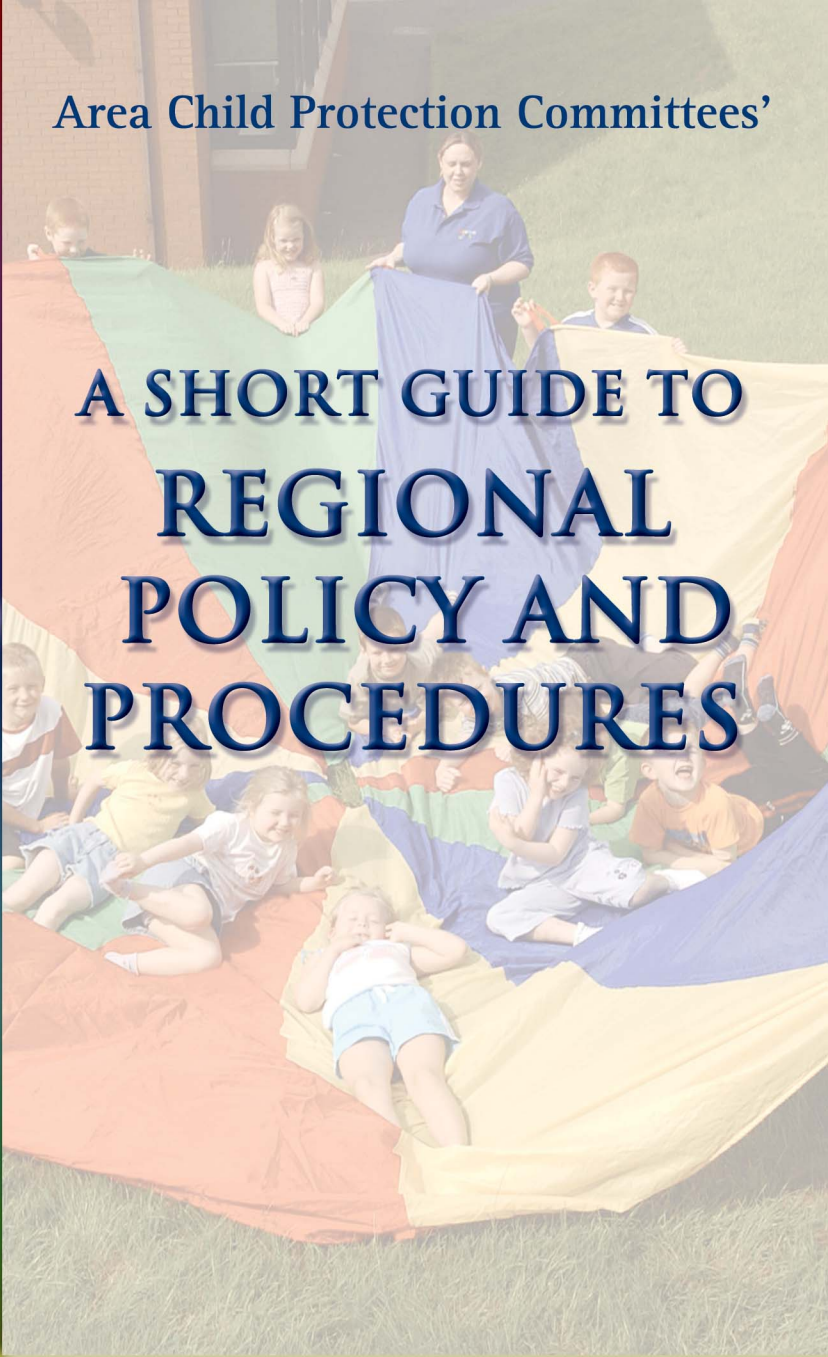


Area Child Protection Committees'

A SHORT GUIDE TO REGIONAL POLICY AND PROCEDURES



What to do if you are concerned about a child

A short guide to accompany the Area Child Protection Committees' Regional Child Protection Policy and Procedures.

April, 2005

You can access this document in English, in large print, on 3½ inch computer disk, on our website: www.childrensservicesni.co.uk and at the websites for each Health & Social Services Board listed on the last page, and in other formats if you ask us.

We can also translate this report into Urdu, Bengali, Cantonese, Hindi, Punjabi and Irish, if you ask.

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Introduction

This short guide accompanies the Area Child Protection Committees' Regional Policy and Procedures (2005), which in turn are based on the Government guidance 'Co-operating to Safeguard Children' (Department of Health, Social Services and Public Safety, 2003). The Area Child Protection Committees' Regional Policy and Procedures are available through most of the main agencies and organisations working with children and their families and from the addresses listed on page 29 of this document. Whenever you have a concern about a child's well-being or safety you should refer to the Area Child Protection Committees' Regional Policy and Procedures and consult any local policy within your own workplace.

Everyone who comes into contact with children and families in their everyday work, including people who do not have a specific role in relation to child protection, have a duty to safeguard and promote the well-being of children.

Child protection is everyone's business.

Child protection procedures apply if you:

- work directly with children¹
- work with adults who are parents/carers²
- supervise or are a colleague of those who have contact with children or their parents/carers, or
- are a concerned member of the public.

The systems in place for safeguarding children involve joint working and shared decision making by the professionals and agencies involved. Children's needs must always come first.

¹ A child is a person under the age of 18 years as defined in The Children (NI) Order 1995

² The term 'parent' includes those with parental responsibility and those who act as carers

You are likely to be involved in three main ways:

- you may have concerns about a child, and need to consider following your local agency policy & procedures by referring those concerns to social services, the NSPCC or the police (which may be via the designated person within your organisation)
- you may be approached by social services and asked to provide information about a child or family or to be involved in a meeting, in an assessment or to attend a child protection case conference. This may happen regardless of who made the referral to social services
- you may be asked to carry out a specific type of assessment, or provide help or a specific service to the child or a member of their family as part of an agreed plan and contribute to the reviewing of the child's progress (including attending child protection case conferences).

Principles

A number of important themes have emerged from legislation, research, audit and “Co-operating to Safeguard Children” which are reflected in the following principles:

- The child’s welfare must always be **paramount** and this overrides all other considerations
- **Listening** to and engaging children and their families is crucial to ensure their full **participation** when decisions are being made that affect them;
- Children and their families should receive responses and services which engage them as **partners** in problem solving; and
- Children and their families have a **right** to services which are developed/tailored to best meet their assessed **need** regardless of their gender, racial group, age, religious belief, political opinion or sexual orientation.

Definitions

The child protection procedures apply to all children and young people under 18 years of age including arrangements for children upon their birth.

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 a residential, hospital or institutional setting or in a 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 guide are intended to safeguard children who are at risk of significant harm because of abuse or neglect by a parent, carer or other with a duty of care towards the child.

Types of 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 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 a child that he is worthless or unloved, inadequate, or valued only insofar as he meets the needs of another person. It may involve causing a child frequently to feel frightened or in danger, or the exploitation or corruption of a child. 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 a child to emotional 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 in the production of, pornographic material or watching sexual activities, or encouraging

children to behave in sexually inappropriate ways.³

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 food, shelter and clothing, 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 (faltering growth).

A child may suffer or be at risk of suffering from one or more types of abuse and abuse may take place on a single occasion or may occur repeatedly over time.

Young Person whose Behaviour places them at Risk of Significant Harm – a child whose own behaviours, such as alcohol consumption or consumption of illegal drugs, whilst placing the child at risk of significant harm, may not necessarily constitute abuse as defined for the purposes of the Child Protection Procedures. If the child has achieved sufficient understanding and intelligence to be capable of

³ 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 purpose of this guide. One example which would fall in to 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.

making up his own mind then the decision to initiate child protection action in such cases is a matter for professional judgement and each case should be considered individually. Professionals should though be alert to the possibility that a young person may be engaged in certain risky behaviours as a result of other adverse experiences in their lives which may be indicative of abuse.

Roles and Responsibilities

Many organisations, their staff and their volunteers come into contact with children and families, and need to be alert to the signs that a child may be at risk and in need of protection. For example, people employed in the following occupations and settings have regular contact with children and their parents:

- Childminders
- Day nurseries
- Youth workers
- Staff working in health settings such as GPs, doctors, nurses and allied health professionals
- Professionals working in mental health settings such as psychiatrists, nurses, psychologists and social workers
- Teachers, classroom assistants and education welfare officers
- Arts, leisure and sporting organisations working with or used by children and families, and
- Voluntary and community organisations offering support and assistance to children and their families.

Everyone working with children and families should:

- Be familiar with and follow their organisation's procedures and protocols for promoting and safeguarding the well being of children in their area, and know who to contact in their organisation to express concerns about a child's welfare
- **Remember** that an allegation of child abuse or neglect may lead to a criminal investigation therefore not to do anything that may jeopardise a police investigation, such as asking a child leading questions or attempting to investigate the allegations of abuse
- Ensure that any concerns about child abuse or neglect is referred to social services, the NSPCC or the police. If you are responsible for making referrals, know who to contact in social services, the NSPCC or the police to express concerns about a child's welfare
- When referring a child to social services, the police or the NSPCC, consider and include any information you have on the child's developmental needs and their parents'/carers' ability to respond to these needs within the context of their wider family and environment. Similarly, when contributing to an assessment or providing services, you should consider what contribution you are able to make in each of these three areas. Specialist assessments, in

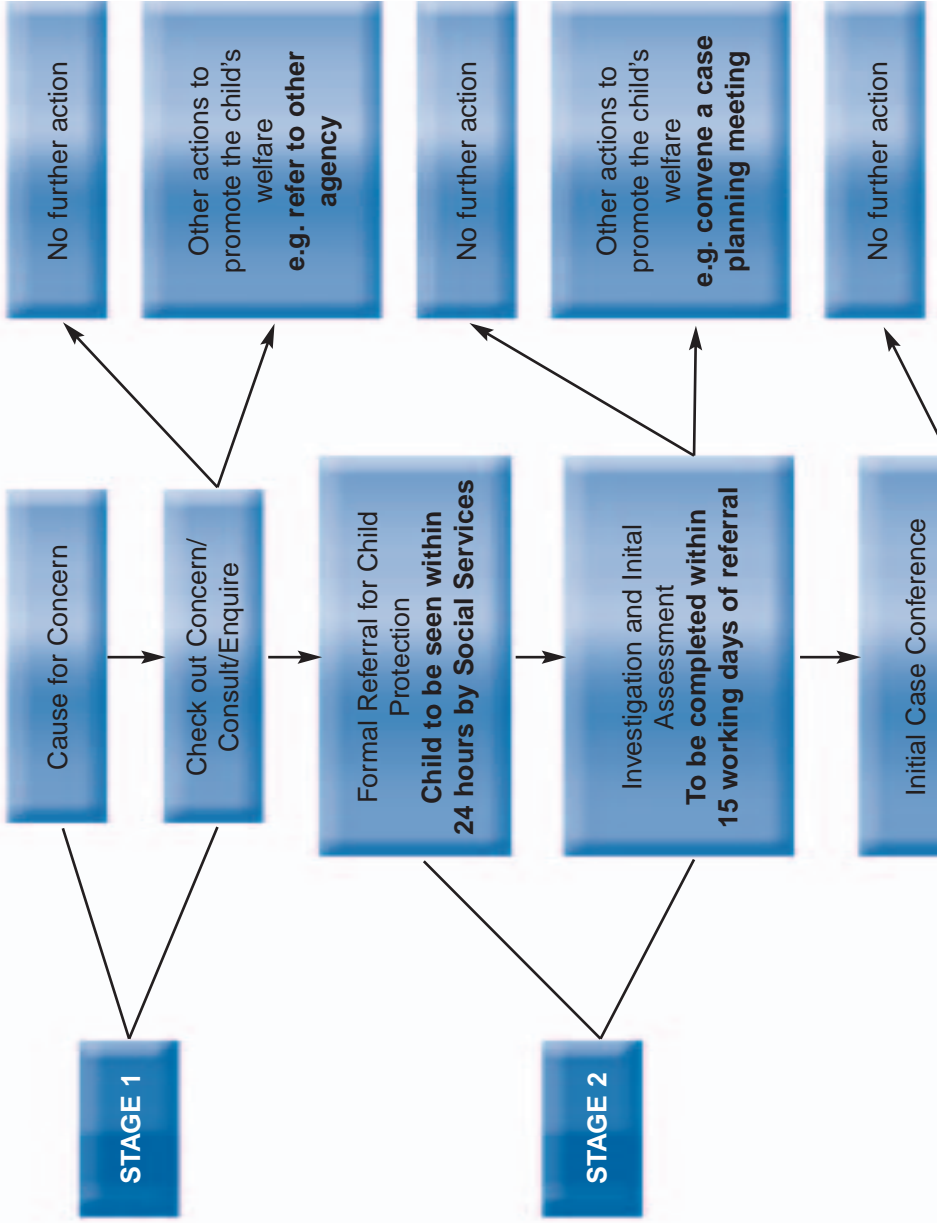
particular, are likely to provide information in a specific dimension, such as health, education or family functioning

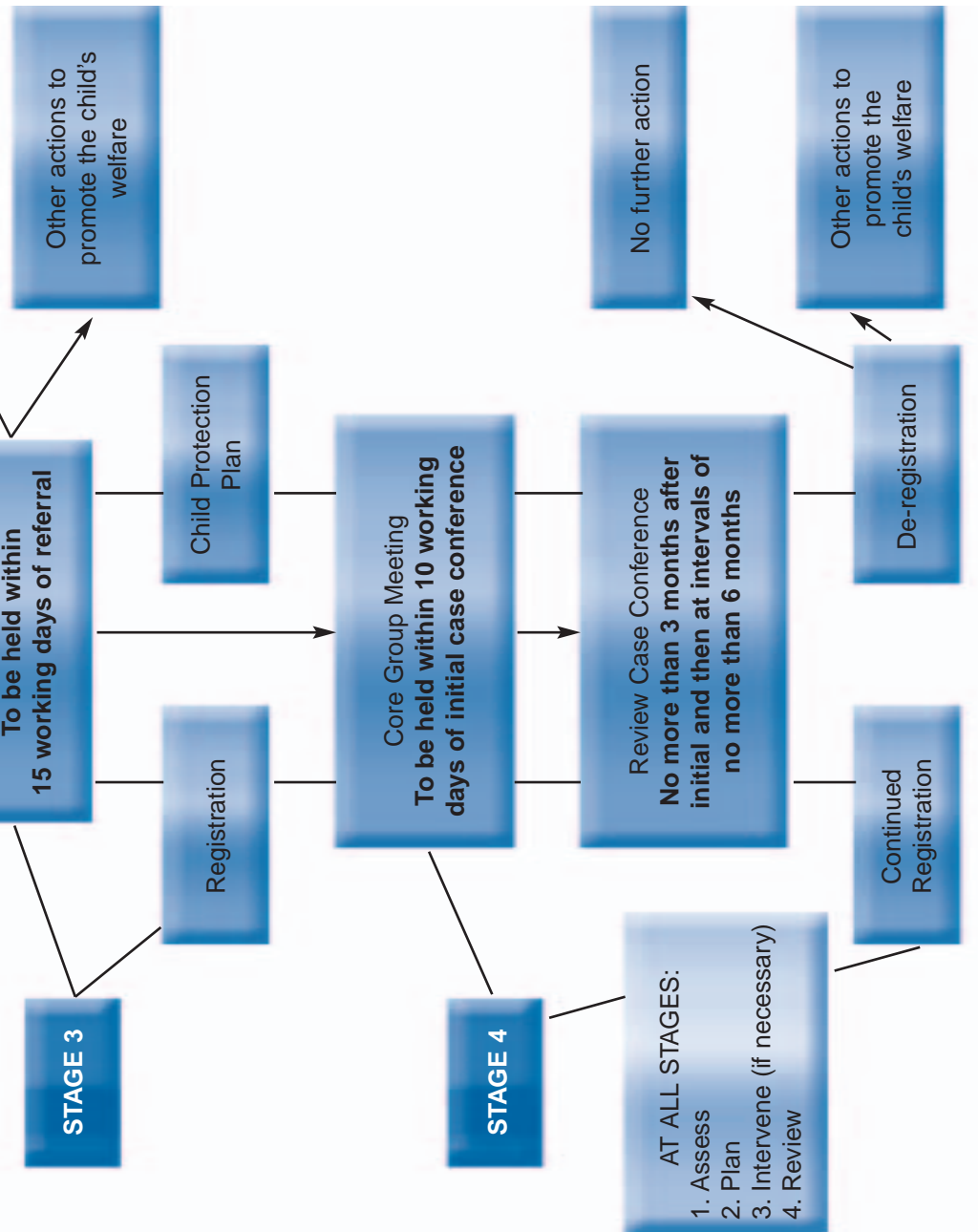
- Physically see the child as part of considering what action to take in relation to concerns about the child's welfare
- Communicate with the child in a way that is appropriate to their age, understanding and preference. This is especially important for disabled children and for children whose preferred language is not English
- Where concerns arise as a result of information given by a child, it is important to reassure the child but not to promise confidentiality
- Record full information about the child, at first point of contact, including name(s), address(es), gender, date of birth, name(s) of person(s) with parental responsibility (for consent purposes) and primary carer(s), if different, and keep this information up-to-date
- Record all concerns, discussions about the child, decisions made, and the reasons for those decisions. The child's records should include an up-to-date chronology, and details of the lead worker in the

relevant agency – for example, a social worker, GP, health visitor or teacher

- The child's needs and protection should be taken into account when considering what action to take in relation to safeguarding and promoting their well-being.

The Steps in the Child Protection Process





Making a Referral

Everyone Should:

- Discuss concerns and any differences of opinion with their manager, named or designated health professional or designated teacher. If concerns still exist, you or your manager could also, without necessarily identifying the child in question, discuss your concerns with peers or senior colleagues in other agencies - this may be an important way of you developing an understanding of the reasons for your concerns about the child's welfare
- If, after this discussion, you still have concerns, and consider the child and their parents would benefit from further services, consider to which agency, including another part of your own, you should make a referral. If you consider the child is or may be a child in need, you should refer the child and family to social services. This may include a child whom you believe is, or may be at risk of, suffering significant harm. Concerns about significant harm may also arise with children who are already known to social services. Information about these children should be given to the allocated social worker within social services. In addition to social services, the police and the NSPCC have powers to intervene in these circumstances

- In general, seek to discuss your concerns with the child, as appropriate to their age and understanding, and with their parents and seek their agreement to making a referral to social services unless you consider such a discussion would place the child at risk of significant harm
- When you make your referral, agree with the recipient of the referral what the child and parents will be told, by whom and when
- If you make your referral by telephone, confirm it in writing within **24 hours**. Social services should acknowledge your written referral within **5 working days** of receiving it, so if you have not heard back within **7 working days**, contact social services again
- If you are not satisfied with the response to your referral, raise the matter with a senior manager within your own organisation and put your views in writing to social services, stating the nature of the referral and what action you believe should be taken to safeguard the child.

After the Referral

When Social Services, the NSPCC or the Police, having taken into consideration other professional opinions, are satisfied that there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, a **Strategy Discussion** should take place within **24 hours** between the Police and either Social Services or the NSPCC in order to plan the way forward. The purpose of the Strategy Discussion is to ensure an early exchange of information and to clarify what action needs to be taken either jointly or separately in the investigation. The Strategy Discussion will often take the form of a telephone discussion between relevant agencies. In more complex cases, a meeting may be arranged.

Social Services have a responsibility to see and speak with the child within **24 hours** of receiving the referral where the information indicates significant harm to the child.

The first stage of the **Initial Multi-agency Assessment**, co-ordinated by Social Services, to determine the needs and risks to the child will take place within a maximum of **7 working days** of the referral. The Initial Assessment will inform any further action required including whether it is necessary to move to the second stage of the Assessment.

The second stage of Assessment, where necessary, should be completed within **15 working days** from the date of referral. A professional making a referral will be informed of the outcome of Assessment and reasons for decisions made.

Professionals and agencies will be kept informed throughout the process of investigation whereas a member of the public will only be advised that action has been taken in order to preserve confidentiality.

The Child Protection Process

The Child Protection Case Conference

An **Initial Child Protection Case Conference** should be convened within a maximum of **15 working days** of the first initial referral if the assessment of the situation indicates that either during or following an investigation that a decision has to be made on whether or not to place the child's name on the Child Protection Register.

The Initial Child Protection Case Conference brings together family members and professionals from agencies that have child protection responsibilities in order to share information, assess the needs of the child and to decide whether they are at risk of significant harm, and to look at the need for services for the child and their family.

The Conference will require a minimum attendance of the Chairperson, a representative from social services and representatives from 2 other agencies or disciplines in direct contact with or knowledge of the child.

Minutes of the Case Conference will be distributed by the Chairperson to each person invited within **14 working days**.

The Child Protection Register

The **Child Protection Register** is a confidential list of the names of all children in need of protection in the area covered by the Health & Social Services Trust.

Before a Case Conference decides to place a child's name on the Register, there must be a clear assessment of:

- A risk of continuing abuse or significant harm; *and*
- The need for a formal "Child Protection Plan" to protect the child from the assessed risk.

Access to the Child Protection Register is restricted to designated professionals working in statutory organisations who have a 'need to know' in order to protect the child.

The Child Protection Plan

A **Child Protection Plan** is required for every child whose name is on the Child Protection Register. And every child whose name is on the Child Protection Register must have a named case co-ordinator, who will be a qualified Social Worker.

The Core Group, identified at the Initial Case Conference, will hold its first meeting within **10 working days** of the

Conference in order to formulate the full child Protection Plan.

The Child Protection Plan, outlined at the Initial Case Conference, is designed to:

- Safeguard the child from further harm
- Promote the child's health and development, and
- Support the family to promote the welfare of the child.

When formulating a Child Protection Plan, consideration must be given to being:

- Specific about preferred visiting patterns
- Specific about who will be visiting and with whom
- Specific about the purpose of visiting
- Imaginative in the use of existing resources.

When a child's name is placed on the Child Protection Register a multidisciplinary comprehensive assessment, which you may be asked to contribute to, must be undertaken within **3 months**.

There will be a **Child Protection Review Case Conference** within **3 months** of an Initial conference and thereafter at **6 monthly** intervals during the time that a child's name remains on the Child Protection Register.

Once a child's name is removed from the Child Protection Register consideration will be given to any supports that the child and their family may continue to need.

Sharing Information

Sharing of information amongst practitioners working with children and their families is essential. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of harm.

Personal information about children and families held by professionals is subject to a duty of confidence, and should not normally be disclosed without the consent of the individual. **However, the law permits the disclosure of confidential information necessary to safeguard a child** and failure to share information in these circumstances may leave a professional open to criticism.

A decision whether to disclose information may be particularly difficult if you think it may damage the trust between you and your patient or client. Wherever possible you should explain the problem, seek agreement and explain the reasons if you decide to act against a parent or child's wishes, remembering that the interests of the child are paramount. It is often helpful to discuss such concerns with a senior colleague or a designated professional. Most organisations and professional bodies also provide explicit guidance on this issue which should be consulted.

The 'Need to Know' Basis

In order to decide whether it is appropriate to share confidential information one should consider the following *Relevant Factors*:

- what is the purpose of the disclosure?
- what are the nature and the extent of the information to be disclosed?
- to whom is the disclosure to be made (and is the recipient under a duty to treat the material as confidential)?
- is the proposed disclosure a proportionate response to the need to safeguard the well-being of a child to whom the confidential information relates?

Area Child Protection Committees

Eastern Health & Social Services Board
Champion House, 12-22 Linenhall Street
Belfast BT2 8BS

Tel: 028 9032 1313

Website: <http://www.ehssb.n-i.nhs.uk>

Northern Health & Social Services Board
County Hall, 182 Galgorm Road
Ballymena BT42 1QB

Tel: 028 2565 3333

Website: <http://www.nhssb.n-i.nhs.uk>

Southern Health & Social Services Board
Tower Hill, Armagh BT61 9DR

Tel: 028 3741 0041

Website: <http://www.shssb.org>

Western Health & Social Services Board
15 Gransha Park, Clooney Road
Londonderry BT47 1TG

Tel: 028 7186 0086

Website: <http://www.whssb.org>

This guide has been developed using some of the material from the document 'What to do if you're worried a child is being abused' (Department of Health, 2003).

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