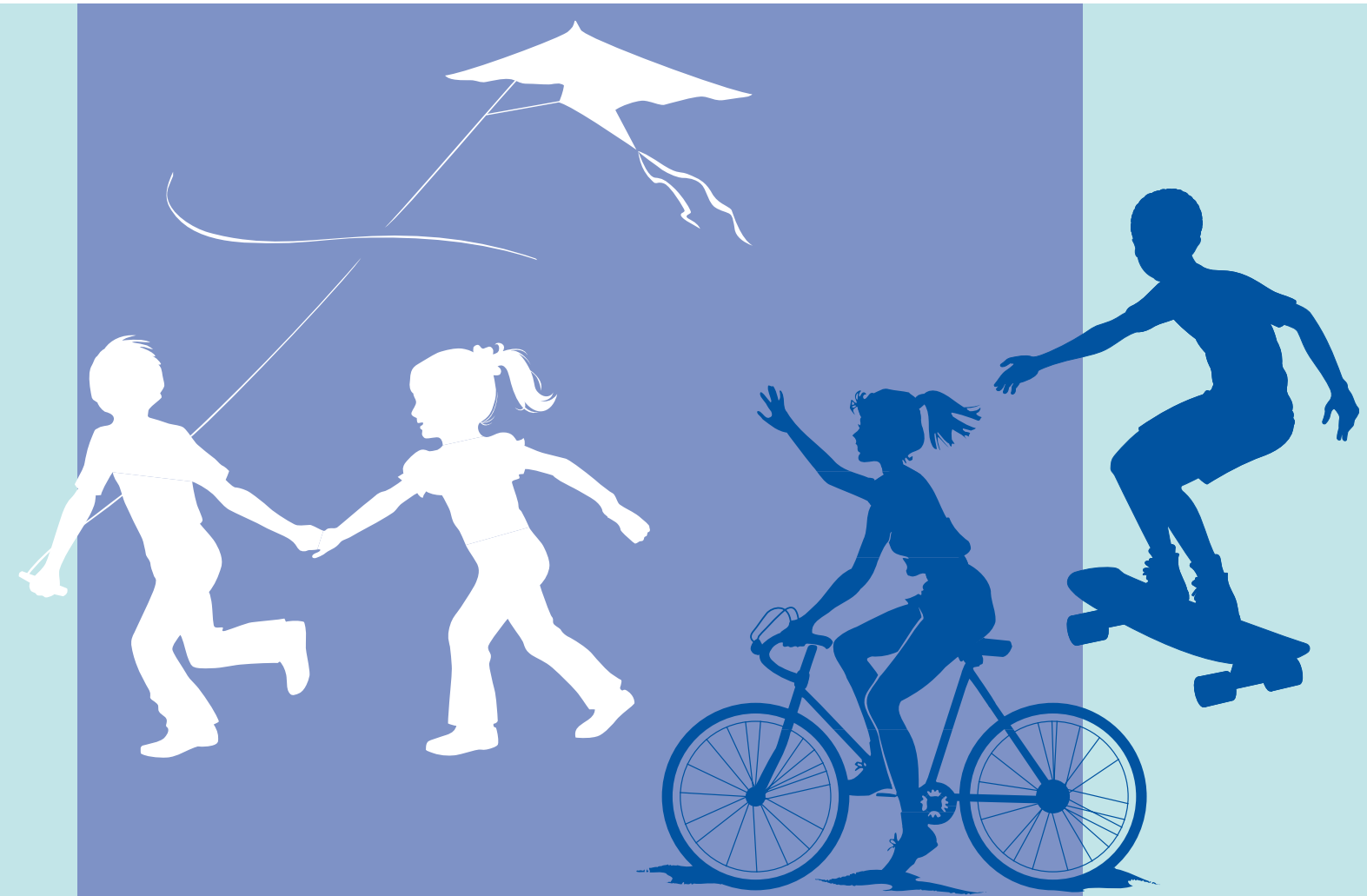


# Co-operating to Safeguard Children

Department of Health, Social Services and Public Safety  
An Róinn Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí



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# DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

## CO-OPERATING TO SAFEGUARD CHILDREN



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## 1

**1.1** In 1980 the United Nations General Council adopted the United Nations Convention on the Rights of the Child (UNCRC). Two years later it was ratified by the United Kingdom government with some reservations in respect of youth justice, immigration and employment. The Convention covers a wide range of matters affecting children. However, Article 6 is one of the briefest but most fundamental. It states:

- 1) "States Parties recognize that every child has the inherent right to life
- 2) States Parties shall ensure to the maximum extent possible the survival and development of the child."

**1.2** Article 6 constitutes an obligation in international law for governments to provide services aimed at safeguarding children from serious harm. Article 3 of the Convention, however, is more specific on what they should do.

1. "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be the primary consideration.
2. States Parties undertake to ensure the child such protection and care as is necessary for his or her<sup>1</sup> well-being, taking into account the rights and duties of his parents, legal guardians or other individuals legally responsible for him and, to this end, shall take all appropriate legislative and administrative measures.
3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in number and suitability of their staff, as well as competent supervision."

**1.3** To summarise, governments are required by the UNCRC to ensure that all actions concerning a child take full account of his best interests. They must provide children with adequate care when parents or others with legal responsibility fail to discharge their duties. The obligation to provide child protection services is, therefore, based on international as well as domestic law, such as the Children (Northern Ireland) Order (1995) (The Children Order).

**1.4** More recently, the Human Rights Act (1998) has incorporated the European Convention on Human Rights (ECHR) into UK law. The Convention does not specifically mention the need for child protection services, however, Article 3 states:

"Prohibition of Torture

No one shall be subjected to torture or to inhuman or degrading treatment or punishment."

**1.5** In a recent case, the European Court held that an English local authority was in breach of Article 3 through its failure to protect five children after various reports indicating child protection concerns were made over a four-year

<sup>1</sup> Throughout this guidance the terms he, him etc., should be construed as also meaning she, her etc.

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period. The Court found that state parties can be held responsible for inhuman or degrading treatment inflicted by individuals within their jurisdiction. It concluded that the local authority had the powers to protect the children and was under a positive obligation to take those steps which could reasonably be expected to avoid a real and immediate risk of ill-treatment. Although the local authority was initially justified in only providing support and assistance to the parents, it should have taken further steps to end the maltreatment of the children, given the evidence amassed. Subsequently, the European Court of Human Rights (ECHR) ordered the local authority to pay the children £350,000 compensation. This decision overturned previous rulings by the House of Lords that local authorities could not be held liable in such cases.

- 1.6** Conversely, another English local authority was held to have contravened Article 6 of the ECHR, that is the right to a fair trial, and Article 8, the right to respect for private and family life after it removed a child from its mother's care under a place of safety order and subsequently obtained a care order. A number of technical issues were involved, but the local authority was criticised for failing to provide the mother with details of the evidence on which it based its decision to apply for the order. If she had been informed of the evidence, which in fact was flawed, she would have had an opportunity to refute it.
- 1.7** Such cases illustrate the requirement under international law for States to provide effective services to safeguard the welfare of children and for parents to be consulted and treated fairly.
- 1.8** A variety of services are provided for children in need by statutory, voluntary and community agencies. They range from general support for families to formal arrangements for safeguarding children considered to be at risk of significant harm. The Department of Health publication *"Child Protection: Messages from Research" (1995)* showed that many children and families were being dealt with under the child protection arrangements, when their needs might have been better met by the provision of supportive services. In many cases it was shown that the use of child protection procedures did not in themselves guarantee the provision of appropriate help to the child and/or the family.
- 1.9** The approach set out in this guidance is intended to ensure that:
- (i) child protection services are targeted at children most in need of protection from serious forms of abuse;
  - (ii) when the provision of other services would more appropriately meet their needs; that families are not exposed to the stress of being the subject of child protection investigations;
  - (iii) resources are targeted appropriately by the agencies involved.
- 1.10** It is essential that the child protection system focuses on those children in greatest danger. An assessment system is required to distinguish these children from those whose needs could be more appropriately met by other means of help and support. This approach should not be seen as minimising the needs of children and families who require supportive services. Such services are best provided on a multi-disciplinary/agency basis co-ordinated

# 1

through the Children & Young Persons Committees in each Board area. A systematic assessment of children and families which broadly embraces the following 3 key areas is essential:

- the child's developmental needs;
- parental capacity; and
- family and environmental factors.

**1.11** This guidance is intended to assist Area Child Protection Committees (ACPCs) develop strategies, policies and procedures to safeguard children who are assessed to be at risk of significant harm. **It fully replaces** the guidance previously provided in *'Co-operating to Protect Children', i.e. Volume 6, Children Order Guidance and Regulations*.

**1.12** Section 75 of the Northern Ireland Act (1998) places a duty on public authorities to promote effective equality of opportunity for all and good relations between those of different religious belief, political opinion or race. It is essential, therefore, that an equality perspective is incorporated into child protection policy and practice at all levels and at all stages.

## PRINCIPLES

**1.13** Strategies, policies, procedures and services to safeguard children should be based on the following principles:

- the child's welfare must always be paramount and this overrides all other considerations;
- a proper balance must be struck between protecting children and respecting the rights and needs of parents and families; but where there is a conflict, the child's interests are paramount;
- children have a right to be heard, to be listened to and to be taken seriously. Taking account of their age and understanding they should be consulted and involved in all matters and decisions which may affect their lives;
- parents/carers have a right to respect and should be consulted and involved in matters which concern their families;
- children and families have equal access to services across the region;
- actions taken to protect a child, including investigation, should not cause the child unnecessary distress or add to any damage already suffered;
- intervention should not deal with the child in isolation; the child must be considered in a family setting, with the impact of concerns also informing an assessment of the needs of other children within the family;
- where it is necessary to protect the child from abuse, alternatives should be explored which do not involve moving the child and which minimise disruption of the family;

# 1

- actions taken by agencies must be considered and well informed so that they are sensitive to and take account of the child's age, gender, stage of development, physical or mental disability, religion, culture, language, race and, in relation to adolescents, sexual orientation;
- all agencies concerned with the protection of children must work together on an inter-agency basis in the best interests of children and their families;
- each agency must have an understanding of each other's professional values and accept their respective roles, powers and responsibilities.

### A SHARED RESPONSIBILITY

**1.14** The primary responsibility for safeguarding children rests with their parents, who should ensure that children are safe from danger in the home and free from risk from others. Some parents cannot always ensure this degree of safety and it may be necessary for statutory agencies to intervene to ensure that the child is adequately protected.

**1.15** Safeguarding children depends upon effective information sharing, collaboration and understanding between families, agencies and professionals. Constructive relationships between individual workers and agencies need to be supported by senior management in each agency.

**1.16** For those children who are suffering, or who are at risk of suffering significant harm, multi-disciplinary/agency working is essential to safeguard them. The staff of all agencies should:

- be alert to potential indicators of abuse, neglect or failure to thrive;
- be alert to the risks which individual abusers, or potential abusers, may pose to children;
- share, and help to analyse information so that informed assessments can be made of each child's needs and circumstances;
- contribute to whatever actions are required to safeguard the individual child and promote his welfare;
- regularly review the outcomes for the child against specific shared objectives; and
- work in co-operation with parents, unless this is inconsistent with safeguarding the child.

## 2

### DEFINITION OF A CHILD

**2.1** For the purpose of this guidance a child is a person under the age of 18.

### TYPES OF ABUSE

**2.2** Child abuse occurs when a child is neglected, harmed or not provided with proper care. Children may be abused in many settings, in a family, in an institutional or community setting, by those known to them, or more rarely, by a stranger. There are different types of abuse and a child may suffer more than one of them. The procedures outlined in this guidance are intended to safeguard children who are at risk of significant harm because of abuse or neglect by parents, carers or others with a duty of care towards the child. For further guidance on when this guidance applies to stranger abuse see paragraphs 6.2 & 6.3.

#### Physical Abuse

Physical abuse is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

#### Emotional Abuse

Emotional abuse is the persistent emotional ill-treatment 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 involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose children to emotional abuse.

#### Sexual Abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.<sup>2</sup>

#### Neglect

Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate foods, shelter and clothing,

<sup>2</sup> Sexual activity involving a child who is capable of giving informed consent on the matter, **while illegal**, may not necessarily constitute sexual abuse as defined for the purposes of this guide. One example, which would fall into this category, is a sexual relationship between a 16 year old girl and her 18 year old boyfriend. The decision to initiate child protection action in such cases is a matter for professional judgement and each case should be considered individually. The criminal aspects of the case will, of course, be dealt with by the police.

# 2

failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive.

## CONCEPT OF SIGNIFICANT HARM

**2.3** The legislation defining the circumstances in which compulsory intervention in family life is justified in the best interests of children is based on the concept of “significant harm”. The relevant articles in the Children Order are Articles 2(2) and 50(3). Where a Trust has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm (Article 66) it is under a duty to make enquiries, or cause enquiries to be made. A court may only make a care order (committing the child to the care of the Trust) or supervision order (putting the child under the supervision of the Trust) in respect of a child if it is satisfied that:

- the child is suffering, or is likely to suffer, significant harm; and
- that the harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Article 50).

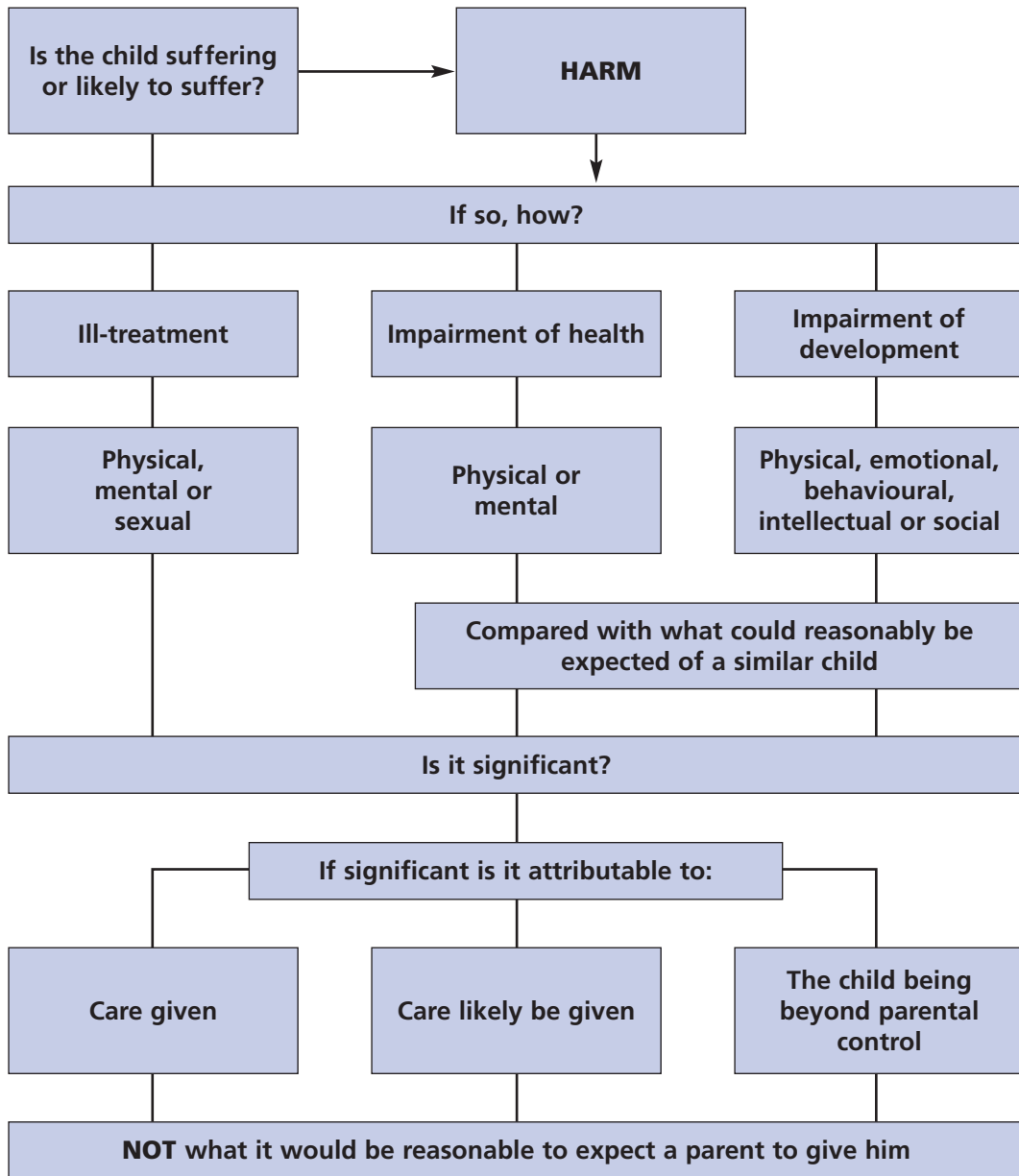
**2.4** There are no absolute criteria for judging what constitutes significant harm. However, they may include the degree, extent, duration and frequency of harm. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, sexual assault, suffocation or poisoning. More often, significant harm is a series of events, both acute and long-standing, which interrupt, change or damage the child’s physical and/or psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical and/or sexual abuse that causes impairment, sometimes to the extent of constituting significant harm.

**2.5** It is important that registration should occur when the actual or likely abuse is sufficiently serious to constitute significant harm as the use of child protection procedures and the placing of a child’s name on the Child Protection Register may cause considerable stress for the family involved. In making the decision it will be important to consider that harm is defined as ill-treatment or impairment of health or development. Whether it is significant is determined by the health and development of the child as compared to that which could reasonably be expected of another child (Article 50(3)).

**2.6** The following diagram (taken from *Adcock.M et al. eds (1991) Significant Harm its Management and Outcome*) is helpful in determining what may constitute significant harm. The criteria of what constitutes significant harm is imprecise and demands a careful application of professional judgment along with consideration of the available evidence, concerns and matters relating to the individual child(ren) and family. In reaching the decision about registration and subsequent child protection plan, it is worth considering whether the abusive situation or the concerns are sufficiently serious to warrant the need for immediate or future care proceedings if the child protection plan proves ineffective or is difficult to fulfil.

# 2

## Significant Harm Criteria



## 3

### INTRODUCTION

**3.1** Although parents have the primary responsibility for safeguarding their children, statutory and voluntary agencies, relatives, friends and neighbours also have responsibilities. Everyone can help to safeguard children if they are alert to children's needs, and willing and able to act if they have concerns about their welfare. This chapter describes the roles and responsibilities of agencies, professionals, and the community, in child protection. Awareness and appreciation of each other's roles is essential for effective co-operation. Joint working should extend across the planning, management, provision and delivery of services.

### HEALTH AND SOCIAL SERVICES BOARDS

**3.2** Health and Social Services Boards (HSS Boards), in consultation with other agencies, have a duty to assess the requirement for, and plan services for children in need as a whole (Children's Services Plans). Boards also have the lead responsibility for the establishment and effective functioning of Area Child Protection Committees (ACPC's) - the multi-agency committee which acts as a focal point for local co-operation specifically to safeguard children considered to be at risk of significant harm (see Chapter 4).

### HEALTH AND SOCIAL SERVICES TRUSTS

**3.3** Where parents are unable to discharge their responsibility for their children adequately, the child's welfare becomes the corporate responsibility of the relevant Health and Social Services Trust (HSS Trust). The Trust should work in partnership with other public agencies, the voluntary sector and, where it does not compromise the well-being of children, with their parents.

### ROLES AND RESPONSIBILITIES OF DIRECTORS OF HEALTH AND SOCIAL SERVICES BOARDS AND TRUSTS

**3.4** On appointment a Director of a Health and Social Services Board or Trust, whether in an executive or non-executive capacity, takes on important responsibilities for the health and well-being of children in his or her area. The respective duties and legal responsibilities for HSS Boards and Trusts for children are set out in the Children (NI) Order (1995) and its associated regulations and guidance. All Directors have a duty to take an active interest in ensuring that the management and other arrangements in place within HSS Boards and Trusts are appropriate to the delivery of high quality and well-managed services for children.

**3.5** Directors set the strategic direction of HSS Board's or Trust's services and determine policy and priorities within the overall objectives set by government. In order to do so, they need to make sure they have up-to-date and relevant information on which to base their decisions. They need to know about the services and resources for children in their area. The type and extent of information which should be available to Directors is set out in HSS Circular 2/03.

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## SOCIAL SERVICES

**3.6** Within HSS Trusts, social services staff provide a wide range of services for children, adults and families. The Trusts' specific legal duties for children are defined by Part IV of the Children Order for children in need and Parts V & VI for the protection of children.

### CHILDREN IN NEED

**3.7** Trusts have a general duty to safeguard and promote the welfare of children which should be fulfilled by social services staff providing directly, or arranging for others to provide, services designed to meet children's assessed need. Provided it is consistent with the child's welfare and safety, these services should seek to enable parents to bring up their own children. The planning and provision of these services should be done in partnership with parents, taking into account the child's age, gender, stage of development, religion, culture, language and race.

### CHILD PROTECTION

**3.8** Sometimes, however, there may be reason to believe that a child may be suffering, or is likely to suffer, significant harm. Under Article 66 of the Children Order, Trusts have a duty to make enquiries to enable them to decide whether they should take action to safeguard or promote the child's welfare. If there is suspicion that a crime against a child has been committed the police must be informed.

**3.9** Although a child in need may not be at risk of significant harm, a child who is at risk of significant harm will always be a child in need. Therefore, social services have a responsibility for co-ordinating the assessment of the:

- child's needs;
- parents' capacity to keep the child safe and promote his welfare; and
- wider family circumstances.

**3.10** Where this assessment identifies a continuing risk of harm, or likely harm, to a child, social services within the Trust are responsible for co-ordinating and implementing an inter-agency child protection plan to safeguard the child. Although the primary responsibility for fulfilling this duty lies with Trusts' social services staff, the contribution of other professions and agencies is required to do it effectively. The child protection plan should be based on the contributions of family members, professionals and agencies involved in safeguarding the child and should set out each individual's role and responsibility to the child.

**3.11** In a few cases, social services, in consultation with other involved agencies and professionals, may judge that a child's welfare cannot be safeguarded if he remains at home. In these circumstances, social services may apply to a court for a care order, which commits the child to the care of the Trust. Where the child is thought to be in immediate danger, social services may apply to a court for an emergency protection order, which places the child under the protection of the Trust for a maximum of eight days.

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**3.12** Because of their responsibilities, duties and powers, the Trusts' social services staff should act as the principal point of contact for children where there are child protection concerns. Arrangements should exist so that they may be contacted directly by parents or family members seeking help, concerned friends and neighbours, or by professionals and statutory and voluntary agencies.

### CHILD PROTECTION PROCESSES

**3.13** *Child Protection: Messages from Research (DOH 1995)* summarised the key findings from 20 research studies. A number of important themes emerged from the research about the operation of child protection processes in England & Wales:

- child protection enquiries were inappropriately used by some professionals as a means of obtaining services for children in need;
- too often, enquiries were too narrowly conducted as investigations into whether abuse or neglect had occurred, without considering the wider needs and circumstances of the child and family. Over half of the children and families who were, therefore, the subject of child protection enquiries received no services as the result of professionals' interest in their lives;
- enquiries into suspicions of child abuse can have traumatic effects on families. Good professional practice can ease parents' anxiety and lead to co-operation that helps to safeguard the child. As nearly all children who are the subject of child protection concerns remain at, or return home, involving the family in child protection processes is likely to be an effective way of promoting children's well-being;
- discussions at child protection conferences tended to focus too heavily on decisions about registration and removal, rather than focusing on future plans to safeguard the child and support the family following the conference;
- while inter-agency work was often relatively good at the early stages of enquiries, its effectiveness tended to decline once child protection plans were made, with social services left with sole responsibility for implementing the plans;
- inconsistent use was made of Child Protection Registers, which were not consulted for 60% of children for whom there were child protection concerns.

### SOME IMPLICATIONS FOR POLICY AND PRACTICE

**3.14** The research highlights some areas of policy and practice for consideration. They include:

#### Focus on outcomes for the child

- Consider what interventions are intended to achieve, and what will be the benefits to the child's long-term well-being.

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- Invest sufficient time and resources across all relevant agencies in planning and implementing interventions to safeguard and promote the welfare of children at continuing risk of significant harm. Aim for good long-term outcomes in health, development and educational achievement for children about whom there are child protection concerns.

### **Child protection**

- Promote access to a range of services for children in need without inappropriately triggering child protection processes to acquire such services.
- Consider the wider and longer term needs of children and families involved in child protection processes, whether or not concerns about abuse and/or neglect are substantiated.

### **Work with children and families**

- Listen to children and take their views into account.
- Enable parents and other family members to be as fully involved as practicable, where this is consistent with safeguarding and promoting the child's well-being.
- Constructive and creative work with the family is crucial at all times but principally when concerns are first raised about a child's welfare. Negative initial experiences may influence parents' future relationships with professionals.
- Many families fear that revealing their problems will lead to punitive reactions by service providers. It is important to promote a positive, but realistic image, of services to encourage and enable people to gain access to the help and advice they need.
- Families need information on how to gain access to services and what to expect if and when they approach services for help.

### **Skilled assessment**

- Look at the whole picture – not only what is currently happening to the child, but also the child's health and development, and the wider family and environmental context.
- Many factors can affect a parent's ability to care for a child, and can have an impact on children in a variety of ways, staff need to take this into account when assessing parenting capacities.
- Building on families' strengths, while addressing difficulties, should be an aim for all intervention.
- Make full use of existing sources of information, including the Child Protection Register, to ensure assessments are firmly based on facts from a range of sources.

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### Working across services for adults and children

- While recognising that the child's safety and welfare are paramount, give due consideration to the needs of all family members and seek appropriate assistance from other services e.g. mental health services.
- Recognise the complementary roles of adult and children's services in health and social care. For example, understanding the implications for a patient suffering from severe depression who is also a parent, should be the responsibility of both adult mental health and family and child care staff. Pool expertise to strengthen parents' capacity to respond to their children's needs, where this is in the best interests of the child.
- Professionals who work primarily with children may need training to recognise and identify parents' problems and the effects these may have on children. Equally, training for professionals working with adults should cover the impact parental problems may have on children. Joint training between adult and children's staff can be a useful means of familiarising staff with the respective needs of children and their parents.

## HEALTH SERVICES

**3.15** All health professionals and agencies, including those in the private sector, play an essential part in ensuring that children and families receive the care, support and services they need to promote children's health and development. The universal nature of health provision means that health professionals have an important role to play in supporting children and families in need and are often the first to be aware that families are experiencing difficulties looking after their children. The involvement of health professionals in multi-disciplinary child protection processes is important at all stages of the work with children and families through:

- recognising children at risk of significant harm;
- contributing to enquiries about a child and family;
- participating in the child protection case conference;
- contributing to planning support for children at risk of significant harm;
- providing therapeutic help to abused children;
- playing a part - through the child protection plan - in safeguarding children from significant harm; and
- contributing to case conference reviews.

### MEDICAL EVALUATION OF SUSPECTED CHILD ABUSE

**3.16** Medical evaluation and input to multi-disciplinary assessment must always be provided by a senior doctor with a high level of knowledge and skills in assessing child abuse and child health and development. It is essential that these professionals have received specific training regarding the arrangements for safeguarding children. In cases of possible child sexual

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abuse, examination must be undertaken by a doctor with the required core and case dependent skills as defined in *“Guidance on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse”* produced jointly by The Royal College of Paediatrics and Child Health and The Association of Police Surgeons (April 2002).

### **BOARD DESIGNATED DOCTOR AND TRUST NAMED PAEDIATRICIAN FOR CHILD PROTECTION**

**3.17** Each **Health and Social Services Board** should nominate a designated doctor for child protection. Given that the doctor nominated for this role needs to have ongoing operational experience and expertise in child physical/sexual abuse, a doctor from a Trust in the Board area should normally be appointed. The role/duties include:

- membership of ACPC with responsibility for up-dating the medical components of ACPC procedures and participating in planning of multi-disciplinary training;
- advising the Board on planning, strategy, development and audit of child protection quality standards relating to both physical/sexual abuse. This should be done in conjunction with those responsible for Maternal and Child Health and Family and Child Care service planning;
- ensuring expert health advice on child protection is available to other agencies, GPs and other health professionals;
- liaising with the ACPC nursing representative and Trust named doctors for child protection;
- ensuring training in child protection issues is available for paediatricians, GPs and other doctors in regular contact with children.

**3.18** Each **Health and Social Services Trust** should appoint a named paediatrician for child protection whose duties include:

- advising the Trust Chief Executive on child protection matters;
- liaising with the Trust designated nurses for child protection;
- undertaking or supervising appropriate child protection training within the Trust for all doctors in regular contact with children;
- in conjunction with designated professionals, maintaining the quality of service for their Trust via the different elements of clinical governance;
- ensuring the Trust has up-to-date guidance in place compatible with local ACPC guidelines and ensuring its dissemination;
- membership of identified ACPC working groups.

**3.19** Both designated and named doctors (who may in some cases be the same person) will provide specialist paediatric advice in complex cases of child abuse to other colleagues and disciplines and will act as a reference point for other agencies. Where hospital (or community) Trusts do not have medical

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staff with the necessary expertise and training related to, in particular, child sexual abuse, they should nominate, by agreement, a doctor from another Trust who will provide the necessary input and expertise. It may be appropriate to arrange for this input to be covered by an honorary contract. It is essential that sufficient resources are made available to enable staff to fulfil these roles as recommended by the Royal College of Paediatrics and Child Health Standing Committee on Child Protection (June 2000).

### **BOARD DESIGNATED NURSE AND TRUST NAMED NURSE FOR CHILD PROTECTION**

**3.20** Each **Health and Social Services Board** should nominate a designated nurse for child protection. The nurse nominated to this role needs to have a high level of skill and expertise in child protection. A nurse from a Trust in the Board area may be best placed to fulfil this function. The role /duties include:

- membership of ACPC with responsibility for up-dating the nursing components of ACPC procedures and participating in the planning of multi-disciplinary training;
- advising the Board on planning, strategy, development and audit of child protection quality standards. This should be done in conjunction with those responsible for Maternal and Child Health and Family and Child Care service planning;
- ensuring expert advice on child protection is available to nurses, other professional staff and relevant agencies;
- liaising with the Board designated doctor and Trust named nurses for child protection;
- ensuring training in child protection issues is available for nurses in regular contact with children.

**3.21** Each **Health and Social Services Trust**, including hospital Trusts, should appoint a named nurse for child protection. The roles should be explicitly defined in the job description for the post. The named nurse must:

- have a high level of skill and expertise in children's health and development, child abuse and arrangements for the safeguarding of children;
- be able to give advice and guidance about child protection to all nurses in all settings in the Trust in which the nurse is employed; and
- identify the uni-disciplinary and multi-disciplinary child protection training needs of nurses. Where the need for multi-disciplinary training has been identified this should be done through the auspices of the ACPC.

**3.22** It is essential that both Board designated and Trust named nurses have their time protected to enable them to fulfil the demands of their child protection roles.

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### HOSPITAL SERVICES

- 3.23** Medical, dental, nursing staff and professionals allied to medicine in hospitals need to be alert to the signs and symptoms of child abuse. They should be conscious of carers who may shop around for health services to conceal the repeated nature of their child's injuries. If a child attends regularly, even with slight injuries, they should act upon their concerns in accordance with Chapter 5 of this guidance.
- 3.24** Staff should know how to contact their Trust's designated professionals for advice. Specialist paediatric advice should be available at all times to Accident & Emergency (A&E) Departments, Outpatient Clinics and all wards where children receive care.
- 3.25** Where staff believe that a child is at immediate risk of abuse they should contact the police or social services directly and without delay.
- 3.26** The child's General Practitioner (GP) and health visitor should be notified immediately in writing of visits to the A&E Department made by:
- all children of 5 years and under; and
  - children up to 18 years where there is cause for concern.

All visits by children to an A & E Department should be recorded in the child's hospital notes.

### COMMUNITY SERVICES

- 3.27** Medical, dental, nursing staff and professionals allied to medicine in the community need to be alert to the signs and symptoms of child abuse. All contacts between professionals in the community and the family help to build up a picture of the child's situation. Individuals must know the process for obtaining child protection advice within their own specialism and who must be contacted. This should happen without delay. They should also know how to refer a child to social services when they are concerned about abuse or neglect, or its likelihood.

### FORENSIC MEDICAL OFFICERS AND PAEDIATRICIANS

- 3.28** Forensic Medical Officers (FMOs) and Paediatricians have a central, co-ordinating role in examining children believed to have been abused, identifying their medical needs and, if necessary, giving evidence in court in criminal and/or care proceedings. They need to:
- know how to gather and present evidence at court; and
  - understand the needs of abused children.

Where appropriate, the medical examination should be conducted jointly by an FMO and a Paediatrician. The manner in which it is carried out should form part of the healing process and should not add to the abuse. Each case will involve considerable time not only in interviewing and physical examination, but also in attending multi-disciplinary case conferences and possible court hearings.

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### GENERAL PRACTITIONER AND THE PRIMARY HEALTH CARE TEAM

- 3.29** The General Practitioner (GP) and other members of the primary health care team are well placed to recognise when a child is at risk of significant harm.
- 3.30** All contacts between the primary health care team and the family help to build up a picture of the child's situation and can alert the team if something is amiss. The GP and other team members should know when and how to refer a child to social services when they are concerned about abuse or neglect, or its likelihood.
- 3.31** The GP should be informed immediately when other members of the primary health care team become concerned about the welfare of a child. Their concerns may need to be discussed with colleagues who have experience in child protection matters where there is any clinical uncertainty. GPs should, therefore, know how to contact the Board's designated doctor for expert medical advice. Other members of the primary health care team, in fulfilling their individual professional responsibility and accountability for actions, will also need to know the processes they should follow when they have concerns about a child.
- 3.32** Because of their knowledge of children and families, GPs and members of the primary health care team have an important role in all stages of the child protection process, from sharing information with social services when enquiries are being made, to contributing to a child protection plan to safeguard a child. GPs should attend child protection case conferences (CPCCs) and make available relevant information about a child and family. Where a GP is unable to attend a CPCC, he or she should provide a written report containing relevant information to ensure all pertinent information is available when decisions are being made.
- 3.33** GPs should take part in child protection training and have regular updates as part of their postgraduate educational programme. As employers, GPs are responsible for their staff and must ensure that practice nurses, practice managers, receptionists and any other staff whom they employ, are given child protection training.
- 3.34** Each GP and members of the Primary Health Care Team should have access to an up to date copy of the local ACPC's procedures.

### COMMUNICATION

- 3.35** There should be good channels of communication between GPs, health visitors, nurses who work in general practice, community nurses and midwives and other health staff about all children for whom there are concerns, or about adults who may pose a risk of harm to children.

### MIDWIFE AND HEALTH VISITOR

- 3.36** Midwives and health visitors are well placed to identify risk factors to a child during pregnancy, birth and the child's early years.

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**3.37** Midwives and health visitors have an important role to play in identifying children at risk of significant harm by being alert to attitudes and behaviour during pregnancy and early parenthood which give rise to concern. They also have a crucial role in monitoring children's development and identifying that there may be a non-organic cause for a child failing to thrive.

**3.38** Trusts should provide midwives and health visitors with clear guidelines about the action to be taken if they suspect that a child is, or is at risk of significant harm. Detailed guidance on the role of health visitors and nurses is contained in the DHSSPS *"Guidance on Professional Practice for Nurses, Midwives and Health Visitors"* (1995).

### ANTENATAL CONCERNS

**3.39** Midwives or health visitors caring for mothers during the antenatal period may be concerned about the future welfare of an unborn child. If they believe the child may be at risk of significant harm they should notify social services so that the need for a pre-birth child protection case conference can be considered.

### MENTAL HEALTH SERVICES

**3.40** Professionals working in adult and child and adolescent mental health services may become aware of children suffering, or likely to suffer, significant harm. They should be aware of their responsibilities for safeguarding children and their contribution to the child protection process. Although the assessment of risk to children is the responsibility of family and child care social workers, professionals in mental health services have specific skills and knowledge and may be asked to contribute to investigations, advise on the effects of a parent's illness on children, or the vulnerability and risks created by a child's illness. Attendance at and written reports to child protection case conferences will be crucial and in some circumstances it may be necessary to provide evidence for the court. This will require the sharing of information where necessary to safeguard a child from significant harm.

**3.41** Mental health services also have a role to play in assessing the risk posed by perpetrators of abuse, and in providing treatment for perpetrators.

**3.42** In assessing and/or treating children and adults in families where abuse has occurred there may be a conflict between the needs of the child and the parent. The child's needs **must** be paramount. Where work is taking place in parallel with the victim and with the perpetrator, it should be co-ordinated and relevant information shared to ensure the child's well-being is safeguarded and promoted.

### VISITING OF PSYCHIATRIC PATIENTS BY CHILDREN

**3.43** In some parts of the United Kingdom, children visiting adult patients detained in psychiatric hospitals have been considered to have been placed at risk of significant harm. Hospitals should have written policies on the arrangements for visits to patients by children. They should be drawn up in consultation with social services. Visits to patients detained under mental health legislation should only be allowed where the visit is deemed to be in the child's best interest. Decisions to allow such visits should be reviewed regularly.

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### EDUCATION SERVICES

**3.44** All schools and colleges have a pastoral responsibility towards their pupils and should take all reasonable steps to ensure that their welfare is safeguarded and their safety is preserved. All those within education services can play a part in the prevention of abuse and neglect through:

- their own policies and procedures for safeguarding children;
- the preventative curriculum; and
- identification of children suffering, or likely to suffer, significant harm.

### CHILD PROTECTION POLICIES AND PROCEDURES

**3.45** Teachers and others working in the education services have a significant contribution to make to the safeguarding of children. All schools and colleges should create and maintain a safe environment for children and young people. They should have a child protection policy that sets out the procedures to be followed whenever there are concerns about a child. Schools' child protection policies should also address how children will be made aware of risks, how children will be helped to recognise risks and how they will be given the skills to cope through the use of the preventative curriculum. *"Pastoral Care in Schools – Child Protection"*, (Department of Education Circular 9/99), provides detailed child protection guidance.

### IDENTIFICATION OF CHILDREN AT RISK OF ABUSE

**3.46** Through their day-to-day contact with pupils, staff in schools are well placed to notice outward signs of possible neglect or abuse. They should refer any concerns to the designated teacher for child protection, who should inform social services.

### CO-OPERATION WITH SOCIAL SERVICES

**3.47** The education service itself **does not have an investigative responsibility** in child protection work. However, schools and Education Welfare staff have a role in assisting social services by referring concerns and providing information which will contribute to child protection investigations. Social services may on occasions ask staff working in education for information about a child where there are concerns about abuse or neglect.

**3.48** Where a child of school age is the subject of an inter-agency child protection plan, the school should be involved in its preparation. The plan should clearly indicate the school's role and responsibilities in helping to safeguard the child. Where the school has not been involved in the development of the plan, they should be made aware in writing that a plan is in place.

### DUTIES OF EDUCATION SERVICE

**3.49** Throughout the education service:

- a senior officer should be appointed in each Education & Library Board, the Council for Catholic Maintained Schools, Northern Ireland Council for Integrated Education and in Irish Medium Schools to take responsibility for co-ordinating action on child protection issues;

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- school governors should ensure that their school has a child protection policy and procedures based on the guidance provided by the education authorities and consistent with ACPC procedures. The policy and procedures should include the action to be taken in cases of bullying;
- as part of these procedures, each school should have a designated teacher to whom all allegations or suspicions of child abuse should be referred for notification to social services. The designated teacher should receive training in this role;
- the school's procedures should give clear guidance on the action to be taken if a member of staff is suspected of abusing a child;
- school governors should be aware of their own direct responsibility to take action in the event of allegations or suspicions of abuse by the principal;
- all staff should be trained to be alert to the signs of possible abuse and know the action to take if they have concerns.

### INDEPENDENT SCHOOLS

**3.50** The role of independent schools in relation to child protection is the same as that of any other school and similar policies and procedures should be adopted.

### YOUTH SERVICE

**3.51** Education and Library Boards and youth organisations with regional head offices should produce written child protection procedures for their staff, consistent with ACPC and Department of Education guidance. DHSSPS has provided *"Our Duty to Care"* (2000), a good practice guide for voluntary organisations on the principles and practice for the protection of children and young people.

**3.52** Senior officers of the Youth Service should be designated to fulfil a role similar to that of the designated teacher. Youth and community workers have frequent contact with children and young people, and should be alert to the signs of possible abuse and neglect. They should know the procedures to be followed, and to whom they should report suspicions or concerns about the child's welfare.

### DAY CARE/AFTER-SCHOOL SERVICES

**3.53** Staff in children's day care/after-school services may become aware that a child is suffering, or likely to suffer, significant harm. Their employers should have procedures for them to follow, which include how to contact social services in the event of such concerns. Staff should be given child protection training so that they can recognise, at an early stage, the signs and behaviour that give rise to concern. It is important that people working in day care services, or as childminders, are properly supported and are enabled to contribute, where appropriate, to child protection case conferences and plans.

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### POLICE

**3.54** The police have a duty and responsibility to investigate criminal offences committed against children. The child's welfare is the overriding consideration and investigations should be carried out sensitively, thoroughly and professionally. The police's aim will be to:

- find out whether a crime has been committed;
- identify those responsible; and
- secure the best possible evidence for criminal proceedings.

**3.55** In dealing with offences involving a child victim, the police will work in partnership with social services. While the responsibility to investigate criminal proceedings rests with the police, the police should always consider the views expressed by other parties about what is in the child's best interests.

### POLICE POWERS IN EMERGENCIES

**3.56** The police have emergency powers to enter premises and to ensure the immediate protection of children who are believed to be suffering, or at risk of suffering, significant harm. Such powers should be used only when necessary, the principle being that wherever possible the decision to remove a child from a parent or carer should be made by a court.

### CHILD ABUSE AND RAPE ENQUIRY (CARE) UNITS

**3.57** The police have a number of Child Abuse and Rape Enquiry (CARE) Units to deal with cases of child abuse and sexual offences. CARE Unit staff should investigate the criminal aspects of child abuse allegations. It is important, therefore, that such units include sufficient staff with investigative experience commensurate with the serious nature of their work.

### ROLE OF ALL POLICE

**3.58** It is also important that safeguarding children is not, within a policing context, seen as solely the role of CARE Unit officers, but that all police officers understand it is a fundamental part of their duties. Officers attending domestic violence incidents in particular should be aware of the effect of such violence on any children within the household.

### POLICE/SOCIAL SERVICES LIAISON

**3.59** The police and social services have different functions, powers and methods of working. While the police are concerned with the investigation of alleged offences, the focus of social services work is on the welfare of the child and family. Nevertheless, these functions are complementary and joint investigations and interviewing arrangements by the police and social services have been established under a joint protocol<sup>3</sup>.

<sup>3</sup> *Protocol for the Joint Investigation, by Social Workers and Police Officers, of Alleged and Suspected Child Abuse*

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### INFORMATION SHARING

- 3.60** Police officers should be prepared to share information and intelligence with other agencies, where this is necessary to safeguard children. This includes ensuring that officers at a child protection conference are fully informed about the case as well as being experienced in risk assessment and the decision making process.
- 3.61** Whether or not it is decided to prosecute, evidence gathered during a criminal investigation may be of use in deciding if a child needs protection and in preparing for civil proceedings to safeguard the child. The Director of Public Prosecutions (DPP) should be consulted, but he will normally allow evidence to be shared, if it is in the best interests of the child.

### CRIMINAL PROCEEDINGS

- 3.62** Although the police may investigate, it is the responsibility of the DPP to decide on and carry out prosecution. In deciding to initiate criminal proceedings consideration should be given to whether or not:
- there is sufficient evidence to prosecute;
  - it is in the public interest that proceedings should be instigated; and
  - it is in the best interests of the child.

### STANDARDS OF PROOF

- 3.63** Criminal courts require proof beyond reasonable doubt that the defendant committed the offence. The burden of proof rests with the prosecution; defendants do not have to prove their innocence. Proceedings for the protection of children under the Children Order take place in the civil courts which works to a different standard of proof, that of the balance of probabilities. The DPP may decide not to prosecute a person suspected of child abuse because there is insufficient evidence to meet the standard of proof necessary for criminal cases. However, the civil courts may decide that the child needs protection from the same person using the lower standard of proof required in civil cases.

### PROBATION SERVICE

- 3.64** The Probation Board for Northern Ireland (PBNI) has a statutory duty to supervise offenders effectively in order to reduce offending and protect the public. PBNI works within the courts, prisons and in the community. Probation officers provide reports on children and adults to the courts after consultation with a range of other professionals engaged in safeguarding children. Their reports contain information and assessments to assist the court in determining the most appropriate sentence for an offender taking account of the need for public protection and the re-integration of an offender into the community. PBNI also works in partnership with HSS Boards and Trusts and other relevant agencies to provide programmes for individuals whose behaviour presents a risk to children.

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- 3.65** PBNI is also responsible for the community supervision of children and adults who are subject to a range of court orders (custody probation orders, juvenile justice orders, community service orders, combination orders and probation orders). In relation to children (aged 10 –16 years inclusive) supervision is carried out by PBNI's Youth Justice Unit which works in conjunction with the statutory and voluntary sectors. PBNI have agency procedures in place to ensure that safeguards are in place for children who are subject to community supervision orders. If, in the course of their work, probation officers have concerns about a child, PBNI should refer without delay the case to the relevant Trust. This includes cases where the offender is a parent/carer or sibling of the child.
- 3.66** PBNI is also responsible for the statutory supervision of life sentence prisoners who are released on licence as well as the supervision of those released on sex offender licences. In specific circumstances, PBNI undertakes the supervision of those not currently on licence or subject to a supervision order but who are subject to a multi-agency risk assessment and risk management plan.
- 3.67** A senior representative of PBNI is involved in the Northern Ireland Sex Offender Strategic Management Committee and designated PBNI Area Managers have responsibility for chairing Area Sex Offender Risk Management Committees.

### PRISON SERVICE

- 3.68** The Northern Ireland Prison Service should have procedures for referring children at risk of significant harm to social services. Governors should ensure that all staff are aware of these procedures.

### PRISONERS WHO PRESENT A RISK

- 3.69** The prison service should work closely with other agencies to identify any prisoner who may pose a risk to children on his release. Under DHSSPS guidance (see circular HSS 3/96) on the supervision of dangerous offenders who are being released from prison, Governors must ensure that social services and the probation service are notified of plans to release prisoners convicted of offences against children so that appropriate action can be taken to minimise any further risk to them.

### CHILDREN OF PRISONERS

- 3.70** The prison service and the probation service recognise the importance for children of being able to maintain contact with a parent in prison and is also committed to helping prisoners maintain their family ties. However, prison staff should be aware of the need to protect children from significant harm, and Governors have the discretion to prohibit any visit to a prisoner by a person under 18 if it would not be in the child's best interest. Similarly, a Governor has discretion to prevent communications between prisoner and child.

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### CHILDREN IN PRISON

**3.71** It is particularly important that, where a mother has the care of her baby in prison, any concerns about her care of the child should be reported immediately to social services so that consideration can be given to how best to safeguard the child and promote his welfare.

### CHILDREN IN CUSTODY

**3.72** Children are held in custody in prisons and juvenile justice centres. The managers of these services have a duty to protect and promote the welfare of children in their custody.

**3.73** When a child in custody complains of abuse by either staff of the institution or anyone else, it is essential that child protection procedures are followed. Social services should be informed immediately so a full investigation may be conducted.

### SEX OFFENDERS

**3.74** In any case where an offender is considered to pose a risk to children, social services in the area where he lives (or intends to live in the case of prisoners) should be alerted. All agencies working with sex offenders including the probation service, the prison service, the police and social services should assess the risk posed to children by sex offenders. The Sex Offender Act (1997) requires certain sex offenders to register with the police. Multi-agency case conferences should be convened to assess and manage the risk posed by them. Guidance on the inter-agency management of sex offenders is contained in *"Multi-Agency Procedures for the Assessment and Management of Sex Offenders"* (1999) produced by the NIO.

### THE VOLUNTARY AND COMMUNITY SECTOR

**3.75** Voluntary organisations play an important role in the provision of children's services. Trusts should be alert to the opportunities to promote voluntary effort in their areas to combat child abuse and should designate an appropriate member of staff to provide advice to the voluntary sector on child protection matters.

**3.76** In broad terms, the voluntary and community sectors' roles fall within the following areas:

- help lines;
- provision of direct services;
- public education/campaigning.

**3.77** It is essential that all such organisations have child protection policies and procedures and that their staff and volunteers should receive training in their use. DHSSPS has provided *"Our Duty to Care"*, a good practice guide for voluntary organisations on the principles and practices for the safeguarding and protection of children.

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### NSPCC

- 3.78** The NSPCC is a voluntary organisation with a particular responsibility for child protection. Its Royal Charter places upon it “the duty to ensure an appropriate and speedy response in all cases where children are alleged to be at risk of abuse or neglect in any form”. Uniquely amongst voluntary bodies, the NSPCC has a power to bring care proceedings in its own right under Articles 49 and 50 of the Children Order. NSPCC staff have a responsibility to identify and prevent cruelty to children.
- 3.79** The Society has created, in co-operation with some Trusts, child protection teams and projects to provide specialist services. Such collaboration is essential if the best use is to be made of the Society's expertise in child protection work. The NSPCC contributes to training, particularly multi-disciplinary training.

### HOUSING AGENCIES

- 3.80** The Northern Ireland Housing Executive and housing associations can play an important role in safeguarding children through recognition, referral and the subsequent management of risk. Their staff, through their day-to-day contact with members of the public may become aware of concerns about the welfare of particular children and should immediately inform social services about these concerns.
- 3.81** Housing agencies may have important information about families that could be helpful to Trusts carrying out assessments of children at risk. In accordance with their duty to assist under Articles 46 & 66 of the Children Order, they should be prepared to share relevant information verbally or in writing, including attending child protection case conferences when invited.
- 3.82** On occasions, housing agencies can make an important contribution to safeguarding children by the provision of accommodation. Examples could include situations where women and their children have become homeless or at risk of homelessness as a result of violence in the family. Housing agencies also have an important part to play in the management of the risk posed by dangerous offenders, including those who are assessed as presenting a risk, whether sexual or otherwise, to children. Appropriate housing can contribute greatly to the ability of the police and others to manage the risk such individuals pose.

### THE NORTHERN IRELAND GUARDIAN AD LITEM AGENCY

- 3.83** The Guardian ad Litem (GAL) is an independent person appointed by the court in nearly all public law cases under the Children Order to represent the child's interests in court proceedings. This role is likely to bring them into contact with families where children are at risk of significant harm. The Northern Ireland Guardian ad Litem Agency (NIGALA) should ensure that it has appropriate child protection policies and procedures and that all staff and GALs have training in their use.

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**3.84** Many of the public law proceedings which involve GALs will stem from allegations of child abuse. The responsibility of GALs differs from those of other professionals working with children in that information obtained by them in the course of their duties is privileged. With the permission of the court information may be disclosed. NIGALA should ensure that it has child protection policies and procedures and that GALs are aware of the action they should take if they have reason to believe that a child is at risk of significant harm.

### THE WIDER COMMUNITY

**3.85** All of the agencies mentioned in the paragraphs above can do much to promote a better understanding of their work and to develop a partnership with the wider community by raising public awareness of their work. They should also provide information and advice on:

- the services local agencies provide for children in need and their families;
- how and when to make contact where there are concerns about a child;
- the response that members of the public and service users should expect from them.

Professionals and agencies should be aware of the role that the community, religious and voluntary groups can play in safeguarding children. It is important that all community organisations establish and maintain child protection procedures in keeping with local ACPC guidance. They should also ensure that staff know who in social services to contact in the event of requiring advice or to notify concerns.

**3.86** The community also possesses strengths and skills that can be harnessed for the benefit of vulnerable children and their families, including children at risk of significant harm. Community resources might include self-help and mutual aid initiatives, information resources and networks, support services, and advocacy and campaigning initiatives.

### LOCAL GOVERNMENT

**3.87** Local councils in Northern Ireland carry out a range of functions and services through community centres, leisure centres and other community schemes that directly and indirectly involve children.

**3.88** Staff employed by local councils and those contracted for work with children may become involved in child protection cases either because of suspicions or allegations in respect of their own conduct with children or because, during their duties, they become aware of the possibility of abuse having been perpetrated by others.

**3.89** It is essential that local councils should have clear policies and procedures for dealing with such circumstances. ACPCs should encourage them to develop appropriate links with their local HSS Trust.

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## THE ARMED SERVICES

- 3.90** The life of a Service family differs in many respects from that of a family in civilian life. The employing service, specifically the commanding officer, is responsible for the welfare of Service families.
- 3.91** The frequency of moves, due to Services commitments makes it essential that the Service authorities are fully aware of any child for whom there are child protection concerns. The Armed Forces are fully committed to co-operation with statutory and other agencies in supporting families in this situation, and have in place procedures to help in safeguarding children.
- 3.92** Trusts have the statutory responsibility for the protection of the children of Service families based in Northern Ireland. However, all three Services - Army, Navy and Airforce - provide professional welfare support including social work services and, in some cases, medical services to augment those provided by Trusts. In the Royal Navy this is provided by the Naval Personal and Family Service (NPF5) and the Royal Marines Welfare Service. Within the Army this is provided by the Army Welfare Service in partnership with the Soldiers', Sailors' and Airmens' Families Association (SSAFA-Forces Help) and in the Royal Air Force by SSAFA Forces Help. In Northern Ireland welfare of families of all three services is monitored by the Personal Welfare Service, co-ordinated by SSAFA Forces Help. Further details of these services and contact numbers are given at Appendix 1.
- 3.93** When Service families (or civilians working with the Armed Forces) are based overseas, the responsibility for the protection of their children is vested with the Ministry of Defence (MoD). The military authorities work in conjunction with the specialist authorities, particularly SSAFA-FH, who provide a fully qualified social work and community health service in major overseas locations (e.g. Germany and Cyprus). Instructions for the protection of children overseas, which reflect the principles of the Children Act (1989) and the philosophy of inter-agency co-operation, are issued by the MoD as a "Defence Council Instruction (Joint Service)" (DCI JS). Larger overseas Commands issue local child protection procedures, hold a Command Child Protection Register and have a Command Child Protection Committee which operates in a similar way to ACPCs in the United Kingdom in upholding standards and making sure that best practice is reflected in procedures and observed in practice.

# Area Child Protection Committees and Child Protection Panels

## 4

### INTRODUCTION

**4.1** Although social services staff in Boards and Trusts have responsibility for child protection services, a multi-disciplinary approach to this work is essential. As a result there should be an Area Child Protection Committee (ACPC) in each Board area to determine the strategy for safeguarding children and to develop and disseminate policies and procedures. In each community based Trust there should be a Child Protection Panel to facilitate practice at a local level. A Child Protection Panel in a hospital Trust can be helpful particularly where their work brings them into front-line contact with children and involves the assessment and treatment of children, some of whom may be at risk of significant harm. Consideration should be given to establishing a Child Protection Panel in hospital Trusts or as a minimum ensuring that there is a senior hospital representative included in the community panel who can ensure that hospital and community links are properly managed and hospital-related child protection issues are addressed.

### AREA CHILD PROTECTION COMMITTEE (ACPC)

#### ROLE AND RESPONSIBILITIES

**4.2** The role of the ACPC is to develop a **strategic approach to child protection** within the overall children's services planning process. Its specific responsibilities are:

- to develop, agree and review policies and procedures for inter-agency work to protect children, within the framework provided by this guidance;
- to improve outcomes for children by setting objectives, performance indicators and establishing appropriate thresholds for intervention taking account of the multi-professional/agency contribution to child protection;
- to ensure that equality of opportunity is central to the development of child protection policies and procedures and to guarantee that an equality perspective is incorporated in child protection policy at all levels and all stages;
- to put in place and implement a strategy, in conjunction with CPPs, for developing effective working relationships between services, professional and community groups with the aim of safeguarding and promoting the welfare of children who are at risk of significant harm;
- to communicate clearly to individual services and professional groups their shared responsibility for protecting children, and to explain how that responsibility can be fulfilled;
- to bring to the attention of board members within HSS Boards and Trusts their responsibilities for child protection issues and developments in the area and how the ACPC Business Plan will address these;
- to monitor and evaluate **on a regular and continuing basis** how well services work together to protect children and to ensure that a specific report on outcomes are conveyed to Boards, Trusts, constituent agencies of ACPC and professional groups;

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- to develop an inter-agency/inter-disciplinary training and development strategy with the aim of improving the quality of child protection work and of inter-agency/inter-disciplinary working having identified the training needs of those involved in child protection work in the area. The strategy should take account of how training partnerships with CPPs can be developed;
- to ensure that there is a link between ACPCs and the Northern Ireland Sex Offender Strategic Management Committee;
- to develop a public communication strategy, and ensure its implementation in conjunction with CPPs, to raise awareness within the wider community of the need to safeguard children and to highlight the contribution that communities can make;
- to develop an information strategy aimed at children and families to enable them to understand child protection processes, particularly those involved in them;
- to undertake Case Management Reviews in accordance with Chapter 10 of this guidance and to make sure that the lessons learned are clearly communicated, understood, and actioned, that the review outcomes inform practice and that there is a process in place to measure practice improvements;
- to continually review local ways of working, taking account of knowledge gained through research and national and local experience to bring about child protection service improvements through the children's service planning process;
- to work collaboratively with other ACPCs, where appropriate.

### ACCOUNTABILITY

- 4.3** The ACPC and its Chair are accountable to the HSS Board which constituted the committee. ACPC members are also, however, accountable to the agencies that they represent which, in turn, are responsible for taking any action properly falling within their respective remits. The ACPC must work to agreed written terms of reference which set out its remit and the level of decision-making which can be agreed by agencies' representatives without referral back to individual member agencies. Each agency must accept that it is responsible for assessing the contribution made by its own representative. Each representative is responsible for ensuring that the issues applicable to their agency for the safeguarding of children are given proper consideration. Contributing agencies are expected to have a mechanism for considering the policy, planning and resource implications of issues brought to the attention of the agency by its ACPC representative.
- 4.4** As the body with lead responsibility for children's services planning, each HSS Board should take lead responsibility for the establishment and effective working of ACPCs. However, all main constituent agencies are responsible for contributing fully and effectively to the work of the ACPC.

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### ACPCs AND CHILDREN'S SERVICES PLANNING

- 4.5** Each Board is required to have a Children and Young People's Committee and to produce a Children's Services Plan that brings together all aspects of services for children in the Board area. Plans should look widely at the needs of all children in the area, and the ways in which local services (including statutory and voluntary services) work together to meet those needs. They should include specific priorities and proposals for improving children's services, details of what action will be taken and by whom, and how the outcome will be monitored (see *Children's Services Planning – Guidance* (July 1998)).
- 4.6** ACPCs should contribute to, and work within the framework of the Children's Services Planning process. Within the children's services planning framework, different agencies will also work together in different forums to plan co-ordinated action. Examples include early years development, substance misuse, domestic violence, and improving children's health and well-being. The Children's Services Plan will need to make links between these related activities. Guided by the plan, the ACPC will need to be aware of, and to contribute to, the work of others, and vice-versa.

### ACPC MEMBERSHIP

- 4.7** ACPCs should be made up of members from the main statutory and voluntary agencies involved in child protection work in the Board's area. In some areas ACPC members may carry a dual role e.g. they may chair a Child Protection Panel and represent a professional group. Contributing to the work of the ACPC is an important responsibility for local agencies. Each agency should ensure active participation and representation at a sufficiently senior level so that the ACPC can effectively influence the development of local policy and practice in child protection. Representatives should attend regularly to ensure continuity from all local interests. This includes membership of sub-committees or working groups. Membership of ACPC should be drawn from senior staff with responsibility for policy development and implementation **representing:**

- relevant professional groups from the HSS Board;
- relevant professional groups from the HSS Trusts;
- Child Protection Panels;
- General Practitioner from the area;
- Education and Library Boards;
- Council for Catholic Maintained Schools;
- PSNI;
- PBNI;
- Juvenile Justice Agency;
- NSPCC;

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- the Co-ordinator or Senior Social Work Practitioner, SSAFA Forces Help Social Work Services where there is a large service base in the area.

The ACPC should make appropriate arrangements to involve other agencies and professionals in its work as necessary and the ACPC's annual business plan (see paragraph 4.15) should provide information on the contribution to the business of the ACPC.

### WORKING GROUPS

**4.8** ACPCs should consider setting up working groups to:

- carry out specific tasks (e.g. maintaining and updating guidance and procedures; identifying inter-agency training needs and arranging appropriate training); and
- provide specialist advice (e.g. working with specific ethnic or cultural groups, or with disabled children and/or parents); and
- carry out audits, in conjunction with Child Protection Panels, to look at inter-agency safeguarding arrangements, identify good practice and highlight areas for improvement.

**4.9** All groups working under the auspices of the ACPC should have been established by the ACPC, and should work to agreed terms of reference within the framework of the annual business plan, and with explicit lines of communication and accountability to the ACPC.

### CHAIR AND SECRETARIAT

**4.10** It is essential that the Chair of the ACPC has a firm grasp of local operational issues and is of sufficient standing and expertise to command the support and respect of all member agencies. The Chair may come from any member agency, be independent or member agencies may agree to rotate chairing between them. The appointment and method of appointment must take account of the HSS Board's accountability arrangements and are matters for local agreement.

**4.11** HSS Boards are responsible for providing ACPCs with a secretariat and other support services.

### FINANCING AND ADMINISTRATION

**4.12** ACPC expenditure, and administrative and policy support, is a matter for local agreement. As a multi-agency forum, the ACPC should be supported in its work by all its constituent agencies, reflecting the investment of each agency in activities that are of benefit to all. This can be achieved in a variety of ways ranging from the commitment of resources to financial contributions for particular activities.

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### CO-OPERATION BETWEEN ACPCs

**4.13** ACPCs should actively seek to co-operate with each other to avoid unnecessary duplication of work, to promote consistency in both practice and information gathering and to draw on individual strengths of ACPCs. Some issues that would benefit from such co-operation are:

- producing and reviewing policies and procedures;
- developing training programmes and organising training events; and
- sharing of information and concerns that affect all Boards and Trusts.

### ACPC PROCEDURES

**4.14** ACPCs should have in place procedures covering:

- the management of a case from referral and through each stage of the process;
- the protection of children in groups known to be vulnerable and in specific circumstances (see appendix 4).
- how child protection enquiries and associated police investigations should be conducted, and in particular, in what circumstances joint enquiries are necessary and/or appropriate (see paragraph 3.59);
- the arrangements to enable the police to make referrals to social services when child protection concerns emerge during the course of an investigation into abuse by strangers (see paragraphs 6.2 – 6.3);
- the roles and responsibilities of particular disciplines and staff within agencies working to safeguard children;
- a quick and straightforward means of resolving professional differences of view in a specific case, for example, on whether a child protection case conference should be convened;
- attendance at child protection case conferences;
- the involvement of children and family members in child protection case conferences, the role of advocates as well as criteria for excluding parents/carers in exceptional circumstances;
- decision-making processes for registration which take account of the views of the agencies present at the child protection case conference;
- the handling of complaints from families about the functioning of child protection case conferences.

### ANNUAL BUSINESS PLANS

**4.15** Each ACPC should produce an annual business plan. The plan should set out a work programme for the forthcoming year and include measurable objectives. It should include statements of progress against objectives for the

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previous year. Relevant management information on child protection activity in the course of the previous year should also be included. ACPCs' plans should both contribute to, and derive from the framework of the local children's services plans and should be endorsed by senior managers in each of the main constituent agencies.

- 4.16** ACPCs may wish to make the business plan, or an edited version of it, available to a wider audience, for example to explain to the wider community the work of local agencies in helping to safeguard children.
- 4.17** Constituent agencies should provide the ACPC with management information on the level of activity and trends in child protection work within their agency on an annual basis. It should not include identifying details of individuals.

### TRUST CHILD PROTECTION PANEL (CPP)

#### ROLE AND RESPONSIBILITIES

- 4.18** The role of the CPP in community Trusts is to implement locally the ACPC's policy and procedures ensuring a high standard of professional practice. Its main tasks are:
- to work within, and contribute to the ACPC business plan and ultimately Children's Services Plans;
  - to implement the ACPC's child protection policies and procedures;
  - in partnership with ACPC to measure how and to what degree the objectives and performance indicators set by ACPC have improved outcomes for children in the locality;
  - to monitor and evaluate how well local services work together to protect children. This should be done in partnership with ACPC and form part of the ACPC annual business plan;
  - to encourage and develop good working relationships between different services, professional and community groups with the aim of developing trust and mutual understanding;
  - to co-operate with relevant agencies in implementing the "Multi-agency Procedures for the Assessment and Management of Sex Offenders (MASRAM)";
  - to advise the ACPC and CPP's constituent agencies on resource needs;
  - to contribute to the ACPC training and development strategy and to the delivery of training and development programmes on a multi-agency/disciplinary basis and, in partnership with ACPC, to assess how identified training/development needs are being met;

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- to promote public awareness about child protection services in co-ordination with other CPPs and in keeping with the ACPC public communication strategy; and
- to provide an annual report to the ACPC.

Given the particular roles and responsibilities of acute hospital Trusts, child protection panels in those Trusts should fulfil the tasks which are appropriate to them. They will also need to establish a liaison mechanism with community CPPs.

### ACCOUNTABILITY

**4.19** The CPP as a body is accountable to the Trust, although its members are accountable to the agencies they represent. The CPP should work within the agreed ACPC Business Plan and child protection policies and procedures, which they do not have the discretion to amend. Each agency should accept that it is responsible for monitoring the performance of its own representative. Each agency is expected to have procedures in place for considering reports from its CPP representative and the implication for policy, planning and resources.

### TERMS OF REFERENCE

**4.20** The CPP should work within agreed terms of reference that set out its remit. The terms of reference should include the level of decision-making that may be agreed by agency representatives, without referral back to individual member agencies.

### CPP MEMBERSHIP

**4.21** The CPP should be made up of members from the main statutory and voluntary agencies involved in child protection work in the Trust's area. The membership of the Trust's CPP should include practitioners and managers from a range of disciplines and agencies including:

- HSS Trusts;
- Education and Library Boards/Schools;
- Council for Catholic Maintained Schools/Schools;
- Local General Practitioner;
- PSNI;
- PBNI;
- Juvenile Justice Agency;
- NSPCC;
- the Co-ordinator or Senior Social Work Practitioner, SSAFA Forces Help Social Work Services where there is a large service base in the area.

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In relation to HSS Trusts, consideration should be given to including a representative of the domestic violence forum and those with expertise from a variety of relevant medical specialities including paediatrics, accident & emergency departments, forensic medicine, mental health and allied health professionals. Consideration should also be given to including community and voluntary representatives providing services in the area. In relation to hospital Trusts, membership should be drawn from the range of disciplines who have contact with children.

### **CHAIRING**

**4.22** A community CPP should be chaired by the Trust's Director of Social Work or a senior designated nominee. In relation to hospital Trusts, the CPP should be chaired by a senior member of medical or nursing staff.

### **FINANCE AND ADMINISTRATION**

**4.23** The Trust is responsible for core funding the CPP and providing it with a secretariat and other support services. As a multi-agency forum, the CPP should be supported in its work by all its constituent agencies, reflecting the investment of each agency in activities that are of benefit to all. This can be achieved in a variety of ways ranging from the commitment of resources to financial contributions for particular activities.

### **INFORMATION FOR THE CPP**

**4.24** Constituent agencies should provide the CPP with management information on the level of activity and trends in child protection. It should not include information capable of identifying any individual.

### **INFORMATION FROM THE CPP**

**4.25** The CPP should review annually the child protection work in its area and plan for the year ahead. This information should be submitted to the Trust Board, copied to the ACPC and circulated to all constituent agencies as soon as possible after the end of the financial year.

# Handling Individual Cases

## 5

### INTRODUCTION

**5.1** This chapter provides advice on what should happen where there are concerns that a child is suffering, or is likely to suffer, significant harm. It is not intended to constitute procedural guidance, which should be devised by the ACPC. It sets out, however, the Department's expectations about the ways in which agencies and professionals should work together in the interests of safeguarding children. **At all stages** there must be a record maintained of all discussions, decisions and actions taken, including actions by other agencies and these must be placed on the child's file. There must also be written and signed endorsement and review by a line-manager at each stage of the process.

### CO-OPERATION BETWEEN AGENCIES

**5.2** The Children Order places a statutory duty on health, education and other services, to help social services with their enquiries. The ACPC and CPP have an important role to play in cultivating and promoting a climate of trust and understanding between different professionals and services to facilitate the discharge of this duty.

### WORKING WITH THE FAMILY

**5.3** Family members have a unique role and importance in the lives of children, and children attach great value to their family relationships. Family members know more about their family than any professional could possibly know, and decisions about a child should draw upon this knowledge and understanding. Family members have the right to know what is being said about them, and it is crucial that they are helped to contribute in a variety of ways to important decisions about their lives and those of their children. Research findings brought together in *Child Protection: Messages from Research (1995)* endorse the importance of good relationships between professionals and families in helping to bring about the best possible outcomes for children. Where there is compulsory intervention in family life, parents should still be helped and encouraged to play as large a part as possible in decisions about their child. All family members should be treated with courtesy, dignity and respect.

**5.4** Partnership does not mean always agreeing with parents or other adult family members, or always seeking a way forward which is acceptable to them. The aim of child protection processes is to ensure the safety and welfare of a child, and the child's interests must always be paramount. Some parents may feel hurt and angry and refuse to co-operate with professionals. Not all parents may be able to safeguard their children, even with help and support. Especially in child sexual abuse, some may be vulnerable to manipulation by a perpetrator of abuse. A minority of parents may be actively dangerous to their children, other family members, or professionals, and unwilling and/or unable to change. Professionals should always maintain a focus on the child and what is best for him.

# 5

### RACE, ETHNICITY AND CULTURE

**5.5** To make sensitive and informed judgements it is important that professionals are aware of differing family patterns, lifestyles and child rearing practices across different racial and cultural groups. However, professionals should guard against myths and stereotypes, both positive and negative, of ethnic minority families. Anxiety about being accused of racist practice should not prevent the necessary action being taken to safeguard a child. Cultural factors neither explain, nor condone acts of commission or omission that put a child at risk of significant harm.

### INVOLVING CHILDREN

**5.6** Children often have a clear perception of what needs to be done to ensure their safety. However, most of them feel loyalty towards those who care for them, and have difficulty disclosing information which may be harmful to their family. Many do not wish to share confidences, or may not have the language or concepts to describe what has happened to them. Some may fear reprisals, or their removal from home. Children need to feel safe before they disclose information which they believe will produce negative consequences for themselves or others.

**5.7** Children and young people need to understand the extent and nature of their involvement in decision-making and planning processes and need careful preparation and support throughout the process. They should be helped to understand:

- how the child protection process works;
- how they can be involved; and
- how their views will be taken into account when decisions about their future are being made.

**5.8** They should understand that ultimately, decisions will be taken in the light of all the available information contributed by professionals, themselves, their parents and other family members, and other significant adults. In recent years, Family Group Conferences have proved effective in a number of areas as a means of resolving family problems. Serious consideration should be given to their use as part of the process of safeguarding children.

### SUPPORT TO CHILDREN AND FAMILIES

**5.9** Where children and families are involved as witnesses in court proceedings, consideration should be given to what can be done to make it less daunting. The whole process should be explained in advance to reduce anxieties. Children, in particular, need preparation and support for court appearances. The NSPCC has a scheme to provide support and has produced *The Young Witness Pack(1998)* to provide information and advice to children and parents who will give evidence in court.

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### BEING ALERT TO CHILDREN'S WELFARE

**5.10** Everybody who works with children should be able to recognise, and know how to act upon, concerns that a child may be at risk. They should know:

- when and how to make a referral to social services;
- that emergency action should never be delayed, if it is needed to safeguard a child;
- that a written record should be kept of any concerns they have about a child considered to be at risk and the investigation conducted; that details of further action taken should also be recorded and the basis for a decision not to act further should be recorded and countersigned by a senior officer of the agency; and
- that a written record should be kept of discussions within their own agency or with others about a child's welfare.

### REFERRALS TO SOCIAL SERVICES

**5.11** Although Truants, the police and the NSPCC have the power to investigate and intervene when a child is suffering, or may be at risk of suffering, significant harm, referrals should normally be made to social services. There may, however, be occasions when a referral to one of the other agencies would be more appropriate.

### TAKING THE REFERRAL

**5.12** When someone refers a concern about a child to social services the person whose duty it is to take the referral should know the processes to be followed, particularly in relation to the need to take urgent action on receipt of the referral information. Where the referral information reveals or suggests deliberate harm to a child then the child must be seen and spoken to within 24 hours of the referral being communicated to social services. The person taking the referral should have the competence to enable him to:

- assess whether the nature of the concern indicates the possibility of significant harm;
- assess whether urgent action is needed to safeguard the child;
- establish how the concern has arisen; and
- assess what other needs the child and family may have at this initial stage.

### SOCIAL WORKERS IN HOSPITALS

**5.13** Where suspicions of deliberate harm are conveyed to social workers in a hospital setting they, too, must always respond promptly and follow ACPC procedures and guidance. They must see and talk to the child, to the child's carer and to the other disciplines responsible for the care of the child in hospital. They must also contact their social work colleagues in child protection in community social services so that the case can be progressed in

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accordance with agreed procedures. Hospital social workers have a responsibility to ensure that, where there are child protection concerns, the child is not discharged until it has been established that the home environment is safe, the concerns of medical and other hospital staff have been fully addressed and there is a plan in place for the ongoing promotion and safeguarding of the child's welfare. Hospital social workers should also participate in all hospital meetings concerning the safeguarding of children.

### CONFIRMING REFERRALS IN WRITING

**5.14** Professionals who make verbal, or telephone, referrals to social services should confirm them in writing within 24 hours. At the end of any discussion about a child, the referrer and the person taking the referral within social services should be clear about:

- who will be taking what action, or that no further action will be taken;
- the requirement to record the decisions/actions taken by the receiver of the referral. Recording should take place in the child's case file;
- the requirement to confirm receipt of the referral to the referrer in writing and the actions agreed.

Receipt of a referral from a member of the public should also be acknowledged in writing by the person taking the referral. A manager should read, agree the decisions/actions recorded and countersign and date the child's case file.

### JOINT ACTION BY THE POLICE AND SOCIAL SERVICES

**5.15** When a case that may constitute a crime against a child is referred to social services, it should be forwarded immediately to the police. This may include referrals relating to events which happened in the past. A manager from both agencies should jointly consider how to proceed in the best interests of the child or children who may be affected. In cases of abuse within the family, or by other carers, the police should normally work in partnership with social services under the *Joint Protocol* (see paragraph 3.59). However, there may be cases where, after discussion, it is agreed that social services should take the lead role in investigating the concerns. On the other hand, there may be cases, such as allegations of abuse by strangers or those alleged to have happened in the past, where a police investigation of the criminal aspects of the case may need to be the first stage in the process.

### STRATEGY DISCUSSION

**5.16** A strategy discussion may take place at a meeting or by other means e.g. by telephone. After checking any existing records and following discussion with the referring agent and other professionals the social services and police managers should during their strategy discussion consider and decide:

- whether the information obtained indicates the need for immediate protective action;
- what action, if any, will be taken within 24 hours.

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**5.17** The strategy discussion should also be used to:

- determine the need to obtain additional information about the child and family from other agencies or professionals;
- decide whether child protection enquiries should be initiated, what this will include, when this will take place and who will be responsible for subsequent planned action;
- consider the need for a medical examination and/or other medical treatment;
- determine what information will be shared with the family;
- consider the needs of other children and if they have been affected; and
- determine how legal advice, where necessary, will be accessed.

**5.18** Significant harm to children often gives rise to both child protection and law enforcement concerns. Child protection enquiries may run concurrently with police investigations and provide information that is relevant to decisions that have to be taken by both social services and the police. Good communication between both agencies is, therefore, essential.

**5.19** Where further action has been agreed **the social work manager must:**

- plan with the social worker (to whom the case has been allocated) how child protection enquiries will be handled taking account of the information obtained through the referral and as a result of record checking and information obtained from other agencies and professionals.
- agree a contingency plan with the social worker (to whom the case has been allocated);
- agree the process for managing, supervising and reviewing the outcome of enquiries made;

### **INITIAL ASSESSMENT FOLLOWING REFERRAL AND ALLOCATION**

**5.20** The initial assessment following referral to determine the needs of and risks to the child should be completed within a maximum of seven working days from the date of referral using the procedures developed by the Trust (see paragraph 1.10). In cases where the assessment reveals that there is an immediate risk to the child, it will be necessary to take emergency action to protect the child.

### **INITIAL PLAN**

**5.21** An initial plan should be developed which sets out the actions to be taken and support mechanisms which can be put in place immediately to manage the risks to the child identified at this point.

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**5.22** Following the initial assessment, social services or where appropriate, the NSPCC should:

- analyse the additional information obtained;
- decide on any further action required;
- make sure that the decisions taken up until this point and initial plan are endorsed at a senior level within social services and recorded immediately on the child's case file; and
- inform agencies and professionals involved in the referral and assessment processes what action is to be taken. The family should also be informed, provided this will not jeopardise further action to safeguard the child or the conduct of a criminal investigation.

Where, during the course of an assessment, social services establish that a child of school age has not ever or is not attending school, they must alert the Education and Library Board for the area and be satisfied that there are adequate day care arrangements in place which safeguard the child.

### SECOND STAGE OF ASSESSMENT

**5.23** The second stage of assessment, where necessary, should be completed within **15 working days** from the date of referral. A second stage assessment will not be necessary if the initial assessment has concluded that there is not a risk to the child and no further action is needed, or that the provision of services will appropriately meet identified needs of the child. If the second stage assessment rules out that significant harm has occurred, or is likely to occur, the assessment may show that the child is in need as defined by Article 17 of the Children Order. In these circumstances, the Trust's in need assessment procedure should provide a framework for a fuller assessment of the child's needs and the parents' capacity to respond to them.

**5.24** Where the assessment gives reason to believe that significant harm may have occurred, or is likely to occur, social services should determine what immediate action is necessary to safeguard the child. In some cases a further strategy discussion may be necessary at this stage to plan the way ahead. In most cases it will be necessary to proceed to an initial case conference at this stage.

### IMMEDIATE PROTECTION

**5.25** Where there is a serious risk of immediate harm, social services or where appropriate, the NSPCC or the police should act promptly to protect the child. Emergency action may be necessary at any point during the involvement with children and their family. Serious neglect can also pose such a risk of harm making urgent protective action necessary. When considering whether emergency action is necessary, legal advice should be sought and consideration should also be given to whether action is required to safeguard other children in the child's household, or the household of the alleged perpetrator. Where immediate protective action has been taken without legal advice the reasons for this should be recorded on the child's case file.

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- 5.26** Planned emergency action will normally take place following a strategy discussion between police, social services, and other agencies as appropriate. Where social services or where appropriate, the NSPCC or the police have to act immediately to protect a child, a strategy discussion should take place as soon as possible after such action to plan the next steps in safeguarding the child.
- 5.27** In some cases, it may be sufficient to secure a child's safety by a parent taking action to remove an alleged perpetrator, or the alleged perpetrator agreeing to leave the home. If such an arrangement cannot be achieved voluntarily, an exclusion order can be sought under the Family Homes and Domestic Violence (Northern Ireland) Order (1998), requiring a perpetrator to leave the home instead of having to remove the child. In other cases, it may be necessary to ensure either that the child remains in a safe place, e.g. a hospital, or is removed to a safe place, either on a voluntary basis or by social services obtaining an emergency protection order under Article 63 of the Children Order. In deciding whether to remove a child in an emergency on a voluntary basis, social services should consider what, if any, parental responsibility it requires to safeguard the child. Under Article 65 the police also have powers to remove a child in an emergency. However, it is likely that these powers would only be used in exceptional circumstances.
- 5.28** Responsibility for emergency action rests with social services in the Trust area where a child is found. If the child's name is on the Child Protection Register or is looked after by another Trust (the responsible Trust); the Trust in the area where the child is found should involve the responsible Trust. However, all Trusts must ensure that there is no delay in taking appropriate emergency action.

## CHILD PROTECTION ENQUIRIES

- 5.29** Most cases of abuse of children involve both criminal and child protection elements. The *'Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse' (Joint Protocol)* allows for investigations by both police officers and social workers. However, it should be borne in mind that the two agencies have different objectives. The aim of the police is to establish whether a crime has been committed and to collect evidence with a view to prosecution. The objective of social services is to safeguard the child, including consideration of the need for care proceedings to achieve this goal. In some cases, particularly of abuse by strangers, it may be appropriate for the investigation to be undertaken solely by the police. In others it may be decided that the criminal aspects do not justify investigation or are unlikely to secure a prosecution and that the investigation should be left to social services. The strategy discussion should include consideration of the need for a Joint Protocol investigation (see paragraph 3.59), or whether one agency should take the lead.

## IMPACT OF ENQUIRIES ON THE FAMILY AND CHILD

- 5.30** Enquiries should always be carried out in such a way as to minimise distress to the child, and to treat families sensitively and with respect. Investigating agencies should explain the purpose, process and potential outcomes of enquiries to parents and, where appropriate, to the child both verbally and in writing. They should answer questions openly and honestly.

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**5.31** In the majority of cases, even if concerns about abuse or neglect are substantiated, children remain with, or return to, their families during and following enquiries. As far as possible, enquiries should be conducted in a way that allows for future constructive working relationships.

### INTERVIEWS AND ENQUIRIES

**5.32** Assessing the needs of a child and the capacity of his parents or wider family network to ensure his safety should involve building a comprehensive picture of the family. Enquiries should always involve:

- separate interviews with the child, where his age and stage of development makes this appropriate;
- interviews with parents;
- observation of the interactions between parents and child, where possible;
- interviews with anyone significantly involved in the family, either personally or professionally; and
- acquiring information on any assessment of the child carried out by other relevant professionals.

**5.33** It may be necessary to make special arrangements to enable individuals to participate fully in the enquiry. For example, where a child or parent speaks a language other than that used by the interviewer, there should always be an interpreter. If the child, or parent, is unable to take part in an interview because of age (in the child's case), understanding or disability, alternative means of communication should be used. If the services of an interpreter are not used the reasons for this must be recorded in the child's case file.

### INTERVIEWING CHILDREN

**5.34** Children are often an important source of information about what has happened to them. It is important that even initial discussions with children are conducted in a way that maximises the likelihood of them providing accurate and complete information. The views and wishes of the child expressed during interview should always be recorded on the child's case file. Where possible, children should be interviewed on their own. Leading questions should always be avoided both to ensure that accurate information is obtained and to avoid contaminating evidence possibly required in court proceedings. Children may need time, and more than one opportunity, to develop sufficient trust to be open about what has happened to them. (The Children's Evidence (Northern Ireland) Order (1995) gives judges power to allow children, in certain circumstances, to give their evidence in chief by means of a pre-recorded video. See the *Memorandum of Good Practice* for further information - paragraph 5.37).

**5.35** Wherever possible and where necessary the parents' consent to the child being interviewed should be sought and their presence during the interview should be considered. However, a child should never be interviewed in the presence of a suspected perpetrator, or a parent who may have colluded with his abuse. In these circumstances, consideration should be given to involving another relative, friend or someone else the child trusts, to provide support during the interview. These issues should be resolved during the strategy discussion.

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- 5.36** All interviews with children should be conducted by those with specialist training. It may be necessary to involve other people in the interview to take into account special factors, including a child's disability or racial, religious or cultural background. Consideration should also be given to the gender of the interviewers, particularly in cases of sexual abuse.

### **MEMORANDUM OF GOOD PRACTICE ON VIDEO RECORDED INTERVIEWS WITH CHILD WITNESSES FOR CRIMINAL PROCEEDINGS**

- 5.37** The Northern Ireland Office "*Memorandum of Good Practice on Video Recorded Interviews with Child Witnesses for Criminal Proceedings*" covers technical, welfare and legal issues. Agencies should recognise the value of video recorded evidence in both criminal and civil proceedings. ACPC procedures should give guidance on their use taking into account the *Memorandum of Good Practice*.

### **CHILD ASSESSMENT ORDERS**

- 5.38** The Trust should encourage parents to co-operate with Article 66 enquiries. However, if the parents refuse access to the child, or do not give consent for an interview, the Trust may apply to the court for a child assessment order if the circumstances do not merit an application for an emergency protection order. The court may direct the parents to co-operate with an assessment of the child, the details of which should be specified. The child assessment order lasts for a maximum of seven days from a stated date and the assessment during that period should secure enough information to decide what further action, if any, is necessary. The order does not take away the child's own right to refuse to participate in an assessment, e.g. a medical examination, so long as he is of sufficient age and understanding.

### **OUTCOME OF ENQUIRIES**

- 5.39** Following enquiries social services should decide how to proceed. This may result in a number of outcomes.

### **CHILD HAS NOT SUFFERED SIGNIFICANT HARM**

- 5.40** Enquiries may not substantiate the original concerns about the child being at risk of, or suffering, significant harm. In these circumstances, no further action may be needed under child protection procedures. However, social services should consider whether the child and family would benefit from the provision of other services or support and whether the child fulfils the criteria for a "child in need".

### **CONCERNS REMAIN ABOUT SIGNIFICANT HARM**

- 5.41** In some cases concerns may remain about significant harm, but there is not sufficient evidence to substantiate these at this stage. Consideration should, therefore, be given to the need for further investigation and assessment in order to decide whether the child is at risk of significant harm, is a child in need, or does not require any services.

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### CHILD HAS SUFFERED SIGNIFICANT HARM, BUT IS NOT AT CONTINUING RISK

**5.42** There may be occasions when it is concluded that a child has suffered significant harm, but it is agreed between the agencies involved, the child and the family, that a child protection plan is unnecessary because the child is no longer at risk. This may be because circumstances have changed. For example, if a perpetrator of abuse has permanently left the household.

### TAKING A DECISION NOT TO PROCEED TO A CHILD PROTECTION CASE CONFERENCE

**5.43** Please note that care should be taken in reaching a decision not to proceed to a child protection case conference where it is known that a child has suffered significant harm. A designated person within social services at Programme Manager level should formally endorse such a decision and record their reasons on the child's case file. However, other professionals and agencies which have taken part in enquiries, have the right to request a child protection case conference, if they continue to have serious concerns about the child's safety. Any request made by a senior manager of another agency should normally be agreed, but ACPC procedures should be followed to resolve any remaining differences of opinion.

### CHILD CONTINUES TO BE AT RISK

**5.44** Irrespective of whether there is evidence of actual abuse, where it is considered that the child is at risk of significant harm, a child protection case conference must be convened. Its aim will be to enable those professionals involved with the child and family to assess all relevant information, and plan how to safeguard the child and promote his welfare.

### INITIAL CHILD PROTECTION CASE CONFERENCE

**5.45** The case conference should be convened by the Trust, or the NSPCC where there is an arrangement to this effect. It brings together the professionals involved after the completion of the initial child protection enquiries to:

- share and evaluate information gathered during the investigation;
- decide on the need for developing a child protection plan;
- decide on whether or not to include the child's name on the Child Protection Register.

### TIMING

**5.46** The timing of an initial child protection case conference will depend on the urgency of the case and on the time needed to obtain relevant information about the child and family. If the conference is to reach well-informed decisions based on evidence, it should take place following adequate preparation and assessment. At the same time, cases where children are at risk of significant harm should not be allowed to drift. **Consequently, all initial child protection case conferences should take place within 15 working days of the first strategy discussion.** If this is not possible the Trust's Director of Social Work should approve the grounds for this delay and record this on the child's case file.

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### CHAIRING THE CASE CONFERENCE

**5.47** Case conferences should be chaired by a senior member of staff from the Trust, or the NSPCC, who has received training in this role. The status of the chair should be sufficient to ensure inter-agency commitment to the conference and the child protection plan. Wherever possible, the same person should also chair subsequent child protection reviews. The responsibilities of the chair include:

- setting out the purpose of the conference and stressing the confidential nature of the information being discussed;
- enabling all those present to make their full contribution to the discussion and decision-making;
- ensuring that written reports are considered by the case conference;
- ensuring that the conference takes the necessary decisions; and
- ensuring that proceedings are minuted and are circulated to all attendees.

### ATTENDANCE

**5.48** In order to decide what is needed to safeguard the child, case conferences should have all relevant information. Invitations should be sent to all professionals and agencies that can contribute such information. They may include:

- social services or NSPCC staff;
- PSNI;
- PBNI (when involved);
- medical, nursing staff and allied health professionals;
- teachers and other education staff, e.g. education welfare officers;
- the Trust's legal advisers on child care matters;
- relevant foster carers and early years' providers;
- relevant voluntary organisations;
- the Co-ordinator or Senior Social Work Practitioner, SSAFA Forces Help Social Work Services where appropriate.

**5.49** ACPC procedures should specify how the conference will be managed, the core members and the quorum required to take decisions. Those invited should be notified of case conferences as soon as possible, and it should be held at a time and place likely to be convenient to as many as possible.

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### INVOLVING THE CHILD AND FAMILY

- 5.50** Consideration should be given to involving parents and other family members for all or part of the initial case conference. It is important to ensure that their presence does not inhibit the exchange of information by professionals, but where their co-operation can be obtained the future protection of the child may be facilitated by their participation. ACPC procedures should set out criteria for including or excluding a parent.
- 5.51** If a parent is excluded from the case conference he should be given the opportunity to make representations in writing. He should be notified of any decisions made by the case conference in writing.
- 5.52** When family members are invited, the social worker conducting the investigation should, before the meeting, explain to them the case conference's purpose, who will attend, and how it will operate. The Chair should meet family members on the day of the conference and explain how the conference will be conducted and indicate who has been invited to attend. Where the family attends, they should be allowed to bring a friend or supporter and helped to fully participate. Where appropriate, the child should also be given the opportunity to attend and to bring a friend or supporter. Where the child does not attend, the social worker involved should establish the child's wishes and feelings, and make these known to the conference.
- 5.53** Special arrangements may need to be made to enable all individuals to participate fully in the case conference. Where communication is inhibited because of age, understanding, disability or language, consideration should be given to providing an alternative means of communication including the provision of an interpreter, signer etc.

### INFORMATION FOR THE CONFERENCE

- 5.54** In advance of the case conference **all professionals invited** must provide a written report on their involvement with the family and their assessment of the child's needs and the parents' capacity to safeguard the child. These reports should be made available to all those attending (see chapter 8). The social worker should, in advance, help families and children to think about what they want to convey to the conference and how best to get their points across.
- 5.55** Social services should provide the conference with a written report summarising the information obtained from the enquiries and the initial assessment undertaken in line with the Trusts' procedures. The report should include:
- details of the concerns that have led to consideration of the need for a child protection plan;
  - information on the capacity of the parents and other family members to ensure the child's safety from harm;
  - information on the child's past and current development;
  - a chronology of significant events and agency and professional contact with the child and family;

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- the expressed views, wishes and feelings of the child, parents, and other family members; and
- an analysis of the information obtained and the implications for the child's safety, well-being and development.

Parents and children, where appropriate, should be provided with a copy of the report in advance of the meeting. If necessary, its contents should be explained to them.

### **ACTIONS AND DECISIONS FOR THE CASE CONFERENCE**

**5.56** The case conference should consider if the child is at continuing risk of significant harm. The test to be applied is whether future significant harm is likely. Conference participants should base their judgements on all available evidence obtained through existing records, the initial assessment, identified risks, enquiries and research. It should take into account the views of all agencies attending the case conference and any written contributions. ACPC procedures should give advice on the method of decision-making and actions to be taken to bring about change.

### **CHILD NOT AT CONTINUING RISK**

**5.57** Although a child may not be considered to be at continuing risk of significant harm, he may need continuing help and support to promote his health and/or development. In these circumstances, the case conference should ensure that arrangements are in place to consider with the family what further help and support might be offered. It may be appropriate to continue with a full assessment of the child's needs to decide which services are required to meet them. Where the child's needs are complex, inter-agency working will continue to be important.

### **CHILD AT CONTINUING RISK**

**5.58** Once a decision has been taken that the child is at risk of significant harm, his name should be placed on the Child Protection Register and the category of abuse should be determined.

**5.59** Registration in itself will not offer protection to a child. It must be accompanied by a child protection plan. It is the responsibility of the case conference to make decisions about how agencies, professionals and the family will work together to ensure that the child will be safeguarded from future harm. The Chair of the case conference must ensure that the following specific tasks are agreed by the case conference:

- establishing the key elements of the child protection plan;
- appointing a case co-ordinator;
- identifying the membership of a core group who will develop the detail of the child protection plan;
- establishing if and how children, parents, and wider family members, will be involved in developing and implementing the child protection plan;

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- establishing dates for completion of the comprehensive child protection plan, core group meetings and child protection reviews;
- identifying any specialist assessment of the child and family required;
- agree a review date within 3 months;
- the circumstances in which it might be necessary to call a review meeting before that date; and
- agreeing who else may need to be informed that the child's name has been added to the Child Protection Register.

**5.60** Parents and the child should also be told about what needs to happen before the child's name will be removed from the register.

### APPEALS AND COMPLAINTS

**5.61** ACPCs should have a procedure in place to enable parents to appeal against registration or de-registration decisions. ACPCs should also have a procedure in place to enable all participants to make complaints if they believe that the procedures were not followed or the information available was incorrect.

**5.62** Complaints about the conduct of individual members of the case conference should be dealt with by the relevant agency using its own complaints procedure.

### ADMINISTRATIVE ARRANGEMENTS AND RECORD KEEPING

**5.63** All child protection case conferences should have in attendance a person trained to take notes and produce minutes of the meeting, which should include:

- a record of invitees, those who attended or sent apologies;
- a list of all reports considered by the case conference;
- the essential facts of the case;
- a summary of the discussion and analysis of information shared; and
- all decisions reached, including any dissenting views expressed, and the action to be taken by everyone involved and timescales for each action.

**5.64** Minutes should be sent within 14 days of the conference to all those invited to attend and the child's parents. Minutes are confidential and should not be passed to third parties without the consent of the conference Chair (see chapter 8). However, in cases of criminal proceedings, the police are empowered to reveal the existence of the notes to the DPP.

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## AFTER THE CASE CONFERENCE

### ROLE OF THE CASE CO-ORDINATOR

**5.65** The case co-ordinator is responsible for:

- completing the comprehensive assessment of the child and family;
- developing the child protection plan, agreed at the initial case conference, into a comprehensive inter-agency plan based on the assessment before the first review (see paragraph 5.70);
- acting as the lead worker for the inter-agency work.

### CORE GROUP

**5.66** Membership of the core group should include the case co-ordinator and other professionals who have direct contact with the family. Their role is to assist the case co-ordinator in developing the comprehensive child protection plan and to fulfil any part identified for them in implementing it. The co-ordinator of the core group should also monitor progress in achieving the objectives specified in the plan.

**5.67** The core group is an important forum for working with parents and children. Even when parents attend the case conference, it can often be difficult for them to agree to a child protection plan in such a formal setting. However, their agreement may be more easily obtained later when details of the plan are worked out by the core group.

**5.68** The first meeting of the core group should take place as soon as possible after the initial case conference and thereafter as frequently as necessary to assist co-operative working, monitor activity and outcomes.

**5.69** A written record of core group meetings should be kept.

### ASSESSMENT

**5.70** The comprehensive assessment should be completed in sufficient time to enable the inter-agency protection plan to be devised at the first review case conference. It should:

- be conducted in line with the Trust's guidance on assessment;
- build on information obtained in the initial assessment; and
- address and develop the initial recommendations of the case conference and incorporate additional issues coming to light through the core group's work.

### CHILD PROTECTION PLAN

**5.71** The key elements of the child protection plan should have been agreed at the initial case conference (see paragraph 5.45). Following the completion of the assessment, a comprehensive inter-agency plan should be developed by

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the case co-ordinator, with the assistance of the core group. The aim of the plan is to:

- safeguard the child from further harm;
- promote his health and development; and
- help the parents to achieve these objectives.

**5.72** The plan should:

- describe all aspects of the needs of the child, giving particular attention to his safety and well-being;
- identify the planned outcomes for the child;
- identify the help needed by the parents or other carers to safeguard the child based on an assessment of parenting capacity and the child's total environment;
- identify the means by which this help will be provided;
- highlight the risks associated with the course of action proposed and how these will be managed;
- identify the parts to be played by the professionals in providing this help and how the child's safety and well-being will be monitored; and
- set dates on which progress will be reviewed.

**5.73** The parents should be given a written copy of the plan and the case co-ordinator should ensure that they understand it and are prepared to work towards its successful implementation.

**5.74** The case co-ordinator should co-ordinate the work stemming from the child protection plan and all members of the core group should cooperate to achieve its aims. It is the responsibility of individual agencies to implement the parts of the plan specific to them and to communicate with the case co-ordinator and others as necessary.

## CHILD PROTECTION REVIEW CONFERENCE

### TIMESCALE AND ATTENDANCE

**5.75** The first review case conference should be held within three months of the initial case conference. Further reviews should be held at intervals of **not more than six months** while the child's name is on the Child Protection Register. If any concern arises, any relevant professional may ask for a review to be convened. ACPCs should provide guidance on those who should be invited to attend the review.

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### PURPOSE

**5.76** The purpose of the review is to:

- ensure that the child continues to be adequately safeguarded;
- review the outcomes for the child and how these align with those identified in the child protection plan;
- consider whether there is a continuing need for a child protection plan; and if so,
- consider the need for it to be amended.

**5.77** Members of the core group should provide written reports for the review .

### DE-REGISTRATION

**5.78** The need for continued registration must be considered at every review . The following criteria for de-registration should be considered:

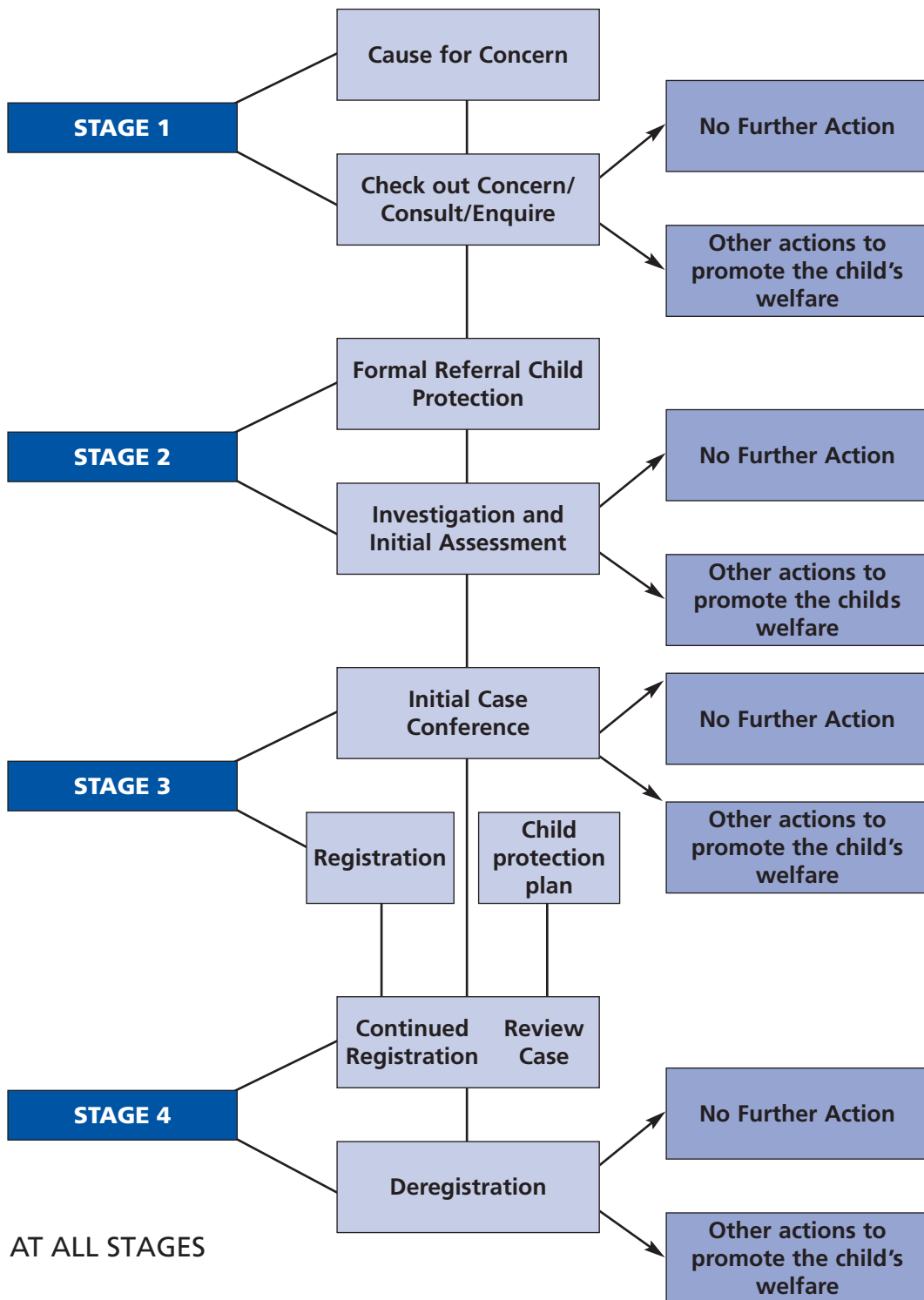
- the comprehensive assessment has shown that a child protection plan is no longer necessary;
- the child has remained at home, but the risk of significant harm has been eliminated by work with the family under the child protection plan;
- the child has been placed away from home and is no longer considered at risk of significant harm;
- the child no longer has contact with the abusing person;
- the child has reached 18 years of age, has married or has died; or
- the child has moved permanently to another area (see paragraph 5.88).

**5.79** A child whose name is removed from the register may still be in need of additional services and de-registration should never lead to the automatic withdrawal of services, help or support. The case co-ordinator should discuss with the parents and the child what might be needed, based upon an assessment of their needs. The case co-ordinator should have similar discussions with a young person approaching the age of 17 and ensure appropriate services are provided once he is no longer covered by the child protection processes.

**5.80** ACPC procedures should give guidance on the action to be taken when a decision is made to remove a child's name from the Child Protection Register to ensure that any agencies or professionals (e.g. schools, GP) who were informed of the decision to register are also informed of the decision to de-register, so that their records can be amended accordingly.

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## The Child Protection Process



AT ALL STAGES

1. Assess
2. Plan
3. Intervene (if necessary)
4. Review

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### CHILD LOOKED AFTER BY TRUST

- 5.81** Even though that same group of staff may be involved, separate reviews should be held for children who are both looked after by a Trust and on its Child Protection Register to ensure that the different issues relevant to each process are fully considered. There is, however, no objection to the two reviews being held consecutively, provided they are minuted separately.

### PRE-BIRTH CHILD PROTECTION CASE CONFERENCE

- 5.82** Where there is concern that an unborn child may be at risk of significant harm, social services should convene a pre-birth case conference. It should be conducted in the same way as any other initial case conference.

### CHILD PROTECTION REGISTER

- 5.83** Each Trust should maintain a register listing all the children resident in its area who are subject to child protection plans. Children's names should be entered on the register under one or more of the categories as determined by the case conference. It should be accessible to enquirers on a 24-hour basis.
- 5.84** The register custodian should be the Trust Director of Social Work who has responsibility for child care or a senior designated nominee. The register should be kept up to date and its contents should be confidential other than to legitimate enquirers. The identity of enquirers should always be checked before the information is provided. ACPCs should develop a policy on access arrangements, including recording register enquiries, and monitoring the effectiveness of the arrangements.
- 5.85** If an enquiry is made about a child and his name or the name of another child at the same address is on the register, the enquirer should be given the name of the case co-ordinator. The custodian should ensure that details of such enquiries are passed to the case co-ordinator. A record should be kept of any child not on the register about whom any enquiries are made. If an enquiry is repeated for any child, the need for a child protection investigation should be considered and decisions recorded.
- 5.86** The Child Protection Register for services' children in Northern Ireland is held by SSAFA Forces Help Co-ordinator at Headquarters Northern Ireland, Lisburn. A Central Forces Child Protection Register is held at SSAFA Forces Help Headquarters, London.
- 5.87** The DHSSPS holds a list of custodians of Child Protection Registers in Northern Ireland. Whenever a change is made this should be notified to Child Care Unit, Department of Health, Social Services and Public Safety, Room D1.4, Castle Buildings, Stormont, Belfast, BT4 3SQ so that the list can be kept up to date.

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## CHILDREN AND FAMILIES WHO MOVE

**5.88** Where a child whose name is on the register moves to another address the Trust Director of Social Work (or senior designated nominee) should inform the Director of Social Work (or senior designated nominee) of the Trust in the area to which he has moved. Once that Trust has agreed to take responsibility for the child and placed the child's name on its register, the referring Trust should remove the child's name from the register. **In the case of a receiving Trust in Northern Ireland, the register custodian should ensure that the child is registered immediately and a case conference convened within 15 working days.** When a registered child moves to another jurisdiction, including the Republic of Ireland, similar action should be taken to notify the appropriate authority. The Trust Director of Social Work must ensure that a written summary of the family history and the reasons for registration should be forwarded within **5 working days** and make arrangements for the hand-over of responsibility for the case including ensuring that the other authority receives any other relevant information. Consideration should be given to forwarding a copy of the child's and/or family's case file. A record of the transfer of responsibility should be made, signed by the Director of Social Work and placed in the child's case file and a copy retained by the donor Trust. Trusts should be prepared to co-operate fully during the hand-over to ensure minimum risk to the child by for example, attending any case conferences that may be called.

**5.89** Appendix 1 gives guidance on the movement of armed services families. Relevant contacts in the Health Boards in the Republic of Ireland are at Appendix 3.

**5.90** Some families of children who are at risk of significant harm move home frequently. There is a real danger that such children may drop through the safety net. The register custodian should be responsible for instigating immediate action to trace families on the register who go missing. If local enquiries fail to trace the family, the Department of Social Development's offices or benefit branches may be able to provide an address from social security records.

**5.91** If a child or family cannot be traced:

- if the child/family are thought to be in Northern Ireland the custodian should circulate details of the missing child/family to all the other register custodians;
- if the child/family are thought to be in Great Britain the custodian should send details of the missing child/family to:

Child Care Unit,  
Department of Health Social Services & Public Safety  
Room D1.4  
Castle Buildings  
Stormont  
Belfast BT4 3SQ

Child Care Unit will circulate the information to all custodians in Great Britain;

- if they are thought to be in the Republic of Ireland the custodian should circulate details of the missing child/family to the child care managers of all the Health Boards (see Appendix 3).

# Child Protection in Specific Circumstances

## 6

### INTRODUCTION

**6.1** This chapter provides some additional guidance for dealing with allegations of abuse in specific circumstances.

### STRANGER ABUSE

**6.2** Offences against children, committed by strangers, should normally be investigated by the police as criminal matters. They should only lead to child protection investigations when there is reason to believe that the parents or an institution with a duty of care towards the child such as school, children's home or juvenile justice centre, is not responding to the incident adequately to safeguard the child from future significant harm. In other words, the justification for the use of the procedure is the concern that these individuals or bodies failed or are failing to protect the child, not the incident of abuse itself.

**6.3** Although the investigation of abuse by strangers is primarily seen as a police responsibility, it is important that any child protection concerns, which arise during the course of the police investigation, should be referred to social services. Concerns may stem from inadequate parental supervision, which may have contributed to enabling the offence to occur, or the parental response to it may have been inadequate or inappropriate. Similarly, if the police consider that the child or family is in need of other services that could be provided by the Trust under Article 18 of the Children Order, a referral should be made. ACPCs should have procedures, specific to this issue, in place to ensure that children considered to be at risk of significant harm, or otherwise in need, are referred to social services.

### CHILDREN LIVING AWAY FROM HOME

#### BASIC SAFEGUARDS

- 6.4** There are a number of elements of best practice that should apply in all settings where children live away from their family home. These are:
- children should be valued and respected and their self esteem promoted;
  - alternative care settings should be open to external scrutiny by families and the wider community;
  - alternative care settings should have child protection policies and procedures;
  - staff should be trained in all aspects of safeguarding children. In particular they should know how to implement child protection procedures;
  - there should be a designated member of staff to deal with child protection issues;
  - children should have access to adults outside the institution and be aware of how to contact help line services, such as Childline;

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- there should be complaints procedures appropriate for children. All complaints should be recorded together with their outcome;
- recruitment and selection procedures should be designed to prevent potential abusers from gaining employment in alternative care settings;
- there should be procedures to enable staff to express concern about the conduct of colleagues. The interests of “whistle-blowers” are now protected in law<sup>4</sup>;
- there should be effective supervision, training and support for all staff; and
- staff should be aware of the vulnerability of children in their care to abuse by others, including peers.

### INSTITUTIONAL CARE

- 6.5** Children living away from home in schools, children’s homes, juvenile justice centres, or other institutions may be vulnerable to abuse by their peers. It may involve sexual or physical abuse, or any form of bullying. It is the responsibility of the agencies caring for children to safeguard them from abuse and, if it does occur, to take whatever action may be needed to protect them from further harm. If there is reason to believe that the agencies involved are not taking appropriate action, consideration should be given to using the child protection procedures to ensure children are appropriately safeguarded.
- 6.6** Abuse within institutions may precipitate children running away from them. Agencies represented on the ACPC should ensure that they have procedures for persistent absconders to be interviewed by someone independent of the institution to determine what led to them running away and to establish if abuse was a driving factor. ACPCs should encourage other agencies to adopt a similar procedure.

### FOSTER CARE

- 6.7** The domestic and family nature of foster care can make it more difficult to identify abusive situations. Social workers visiting children in foster care should be alert to the possibility of abuse occurring within the foster home. They should see foster children on their own, encourage them to talk openly about their experiences and make a written record of these discussions.
- 6.8** Foster carers should know the whereabouts of their foster children at all times and ensure that they are kept safe. If foster carers are concerned about the well-being and/or safety of foster children, because of unauthorised absences, they should immediately inform their supervising social worker.

<sup>4</sup> *The Public Interest Disclosure (NI) Order (1998)* protects workers who ‘blow the whistle’ about wrongdoing, from suffering detrimental treatment from their employer.

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### ALLEGATIONS OF ABUSE BY A PROFESSIONAL, CARER OR VOLUNTEER

- 6.9** Organisations that provide services for children including district councils, day-care, churches, leisure, sporting and community groups, organisations providing summer schemes or activities away from home, should have procedures for minimising the risk of child abuse and dealing with any complaints or allegations. The organisation's procedures should be consistent with ACPC procedures. *"Our Duty to Care"*, the code of practice for voluntary organisations working with children, provides guidance on these issues. Individual staff and volunteers should be encouraged to share concerns which they may have about the attitudes and behaviour of colleagues with senior managers. Management and management committees should be prepared to treat such concerns seriously.
- 6.10** ACPC procedures should include guidance on the investigation of cases where an allegation is made, or a suspicion arises, that a member of staff has abused, or is abusing, a child who is the responsibility of his or her employing agency. Such circumstances include the alleged abuse of a child committed to a juvenile justice centre or one looked after by a Trust, but should also cover leisure and voluntary services.
- 6.11** In most cases where abuse is alleged there are two related, but independent strands; the enquiries into the need for child protection services and those into the criminal aspects of the allegation. In cases where it is suspected that a member of staff is an abuser, a third strand is the employer's responsibility to use disciplinary procedures to investigate what may amount to misconduct.
- 6.12** As with other possible child abuse concerns, social services should discuss the circumstances with the police at the first opportunity to determine how it will be investigated.
- 6.13** In situations where a Trust has parental responsibility for the child, it is important to consider whether it is appropriate for that Trust to conduct the child protection enquiry. Given that the Trust is, in effect, the parent of the child, the enquiry may need to consider whether the Trust has adequately discharged its parental responsibilities. If a decision is made by the Trust to carry out the enquiry, at least one independent person should be involved.
- 6.14** Although employers have a responsibility to consider the disciplinary implications arising out of such a situation, it is important that they should not conduct an investigation or gather evidence that could prejudice the criminal investigation (see paragraph 6.17). However, once the criminal process is completed, employers should consider the need to examine whether or not there are grounds for disciplinary proceedings for misconduct. The fact that the alleged abuser has not been prosecuted or has been found not guilty does not mean that such proceedings are not necessary or feasible.
- 6.15** However, given that the employing agency will not have conducted an investigation itself because of the danger of prejudicing the police enquiry, it is important that ACPCs should agree a procedure with the police to enable them to share relevant evidence gained during the criminal investigation with employers.

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- 6.16** Where an allegation or suspicion of abuse arises involving a member of staff, employers should consider whether action is necessary to ensure that person does not have unsupervised access to children during the course of the investigation. In some cases where it is concluded that the staff member should be prevented from having access to children, it may be possible to find alternative duties for him. In others it may be necessary to suspend him from duty. All agencies should have procedures for suspending staff in such circumstances. If an agency is aware that a member of staff it has suspended also works with children for another organisation, either as an employee or volunteer, the agency should ensure that the other organisation is informed of the suspension.
- 6.17** Staff, about whom there are concerns, should be treated fairly and honestly and provided with support throughout the investigation process. Care should be taken to ensure that they are not presumed to be guilty. They should be helped to understand why the concern has arisen and be regularly informed about the progress of the investigation. However, the police should be consulted to ensure that nothing is said that would hinder the criminal investigation. Where staff are suspended it should be made clear that such a precautionary suspension will not prejudice any later disciplinary proceedings. See Chapter 9 for further guidance on staffing issues.

### INVESTIGATING ORGANISED ABUSE

#### DEFINITION

- 6.18** For the purposes of this guidance, organised abuse means abuse that may involve a number of abusers, a number of abused children and of ten encompasses different forms of abuse. It involves an element of organisation.
- 6.19** A range of abusing activity is covered by this term:
- **Paedophile Networks** - where several individuals create access to relatively large numbers of children. A network may be confined to a neighbourhood, may be spread over a wide geographical area or even across national boundaries. Some members may be known to each other while others remain anonymous;
  - **Institutional Abuse** - is abuse by adults working in an organisation that has responsibility for children. The institution acts as an organisational base bringing adults and children together and offers the opportunities for the abuse to take place. Often a series of children are abused over a long period;
  - **Family Based Abuse** - children are abused within an extended family network often crossing generations and involving several households. Adults outside the extended family may be drawn in and children may sometimes be prostituted. It differs from paedophile or child prostitution networks, not least because the victims are rarely recruited from outside the extended family and family contacts;
  - **Child Prostitution and Pornography** - involves the sexual exploitation of children ranging from organised crime syndicates to young people who operate independently, although the latter would not be viewed as organised abuse.

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**6.20** These definitions are not necessarily exhaustive nor are they mutually exclusive. Categories of abuse may overlap.

### INVESTIGATIONS

**6.21** As with all types of abuse, investigation of organised abuse requires thorough planning and good inter-agency working. It is also essential that appropriate resources are made available for investigations of this kind. ACPCs should have procedures for dealing with organised abuse cases. They should include provision for forming specialist teams to conduct investigations. ACPC procedures should:

- state the agreed arrangements between police, social services and other agencies about all key operational matters;
- set out clearly the terms of reference for the team;
- include arrangements for safeguarding and storing records;
- emphasise the need for confidentiality;
- outline how senior staff from all agencies will be involved in the strategic management of the investigation; and
- state the parameters for dealing with media interest.

**6.22** The Trust should ensure the team:

- is led by a senior manager with appropriate skills and training;
- considers where any of the children involved need safeguarding and/or therapeutic help, how it can be provided in a way consistent with the criminal investigation;
- has access to records and individuals who hold relevant information;
- has expert legal advice;
- has regular planning meetings; and
- is provided with managerial supervision and support.

**6.23** The Trust should provide the ACPC with a written report of its findings and should agree with the ACPC how lessons learned can be disseminated appropriately.

**6.24** Detailed guidance on organised child abuse can be found in *Grappling with Smoke – Investigating and Managing Organised Child Sexual Abuse – A Good Practice Guide (1998)* by Bernard Gallagher and published by NSPCC.

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### ABUSE OF CHILDREN WITH DISABILITIES

**6.25** Safeguards for children with disabilities should essentially be the same as for other children. However, because of their disability, some children may be especially vulnerable to abuse. They may:

- be more compliant;
- have fewer outside contacts;
- receive intimate personal care which may both increase the risk of abusive behaviour, and make it more difficult to set and maintain physical boundaries;
- have an impaired capacity to resist or avoid abuse;
- lack knowledge about sex and sexuality;
- have communication difficulties which may make it difficult to tell others what is happening;
- be assumed to lack credibility as witnesses;
- be especially vulnerable to bullying and intimidation.

Nevertheless, where there are concerns about the welfare of a child with a disability they should be acted upon in accordance with the guidance in Chapter 5, in the same way as with any other child. However, if a child has a learning disability, sensory impairment or other disability that affects his ability to communicate, particular attention should be given to the need to involve someone with expertise in his disability. If possible, it should be someone he knows and trusts. (see paragraph 5.33).

### CHILDREN WHO SEXUALLY ABUSE OTHERS

**6.26** Whether a child is responsible for sexually abusive behaviour, is a victim of sexual abuse, or both, it is important to apply principles that remain child centred. Sexually abusive behaviour by children must be recognised as harmful to both the victim and the child who abuses. A child who engages in abuse of this kind may be suffering, or be at risk of, significant harm and may himself be in need of protection. A significant proportion of children who abuse may have been abused themselves. While the numbers who engage in this kind of sexually harmful behaviour are relatively small, particular concern remains about the reducing age of the children involved and the potential number and range of victims.

**6.27** Most children who are responsible for sexually abusive behaviour are known to the victim and to the victim's family. The effects on victims, their families and often the community can be devastating. Guidance and procedures need to take account of both the victim and the child who abuses, the age of the children involved and the frequency and severity of the abusive behaviour.

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### EARLY INTERVENTION

**6.28** Children and young people who abuse others should be held responsible for their abusive behaviour and other children and young people, who are at risk from them, need to be protected. However, they should also be responded to in a way which ensures that their individual needs are met. Many confirmed adult abusers began committing abusing acts during childhood or adolescence. However, it is important to note that many children and young people who display sexually abusive behaviour do not go on to become adult abusers. Early multi-agency intervention with children and young people who abuse others may, therefore, play an important part in protecting the public by preventing the continuation or escalation of abusive behaviour. It may also reduce the need to bring children before the court for criminal proceedings. The assessment of risk by and to the child who has engaged in sexually abusive behaviour should be facilitated through the child protection process. It is important to remember that children who abuse others can be and very often should be the subject of a child protection case conference.

### PRINCIPLES

**6.29** There are a number of principles which should guide work with children and young people who abuse others. These are:

- in the balance of what is in the child's best interests the needs of the victim must be given priority; and nothing should be done which causes the victim further harm;
- **the needs of children and young people who abuse others should be considered separately from the needs of their victims.**
- the child or young person involved in sexually abusive behaviour should be held accountable for their actions which may involve criminal prosecution. In determining accountability, attention should always be paid to the child's age, developmental stage and level of understanding;
- there should be a co-ordinated approach by child welfare and juvenile justice agencies. This should include appropriate communication between those professionals working with the victim and those working with the child who has abused;
- in each case a comprehensive/multi-professional assessment should be carried out which focuses on the specific needs arising from the abusive behaviour and individual developmental needs.

### ACPC AND AGENCY RESPONSIBILITIES

**6.30** ACPCs must ensure that there is a clear operational framework in place in which investigation, assessment, decision-making and case management can take place and procedures should reflect this. Sexually abusive behaviour, when identified in children or young people, must be taken seriously by all agencies and should be referred to either social services or to the police. When abuse of a child is alleged to have been carried out by another child or young person, an investigation should be carried out under ACPC child protection procedures and should consider separately the needs and welfare of the victim and the child who has abused.

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### ASSESSMENT OF RISK AND NEED

**6.31** It is important that allegations and incidents of sexually abusive behaviour by a child are investigated by social services. This may need to be done in collaboration with the police. There may be a need to establish a child protection plan and, where this is the case, the Trust should arrange a child protection case conference. This should be held separately from any child protection case conference held about his child victim. The child protection case conference should address:

- the nature and extent of the abusive behaviours. When sexual abuse occurs, there are sometimes difficulties in distinguishing between normal childhood sexual development and experimentation and sexually inappropriate or aggressive behaviour. Expert professional judgement may be required;
- the family and household composition and social circumstances and their capacity and ability to offer support and protection;
- the risks to self and others, including other children in the household/accommodation, extended family or social network;
- the child's or young person's developmental stage, level of understanding and acceptance that the behaviour is abusive;
- the child's or young person's need for services or support to address his offending behaviour and who is best placed to provide these;
- the extent to which information should be shared with those providing services;
- how service uptake and response to treatment by the child or young person responsible for sexually abusive behaviour will be monitored and measured;
- the potential impact of criminal prosecution on the child or other relevant parties;
- decisions which can inform future action by local agencies (including referral, where relevant, to restorative youth conferencing or court proceedings);
- if the child or young person is at risk of abuse or harm, whether there is a need for his name to be placed on the Child Protection Register and an inter-agency child protection plan drawn up.

**6.32** Children or young people who are responsible for sexually abusive behaviour, will need help, and, in particular, access to specialist assessment and services, such as personal change programmes and counselling to reduce the likelihood that they will continue to abuse children as they mature. If,

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following abuse of another child, the child or young person can no longer live at home, the Trust, in consultation with the family and other relevant agencies, should immediately consider arrangements for his:

- accommodation;
- education; and
- supervision.

### **MULTI-DISCIPLINARY ASSESSMENT**

**6.33** A multi-disciplinary assessment should be carried out which assesses the level of risk, identifies the child's needs and, takes into account the child's age and stage of development and his likely response to personal change programmes to tackle offending behaviour.

### **ASSESSMENT TOOLS**

**6.34** It is essential to have a standardised and tested assessment tool for use by those who specialise in this area of work. ACPCs should adopt a common approach throughout the region and keep under review a suitable research-based model.

### **MODELS OF PRACTICE**

**6.35** Any restorative justice response or the use of the family group conferencing model should be well prepared and based on a thorough assessment of its suitability in each case. At no time should the child, who is responsible for sexually abusive behaviour, or his family, be allowed to avoid responsibility for his actions.

### **THE REQUIREMENT FOR SEX OFFENDERS TO REGISTER**

**6.36** The majority of children who are responsible for sexually abusive behaviour are not prosecuted. Only children over the age of 10, who have been convicted of sexually abusing others, will be required to register with the police. Therefore, the requirement of sex offenders to register can only go part of the way to provide a formal mechanism to manage risk.

**6.37** Caution should be exercised when applying knowledge about adult sex offenders to children and young people. Children and young people who behave in a sexually inappropriate, or abusive way, often do not understand their actions in the same way that an adult sex offender does.

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### INTERVENTION/TREATMENT

**6.38** The goal of treatment is to change those identified risk factors that are amenable to change. In order to achieve such an outcome, a multi-agency, multi-systemic approach should be actively considered and a structured programme offered. The components of treatment programmes could as a minimum include:

- an acceptance of responsibility;
- victim awareness and empathy;
- cognitive distortion;
- sexuality and relationships;
- communication, personal and social skills;
- assertiveness training;
- family dynamics;
- identification of risk factors.

Treatment programmes should be tailored to meet the individual needs of each child or young person.

### BULLYING

**6.39** A child who is bullied may also be suffering any of the types of abuse covered in the definition in Chapter 2. It can take many forms, but the main types are:

- physical (e.g. hitting, kicking, theft);
- verbal (e.g. sectarian/racist remarks, name calling, threats);
- indirect (e.g. spreading rumours)

All settings in which children are provided with services or are living away from home should have rigorously enforced anti-bullying strategies and have policies and procedures in place to enable them to protect children from bullying. The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm. In extreme cases it will be important for the inter-agency network to make a concerted effort to eliminate bullying to safeguard children. Where necessary the use of child protection procedures should be considered.

### DOMESTIC VIOLENCE

**6.40** Domestic violence affects all members of a household. Children living in households where there is domestic violence may suffer both directly and indirectly and are likely to be children in need. Where there is evidence of domestic violence, the possibility of the children being subject to violence, or

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other harm, should be considered. Given the vulnerability of children they are particularly susceptible to the impact of domestic violence and it may affect their emotional, psychological, physical and sexual development. In domestic violence situations professionals must ensure they maintain a clear focus on the child's welfare. Protecting children from domestic violence is a multi-agency responsibility.

- 6.41** Many children who have experienced domestic violence meet the definition of "children in need" as outlined within the Children Order. Professional judgement must determine when to make an onward referral to another agency, whether for family support or child protection reasons. Research findings correlate the incidence of domestic violence and child abuse. Professionals must, therefore, be alert to the likelihood that child protection issues may be present. When there are grounds to believe that a child is suffering, or likely to suffer, significant harm the referral and investigation process under child protection should be instigated.

### **THE FAMILY HOMES AND DOMESTIC VIOLENCE (NORTHERN IRELAND) ORDER (1998)**

- 6.42** The Family Homes and Domestic Violence (Northern Ireland) Order (1998) tackles two separate but inter-related problems; providing protection for one family member against violence or molestation by another and regulating occupation of the family home where a relationship has broken down.
- Article 28 inserts a new article into the Children Order (Article 12A) to ensure that where there has been domestic violence in a home, the court must consider the risk of harm to the child witnessing domestic violence before making a residence or contact order. When a court is considering whether or not to make a contact or residence order in favour of someone who has a non-molestation order made against him, the court will have to consider whether the child is at risk of harm as a result of seeing or hearing the ill-treatment of another person if the order is made.
  - Article 29 inserts two new articles into the Children Order (Articles 57A and 63A) which give a court the power to remove a suspected abuser from the family home instead of removing the child under an interim care order or emergency protection order.
- 6.43** When responding to incidents of violence, the police should find out whether there are any children living in the household and if so, consider whether there is a need to notify social services. The ACPC should ensure that there are arrangements in place between police and social services, to enable the police to find out whether any such children are on the Child Protection Register. In extreme cases, a child may be in need of immediate protection.
- 6.44** The Family Homes and Domestic Violence (NI) Order provides for occupation orders and exclusion orders which determine who is allowed to occupy the home and can direct another person to leave. They may prove helpful in excluding abusers from a household.

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### SUBSTANCE ABUSE

**6.45** Children can need safeguarding because of substance abuse. If they are provided with substances such as alcohol, solvents or illegal drugs by a parent or carer, this action may constitute physical abuse. However, the abuse of such materials by parents or carers themselves may result in them being incapable of providing the level of care needed by a child. In cases where there is evidence to suggest that parents or carers may be abusing substances to an extent which may impair their ability to care for the child, consideration should be given to the need for a child protection investigation on the grounds of neglect. Substance and alcohol misuse by parents should always be taken into consideration when assessing parenting competence and elements of risk to any child.

### COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

**6.46** In most countries, including Northern Ireland, there is evidence of children being sexually exploited through prostitution. In some instances they may be visible on the streets, but in many they are not, so the size of the problem is difficult to judge. Nonetheless, the problem of exploitation and abuse through prostitution does exist.

**6.47** The guidance in this section is intended to ensure that all agencies involved work together to:

- recognise the problem;
- prevent children from being exploited and abused through prostitution;
- treat children primarily as victims of abuse;
- safeguard them and promote their welfare;
- provide them with opportunities to escape sexual exploitation and abuse through prostitution; and
- investigate and prosecute those who coerce, exploit and abuse children through prostitution.

**6.48** The guidance builds on the lead given by the Association of Chief Police Officers (ACPO) in developing guidelines for the police in association with the children's charities, government departments and the Association of the Directors of Social Services. The ACPO guidelines have been successfully piloted in Wolverhampton and Nottingham, and now form ACPO's national policy. Further guidance on this subject is available from the Department of Health. The guidance, *Safeguarding Children Involved in Prostitution (2000)*, is aimed at police, health, social services, education and all other agencies and professionals that may work with children about whom there are concerns that they are involved in prostitution.

**6.49** It is important to recognise that a child exploited through prostitution cannot be considered to be a miniature adult, capable of making the same informed decisions as an adult can about entering and remaining in prostitution. Increased awareness and research has shown that the vast majority of

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children do not enter into prostitution willingly and that their involvement is indicative of coercion or desperation rather than choice.

- 6.50** Children should not be involved in prostitution and it is important that proper prevention, protection and rehabilitation strategies are put in place. All professionals should be able to recognise situations where children might be involved in, or are at risk of becoming involved in, prostitution. They should treat such children as children in need, who may be suffering, or may be likely to suffer, significant harm. Agencies coming into contact with these children have a responsibility to safeguard and promote their welfare and to co-operate effectively to prevent children becoming involved in, and divert them out of, prostitution. The identification of such children should always trigger the agreed ACPC procedures to ensure the child's safety and welfare, and to enable the police to gather evidence about abusers and coercers.
- 6.51** This guidance confirms the ACPO policy that the primary law enforcement effort should be against people who draw children into prostitution (coercers) and against "clients" who sexually exploit and abuse them. For children, the emphasis must be to prevent their entry into prostitution if this has not already happened. Where children are already actively involved, the priority must be to protect them from further abuse by helping them to get out of prostitution. Nevertheless, there may be occasions, after all attempts at diversion have failed, when it could be appropriate for those who voluntarily continue to commit offences, such as soliciting or importuning, to be treated as young offenders.

### HOW CHILDREN BECOME EXPLOITED THROUGH PROSTITUTION

- 6.52** Children who are exploited through prostitution come from many backgrounds. Children of both sexes can become involved. Some children may be living at home, others may be living away from home (such as in residential care or foster care), or have run away and are homeless. There is no single pattern. The most common factors are vulnerability and low self-esteem. These may result from a multitude of factors, including difficult or abusive childhood experiences or educational underachievement. Other factors may include pressure from peers or others already involved in prostitution (including other family members) or drug/alcohol misuse. Absence from school frequently or for protracted periods, through truancy or exclusion, may make children especially vulnerable.
- 6.53** It is important to recognise that young people, particularly girls, may be physically and emotionally dependent on the coercer despite the violence endured, for the sake of "love". The fact that outsiders would consider this a delusion does not make it any less real for the individual concerned. Although the young person may claim to be acting "voluntarily", in reality this is not voluntary or consenting behaviour. When working with young people, all agencies must appreciate the strength of this attachment and the time and difficulty there may be in breaking it and helping the young person to attach to appropriate adults.
- 6.54** Children exploited through prostitution may not necessarily be found on the streets. Many are kept in rooms and flats, sometimes against their will. Children in this situation are not breaking the law; their coercers and abusers are. The coercers operate by finding "clients" and bringing them to the children. "Clients" who assume that payment buys the agreement of the child and puts them beyond the law are completely wrong - they are child

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abusers liable to prosecution for a range of offences. All agencies should establish whether those who are known to pay for sex with children are themselves parents or carers of children. If this is the case, an assessment of the needs of those children should be considered which should include establishing whether they are at risk of, or are suffering, significant harm.

### IDENTIFYING CHILDREN EXPLOITED THROUGH PROSTITUTION

- 6.55** Parents or carers may become aware of and concerned about a child's relationship with an older person (whom the child may describe as a "friend", whether male or female) and/or frequent absences from home/school, and report their concerns to the police and/or social services. These concerns should always be taken seriously and the possibility considered that this pattern of behaviour could be part of a grooming process intended to draw the child into prostitution. The police should consider whether charges, such as unlawful carnal knowledge or child abduction, are appropriate.
- 6.56** Children living away from home, in particular those living in residential care, may be targeted. Staff working in residential settings may become aware that children are being picked up regularly by unauthorised older persons in cars, or that there are individuals loitering around outside the residential establishment to meet children. They may become aware that children are receiving expensive gifts and are reluctant to disclose the source. These people and events should always be reported to a senior manager responsible for the residential establishment and to the police. The reports should always be taken seriously and investigated. Reporting procedures should be well known within the residential home.
- 6.57** In many cases, appropriate responses by the police and residential social workers may disrupt this abusive pattern and provide protection for the children. However, police and social services staff should be aware that once concerns have been reported, the child may continue to be at risk from coercers and urgent action to safeguard them may be required. It is shown from research that looked after children who run away are particularly at risk of sexual exploitation. Trusts should monitor carefully the incidence of looked after children who go missing, particularly from residential care. ACPCs should have procedures in place with the police and other agencies on the action to be taken whenever a child goes missing and when he or she returns. *Missing from Care (1998)*, a report of a joint Local Government Association and ACPO working party in England, sets out recommended procedures and practices in caring for missing children and provides a basis on which procedures may be based.
- 6.58** Children exploited through prostitution may also come to the attention of the police in the course of their duties, such as during the investigation of drug offences, or in the execution of search warrants. In these circumstances, police officers should be aware of the need to take, if necessary, immediate steps to safeguard the child, and to initiate the procedures relating to children exploited through prostitution.
- 6.59** Other professionals may become aware of children who are at risk of exploitation through prostitution. For example, if teachers see significantly older 'boyfriends' collecting girls from school they have a duty to report their concerns to the designated teacher. Similarly, health professionals, particularly those working in genito-urinary medicine, sexual health and

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pregnancy advisory services should consider the possibility of the exploitation of a young patient through prostitution and follow the procedures laid down in ACPC guidance.

- 6.60** The exploitation of a child through prostitution may come to the notice of agencies or professionals through patterns of behaviour related to drug misuse. Specialist drug agencies and outreach workers will have an important role to play in identifying children who are being exploited through prostitution as a means of raising funds to purchase drugs. Similarly, a child may also have relevant physical symptoms e.g. sexually transmitted infections. Child and mental health professionals are also likely to identify or suspect instances where a child is being exploited through prostitution. For health professionals in all of these services it will be important always to make a holistic assessment of the needs of the child and to be aware that consultation with social services may be necessary.
- 6.61** The primary concern of anyone who comes into contact with a child involved in, or at risk of becoming involved in prostitution, must be to safeguard and promote the child's welfare.
- 6.62** Paragraph 4.14 requires ACPCs to develop local procedures to cover a range of subjects, including their responsibility to children exploited through prostitution. In particular, the ACPC should:
- actively enquire into the extent to which children are being exploited in its area;
  - develop local procedures for dealing with the exploitation of children through prostitution; and
  - provide a local source of expertise for professionals who have reason to believe a child may be being exploited and abused through prostitution.
- 6.63** The inter-agency procedures should outline the processes (and possible responses) for dealing with a child once he has been identified as being at risk of being the victim of exploitation through prostitution. The procedures should stress the importance of ensuring that information about a child is shared appropriately with all relevant agencies. They should emphasise the sensitivity of the issues under discussion and the need to ensure that the confidentiality requirements applying in all child protection work under the aegis of the ACPC are fully complied with.
- 6.64** The procedures should also recognise that the child is an important contributor in addressing these issues. Children may be at a particularly important turning point in their lives and will need to be 'enabled to express their wishes and feelings; make sense of their circumstances and contribute to decisions that affect them' (NSPCC, 1997). The creation of a successful exit strategy and reintegration into a life free from abuse and exploitation through prostitution are dependent on working with the child to construct a plan that he can agree to. Wherever possible, family members should also be involved in work with the child.

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**6.65** Children who are exploited through prostitution may be difficult to engage, and be under very strong pressure to remain in prostitution. They may be fearful of being involved with the police or social services and may initially respond best to informal contact from health or voluntary sector outreach workers. Gaining the child's trust and confidence is vital if he is to be safeguarded and enabled to exit from prostitution.

### CRIMINAL JUSTICE ACTION

**6.66** The priority for criminal justice action must be to investigate and prosecute those who abuse a child (this includes those who sexually abuse a child and those who coerce or are involved in the prostitution of a child). The interests of the child should be taken into account and, as in all cases involving children as victims and witnesses, the case will need to be handled with care and sensitivity. The child should be encouraged to contribute to the investigation. In addition, consideration should be given to the provision of witness support services.

**6.67** All agencies involved with the child should be meticulous in their note keeping and record carefully any information that could be used to assist the bringing of charges against those exploiting the child. This could take the onus of being the principal witness against the abuser from the child. Where coercers are powerful and organised there is a significant risk of intimidation of the child and the family. Both may need protection and assistance through witness protection programmes.

**6.68** Child witnesses in cases involving violence, or sex offences, may be assisted to give evidence in court through the use of video recorded statements, admitted as evidence-in-chief, and the use of live TV links for cross-examination so that the witness does not have to face the defendant in court. (see paragraph 5.37).

### VOLUNTARY AND PERSISTENT RETURN TO PROSTITUTION

**6.69** In most parts of the UK, some activities associated with prostitution, including soliciting, loitering and importuning are criminal offences, although some of the offences apply only to certain localities. The majority of children do not freely and willingly become involved in prostitution. However, it would be wrong to say that a boy or girl under 17 never freely chooses to continue to solicit, loiter or importune in a public place for the purposes of prostitution. In such cases, the police should only start to consider whether any criminal justice action is required, following a strategy discussion when all diversion work has failed over a period of time, and a judgement is made that it will not prove effective in the foreseeable future. What constitutes "a period of time" and "the foreseeable future" will vary in each case.

**6.70** The initial presumption should always be that a child is not soliciting voluntarily. What seems to be a persistent and voluntary return to soliciting should never be taken at face value. There must be a thorough investigation of all aspects of a case to ensure that there is no evidence of an abusive relationship that could involve physical, mental or emotional coercion. There should also be a shared conviction of those involved in the inter-agency discussion that an individual's return to prostitution is of their own volition.

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- 6.71** The criminal justice process should only be considered if the child persistently and voluntarily continues to solicit, loiter or importune in a public place for the purposes of prostitution. Police, and colleagues in other agencies, who will consider whether there is a genuine choice, must be aware of the high degree of coercion and malign influence that can be exercised by abusers and be fully open to the possibility that what is claimed as a voluntary activity simply masks threats or coercion.
- 6.72** Persistence is generally understood in law to require a determined repetition of an activity. It is not appropriate to define persistence more closely as each case should be considered in context. A determined and regular return to soliciting, loitering or importuning over a period of time would, however, be regarded as persistent. In practice a child who uses prostitution to satisfy a need for drugs, is likely to meet the criterion of persistence. In such cases the relationship between the coercer, prostitution and drug misuse requires careful analysis and consideration. It should be borne in mind that it may be very difficult to break the control of the abuser established through a high level of physical violence and fear. Consideration should be given to initiating proceedings for care or supervision under Article 50 and Article 54 of the Children Order in order to safeguard and promote the child's welfare.
- 6.73** The decision on whether to initiate criminal justice action is for the police, and at a later stage, the DPP. In the context of this inter-agency approach, unilateral action by the police would not be appropriate. If police officers consider that it would be appropriate to pursue criminal justice options, then inter-agency discussion should take place within ACPC procedures.
- 6.74** Police should not normally take criminal justice action unless there has been inter-agency discussion to consider the full circumstances of each case and it is agreed that all other avenues had been explored. Particular attention should be given to the following factors:
- the age and vulnerability of the child;
  - the needs of the child;
  - any drug misuse by the child;
  - that the return is genuinely voluntary and that there is no evidence of physical, mental or emotional coercion; and
  - that the child understands that criminal proceedings may follow, and the effect these may have in later life.

### THE RISKS POSED BY DEVELOPMENTS IN COMMUNICATIONS TECHNOLOGY

- 6.75** The Internet has become a significant tool in the distribution of child pornography. Material passing over the Internet is subject to the same laws as material being distributed by other means (i.e. what is illegal off-line is illegal on-line). As well as abusing the Internet to distribute child pornography a number of adults are also misusing chat rooms on the Internet to try and establish contact with children. Chat rooms create a particular problem because they occur in real time and there is no record of the material held.

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The need to educate children to be street-wise on the Internet is vital. When somebody is discovered to have used the Internet to access or distribute child pornography, the police and social services should consider whether the individual might also be involved in the active abuse of children.

- 6.76** Given the speed of technological change, including developments in mobile phone technology, it is important that ACPCs consider ongoing activities to raise awareness about the safe use of communications technology, including the Internet, by children e.g. by distributing information through education staff to parents, in relation to both school and home-based use of computers by children.

### SUDDEN UNEXPECTED DEATH IN INFANCY

- 6.77** Sudden Unexpected Death in Infancy (SUDI) is also sometimes referred to as Cot Death. Whilst it is true that impact of social circumstances, particularly in relation to unexplained deaths is very large there are still many practical steps that can be taken to safeguard children in all homes. The number of deaths classified as SUDI continues to fall<sup>5</sup> largely as a result of identified risks, including inappropriate sleeping arrangements. It remains a matter of concern, however, that the deaths of so many children remains poorly understood and investigated. Unless the cause of a problem is understood there is little chance of prevention or cure. Studies in many countries over the past 30 years have shown that most at risk are babies who are premature, of low birth weight or from multiple births; whose mothers are young, poorly educated, live in poor conditions, smoke, leave little interval between pregnancies, whose fathers are absent or unemployed. Deaths are uncommon in the first month of life, rise abruptly to a peak at about 10 weeks, then rise more gradually, becoming infrequent after 6 months and very unusual beyond a year. Deaths usually occur during the night and are more frequent in the winter months. Boys are more vulnerable than girls, and some ethnic groups are less vulnerable than others.

- 6.78** While the vast majority of such deaths are unavoidable there may be some which involve an element of neglect or abuse by carers. These range from overuse of 'over the counter' medicines to homicide. It is essential that procedures for investigating and establishing the causes of death are fully complied with by all professionals. If there is evidence that the death is not as a result of natural causes, consideration should be given to instituting enquiries to ensure that any surviving siblings are adequately safeguarded. A protocol for this kind of investigation has been developed by a multi-agency/multi-disciplinary group which includes representatives of the Coroner's office, PSNI, Paediatric Pathology, Paediatrics and DHSSPS. This needs to be referenced by ACPC procedures.

<sup>5</sup> Golding, J, Limerick, S and Macfarlane, A. *Sudden Infant Deaths: Patterns, Puzzles and Problems*. Shepton Mallet: Open Books, 1985:22-102.

# Offenders Against Children

## 7

### INTRODUCTION

- 7.1** Although the focus of the work of HSS Trusts and allied agencies is primarily on children, safeguarding children requires attention to be paid to the individuals who abuse them. This work may include contributing to treatment programmes intended to reduce the risk of further offences, particularly those likely to be committed by young people. It will also require the sharing of information with other agencies to help identify and supervise people who have been convicted of, or charged with, offences against children, or in exceptional circumstances, those suspected of committing such offences.
- 7.2** It is recognised that there are particular concerns in relation to sharing information about people who are suspected, but not convicted, of serious offences against children. The following section gives guidance on the procedures for sharing information in these cases. Schedule 1 offences include both sexual and other forms of abuse. Different arrangements exist for these two categories.

### DISCLOSURE OF INFORMATION

- 7.3** Disclosure of information about those who abuse children, especially sex offenders, raises some very sensitive and far-reaching issues. Information should not be handed out gratuitously, but assessment of risk is at the heart of the process set out in this guidance. It is essential, therefore, that information is shared amongst the agencies involved in child protection and risk assessment work in accordance with guidance. While there is a need to protect the rights of the individual, the protection of children must be the overriding concern. However, it should be borne in mind that there is often intense negative public interest in people who have committed offences against children, particularly sexual ones. It is not unknown for journalists to use subterfuge to gain information about them. If requests for information are received from other agencies the *bona fides* of the caller should be checked by, for example, arranging to telephone back. No information should be provided to the press without the explicit agreement of senior staff of all the agencies involved.
- 7.4** The case law on the sharing of information is not entirely clear as is illustrated by the following extracts:

#### **R v Norfolk County Council**

A 13 year old girl alleged that a man had indecently assaulted her while he was working at her parents' home. He denied the allegation and the police decided to take no further action due to lack of evidence. A case conference decided to place the girl's name on the Child Protection Register. The man's name was also added as a "known/suspected abuser". He was told of this, but not that his employer had also been informed. He applied for a judicial review of the decision. **The court held that the case conference had acted unfairly, unreasonably and in breach of natural justice in deciding he was guilty after a brief one-sided investigation, in denying him the opportunity of objecting to the decision, in failing to make a distinction between known and suspected abusers on its register and in putting secret pressure on his employers.**

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### R v Devon County Council

Social workers passed on allegations that a man had sexually abused a child in one household, to two households into which he subsequently moved. He instigated a judicial review of the Council's actions. The court held that the social workers' overriding duty was the protection of children. Although the alleged abuser had not been prosecuted, they honestly believed, on reasonable grounds, that he had abused a child and was likely to do so again. In those circumstances the court held that they were right to tell other families vulnerable to abuse of their suspicions. **The judge concluded that in balancing adequate protection for the child and fairness to an adult, the interests of the adult may have to be placed second to the needs of the child.**

### R v Down Lisburn HSS Trust

In R v Down Lisburn HSS Trust, Weatherup J defended the retention and disclosure of information relating to allegations of sexual abuse. These had not resulted in criminal proceedings and were made by a child from an earlier relationship. The information was retained on social services record system and had been disclosed by the applicant to a new partner, the mother of 3 children, both at the request of and in the presence of social services staff. The subject of the allegations (the applicant) sought a judicial review of the decision by the Trust to (a) retain records of allegations against him; (b) require the disclosure of the information; and (c) refuse not to disclose the information to third parties in the future.

Weatherup, J adopted the analysis of key questions from R v Chief Constable of the North Wales Police ex parte AB [1999] QR 396: *a judicial review of the policy of the police to make disclosure of the identity of convicted paedophiles to the owner of a caravan site where they were resident*; R v Local Authority and Police Authority in the Midlands ex parte L M [2000] 1 FLR 612: *a judicial review by the police and social services of allegations of sexual abuse*; Re S (Sexual abuse allegations – Local Authority response) [2001] 2 FLR 776: *a judicial review of a disclosure decision concerning a risk to specific children*.

**Weatherup, J concluded that the Trust had reasonable cause to suspect the applicant's new partner's children would be likely to suffer significant harm and had grounds to conclude that action was required to safeguard the children's welfare. The Trust was found to have made an assessment based on the facts and circumstances of the particular case. A pressing need for disclosure was established. A balance of the considerations affecting the applicant's interests and the public interest had been carried out by the Trust. The materials presented by the Trust led the judge to believe that there was no blanket disclosure policy in operation. Further the measure adopted of requiring disclosure to the new partner was found to be necessary in the circumstances. In addition the Trust had involved the applicant in the exercise by requesting his attendance at a meeting to explain the proposed action and to involve the applicant in the actual disclosure.**

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The judge found that the Trust had provided substantial justification for its actions both for the purposes of Article 8 of the Human Rights Act and for the purposes of irrationality had it been a specific ground of challenge. He also found that the actions of the Trust were equally necessary for the purposes of the exercise of its statutory functions as required by the schedules of the Data Protection Act (1998). Finally he concluded that the Trust remained entitled to retain its records and to judge any future action in accordance with the pressing need and other factors discussed above as they apply to the facts as they then exist in the particular case at that time.

### **R v North Wales Police**

The court held that although there is a general presumption that the police should not disclose information about offenders to third parties, they could do so in order to prevent crime or to alert members of the public to a potential danger. The court considered that it was right for the police to make such limited disclosure as they judged necessary to achieve this purpose. However, the judgement states that blanket disclosure policies are objectionable and that any decision to disclose must depend upon a careful consideration of the facts of the case, the nature of previous offending and the risk of further offending. **The court also considered that disclosure would not contravene Article 8 of the European Convention on Human Rights (right to respect for privacy and family life) where disclosure was made in good faith in the exercise of professional judgement and limited to what was reasonably necessary.**

**7.5** It is therefore, important that information should only be shared where staff have sufficient evidence to justify their belief that a specific individual has committed an offence. Where the information concerns a person suspected of committing an offence, but not convicted of it, he should be informed of the allegations made against him and given the opportunity to make representations to the main co-ordinating agency prior to information being shared about the risk posed to children.

**7.6** All persons about whom information is shared, whether convicted, charged or merely suspected of committing offences against children, have the right to know that:

- a record of their status is held;
- they may be asked to co-operate with professional staff to assess the likelihood of future harm to children;
- they may be asked to work with professional staff to reduce the risk of future harm to children;
- information about their offending histories may be disclosed to other agencies on a need to know basis;
- (in some circumstances) their offending histories may prevent them from gaining paid or voluntary work with children;
- if they are planning to live in, or regularly visit, a household where there are children, another person, parent or guardian may be informed about their offending histories; and

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- in every case the decision to inform a third party of the of fending history will take into account the rights of the person believed to present a risk to children.

### **RISK ASSESSMENT AND MANAGEMENT - PHYSICAL AND EMOTIONAL ABUSE AND NEGLECT**

**7.7** This section applies only to non-sexual abuse cases and aims to cover those situations where significant harm to a child prompts assessment and management of risk procedures to avoid further abuse.

**7.8** Risk assessment and management may be necessary:

- following a case conference on an individual child;
- where a non-custodial sentence has been imposed;
- where there is a general concern about a person in the community; or
- when an offender is released from custody or from prison.

**7.9** A risk assessment and management meeting should be convened by one of the following agencies:

- Prison Service - prior to release of the of fender;
- PSNI - where an offender has been released from custody or pr ison;
- PBNI - where an offender is subject to community supervision;
- Social Services - where there is a referral from the community or following a case conference.

**7.10** The core members of the risk assessment and management meeting should include:

- PSNI;
- PBNI;
- Social Services; and
- Prison Service (where appropriate).

**7.11** Where appropriate, a psychologist or a psychiatrist with knowledge of the case should be invited to attend the risk assessment meeting to provide advice.

**7.12** The core members of the risk assessment and management group should make a decision on the risks of an individual having contact wi th children and make recommendations for action. They should:

- exchange information;

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- assess the risks to children;
- decide if services or treatment that may reduce the risk of re-offending would be appropriate and who should provide them;
- appoint a case co-ordinator from the agency with continuing responsibility for the management of the offender to act as a contact point for the exchange of information, to alert relevant agencies to any changes of address or relationships and to reconvene the meeting when required;
- record the discussions and decisions;
- decide on whether disclosure of the information is appropriate and to whom and for what purpose;
- refer media requests for information to senior managers; and
- allocate responsibility for informing the offender of the risk assessment, recommendations and the implications for him.

**7.13** Following the initial assessment, other agencies which may be able to contribute to the management of identified risks should be invited to attend the core group meetings.

**7.14** Risk assessment and management decisions should be based on a consensus decision by all the parties present. Where this is not possible it should be a majority decision. All decisions must be recorded, endorsed and shared between the agencies and the individual.

### **SEX OFFENDER RISK ASSESSMENT AND MANAGEMENT**

**7.15** The following outlines the action to be taken when dealing with people suspected, held, charged or convicted of Schedule 1 sexual offences against children. It details who will carry out the initial classification of risk and when to refer the case to the appropriate Sex Offender Management Committee.

**7.16** The Northern Ireland Sex Offender Strategic Management Committee is responsible for planning at a region wide level and for direct oversight of the highest risk cases. It is chaired by the police and composed of senior managers from PBNI, Prison Service, Health and Social Services Boards, the Northern Ireland Housing Executive, the voluntary and education sectors.

**7.17** There are six Area Sex Offender Risk Assessment and Management Committees. They are responsible for carrying out risk assessments of sex offenders, for co-ordinating information and for agreeing and reviewing risk management plans. They are composed of representatives of the police, PBNI, Prison Service, Trusts and other agencies as necessary.

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**7.18** Risk assessment is based on a person's behaviour, not their personality traits. Unlike such traits, behaviour can be changed and managed because it can change as a result of a range of influences. The NIO manual, *Multi-Agency Procedures for the Assessment and Management of Sex Offenders*, provides a framework for this assessment which results in the offender being classified in one of 3 categories.

They are:

- Category 3** someone whose sexual offending has been assessed as currently likely to lead them to seriously harm other people;
- Category 2** someone whose behaviour gives cause for clear concern with regard to their capacity to carry out a contact sexual offence;
- Category 1** someone whose behaviour gives no current cause for concern with regard to their capacity to seriously harm other people or carry out a contact sexual offence.

The NIO manual gives detailed guidance on the Sex Offender Management Committees and on risk assessment.

# Record Keeping, Confidentiality and Sharing Information

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### RECORD KEEPING

- 8.1** Good record keeping is an important part of a professional's task. Records should use clear, straightforward language, be concise, and accurate. They should clearly differentiate between facts, opinion, judgements and hypothesis.
- 8.2** Well-kept records are essential to good child protection practice. Safeguarding children requires information to be brought together from a number of sources, and careful professional judgements to be made on the basis of this information. Records must be clear, accessible, and comprehensive. The subject of a record does have the right in law to request access to them at any stage. Judgements made, actions and decisions taken should be carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear on the case records.
- 8.3** Relevant information will normally be collated in one place by social services. Records should clearly provide the chronology of the case and should demonstrate how the process has been managed by the professional and indicate how actions taken and decisions made have been endorsed by line managers and senior managers. Specifically, the reader should be able to track the plan for the case through:
- the information about the child and family and actions taken from referral through interventions to outcome and closure of the case;
  - identified and potential risks of harm, the source of harm and those at risk;
  - the intended outcome for the child, the interventions which have taken place, by whom and the reasons for intervention;
  - the evidence that change has taken place; and
  - an analysis of the progress that is being made.
- 8.4** Each agency should ensure that when a child moves outside its area the child's records are transferred promptly to the relevant agency in the new locality. Cases where enquiries do not substantiate the original concerns should be retained in accordance with the agency's record retention policy. This policy should ensure that records are stored safely and can be retrieved promptly and efficiently (see paragraph 5.88).

### CONFIDENTIALITY AND INFORMATION SHARING

- 8.5** Research and experience have shown repeatedly that safeguarding children requires professionals and others to share information about:
- a child's health, development and exposure to possible harm;
  - a parent who may need help, or may not be able, to care for a child adequately and safely; and

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- those who may pose a risk of harm to a child.

Often, it is only when information from a number of sources has been shared that it becomes clear that a child is at risk.

### LEGAL FRAMEWORK

- 8.6** Personal information about children and families held by professionals is subject to a duty of confidence, and should normally not be disclosed without the consent of the subject. **However, the law permits the disclosure of confidential information necessary to safeguard a child.**
- 8.7** Professionals can only work together effectively to safeguard children, if there is an exchange of relevant information between them. This has been recognised in principle by the courts. Any disclosure of personal information to others must always, however, have regard to both common and statute law.
- 8.8** Normally, personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information. Wherever possible, consent should be obtained before sharing personal information. In some circumstances, consent may not be obtained, but the safety of the child dictates that the information should be shared. Further guidance is available in the DHSS&PS publication, *The Protection and Use of Patient and Client Information (1999)*

### MEDICAL GUIDANCE

- 8.9** The General Medical Council (GMC) has produced guidance entitled *Confidentiality (1995)*. **It emphasises the importance of obtaining a patient's consent to the disclosure of personal information, but makes clear that information may be released to third parties, if necessary without consent, in certain circumstances.** Medical practitioners are advised that:

"If you believe a patient to be victim of neglect or physical or sexual abuse, and unable to give or withhold consent to disclosure, you should usually give this information to an appropriate responsible person or statutory authority, in order to prevent further harm to the patient. In these or similar circumstances, you may release information without the patient's consent, but only if you consider that the patient is unable to give consent, and that disclosure is in the patient's best medical interests".

"Disclosures may be necessary in the public interest where a failure to disclose information may expose the patient, or others, to risk of death or serious harm. In such circumstances you should disclose the information promptly to an appropriate person or authority".

- 8.10** The GMC has confirmed that its guidance on the disclosure of information which may assist in the prevention or detection of abuse, applies both to information about third parties, for example, adults who may pose a risk of harm to a child, and about children who may be the subject of abuse.

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### NURSING GUIDANCE

**8.11** The Nursing and Midwifery Council (formerly UKCC) produced *Code of Professional Conduct (2002)*, which contains the following advice at paragraph 5.3:

“If you are required to disclose information outside the team that will have personal consequences for patients or clients, you must obtain their consent. If the patient or client withholds consent, or if consent cannot be obtained for whatever reason, disclosures may be made only where:

- they can be justified in the public interest (usually where disclosure is essential to protect the patient or client or someone else from the risk of significant harm);
- they are required by law or by order of a court;
- where there is an issue of child protection, you must act at all times in accordance with national and local policies.”

### SOCIAL WORK GUIDANCE

**8.12** A *Code of Ethics for Social Work* adopted by the British Association of Social Workers (BASW) in 2002 states as a principle of practice:

“They (social workers) will respect service users' rights to a relationship of trust, to privacy, reliability and confidentiality and to the responsible use of information obtained from or about them; Observe the principle that information given for one purpose may not be used for a different purpose without the permission of the informant; Consult service users about their preferences in respect of the use of information relating to them; Divulge confidential information only with the consent of the service user or informant, except where there is clear evidence of serious risk to the service user, worker, other persons or the community, or in other circumstances judged exceptional on the basis of professional consideration and consultation, limiting any such breach of confidence to the needs of the situation at the time; Offer counselling as appropriate throughout the process of a service user's access to records; Ensure, so far as it is in their power, that records, whether manual or electronic, are stored securely, are protected from unauthorised access, and are not transferred, manually or electronically, to locations where access may not be satisfactorily controlled; Record information impartially and accurately, recording only relevant matters and specifying the source of information. The sharing of records across agencies and professions, and within a multi-purpose agency, is subject to ethical requirements in respect of privacy and confidentiality. Service users have a right of access to all information recorded about them, subject only to the preservation of other persons' rights to privacy and confidentiality.”

### DISCLOSURE OF INFORMATION ABOUT SEX OFFENDERS

**8.13** The NIO has produced guidance<sup>6</sup> on the exchange of information about all those who have been convicted of, cautioned for, or otherwise dealt with by the courts for a sexual offence; and those who are considered by the relevant

6 *'Guidance on the Processes for the Assessment and Management of Risk of Sex Offenders and Offenders against Children.'* (NIO 2001)

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agencies to present a risk to children and others. The guidance also deals with issues about people who have not been convicted or cautioned for offences, but who are suspected of involvement in criminal sexual activity.

- 8.14** The guidance emphasises that the disclosure of information must take place within an established system and procedure between agencies, and must be integrated into a risk assessment and management system. The police and other relevant agencies should judge each case on its merits, taking account of the degree of risk. The guidance places on the police the responsibility to co-ordinate and lead the risk assessment and management process. It advises that agencies should work within carefully worked out information sharing protocols, and refers to good practice material in existence. It also advocates the establishment of multi-agency risk panels whose purpose is to share information about offenders and to devise strategies to manage their risk. When the alleged or convicted abuser is a child, the information sharing should be managed within the child protection context.

### RECORD RETENTION AND DESTRUCTION

- 8.15** It is the responsibility of staff from individual agencies to maintain their own records of work with child protection cases. Records include those pertaining to the Child Protection Register, child protection case conferences, child abuse investigations, investigations into alleged abuse by professionals. The confidentiality and security of records must be a primary consideration at all times and there must be arrangements in place to facilitate client access.

**ACPC procedures must clearly state what happens with any records associated with any part of the child protection process.** Each agency must have a record retention/destruction policy in place which clearly indicates:

- which records will be retained;
- how long records will be held;
- the purpose and format of retained records;
- how records will be retained, with particular emphasis on security;
- how records will be accessed, who has the responsibility for controlling access and levels of access;
- the arrangements for the destruction of records.

- 8.16** The principles of the Data Protection Act (1998) should be adhered to at all times. A brief outline of the principles is given below. When ACPCs, Trusts and individuals are making decisions about the retention of child protection information, it is worth bearing in mind that the 1998 Act distinguishes between ordinary personal data such as name, address and telephone number and sensitive personal data and that the processing of such data is subject to much stricter conditions.

### THE DATA PROTECTION PRINCIPLES

- 8.17** The eight principles of the Data Protection Act (1998) are:

1. Personal data shall be processed fairly and lawfully and, in particular, shall not be processed unless:
  - at least one of the conditions in Schedule 2 of the 1998 Act is met; and
  - in the case of sensitive personal data, at least one of the conditions in Schedule 3 of the 1998 Act is also met.

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2. Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
3. Personal data shall be adequate, relevant, and not excessive in relation to the purpose or purposes for which they are processed.
4. Personal data shall be accurate and, where necessary, kept up to date.
5. Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.
6. Personal data shall be processed in accordance with the rights of data subjects under this Act.
7. Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
8. Personal data shall not be transferred to a country or territory outside the EEA (European Economic Area) unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

## 9

### RECRUITMENT AND SELECTION OF STAFF

**9.1** All agencies and organisations whose staff, volunteers or foster carers work closely with children should have policies and procedures in place to ensure that they engage those who are most suitable to work closely with children. Guidance is available from a number of sources which include *Making the Right Choice (DHSSPS, 2001)*, *Our Duty to Care (Volunteer Development Agency 2000)*, *Choosing with Care (the Warner Report HMSO 1992)*, *Code of Practice for the Employment of Residential Care Workers (Support Force for Children's Residential Care 1995)*, and *Circular HSS (Gen 1) 2/1999 (Children's Safeguards Review: Choosing with Care)*. It is expected that as a minimum the following checks must be carried out:

- criminal record checks;
- checking with the DHSSPS Pre-employment Consultancy Service (PECS);
- checking relevant professional registers;
- requiring candidates to prove their identity;
- verifying the authenticity of qualifications;
- taking up references and making personal contact with referees;
- seeking a full employment history for applicants and reserving the right to approach any previous employer; checking with former employers the reason why employment ended; identifying any gaps or inconsistencies within the record of employment;
- making appointments only after references are obtained and checked; and
- making all appointments to work with children (including internal transfers) subject to a probationary period.

**9.2** Interviewers should be prepared to ask searching questions to establish the suitability of candidates to work with children.

**9.3** Even the most careful selection process cannot identify all those who may subsequently pose a risk to children. Managers should always be alert to indicators of inappropriate behaviour.

### SUPERVISION AND SUPPORT

**9.4** Child protection work involves making difficult judgements. It is demanding work that is stressful. All those involved must have access to supervision and support from managers on a frequent and regular basis. Senior managers should ensure that line-managers and practitioners fully understand their roles, responsibilities and the limits of their professional discretion and authority.

# 9

Those in a supervisory position should:

- scrutinise and evaluate the work carried out;
- assess the strengths and weaknesses of the practitioner;
- provide professional development and pastoral support;
- help to ensure that practice is soundly based and consistent with ACPC procedures; and
- identify the individual's training and development needs and develop training plans to meet those needs.

**9.5** Supervision must be recorded contemporaneously, countersigned, dated by both the supervisor and supervisee and must include:

- an agenda for the session;
- the issues discussed;
- decisions made about individual cases and practice;
- the direction given and timescales for agreed actions.

# Case Management Reviews

## 10

### INTRODUCTION

- 10.1** When a child dies, and abuse or neglect are known or suspected to be a factor in the death, HSS Trusts need to take steps to ensure that all other children who may be at risk of harm are safeguarded (e.g. other children of an alleged perpetrator or other children in an institution where abuse is alleged). This should be done in accordance with ACPC procedures.
- 10.2** The Trust must immediately inform the Director of Social Services in the HSS Board and the Chair of the ACPC who in turn will inform the Department.
- 10.3** Any agency, professional or the Department/SSI may refer a case to the Chair of the ACPC if it is believed that there are important lessons for inter-agency working to be learned from a particular case.
- 10.4** It is important that Case Management Reviews are completed as soon as is practicable and that each agency involved with the case gives the review process the priority it deserves.

### WHEN SHOULD AN ACPC UNDERTAKE A CASE MANAGEMENT REVIEW?

- 10.5** An ACPC should **always undertake** a Case Management Review when:
- a child dies, including death by suicide, and abuse or neglect is known or suspected to be a factor in the child's death.
- 10.6** An ACPC should **always consider** whether to undertake a Case Management review where:
- a child has sustained a potentially life-threatening injury through abuse (including sexual abuse) or neglect;
  - a child has sustained serious and permanent impairment of health or development through abuse or neglect;
  - the case gives rise to concerns about the way in which local professionals and services worked together to safeguard children.
- 10.7** Where more than one ACPC has knowledge of a child, the ACPC for the area in which the child is/was normally resident should take the lead responsibility for conducting any review. Any other ACPCs that have an interest or involvement in the case should be included as partners in jointly planning and undertaking the review and agreeing the review Action Plan (see paragraph 10.32). In the case of looked after children, the ACPC from the area responsible for the child should exercise lead responsibility for conducting any review, again involving other ACPCs with an interest or involvement.
- 10.8** The following questions may help in deciding whether or not a case should be subject to a Case Management Review in circumstances other than when a child dies. A 'yes' answer to any of these questions is likely to indicate that a review may yield useful lessons:
- was there clear evidence of a risk of significant harm to a child, which was:
    - not recognised by agencies or professionals in contact with the child or perpetrator; or

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- not shared with others; or
- not acted upon appropriately?
- was the child abused in an institutional/community setting (e.g. school, nursery, children's home, residential school, family centre, youth group/organisation, juvenile justice centre)?
- was the child abused while being looked after by a HSS Trust (i.e. residential/foster care)?
- does one or more agency or professional consider that its concerns were not taken sufficiently seriously, or acted upon appropriately, by another?
- does the case indicate that there may be failings or omissions in one or more aspects of the local operation of formal child protection procedures, which go beyond the handling of this case?
- was the child's name or a sibling's name on the Child Protection Register, or had his/her name been previously on the Child Protection Register?
- does the case appear to have implications for the community, a range of agencies and/or professionals?
- does the case suggest that the ACPC may need to re-examine its procedures, or that procedures are not being adequately disseminated, understood or acted upon?

### THE PURPOSE OF REVIEWS

**10.9** The purpose of Case Management Reviews is to:

- establish the facts of the case;
- establish whether there are lessons to be learned from the case about the way in which professionals and statutory and/or voluntary agencies work together to safeguard children; and
- identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result; and as a consequence
- improve inter-agency working and thus provide better safeguards for children.

**10.10** The review should be conducted in such a way that the process is a learning exercise. Case Management Reviews are not enquiries into how a child died or who was culpable. These are a matter for the Coroner and criminal courts respectively to determine as appropriate.

### THE DECISION TO PROCEED/NOT PROCEED

**10.11** It is the **Chair of the ACPC who has ultimate responsibility for deciding whether or not to conduct a Case Management Review**. The ACPC Chair must inform the Director of Social Services and the Department immediately of the decision to proceed to Case Management Review. In cases where it has been decided not to proceed to a review, the basis for that decision should also be provided. The Chair of ACPC should also confirm with the relevant agencies that the Case Management Review will or will not proceed.

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## PREPARING FOR A CASE MANAGEMENT REVIEW

### ESTABLISHING A CASE MANAGEMENT REVIEW PANEL

**10.12** The ACPC Chair should establish a Case Management Review Panel (Review Panel) and appoint a Review Panel Chair. Consideration should always be given to appointing an Independent Review Panel Chair. The ACPC Chair should draw up broad terms of reference for the Review Panel.

**10.13** The Review Panel must involve, as a minimum, social services, health, education and the police. There is no automatic agency entitlement to be represented on a Review Panel. The membership must have sufficient seniority and professional child care expertise. The balance of representation must be such that the Review Panel can achieve impartiality, openness, independence, and thoroughness in the review of the case. To assist in achieving independence, it will be useful to draw on the expertise within other ACPCs. The individuals who become members of the Review Panel must not have had any line management responsibility for the specific case under consideration. The Review Panel must include members who are independent of HSS Trusts and other agencies concerned.

### AGREEMENTS WITH INVOLVED AGENCIES/PROFESSIONALS

**10.14** The Chair of the ACPC should agree with the Chief Executive of each of the involved agencies or involved independent professionals the following:

- the nomination of a representative for the Case Management Review Panel;
- the means of securing individual agency records for the duration of the Case Management Review process and how these can be accessed by the Case Management Review Panel;
- the nomination of one or more liaison officers. The liaison officer's role is to ensure that the Review Panel is given access to any staff, policies, procedures, records or information which it requests;
- the arrangements for carrying out an individual agency/professional review;
- the arrangements for obtaining and validating the completed individual agency/professional review report;
- how the information provided will be included in the Case Management Review report.

Where an involved agency or professional is not agreeing to commit to the Case Management Review process, the Chair of the ACPC should bring this to the attention of the Department of Health, Social Services and Public Safety to have the matter resolved so that the process can continue.

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### SECURING RECORDS

**10.15** Immediately upon the death of a child known to social services, or once it is known that a case is being considered for review, each involved agency should immediately secure its records relating to the case to guard against contamination, loss or interference until the Case Management Review process is complete. Where access to secured records is required by a member of staff involved in the case from any individual agency it should only occur under the supervision of an independent senior member of staff. Such access must be recorded and signed and dated by all those involved.

### DETERMINING THE SCOPE OF A CASE MANAGEMENT REVIEW

**10.16** The Chair of the ACPC should agree the scope of the review and the terms of reference with the Review Panel. Relevant issues to consider should include:

- what appear to be the most important issues to address to identify learning from this specific case?
- how can the relevant information best be obtained and analysed?
- the need to bring in an outside expert at any stage, to shed light on crucial aspects of the case;
- over what time period should events be reviewed, i.e. how far back should enquiries cover, and what is the cut-off point? What family history/background information will help to better understand the recent past and present which the review should try to capture?
- which agencies and professionals should contribute to the review, and who else (e.g. playgroup leader, community/youth group leader, Chair of a Board of Governors) should be asked to submit reports or otherwise contribute?
- should family members or concerned individuals, who may have referred the case to social services, be invited to contribute to the review?
- will the case give rise to other parallel investigations of practice, for example, a mental health homicide or suicide enquiry, and if so, how can a co-ordinated review process best address all the relevant questions which need to be asked, in the most efficient and effective way?
- is there a need to involve agencies/professionals from other ACPCs' areas (see 10.7 above) and what are the respective roles and responsibilities of the different ACPCs with an interest?
- how will the review process take account of a Coroner's enquiry, and (if relevant) any criminal investigations or proceedings related to the case? Is there a need to liaise with the Coroner and/or the Director of Public Prosecutions?
- who will make the link with relevant interests outside the main statutory agencies, e.g. independent professionals, independent schools, voluntary organisations?
- what is the timescale for the completion of the review?
- how should any public, family and media interest be handled, before, during and after the review?
- does the ACPC need to obtain independent legal advice about any aspect of the proposed review?

**10.17** Some of these issues may need to be re-visited as the review progresses, or as new information emerges.

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### TIMING

- 10.18** Case Management Reviews will vary widely in their breadth and complexity, but in all cases lessons learned should be acted upon quickly. Within **one month** of a case coming to the attention of the Chair of the ACPC the decision should be made on whether to proceed with a Case Management Review, the Case Management Review Panel established, files secured and agreements with Chief Executives of individual agencies reached. By the end of the **second month** the ACPC Chair and the Review Panel should have scoped the review and agreed terms of reference and the action plan. The ACPC Chair should immediately share the agreed terms of reference and action plan with the Department and involved agencies.
- 10.19** Case Management Reviews should be completed within **five months** of the decision of the Chair of the ACPC to initiate it. As soon as it emerges that a review cannot be completed within **five months**, there should be a discussion with the Department to outline the reasons for the delay and to agree a timescale for completion.
- 10.20** In some cases, criminal proceedings may follow the death or serious injury of a child. The Chair of the ACPC should discuss with the relevant criminal justice agencies how the review process should take account of such proceedings, e.g. how does this affect timing, the way in which the review is conducted (including interviews with relevant personnel), and who should contribute and at what stage? Case reviews should not be delayed because of outstanding criminal proceedings, or an outstanding decision on whether or not to prosecute. An understanding of and learning from a particular case can often proceed without risk of contamination of witnesses in criminal proceedings. In some cases, it may not be possible to complete, or to publish, a Case Management Review until after the Coroner's or criminal proceedings have been concluded, but this should not prevent early lessons being learned or acted upon.

### INDIVIDUAL AGENCY REVIEWS

- 10.21** The initial scoping of the Case Management Review will have identified those who should contribute to the Case Management Review process. However, as the process continues, it may emerge that the involvement of others would be useful. In particular, information may become available through criminal proceedings, which may be of relevance to the review.
- 10.22** Involved agencies should undertake an Individual Agency Review of the agency's involvement with the child and family. The Chief Executive of each agency involved should appoint a senior representative, who will have the responsibility to conduct the agency's review and using the criteria of impartiality, openness and thoroughness (see paragraph 10.13). The Chair of the ACPC should agree with the Chief Executive the role and responsibilities of this particular individual from the outset. An Individual Agency Review should begin as soon as a decision is taken to proceed with a Case Management Review. Relevant independent professionals (including GPs) should provide reports detailing their involvement with the child and family.

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- 10.23** It is the responsibility of the individual agency's senior representative to ensure that an evaluation of practice is carried out. An agency's senior representative also has an important role in providing guidance on how to balance confidentiality and disclosure issues in relation to child protection matters.
- 10.24** Where a guardian ad litem contributes to a review, the prior agreement of the courts should be sought so that the guardian's duty of confidentiality under the court rules can be waived to the degree necessary.
- 10.25** Those involved in conducting Individual Agency Reviews should not have been directly concerned with the child or family, or be the immediate line manager of the practitioner(s) involved.

### THE AIM OF INDIVIDUAL AGENCY REVIEWS

- 10.26** The aim of Individual Agency Reviews is to look objectively and critically at individual and organisational practice to see whether the case indicates that changes could and should be made, and if so, to identify how those changes will be brought about.

### ENDORSEMENT BY THE AGENCY CHIEF EXECUTIVE

- 10.27** Individual Agency Review reports should be endorsed by the Chief Executive who has commissioned the report in agreement with the Chair of the ACPC. The Chief Executive is responsible for certifying that the report is factual and thorough and that the recommendations made to the agency in the report will be acted upon.
- 10.28** Upon completion of the Individual Agency Review report, there should be a process of feedback and debriefing for all staff involved, in advance of completion of the ACPC Case Management Review report. There may also be a need for a follow-up feedback session at a later stage if the ACPC report raises new issues for any agency and its staff members.
- 10.29** The following outline format should guide the preparation of Individual Agency Reviews. The questions posed provide a checklist, which will be relevant in every situation. Each case may give rise to specific questions or issues which need to be explored. Each review should consider carefully the circumstances of individual cases and how best to structure a review in light of those particular circumstances. Those preparing an Individual Agency Review report should make a written record of interviews with staff or others and this should be shared with the relevant interviewee. The relevant interviewee should sign to indicate that the factual details provided by him/her have been accurately represented in the record and subsequent report. He/she may not, however, change the analysis reached.

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## INDIVIDUAL AGENCY REVIEWS

### WHAT WAS THE AGENCY INVOLVEMENT WITH THIS CHILD?

### WHAT WAS THE AGENCY INVOLVEMENT WITH THE FAMILY?

Construct a comprehensive chronology of involvement by the agency and/or professional(s) in contact with the child and a separate chronology for involvement with the family over the period of time set out in the review's term of reference. Include a summary of the following:

- assessments undertaken, outcomes including decisions reached;
- services offered to the child / services offered to the family;
- services provided to the child / services provided to the family; levels of service uptake and family/agency perceptions;
- other action taken.

### ANALYSIS OF INVOLVEMENT

Consider the events that occurred, the assessment and decisions made, and the actions taken or not taken. Where judgments were made, or actions taken, which indicate that practice or management could be improved, try to get an understanding not only of what happened, but why. Consider specifically:

- if practitioners were sensitive to the needs of the children in their work, knowledgeable about potential indicators of child development, abuse or neglect, for example, failure to thrive;
- if practitioners knew what to do if they had concerns about a child or a parent's/carer's capacity to care for the child;
- if the agency had in place policies and procedures for safeguarding children and acting on concerns about their welfare;
- what written records indicate in relation to theoretical concepts, practice wisdom and evidence-based practice;
- the key relevant points/opportunities for assessment and decision making in this case in relation to the child and family;
- if actions taken were in accordance with assessments and decisions made at appropriate levels. For example, were appropriate services offered or provided or relevant enquiries made in light of assessments?
- if appropriate child protection or care plans were in place and child protection and/or looked after reviewing processes were complied with in cases where these are considered relevant;
- when, and in what way, the child(ren)'s wishes and feelings were ascertained and considered and if this information was recorded;
- if practice was sensitive to the racial, cultural, linguistic and religious identity of the child and family;
- if senior managers, or other agencies and professionals were involved at points where they needed to be;
- if the work in this case was consistent with the agency's and ACPC policy and procedures for safeguarding children and wider professional standards.

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## WHAT HAS BEEN LEARNED FROM THIS CASE?

- Are there lessons from this case for the way in which this agency works to safeguard children and promote their welfare?
- Is there good practice to highlight as well as ways in which practice can be improved?
- Are there implications for ways of working; training (single and inter - agency); management and supervision; working in partnerships with other agencies?
- Are there capacity and resource issues?

## RECOMMENDATIONS FOR ACTION

What action should be taken by whom and by when? What outcomes should these actions bring about and how will the agency review how they have been achieved?

## DISCIPLINARY ACTION

**10.30** It is important to remember that the Individual Agency Reviews / Case Management Reviews are not a part of any disciplinary enquiry or process, but information that emerges in the course of a review may indicate that disciplinary action should be taken under established procedures. In some cases (e.g. alleged institutional abuse) disciplinary action may be needed urgently to safeguard other children. Therefore, Individual Agency Reviews/ Case Management Reviews may be conducted concurrently with disciplinary action.

## THE ACPC'S CASE MANAGEMENT REVIEW REPORT

**10.31** The ACPC's Case Management Review Report should bring together and relate the information and analysis contained in the Individual Agency Reviews, together with reports commissioned from any other sources or relevant interests. The ACPC's report should be produced according to the following outline format although, as with Individual Agency Reviews, the precise format will depend upon the features of each case.

## ACPC'S CASE MANAGEMENT REVIEW REPORT

### INTRODUCTION

- Summarise the circumstances that led to a review being undertaken in this case.
- State terms of reference of review.
- List contributors to the review and the nature of their contributions (e.g. Individual Agency Review by HSS Trust, report from family general practitioner).
- List review panel members, chair and author of Case Management Review Report.

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### THE FACTS

- Prepare a genogram showing membership of family, extended family and household.
- Prepare an ecomap showing the inter-agency/professional/community involvement with the family, extended family and household.
- Compile a chronology of involvement with the child and a separate chronology of involvement with the family which shows the integrated involvement of all relevant agencies, professionals and others.
- Note specifically in the chronology each occasion on which the child was seen and the child's views and wishes sought or expressed.
- Prepare an overview which summarises what relevant information was known to each involved agency and professional about the parents/carers, any perpetrator, and the home circumstances of the specific child and other children and family members. Include additional information purposefully sought by those conducting the review to, for example, substantiate unanswered claims or to clarify a situation.

### ANALYSIS

This part of the Case Management Review Report should look at how and why events occurred, the basis for decisions, who made the decisions, the actions taken, the timeliness and appropriateness of actions taken and how all of this is reflected in case records. This is the part of the report in which reviewers can consider, with the benefit of hindsight, whether different decisions or actions may have led to an alternative course of events or outcome for the child. The analysis section is also where examples of good practice should be highlighted and commented upon.

### CONCLUSIONS AND RECOMMENDATIONS

This part of the report should summarise what, in the opinion of the Review Panel, are the lessons to be drawn from the case and how these lessons should be translated into recommendations for action. Recommendations should include, but should not be limited to, the recommendations made in the individual reports of involved agencies. Recommendations should, where possible, be few in number, focused and specific and capable of being implemented. If there are lessons for regional as well as local policy and practice, these should be highlighted.

### ACPC ACTION ON RECEIVING REPORTS

**10.32** On receiving a Case Management Review Report the ACPC Chair should:

- ensure that contributing agencies and individuals have endorsed and agreed that the information provided is fully and fairly represented in the Case Management Review Report;
- convene a special meeting of the ACPC (where more than one ACPC is involved then representation at this meeting should be as agreed at the outset of the process);

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- in conjunction with the ACPC translate recommendations into an Action Plan which should be endorsed and adopted at a senior level by each of the agencies involved. The plan should set out who will do what, by when, and with what intended outcome. The plan should set out by what means improvements in practice/systems will be monitored and reviewed;
- clarify to whom and when the report, or any part of it, should be made available;
- disseminate the report, or its key findings, to interested parties as agreed;
- make arrangements to provide feedback and de-briefing to staff, family members of the child whose case has been reviewed and the media as appropriate; and
- provide a copy of the Case Management Review Report, Executive Summary, Action Plan and Individual Agency Reports to the Department.

**10.33** There **must** be clarity about the interface between the different processes of investigation (including criminal investigations); **case management**, including help for abused children and immediate measures to ensure that other children are safe; and **review**, i.e. learning lessons from the case to lessen the likelihood of such events happening again. The processes while different should inform each other. Any proposals for review should be agreed with those leading any criminal investigation to make sure that the review does not prejudice possible criminal proceedings.

### ACCOUNTABILITY AND DISCLOSURE

**10.34** ACPCs should consider carefully who might have an interest in the review's outcome e.g. Board Members of HSS Trusts, Boards or other involved agencies, staff, members of the child's family, the public, the media – and what information should be made available to each of these stakeholders. There are difficult issues to balance which include:

- the need to maintain confidentiality in respect of personal information contained within the reports on the child, family members and others;
- the accountability of public services and the importance of maintaining public confidence in the process of internal review;
- the need to secure full and open participation from the different agencies and professionals involved;
- the responsibility to provide relevant information to those with a legitimate interest; *and*
- constraints on sharing information when criminal proceedings are outstanding, in that access to the contents of information may not be within the control of the ACPC.

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**10.35** It is important to anticipate requests for information and to plan in advance how and when they should be met. For example, a lead agency may take responsibility for de-briefing family members, or for responding to media interest about the case, in liaison with other involved agencies and professionals. In all cases, the ACPC Case Management Review Report should contain an Executive Summary which can be publicised and which includes, as a minimum, information about the review process, key issues arising from the case and the recommendations that have been made. Before the Executive Summary is released into the public domain, related court proceedings should have concluded. The content of the Executive Summary will need to be suitably anonymised in order to protect the confidentiality of relevant family members and others.

### LEARNING LESSONS LOCALLY

**10.36** Case Management Reviews are of little value unless lessons are learned from them. At least as much effort should be spent on acting on recommendations as on conducting the review. The following may help to maximise the benefits of the review process:

- as far as possible, conduct the Case Management Review so that the process is a learning exercise in itself, rather than a trial or ordeal;
- consider what information needs to be disseminated, how and to whom, in the light of the Case Management Review. Be prepared to communicate examples of both good practice and areas where change is required;
- focus recommendations on a small number of key areas, with specific and achievable proposals for change and intended future outcomes;
- the ACPC should put in place a means of auditing action against recommendations and intended outcomes;
- seek feedback on Case Management Review reports from the Department and SSI which should use reports to inform inspections, performance management and the development of policy.

**10.37** Day to day good practice can help ensure that Case Management Reviews are conducted successfully and in a way most likely to maximise learning. Examples of good practice include:

- developing good communication and mutual understanding between disciplines and members of the ACPC;
- establishing a culture of self-evaluation, audit and review so that tragedies are not the only reason inter-agency work is reviewed;
- having in place clear, systematic case recording and record keeping systems;
- communicating with the local community and media to raise awareness of the positive work of the statutory services with children, to avoid disproportionate focus on tragedies;

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- making sure staff and their representatives understand what can be expected in the event of a child death/case review .

### LEARNING LESSONS REGIONALLY

**10.38** Taken together, Case Management Reviews are an important source of information to inform policy and practice regionally. The Department is responsible for identifying and disseminating common themes and trends which emerge across ACPCs' Case Management Review Reports, and acting on lessons for policy and practice developments. The Department will commission Regional Case Management Overview Reports. These will be published at intervals, which the Department considers will maximise learning.

### FURTHER ACTION BY ACPC

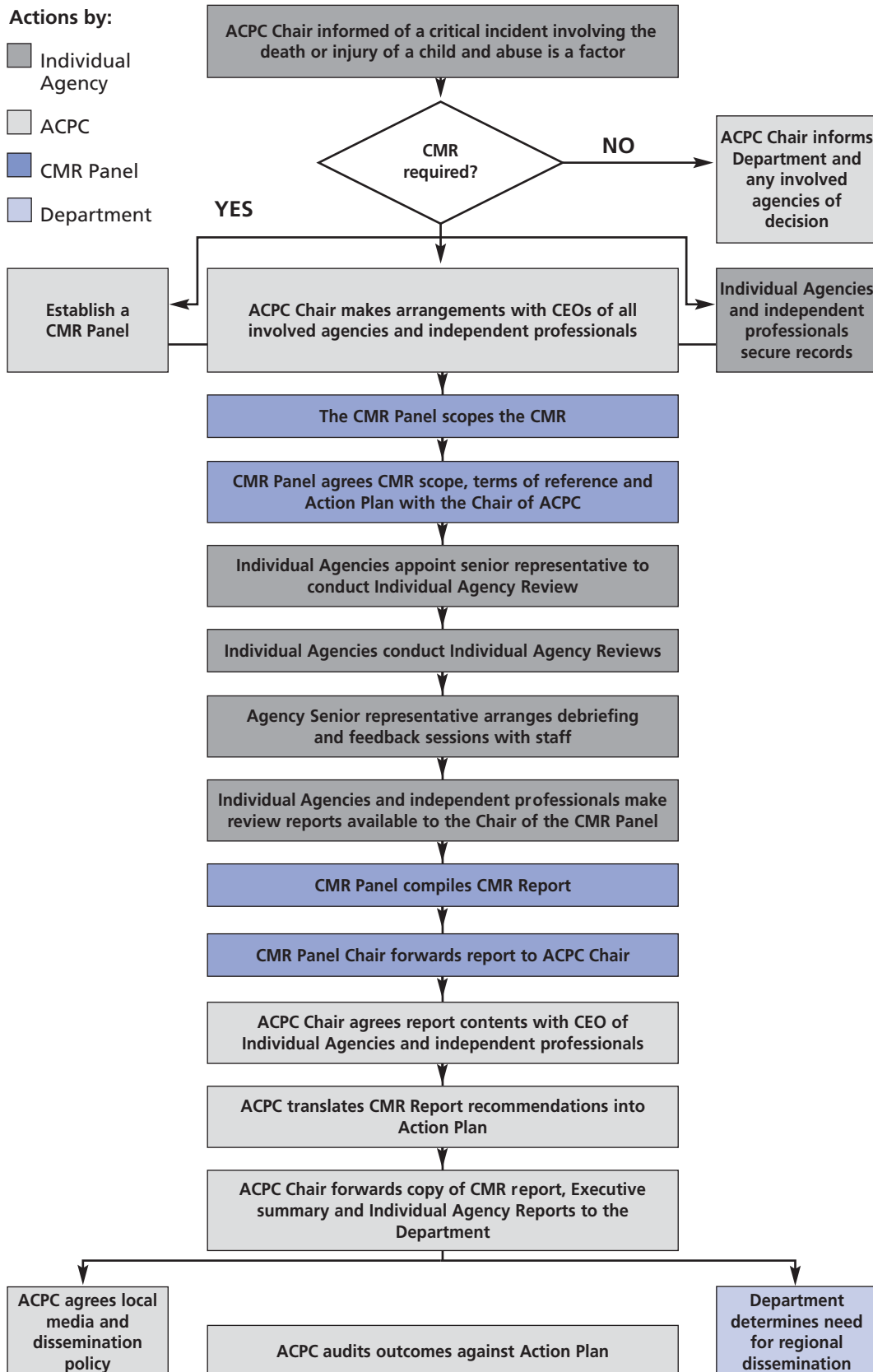
**10.39** Paragraph 10.32 above makes reference to the need for ACPCs to put auditing arrangements in place to monitor action against recommendations and intended outcomes. ACPC should produce a short report approximately one year after the Case Management Review Action Plan has been put in place. The report should be forwarded to the Department and provide an update which demonstrates that recommendations have been acted upon and the degree to which the stated intended outcomes have been achieved. Where progress cannot be demonstrated, the report should offer an explanation and outline any further action which the ACPC considers necessary.

### FURTHER ACTION BY THE DEPARTMENT

**10.40** Under Article 152 of the Children Order the Department may instigate local or other inquiries where it appears advisable to do so. This can include an inquiry into the functions of a HSS Trust or voluntary organisation which relate to children. An inquiry of this kind would be quite distinct from a Case Management Review. However, it is possible that the findings of a Case Management Review could lead to such an inquiry.

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## Case Management Reviews (CMRs)



## 11

### INTRODUCTION

**11.1** Effective child protection depends on the knowledge and judgement of all staff working directly with children and those who provide guidance, supervision and direction. It is, therefore, important that staff in direct contact with children and those in supervisory and management positions receive training on:

- the legislative framework;
- policy and procedures;
- child development;
- assessment and analysis of risk;
- predisposing factors, signs and symptoms of child abuse;
- information sharing; and
- co-operating with other agencies, disciplines and the family to safeguard children.

**11.2** Inter-agency training should complement the training available to staff in single agency or professional settings. It is an effective way of promoting a shared understanding of the respective roles and responsibilities of different professionals leading to more effective working relationships. Senior managers should have mechanisms in place to assess staff training requirements and to ensure that staff at all levels are facilitated to avail of all multi-disciplinary child protection training opportunities as a means of ensuring that competence is commensurate with the tasks expected of them. It is important that skills and knowledge are updated through training so that all those working in the safeguarding arena retain a common understanding of developments in child protection practice.

### TARGET AUDIENCE

**11.3** Inter-agency training should be targeted at the following groups from voluntary, statutory and independent agencies:

- those who work directly with children including hospital and community doctors and nurses and other allied health practitioners, GPs, hospital and community mental health staff, teachers, education welfare officers, youth workers, social workers, police, probation officers, psychologists, family support workers, juvenile justice workers in both residential and community settings, volunteers, school governors, day care staff etc.;
- those who work in adult services relevant to children's welfare, for example, mental health staff and probation officers;
- those who manage and supervise practitioners in the above groups; and
- those who have a governance, strategic and managerial responsibility for services for children and families.



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## ROLE OF THE ACPC

- 11.4** The ACPC is responsible for taking a strategic overview of the planning, delivery and evaluation of the inter-agency training strategy required to promote effective practice.
- 11.5** ACPCs should be strategically involved in all stages of the training. They should:
- ensure that training needs are identified, met and reviewed;
  - develop and maintain structures and processes for a co-ordinated approach to inter-agency training e.g. an ACPC training sub-committee; and
  - include training as a standard ACPC agenda item to ensure that it is regularly reviewed, taking into account current needs, ACPC strategies, and single and inter-agency training responsibilities.

## ROLE OF EMPLOYERS

- 11.6** Employers have a responsibility to resource and support inter-agency training by:
- providing staff who have the relevant expertise to sit on the training sub-committee and contribute to training;
  - allocating the time needed to complete inter-agency training tasks effectively;
  - releasing staff to attend the inter-agency training courses and ensuring that staff receive relevant in-house training and opportunities to consolidate learning; and
  - contributing to the planning, resourcing, delivery and evaluation of training.

## FRAMEWORK FOR TRAINING

- 11.7** Training should be tailored to meet the needs of different staff. The following framework outlines 3 types of training matched to depth of involvement of the staff concerned:

**Stage 1:** those in day-to-day contact with children and families including teachers, education welfare officers, psychologists, library staff, youth and community workers, social workers, family centre staff, residential care workers, foster carers, childminders, leisure centre staff, police officers, probation officers and hospital and community doctors and nurses and other allied health practitioners;

# 11

**Stage 2:** those professionals and staff of agencies working with children where there may be a high risk of significant harm, but who are not directly involved in child protection services, e.g. residential social workers, probation officers, health visitors, accident & emergency doctors and nurses, paediatric doctors and nurses;

**Stage 3:** those directly involved in the investigation, assessment and intervention to protect children considered to be at risk of significant harm, e.g. social workers in childcare programmes and police officers in CARE Units.

STAGE 1 INTRODUCTION TO CO-OPERATING TO SAFEGUARD CHILDREN	STAGE 2 CO-OPERATING TO SAFEGUARD CHILDREN FOUNDATION	STAGE 3 WORKING TOGETHER ON PARTICULAR AREAS OF PRACTICE
<p><b>Key Outcomes</b></p> <p><u>Knowledge of:</u></p> <ul style="list-style-type: none"> <li>• Signs and symptoms of child abuse.</li> <li>• Own role and that of others.</li> <li>• Reporting procedures.</li> <li>• Local services available to protect children.</li> <li>• The part they may be asked to play in safeguarding children or in a child protection plan.</li> </ul>	<p><b>Key Outcomes</b></p> <p><u>Knowledge of:</u></p> <ul style="list-style-type: none"> <li>• Stage 1 outcomes.</li> <li>• Tasks they may be allocated to safeguard the child, e.g. contribute to assessments, attend case conferences and contribute to planning.</li> <li>• Collaborative working.</li> <li>• Developing working relationships with other professionals.</li> </ul>	<p><b>Key Outcomes</b></p> <p><u>Knowledge of:</u></p> <ul style="list-style-type: none"> <li>• Stages 1 and 2.</li> <li>• Co-working on <u>complex tasks</u>, e.g. joint investigations.</li> <li>• Memorandum of Good Practice for video recorded interviews.</li> <li>• Complex assessments.</li> <li>• Maintaining working partnerships.</li> <li>• Legislation.</li> <li>• Organisational arrangements of all agencies involved.</li> </ul>

In addition, managers need appropriate training to enable them to audit and monitor child protection services to ensure that these outcomes are achieved.



# 11

- 11.8** ACPCs should specify the detailed content of training at each stage of the framework. It should reflect the principles, values and processes set out in this guidance. The training should be relevant to the professional groups from the various agencies involved. The programmes should be regularly reviewed and updated in the light of experience.
- 11.9** ACPCs should have arrangements to ensure the provision of good quality inter-agency training. Some of them have appointed inter-agency training co-ordinators which have proved an effective approach to assessing the need for training, managing its delivery and monitoring its quality.
- 11.10** They also have a public education role to increase community awareness of child abuse and to enable individuals to play their part in safeguarding children. It can be fulfilled either by staff of member agencies directly providing training to community and voluntary groups or by ACPCs commissioning the services of others.

# Appendix 1

## Appendix 1

### ARMED SERVICES - ARRANGEMENTS FOR CHILD PROTECTION

1. This appendix relates to Service families living in Northern Ireland which should be included in ACPC procedures.

### GENERAL

2. Legislation places the responsibility for the care and protection of children on HSS Trusts. Therefore Service authorities should co-operate fully with them and provide relevant information and assistance.

### PROCEDURES

#### Army

3. The Personal Welfare Service (PWS), which consists of qualified Soldiers', Sailors' and Airmens' Families Association (SSAFA Forces Help) Social Workers and Army Welfare Workers (AWW), is responsible for providing a professional social work service to the services community.
4. When a child protection concern comes to the notice of the PWS, its staff are required to immediately notify the local HSS Trust. Similarly, when a case comes to the attention of the HSS Trust, contact should be made with the relevant PWS Team, whose area of responsibility and telephone numbers are as follows:

Antrim and Ballymena 02894 455557

Lisburn, Holywood and Belfast 02892 266878

Ballykelly and Londonderry 02877 721365

Omagh and Enniskillen 02882 258910

Ballykinler, Armagh and Portadown 02844 610102

5. At the request of the HSS Trust, the SSAFA Forces Help Social Worker and, where appropriate, the AWW/Unit Welfare Officer (UWO) should attend case conferences.
6. The SSAFA Forces Help/PWS Co-ordinator is available on 02892 266008, in an emergency and/or for advice on child protection/welfare policy issues.

#### Royal Irish Regiment (Home Service)

7. HSS Trusts are also responsible for safeguarding the children of the Royal Irish Regiment (Home Service) families. In case of concern about such children the Regimental Welfare Officer should be contacted at the Regimental Headquarters on 028 2566 1380.

### **Royal Navy and Royal Marines**

- 8.** The Naval Personal and Family Service (NPF5) provides qualified social workers. Northern Ireland is covered by a team which can be contacted in Helensburgh at 014 3667 2798.

### **Royal Air Force**

- 9.** The Royal Air Force does not have an independent welfare organisation. Responsibility for families is a function of command co-ordinated by each station's Officer Commanding Personnel Management Squadron (OCPMS). When there are concerns about a child of a serving member of the RAF, the HSS Trust should contact the OCPMS on 028 9442 1338, or the Senior Medical Officer on 028 9445 5419. The SSAFA Forces Help Social Worker at RAF Aldergrove should be contacted on 028 9445 5557.

### **Service Families Moving to and from Great Britain – Notification of entries in the Child Protection Register**

- 10.** When a Service family, with a child on the register is about to move to Great Britain, the relevant HSS Trust should notify the local authority for the area to which they are moving. All relevant information should be provided.
- 11.** On occasions HSS Trusts may receive information from local authorities in England about children of Service families moving to Northern Ireland whose names are on the register. The HSS Trust should convene a case conference inviting the local SSAFA Forces Help Social Worker or AWW/UWO, as appropriate, and a representative of the local authority. If the local authority in Great Britain does not send a representative a comprehensive report should be requested.

### **Service Families Moving Overseas**

- 12.** When a Service family, with a child on the register is about to move overseas, the HSS Trust should forward full information to:

Director of Social Work  
SSAFA Forces Help  
Central Office  
19 Queen Elizabeth Street  
London  
SE1 2LP

Tel: 0207 4639231

- 13.** This information should be sent to the appropriate SSAFA Forces Help Social Work Service so that British Forces child protection procedures can be instigated.

### **Service Families Moving to Northern Ireland from Overseas**

- 14.** When a Service family with a child in need of protection moves to Northern Ireland, SSAFA Forces Help should notify the appropriate HSS Trust and supply full information. The PWS Co-ordinator and SSAFA Forces Help Social Worker should be invited to attend the case conference.

- 15.** Where children of Service families are the subject of a court order which the Overseas SSAFA Forces Help Social Work Service has been supervising on behalf of a local authority, that authority should notify the HSS Trust and provide full information. The local authority may request the HSS Trust to supervise the case on its behalf or transfer the order.

### **Emergency Action regarding Service Families Abroad**

- 16.** Where the Service authority return a family to Northern Ireland from overseas because there are serious concerns about the safety of one or more of the children, the responsibility for child protection rests with the relevant HSS Trust which should consider the need for emergency action. The PWS Co-ordinator should inform the Trust of the circumstances before the family's arrival to enable the Trust to make appropriate arrangements.
- 17.** In Overseas Commands a designated person may make an application for an emergency protection order (EPO) to a Commanding Officer. The grounds for making an order mirror those for EPOs under the Children Act (1989). If, at a case conference, it is decided that it is not in the best interests of the child to return to the family home, the child may be removed to the care of an appropriate HSS Trust in Northern Ireland. Should this occur, the EPO made in the Overseas Command remains in effect for 24 hours following the arrival of the child. During this period the Trust should decide whether to apply to the court for a further EPO. In such cases the Service Authorities are responsible for returning the parents to the UK so that they can be involved with all proceedings and decisions affecting their child.

### **Enquiries About Children of Ex-Service Families**

- 18.** Where a HSS Trust believes that a child subject to current child protection investigation is from an ex-Service family, SSAFA Forces Help may be able to provide useful information. Enquiries should be addressed to:

Director of Social Work,  
SSAFA Forces Help,  
19 Queen Elizabeth Street,  
LONDON  
SE1 2LP

# Appendix 2

## CHILD PROTECTION MANAGEMENT INFORMATION

The Department will provide details of the child protection information required. This will include the information items listed below. In addition, ACPCs should produce an annual business plan on child protection services in their areas. It should highlight the strengths, weaknesses and gaps in the services being provided. Consideration should also be given to including the information listed.

1. Number of children on the Child Protection Register.
2. Number of children on the Child Protection Register by gender, age, physical and mental disabilities, religion, race, culture, language, type of abuse, length of time on register, legal status and marital status of parent.
3. Number of children referred to the Child & Family programme of care.
4. Number of children referred for child protection reasons.
5. Number of families referred for child protection reasons.
6. Number of children referred for child protection reasons where the family was known to social services at the time of the referral.
7. Number of referrals by source (all sources should be recorded - the total number of sources may be higher than the number of referrals).
8. Number of cases where strategy discussions were held.
9. Number of cases investigated.
10. Number of cases investigated under Joint Protocol.
11. Number of initial case conferences.
12. Number of children whose names have been added to the child protection register.
13. Number of registrations by category of registration.
14. Number of review case conferences.
15. Number of children referred for child protection reasons by gender, age, physical and mental disabilities, religion, race, culture, language, previously on register indicator, legal status and marital status of parent.
16. Number of children registered by gender, age, physical and mental disabilities, religion, race, culture, language, type of abuse, length of time on register, legal status and marital status of parent.
17. Number of children who have been abused or re-abused while their names were on the register.
18. Number of children removed from the register.

- 19.** Number of children whose names have been removed from the register and who have subsequently been abused or re-abused.
- 20.** Number of children re-registered by frequency of re-registration (once, twice ... etc.)
- 21.** Number of Case Management Reviews.
- 22.** Number of children referred for the abuse of children or others by gender , age, disability, religion, race, culture, language, previously on register indicator, legal status and marital status of parent.

### **Information from the record on enquiries to the register**

- 23.** Number and source (i.e. agency) of enquiries about children on the register.
- 24.** Number and source (i.e. agency) of enquiries about children not on the register.

### **Information related to the use of statutory powers on an emergency basis**

- 25.** Number of applications for emergency protection orders.
- 26.** Number of applications for emergency protection orders granted.

# Appendix 3

## CONTACTS IN HEALTH BOARDS IN THE REPUBLIC OF IRELAND

### Action to be taken by HSS Trusts

1. When families with children, who are considered by a Trust to be at risk, are thought to have moved to the Republic of Ireland, the following procedures should be followed:
  - (i) if the location of the family in the Republic is known, the Trust should send a summary of the family history and reason for concern to the Area Child Care Manager of the Health Board in whose area the family is residing;
  - (ii) if the location of the family is not known, a short summary of the family history and reason for concern should be sent to the Child Care Managers of all the Health Boards.
2. If a Trust becomes aware that a child who is considered to be at risk has moved into its area from the Republic, the Trust should contact the Child Care Manager of the relevant Health Board for details of any involvement the Board has had with the child or his family.
3. A list of names and addresses of the Health Board are as follows:

#### Area Child Care Manager

##### Area 1 (Dún Laogaire)

Tivoli Road  
Dún Laoghaire  
Co Dublin  
Tel: 01-2843579  
Fax: 01-2808785

#### Area Child Care Manager

##### Area 2 (Dublin South-East)

Vergemount Hall  
Dublin 6  
Tel: 01-2698222  
Fax: 01-2830002

#### Area Child Care Manager

##### Area 3 (Dublin South Central)

Unit 43 The Malting Business Park  
54/55 Marrowbone Lane  
Dublin 8  
Tel: 01-4544733  
Fax: 01-4544827

#### Area Child Care Manager

##### Area 4 (Dublin South West)

Old County Road  
Health Centre  
Crumlin  
Dublin 12  
Tel: 01-4154700  
Fax: 01-4154701

#### Area Child Care Manager

##### Area 5 (Dublin West)

Community Services, Dublin West  
Cherry Orchard Hospital  
Ballyfermot  
Dublin 10  
Tel: 01-6206092  
Fax: 01-6206265

#### Area Child Care Manager

##### Area 6 (Dublin North West)

St Josephs School for the Deaf  
Social Work Dept  
Navan Road  
Dublin 7  
Tel: 01-8385034  
Fax: 01-8385060

**Area Child Care Manager**  
Area 7 (Dublin North Central)  
Rose Cottage, Convent Ave  
Off Richmond Road  
Fairview  
Dublin 3  
**Tel:** 01-8575431  
**Fax:** 01-8575449

**Area Child Care Manager**  
Area 9 (Kildare)  
Poplar House  
Poplar Square  
Naas Co Kildare  
**Tel:** 045-876001  
**Fax:** 045-879225

**Area Child Care Manager**  
Longford/Westmeath  
Health Centre  
Longford Road  
Mullingar  
**Tel:** 044-40221  
**Fax:** 044-39170

**Area Child Care Manager**  
Limerick  
Vocational Training Centre  
Dooradoyle  
Limerick  
Co Limerick  
**Tel:** 061-482792  
**Fax:** 061-482759

**Area Child Care Manager**  
North Tipperary  
Annbrook  
Limerick Road  
Nenagh  
Co Tipperary  
**Tel:** 067-38300  
**Fax:** 067-38301

**Area Child Care Manager**  
Louth Meath  
Louth Community Services  
Community Care  
Dublin Road  
Dundalk  
**Tel:** 042-9332287  
**Fax:** 042-9332496

**Area Child Care Manager**  
Area 8 (Dublin North)  
Coolock Health Centre  
Cromcastle Road  
Coolock  
Dublin 5  
**Tel:** 01-8476122  
**Fax:** 01-8479944

**Area Child Care Manager**  
Area 10 (Wicklow)  
Glenside Road  
Wicklow  
Co Wicklow  
**Tel:** 0404-68400  
**Fax:** 0404-69044

**Area Child Care Manager**  
Laois/Offaly  
Health Centre  
Arden Road  
Tullamore  
Co Offaly  
**Tel:** 0506-46254  
**Fax:** 0506-46157

**Area Child Care Manager**  
Clare  
Tobartaoiscain  
Ennis  
Co Clare  
**Tel:** 065-6823921  
**Fax:** 065-6823926

**Area Child Care Manager**  
Cavan/Monaghan  
Child Care Department  
Local Health Care Unit  
Rooskey  
Monaghan  
**Tel:** 047-30475  
**Fax:** 047-30796

**Area Child Care Manager**  
County Clinic  
Navan  
Co Meath  
**Tel:** 046-78748  
**Fax:** 046-22818

**Area Child Care Manager**  
Donegal/Sligo/Leitrim  
Shiel House  
College Street  
Ballyshannon  
Co Donegal  
**Tel:** 071-9822776  
**Fax:** 071-9822779

**Area Child Care Manager**  
Waterford  
Community Care Centre  
Cork Road  
Waterford City  
**Tel:** 051-842800  
**Fax:** 051-842811

**Area Child Care Manager**  
South Tipperary  
Community Care Centre  
Western Road  
Clonmel  
Co Tipperary  
**Tel:** 052-77285  
**Fax:** 052-25337

**Area Child Care Manager**  
North Lee  
Floor 2 Abbeycourt House  
George's Quay  
Cork  
**Tel:** 021-4923952  
**Fax:** 021-4923953

**Area Child Care Manager**  
West Cork  
Hibernian Building  
13/14 Main Street  
Skibbereen  
Co Cork  
**Tel:** 028-40580  
**Fax:** 028-23172

**Area Child Care Manager**  
Galway  
Community Care Offices  
25 Newcastle Road  
Galway  
**Tel:** 091-523122  
**Fax:** 091-524231

**Area Child Care Manager**  
Carlow/Kilkenny  
Community Care Centre  
James Green  
Kilkenny  
**Tel:** 056-52208  
**Fax:** 056-64172

**Area Child Care Manager**  
Wexford  
Community Care Centre  
George's Street  
Wexford  
**Tel:** 053-23522  
**Fax:** 053-21842

**Area Child Care Manager**  
South Lee  
Floor 2 Abbeycourt House  
George's Quay  
Cork  
**Tel:** 021-4923833  
**Fax:** 021-4923953

**Area Child Care Manager**  
North Cork  
Gouldshill House  
Mallow  
Co Cork  
**Tel:** 022-31244  
**Fax:** 022-30211

**Area Child Care Manager**  
Kerry  
6 Denny Street  
Tralee  
Co Kerry  
**Tel:** 066-7184811  
**Fax:** 066-718480

**Area Child Care Manager**  
Mayo  
Mayo Community Services  
3rd Floor St Mary's Hospital  
Castlebar  
Co Mayo  
**Tel:** 094-22333  
**Fax:** 094-27106

## Appendix 3

### **Area Child Care Manager**

Roscommon

Childcare Office

Abbey Town House

Abbey Street

Roscommon

**Tel:** 0903-26732

**Fax:** 0903-26776

## GROUPS OF CHILDREN KNOWN TO BE VULNERABLE

- children living away from home;
- disabled children;
- children where a parent/carer is misusing drugs /alcohol;
- children exploited through prostitution;
- children in whom illness is feigned or induced;
- children who abuse others;
- children from ethnic minorities;
- children who are victims of domestic violence;
- children of parents with a mental illness;
- children of parents with a disability;
- children of under age parents;
- children who have been physically abused;
- children who have been emotionally abused;
- children who have been sexually abused;
- children who have been neglected.

# Appendix 5

## LIST OF PUBLICATIONS

*A Code of Ethics for Social Work* – adopted by the British Association of Social Workers in 1986 -available at [www.BASW.co.uk](http://www.BASW.co.uk)

*Child Protection: Messages from Research* - DOH (1995) – available at [www.doh.gov.uk](http://www.doh.gov.uk)

Children (Northern Ireland) Order (1995) – available at [www.hmsso.gov.uk](http://www.hmsso.gov.uk)

Children Act (1989) – available at [www.hmsso.gov.uk](http://www.hmsso.gov.uk)

*Children's Services Planning – Guidance* (July 1998).

*Choosing with Care (the Warner Report (1992))* – HMSO – available at [www.tso.co.uk](http://www.tso.co.uk)

*Circular HSS (Gen 1) 2/1999 ( Children's Safeguards Review: Choosing with Care)* – available at [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

*Code of Professional Conduct (2002)* - Nursing & Midwifery Council

*Code of Practice for the Employment of Residential Care Workers* - Support Force for Children's Residential Care (1995)

*Confidentiality* (1995) – GMC

*Defence Council Instruction (Joint Service) (DCIJS)* – MoD

Family Homes and Domestic Violence (Northern Ireland) Order (1998) – available at [www.hmsso.gov.uk](http://www.hmsso.gov.uk)

*Framework for the Assessment of Children In Need and their Families* – DOH – available at [www.doh.gov.uk/scg/cin.htm](http://www.doh.gov.uk/scg/cin.htm)

*Grappling with Smoke – Investigating and Managing Organised Child Sexual Abuse – A Good Practice Guide* (1998)– Bernard Gallagher (published by NSPCC) – available at [www.nspcc.org.uk](http://www.nspcc.org.uk)

*Guidance on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse (April 2002)* - Royal College of Paediatrics and the Association of Police Surgeons

*Guidance on Professional Practice for Nurses, Midwives and Health Visitors* (1995) – DHSSPS – available at [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

*Guidance on the Processes for the Assessment and Management of Risk of Sex Offenders and Offenders against Children (2001)* – NIO – available at [www.nio.gov.uk](http://www.nio.gov.uk)

*Guidelines for Professional Practice (2000)* – United Kingdom Central Council for Nursing, Midwifery and Health Visiting – available at [www.nmc-uk.org](http://www.nmc-uk.org)

Human Rights Act (1998) – available at [www.hmsso.gov.uk](http://www.hmsso.gov.uk)

*Inter-Agency Guidance on the Release of Persons Charged or Held in Connection with Schedule 1 Offences Against Children or Young Persons Under the Age of 17* - DHSSPS Circular - HSS 3/96

*Making the Right Choice* (2001) - DHSSPS available at [www.volunteering-ni.org](http://www.volunteering-ni.org)

*Memorandum of Good Practice on Video Recorded Interviews with Child Witnesses for Criminal Proceedings* NIO(2000) – available at [www.nio.gov.uk](http://www.nio.gov.uk)

*Missing from Care* (1998) – report by a joint Local Government Association and ACPO working party in England – available at [www.doh.gov.uk](http://www.doh.gov.uk)

*Multi-agency Procedures for the Assessment and Management of Sex Offenders* (1999) – NIO – available at [www.nio.gov.uk](http://www.nio.gov.uk)

Northern Ireland Act (1998) – available at [www.hmso.gov.uk](http://www.hmso.gov.uk)

*Our Duty to Care* (2000) – VDA - available at [www.volunteering-ni.org](http://www.volunteering-ni.org)

*Pastoral Care in Schools – Child Protection* (Department of Education Circular 9/99) – available at [www.deni.gov.uk](http://www.deni.gov.uk)

*Protocol for the Joint Investigation, by Social Workers and Police Officers, of Alleged and Suspected Child Abuse*

*Safeguarding Children Involved in Prostitution* (2000) – DOH - available at [www.doh.gov.uk/scg/qualitycp.htm](http://www.doh.gov.uk/scg/qualitycp.htm)

*Sudden Infant Deaths: Patterns, Puzzles and Problems* (1985) - Golding J, Limerick S, and MacFarlane A.

*SUDI Protocol* - Coroners Office

The Children's Evidence (Northern Ireland) Order (1995) – available at [www.hmso.gov.uk](http://www.hmso.gov.uk)

The Data Protection Act (1995) – available at [www.hmso.gov.uk](http://www.hmso.gov.uk)

*The Protection and Use of Patient and Client Information* (1999) – DHSSPS – available at [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

The Public Interest Disclosure (Northern Ireland) Order (1998) – available at [www.hmso.gov.uk](http://www.hmso.gov.uk)

The Sex Offender Act (1997) – available at [www.hmso.gov.uk](http://www.hmso.gov.uk)

*The Young Witness Pack* (1998) – NSPCC– available at [www.nspcc.org.uk](http://www.nspcc.org.uk)

United Nations Conventions on Rights of the Child (1990) – available at [www.unhchr.ch](http://www.unhchr.ch)

