought to the attention of the relevant senior manager and should be dealt with in line with the procedure for resolving professional disagreements. (See 8.15, Resolution of Professional Differences.)

Safeguarding children in private foster care

7.11 A private fostering arrangement is one that is made without being instigated by Social Services or a local authority for the care of a child under the age of 16 (under 18, if is a child with disabilities) by someone other than a parent or a close relative, with the intention that it should last for 28 days or more.

7.12 Private foster carers may be from the extended family, such as a cousin or great aunt, but a person who is a relative under the Children and Young Persons Act 2001, i.e. a grandparent, brother, sister, uncle or aunt (whether of full blood or half blood or by marriage) or a step-parent, will not be a private foster carer.

7.13 The law requires parents, prospective private foster carers and those who receive a child in an emergency or who were providing accommodation for a child when he became a privately fostered child, and any other person who is, or who proposes to be, involved in making such arrangements to notify Social Services in order that appropriate checks can be made.

7.14 Children in private foster care should receive the same degree of protection as children looked after in their own homes or by the Government.

7.15 Many private foster carers and parents are not aware of the notification requirements and, as a result, many private fostering arrangements remain hidden, leaving the children who have been placed with them without the benefit of formal monitoring arrangements.

7.16 When a child is placed in a private fostering arrangement the private foster carer becomes responsible for providing the day-to-day care of the child in a way which will safeguard them and promote their welfare. Overarching responsibility for safeguarding and promoting the welfare of the child remains with the child's parents or other person with parental responsibility.

7.17 The Children and Young Persons Act 2001 places a duty on Social Services to satisfy itself that children who are privately fostered are adequately safeguarded and their welfare is promoted.

7.18 Social Services should report annually to the Safeguarding Children Board (SCB) on how it satisfies itself that the welfare of privately fostered children on the Isle of Man is satisfactorily safeguarded and promoted, including how it co-operates with other agencies in this connection.

7.19 When a referral is received concerning a child in private foster care the same procedures should be followed as for any child.

7.20 In addition, every effort should be made to locate the person(s) with parental responsibility and to speak with them as part of the assessment/Section 46 Enquiries.

Children and young people who display sexually harmful behaviours

7.21 Where there are concerns that a child or young person is displaying sexually harmful behaviours this should be brought to the attention of the appropriate line manager and a referral made to Social Services or the Police. The child or young person should **not be questioned** about the allegation before making the referral.

7.22 Children, particularly those living away from home, are also vulnerable to abuse by their peers. All such abuse should be taken as seriously as abuse perpetrated by an adult. Staff should not dismiss some abusive sexual behaviour as 'normal' between young people and should not develop high thresholds before taking action.

7.23 When such information is received it will be shared immediately with the other agency. The Police will be responsible for action taken in relation to the criminal justice system and Social Services will lead in relation to the child protection process, but neither should embark on a course of action which has implications for the other without appropriate consultation.

7.24 A strategy discussion should be convened in line with the procedures set out in Chapter 4. This should, wherever possible, be a face to face meeting, but where this cannot take place because the delay in holding one would prejudice the child's welfare, this may take place over the telephone.

7.25 In planning Section 46 Enquiries, the following additional points should be considered:

- Relevant specialist workers should be invited to the strategy meeting.
- The Youth Justice Team should be invited to the strategy meeting.
- Whether the alleged perpetrator has reached the age of criminal responsibility.
- A social worker should not act as an appropriate adult for the interview of the alleged perpetrator.
- The Youth Justice Team should ensure that an appropriate adult attends where the parent cannot or will not.
- The safety of other children with whom the alleged perpetrator is in contact and whether any immediate action is necessary to protect them.

7.26 When it is confirmed that an incident has taken place, a risk assessment of their behaviour should be commenced in addition to the Core Assessment. This will inform the decision as to whether or not to convene a Child Protection Conference. A conference should only be held if the child or young person is considered **personally** to be at risk of continuing significant harm. If the conference decides that the child or young person should be subject to a Child Protection Plan, the plan must address the young person's harmful behaviour and identify work to reduce the risk.

7.27 All work with children and young people who show sexually harmful behaviour should recognise that such children are likely to have considerable needs themselves, and also that they may pose a significant risk of harm to other children. Evidence suggests that children who sexually harm others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development, and may have committed other offences. Such children are likely to be children in need, and some will in addition be suffering or at risk of significant harm, and may themselves be in need of protection.

7.28 Children and young people who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others.

7.29 Three key principles should guide work with children and young people who sexually harm others:

- There should be a co-ordinated approach on the part of Social Services, Police, Youth Justice, Education (including Education Psychology) and Health (including Child and Adolescent Mental Health teams).
- The needs of children and young people who sexually harm others should be considered separately from the needs of their victims.
- An assessment should be carried out in each case, appreciating that these children may have considerable unmet developmental needs, as well as specific needs arising from their behaviour.

Children involved in prostitution

7.30 The Sexual Offences Act 1992 covers the sexual exploitation of children and young people up to the age of 18, through prostitution and pornography. It is an offence to pay for sex in money or in kind with a child or young person 18 years and under. It is also an offence to cause or incite child prostitution or pornography, control a child prostitute or a child involved in pornography, and arrange or facilitate child prostitution or pornography. The Act also includes an offence of administrating a substance with the intent of committing a sexual offence.

Safeguarding children involved in prostitution

7.31 Children and young people involved in prostitution should be viewed as victims of abuse, and primary legislation should apply. See also *Safeguarding Children Involved in Prostitution* (May 2000 UK Home Office and Department of Health).

7.32 Looked After children and young people may be particularly vulnerable to this form of abuse and exploitation and staff and carers need to be aware of the signs and indicators that this form of abuse is likely to or is occurring.

7.33 When there is evidence or a suspicion that a child or young person is at risk of or is already involved in prostitution a referral should be made to Social Services. The safeguarding procedures should then apply, and a strategy meeting convened. In addition to the standard agenda (see Chapter 4, paragraph 4.9) the strategy meeting should consider:

- Whether the child or young person is reluctant or fearful of engaging with professionals, either as a result of threats, or influence from those who abuse and exploit them.
- Whether substance misuse may be a contributory factor to the abuse and exploitation.
- The specific strategies that may be required to assist the child or young person to leave the abusive environment.
- The possible risk to any other young people.

7.34 All enquires involving child prostitution must be notified to the SCB who have a responsibility to enquire into the extent to which children are involved in prostitution on the Island.

7.35 Primary law should be used in regard to abusers. If the prosecution of an offender requires the evidence of a young person who has been involved in prostitution, then attention must be paid to their safety and welfare, including the possible need to move him/her and to the confidentiality of the information. This may require the close co-operation of the Police, Victim Support and other agencies.

7.36 Where there is suspicion that an adult is involved in organising the prostitution of, or paying for sex with, a child or young person and they are themselves parents of children, then an assessment of the needs and risks to those children should be considered.

Child trafficking and exploitation

7.37 The UK Home Office describes trafficking as a modern form of slavery. It defines it as involving *"the movement of people, either within one country or from one country to another, using coercion, deception or abuse of power for the purpose of their exploitation*".

7.38 Exploitation includes "*the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs*." The UK Nationality, Immigration and Asylum Act 2002 includes an offence of 'Traffic for Prostitution.'

7.39 The UK Sexual Offences Act 2003 covers offences of trafficking for the purposes of committing any sexual offence against an adult or child, as well as trafficking from one place to another within the UK. A new offence of trafficking for exploitation, which covers trafficking for forced labour and the removal of organs, was introduced in the UK Asylum and Immigration (Treatment of Claimants, etc.) Act 2004 **which extends to the Island.** These measures also take into account the UK's international obligations under the UN Trafficking Protocol and the EU Framework Decision on Trafficking for the Purposes of Sexual and Labour Exploitation.

7.40 Trafficking should not be confused with smuggling: *"People smuggling is the facilitation of illegal entry*."

Safeguarding children involved in trafficking and exploitation

7.41 In recent years the numbers of migrant children to the UK has increased. Children and young people may enter the country in a variety of ways. They may be unaccompanied asylum seekers, students or visitors. They may be accompanied or met by an adult claiming to be a relative or friend.

7.42 Where a child or young person is suspected or known to be involved in trafficking, the safeguarding procedures should be followed and consideration should be given to involving Immigration officials at the strategy discussion stage. The Trafficking Toolkit provides helpful guidance **www.crimereduction.gov.uk/toolkits/**.

7.43 If a child or young person is being Looked After, carers should be vigilant in case an unknown adult attempts to make contact. Any adult seeking contact with the child should be first investigated and their identity validated.

7.44 Where there are concerns about the immigration status of any individual contact should be made with the Passport and Immigration Section of the Crown Division in the Chief Secretary's Office. Interpreters should be made available to children and young people who do not have English as a first language.

Unaccompanied asylum-seeking children (UASC)

7.45 A UASC is an asylum-seeking child under the age of eighteen who is not living with their parent, relative or guardian in the UK or the Isle of Man. An Initial Assessment and, where appropriate, a Core Assessment should be carried out for every child referred. Where there are concerns about the immigration status of any individual the Passport and Immigration Section of the Crown Division in the Chief Secretary's Office should be contacted.

7.46 In the majority of cases this will lead to them being accommodated and under the Children and Young Persons Act 2001, they are then required to be the subject of a Care Plan.

Female genital mutilation

7.47 Female genital mutilation (FGM) is a collective term for procedures which include either the partial or total removal of the external genital organs for cultural or other non-therapeutic reasons.

Safeguarding children and young people from female genital mutilation

7.48 FGM is more common than many people recognise both in the British Isles and many other countries, worldwide. It is not required by any major religion and is a harmful and dangerous practice that can cause long term physical as well as psychological trauma.

7.49 A referral may be prompted by:

- Suspicion that a child or young person is about to have the procedure performed.
- Suspicion that a child or young person is being, or may be, sent to another country for the purposes of performing the procedure.
- The procedure is known to have happened.
- Another girl or women in the family has been mutilated.

7.50 Where there is evidence of or suspicion that FGM has or may be performed, these child protection procedures should be invoked.

7.51 The strategy discussion should include consideration of:

- Whether the Police need to take action in their primary law enforcement role.
- The potential risks to all girls in the family.
- Whether legal action is required to safeguard the child or young person.

7.52 Social Services will need to work closely with the Police, who have a primary law enforcement role. The use of a Prohibited Steps Order may be appropriate.

Forced marriage

7.53 A clear distinction must be made between a forced marriage and an arranged marriage. In arranged marriages the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement lies with the young people. In forced marriages one or both spouses do not freely consent to the marriage and some form of duress is involved.

7.54 Although there is no specific criminal offence of "forcing someone to marry", criminal offences may be committed. Perpetrators (usually parents or family members) could be prosecuted for offences including threatening behaviour, assault, kidnap, abduction, unlawful imprisonment, and murder.

Recognition and response

7.55 Many young people who face a forced marriage will not even discuss their worries with their friends for fear their families may find out. Young people may therefore present with a variety of symptoms. The following factors may be an indication that a young person fears they may be forced to marry:

- **Education:** Truancy; low motivation in school; poor exam results; withdrawal from school.
- **Health:** Self harm; attempted suicide; eating disorders; depression; isolation.
- **Family history:** Siblings forced to marry; family disputes; domestic violence and abuse; running away from home; unreasonable restrictions e.g. house arrest.
- **Employment:** Poor performance; poor attendance; limited career choices; not allowed to work; unreasonable financial control e.g. confiscation of wages/income.

7.56 If anyone suspects that a child (male or female) is in danger of a forced marriage:

- Social Services should be contacted immediately and a strategy meeting convened. This must include a representative from the Police.
- The strategy meeting should agree who will be responsible for contacting the UK Forced Marriage Unit for advice (www.fco.gov.uk 020 7008 0230). Where there are concerns about the immigration status of any individual contact should be made with the Passport and Immigration Section of the Crown Division in the Chief Secretary's Office.
- If the child or young person has made the complaint they should be involved in developing an appropriate plan.

7.57 At no time should:

- Allegations be treated as a domestic issue and the young person be sent back to the family home.
- The young person's concerns be ignored and the need for immediate protection be dismissed.
- Members of the young person's family, or community be contacted without the express consent of the young person as this will alert them to the enquiries.
- The family be contacted in advance of any enquiries either by telephone or letter.
- Information be shared outside child protection information sharing protocols without the express consent of the young person.

- Breach confidentiality except where necessary in order to ensure the young person's safety.
- Mediation be attempted – this is very important as mediation can be extremely dangerous and has been linked with so called 'honour crimes'.

Further information and guidelines concerning work with situations of forced marriage is available from:
www.adss.org.uk/publications/guidance/marriage/pdf
www.homeoffice.gov.uk/comrace/race/forcedmarriage/index.html

Cultural and religious beliefs that may impact on safeguarding children

7.58 The basic requirement that children are kept safe is universal and cuts across cultural and religious boundaries. All concerns about the safety of a child should be acted upon in accordance with the guidance in this document, and there can be no excuse for failing to take adequate steps to protect a child, whatever their cultural or religious circumstances.

7.59 Practitioners should be alert to the fact that children may be harmed within faith communities and that religion does not necessarily offer protection from abuse.

7.60 All assessments and Section 46 Enquiries should seek appropriate advice from those with knowledge of the culture/religion of the child and/or their family. Agencies should ensure that connections are made with key people in local communities and faith groups in order to help practitioners with this task.

7.61 The Safeguarding Children Board should work with all faith groups to support them in developing adequate and appropriate child protection procedures.

Children moving between authorities and jurisdictions

7.62 A significant number of children and young people move between areas and, in the case of the Isle of Man, between countries. This involves moves both to and from the Isle of Man. The circumstances that lead to a child and/or their family moving from one area to another vary. It may be planned or in response to a crisis. It may be temporary or permanent.

7.63 If the move is to or from the British Isles, the Local Authority (or the Isle of Man Government) in which the child is living, whether temporarily or not, has responsibility to provide services. The exceptions to this are that:

- The child is subject to a Care Order or Interim Care Order.
- The child is accommodated.
- The child is subject to a Child Protection Plan.
- The child is in receipt of services other than rent and subsistence.

7.64 The principles that apply in the UK must apply in all such cases here on the Isle of Man in that only when the second authority explicitly accepts responsibility is the first authority relieved of the responsibility to take emergency action. The acceptance should subsequently be confirmed in writing.

Safeguarding children and young people moving between authorities and jurisdictions

7.65 Children and young people may be at increased risk as a result of any move. They may not have access to universal services that seek to support and protect, such as health services via a GP, and education.

7.66 When a child or young person comes to the attention of Social Services and it is known that they have recently moved into the area, staff must obtain identifying information such as full names, dates of birth and previous address(es).

7.67 If any worker from any agency discovers that a child or young person who is subject of a Care Order or who is subject to a Child Protection Plan is planning to move, or has moved out of or into the area, then they must inform the child's social worker as soon as possible. They should then inform all the other key agencies. The family should be made aware of this.

7.68 In regard to children or young people subject to Care Orders or who are accommodated, subject of child protection plans, or receiving services as children in need and for whom a move is known, information should be passed to the Local Authority to which the child is moving to and all relevant agencies, prior to the move occurring. The family should be made aware of this. For children and young people subject of a Child Protection Plan, it should be the key worker who is informed. The key worker should then inform all the other key agencies.

7.69 Children and young people who are subject of a Child Protection Plan and who move should be recorded as being subject of a child protection plan by the receiving Authority under a temporary category until a conference can be convened. An agreement should be reached between managers of both Authorities about the implementation of the Child Protection Plan.

7.70 For children and young people who are subject of a Child Protection Plan the key worker should attend and provide a report to the transfer conference in the Local Authority to which the child has moved. At the transfer conference, a decision may be reached for both Authorities to joint work for a time limited period.

7.71 Following the transfer conference, the conference chair should write to the originating Authority and formally notify them of the outcome. Only then can the child or young person be recorded as no longer the subject of a Child Protection Plan by the originating Authority.

Organised and complex abuse

7.72 Complex (organised or multiple) abuse may be 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.

7.73 Use of the internet may be linked to the abuse. It can occur across a family, a community or care settings such as residential homes or schools.

Safeguarding children and young people from organised and complex abuse

7.74 Investigations, particularly those that relate to historic abuse, can be very complex in that the abuse may have occurred in a number of places, involving a number of people and those involved may be difficult to trace.

7.75 The investigation of complex abuse requires thorough planning and collaboration across the agencies involved.

7.76 Children and adult survivors may need support to access therapeutic services.

7.77 In addition to normal strategic planning meetings, the senior manager will inform the Director of Social Services, the Chair of the SCB and the senior management of the key agencies involved. An SCB media strategy will be co-ordinated under the auspices of the SCB Chair by the press offices of the Department of Social Care and the Isle of Man Constabulary.

7.78 A senior manager will chair the strategy meeting. If staff are involved, managers of those services should not be included and action should be governed by the procedures for dealing with allegations made against staff, carers and volunteers. The strategy meeting should:

- Agree the resources that will be needed and how these will be made available.

- Agree the staff team that will follow through the investigation and who should be told that the investigation is taking place.
- Any communication regarding the investigation should be on a strictly 'need to know' basis.
- The timetable for reconvening the strategy meeting in order to monitor progress and evaluate the information arising from the investigation.

Allegations of abuse made against a person who works with children

7.79 Where a person working on a paid or unpaid basis has

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child;
- behaved towards a child or children in a way that he/she is unsuitable to work with children,

the following guidance should be followed.

Safeguarding children and young people from staff, carers and volunteers

7.80 Despite recruitment and selection processes that are designed to deter and prevent those that pose a risk to children and young people being employed, abuse from staff, carers and volunteers still occurs. Abuse can occur in any setting and by anyone and all organisations working with children should have a procedure for handling such allegations which is consistent with this guidance. The procedures in Education settings should be consistent with DfES (2005): *Dealing with Allegations of Abuse against Teachers and other Staff* . Further information about best practice is given in the SCB document *Additional Guidance* (2010).

7.81 Where anyone has suspicion or evidence that abuse is occurring or has occurred in the past a referral should be made to the Designated Officer in Social Services (Child Care Co-coordinator) in accordance with the relevant agency protocol. Each agency protocol should clearly identify a senior manager within that agency who should be informed of all concerns and who will inform the Social Services Designated Officer of all such concerns.

7.82 Staff, carers or volunteers making an allegation against another member of staff should be given support and protected where possible from any reprisals, in accordance with the Government whistle-blowing policy.

7.83 The head of the agency employing the member of staff should be informed as soon as any allegation has been made by the Designated Officer or someone of similar seniority.

7.84 There may be three related but independent strands to the process in response:

- Section 46 investigation
- Police investigation
- Disciplinary investigation.

7.85 It is essential that the common facts of the alleged abuse are applied independently to the three strands. The fact that a prosecution is not possible does not mean that action in relation to safeguarding children, or employee discipline is not necessary or feasible.

7.86 Once a decision has been made to proceed with any or all three investigations, then the member of staff should be informed unless this would jeopardise the outcome. Arrangements should be made to offer support to them throughout the process (see Appendix 5, *Working Together* 2009).

7.87 In situations where allegations or suspicions have arisen in regard to a member of staff in Social Services, an independent person should be involved in the investigation.

7.88 If the referrals amount to complex or organised abuse, then reference should be made to those procedures.

7.89 Any communication regarding the investigation should be on a strictly 'need to know' basis. Parents of the children or young people involved should be notified about the process in a manner that does not impede the proper exercise of Section 46 Enquiries, disciplinary and investigative processes. They should be given information about the conclusion reached once the work has been completed. The Designated Officer in Social Services (Child Care Co-ordinator) should consult with colleagues on how best to inform parents.

7.90 If the allegations are substantiated, then the names of the members of staff must be notified to the organisation responsible for maintaining the list of individuals barred from working with children. The Designated Officer will discuss this with the employer.

7.91 A report should be provided to the SCB Chair on a six monthly basis by the Designated Officer regarding allegations made against staff who work with children. This should state:

- Numbers
- A breakdown by occupational group
- Type of allegation
- Timescales for response
- Outcome.

7.92 Where an allegation has been subject of an Section 46 Enquiry, the Chair of the SCB should be informed by the Designated Officer and consideration should be given as to whether a full Serious Case Review may be appropriate. The Serious Case Review Panel would need to be mindful of any ongoing criminal investigation.

Illness that is fabricated or induced

Making a referral to Social Services

7.93 The use of terminology to describe the fabrication or induction of illness in a child has been the subject of considerable debate between professionals. This may have resulted in a loss of focus on the welfare of the child. The key issue is not what term is used to describe this type of abuse, but the impact on the child's health and development and consideration of how best to safeguard the child's welfare.

7.94 When a possible explanation for the signs and symptoms is that they may have been induced or fabricated or a diagnosis is being considered and as a consequence the child's health or development is likely to be impaired, then a referral to Social Services must be made.

7.95 Following referral, Social Services should decide within one working day what response is necessary. Lead responsibility for action to safeguard and promote the child's welfare lies with Social Services.

7.96 All decisions about what information should be shared with parents, when and by whom should be taken jointly at the Strategy Meeting. The decision about when to share information with the parents will have a bearing on the Police investigations. While professionals should seek, in general, to discuss any concerns with the family and, where possible, seek their agreement to making referrals to Social Services, this should only be done where such agreement seeking does not place the child at increased risk of significant harm.

7.97 Any case of fabricated or induced illness may also involve commission of a crime and therefore the Police should always be involved.

7.98 The paediatric consultant has responsibility for the child's health and decisions pertaining to it.

Immediate protection

7.99 If at any point there is medical or other evidence to indicate that a child's life is at risk or

there is likelihood of serious immediate harm, an agency with statutory child protection powers should act quickly to secure the immediate safety of the child.

7.100 Emergency action may be necessary as soon as a referral is received or at any point in involvement with the child and family. If this is necessary consideration, must be given as to whether it is necessary to safeguard other children in the household.

Strategy meeting

7.101 If there is reasonable cause to suspect a child is suffering or is likely to suffer significant harm as a result of possible induced/fabricated illness, Social Services should convene a Strategy Meeting . This is the most effective way to gather information in such complex situations.

7.102 The Strategy Meeting will include Social Services, the Police, the medical consultant responsible for the child's health and the Designated Nurse. Professionals involved with the child such as the GP, health visitor and staff from Education and nursery settings should be involved if appropriate.

7.103 The advocate to the Department should also routinely be invited to the Strategy Meeting.

7.104 Staff should be sufficiently senior to be able to contribute to the discussion of often complex information, and to make decisions on behalf of their agency.

7.105 Where it is decided that there are grounds to initiate an enquiry under Section 46 of the Children and Young Persons Act 2001 decisions should be made about:

- How the enquiry will be carried out and what information is required about the child and family and how it should be obtained and recorded.
- Supplementary records to be kept in a secure place in order to safeguard the child.
- Who will carry out what actions by when and for what purpose in particular the planning of further paediatric assessment.
- The needs of siblings and other children with whom the alleged abuser has contact.
- The needs of the parents or carer.

7.106 There may need to be more than one Strategy Meeting/discussion in order to enable the best decision to be made about safeguarding the child's welfare. If more than one Strategy Meeting is held as part of a series of discussions, the Initial Child Protection Conference should be held within 15 working days of the last Strategy Meeting/discussion.

Outcome of Section 46 Enquiries

7.107 **Concerns not substantiated.** Medical tests may reveal a medical condition which explains the child's signs and symptoms and therefore no child protection action is necessary. The child's health will require monitoring to see how it progresses.

7.108 **Concerns substantiated but the child is not considered to be at continuing risk of significant harm.** There may be substantiated harm but professionals involved may be able to agree a plan amongst agencies to ensure the child's future safety and welfare without a Child Protection Plan.

7.109 **Concerns substantiated and child is considered to be at continuing risk of significant harm.** Social Services should convene a Child Protection Case Conference. This may include situations where the child's life has not been placed in immediate danger, but continuation of the fabrication or induction of illness would have major consequences for the child's long term health and development. (See definition of terms: significant harm.)

7.110 For further information, refer to UK HM Government supplementary guidance 'Safeguarding *Children in whom Illness is Fabricated or Induced'* 2008.

Chapter 8

Training, supervision and resolving professional differences

Training

8.1 **It is the responsibility of all departments** to ensure that workforce strategies include systems for delivering single agency and inter-agency training on safeguarding and promoting the welfare of children.

8.2 **It is the responsibility of individual employers to ensure that**:

- Their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting children's welfare.
- Their staff are aware of how to recognise and respond to safeguarding concerns and that this knowledge is put in place before employees attend inter-agency training.
- There are adequate resources and support for inter-agency training through:
    - Providing staff who have the relevant experience to sit on the SCB training sub group.
    - Allocating time to complete inter-agency training tasks effectively.
    - Releasing staff to attend the appropriate inter-agency training courses.
    - Ensuring that staff receive single agency training that enables them to maximise the learning derived from inter-agency training, and have opportunities to consolidate their learning.
    - Contributing to the planning, resourcing, delivery and evaluation of training.

8.3 **The role of the SCB is to:**

- Ensure the identification of training needs in relation to safeguarding children across all agencies working with children and their families.
- Provide inter-agency training as agreed by the SCB to take forward the work programme priorities.
- Check and evaluate single and inter-agency training to ensure it is meeting local needs.

8.4 The **Training and Development Group** (TDG) of the SCB consists of representatives from key agencies. They must have sufficient knowledge of training needs and processes to enable them to make informed contributions to the development and evaluation of the training strategy.

8.5 **The responsibility of the TDG will be to:**

- Identify training needs and develop a strategy for meeting these on a single agency and inter-agency basis.
- Ensure that the strategy leads to the provision of appropriate training for all the following groups:
    - Those in regular contact with children and young people and with adults who are parents or carers.
    - Those who work regularly with children and young people and with adults who are carers and may be asked to contribute to assessments of children in need.
    - Those with particular responsibility for safeguarding children who need to have a thorough understanding of these procedures.
    - Operational managers at all levels employing staff to work with children and families or with responsibility for commissioning or delivering services.
    - Those with strategic and managerial responsibility for commissioning and delivering services for children and families.
- Develop and implement systems for evaluating the effectiveness of both single

agency and inter-agency training.
- Inform the SCB of the outcomes of this evaluation on at least an annual basis.

8.6 **The SCB expects that all training relating to the safeguarding of children will:**

- Be delivered by trainers who are knowledgeable about safeguarding and promoting the welfare of children and have training skills. When delivering training on complex cases, trainers should have the relevant specialist knowledge and skills.
- Be consistent with the SCB procedures and protocols.
- Be informed by current research evidence, lessons from Serious Case Reviews and Child Death Reviews, and best practice developments from other jurisdictions.
- Reflect an understanding of the rights of the child and be informed by an active respect for diversity and the experience of service users, and a commitment to ensuring equality of opportunity.
- Be regularly reviewed to ensure that content is up to date and that it meets the agreed learning outcomes.

Supervision and staff management

8.7 Agencies should ensure that all staff members working with vulnerable children have access to effective management and supervision.

8.8 In many agencies, supervision and management will be provided by the same person. Where the roles are split it is vital that there is clarity about lines of accountability and how issues of performance management will be dealt with.

8.9 **It is the role of a line manager to:**

- Be accountable for the quality of work carried out.
- Monitor quality through regular case file audit or review of incidents.
- Endorse decisions made at key points in the process of work with children and their families.
- Ensure that staff have access to regular supervision.
- Ensure that senior managers are kept informed of any factors that may adversely affect the ability of staff to deliver quality services, e.g. workload, resource deficits, gaps in knowledge and skills.

8.10 **It is the role of the supervisor to:**

- Provide a safe environment where staff working with vulnerable children can reflect on their work.
- Be a source of advice and expertise.
- Scrutinise and challenge practice in order to assess the competence of the worker.
- Provide an opportunity for the practitioner to explore cases in depth in order to promote objectivity, evidence based analysis and sound professional judgement. There should be consideration of the way in which feelings about the work might affect both thoughts and actions.
- Enable practitioners to clarify their roles and responsibilities and how these relate to the roles of others in the professional network.
- Assess training and development needs and ensure that these are met.

8.11 All staff working with vulnerable children should have a named supervisor who is able to provide the necessary advice, expertise and support. An annual appraisal should identify any areas for improvement and thereby contribute to an understanding of training need.

8.12 Agencies should have in place a supervision policy which specifically addresses the process of supervision for staff involved in safeguarding children. This policy should specify how the roles identified above will be carried out.

8.13 Staff should have the opportunity to discuss with a supervisor all children who are causing

them concern or who are receiving enhanced service provision, not only children who are subject to a Child Protection Plan.

8.14 All decisions made by supervisors and line managers should be recorded in the child's case file, with reasons for the decision clearly specified. This includes both formal and informal supervision discussions.

Resolution of professional differences

8.15 Protecting children will always be an area where there may be differences of opinion about the best course of action. It is important that all those working with children feel able to air their views and constructively challenge the action of others.

8.16 The contexts for professional disagreements include:

- The response to a referral and whether the criteria for eligibility to assessment have been reached.
- The decision to convene a conference.
- The decision as to whether to make a child subject of a Child Protection Plan.
- The development and implementation of the Child Protection Plan.

8.17 Where the conference is equally divided on the need for a Child Protection Plan, the Chair will make the final decision. Child Protection Conferences Procedure (Chapter 5) provides specific procedures to be followed where there are formal complaints regarding the functioning of a child protection conference.

8.18 It is important that there is the opportunity to follow up professional disagreements about the outcome of decisions at all points of the process, including where a formal complaint has not been lodged.

8.19 Professional disagreements between front line staff should be referred to first-line managers, who will liaise and attempt to resolve the differences of opinion. If this is not possible, a more senior manager should be involved without delay. These discussions, which are not part of a formal complaints process, are to ensure that there is appropriate management oversight of the decision making process; that the child is safe from harm; and that professional disagreements about one case do not adversely affect inter-agency relationships.

8.20 Where there are professional disagreements between front line staff and their immediate manager, the named professional responsible for Safeguarding (Safeguarding Champion) within their agency should be informed and asked to provide consultation and advice. It is advised that each agency should identify a Safeguarding Champion and ensure that this is promoted within their agency.

8.21 Records should be made of all discussions.

8.22 Where a resolution of differences cannot be found, and where a practitioner believes this difference of opinion affects the safety of a child, consideration must be given to initiating the SCB Escalation Protocol (Appendix 3).

Chapter 9

Managing individuals who pose a risk of harm to children

Identification of individuals who pose a risk to children

9.1 In order to protect children from adults who threaten their safety and well-being it is necessary to ensure that:

- *agencies who work primarily with adults* (for example, Police and Probation), including those who present an ongoing risk to children, understand the circumstances in which they must make a referral to Social Services in order that these child protection procedures can be implemented and contribute their knowledge and expertise to assessment and decision making.
- *agencies who work primarily with children* access the information and knowledge held within the above agencies and include them in inter-agency decision making, planning and action to protect children.

9.2 The term 'a person who poses a risk to children' has replaced the term Schedule One Offender.

9.3 The management of a person who poses a risk to children will be based upon an appropriate risk assessment within the context of the Public Protection Arrangements (PPA) and the Isle of Man Offender and Potential Offender Management programme.

9.4 When someone has been identified as presenting a risk to children there needs to be an inter-agency meeting to share information and agree who will do what. There will need to be subsequent reviews to re-evaluate the risks posed.

9.5 In situations where the adult is known to have contact with children this should be via a Strategy Meeting. There will need to be a subsequent reviews to re-evaluate the risks posed.

9.6 Where the adult poses a risk but is not currently in contact with children they will need monitoring to ensure the child protection system is alerted where necessary. There will need to be subsequent reviews to re-evaluate the risks posed.

9.7 The UK Home Office provides guidance on offences which would identify an offender as someone who poses a potential risk of harm to children. (These offences are not Manx legislation, but the list provides a general overview as to what may indicate a risk. The list can be found in Home Office Circular 16/2005). Some individuals who pose a risk to children will not have a criminal offending history. However, their history may include:

- a finding of fact in a civil court that an individual poses a risk to a child;
- registration of a child at a Child Protection Conference which concluded that they posed a risk to a child;
- being subject to a Risk of Sexual Harm Order;
- other non-offence related information that they present a risk to children.

9.8 Effective assessment of risk must be based in inter-agency working. Different agencies have different responsibilities in this area:

- Social Services is responsible for assessing whether or not a child is in need of protection and is the lead agency in respect of the child protection procedures.
- Police are responsible for investigating if a crime has been committed and taking action if this is the case.
- The Probation Service is responsible for undertaking assessments of individuals, making recommendations to the court and providing supervision and treatment services.
- The Prison Service is responsible for accommodating individuals during remand and sentence and providing treatment and support.
- The Youth Justice Team is responsible for undertaking assessment of young people under 18, providing reports to the court and post-sentence support.

9.9 It is incumbent upon all agencies to share information to protect children in line with the SCB Information Sharing guidance.

Action when an individual is known to present a risk to children

9.10 When a worker in any agency receives information that an individual who is known to present a risk to children has moved into a household with children or formed a close relationship with the parent of children a referral **must** be made to Social Services.

9.11 If a child is in immediate danger urgent action must be agreed between Police and Social Services to protect the child.

9.12 In other circumstances Social Services will convene an inter-agency Strategy Meeting under these procedures (see paragraph 4.9), to be arranged at a time when services with knowledge about the adult (e.g. Police, Probation, Prison and YJT) are able to attend. The Strategy Meeting will consider:

- What is already known about the individual who poses a potential risk.
- The outcome of any assessments undertaken by Police, Probation, Prison or YJT.
- Making a judgement about the level of risk the adult poses and what that judgement is based upon (including where it is judged that the individual does **not** pose a risk).
- The need to continue dealing with the case under the child protection procedures, and take any immediate protective action.
- Commission a full Core Assessment.
- Commission any necessary assessment of the adult (e.g. via Police, Probation or YJT).
- Set the date for a Child Protection Conference – or in some instances a follow-up Strategy Meeting.
- Agree the circumstances where it would be necessary to meet urgently (e.g. if a known sex offender was befriending a lone parent then a move into the household would trigger an immediate review of the current arrangements and timescales).

9.13 Probation, Prison and Police Services are required to employ specific assessment tools in respect of individuals who pose a risk to children. These tools use a range of static criteria (e.g. age at first offence) and dynamic ones (e.g. level of substance misuse) to reach a judgement on their risk. This judgement will include evidence of a pattern of behaviour, similarity between the current context and the context of the offence/s, and the presence of any contextual factor such as isolation, stress, or substance misuse. For example, any evidence of grooming behaviour would immediately increase the assessed level of risk. This is invaluable information to inform the child protection process and, if not immediately available to inform judgements, such an assessment should be commissioned wherever possible.

9.14 A full record must be kept of the Strategy Meeting discussion and decisions in line with SCB requirements.

Action when an individual has no relevant conviction but is regarded as posing a risk

9.15 In some circumstances, an individual might reasonably be regarded as posing a risk to children without a conviction. For example, where there have been a number of allegations from unconnected victims, or repeated acquittals, particularly for reasons of legal procedure or where the vulnerability of the victim might reduce their credibility as a witness. In these circumstances considerable care needs to be exercised but reasonable actions can be taken to protect children and the inter-agency child protection procedures should be initiated via referral to Social Services and a Strategy Meeting.

Communication between agencies regarding individuals who pose a risk to children

9.16 The SCB requires that agencies share information to minimise the possibility of a child being harmed by an adult known to pose a risk to children. The following arrangements should be in place:

- Social Services routinely contacts Police and Probation to seek their views on individuals about whom they are concerned.
- Social Services actively participate in Public Protection Arrangements to identify individuals who pose a risk to children and have access to them.
- Police and Probation routinely advise Social Services when they are concerned that an individually who is likely to pose a risk to children has access to them.

Other multi-agency arrangements

9.17 There are a number of other arrangements that exist alongside the Child Protection process.

Isle of Man Public Protection Arrangements (PPA)

9.18 Although there is no specific legislation on the Isle of Man to support this process at present the following guidelines support good practice:

- Only a small minority of people who pose a risk of harm to children will be covered by PPA.
- Individuals need not have committed an offence to be considered for a multi-agency response under the PPA.
- Most individuals will not be assessed as posing sufficient risk to warrant multi-agency action planning through a MARM (multi-agency risk management) or MAPPP (multi-agency public protection panel).
- A MARM involves multi agency risk management through formal co-operation of two or more agencies.
- A MAPPP is where an individual is identified as being currently one of the critical few who pose an immediate risk of serious harm to another that requires considerable resource deployment.
- PPA will be involved with an individual who presents a risk for as long as it is assessed as being necessary. Over time this may involve a number of potential or real victims.
- PPA will not necessarily protect an identified victim or potential victim if the risk is posed by anyone other than the person registered under PPA. It is therefore important that individuals and the agencies they work for understand what constitutes an 'evident vulnerability' in protecting children from others, to be proactive in identifying such vulnerability and to ensure that such vulnerability,

when it exists, is communicated to other relevant organisations likely to be able to assist in managing that evident vulnerability.

- An 'evident vulnerability' would relate to an individual who it is known has been the subject of significant harm by another, who it is suspected may become subject of such harm or where circumstances would ordinarily indicate that they are at significant risk of suffering significant harm by whatever means.

Legal and other mechanisms for managing risk

9.19 Where an offender is subject to a community sentence or post release licence, the Probation Service has a series of powers and responsibilities in managing an individual's risk.

9.20 Where there is no such statutory supervision a number of other legal mechanisms are available, for example:

- Sex Offender Register and Notification Orders
- Sexual Offences Prevention Orders (SOPO)
- Risk of Sexual Harm Orders (RoSHO)
- Criminal Records Bureau Disclosures
- Anti Social Behaviour Order (ASBO)
- Acceptable Behaviour Contract (ABC).

9.21 It is estimated that from July 2010, List 99 (which the Department of Education uses for pre-employment vetting checks), POCA and POVA lists will no longer be available in their current format in the UK, as these lists are soon to be consolidated within one scheme which will be operated by the UK Independent Safeguarding Authority (ISA).

9.22 The Isle of Man Department of Home Affairs is the approved Registered Body for the Isle of Man and the conduit through whom Isle of Man employers can apply to access Criminal Record Bureau (CRB) criminal records checks.

Certificates issued by the CRB have previously contained conviction history. However, since the recent introduction of the ISA, the CRB criminal record certificates will indicate whether or not an individual is "barred by the ISA" from working with children and vulnerable adults in the United Kingdom.

Civil Orders for the management of offenders who pose a risk to children

Sex Offender Registration and Sex Offender Orders

9.23 The notification requirements on sex offenders (or "sex offender registration") were introduced in Part 1 (Sexual Offences) of the Criminal Justice Act 2001.

The 2001 Criminal Justice Act established that offenders convicted of certain sexual offences (listed in Schedule 1 of the Act) may have to notify certain personal details to the Police and any subsequent changes to those details if they are subject to notification requirements.

"Home address" in relation to any person, means the address of his home; that is to say, his sole or main residence in the Island or, where he has no such residence, premises in the Island which he regularly visits.

"Qualifying Period" means:

- a period of 14 days; or
- two or more periods, in any period of 12 months, which (taken together) amount to 14 days.

9.24 Sentencing thresholds must be met to trigger the notification requirements, i.e. liable on summary conviction to a fine not exceeding £5000, or to custody for a term not exceeding 6 months, or to both.

Where there are uncertainties as to whether any registration or Order applies, or whether one should be sought, the Detective Inspector responsible for Multi-Agency Public Protection should be contacted.

Following conviction and if they are subject to notification requirements, or following release from imprisonment, offenders have two days to register with the Police as sex offenders. They have to detail their name or any other name they may use, date of birth, employment details and their place of residence. If there is any change at any time to the offender's personal circumstances, they have two days to notify the Police of that change. Notification can be either in person, verbally to any police officer, or by post.

9.25 **Travel Notification**

On 19 October 2007 the *Sex Offender (Travel Notification Requirements) Regulations 2007 paragraph 3A (1)* of Schedule 1 to the Criminal Justice Act 2001 came into operation.

Before leaving the Island a relevant offender who intends to leave the Isle of Man for a period of three days or longer must give a notification under paragraph 3A(2) of the CJA 2001. This has to be done in person at a Police Station.

9.26 **Information to be disclosed in a notification under paragraph 3A(2)**

- If travelling to more than one country outside the Isle of Man, the intended point of arrival in each such additional country.
- The identity of any carrier or carriers intended to use for the purpose of departure from and return to the Isle of Man, and of travelling to any other point of arrival.
- Details of accommodation arrangements for each night outside the Isle of Man,
- In a case when the intention is to return to the Isle of Man on a particular date, that date.
- In a case where a return is to a particular point of arrival, that point.

Under paragraph 3A(2) (a) of the regulations it states that when a relevant offender knows the information required he cannot give less than 7 days notice of departure; or as soon as reasonably practicable but not less than 24 hours before that date, if and only if the relevant offender has a reasonable excuse for not complying with the seven day notification requirement.

If a relevant offender does not know the information required to be disclosed before seven days of the intended departure, they cannot give less than 24 hours notice of travel.

An offender is liable on conviction on information to a fine not exceeding £5000 or to custody not exceeding 5 years, or to both.

Sex Offenders Act 2006

9.27 **Sex Offender Prevention Order (SOPO)**

Part 1 of the Act introduced Sexual Offences Prevention Orders (SOPO's), which are intended to protect the public from risks posed by sex offenders and prohibits the defendant from doing anything described in the Order. An Order has effect for a fixed period (not less than 5 years) specified in the Order or until a further Order is made. An Interim Order can also be applied for.

A SOPO can either be made:

By a court when it deals with the defendant following a conviction for an offence listed in Schedule 1 of the CJA 2001 or a finding that the person is guilty of such an offence by reason of insanity or they are under a disability but have done the Act charged in respect of

the offence; or

On application made to the magistrates court by a chief officer of police.

In both cases, the court must be satisfied that an Order is necessary to protect the public or any particular members of the public from serious sexual harm.

An Order can be applied for if an offender is believed to be in or intending to come to the Island.

Where there are uncertainties as to whether an Order applies or whether one should be sought the Detective Inspector responsible for Multi-Agency Public Protection should be contacted.

Risk of Sexual Harm Order (ROSHO)

9.28 Part 2 of the Act – Risk of Sexual Harm Order (ROSHO). Similar to SOPO the aim of this Order is to restrict the activities of those involved in grooming children for sexual activity and protecting children generally from harm.

A previous conviction, caution etc for a sexual offence is NOT a prerequisite in applying for a ROSHO. An Interim Order can be applied for.

The High Court may make an Order under this section in respect of a person if the Court is satisfied that a person has on at least two occasions done an act of:

- Engaging in sexual activity involving a child or in the presence of a child.
- Causing or inciting a child to watch a person engaging in sexual activity or to look at a moving or still image that is sexual.
- Giving a child anything that relates to sexual activity or contains a reference to such activity.
- Communicating with a child, where any part of the communication is sexual;
- Such other act as may be prescribed by order made by the Department of Home affairs.

A Risk of Sexual Harm Order has effect for a fixed period (not more than 2 years) specified in the Order or until a further Order is made. Breach of a ROSHO incurs the same penalties as a SOPO.

Where there are uncertainties as to whether an Order applies or whether one should be sought the Detective Inspector responsible for Multi-Agency Public Protection should eb contacted.

Criminal Justice Act 2001

9.29 The notification period for a caution is five years[1].

Offenders will have to notify any address at which they reside for 14 days or more, whether that is 14 days consecutive or 14 days within any 12 month period.

In the UK all notifications will have to be made in person and the Police may take fingerprints and photographs at initial notification, whenever an offender notifies any changes to his details and at periodic notification. This is not currently applicable in the Isle of Man.

Offenders will have to notify their National Insurance numbers at initial notification.

[1] This is likely to be amended to 2 years by the Criminal Justice Bill 2010.

Appendix 1

The Safeguarding Children Board

Purpose

1.1 The objectives of the Safeguarding Children Board (SCB) are to:

- Advise Government on matters relating to child protection and the wider safeguarding agenda.
- Co-ordinate work to protect and safeguard children.
- Ensure the effectiveness of local arrangements and services to protect and safeguard children.
- Undertake Serious Case Reviews.

1.2 Child Protection refers to protecting specific children who are suffering or are at risk of suffering significant harm

1.3 Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment.
- Preventing impairment of children's health and development.
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

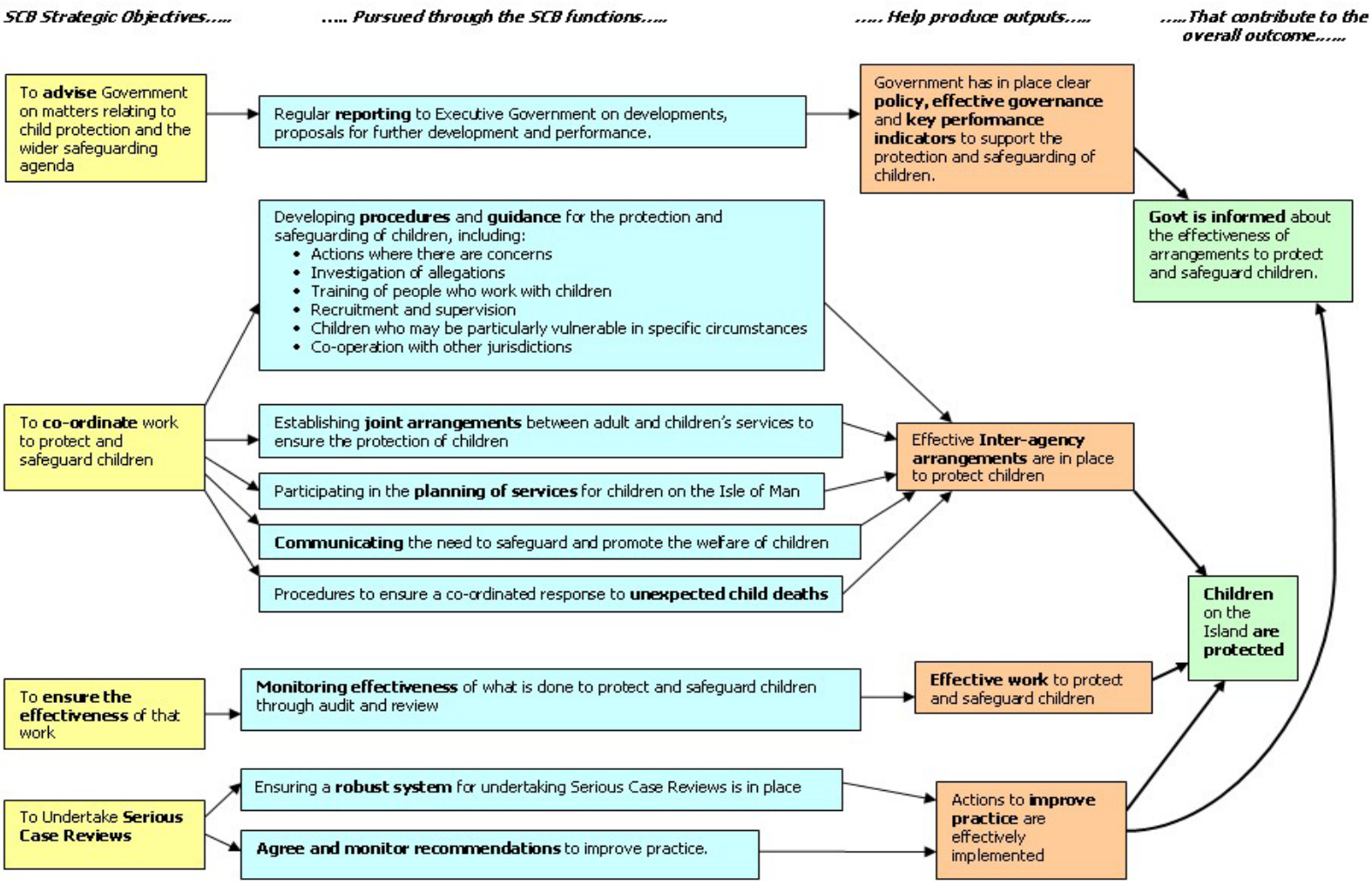
1.4 The aim of the Safeguarding Children Board is to ensure that children on the Island are safe from abuse and neglect. This is achieved by ensuring that work to protect children is properly co-ordinated and effective. When this core business is secure, the Safeguarding Children Board will review its wider remit and address preventative work to avoid harm being suffered in the first place.

1.5 The Safeguarding Children Board will speak with an independent voice, in the context of a strong working relationship with those agencies providing services to children.

1.6 In order to promote the highest standards of safeguarding work, the Safeguarding Children Board will foster a culture of constructive challenge and continuous improvement by and between member organisations.

1.7 The Safeguarding Children Board will undertake its work mindful of the diverse needs of children and will promote equality of opportunity.

The Safeguarding Children Board's strategic objectives and functions are:



Links with children and their parents

1.8 The Safeguarding Children Board, through its working arrangements, will ensure that it seeks the wishes and feelings of children and their parents about the priorities and effectiveness of safeguarding work and access to services. The Safeguarding Children Board will also consider with parents and children how they can contribute to the development of services.

Strategic relationships

1.9 The Chair of the SCB reports to Executive Government through an Executive Committee made up of Ministers responsible for the protection and safeguarding of children. The Chair of the Safeguarding Children Board is a member of the Children's Committee and will routinely update the Committee on the Board's activities. Members of the Safeguarding Children Board who also serve on the Children's Committee and Children's Services Partnership will further strengthen strategic links.

1.10 The Safeguarding Children Board will be a formal consultee in the development and review of the Children's Plan and use this opportunity to raise safeguarding issues.

Annual report and work programme

1.11 The Safeguarding Children Board's Annual Report and Work Programme will be presented by the Chair of the SCB to the Executive Children's Committee and to the Chief Minister via the Chief Secretary.

How the Safeguarding Children Board conducts its business

1.12 The Safeguarding Children Board is made up of a strategic core membership that meets regularly throughout the year. Its roles and responsibilities are to:

- Provide strategic direction, co-ordination and planning in respect of the interagency safeguarding functions of the Board.
- Be an effective motivator for setting and maintaining standards for the work of the Safeguarding Children Board.
- Undertake the Board's monitoring and inspection role in respect of any partner organisation that is not performing effectively.
- Agree the budget for the Board.
- Maintain a focus on child protection during times of organisational change.
- Work in conjunction with the Children's Committee and the Children's Services Partnership with respect to the Staying Safe agenda.

Operational Groups

1.13 The SCB has established a number of operational groups to carry out the detailed work of the Board and ensure it is co-ordinated and focussed.

1.14 The roles and responsibilities of the operational groups are to:

- Devise the draft annual SCB Work Programme based on the priorities agreed by the SCB.
- Ensure all operational groups establish their own work plan based on the SCB Work Programme to ensure review progress of the work plans.
- Identify and co-ordinate any work which crosses over between groups.
- Produce the draft Annual Report.
- Bring to the attention of the SCB any matter which is a potential challenge to the Board achieving its aims.

1.15 Each group will draw up their own work plan with priorities and measurable objectives to guide its work. The frequency of meetings will be decided on the basis of each group's work programme but will be no less than three monthly. Groups will set up time-limited task groups as required.

The membership of the operational groups will reflect a broad range of statutory and voluntary organisations. Members will be selected on the basis of the contribution they can make through their professional roles and responsibilities.

- **Policy, Procedures and Practice Group**

1.16 The Policy, Procedures and Practice Group is responsible for:

- The development of inter-agency policy, procedures and practice in response to best practice or identified need.
- Reviewing current policy, procedures and practice in relation to responsive work to protect children who are suffering, or at risk of suffering harm. This will be on both a routine basis and when issues of concern about effectiveness are raised.
- Responding to other jurisdictions' work to safeguard children at the request of the SCB.

- **Strategic Training and Development Group**

1.17 The Strategic Training and Development Group is responsible for:

- Ensuring that single agency and inter-agency training on safeguarding and promoting welfare is provided to meet local needs.
- Evaluating the quality and effectiveness of this training.
- Ensuring the Safeguarding Children Board will contribute to, and work within, the framework of the workforce strategy.

- **Quality Assurance Group**

1.18 The Quality Assurance Group is responsible for:

- Monitoring and evaluating the effectiveness of work to safeguard and promote the welfare of children by member organisations achieved through:
  - peer review process;
  - self-evaluation;
  - performance indicators;
  - joint audit.
- Monitoring organisations through the self-assessment process to ensure they are fulfilling their obligations.

- **Justice and Statutes Group**

1.19 The Justice and Statutes Group is responsible for:

- Screening any developments in legislation or guidance that relates to children and young people or pertaining to adults who pose a risk to them.
- Contributing to any legislative development required as a result of the SCB's work programme.
- Screening any developments in UK safeguarding legislation or that pertaining to a

child or young person in order to assess its relevance to the Isle of Man.

- **Safer Communities Group**

1.20 The Safer Communities Group is responsible for:

- Monitoring and evaluating the effectiveness of work to safeguard and promote the welfare of children by those organisations known to the group.
- Actively seek ways to engage with groups offering activities for children to support them in carrying out their safeguarding responsibilities.
- Foster positive relations with governing bodies to which staff are affiliated.
- Ensure that other SCB operational group chairs are aware of the groups that require training, policies and procedures and other SCB directives.

- **Child Death Review Process**

1.21 A Child Death Review Panel has been established to:

- Collect and analyse information about the deaths of all children in the area and ensuring any necessary action is taken.
- Put in place procedures for ensuring a co-ordinated response by all relevant agencies to the unexpected death of a child and, once those procedures are in place, to monitor their effectiveness.

- **Serious Case Review Group**

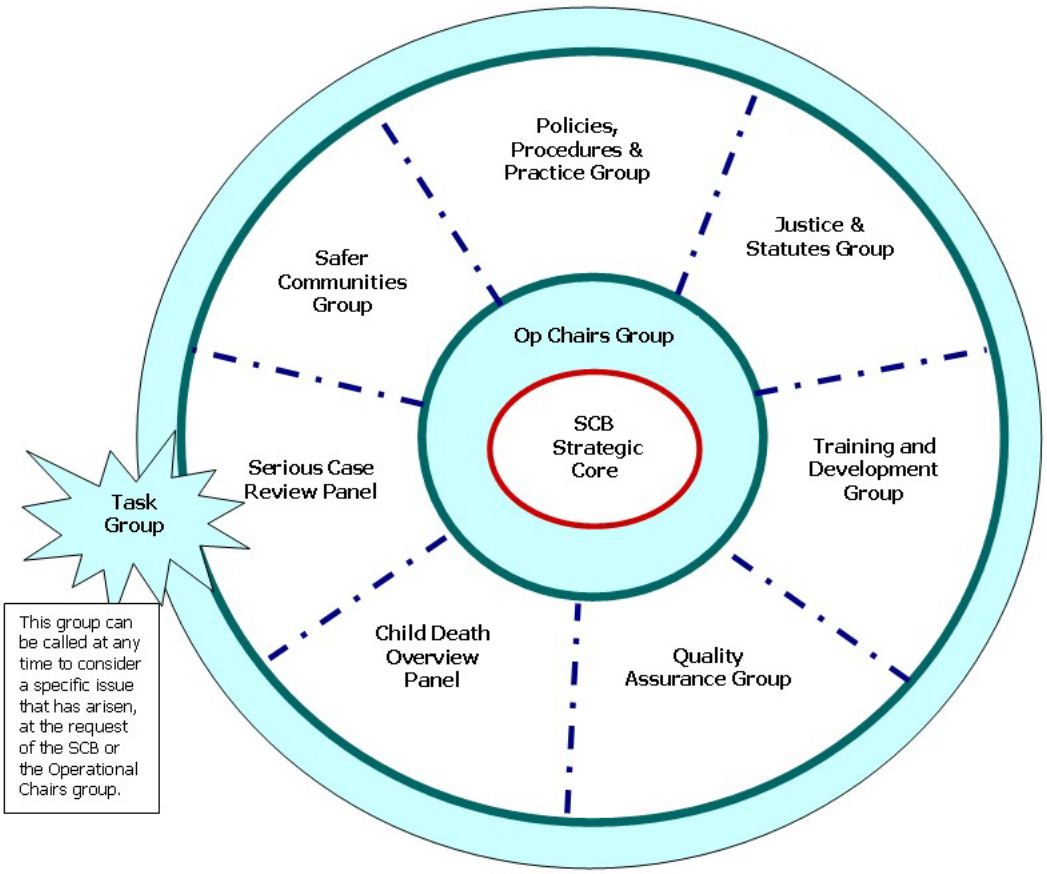
1.22 The Serious Case Review Group is responsible for:

- Undertaking Serious Case Reviews and Individual Management Reviews in accordance with Government guidance.
- Monitoring the action plans developed as a result of reviews.
- Ensuring the dissemination of the learning from reviews.

- **Task Groups**

1.23 Task Groups will be set up for specific purposes which are outside the remit of any of the operational groups. The chair and members will be selected to meet the needs of the particular task.

SCB Structure Diagram



Safeguarding Children Board - Membership

The work of the Board will be supported by the following:
(NB: although names of post holders may change the agency representation will not)

Names and contact details of SCB members

NAME	AGENCY	CONTACT INFORMATION
Chief Executive, DHA	Safeguarding Children Board Chair	Dept of Home Affairs Chief Executive's Office 'Homefield' 88 Woodbourne Road Douglas IM2 3AP (t): 01624 694313
Chief Executive	Dept of Health	3rd Floor, Markwell House Market Street, Douglas IM1 2RZ (t): 01624 685004
Director of Education	Dept of Education	St George's Court Upper Church Street Douglas IM1 2SG (t): 01624 685800
Chief Executive	Dept of Social Care	Hillary House Prospect Hill, Douglas IM1 1EQ (t): 01624 686202
Chief Executive	Dept of Community, Culture and Leisure	St Andrew's House Finch Road, Douglas (t): 01624 686817
Chief Constable	IoM Constabulary	Police HQ Glencrutchery Road, Douglas (t): 01624 631220
Director of Public Health	Dept of Health	Crookhall House Demesne Road, Douglas IM1 3QA (t): 01624 642641
General Practitioner	Dept of Health	Peel Medical Centre Peel (t): 01624 686968
Designated Nurse for Safeguarding Children	Dept of Health	Crookhall House Demesne Road, Douglas IM1 3QA (t): 01624 642697
Director of Community Nursing	Dept of Health	Crookhall House Demesne Road, Douglas IM1 3QA (t): 01624 642643
Director of Social Services	Dept of Social Care	Hillary House Prospect Hill, Douglas IM1 1EQ (t): 01624 686200
Director of Finance	Dept of Home Affairs	Chief Executive's Office 'Homefield' 88 Woodbourne Road Douglas IM2 3AP (t): 01624 694309

Other useful contact names and addresses

Duty Social Worker	Social Services Hillary House Prospect Hill Douglas IM1 1EQ	(t): 01624 686179 Out of hours via Police HQ (t) 631212
Police	Police HQ Glencrutchery Road Douglas	(t): 631212
Health	Health Services Division Crookall House Demesne Road Douglas	(t): 642608
Education	St Georges Court Upper Church Street Douglas	(t): 685820
Probation	Prospect House Prospect Hill Douglas	(t): 687324

Appendix 2

Statutory Framework

Children in need of support

Section 23 of the Children and Young Persons Act 2001 confers a general duty on Social Services to:

- Safeguard and promote the welfare of children within the area who are in need.
- So far as is consistent, to promote their upbringing by families by providing a range and level of services appropriate to their needs.

Best practice would dictate that before determining what, if any, services to provide, agencies shall:

- Ascertain the child's wishes and feelings regarding those services.
- Give due consideration to those wishes and feelings.
- Consider whether to undertake a common assessment.

Section 23 of the Children and Young Persons Act 2001 states that:

> *The Department shall take such steps as appear to be appropriate to safeguard and promote the welfare of children who are suffering, or likely to suffer significant harm.*
>
> *The Department may provide or arrange with voluntary organisations or other persons for the provision of all or any services for this purpose.*

Section 23(5) states that a child shall be taken to be in need if:

> *a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services under this part, or*
> *b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services, or*
> *c) he is disabled.*
>
> (Children and Young Persons Act 2001)

Children in need of immediate protection before fully assessing risk of harm

Section 46 of the Children and Young Persons Act 2001 confers a duty to investigate on the Department responsible for Social Care and Child Protection that where a child is:

> (1) Subject of Police Protection or
> (2) they have reasonable cause to suspect a child is suffering or is likely to suffer significant harm,

the Department shall make or cause to be made such enquiries as it considers necessary to enable it to decide whether it should take any action to safeguard or promote the welfare of the child.

(2) Where the Department has obtained an Emergency Protection Order with respect to a child, it shall make or cause to be made such enquiries as it considers necessary to enable it to decide what action it should take to safeguard or promote the welfare of the child.

(3) The enquiries shall in particular be directed towards establishing –

(a) whether the Department should make any application to the court, or exercise any of its other powers under this Act, with respect to the child;
(b) whether, in the case of a child with respect to whom an Emergency Protection Order has been made, or who is not in accommodation provided by or on behalf of the Department, it would be in the best interests of the child (while an emergency protection order remains in force) for him to be in such accommodation; and
(c) whether, in the case of a child who has been taken into Police protection, it would be in his best interests to ask for an application to be made under section 45(6).

(4) Where enquiries are being made under subsection (1) with respect to a child, the Department shall (with a view to enabling it to determine what action, if any, to take with respect to him) take such steps as are reasonably practicable –

(a) to obtain access to him; or
(b) to ensure that access to him is obtained, on its behalf, by a person authorised by it for the purpose, unless the Department is satisfied that it already has sufficient information with respect to him.

(5) Where, as a result of any enquiries made under this section, it appears to the Department that there are matters connected with the education of the child which should be investigated, it shall consult the Department of Education.

(6) Where, in the course of enquiries made under this section, any officer of the Department, or any person authorised by the Department to act on its behalf in connection with those enquiries, is refused access to the child concerned, or is denied information as to his whereabouts, the Department shall apply for an Emergency Protection Order, an Assessment Order, a Care Order or a Supervision Order unless it is satisfied that his welfare can be satisfactorily safeguarded without its doing so.

(7) If, on the conclusion of any enquiries or review made under this section, the Department decides not to apply for an order mentioned in subsection (6), it shall:

(a) consider whether it would be appropriate to review the case at a later date, and
(b) if it decides that it would be, determine the date on which that review is to begin.

(8) Where, as a result of complying with this section, the Department concludes that it should take action to safeguard or promote the child's welfare, it shall take that action (so far as it is both within its power and reasonably practicable for it to do so).

Where enquiries are being made, Social Services will obtain access to him/her or ensure access is obtained by an authorised person.

Children and Young Persons Act 2001- definitions

Harm means the ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;

Development means physical, intellectual, emotional social or behavioural development;

Health means physical or mental health; and

Ill-treatment includes sexual abuse and forms of ill-treatment which are not physical

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

Significant harm may be associated with a single traumatic event but most often it is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

'Harm' is attributable to care given not being what it would be reasonable to expect a parent to give.

To understand and establish Significant harm, it is necessary to consider:

- The nature of harm, in terms of maltreatment or failure to provide adequate care.
- The impact on the child's health and development.
- The child's development within the context of their family and wider environment.
- Any needs as a result of the child's medical condition, physical or mental impairment that may affect the child's development and care within the family.
- The capacity of the parents to meet adequately the child's needs.
- The wider and environmental family context.

Consideration of whether harm is significant should therefore include:

- Accuracy of what has been alleged/reported.
- Impact on this particular child - evident now or probable given research studies/information available regarding children in similar situations – taking into account:
    - Whether what has been done to, or omitted regarding a child's care forms a 'pattern' of behaviour towards this child - or was it a one off and is it likely that it will it recur or not?
    - Severity of abuse/impact - and how the child may have reacted/changed as a result.
    - The overall well-being and/or robustness of the child.
    - Specific vulnerability/vulnerabilities of the child stemming from young age or impairment;
    - The views of the child.
- The context in which the act or omission occurred - is all the available past information available and does any still need to be sought – how important might missing information be?
- Causal link to parents/carers against what would have been reasonable/is reasonable to expect of any parents in relation to this child and its needs (with or without provision of services).
- Parental reaction - both immediately and in the long term.
- What protective/positive factors or individuals (e.g. extended family) are there?
- What engagement with professionals in recognition of the need for change is there? What acceptance of responsibility/what insight/what capacity and what motivation for changing and sustaining change is there? Are the causes of problems identified and needs established so that clear targets for parents and agencies can be set and linked to clear outcome expectations?

Thresholds and significant harm

It must be remembered that when it is identified that a child is at risk of significant harm they will also be a child in need. The focus on harm should not mean that the overall needs of the child are ignored. Section 46 needs to be understood as a specific 'extra' within the overall requirements of Section 23, not separate from it. Complex cases can move between Sections 23 and 46 status in this way rather than 'get lost' due to a threshold debate as to whether they are one or the other.

Defining abuse and neglect

Definitions of abuse and neglect are given in the Definition of Terms.

Emergency protection powers

There is a range of powers available to Social Services and the Police to take emergency action to safeguard children.

Emergency Protection Orders
The court may make an Emergency Protection Order under Section 42 of the Children and Young Persons Act 2001, if it satisfied that there is a reasonable cause to believe that a child is likely to suffer significant harm if:

- s/he is not removed to different accommodation provided by or on behalf of the Department; or
- s/he does not remain in the place in which s/he is being accommodated.

An Emergency Protection Order may also be made if enquiries (e.g. made under Section 46(1)(b) are being frustrated by access to the child being unreasonably refused to a person authorised to seek access, and the applicant has reasonable cause to believe that access is needed as a matter of urgency.

An emergency protection order gives authority to remove a child, and places the child under the protection of the applicant.

Exclusion requirement
The court may include an exclusion requirement in an Interim Care Order or Emergency Protection Order (Sections 36 and 46 of the Children and Young Persons Act 2001). This allows a perpetrator to be removed from the home instead of having to remove a child. The court must be satisfied that:

- there is reasonable cause to believe that if a person is excluded from the home in which the child lives, the child will cease to suffer, or cease to be likely to suffer, significant harm, or that enquiries will cease to be frustrated; and

- another person living in the home is able and willing to give the child the care that it would be reasonable to expect a parent to give, and consents to the exclusion requirement.

Police protection powers
Under Section 45 of the Children and Young Persons Act 2001, where a police constable has reasonable cause to believe that a child would otherwise be likely to suffer significant harm s/he may:

- remove the child to suitable accommodation and keep him or her there; or
- take reasonable steps to ensure that the child's removal from any hospital, or other place in which the child is then being accommodated, is prevented.

No child may be kept in police protection for more than 72 hours.

Housing

The Children and Young Person's Act 2001 includes the following provisions:

Provision of accommodation for children

25 Provision of accommodation

"(1) The Department shall provide accommodation for a child in the following circumstances:
(a) where he is in the care of the Department;
(b) where he is in need because:
(i) no person has parental responsibility for him, or
(ii) he is lost or has been abandoned,
(iii) a person who has been caring for him is prevented from providing him with suitable accommodation or care;
(c) where:

(i) he is removed or kept away from home under Part 5, Protection of Children, or the Department is requested to receive him under section 45 or under section 41(6) of the **Police Powers and Procedures Act 1998**, or

(iii) he is remanded under section 76 to accommodation provided by the Department; he is the subject of a supervision order imposing a residence requirement under paragraph 5 of Schedule 9.

(2) The Department may provide accommodation for a child if it considers that to do so would safeguard or promote his welfare.

(3) Subject to subsections (5) and (6), the Department may not provide accommodation for a child under subsection (1)(b) or (2) if any person objects who:

(a) has parental responsibility for him, and

(b) is willing and able to provide accommodation for him, or to arrange for accommodation to be provided for him.

(4) Subject to subsections (5) and (6), any person who has parental responsibility for a child may at any time remove him from accommodation provided by or on behalf of the Department under subsection (1) (b) or (2).

(5) Subsections (3) and (4) do not apply while any person -

(a) in whose favour a residence order is in force with respect to the child, or

(b) who has care of the child by virtue of an order made in the exercise of the High Court's inherent jurisdiction with respect to children, agrees to the child being looked after in accommodation provided by or on behalf of the Department; and where there is more than one such person, all of them must agree.

(6) Subsections (3) and (4) do not apply where a child who has reached the age of 16 agrees to being provided with accommodation under this section.

(7) The powers of the Department to provide accommodation under this Act are without prejudice to any functions of the Department under any other enactment."

26 Manner in which accommodation may be provided

"(1) The Department may provide accommodation for a child by:

(a) placing him with -

(i) a family,

(ii) a relative of his, or

(iii) any other suitable person,

on such terms as to payment by the Department and otherwise as the Department may determine;

(b) maintaining him in a home provided and managed by the Department;

(c) maintaining him in a registered children's home; or

(d) making such other arrangements as seem appropriate to the Department.

(2) Unless it would not be reasonably practicable or consistent with his welfare, the Department shall make arrangements so that any child whom it is looking after can live with -

(a) a parent of his, or

(b) another individual who has parental responsibility for him, or

(c) where he is in the care of the Department and a residence order was in force with respect to him immediately before the care order was made, a person with whom he was to live under the residence order, or

a relative, friend or other person connected with him.

(3) Unless it would not be reasonably practicable or consistent with his welfare, the Department shall ensure that:

(a) any accommodation provided by it for a child is near his home,

(b) where the Department are also providing accommodation for a brother or sister of his, they are accommodated together,
(c) where the child is disabled, the accommodation is not unsuitable for his needs."

27 Secure accommodation

"(1) Subject to the provisions of this section and section 76(4), a child who is being looked after by the Department may not be placed, and, if placed, may not be kept, in accommodation provided for the purpose of restricting liberty ('secure accommodation') unless it appears:
(a) that -
(i) he has a history of absconding and is likely to abscond from any other description of accommodation; and
(ii) if he absconds, he will suffer, or be likely to suffer, significant harm; or
(b) that if he is kept in any other kind of accommodation he is likely to injure himself or other persons.

(2) A child may not be kept in secure accommodation after the end of such period as may be prescribed, unless a juvenile court has by an order made on the application of the Department authorised him to be kept there.

(3) Subject to subsection (5), on an application under subsection (2) the court-
(a) shall make the order applied for if (and only if) it is satisfied that -
(i) the condition specified in subsection (1)(a) or (b), and
(ii) such further conditions as may be prescribed, are fulfilled; and

(b) shall in the order specify the maximum period (which shall not exceed such period as may be prescribed) for which he may be kept in secure accommodation without a further order under subsection (2).

(4) If the court adjourns the hearing of an application under subsection (2), it may make an interim order permitting the child to be kept during the period of the adjournment in secure accommodation.

(5) The court shall not make an order under subsection (2) unless -
(a) it is satisfied that the Department has taken all such steps as are reasonable and practicable to notify any person who has parental responsibility for the child of the Department's intention to make the application; and
(b) where the child is not legally represented in that court, he has been informed of his right to apply for legal aid and given an opportunity to do so, and has refused or failed to apply.

(6) This section -
(a) does not apply to a child remanded under section 76 to accommodation provided by the Department;
(b) does not apply to any prescribed description of children; and
(c) has effect in relation to children of a prescribed description subject to such modifications as may be prescribed.

(7) The making of an order under this section does not prejudice any power of any court to make any other order or to give directions relating to the child to whom the order relates."

Appendix 3

Escalation of Concerns Protocol (approved by the SCB on 25 June 2009)

Purpose

To provide guidance for professionals on the action they should take in the following situations *when they believe a child, or children, are vulnerable*:

- Where they believe a child remains at risk of harm following a referral they have made.
- Where they have an inter-agency role and strongly disagree with the planning and decision making for a child.
- Where there are serious general issues between two agencies.

This Protocol does not affect or undermine the statutory responsibilities of individual organisations but provides a mechanism for resolving significant concerns or conflict.

Action where a child is perceived to be at risk of harm

Any professional making a referral to another agency must ensure that their referral provides all available relevant information and states the reason for the referral. Any perceived risk to a child should be explicitly stated and described.

In the event that the referrer is not satisfied with the action taken on the referral they must take the following steps:

Stage One

Discuss the case with the person who received the initial referral (or if they are not available, with their manager) to ensure that the weight of concern had been properly understood and that there is no additional information required.

Stage Two

If it is not possible to agree a mutually satisfactory outcome and the referrer remains concerned they must discuss the matter with their manager and take their advice. If their manager shares their concerns, that manager will contact a manager of similar seniority in the agency receiving the referral and seek a satisfactory resolution.

Stage Three

If it is still not possible to resolve the matter, and the referring agency remains concerned about the risk to a child, the referring agency can request that an inter-agency Strategy Meeting be convened, to consider the information available and make an inter-agency decision on whether or not any action is required to protect the child.

NB: If there is any concern that a child is in immediate risk of harm the above process must be expedited urgently.

Action where there is strong disagreement about the planning and decision making for a child

In a situation where a professional is part of a multi-agency decision making process and strongly disagrees with an agreed plan and/or decision they must take the following steps:

Stage One

Discuss the case with the person responsible for the planning/decision making (or, if they are not available, with their manager) to ensure that the weight of concern had been properly understood and that there is no additional information required.

Stage Two

If it is not possible to agree a mutually satisfactory outcome and the professional remains concerned they must discuss the matter with their manager and take their advice. If their manager shares their concerns, that manager will contact a manager of similar seniority in the other agency and seek a satisfactory resolution.

Stage Three

If it is still not possible to resolve the matter, and the concerns remain, the contested issue should be taken up the management line of each agency until it can be resolved satisfactorily in a manner promoting best practice and effective inter-agency working.

NB: If there is any concern that a child is in immediate risk of harm the above process must be expedited urgently.

Action where there are more general concerns about an agency's response to matters raised by another agency

There are situations, sometimes unrelated to a particular child or family, where more general concerns about practice impair or inhibit an effective working relationship between two agencies. Managers in each of the agencies involved should deal with any such instances by discussing their issues and concerns openly and positively seeking a resolution. If it is not possible to resolve the matter, and the concerns remain, the contested issue should be taken up the management line of each agency until it can be resolved satisfactorily in a manner promoting best practice and effective interagency working

For the attention of the Safeguarding Children Board

If there are situations where the SCB policies, procedures and guidance are found to be unclear or ambiguous this should be brought to the attention of the Board.

If areas of practice are identified where additional SCB guidance or training would be useful, these too should be brought to the attention of the SCB.

Appendix 4

Framework for the Assessment of Children in Need and their Families (DoH UK 2000)

The *Framework for the Assessment of Children in Need and their Families* (2000) provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child. Practitioners should use the framework to gain an understanding of:

- a child's developmental needs;
- the capacity of parents or care givers to respond appropriately to those needs, including their capacity to keep the child safe from harm; and
- the impact of wider family and environmental factors on the parents and child.

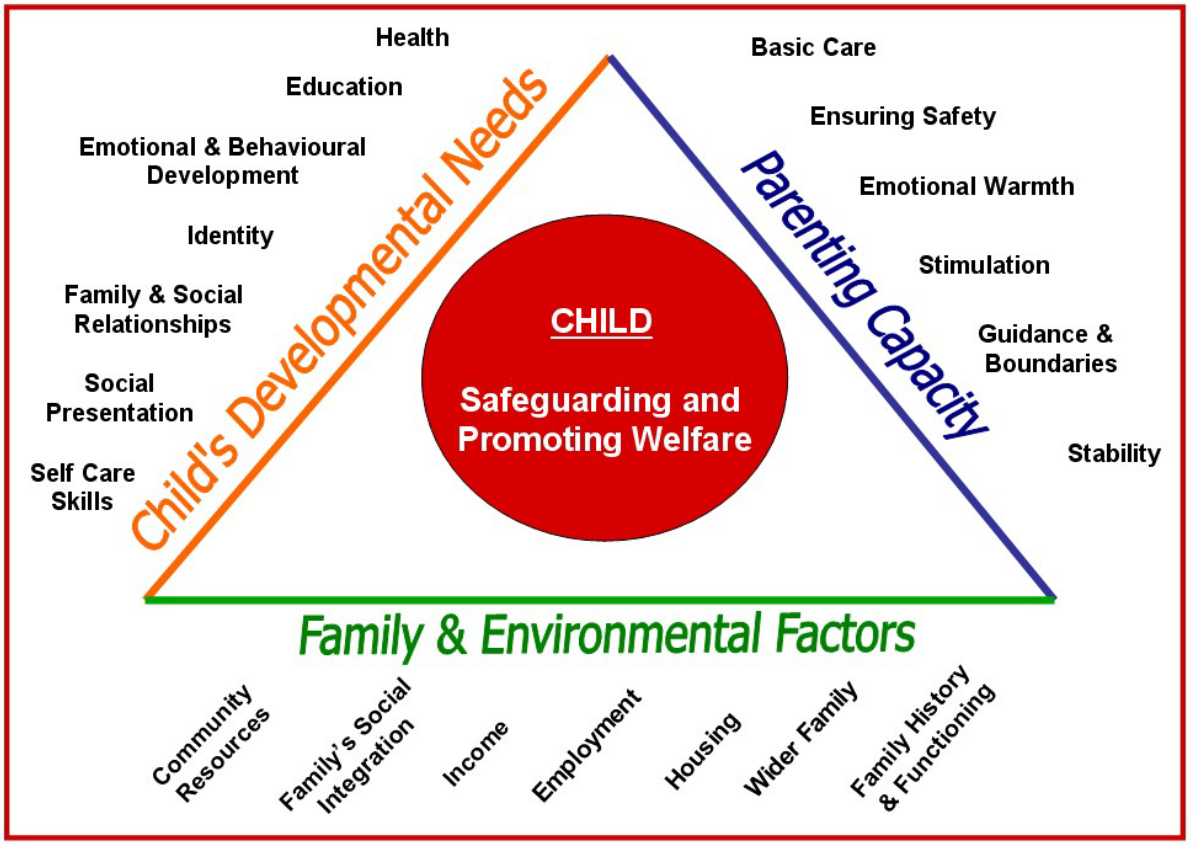
Each of these three main aspects of the Framework is outlined in more detail below.

The Framework is to be used for the assessment of all children in need, **including cases where there are concerns that a child may be suffering significant harm.** The process of engaging in an assessment should be viewed as part of the range of services offered to children and families. Use of the Framework should provide evidence to help, guide and inform judgements about children's welfare and safety, from the first point of contact, through the processes of initial and more detailed Core Assessment, according to the nature and extent of the child's needs. The provision of appropriate services need not, and should not, wait until the end of the assessment process, but should be determined according to what is required, and when, to promote the welfare and safety of the child.

Evidence about children's developmental progress – and their parents' capacity to respond appropriately to the child's needs within the wider family and environmental context – should underpin judgements about:

- the child's welfare and safety;
- whether – and, if so, how – to provide help to children and families;
- what form of intervention will bring about the best possible outcomes for the child; and
- the intended outcomes of intervention.

Framework for the Assessment of Children in Need and their Families (2000)



Dimensions of children's developmental needs

- **Health**

Includes growth and development, as well as physical and mental well-being. The impact of genetic factors and of any impairment needs to be considered. It involves receiving appropriate healthcare when ill, an adequate and nutritious diet, exercise, immunisations (where appropriate) and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

- **Education**

Covers all areas of a child's cognitive development, which begins from birth. It includes opportunities:

- for play and interaction with other children;
- to have access to books;
- to acquire a range of skills and interests; and
- go experience success and achievement.

It involves an adult, interested in educational activities, progress and achievements, who takes account of the child's starting point.

- **Emotional and behavioural development**

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and care givers and, as the child grows older, to others beyond the family. Includes the nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control.

- **Identity**

Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self-image and self esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

- **Family and social relationships**

Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or care givers, good relationships with siblings, increasing importance of age-appropriate friendships with peers and other significant people in the child's life, and response of family to these relationships.

- **Social presentation**

Concerns the child's growing understanding of the way in which appearance, behaviour and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or care givers about presentation in different settings.

- **Self-care skills**

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family, and independent living skills as older children. Includes encouragement to acquire social problem-solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.

Dimensions of parenting capacity

- **Basic care**

Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

- **Ensuring safety**

Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self harm. Recognition of hazards and danger both in the home and elsewhere.

- **Emotional warmth**

Ensuring the child's emotional needs are met, giving the child a sense of being specially valued and a positive sense of their own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

- **Stimulation**

Promoting the child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating the child to meet the challenges of life.

- **Guidance and boundaries**

Enabling the child to regulate their own emotions and behaviour. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance that involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be

dependent on rules outside themselves. This includes not over-protecting children from exploratory and learning experiences. Includes social problem-solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

- **Stability**

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary care giver(s) in order to ensure optimal development. Includes ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to the child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

Family and environmental factors

- **Family history and functioning**

Family history includes both genetic and psycho-social factors. Family functioning is influenced by:

- who is living in the household and how they are related to the child;
- significant changes in family/household composition;
- history of childhood experiences;
- chronology of significant life events and their meaning to family members;
- nature of family functioning, including sibling relationships, and its impact on the child;
- parental strengths and difficulties, including those of an absent parent;
- the relationship between separated parents.

- **Wider family**

Who are considered to be members of the wider family by the child and the parents? This includes related and non-related persons and absent wider family. What is their role and importance to the child and parents, and in precisely what way?

- **Housing**

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

- **Employment**

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

- **Income**

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties that affect the child?

- **Family's social integration**

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, its peer groups, friendship and social networks and the importance attached to them.

- **Community resources**

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family, including disabled members.

Appendix 5

Timescales for action

The following is a summary of the best practice timescales required by these inter-agency Child Protection Procedures. The paragraph reference provides contextual information in some instances.

Making a Telephone Referral to Social Services: To be followed up in writing within 24 hours (see 2.71 and 2.72).

Social Services take decision on next steps following referral: Within 24 hours (see 2.80)

Social Services feedback to referrer: Within three working days of referral (see 2.76 and 3.1)

Initial Assessments: Completed within ten working days of referral (see 3.16)

First Strategy Discussion: Takes place within 24 hours following decision to carry out Section 46 enquiry (see 4.4)

First Strategy Meeting: Takes place within five working days of first Strategy Discussion (see 4.5)

Core Assessments: Completed within 35 working days from date of commencement (see 4.27)

Initial Child Protection Conference: Takes place within 15 working days of decision to hold it (see 5.3)

Pre birth Conferences: Held between 24th week of pregnancy and not less that six weeks prior to expected date of delivery (see 5.6)

First Review Conference: Held within 90 working days of the Initial Conference (see 5.9)

Subsequent Review Conferences: Held within six month intervals (see 5.10)

Following Review Conference decision to discontinue Child Protection Plan: Key worker meets with child and family within 10 working days to discuss any further involvement. (see 5.48)

Post Conference Letter: Sent to parents, carers and professionals within 2 working days. (see 5.49)

Full minutes of Conference: Distributed within 15 working days (see 5.50)

First Core Group Meeting: Held within 10 working days of Initial CPC (see 6.5)

Subsequent Core Group Meetings: Held in line with timescale set by Conference (see 6.6)

Core Group Minutes: Distributed to all parties within 5 working days (see 6.7)