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**Health**

An Roinn Sláinte

Mánnystrie O Poustie

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## **Co-operating to Safeguard Children and Young People in Northern Ireland**

**Version 2.0  
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## 1.0 INTRODUCTION

### 1.1 Scope of this Policy

This policy replaces the 'Co-operating to Safeguard Children' guidance issued in 2003. It provides the overarching policy framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors. It outlines how communities, organisations and individuals must work both individually and in partnership to ensure children and young people are safeguarded as effectively as possible.

Safeguarding children and young people is everyone's business, however, this policy is of particular importance to, and must be adhered to by, those who provide services to children, young people and families. It applies to those who work with children and young people, whether in paid or voluntary capacities.

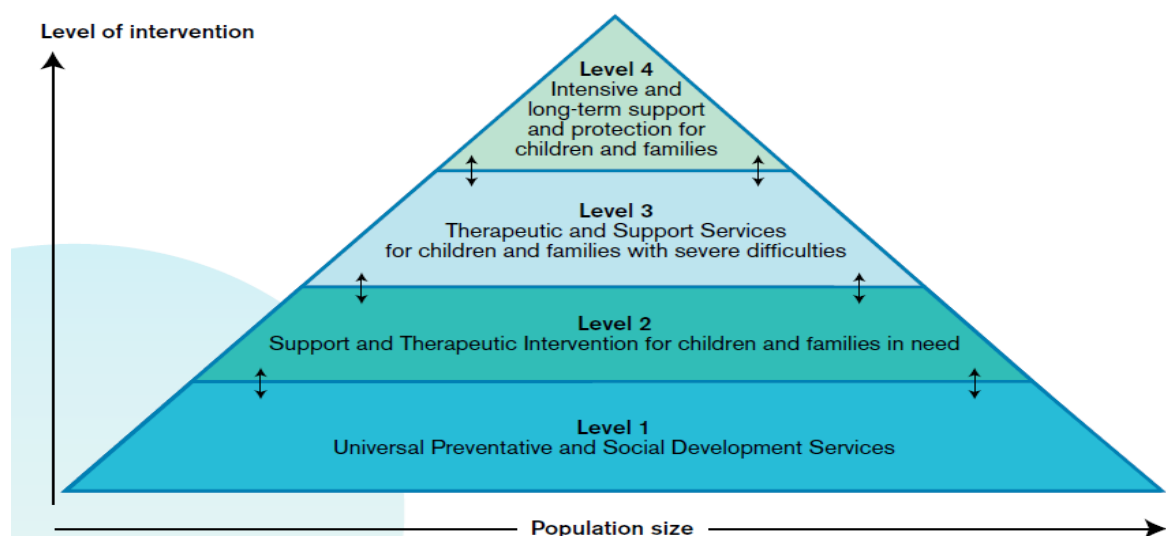
### 1.2 Safeguarding in Context

Within this policy, the term **safeguarding** is intended to be used in its widest sense, encompassing the full range of promotion, prevention and protection activity. Effective safeguarding activity will:

- **Promote** the welfare for the child and young person;
- **Prevent** harm occurring through early identification of risk and appropriate, timely intervention; and
- **Protect** children and young people from harm when this is required.

The **Hardiker** diagram in **Figure 1** below illustrates the breadth of safeguarding activity in the wider framework of supports offered to children and young people in Northern Ireland.

**Figure 1**



All children and young people have a fundamental right to be safeguarded from harm. This and other children's rights were underscored by the six high level strategic outcomes in the 2006-2016 strategy '[Our Children and Young People – Our Pledge](#)', to ensure that children and young people in Northern Ireland are:

- Healthy;
- Enjoying learning and achieving;
- Living in safety and with stability;
- Experiencing economic and environmental well-being;
- Contributing positively to community and society; and
- Living in a society which respects their rights.

Initial work has now commenced to bring forward the development of a new children and young people's strategy which will build on these outcomes.

The welfare of children and young people must be promoted and they must be given every opportunity to develop to their full potential, free from harm through abuse, exploitation and neglect.

The primary responsibility for safeguarding children and young people and promoting their welfare rests with their parents or carers. They provide help, support and protection to their children. Extended family, friends, neighbours and the wider community can help parents and carers to safeguard and promote the welfare of children.

Those who work with children, young people or families, in whatever capacity, have a particular responsibility to promote their welfare and ensure they are safe. All organisations and agencies working with children and young people must discharge their functions with regard to the need to safeguard children and young people, must have procedures in place for safeguarding, and ensure these are adhered to. When there are concerns about the welfare of a child or young person, early intervention and appropriate parental support can prevent problems escalating to a point where harm occurs and can improve the long term outcomes for the child.

For some children and families, a greater level of support will, on occasions, be required and the children will be assessed as being children in need. Targeted intervention will be provided to assist families to safeguard children and to meet the assessed needs of the child.

There will unfortunately be occasions where early intervention and support is not sufficient and a child is identified as being at risk of significant harm. In such cases statutory intervention to protect the child or young person will be required. This may include the child being the subject of a child protection plan, the child's

name being placed on the child protection register, or the child becoming 'Looked After' by a Health and Social Care Trust (HSCT).

### 1.3 Policy Aims

The aims of this policy are to:

- **Embed a culture** which recognises the child's or young person's fundamental right to be safe and promote their general welfare;
- Ensure the promotion of a **child centred approach**, which is based on obtaining the views of children and young people and an understanding of their needs and rights;
- As far as possible, **prevent** harm occurring by increasing public awareness of harm and its effects on children and young people and where appropriate equip, empower and or support them to keep themselves safe;
- Promote **early identification** of needs and/or risk to children and young people who may require assistance;
- Promote **early intervention** to ensure families, children and young people can access and receive help and support at an early point to prevent their situations deteriorating;
- Establish clearly defined **processes of reporting** risk of harm toward children and young people which are well-understood and put in place;
- Ensure **responses** to risks of harm are proportionate, timely, professional, legal and ethical;
- Ensure **effective and co-ordinated multi-agency responses** are provided to the threat and/or occurrence of harm from abuse, exploitation or neglect of children and young people; and
- **Promote continuous learning and improvement** by identifying and applying learning and assessing the effectiveness of its application.

### 1.4 The Legislative Context

Obligations to safeguard children and young people and promote their welfare are contained in both international and domestic law. It is for each organisation and/or individual to be aware of the legislation and how it applies to them, or can be used by them in their work to safeguard children and young people.

The [United Nations Convention on the Rights of the Child](#) is an international human rights treaty setting out the civil, political, economic, social and cultural rights of the child. It provides the overarching framework to guide the development of local laws, policies and services so that all children and young people are nurtured, protected and empowered. Each of the 41 Articles in the Convention detail a different type of right, all of which interact to form one integrated set of rights for children and young people. All Articles of the

Convention are important and inter-relate to each other: those Articles with particular relevance for this policy include:

- **Article 3 (Best Interests of the Child)** the best interests of the child must be a primary consideration for all actions concerning children taken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies. This includes ensuring the child is given the protection and care necessary for their well-being, taking into account the rights and duties of others towards them. Organisations, services and facilities responsible for the care or protection of children must conform to appropriately set standards.
- **Article 4 (Protection of rights)** Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. This involves assessing their social services, legal, health and educational systems, as well as funding for these services. Governments must help families protect children's rights and create an environment where they can grow and reach their potential.
- **Article 12 (Voice of the Child)** A child who is capable of forming his or her own views has the right to express those views freely in all matters which affect them, those views being given due weight in accordance with their age and maturity. This is particularly the case for any judicial and administrative proceedings affecting them. A child can either give their views directly, or have their views represented appropriately on their behalf.
- **Article 19 (Protection from all forms of violence):** Governments should ensure that children are properly cared for and their right to be protected from harm and mistreatment is upheld.
- **Article 20 (Children deprived of family environment):** Children who cannot be looked after by their own family have a right to be looked after properly by people who respect their ethnic group, religion, culture and language.
- **Articles 34 and 36 (Exploitation):** Governments should protect children from all forms of exploitation.
- **Article 39 (Rehabilitation of child victims):** Children who have been harmed should receive help to recover and reintegrate into society.

Children and young people have the right to express their opinions and to have those opinions heard and acted upon when appropriate. The child's views, however, will not necessarily determine the course of action to be taken, as ultimately, those with [parental responsibility](#) are responsible for keeping the child safe and must act in the best interests of the child. The Convention obliges



States to encourage and support parents to exercise their parental responsibilities. However, if parents neglect their responsibilities or are unable to provide a satisfactory standard of care, the State is obliged to intervene to make decisions and take actions to safeguard children and young people when it is necessary to do so.

The [Children \(Northern Ireland\) Order 1995](#) (the Children Order) is the principal statute governing the care, upbringing and protection of children in Northern Ireland. It applies to all those who work with and care for children, whether parents, paid carers or volunteers. The Children Order provides the legislative framework within which this policy operates. It covers the full range of safeguarding activity contained in Figure 1 above, including the promotion of a child's welfare, assessment of a child's needs, provision of support for children and families, protection of children, and powers to assume or secure parental responsibility for children when required. Each of these duties and powers is discussed more fully within this policy.

The [Human Rights Act \(1998\)](#) incorporates the [European Convention on Human Rights \(ECHR\)](#) into UK legislation. State authorities must use their powers reasonably and proportionately to protect children and young people, and the ECHR holds them responsible for inhuman or degrading treatment inflicted within their jurisdiction. Professionals across all public authorities, including government departments, local councils, hospitals, schools and the police must respect the ECHR, as must private bodies in specific circumstances.

The [Safeguarding Vulnerable Groups \(Northern Ireland\) Order 2007](#) as amended by the Protection of Freedoms Act 2012 provides the legislative framework for the establishment of a Disclosure and Barring Service and requirements relating to individuals who work with children and vulnerable adults. This legislation defines 'regulated activity' with children and prevents persons on barred lists from engaging in regulated activity.

The [Children's Services Co-operation Act \(Northern Ireland\) 2015](#) places a requirement on individuals and organisations providing children's services to children to co-operate with each other to devise and implement cross cutting strategies. The Act is key to ensuring improved outcomes for children by supporting, enhancing and encouraging co-operation so that services are integrated from the point of view of the child or young person.

## **1.5 Principles**

The following principles are reflected in the Children Order and should underpin all strategies, policies, procedures, practice and services relating to safeguarding children and young people.

- **The child or young person's welfare is paramount** – The welfare of the child is the paramount consideration for the courts and in childcare practice. An appropriate balance should be struck between the child's rights and parent's rights. All efforts should be made to work co-operatively with parents, unless doing so is inconsistent with ensuring the child's safety.
- **The voice of the child or young person should be heard** – Children and young people 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 and be provided with appropriate support to do so where that is required. Where feasible and appropriate, activity should be undertaken with the consent of the child or young person and, where possible, to achieve their preferred outcome.
- **Parents are supported to exercise parental responsibility and families helped to stay together** – Parents have responsibility for their children rather than rights over them. In some circumstances, parents will share parental responsibility with others such as other carers or the statutory authorities. Actions taken by organisations should, where it is in the best interests of the child, provide appropriate support to help families stay together as this is often the best way to improve the life chances of children and young people and provide them with the best outcomes for their future.
- **Partnership** – Safeguarding is a shared responsibility and the most effective way of ensuring that a child's needs are met is through working in partnership. Sound decision-making depends on the fullest possible understanding of the child or young person's circumstances and their needs. This involves effective information sharing, strong organisational governance and leadership, collaboration and understanding between families, agencies, individuals and professionals.
- **Prevention** – The importance of preventing problems occurring or worsening through the introduction of timely supportive measures.
- **Responses should be proportionate to the circumstances** – Where a child's needs can be met through the provision of support services, these should be provided. Both organisations and individual practitioners must respond proportionately to the needs of a child in accordance with their duties and the powers available to them.

- **Protection** – Children should be safe from harm and in circumstances where a parent or carer is not meeting their needs, they should be protected by the State.
- **Evidence-based and informed decision making** – Decisions and actions taken by organisations and agencies must be considered, well informed and based on outcomes that are sensitive to, and take account of, the child or young person's specific circumstances, the risks to which they are exposed, and their assessed needs.

## 2.0 DEFINITIONS

This section provides definitions used within this policy document.

### 2.1 Safeguarding and Child Protection

As outlined in section 1, **safeguarding is more than child protection**. Safeguarding begins with **promotion and preventative** activity which enables children and young people to grow up safely and securely in circumstances where their development and wellbeing is not adversely affected. It includes support to families and early intervention to meet the needs of children and continues through to child protection. Child **protection** refers specifically to the activity that is undertaken to protect individual children or young people who are suffering, or are likely to suffer significant harm.

### 2.2 A Child

The Children Order defines a 'child' as a person under the age of 18.

### 2.3 Child in Need

Article 17 imposes a general duty on HSCTs to provide a range of services for children in need within their area and states a child shall be considered to be 'in need' if:

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

'Family', in relation to such a child in need, includes any person who has parental responsibility for the child and any other person with whom he has been living.

In determining whether a child or young person is in need, consideration must be given to:

- a) what will happen to a child or young person's development and health without services being provided; and
- b) the likely effect the services will have on the child or young person's standard of health and development.

Article 18 of the Children Order requires HSCTs:

- a) to safeguard and promote the welfare of children within its area who are in need; and
- b) so far as is consistent with that duty, to promote the upbringing of such children by their families,

by providing a range and level of care appropriate to those children's needs. Fulfilling this duty is a key part of preventative safeguarding.

## 2.4 The Concepts of Harm and Significant Harm

The Children Order defines 'harm' as ill-treatment or the impairment of health or development. The Order states that 'ill-treatment' includes sexual abuse, forms of ill-treatment which are physical and forms of ill-treatment which are not physical; 'health' means physical and / or mental health; and 'development' means physical, intellectual, emotional, social or behavioural development.

There is no absolute definition of 'significant harm', as this will be assessed on a case by case basis. [Article 50\(3\) of the Children Order](#) states that "where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child".

Where a HSCT suspects that a child is suffering, or likely to suffer significant harm, the HSCT has a duty under [Article 66 of the Children Order](#) to make enquiries, or cause enquiries to be made, to enable it to decide whether it should take any action to safeguard or promote the child's welfare. **Section 6.3** provides further information on the determination of significant harm.

## 2.5 Child in Need of Protection

A child in need of protection is a child who is at risk of, or likely to suffer, significant harm which can be attributed to a person or persons or organisation, either by an act of commission or omission; or a child who has suffered or is suffering significant harm as defined in [Article 50 of the Children Order](#).

## 2.6 Types of Abuse

Harm can be suffered by a child or young person by acts of abuse perpetrated upon them by others. Abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health, or if they live in a home where domestic abuse happens. Abuse can also occur outside of the family environment. Evidence shows that babies and children with disabilities can be more vulnerable to suffering abuse.

Although the harm from the abuse might take a long time to be recognisable in the child or young person, professionals may be in a position to observe its indicators earlier, for example, in the way that a parent interacts with their child. Effective and ongoing information sharing is key between professionals.

**Harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm or significant harm.** Harm can be caused by:

- Physical abuse;
- Sexual abuse;

- Emotional abuse;
- Neglect; and
- Exploitation.

**Physical Abuse** is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

**Sexual Abuse** occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

**Emotional Abuse** is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development.

Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

**Neglect** is the failure to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.

**Exploitation<sup>1</sup>** is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in

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<sup>1</sup> Although 'exploitation' is not included in the categories of registration for the Child Protection Register, professionals should recognise that the abuse resulting from or caused by the exploitation of children and young people can be categorised within the existing CPR categories as children who have been exploited will have suffered from physical abuse, neglect, emotional abuse, sexual abuse or a combination of these forms of abuse.

many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature (see section 7).

### **3.0 SAFEGUARDING RESPONSIBILITIES IN NORTHERN IRELAND**

The roles and responsibilities of key agencies, organisations and professionals specifically relating to safeguarding children and young people are outlined in this section.

#### **3.1 The Safeguarding Board for Northern Ireland (SBNI)**

The SBNI was established under the [Safeguarding Board \(Northern Ireland\) Act 2011](#) (the 2011 Act). The 2011 Act establishes a statutory objective for the SBNI, attributes a number of functions to it and imposes a number of duties upon it. The primary aim of the SBNI is to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in Northern Ireland. The 2011 Act requires member organisations to co-operate to safeguard and promote the welfare of children and young people in Northern Ireland.

The SBNI is supported by a number of Sub-Committees including five Safeguarding Panels. These panels are located within the geographical area of the five HSCTs. They are independently chaired, multi-agency, multi-disciplinary committees of the SBNI. Safeguarding Panels facilitate safeguarding and child protection practice at a local level and are responsible for implementing the SBNI's strategic vision at a local level.

The SBNI reports to the DoH as the sponsor Department for the discharge of its statutory functions and acts in accordance with [Guidance to the Safeguarding Board for Northern Ireland](#), published by DoH. Among other statutory functions of the SBNI, it is required to develop operational policies and procedures for safeguarding and promoting the welfare of children and young people which must be adopted and implemented by member organisations across Northern Ireland. Operational policies and procedures should reflect the policy guidance set out in this document. The SBNI has a particular strategic focus – it is not an operational body. It sets strategic direction relating to safeguarding with the agreement and participation of its member bodies.

Under [Section 10 of the 2011 Act](#) members of the SBNI and its statutory committees and subcommittees have a statutory duty to co-operate contained in the exercise of their statutory functions. Mechanisms to underpin and support effective cooperation, collaboration and joint working between member bodies of the SBNI in operational practice must also be in place.

#### **3.2 Health and Social Care (HSC)**

The [Health and Social Care \(Reform\) Act \(Northern Ireland\) 2009](#) (the 2009 Act) reformed the current structure of Health and Social Care service delivery in Northern Ireland. The Health and Social Care Board (HSCB) commissions a



comprehensive range of health and social care services required in Northern Ireland from Health and Social Care Trusts (HSCTs) and other organisations. The HSCB manages the performance of HSCTs and seeks to improve performance through the exercise of its functions. The Public Health Agency (PHA) has functions in health improvement and health protection, contained in section 13 of the 2009 Act. The 2009 Act defines the parameters within which each HSC body must operate, including their duty to meet and promote the universal health and social well-being needs of all children and young people.

### **3.2.1 Health and Social Care Board (HSCB)**

The HSCB is the 'authority' designated by the Children Order. The HSCB delegates its child safeguarding and child protection functions to HSCTs under legally binding arrangements known as 'Schemes for the Delegation of Statutory Functions'. The HSCB Director of Social Care and Children has lead responsibility for ensuring compliance with legislative safeguarding duties on behalf of the HSCB. This includes the duty to assess the service requirements of, and plan for the delivery of services to children and families in need under Article 18 (see section 2) and in conjunction with Schedule 2 to the Children Order.

Under Schedule 2, the HSCB is required to review services for 'children in need' and their families and publish an annual children's services plan in consultation with a range of named agencies. This responsibility is met through the Children and Young People's Strategic Partnership (CYPSP) through the publication of the CYPSP Action Plans.

The HSCB must ensure robust arrangements are in place in Northern Ireland to safeguard children and young people and promote their welfare by:

- providing effective safeguarding services;
- ensuring robust HSC child protection processes are in place;
- ensuring safeguarding policy and procedures are in place as they relate to the HSC including policies and procedures relating to referrals, assessment, service planning, case planning, case management and record keeping; and
- monitoring and auditing the effectiveness of HSC policy, practice and service provision in achieving specified outcomes for children and families.

The HSCB provides for a **designated doctor** role to take the lead role in child safeguarding by providing support to medical colleagues in the development and implementation of safeguarding policies, liaising with the named doctors within the HSCTs as required.

### 3.2.2 Health and Social Care Trusts (HSCTs)

The HSCB commissions the HSC services required to meet its legal obligations from five HSCTs, and under agreed schemes for the delegation of statutory functions, delegates its statutory duty to safeguard and promote the welfare of children under the Children Order to HSCTs. On behalf of the HSCTs, the Executive Director of Social Work within each Trust has lead responsibility for the effective discharge of all statutory functions under the Children Order.

The HSCTs work in partnership with other statutory agencies and with the community and voluntary sector to ensure that children and young people are safeguarded and their welfare is promoted. In particular HSCTs work closely with Police Service of Northern Ireland (PSNI) given their shared responsibility for child protection investigations.

Where a potential risk to a child has been raised, it is the responsibility of the Gateway Service or Children's Services in the relevant HSCT to assess the risk to the child and his/her needs and determine what response is required.

HSCTs must ensure that children and families are informed about support available and how they can access it. This includes family support services to children in need and their families, including services for children with a disability, child protection services and services for children who are 'looked after' by the HSCT. In all cases, it is the responsibility of the HSCT to ensure that the assessed needs of the children and young people are met as fully as possible, that their best interests are effectively served and risks to them are being effectively managed.

As a minimum, each HSCT should appoint a **named paediatrician** and a **named nurse** with defined responsibilities for providing a lead safeguarding role for the medical, nursing and midwifery professions. HSCTs should work in collaboration within and across disciplines to provide additional 'named' roles, where those professions consider such a role necessary to deliver effective safeguarding. Those fulfilling a 'named' role must be highly skilled and experienced in children's health and development generally and child safeguarding, including child protection, specifically. The named individuals must ensure that their Trust's child safeguarding policy and procedures are complied with in full by their professions. HSCTs should ensure clear lines of accountability to the relevant Executive Director.

In terms of governance, HSCTs must ensure that:

- All Directors are clear about their individual and corporate responsibilities and receive mandatory training in their role as 'corporate parents' and their statutory duty to safeguard children young people and promote their welfare;

- Non-Executive Directors seek assurances from Executive Directors that the HSCT's delegated statutory functions and safeguarding duties and responsibilities are being fulfilled;
- Sufficient resources are available to enable the HSCT to fulfil its statutory duties to safeguard children and promote their welfare and respond to families deemed to be in need, and exercise their duty to protect children;
- Information needed to determine the level of resource required is routinely collected, collated, validated and analysed and made available to the HSCB.

### **3.2.3 Role of Social Workers**

Social workers within HSCTs are the lead professionals for safeguarding children and young people. As a profession, social workers and their managers have responsibility to safeguard children and young people, including the management and maintenance of the Child Protection Register, its associated systems and for ensuring that all statutory functions delegated to HSCTs in respect of safeguarding and protecting children are satisfactorily fulfilled.

An unbroken line of professional governance and accountability must exist from front-line social workers in HSCTs through their Director of Social Work, to the HSCB Director of Social Care and Children, to the Chief Social Work Officer within the DoH. Social workers and / or their managers within HSCTs must ensure they are fully aware of their duties and powers under the Children Order, and must comply with legislative requirements, this policy, operational policies and procedures, published guidance and standards relating to child safeguarding.

Social workers are required to use professional knowledge to make informed judgements about the needs of the child and their family, and to inform decisions on how these needs can best be met. This includes a decision about whether a child has suffered or is likely to suffer significant harm, and if a child protection investigation is required (see section 6). Social workers have lead responsibility for all Child Protection Investigations, and should liaise with other professionals and agencies, including the PSNI, to achieve as full an understanding as possible of the child or young person's family circumstances.

There are social workers based within organisations outside of the HSC sector who provide safeguarding services to children, such as those within the Education sector or those working in some voluntary organisations or in independent practice. These social workers must liaise closely with HSCT social workers as necessary to ensure the children and young people they work with are effectively safeguarded.

### 3.2.4 Role of Health Professionals

The universal nature of health provision means that health professionals are well placed to prevent harm occurring through early identification of need and risk and through provision of support to children, young people and families in need. They are often the first to identify that families are experiencing difficulties or to uncover evidence of harm. All health professionals, including those in the independent sector, must be able to recognise the signs of harm. They must play their part in family support planning and providing on-going support for as long as is deemed necessary within the remit of their profession, contributing to and participating in the assessment processes in respect of children in need, including child protection planning and case conferences.

### 3.2.5 Role of Independent Guardian

The HSCB, in accordance with [Section 21 of the Human Trafficking and Exploitation \(Criminal Justice and Support for Victims\) Act 2015](#), must arrange for the appointment of an Independent Guardian who is responsible for supporting separated or trafficked children and young people. The Independent Guardian advocates on behalf of separated and trafficked children until such times as their long term care arrangements are determined and may continue to have a role into leaving care and aftercare arrangements. It is essential that such children and young people are afforded appropriate support and advice, including bespoke legal advice to assist with an asylum application.

### 3.2.6 Public Health Agency (PHA)

The PHA is a multi-disciplinary, multi-professional body which has four key functions:

- Health and social wellbeing improvement;
- Health protection;
- Public health support to commissioning and policy development; and
- HSC research and development.

PHA is required to create better inter-sectoral working, including enhanced partnership arrangements with local government, to tackle the underlying causes of poor health and reduce health inequalities.

The PHA provides for a **designated nurse** role to work across all HSCTs providing leadership and support in the development, implementation, monitoring and review of services provided for children and young people, including appropriate supervision and learning opportunities in respect of safeguarding children and young people.

## 3.3 Justice

### **3.3.1 The Police Service of Northern Ireland (PSNI)**

The purpose of the PSNI is to make Northern Ireland safer for everyone, by working with communities and partners. Section 32(1) of the Police (Northern Ireland) Act 2000, sets out the duties of the PSNI as follows:

- to protect life and property;
- to preserve order;
- to prevent the commission of offences;
- where an offence has been committed, to take measures to bring the offender to justice.

Where there is an immediate concern about the safety of a child or young person the PSNI has powers which enable its officers to afford emergency protection.

The PSNI plays an important role in both the prevention of harm and in the investigation of harm and potential or suspected harm to children and young people. They work both unilaterally and in co-operation with HSCTs, other agencies and organisations to investigate crimes against children and young people and to assist HSCTs and other organisations to protect children and young people who have been victims of abuse or from those who may pose a risk of harm to them. The PSNI may also deal directly with a child or young person where a crime is alleged or suspected and with adults in relation to historical abuse.

The [Protocol for Joint Investigation by Social Workers and Police Officers and Alleged and Suspected Cases of Child Abuse \(Northern Ireland\)](#) (the Joint Protocol) outlines the procedures to be followed when concerns about a child or young person requires the involvement of police and social services. When undertaking joint investigations, the child or young person's welfare is the overriding consideration and investigations must be carried out sensitively, thoroughly and professionally. Close working and appropriate information sharing between PSNI and HSCTs is vital to ensure safeguarding and other decisions are in the best interests of a child or young person, including involving a suitably qualified doctor where appropriate.

### **3.3.2 Youth Justice Agency (YJA)**

The aim of the YJA is to make communities safer by helping children to stop offending. YJA delivers a range of services, often in partnership with others, to help children address their offending behaviour, divert them from crime, assist their integration into the community and meet the needs of the victims of crime. The YJA must have child safeguarding procedures in place which sets out its role responsibilities and outlines how it works with health and social care professionals and other agencies involved in safeguarding children and young people.

### **3.3.3 Probation Board for Northern Ireland (PBNI)**

The PBNI has a statutory duty to supervise offenders in order to reduce offending and protect the public. This involves working with the courts, prisons and in the community to provide supervision of prisoners who are released on licence. Although PBNI primarily supervises adults in the community, it also supervises children and young people who are subject to a range of orders including Juvenile Justice Orders and Community Service Orders. PBNI also provides programmes for individuals whose behaviour presents a risk to children and young people.

The PBNI must have child safeguarding procedures in place which sets out its safeguarding duties, roles and responsibilities, and outlines how it works closely with health and social care professionals, PSNI officers and a range of other agencies involved in safeguarding children and young people. The policy must be subject to regular review.

### **3.3.4 Public Prosecution Service (PPS)**

The PPS is the principal prosecuting authority in Northern Ireland. PPS takes decisions on prosecution and is responsible for prosecuting cases in court. The PPS deals with cases investigated by the PSNI, Government Departments such as the Department for Communities' Single Investigation Service, and other statutory authorities such as HM Revenue and Customs and UK Border Force.

In the delivery of their services to victims and witnesses, the PPS must consider the best interests of children and young people involved or impacted by the exercise of their functions. The PPS must have procedures in place for safeguarding children as victims and witnesses, which should be subject to regular review.

### **3.3.5 Northern Ireland Prison Service (NIPS)**

The purpose of the NIPS is to improve public safety by reducing the risk of re-offending through the management and rehabilitation of offenders in custody. The NIPS must have a child safeguarding policy and procedures in place to provide guidance to staff on safeguarding children, whether during visits to prison establishments or Visitor Centres, or when children continue to be cared for by a mother in prison.

### **3.3.6 UK National Crime Agency (NCA)**

The NCA is the UK law enforcement agency working to lead, support and coordinate the UK's response to a wide range of global threats from serious and organised crime, matters involving UK borders, fraud and cyber crime, and the sexual abuse and exploitation of children and young people. The NCA has

developed national and international multi-agency partnerships, working across sectors to disrupt and prosecute those involved.

The [Borders, Citizenship and Immigration Act 2009](#) places a duty on NCA front line staff to be alert to signs that separated children are entering the UK and for the Border Policing Command, UK Border Force and UK Visas and Immigration Service to work closely with HSCTs to safeguard any identified separated children in accordance with their safeguarding procedures; the [CEOP Command](#) works with child protection partners across the UK and overseas to identify the main threats to children and coordinates activity against these threats to bring offenders to account.

### **3.3.7 Public Protection Arrangements in Northern Ireland (PPANI)**

The PPANI are statutory arrangements, introduced in October 2008, jointly operated by the police, probation, prisons, social services and other government and voluntary organisations. The aim of the arrangements to provide a multi-agency, co-ordinated system of risk assessment and risk management that will be effective in reducing the immediate and long term risk from sexual or violent offenders when they are released from prison into the community.

### **3.3.8 Northern Ireland Guardian ad Litem Agency (NIGALA)**

The NIGALA is an arm's length body of DoH which provides an independent service to children and young people within the court system. The Guardian ad Litem (GAL) is an independent officer of the Court. A Court appoints a GAL under [Article 60](#) of the Children Order or [Article 66 of the Adoption \(Northern Ireland\) Order 1987](#) to represent the interests of a child in specified Children Order proceedings, and in adoption proceedings, where it is considered to be in the child's best interests to do so.

As the court proceedings involving the GAL may stem from allegations of child abuse, this may bring a GAL into contact with families where children are at risk of significant harm. NIGALA must have child safeguarding policies and procedures in place and ensure that all staff and GALs have training in their use. All GALs must be aware of the action they should take if they have reason to believe that a child is at risk of significant harm.

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 but may be disclosed with the permission of the court.

## **3.4 Education**

The Department of Education (DE) has lead responsibility for policy and strategy relating to the education of children in Northern Ireland. The Education Authority (EA) delivers educational services, including an Education Welfare Service within which sits the Child Protection Support Service (CPSS). The Education

Welfare Service leads on child protection/safeguarding within the education sector, with responsibility for providing safeguarding support, advice and training to schools, and to a range of other professionals employed by the EA to provide services which involve direct contact with children.

The EA also employs Education Welfare Officers (EWOs) to provide a specialist service to support children, young people, their parents or carers in engaging constructively with schools where there are concerns about irregular attendance/non-attendance. Since 2000, EWOs appointed to post must be qualified social workers and work closely with social services and other agencies where required. For example, when fulfilling its duties under [Schedule 13 to the Education and Libraries \(Northern Ireland\) Order 1986](#) with regard to school attendance, the EA may consider that the child may be a child in need of additional services or a child in need of protection. In such instances, the EA should liaise with and/or make a referral to the relevant HSCT to enable an appropriate assessment of that child's needs to be made in compliance with extant legislation, policies and procedures.

[Article 55 of the Children Order](#) empowers the EA to make application for an **Education Supervision Order** if it believes that a child (other than a child in the care of a HSCT) is of compulsory school age and is not receiving efficient full-time education suitable to his age, ability and aptitude and to any special educational needs he may have.

### **3.4.1 Schools**

**Schools and colleges** have a vital role to play in educating children about risks of harm, how to prevent harm occurring and also to be alert to and respond appropriately to concerns.

Age-appropriate education programmes must be built into the school curriculum to make children and young people aware of risk factors, where support can be obtained and empower them to seek assistance when they are at risk of harm or being harmed.

**Every school** should establish a school safeguarding team comprising a core membership of the Principal (Chair), Designated and Deputy Designated Teachers, the Chair of the Board of Governors and a Designated Governor for Child Protection. More information on the role of Governors, Principals and Designated Teachers can be found in [the CPSS School Governors Handbook S \(2017\)](#). The DE guidance [Safeguarding and Child Protection in Schools – A Guide for Schools \(2017\)](#) provides detailed advice and guidance for schools and others in relation to their responsibilities for child protection and procedures to be followed to enable cases of suspected abuse to be properly considered and pursued.



**Boards of Governors of grant-aided schools** have statutory duties under [Articles 17 and 18 of the Education and Libraries \(Northern Ireland\) Order 2003](#) to promote and safeguard the welfare of their pupils, including protecting them from abuse when required. Boards of Governors have a pastoral care responsibility towards their pupils and are expected to do whatever is reasonable to safeguard and promote the welfare of their pupils. They may be supported in delivering their broad safeguarding responsibilities by members of the school's Safeguarding Team and, if required, other staff with specific expertise, for example, the ICT Co-ordinator, or Special Education Needs Co-ordinator. Schools should also have a range of other safeguarding policies, for example, policies on promoting positive behaviour, on bullying and on e-safety. These should be regularly reviewed, made available to parents and should explain the school's general approach to safeguarding within the context of the specific issue being addressed and the procedures that will be followed.

**Independent schools** receive no public funding and are not subject to the same requirements as grant aided schools. However, as a minimum, they must comply with overarching legislation designed to safeguard the welfare of children and young people, such as the Children Order 1995 and the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.

An **Independent Counselling Service for Schools (ICSS)** is available to all post-primary aged pupils in Northern Ireland. ICSS counsellors working in school settings are required to have completed child protection training and to work in compliance with all established child protection policies and procedures.

ICSS counsellors work within the school's child protection guidelines to access support for children and young people. On occasions, a Counsellor may work closely with children and young people about whom they have safeguarding and protection concerns. Where a Counsellor becomes aware that a child or young person is, or has, suffered significant harm or is at risk of suffering significant harm, his/her concerns should be reported through the Key Contact to the Designated Teacher for Child Protection, for onward referral to a HSCT.

**Elective Home Education** is the term used when a parent chooses to provide education for their child at home instead of enrolling them in school as provided for under [Article 45 of the Education and Libraries \(Northern Ireland\) Order 1986](#). There is currently no legal requirement for parents to notify the EA of their intention to home educate. However, in accordance with the Registration and Attendance of Pupils Regulations (Northern Ireland) 1974, the EA must be notified by a school when a child of compulsory school age who has been enrolled in a school has been deregistered to be Electively Home Educated.

The EA is currently developing new procedures and arrangements to help parents who home educate and to encourage them to seek support. These procedures are being informed by a consultation exercise that took place during 2014. The procedures will be set within the existing legislative framework.

As with children enrolled as pupils in a school, if any safeguarding concerns become evident, they must be referred to the appropriate authorities.

### **3.4.2 Further and Higher Education**

Further education colleges have the same responsibility as schools to safeguard all children and young people with whom they come into contact. Colleges and universities have a duty of care to create and provide a safe environment for all their students including those from overseas. This includes students under age 18 who can apply to study at a university in Northern Ireland and may require the university to liaise / collaborate with appropriate external agencies such as HSCTs to ensure that all young people age under 18 studying at the university are appropriately safeguarded.

### **3.5 Northern Ireland Housing Executive (NIHE)**

The NIHE can play an important role in safeguarding children and young people through recognition and referral of harm or risk of harm. Through their day to day contact with families and communities, housing officers may become aware of concerns about the welfare of children and young people and should inform the relevant HSCT about such concerns.

In accordance with their duty to assist under [Articles 46](#) and [66 of the Children Order](#), the NIHE must share relevant information and attend case conferences when requested. The NIHE can make a further important contribution to safeguarding children and young people through the provision of accommodation or support services for young people who may be vulnerable and/or homeless, or at risk of becoming homeless, including young people leaving care.

The NIHE must have child safeguarding policy and procedures in place to ensure their staff and relevant staff of organisations funded by them are aware of and committed to practices that safeguard children and young people.

### **3.6 City, Borough and District Councils**

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 and young people. Councils must have clear policies and procedures in place to ensure their staff and those contracted to work with children and young people in the delivery of their services know what

action to take if they become aware of a child or young person being at risk of harm or being harmed.

### **3.7 The NI Ambulance Service and NI Fire and Rescue Service**

As front line responders, all emergency services have the potential to come across children who have safeguarding needs. The Northern Ireland Ambulance and Fire and Rescue Services may respond in circumstances where they identify a vulnerable child, or a child in need of protection. All staff and volunteers acting as front line responders in these emergency services should be alert to the signs of harm and abuse, and know when and how to refer concerns about a child's welfare to a HSCT Gateway Service, taking immediate protective action when required.

### **3.8 Voluntary, Charitable, Faith and Community-based Organisations**

Voluntary, charitable, faith and community based organisations play a key role through their contribution to safeguarding children and young people generally, as well as providing more tailored support to children, young people and their families to assist them in keeping their children safe.

It is essential that all voluntary, charitable, faith and community based organisations have child protection policies and procedures in place and that their staff and volunteers receive training and support in their use. The following good safeguarding practice guides are available for organisations:

- [Keeping Children Safe: Our Duty to Care – Standards and Guidance for Safeguarding Children and Young People – November 2016;](#)
- [Getting it Right: Standards of Good Practice for the Protection of Children and Young People – Third Edition August 2009 \(Updated February 2011\).](#)

Organisations providing support to children, young people, or their families or carers should recognise the importance of keeping appropriate, accurate records of the work they are undertaking, and have systems in place to share information with the appropriate statutory agencies where they have information or concerns regarding the welfare or safety of a child or young person.

#### **3.8.1 National Society for the Prevention of Cruelty to Children NSPCC**

The NSPCC is a charity campaigning and working in child protection. Its Royal Charter confers upon it the power to ensure an appropriate and timely response in all cases where children are alleged or suspected to be at risk of any form of abuse or neglect.

The NSPCC operates 'Childline', and other helpline telephone services for children or young people who are worried or need help or support and for adults who are seeking advice or have a concern about a child or young person.

### **3.9 Professional Registration Bodies and Inspectorates**

There are a number of professional registration bodies, regulators and inspectorates relevant to safeguarding children and young people.

Professional Registration Bodies operate within statutory schemes of regulation underpinned by professional standards and Codes of Conduct relating to conduct and practice within their respective professions. They are responsible for:

- ensuring that the services provided by their profession are safe;
- protecting the public's interests; and
- promoting public confidence in their profession

Inspectorates also operate within schemes of regulation underpinned by service quality standards. Those involved in regulating and/or inspecting organisations providing services to children and young people should make clear to the providers of the services they regulate the expectation that they must meet the relevant quality standards, detect failings in provision of care or services early, and take appropriate action when sub-standard care is found.

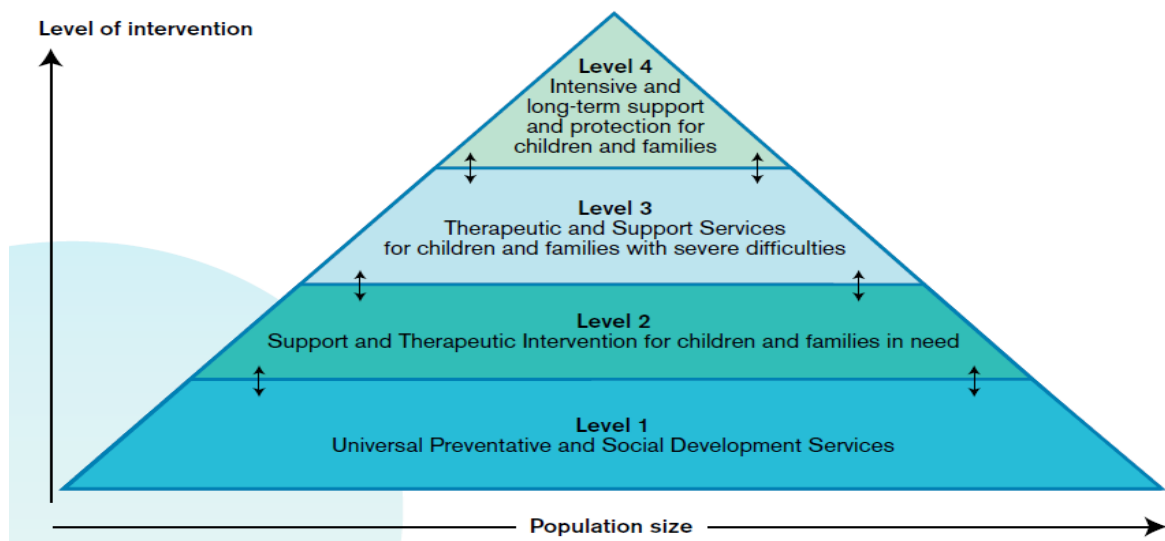
## 4.0 PREVENTION AND EARLY INTERVENTION

This section outlines a range of preventative measures which individually and collectively contribute to safeguarding children and young people.

The policy acknowledges that it is primarily parents who have responsibility for keeping their children safe from harm, balancing this with providing them with opportunities to participate and enjoy activities which contribute to their development and wellbeing, both inside and outside the home. Parents provide children with the support, care, stimulation and protection they need to develop physically, socially, emotionally and intellectually. They know their children better than anyone, and so are best placed to recognise the early signs of harm or risk of harm.

The **Hardiker** diagram in **Figure 2** below illustrates the breadth of safeguarding activity in the wider framework of supports offered to children and young people and families in Northern Ireland. The remainder of this section expands on how the levels of interventions within the model combine to support parents and families in helping prevent harm happening to children and young people.

**Figure 2**



### 4.1 Effective and Accessible Universal Services

Accessible universal services are an essential part of everyday life in supporting families to ensure their children and young people are safeguarded effectively. These services include health, education and a range of community-based services that ensure:

- care is provided that helps keep children safe and healthy;

- early detection of developmental delay, disability, ill health and concerns about safety and well-being, and that action is taken to address them;
- factors that could influence health and social well being in families are identified and addressed by appropriate services;
- better outcomes are achieved for children who are at risk of social exclusion; and
- preventative messages empower children and young people to keep themselves safe.

## **4.2 Early Recognition of Families in Need**

Acting promptly to provide support for families who need help to keep their children safe can help prevent a situation escalating to a point of harm. Early recognition of a problem is important for families with children of any age, not just those with babies or young children. For example, some parents and carers find that as their child matures into their teenage years it brings challenges and behaviour that never previously existed, and that they feel ill equipped to deal with. Whatever the age of the child, recognising the situation early allows appropriate help and support to be provided that may prevent the deterioration, and return stability to the child's home environment.

Parents may recognise themselves that they require help or support, and may seek this from voluntary, community or faith based organisations. Neighbours, family and friends are sometimes best placed to identify and recognise signs that children or families need help or support and may be able to provide the support a family needs. Where this support is not enough, families should be encouraged and empowered to seek the support they need through family support services and programmes and [Family Support Hubs](#), within the community.

Staff working within early years, nursery or educational settings, have increased opportunity to identify signs of emerging vulnerability, risk or harm early. Such early identification can facilitate timely support being provided before the situation deteriorates and the child's needs escalate.

## **4.3 Early Intervention and Family Support**

Early intervention approaches enable issues to be addressed at an early stage before they have the opportunity to worsen or become embedded, with potential negative impacts on education, health, social or employment outcomes for children and young people.

More recently there has been a particular focus on the impact of the early years of a child's life and their life-long outcomes. Child development is a complex area but a calm, stimulating, loving and stable home environment is a key

element for a child's social, emotional and healthy development. A lack of this has been shown to result in a range of poorer outcomes later in life such as being more likely to commit violent offences, completing suicide and developing ill-health in later life.

Early intervention within a safeguarding context is similar to early intervention in other areas in that it involves addressing issues relating to emerging vulnerability, potential and/or actual harm at an early stage. Such early intervention is important for all individuals and organisations who engage with children, young people and families, such as police officers and youth workers, but is particularly relevant for health and education professionals who deliver universal services and gives them a unique insight into the wellbeing of children.

Health, social care and education professionals have a responsibility to raise concerns about a child's welfare to the relevant HSCT where there is a concern relating to harm or risk of harm. However, in many instances, these professionals may recognise situations that, whilst not requiring involvement of HSCTs in relation to safeguarding, are a cause for concern. For instance, the child may be experiencing parental behaviour that, whilst not neglectful or abusive at this stage, may not be wholly conducive to healthy child development. Moreover, if the situation is not addressed, it could become harmful at a later point. Whether and when to intervene in such cases will always require the exercise of professional judgement.

It is therefore vital that concerns are acted on at an early stage in order to mitigate the risk of the child experiencing significant harm. This may include seeking to build motivation to change where it is concluded that it mitigates the emerging risk. As part of building motivation to change, professionals should encourage and facilitate engagement with local family support services and programmes, including via their local [Family Support Hub](#), to help the family access the supports that they require at that time.

Putting in place a package of support may enable the risks to the child to be appropriately mitigated. During this process, it is vital that the appropriate professionals stay engaged with the family to provide support and oversee the introduction of local services, and stay engaged until their concerns are addressed. In situations where parents are responsive and are making the necessary changes to improve outcomes for children and young people, the professional involvement should be adapted to ensure that the minimal interventionist approach is taken.

Reluctance or resistance to change on the part of parents at this early stage may indicate more serious concerns that need to be referred to the appropriate service. (see Section 6).

#### 4.4 Children in Need

Article 17 of the Children Order defines a 'child in need'. Article 18 of the Children Order describes the general duty of the authority to provide services for children in need, their families and others.

Where a child has been assessed as being a 'child in need', there is a requirement to provide a range and level of personal social services appropriate to the child's needs. The child's needs and the fact that support and services are required to meet those needs should be fully discussed with those with parental responsibility for the child and their consent obtained to enable professionals to share information and provide the appropriate support and services.

The [Understanding the Needs of Children in Northern Ireland \(UNOCINI\) framework](#) is used to assess the child's needs and the most appropriate forms of intervention to meet identified needs of the child or young person. The framework recognises that services may be required from a range of professions, disciplines and organisations and services should be co-ordinated on a multi-disciplinary and inter-agency basis. Services should be planned and provided, in consultation with families, by professional staff and voluntary organisations with the appropriate skills and resources to meet those needs.

Social workers and other relevant professionals and agencies work with the child and his/her family and develop a 'child in need plan' to outline how the child's needs will be met within their family context, including actions to be taken and by whom to ensure the child's needs can continue to be met in the longer term.

HSCTs must promote access to a range of services for children in need without unnecessarily or inappropriately triggering child protection processes to acquire such services.

Those providing front-line services to a 'child in need' should always be alert to potential indicators and or risks of harm, significant harm and/or abuse and, where further information becomes available which suggests there may be a safeguarding concern, the case should be referred back for reconsideration by the HSCT Children's Services.

[The UNOCINI Guidance on Thresholds of Needs Model](#) can be used to assist in deciding the level of need and making a determination as to how best to meet the child or young person's needs. Where professional staff are of the opinion that a child may still be at risk of harm, significant harm and/or abuse early authoritative intervention may be required.



**Early authoritative intervention** is a specific form of early intervention. It is intervening early and decisively to positively address the impact of adversity on children and reduce the risk of harm and poorer outcomes in later life. The term '**authoritative**' refers to authority based on:

- professional knowledge and expertise necessary to assess needs and risks, to make professional judgements about actions to be taken and to intervene effectively and decisively to protect a child's welfare or safety and effect positive change in family circumstances; and/or
- statutory duties and powers conferred on HSCTs to intervene to safeguard a child, which may include the provision of alternative care for a child.

HSCT Children's Services must liaise closely with adult services teams, particularly when there are children in receipt of services who are about to turn 18, to ensure that their continuing needs are recognised and provided for. An assessment should be made to determine whether they require any further services as an adult and these should be put in place in a timely manner to ensure the young person continues to receive the help they need as an adult.

#### **4.5 Safeguarding-aware and Supportive Communities**

Children are safeguarded best when the adults who care for them are themselves supported by the wider family circle, friends, neighbours and the wider community in which they live. A supportive, safeguarding-aware community 'looks out' for children and families, recognises early the signs of a family in difficulty, and makes an offer of help and assistance. It recognises the need for statutory intervention and engages statutory services where they are required.

Awareness campaigns and education programmes can help members of the community to recognise that harm to children is unacceptable and enable them to recognise and respond to situations where a child, young person or family may be in need of support. Voluntary and community groups can contribute to awareness raising through local initiatives to provide information, develop understanding and skills which help and support adults who care for children, and the children and young people themselves.

#### **4.6 Organisations and Services which are 'Safeguarding Sound'**

Organisations and services are 'safeguarding sound' when they are organised in a way which is child-centred and have the promotion of children's welfare at their core. When it comes to child safeguarding, the overall purpose of the organisation is irrelevant. The responsibility an organisation carries for the

safeguarding of any children or young people in their care remains, including those organisations established for a purpose other than to provide direct services to children.

**Organisations which provide services to children or young people** must have policies and procedures in place which put child safeguarding at the heart of the organisation's ethos, governance and practice, and which reflect the aims of this policy. Each organisations policies and procedures must be owned at all levels within the organisation and should be in line with good practice guidelines as set out in Keeping Children Safe: [Keeping Children Safe: Our Duty to Care – Standards and Guidance for Safeguarding Children and Young People – November 2016](#); and [Getting it Right: Standards of Good Practice for the Protection of Children and Young People – Third Edition August 2009 \(Updated February 2011\)](#).

When receiving services, children need to be and feel safe, and parents need to have confidence that they will be kept safe. Organisations must foster openness with parents, to provide all necessary assurances that the services provided to their child or young person are 'safeguarding sound'. In particular, all organisations that provide services to children and young people which fall within the definition of 'regulated activity' must ensure they comply fully with the requirements of the [Safeguarding Vulnerable Groups \(Northern Ireland\) Order 2007](#) as amended by the Protection of Freedoms Act 2012. However, this must be done in a balanced, common-sense way which does not prevent individuals or groups from engaging with children and young people on the basis that safeguarding is considered too difficult.

All professionals, staff and volunteers working with children, young people and their families within and across all organisations must be able to recognise, and know how to act on, concerns that a child or young person may be at risk of harm. They must know how to access child safeguarding advice, how to escalate concerns about a child's welfare within their own organisation and or specialism and how to refer a child to the relevant HSCT Children's Service when they are concerned about a risk of harm (see section 6). They should also be alert to harm which may happen outside, including the potential for harm arising from interaction with staff or volunteers. They should know:

- when, how and who to seek advice and support from in their own organisation;
- when and how to make a referral to a HSCT Gateway Service, including the need to following up oral referrals in writing;
- that action or intervention to protect a child or young person believed to be in **immediate danger** must never be delayed;

- that a formal electronic or written record must be kept of any concerns and discussions raised about a child or young person considered to be at risk; and
- that when a decision is taken not to take further action, the basis of this decision must be recorded by the decision maker and countersigned by a senior officer of the organisation.

**Organisations that have any level of contact with children or young people** must plan, construct and deliver their services in a way that:

- **upholds** the rights of children to be safe, respected, and have their views considered, creating an environment where children are valued and encouraged;
- **recognises** that harm is damaging to children and must not be tolerated;
- **identifies** the signs of harm and raises awareness of any specific risk of harm a child may be exposed to within their organisation;
- **reduces** opportunities for harm to occur within their organisation; and
- has systems and processes in place for **reporting** concerns about a child's welfare both internally and externally to a HSCT Gateway Service and/or the PSNI.

In addition, organisations providing services specifically to children and young people must have:

- **robust recruitment, selection and training procedures** for staff and volunteers, including early induction in safeguarding training prior to contact with children;
- **effective management** of staff/volunteers, including effective support arrangements for staff who identify concerns from within the organisation;
- a **code of behaviour** for all staff, volunteers and service users; and
- **effective information sharing** arrangements.

Public bodies commissioning or funding organisations providing services or activities to a child or young person must fulfil their safeguarding role by ensuring that those organisations adhere to the minimum requirements stipulated above and have safeguarding embedded in their organisational policies, procedures and practices.

**Organisations which provide services to adults** have a responsibility to be alert to risk of harm to the child or young person in the care of an adult to whom

they are providing services. This is particularly the case for those working with 'adults at risk' where there is potential for concerns to be raised about the welfare of a child in the care of an adult at risk. Any concerns about a child's welfare which emerge in these circumstances should be referred without delay to the relevant HSCT Gateway Service (see section 6). Consent should be sought, if required, from the adult before information about them is shared (see section 8), unless to do so could further compromise the child's welfare, place them at risk of harm or undermine any investigative actions necessary by PSNI.

#### **4.6.1 Individuals providing services to children or young people**

Individuals such as private tutors or sports coaches providing services to children or young people have a responsibility to ensure the activities or services they provide are safe. These individuals should be able to demonstrate that any risks of harm identified have been assessed and that measures are in place to minimise them.

Those employing a tutor or coach should be satisfied to the best of their ability that they are employing one who is properly qualified and knowledgeable about child safeguarding. Parents should ask the tutor or coach to provide a copy of his/her child safeguarding policy and should satisfy themselves that there is no cause for concern or risk of harm to their child by requesting and checking references or accompanying the child or young person.

## **5.0 ENGAGING THE FAMILY**

### **5.1 Involving Children and Young People**

Children and young people, in keeping with their age and abilities, should be supported to understand the extent and nature of their involvement in plans and decisions that affect them. Practitioners must take full account of the rights of the child or young person and meaningfully engage them in decisions which contribute to meeting their needs, including their safeguarding needs. Children and young people should be made aware and helped to understand:

- what services are available and why they are being provided;
- how they can be involved and how they can be helped to articulate their views, wishes, feelings and their own sense of the risks to which they are exposed and what they feel can be done to keep them safe;
- how their views will be taken into account when decisions about services to be provided and their future are being made;
- what concerns professionals have about them;
- how safeguarding and child protection processes work; and
- why and how decisions which run contrary to their views have been made.

Children or young people who lack capacity to express their views on a particular matter require more specific or personalised support, for example, advocacy and representation or communication support or the provision of interpreters for sign or other languages. This should be provided based on the specific needs of the child or young person and consideration should be given to whether additional professional support should also be sought to assist other members of the family to express their views.

All children and young people should be informed that ultimately, decisions will be taken to safeguard them and to promote their welfare.

### **5.2 Working with Parents / Carers**

In some cases parents are powerless to stop harm occurring to their children, despite their best efforts. On that basis, when working with parents, professionals need to take care not to apportion unnecessary blame to parents for harm which has occurred to their child or young person.

Professionals must remain alert to the possibility that, despite strenuous efforts on part of some parents to safeguard their children, their children and young people may continue to place themselves in situations of risk or be enticed into such situations by others. Professionals should work in close proactive partnership with parents to ensure they have as full an understanding as

possible of the strategies and interventions parents have used to try to keep their children safe. If these have been unsuccessful, professionals need to understand why so that they can provide advice and support to parents in the first instance to assist them to manage the risks to their children. Such work needs to be undertaken collaboratively and sensitively so that parents who are endeavouring to protect their children and young people are not left feeling stigmatised, dismissed or blamed for the risks that continue to exist.

It is also important that children and young people who place themselves in situations of risk see that professionals persevere to support and help parents who are trying to keep their children safe.

Some parents abilities to safeguard their children may also be limited if they have limited capacity or have themselves experienced compromised parenting and cannot exercise effective control over their children's lives. If necessary, co-ordinated support from a range of professionals should always be offered to parents who are attempting to parent positively. However, there will also be instances when some parents are unable, unwilling or are reckless in prioritising their children's needs and welfare effectively and in such instances professionals need to effectively exercise the authority that attaches to their roles.

Professionals must consider whether parents require help or support to deal with any harm they themselves have suffered, or are at risk of. Without help, some parents may be unable to recognise what needs to change to enable them to provide the support their child requires from them.

Not all parents are able to safeguard their children, even with help and support. Some parents may feel hurt and angry and refuse to co-operate with social workers or other practitioners. A minority of parents may be actively dangerous to their children, other family members, or professionals and some may be unwilling and/or unable to change.

There will be instances where decisions taken by professionals in the best interests of the child do not concur with the parents / carers and children and young people's views and wishes. Professionals should deal sensitively with parents / carers but must always be mindful that their duty is to ensure the safety and welfare of a child or young person and the child's best interests are paramount.

Professionals should be alert to the possibility of, and risks associated with, [disguised compliance](#) as some parents may feign cooperation to avoid more authoritative interventions that may be required to safeguard their children. It is important that staff working with resistant families and/or manipulative parents

have adequate managerial support, advice and guidance available to them and that staff and their managers ensure that the voice of the child or young person is heard when making decisions about the child's best interests and possible need to be safeguarded.

In addition to effective support, it is important that practitioners have an appropriate level of professional and supervisory challenge which tests their analysis and assessment. This is particularly important when working with the possibility of disguised compliance and /or hostility from parents in order to ensure the focus remains upon the child and or young person's safety, welfare, and what is in their best interest.

### **5.3 Family Group Conferences (FGC)**

FGCs have proved effective as a means of helping to identify and resolve family problems and consideration should be given to their use, where appropriate, as early as possible. They can also be used in circumstances where risk of significant harm emerges.

The decision to hold a FGC is a matter of professional judgement. If a decision is made not to hold a FGC, the rationale for this decision should be recorded, particularly where a referral is being progressed as a child protection case and a case conference is being convened.

A FGC is a family led decision making process in which a child or young person's wider family and friends come together in a meeting (conference) to develop a plan to protect and support the child/young person in the family. The Plan proposed by the family members in attendance at the FGC must be agreed and endorsed by the HSCT working with the child and their family.

The overriding principle in such decisions should always be the best interests and welfare of the child or young person. Professionals must provide clear unambiguous information about the matters of concern, to enable the family members in attendance to make an informed plan, which meets the identified needs of the child/young person.

## 6.0 PROTECTION

This section outlines responsibilities for child protection, within and between organisations and agencies.

### 6.1 Raising a Concern

Anyone with an **immediate** concern about the safety or welfare of a child or young person should contact the PSNI without delay so that an emergency protective response can be made. A referral may also be made directly to the PSNI where a crime is alleged or suspected.

Anyone with a concern about the safety or welfare of a child or young person in circumstances other than an emergency should contact the HSCT Gateway Service in the relevant HSCT. This includes parents or family members seeking help, concerned friends and neighbours, professionals and individuals from statutory or voluntary organisations. Even where individuals are unsure about whether a concern needs to be referred, they can contact the HSCT to obtain advice. Advice can also be obtained from the NSPCC helpline. Referrals outside normal working hours should be made to the Regional Emergency Social Work Service (RESWS).

Where the child or young person is already known to HSCT, the concern should, where possible, be raised with the social worker involved with the child or young person.

Where an allegation of child abuse is made, by any person, or, where grounds exist to suspect that a child is being abused, the referring professional should not in these circumstances be conducting further enquiries or passing information to other parties until after the outcome of the joint assessment between HSCT and the PSNI has been completed in accordance with the [Joint Protocol](#) or other relevant policy and procedures. Any subsequent action taken under the Joint Protocol should be taken in liaison with the PSNI.

Staff and volunteers in organisations should follow their own internal policy and procedures in raising a concern or making a referral about the safety or welfare of a child or young person to a HSCT. Statutory and voluntary organisations must keep a record of all discussions to ensure that all relevant information is provided through an appropriate shared response to the HSCT.

### 6.2 Receipt of Referrals

If the child about whom a referral is made is **on the child protection register of**, or is **'Looked After' by another HSCT**, the HSCT Gateway Service who receives the referral should involve the HSCT responsible for the child without delay. That responsible HSCT must then take immediate steps to decide on the



action needed, if any, to safeguard the child or young person. If possible, the initial assessment should always be carried out by the child's own designated social worker from the responsible Trust.

If a child or family is **currently known to the HSCT**, the referral should be progressed within the relevant HSCT Children's Service by the social worker with case responsibility for the child or family. **For all other referrals received**, the HSCT Gateway Service will carry out an initial assessment using all the available information and decide if further action is required. As part of the process consideration should be given as to whether or not the [Joint Protocol](#) should be implemented.

Where there are allegations of abuse, or where a crime is suspected, the referral must be reported immediately to the PSNI and a **strategy discussion** completed to decide how to proceed. The strategy discussion may include the involvement of a Forensic Medical Officer, GP, paediatrician, other professionals and/or a person with specialist knowledge - for example specialist expertise should be sought if required where the child or young person has learning, communication or sensory disability such as hearing loss. The purpose is to ensure an early exchange of information, and to clarify what action needs to be taken jointly by PSNI and the HSCT and/or what they will take forward separately. This strategy discussion should be action-orientated with the purpose of planning how the investigation will be co-ordinated.

The HSCT Gateway Services, or the relevant HSCT Children's Service and the PSNI are responsible for liaising and arranging joint investigation and joint protocol interviews. Where the decision is taken not to implement the Joint Protocol, the PSNI and the HSCT must agree which agency will lead on the referral and take appropriate action to secure the child's safety. Where assessment concludes that protective action is needed, then the HSCT should ensure this is progressed and provided.

Where it is concluded that protective action is not required, the social worker with case responsibility for the child/ young person will explain this and the reasons for that conclusion to the child and family and direct the child or family to help or support services available from universal health services, or from early intervention support services in the local area.

In either case, all decisions and actions taken along with their rationale in relation to the referral should be recorded, and records placed on the child or young person's case file.

### 6.3 Assessment of Referrals

As part of the **assessment**, the HSCT Gateway Service or the relevant HSCT Children's Service will conduct an investigation into the concerns outlined in the referral, working in collaboration where appropriate, with a view to determining if the child is:

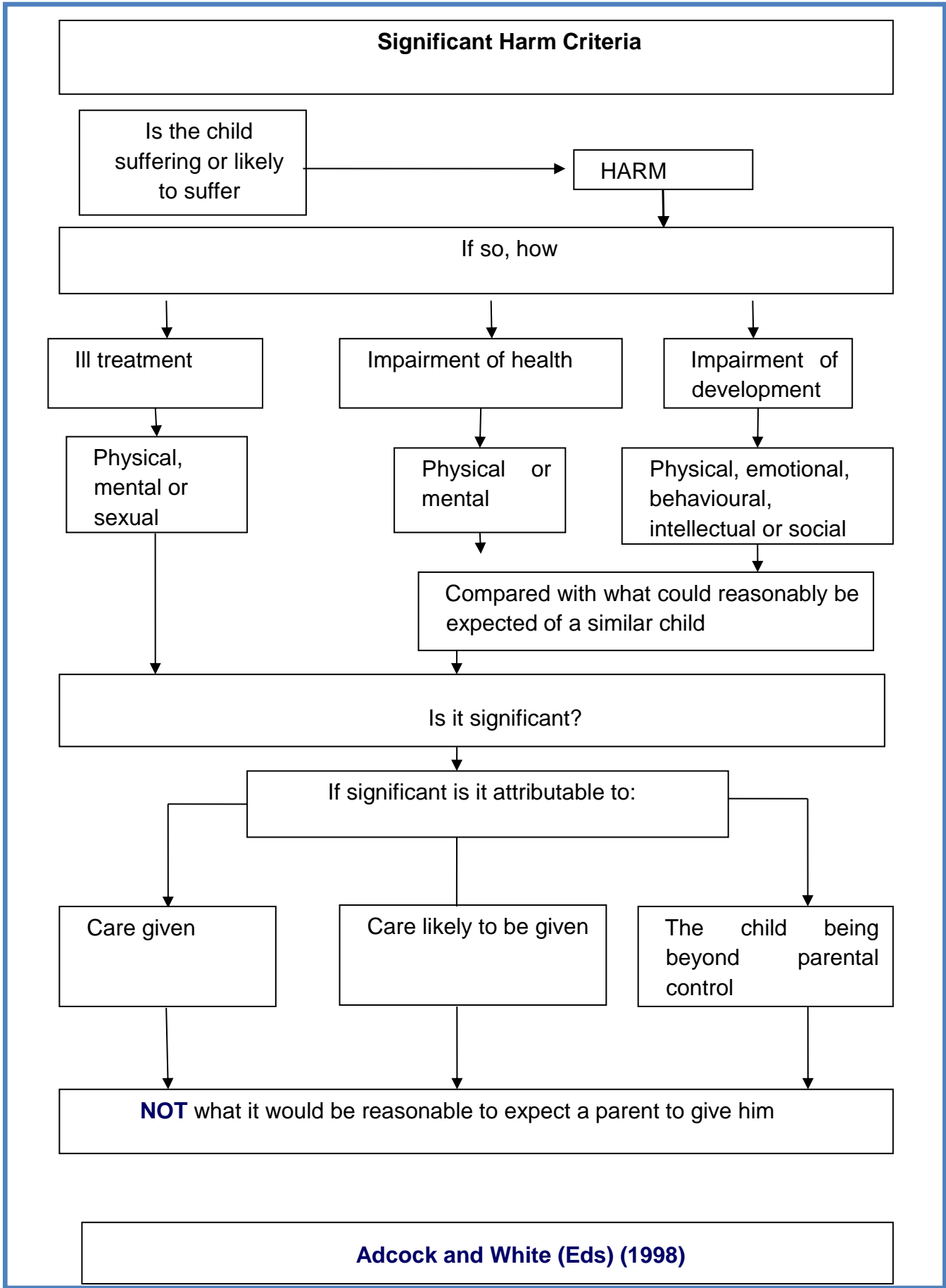
- at risk of significant harm, or has experienced significant harm;
- a 'child in need' as defined by Article 18 of the Children Order; or
- not a 'child in need', or at risk of significant harm, but whether some level of family support is required and appropriate action taken.

Other statutory organisations or professionals who have been involved with the child or family members, or are aware of their circumstances are required to assist the investigation and input into the inquiries being made. Voluntary organisations are expected to co-operate in compliance with the Regional Child Protection Policy and Procedures and their own organisational policies and procedures. The assessment process should include consideration of the views of the child or young person.

There are no absolute criteria on what constitutes **significant harm**. [Article 50\(3\)](#) of the Children Order states that "where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child". Sometimes, a single traumatic event may constitute significant harm. More often, significant harm is a compilation of childhood adversities and or abuse which has a negative impact on the child's physical, social, emotional and psychological development.

The decision as to whether significant harm is present will require a careful application of professional judgement based on the nature of the concern, all available information about the child and the family, and the views and opinions of the child or young person, family members and other professionals.

The decision to initiate protection procedures is a matter for professional judgement and each case should be considered individually. The diagram (from **Adcock and White (Eds) (1998)**) may be helpful in determining the criteria that may constitute significant harm.



## 6.4 Child Protection Investigations

Where there are concerns a child is at risk of, or has experienced, significant harm, a '**Child Protection Investigation**' will be commenced under [Article 66](#) of the Children Order. Such investigations must be conducted in compliance with the Regional Child Protection Policy and Procedures. The HSCT must conduct such inquiries as it considers necessary to enable it to decide whether it should take any action to safeguard or promote the child's welfare. Inquiries must include consideration of any risk of harm presented from both **outside and within** the family setting.

In order to encourage the greatest degree of multi-agency and inter-professional contribution, all agencies, organisations and professionals in the statutory and non-statutory sector are expected to cooperate fully with the HSCT and the PSNI in their investigations and attend and provide information to the Child Protection Case Conference, if invited.

Those who have a legislative duty to cooperate with HSCTs under [Article 66 of the Children Order](#) must have procedures in place to assist compliance with their Article 66 duties. They must be fully briefed and informed about the case to enable them to represent their professional or organisational interaction with the child and/or family members until that point. This may involve sharing or evaluating information, including the sharing of any concerns that have arisen. It may also involve working in partnership with the HSCT and the PSNI to assess the risk for the child, young person and their family.

Decisions taken must be based on information available at the time, including information held by other disciplines / professionals within the HSCT relating to the child, young person, other children of the family and family members as appropriate. Such information should be judiciously and sensitively managed in compliance with the law, policy and procedural requirements. If additional information subsequently becomes available it must be provided to the relevant social worker(s) to further inform decision making.

Once a Child Protection Investigation has concluded that the allegation is substantiated, consideration must be given to the child or young person's needs for immediate protection, any action necessary to secure this, and the need to convene a Pre-birth Case Conference / Child Protection Case Conference. The purpose, criteria and functions of a Child Protection Case Conference are outlined in section 6 of the Regional Child Protection Policy and Procedures.

Where a decision is taken by a Child Protection Case Conference not to add the child's name to the Child Protection Register, or where subsequently a decision is taken to remove a child's name from the Child Protection Register, the HSCT

Children's Services must ensure an assessment is made as to whether the child is a 'child in need' and/or if the provision of support services is required.

### **6.5 The Child Protection Register (CPR) and Child Protection Plans (CPP)**

The purpose of the CPR is detailed at section 7.4 of the Regional Child Protection Policy and Procedures. It serves as a register of names of children in respect of whom a multi-disciplinary and inter-agency decision has been made at a Child Protection Case Conference. The decision to add a child's name to the CPR means he/she has suffered or is at risk of suffering significant harm and requires an inter-agency and multi-disciplinary CPP to ensure their protection. A child's/young person's name may be placed on the CPR under more than one category of abuse.

Although the primary responsibility for ensuring the CPP is drawn up and implemented lies with HSCT social workers, other professionals and agencies may be required to contribute to the execution of the plan. The CPP must set out actions to be taken, by whom and when, and the outcome expected. Joint planning and intervention across agencies will help ensure that risks are assessed as thoroughly as possible and action is taken to minimise and mitigate any further harmful impact on the child or young person. As far as possible, the HSCT should involve the child or young person in an age-appropriate way in determining the actions within the CPP, noting that, for older children, protective measures which do not take account of their views may become difficult to implement and therefore may not keep the child safe from harm. Any decisions made in relation to actions and or interventions to protect the child or other children of the family should be child-centred, safety-focussed, proportionate and timely. A holistic approach should be taken to identify and respond to a child or young person's current and longer term needs, as well as any potential risks of harm they may face. Child protection interventions must be structured, therapeutically focussed and informed by the continuing contribution, skill and expertise of all relevant professionals and agencies. This work should be evidenced in the records of all relevant professionals and agencies.

### **6.6 Making Effective Use of Legislative Powers**

HSCTs and other agencies can apply to the Court for a range of Legal Orders to assist and / or fulfil their duties to safeguard children. This includes the general powers contained within the Children Order and others which are available in particular circumstances. The following paragraphs outline a range of Orders that can be applied for, from the least authoritative intervention with participative parental involvement to, the authoritative intervention of the state securing 'parental responsibility' in respect of individual children.

[Article 12A of the Children Order](#) requires that when a court is considering whether to make a Residence or Contact Order in favour of a person prohibited by a non-molestation order under the [Family Homes and Domestic Violence \(Northern Ireland\) Order 1998](#) from molesting another person, or a court considers a person should be so prohibited, the court shall also consider whether a child has suffered or is at risk of suffering any harm through seeing or hearing ill-treatment of another person by the prohibited person. Children and young people can be protected from domestic violence and abuse by a range of legal powers such as a non-molestation order, and HSCTs must consider whether these are required to protect the child.

[Articles 57A](#) and [63A of the Children Order](#) give a court the power to require a named individual to be excluded from a home in which a child resides or remove a 'relevant person' or suspected abuser from the family home under certain circumstances. This can only occur where another person is able and willing to care for the child in the home and this person consents to the exclusion requirement.

[Article 55](#) enables the EA to apply for an **Education Supervision Order** to place the child under its supervision if it believes the child or young person is not being properly educated.

[Article 62](#) provides for an **Assessment Order** to be made if a HSCT has reasonable cause to suspect that the child or young person is or is likely to suffer significant harm, or an assessment of the state of his/her health or development or the way in which they have been treated is necessary, and it is unlikely that such an assessment will be satisfactorily made in the absence of an Order. The Court may further prescribe how this is to be done.

Where the child or young person is thought to be in immediate danger, HSCTs may apply to a Court for an **Emergency Protection Order** under [Article 63](#), which gives the applicant HSCT parental responsibility for the child or young person for a maximum of eight days. An Emergency Protection Order may only be extended upon application to the Court for a further seven days.

[Article 65](#) provides certain powers to the police regarding removal and accommodation of a child for up to 72 hours where there is reasonable cause to believe they would otherwise be likely to suffer significant harm. A police officer may, under the provisions of a **Police Protection Order** (PPO), remove the child or young person to suitable accommodation and keep him/her there or take such steps as are reasonable to ensure that the child or young person's removal from any hospital, or other place, in which they are then being accommodated is prevented. The framework for ensuring protection of a child or young person beyond the seventy-two hours afforded under the PPO requires

the police to consult immediately with the relevant HSCT so that an appropriate Order or arrangements can be sought conferring parental responsibility on the HSCT.

[Article 69](#) provides for a court to make a **Recovery Order** where there is reason to believe that a child who is either in care, subject to an emergency protection order, or in police protection:

- has been unlawfully taken away or is being unlawfully kept away from the person who is responsible for his/her care, the responsible person;
- has run away or is staying away from the responsible person; or
- is missing.

A **Harbourer's Warning Notice** informs a person with a child that those who have parental responsibility for the child do not agree to the harbourer holding the child. The Warning Notice can provide evidence in any prosecution for abduction under [Article 4 of the Child Abduction Order](#) or [Article 68 of the Children Order](#), or can be used to prevent a person successfully raising defences, should such an abduction charge be pursued, which would allow contact with the child and or young person to be maintained.

[Article 57](#) allows Interim Care and Supervision Orders to be made where there is an urgent need to protect the child.

[Article 50](#) provides for a **Care Order** or **Supervision Order** to be applied for. A Care Order provides for parental responsibility to be shared with those who have parental responsibility for the child by virtue of birth circumstances and/or other Orders of Court. A Supervision Order puts the child under the supervision of the HSCT. A Supervision Order does not confer parental responsibility on the HSCT.

### 6.6.1 Private Law Orders

[Article 8 of the Children Order](#) provides for Private Law Orders which can be applied for by certain individuals, or applied directly by the Court during family proceedings. They provide for the following Orders for the purpose of promoting the welfare of a child:

- Contact Order – requires the person with whom the child lives to allow the child to have contact with the person named in the Order;
- Prohibited Steps Order – prevents a particular step being taken with respect to the child by their parent without the consent of the court;
- Residence Order – sets out the arrangements for where the child should live;

- Specific Issue Order – sets out the arrangements for the determination of a particular question that has arisen in connection with any aspect of parental responsibility for the child.

Social workers and other professionals can support responsible parents/carers to utilise these Orders to afford support and protection to children and young people.

### 6.6.2 NSPCC

Uniquely amongst voluntary organisations, the NSPCC has authorised status under the Children Order giving it the power to apply for an Emergency Protection Order, a Child Assessment Order and to bring Care Order or Supervision Order applications. Should the NSPCC decide to exercise these powers they will do so in partnership with other agencies and in particular HSCTs and the PSNI. Where there is disagreement on a case, NSPCC will seek to resolve any difficulties using its Concerns Resolution Process and any exercise of that process will be in line with the principles set out in this policy guidance.

### 6.6.3 Other Legislative Powers

It is an offence under the [Child Abduction \(Northern Ireland\) Order 1985](#) for a person connected with a child to take or send the child out of the United Kingdom without the appropriate consent. A parent can also be charged with the common law offence of kidnapping. It is also an offence to take or detain a child under the age of 16:

- (a) so as to remove him from the lawful control of any person having lawful control of the child; or
- (b) so as to keep him out of the lawful control of any person entitled to lawful control of the child.

The [Sexual Offences Act 2003](#) provides for two Court Orders:

- **Sexual Offences Prevention Orders** – made against those who are deemed to pose a risk to others; and
- **Risk of Sexual Harm Orders** – made against those who have a history of sexual offences against children.

The [Sexual Offences \(Northern Ireland\) Order 2008](#) consolidated sexual offences law in Northern Ireland into one statute and modernized, strengthened and harmonised the body of offences and penalties with the rest of the England and Wales. For example, [Article 21](#) introduced offences of arranging or facilitating commission of a sex offence against a child and [Article 22](#) introduced the offence of meeting a child following sexual grooming.



Section 7 of the policy describes specific circumstances in relation to the application of **Female Genital Mutilation Protection Orders** (see section 7.2.3) and **Forced Marriage Protection Orders** (see section 7.2.4).

## 7.0 SAFEGUARDING IN SPECIFIC CIRCUMSTANCES

This section relates to safeguarding children and young people in specific circumstances recognising that the abuse of children and young people can manifest in a number of ways and can involve a combination of the forms of abuse defined in section 2 of this policy. The ways in which abuse manifests can also change over time and all those working to safeguard children must have an awareness and understanding of the nature and prevalence of different manifestations of abuse within their practice area. The key consideration must always be how the individual child and or young person is impacted by the harmful actions of others.

### 7.1 Grooming

Grooming<sup>2</sup> of a child or young person is always abusive and/or exploitative. It often involves perpetrator(s) gaining the trust of the child or young person and/or making an emotional connection with the victim in order to facilitate abuse before the abuse begins. This may involve providing money, gifts, drugs and/or alcohol or more basic needs such as food, accommodation or clothing to develop the child's/young person's loyalty to and dependence upon the person(s) doing the grooming. The person(s) carrying out the abuse may differ from those involved in grooming which led to it, although this is not always the case.

Grooming is often associated with Child Sexual Exploitation (see below), but can be a precursor to other forms of abuse. Grooming may occur online and/or through social media, making it more difficult to detect and identify. Adults may misuse online chat rooms to try and establish contact with children and young people or to share information with other perpetrators, which creates a particular problem because this can occur in real time and there is no permanent record of the interaction or discussion held or information shared. Those working or volunteering with children or young people should be alert to signs that may indicate grooming, and take early action in line with their own organisational policies and procedures and section 4 of this policy to enable preventative action to be taken, if possible, before harm occurs. [The Sexual Offences \(Northern Ireland\) Order 2008](#) provides for offences relating to sexual grooming of children and young people.

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<sup>2</sup> NSPCC definition - 'Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know – for example a family member, friend or professional. Groomers may be male or female. They could be any age. Many children and young people do not understand that they have been groomed, or that what has happened is abuse.'

Practitioners should be aware that those involved in grooming may themselves be children or young people, and be acting under the coercion or influence of adults. Such young people must be considered victims of those holding power over them. Careful consideration should always be given to any punitive approach or 'criminalising' young people who may, themselves, still be victims and/or acting under duress, control, threat, the fear of, or actual violence. In consultation with the PSNI and where necessary the PPS, HSC professionals must consider whether children used to groom others should be considered a child in need or requiring protection from significant harm.

## **7.2. Specific Forms of Abuse**

### **7.2.1 Complex Child Abuse**

The [Joint Protocol](#) defines **Complex Child Abuse** as 'complex, organised or multiple abuse, whether sexual, physical, emotional or by neglect occurs as part of a network of abuse across a family or community, within residential homes or schools and within an 'on or off line' networked groups of sexual offenders'.

It can be **family based abuse** perpetrated by immediate, extended or neighbouring families, and abusers may join together to abuse one another's children, often crossing generations. With this type of abuse, victims are rarely from outside the extended family and family contacts. The abuse of children and young people may also be organised outside of immediate and extended family networks. It can also be perpetrated through **paedophile networks** which can be confined to a neighbourhood, spread over a wide geographical area or cross two or more national boundaries.

Abusers often use technology, including social media, to groom and or perpetrate abuse.

Where this type of abuse takes place in a care setting, it can be facilitated by poor or inadequate care or support, or systemic poor practice that affects the whole care setting. This type of abuse should always be responded to in compliance with Regional Child Protection Policy and Procedures including where child victims are identified in accordance with the Joint Protocol.

### **7.2.2 Abuse within Communities**

Children and young people in Northern Ireland face additional vulnerabilities living in a post-conflict society which is still experiencing legacy issues associated with paramilitarism. Within some communities, there can be an acceptance of the use of violence as a response to perceived anti-social behaviour, crime committed by individuals or as a method of control over children and young people. Children and young people within these communities may be threatened with violence or forced expulsion from their

homes and local areas by those linked to organised gangs or paramilitary organisations or as a result of perceived cultural beliefs. Children may also be abused or exploited by adults who hold power within their communities, where fear is used to coerce the child or young person into compliance.

Children and young people must be protected from all such threats of harm. Being under threat within the community can have a negative impact on a child or young person's physical, social, emotional and psychological wellbeing. HSCTs, Councils, Community and Voluntary organisations, PBNI, NIPS, YJA, PPS and the PSNI should develop and strengthen existing links to prevent harm happening as well as working together to provide a multi-agency response where harm of this nature has occurred. Where individuals or organisations become aware or receive information that a child or young person may be, or is under threat within their community, the relevant HSCT must be informed in accordance with section 6 of this policy and the Regional Child Protection Policy and Procedures. Where a crime is suspected, a person's life is at risk or believed to be at risk or there is risk of serious injury contact should be made directly and immediately with the PSNI.

Statutory services should develop and strengthen links with communities to recognise diversity and to ensure that children and young people across all communities, regardless of ethnicity, are safeguarded effectively. This includes enhancing the safeguarding capability of communities by encouraging and supporting them to recognise harm and abuse and report concerns that arise.

### **7.2.3 Female Genital Mutilation (FGM)**

FGM involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life.

FGM is a criminal offence in Northern Ireland. Where any individual or organisation has a concern that a child or young person may be at **immediate** risk of FGM they should report this to the PSNI without delay. Where any individual or organisation has a concern that a child or young person may be at risk of FGM, they should make a referral to the relevant HSCT in line with section 6 of this policy, to enable a response to be made that is compliant with, in the first instance, a family supportive approach, or if there is judged to be a significant risk to the child of FGM, a response compliant with Child Protection Policy and Procedures and includes the involvement of the PSNI. Consideration should always be given to the needs of any female child of the family or female child resident in the same household.

Practitioners must comply with the [Multi Agency Practice Guidelines on Female Genital Mutilation](#), published by the Department of Finance (DOF), any Professional Guidance on FGM issued by their own professional body and their internal organisational policies, procedures and guidance. Those working in clinical, medical, nursing, midwifery and AHP practice must be particularly alert to the possibility of FGM and should always consider that there may be female children in the same household as any female who presents with signs of FGM or where there are concerns that FGM may be a possibility. The cross-disciplinary framework '[Tackling FGM in the UK: Intercollegiate recommendations for identifying, recording and reporting](#)' outlines recommendations to effectively respond to FGM. Schools and colleges must also be particularly alert to signs that a child may be at risk of FGM and take appropriate action in keeping with the Multi Agency Practice Guidelines on Female Genital Mutilation and Regional Child Protection Policy and Procedures.

Other agencies, organisations and practitioners who reasonably suspect that a girl may be at risk of FGM should make their concerns known to HSCT Gateway Services.

The [Serious Crime Act 2015 \(sections 72 and 73\)](#) has amended the [Female Genital Mutilation Act 2003](#) to include:

- in section 3.A. the 'Offence of failing to protect girl from risk of genital mutilation'; and
- in section 5.A. has introduced [FGM Protection Orders](#) (FGMPO).

A FGMPO can be made upon application<sup>3</sup> to a court or when the court believes the making of such an order is necessary to protect a child/young person. A FGMPO may contain prohibitions, restrictions or requirements and any other such terms as the Court considers appropriate. Where it is established that a child or young person has been a victim of FGM that child/young person should be provided the full range of necessary health, social care and counselling supports.

#### **7.2.4 Forced Marriage**

A forced marriage is a marriage conducted without the valid consent of one or both parties and where duress is a factor. Forced marriage is a criminal offence in Northern Ireland, and where an agency, organisation or practitioner has knowledge or suspicion of a forced marriage in relation to a child or young person, they should contact the PSNI immediately.

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<sup>3</sup> An application may be made by the girl who is to be protected by the order, or a relevant third party or any other person with the leave of the court.

All agencies with responsibility towards safeguarding and promoting the welfare of children must comply with [The Right to Choose: Statutory Guidance for Dealing with Forced Marriage](#) published by DoF in April 2012 to protect persons from being forced into marriage against their will. This guidance is designed to assist with the operation of the [Forced Marriage \(Civil Protection\) Act 2007](#) (the 2007 Act) and to ensure that the protections which the Act offers are widely promoted in Northern Ireland.

A Forced Marriage Protection Order (FMPO) issued under the 2007 Act offers protection to a victim from being forced into marriage. A FMPO may contain prohibitions, restrictions or requirements and any other such terms as the Court considers appropriate. An application for a FMPO can be made by a victim, a person obtaining the court's permission to apply for an order on behalf of the victim, a relevant third party, or by the Court itself. Breach of a FMPO is a criminal offence.

### **7.2.5 Honour Based Violence (HBV)**

The term 'Honour based violence' is used to refer to a range of violent practices used to control behaviour within families or other social groups to sustain or promote perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative or another has shamed, or may shame, the family and/or community by breaking their 'honour code'. The punishment can include assault, abduction, restrictions of liberty, confinement, threats and murder.

Children, young people and adults can be victims of honour based violence. When an agency, organisation or practitioner suspects or believes that a child or young person is at risk of HBV they should take action commensurate with the perceived level of risk. If it is believed that there may be an immediate risk of HBV, an immediate report should be made to the PSNI. If the risk is not perceived to be immediate, the information should be passed to the local HSCT to enable a full assessment to be made in compliance with child protection procedures.

Where it is known to have taken place with children or adults, this information should be passed to the HSCT and or the PSNI to ensure that other children within the community affected are appropriately safeguarded.

### **7.2.6 Fabricated or Induced Illness (FII)**

Harm may be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Fabricated or induced illness by parents or carers can cause significant harm to children. FII involves a well child being presented by a carer as ill or disabled, or an ill or disabled child being presented

with a more significant problem than he or she has in reality and suffering harm or potentially suffering harm as a consequence.

### **7.2.7 Sexual Exploitation of Children and Young People**

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/ or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Sexual exploitation can range from opportunistic exploitation to more calculated, progressive and protracted exploitative behaviours. Abusers are often skilled in manipulating and exploiting young people, using affection, attention, treats, alcohol, drugs or just a place to 'hang out' or stay to gain and abuse a young person's trust; sometimes they may manipulate the young person into believing they are in an affectionate and consensual relationship. Frequently alcohol and drugs are provided to intoxicate and immobilise victims, making them more vulnerable to abuse. Alcohol and drugs are also used to create dependence and the perpetrators' control over victims. Frequently victims are subject to intimidation, threat and actual violence and/or threats or actual violence against their family or others they care about. Whatever the method of exploitation, the young person is being taken advantage of, exploited and abused through this controlling behaviour.

**Online sexual exploitation of children and young people** involves a range of offending which includes, but is not limited to, online grooming and can occur without a child or young person's knowing they are being targeted. The [Parents Against Child Sexual Exploitation website](#) provides helpful information describing the gradual, phased and progressive stages of grooming wherein the intent to exploit is ever-present and the pattern of increasing control evident. It also provides a range of useful advice to assist professionals to work collaboratively with parents/carers to help them protect children and young people from sexual exploitation.

Sexual exploitation can also involve children or young people being trafficked, within and across domestic and international borders, to engage in sexual activity with multiple perpetrators. While some children and young people may be more vulnerable, victims of sexual exploitation often have no obvious vulnerability factors and are not otherwise known to services, agencies or organisations. A child or young person may not see themselves as a victim of sexual exploitation, and in these circumstances is unlikely to disclose

information voluntarily or may be difficult to engage. This may be as a result of threat, intimidation, fear of exploiters, loyalty to perpetrators, a negative perception or fear of authorities, or simply a failure to recognise that they have been exploited.

Sexual exploitation may also involve more than one abuser and a number of victims. Sexual exploitation can take many forms and victims and perpetrators can be from any social or ethnic background. All agencies, organisations and practitioners should be aware that no single feature can define sexual exploitation of children and young people. They should ensure that they keep abreast of developing knowledge in other areas, have an up-to-date understanding of patterns of sexual exploitation in their area and recognise that the ways in which children and young people are exploited is constantly evolving. In doing so, it may be helpful to refer to guidance developed by the Department for Education in England, which includes further detail on the characteristics of child sexual exploitation and potential indicators of risk. This is available at <https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>.

If any information is received by any agency, organisation or practitioner which suggests a young person is being sexually exploited, or at risk of sexual exploitation, the Regional Child Protection Policy and Procedures must be complied with. A report should be made to the relevant HSCT or PSNI and a child protection investigation should be conducted in compliance with the requirements of the [Joint Protocol](#). The PSNI must be involved as early as possible in the investigative process to ensure any evidence that may assist prosecution is not lost, and to enable a disruption plan to reduce the victim's contact with the perpetrator(s) and reduce the perpetrator(s) control over the victim(s) to be put in place without delay. Once concerns have been reported, the HSCT and the PSNI must ensure that urgent action is taken to protect the child and safeguard the child from any continuing risk of harm.

Professionals must plan how to sensitively approach young people who have been sexually exploited or may be at risk of sexual exploitation to try to gain their trust and commitment, ensuring that no child or young person is left in an exploitive situation, as efforts are made to establish trust. Professionals must recognise that children and young people who are victims of sexual exploitation face huge risks to their physical, emotional and psychological health and they may need to be supported to withdraw from the exploitative situation. Early authoritative intervention may be required to protect a young person and remove him/her from situations or environments where they may be vulnerable to exploitation. Young people must have access to the help and support they require to recover from the trauma of their exploitation, including providing for any health needs they have and to develop resilience to avoid a repetition of the



exploitation. Professionals should be mindful that the process of supporting young people in their recovery may take some time and that their parents / siblings may also need support. Providing support to children, young people and families to overcome the trauma of child sexual exploitation requires inter-agency and multi-professional commitment and time.

The **commercial sexual exploitation of children** involves the use of a child or young person in sexual activities for gain usually by adults. It is irrelevant whether or not it is perceived that the child or young person has willingly entered a commercial 'arrangement' with the perpetrator; it is still sexual exploitation and abuse. Commercial sexual exploitation may involve some level of organised abuse, where an adult uses a position of power to coerce the child or young person into commercial sexual exploitation. This may involve the misrepresentation of an enticement or 'reward' or benefit for the child or young person, but this is not always the case. Offences associated with commercial sexual exploitation of children are contained within the Sexual Offences (Northern Ireland) Order 2008.

### **7.2.8 Abusive Images of Children**

The production of abusive images of children can involve contact sexual abuse of children and/or the manipulation of innocent images, including video, film or photographic data. Such images are often distributed for sexual gratification and sometimes for financial gain. Modern technology has become a key mechanism for distributing abusive images of children and/or young people. Where abusive images or images intended for sexual gratification are identified as that of a child or young person, this must be referred to the Gateway Service in the relevant HSCT and/or the PSNI in accordance with section 6 of this policy. It is important that appropriate action is taken to ensure a child or young person is protected and supported and is safe from further harm. The PSNI will take appropriate action to ensure that any criminal activity is investigated and prosecutions sought where necessary.

### **7.2.9 Risks of Misuse of Digital Technologies**

Young people use e-technologies extensively from an early age. While it is clear that technology offers children unprecedented opportunities to learn, communicate, create, discover and be entertained in a virtual environment, there are some inherent risks. Whilst most children and young people's confidence and competence in using technologies is high, their knowledge and understanding of the risks associated with its use may be low.

Children and young people need to be facilitated and encouraged to develop safe and responsible online behaviours as this provides the best defence for keeping them safe online. They should be provided with education and guidance in developing their own set of responsible behaviours. Schools and colleges

must incorporate online safety into their e-technology curriculum and support children and young people in the safe use of all forms of e-technology. Parents and carers and those who provide services to/for children and young people should make themselves aware of:

- the different ways children and young people interact with technology and get online;
- what children and young people are doing online i.e. creating content as well as consuming it;
- the importance of developing good risk awareness by children and young people, parents and carers;
- the potential for online bullying and the indicators that a child or young person may be being bullied online;
- practical tips for e-safety in the home e.g. using filters and favourites, creating appropriate user profiles;
- consider activities to raise awareness amongst young people about the safe use of e-technology.

Organisations which engage with children and young people using e-technology should have a specific e-safety policy in place which has been made available to parents and young people. This should outline how the organisation mitigates against risk of harm and help ensure as far as possible that children and young people engaging with the organisation online are kept safe when doing so. All staff and volunteers who have contact with children should promote the safe and responsible use of technology in its many forms. All staff and volunteers should know how to respond if a child directly divulges an e-safety incident and how to escalate it appropriately.

When someone is suspected to have used e-technology in a way that may cause harm to a child or to children generally, this must be referred to the HSCT Gateway Service or the PSNI, who will consider if the [Joint Protocol](#) should be invoked, or the Regional Child Protection Policy and Procedures. As well as taking direct action to ensure the safety and protection of the child and young person in question, the HSCT or the PSNI must consider whether the individual might be involved in the abuse of other children and take appropriate action.

Children and young people who generate and share sexually explicit images of themselves or others need to be aware that they are committing a criminal offence under [Article 20 of the Sexual Offences \(Northern Ireland\) Order 2008](#). This is sometimes referred to as 'sexting' and involves the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet. By sending an explicit image, a young person is producing and distributing child abuse images and risks being prosecuted, even

if the picture is taken and shared with the permission of the child or young person. 'Sexting' can also refer to written messages.

It is important that children and young people are aware that sharing sexually explicit images is illegal and they understand what to do if they receive or someone asks them to share a sexually explicit image or message. Children and young people also need to be made aware of where and who to go to for support if they are being coerced or pressurised to upload, post or share such images or messages and what to do if they are worried or if things go wrong.

#### **7.2.10 Abuse by a Person in a Position of Trust**

Abuse can be perpetrated by adults working in a position of trust, either in an employed or voluntary capacity, in a variety of settings or within an organisation that has responsibility for, or provides services or activities, for children.

In cases where abuse by a member of staff or a volunteer is suspected, the organisation should comply with the guidance as outlined in section 6 of this policy to ensure that suspicions of abuse are properly reported and investigated in compliance with the Regional Child Protection Policy and Procedures and that all necessary actions can be taken by the agency that employs the member of staff or uses the services of a volunteer. Organisations must consider whether action is necessary to ensure that person does not have unsupervised access to the children or young people during the course of the investigation. It would normally be appropriate for the staff member to be placed on precautionary supervision either on the grounds of the possibility of the alleged abuse recurring, or concern that their presence might interfere with the investigation. In most cases, there will be both an internal investigation into whether abuse has occurred and if so how the abuse has occurred, and a criminal investigation by PSNI.

Although organisations have a responsibility to consider the need for disciplinary action and to identify any learning points which could prevent similar events in the future, the PSNI investigation takes precedence and PSNI must be consulted to ensure that nothing is said or done internally which would hinder or undermine a criminal investigation. The initiation of disciplinary proceedings should not rely on a successful prosecution by the PSNI. The fact that the alleged abuser has not been prosecuted or has been found not guilty in court proceedings does not mean that disciplinary proceedings are not necessary or feasible.

Referral must be made to the Disclosure and Barring Service (DBS) in accordance with the [Safeguarding Vulnerable Groups \(Northern Ireland\) Order 2007](#). The [DBS website](#) provides further information on checks, referrals and barred lists. If an organisation is aware that a member of staff it has suspended

also works with children for another organisation, either as an employee or volunteer, it should give due consideration to sharing relevant information to ensure that children are protected in another setting and the other organisation is afforded the opportunity to take any action necessary.

## **7.3 Children / Young People with Increased Vulnerabilities**

### **7.3.1 Looked After Children (LAC)**

In consultation with other agencies and professionals, a HSCT may determine that a child or young person's welfare cannot be safeguarded if they remain at home. In these circumstances, a child may be accommodated through a voluntary arrangement with the persons with [parental responsibility](#) for the child or the HSCT may make an application to the Court for a **Care Order** to place the child or young person in an alternative placement provided by the Trust. The HSCT will then make arrangements for the child to be looked after, either permanently or temporarily.

HSCTs have a duty to act as a 'corporate parent' in respect of looked after children and must ensure that the child or young person's needs are met, including their need for protection from harm or risk of harm the child may face while in care. HSCTs must remain alert to opportunities for harm to occur to looked after children, and take appropriate and timely actions to mitigate or remove any risk of harm occurring. Each Review of Looked After Child - Review of Arrangements Meeting (LAC Review) must consider the child's protection needs, and take any further steps or put appropriate measures in place to protect the child from harm. Social workers visiting looked after children should be alert to the possibility of abuse occurring within all care placements. Regulations require that a social worker should see a child alone. Social workers must regularly ask children in kinship care, foster care and residential care about their experiences', encourage them to talk openly and must keep a written record of those discussions. All children in the care of HSCTs in Northern Ireland should be advised that they are entitled to the support of an Independent Advocate should they wish to avail of this. The views of the child and the Independent Advocate should inform the LAC Review meeting.

HSCTs must ensure that the care placements they provide actively develop the emotional wellbeing and psychological needs of children and young people to help them develop resilient and positive relationships and enable them to build a stable home life after care. Where necessary, early contact should be made with colleagues in adult services to ensure appropriate transition planning and continuity of care where required, and to allow an adult assessment of need to be undertaken after leaving care, where this is deemed necessary.

The HSCT must support foster carers, kinship carers and residential social work staff in their role in caring for a looked after child. They must provide appropriate training and guidance to foster carers, kinship carers and residential social work staff in relation to how they should address any risks to children in their care and ensure consistency of care for all looked after children.

### **7.3.2 Protection of Looked After Children**

When a referral of a child protection nature, which relates to a looked after child, is received by a HSCT Gateway Service the referral will pass from Gateway to the designated social worker(s) responsible for the looked after child, who is required to ensure that the inquiries required by [Article 66 of the Children Order](#) are made and the Regional Child Protection Policy and Procedures are complied with. The decision in relation to the management of a looked after child's needs must be taken in compliance with Protecting Looked After Children Guidance.

At the point where a decision would normally be taken in relation to whether a Child Protection Case Conference should be convened, a decision must be taken by a social work manager (at an appropriate senior level) as to whether the child's protection needs can be managed within the **Looked After Child Review of Arrangements (LAC Review)** process in compliance with the Protecting Looked After Children Guidance or whether a specific Child Protection Case Conference needs to be convened.

[The Review of Children's Cases Regulations \(Northern Ireland\) 1996](#) and the [Arrangements for Placement of Children \(General\) Regulations \(Northern Ireland\) 1996](#) prescribe how HSCTs must manage the review of looked after children's cases. The regulations make provision relating to:

- The time and manner in which cases should be reviewed;
- Considerations such as participation and requirements of attendance at LAC Review meetings; and
- Arrangements for implementation of decisions and actions arising out of reviews; and
- Monitoring and recording information in respect of LAC Reviews.

It is important that children, young people and their parents and/or others with parental responsibility for the looked after child participate in the review but they should not be subjected to unnecessary and duplicating bureaucratic processes. Safeguarding and promoting the welfare of the child or young person, should remain a primary focus of professional involvement, throughout the review process. Their views should be taken into account in the course of the review unless it is not reasonably practicable to do so.

When a child whose name is included on the Child Protection Register becomes looked after, the HSCT will seek to manage their safeguarding needs within the LAC Review process and ultimately remove the child's name from the Child Protection Register. **However this will only be done after all necessary protection planning is in place within the care planning process as required by the regulations.**

### **7.3.3 Children / Young People Who Go Missing**

Children and young people who go missing come from all backgrounds and communities and are known to be at greater risk of harm. This includes risks of being sexually abused or exploited although children and young people may also become homeless or a victim or perpetrator of crime. Those who go missing from their family home may have no involvement with services as not all children and young people who run away or go missing from their family home have underlying issues within the family, or are reported to the police as missing.

The patterns of going missing may include overnight absences or those who have infrequent unauthorised absences of short time duration. When a child or young person returns, having been missing for a period, parents and or others with care or responsibility for them should be alert to the possibility that they may have been harmed and to any behaviours or relationships or other indicators that children and young people may have been abused.

Professionals should work in partnership with others providing care, including parents, kinship carers, foster carers and residential care staff and the children and young people themselves, to understand and address the underlying factors which are driving the behaviour resulting in them going missing. Professionals should intervene early and collaborate with parents and others providing care to ensure effective prevention strategies are developed and to put into place strategies to reduce any risks of harm occurring to children and young people who run away or go missing. This involves providing an appropriate and proportionate response and or completing a risk assessment in each situation.

The involvement of the PSNI may not always be the appropriate or proportionate response. [The Runaway and Missing from Home and Care – Missing Children Protocol \(June 2015\)](#) must be followed by police officers, social workers, staff within children's homes and social workers linked to foster care in the management of safeguarding and child protection in these circumstances. The guidance applies to children and young people who go missing from home, those living away from home and young people living in supported accommodation.

Children and young people living in care who go missing are a particularly vulnerable group and may be at risk of harm, including abuse by their peers. Kinship carers, foster carers and residential social workers should strive to know the whereabouts of the children in their care at all times and take all reasonable actions to attempt to keep them safe.

It is essential that all judgments and decision-making in relation to risks posed to children and young people who go missing are informed by the information from 'return from missing' and 'safe and well' interviews conducted respectively by HSCTs and PSNI when a child/young person has returned from being missing. Professional judgement based on an informed assessment of the risks associated with the unauthorised absence will determine those incidences that should be reported to PSNI.

#### **7.3.4 Young People in Supported Accommodation**

Practitioners should be aware of and adhere to additional guidance for young people leaving care and those living in supported accommodation provided in Leaving Care Services in Northern Ireland (2012), [Standards for Young Adult Supported Accommodation Projects in Northern Ireland \(2012\)](#), and [Minimum Standards for Supported Lodgings for Young People and Young Adults in Northern Ireland \(2016\)](#).

#### **7.3.5 Young People who are Homeless**

Young people who are **homeless** may be at risk of harm, and HSCTs must give priority to early and comprehensive needs and risk assessments and the provision of appropriate support. Good communication and effective inter-agency work is essential to ensure homeless young people are offered co-ordinated and consistent support through the NIHE and HSCTs.

#### **7.3.6 Private Fostering**

Anyone who is involved in, or is considering becoming involved in, a [private fostering](#) arrangement has a legal duty under Regulation 6 of the [Children \(Private Arrangements for Fostering\) Regulations \(Northern Ireland\) 1996](#) to notify a local HSCT area regarding any child under the age of 16, or 18 if the child is disabled, living with an adult or adults outside of their family for more than twenty-eight days. A review of the proposed placement must then be made by the relevant HSCT to ensure there are no safeguarding issues arising from the arrangement and that the arrangements are appropriate to meet the child's wider needs. The DoH Circular '[Children Living with Carers in Private Fostering Arrangements](#)', provides further guidance and responsibilities for those engaging in private fostering arrangements.

All boarding schools must have a policy in relation to pupils who remain in Northern Ireland and stay with other families (or teachers) outside of term time, and adhere to private fostering arrangements regulations as outlined above.

### **7.3.7 Domestic Violence and Abuse**

Domestic violence and abuse can have a profoundly negative effect on a child's emotional, psychological and social well-being. A child does not have to directly witness domestic violence to be adversely affected by it. Living in a violent or abusive domestic environment is harmful to children. Children can witness domestic violence and abuse directly and indirectly between their carers and/or the effects of it; this frequently constitutes emotional abuse and can have profoundly damaging effects on a child's or young person's well-being. Young people may experience domestic violence and abuse in their own relationships.

Agencies and organisations must, as a matter of priority, follow up instances where a disclosure, concern or information is revealed from any source, including from a child or young person, about domestic violence and abuse which could impact children and / or young people either directly or indirectly. Where there is evidence or reasonable suspicion of domestic violence and abuse in a household where children or young people reside, this must be referred to HSCT Gateway Service. Any immediate action necessary to safeguard children and young people should be taken without delay.

Where a Multi Agency Risk Assessment Conference (MARAC) is convened, the HSCT must participate to ensure a specific protection response for children and young people who are at risk of harm due to domestic violence and abuse. Practitioner resources, such as protocols, template packs and toolkits for Chairs, Coordinators and Administrators of MARACs in Northern Ireland can be accessed through the [Safe Lives](#) website.

When responding to any incidents of domestic violence and abuse, the PSNI must establish whether there are any children living in the household and, if so, notify the relevant HSCT. Where a child is in need for immediate protection this must be provided.

### **7.3.8 Children of Parents with Additional Support Needs**

Children and young people can be affected by the disability of those caring for them. Parents, carers or siblings with disabilities may have additional support needs which impact on the safety and wellbeing of children and young people in the family, possibly affecting their education or physical and emotional development. It is important that any action taken to safeguard children and young people at risk of harm in these circumstances encompasses joint working between specialist disability and children's social workers and other professionals and agencies involved in providing services to adult family



members. This will assist in ensuring the welfare of the children and young people in the family is promoted and they are safeguarded as effectively as possible.

Where it is known or suspected that parents or carers have impaired ability to care for a child, consideration should be given to the need for a child protection response in addition to the provision of family support and intervention. The following guidance provides information and best practice principles for practitioners working with families to safeguard children and young people where parents or carers experience mental health problems:

- [Guide to Understanding the Effects of Parental Mental Health on Children and the Family;](#)
- [Rapid Response Report: Preventing Harm to Children from Parents with Mental Health Needs;](#) and
- [Think Child, Think Parent, Think Family: A Guide to Parental Mental Health and Child Welfare.](#)

Practitioners working in adult services should be alert to the potential detrimental impact of parental problems such as, alcohol and substance misuse on children's welfare, and consider these difficulties as a matter of routine practice when working with adult service users who have parenting responsibilities. All those working with adults who are abusing substances must have well understood referral mechanisms in place and implemented to enable concerns about a child's welfare to be passed to the relevant HSCT Gateway Service.

In circumstances where parents or carers are abusing and/ or misusing substances such as alcohol or drugs, including illegal or prescribed drugs and 'legal highs', and their ability to care for a child is impaired, consideration should be given to the need for a child protection response. All agencies, organisations and professionals must take into consideration any substance and alcohol misuse by parents when assessing parenting competence and the needs of, or risks to, any child.

The [Regional Joint Service Agreement protocol for Hidden Harm](#) provides guidance and information for practitioners in terms of responding to the needs of children and young people in circumstances where there is parental alcohol or substance misuse. In addition, the '[Opening our eyes to hidden harm](#)' booklet provides guidance and information for professionals working with young people.

### **7.3.9 Separated, Unaccompanied and Trafficked Children and Young People**

**Separated** children and young people are those who have been separated from their parents, or from their previous legal or customary primary caregiver.

**Unaccompanied** children and young people are those seeking asylum without the presence of a legal guardian.

Separated and unaccompanied children, who are without an adult to exercise parental responsibility for them, are exposed to greater risk of harm. In all cases separated and unaccompanied children and young people should be treated as 'children in need' and the relevant HSCT should undertake a comprehensive assessment of their needs, including any safeguarding needs as a matter of urgency.

Consideration must also be given to the possibility that a separated or unaccompanied child or young person may be a victim of human trafficking. **Child trafficking** is the recruitment, transportation, transfer, harbouring or receipt of a child or young person, whether by force or not, by a third person or group, for the purpose of different types of exploitation. This includes sexual exploitation, exploitative domestic servitude, enforced criminal activity or the removal of organs.

Where it is suspected the child or young person may be a victim of human trafficking, the joint DoH / PSNI guidance [Working Arrangements for the Welfare and Safeguarding of Child Victims of Human Trafficking](#) should be adhered to. A multi-agency and multi-disciplinary plan should be drawn up which sets out how any assessed needs, including any protection needs, of the separated or unaccompanied child are met.

As soon as a child or young person is identified as separated, unaccompanied and/or trafficked, the HSCB must arrange for the appointment of an Independent Guardian in accordance with [Section 21 of the Human Trafficking and Exploitation \(Criminal Justice and Support for Victims\) Act 2015](#). The Independent Guardian is responsible for supporting the child and advocating on his / her behalf until such times as their long term care arrangements are determined and may continue into leaving care and aftercare arrangements. It is essential that such children and young people are afforded appropriate support and advice, including bespoke legal advice to assist with an asylum application.

An age assessment may be required when a young person is identified as separated or trafficked and their age is uncertain. HSCTs should conduct a thorough age assessment compliant within the '[Merton](#)' guidelines to determine whether that individual will be considered as a young person, or as an adult.

### **7.3.10 Children/Young People with Disabilities**

Children and young people with disabilities may be more vulnerable to abuse because they may:

- find it difficult to tell others what is happening;
- have reduced capacity to resist or avoid abuse because of developmental age or incapacity;
- lack knowledge about sex and sexuality;
- be assumed to lack credibility as witnesses;
- 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 fewer outside contacts;
- be especially vulnerable to bullying and intimidation; or
- be more frequent users of the internet.

Generalised assumptions can be made regarding children with disabilities that can increase their vulnerability to harm, such as an assumption that they will not engage in sexual activity or relationships or that certain behaviours are displayed due to their disability. Additional forms and indicators of abuse caused to children and young people with disabilities may include rough handling, use of unjustified restraint, deprivation of food, misuse of medication, invasive procedures against the child or young person's will, deliberate failure to follow medical recommendations, use of unsuitable equipment, undignified age or intimate care practices. [Intimate Care Policy and Guidelines](#) are available to assist staff working with children and young people.

Individuals and organisations working with children with disabilities should be aware of any vulnerability factors associated with risk of harm, and any emerging child protection issues. They must be aware that communication difficulties can be hidden or overlooked making disclosure particularly difficult. HSCTs and agencies and organisations working with children with a disability must ensure their staff and volunteers receive training to enable them to identify and refer concerns early, to allow preventative action to be taken. Professionals working with children with disabilities must ensure they consider the impact of the disability on that particular child, to ensure that the child's needs are effectively understood and that the child is effectively safeguarded from risks of harm which may occur.

Child protection investigations in respect of children or young people with disabilities should include joint working between social workers and other professional staff and practitioners with expertise in child protection and expertise in the child's disability. Particular attention should be given to the child or young person's preferred communication method.

### **7.3.11 Lesbian, Gay, Bi-sexual or Transgender Young People (LGBT)**

Young people from the LGBT community in Northern Ireland may face particular difficulties which could make them more vulnerable to harm. These difficulties could range from intolerance and homophobic bullying from others to difficulties for the young person themselves in exploring and understanding their sexuality. At such times young people may be more vulnerable to predatory advances from adults seeking to exploit or abuse them. This could impede a young person's ability or willingness to raise concerns if they feel they are at risk or leave young people exposed to contact with people who would exploit them.

Professionals working with young people from the LGBT community should support them to appropriately access information and support on healthy relationships and to report any concerns or risks of abuse or exploitation.

### **7.3.12 Pre-birth Risk**

Where there is concern that an unborn baby may be at risk of significant harm during the pregnancy or after birth a **pre-birth risk assessment** should be completed. HSCTs may develop a Child Protection Plan to be implemented immediately after the baby's birth. It is important that other professionals and agencies who have prior knowledge of or engagement with prospective parents, contribute as fully as possible to the assessment of potential risks to the unborn baby. It is particularly important that professionals who will be involved in the baby's immediate care after birth contribute.

## **7.4 Children / Young People's Behaviours**

### **7.4.1 Peer Abuse**

Children and young people may be at risk of physical, sexual and emotional bullying and abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult. Where a child or young person has been harmed by another, all professionals should be aware of their responsibilities in relation to both children and young people who perpetrate the abuse as well as those who are victim of it and contribute to an inter-disciplinary and multi-agency response.

Professionals should also be alert to the possibility that a child or young person who has harmed another may also be a victim. The interests of the identified victim must always be the paramount consideration and professionals should also be alert to the fact that other children and young people in the environmental setting could be at risk. Although this does not relate exclusively to those children and young people living away from home, it may be particularly relevant in a looked after children setting.

Staff and volunteers working with children, including carers of children living away from home need to be able to identify and respond to abusive and exploitative peer relationships. Abusive sexual behaviours can be misinterpreted as 'normal' between young people and professionals and agencies should not develop high thresholds before taking action.

Evidence suggests that children and young people who abuse others may have suffered considerable disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development and may have committed other offences. Such children and young people are likely to be children in need and some will, in addition, be suffering, or at risk of suffering, significant harm and may themselves be in need of protection. Children and young people who abuse others should be held responsible for their abusive behaviour, including, when necessary, being held accountable through the criminal justice system, while being identified and responded to in a way that meets their own needs as well as protecting others.

Professionals should consider whether a young person who abuses others should be the subject of a Child Protection Case Conference if he or she is considered personally to be at risk of continuing significant harm. Where the decision is taken not to hold a Child Protection Case Conference a multi-agency assessment and response should be made to meet the young person's needs. This is particularly appropriate where there are complex issues relating to suitable educational and accommodation arrangements which may require skilled and careful consideration.

#### **7.4.2 Harmful Sexual Behaviour**

It is sometimes difficult to distinguish between normal childhood and adolescent sexual development and experimentation, and sexually inappropriate abusive or aggressive behaviour. Professional judgement may be required. There are a number of principles which should guide work with children and young people who engage in harmful sexual behaviour:

- the needs of children and young people who harm others should be considered separately from the needs of the person/s being abused;
- the child or young person engaging in harmful sexual behaviour should be held accountable for their actions, which may involve criminal prosecution. In determining accountability, attention should always be paid to the child or young person's age, developmental stage, level of understanding and the possibility that the perpetrating child or young person may have been encouraged into this behaviour by others, or been the subject of abuse him/herself;

- there should be a co-ordinated approach by HSCTs, the PSNI, PPANI, the PPS, victim support services and juvenile justice agencies. Schools and colleges may need to be involved as part of the co-ordinated response to provide education and awareness and so that relevant professionals from this sector can understand the risks the young person may pose to other young people. This co-ordinated response should include working with the young person whose behaviour has been harmful and those working with the child, young person who has been harmed;
- referrals received by HSCTs and PSNI relating to a child who has engaged in harmful sexual behaviour must trigger child protection procedures. Early authoritative intervention in cases of harmful sexual behaviour is crucial where children or young people abuse others, as this can help prevent the continuation or escalation of abusive behaviour.

### 7.4.3 Bullying

Bullying causes physical and/or emotional harm and can result in significant problems of low self-esteem, social isolation, anxiety and depression for the children and young people subjected to it. Bullying occurs in a variety of settings and can take place off and online. All settings in which children are provided with services or participate in activities must have rigorously enforced anti-bullying policies and procedures in place.

The [Anti Bullying Alliance](#) provides helpful resources and information for organisations and individuals working together to stop bullying and create safe environments for children and young people. The independent [Northern Ireland Anti-Bullying Forum](#) (NIABF) brings together over twenty-five regional statutory and voluntary sector organisations, all committed to tackling the bullying of children and young people in schools and in communities.

[Article 19 of the Education and Libraries \(NI\) Order 2003](#) places a responsibility on schools to have measures in place within their discipline policies to prevent and deal with bullying.

### 7.4.4 Self-harm

Self-harm encompasses a wide range of behaviours and things that people do to themselves in a deliberate, and usually hidden way, which are damaging. It may indicate a temporary period of emotional pain or distress, or deeper mental health issues which may result in the development of a progressive pattern of worsening self harm that may ultimately result in death by misadventure or suicide. Self-harm may involve abuse of substances such as alcohol or drugs, including both illegal and/or prescribed drugs.

Self-harming behaviours may indicate that a child or young person has suffered abuse; however this is not always the case. Practitioners who encounter young people engaging in self-harming behaviour should always consider carefully the reasons why a child or young person may be self-harming. For example a child or young person with communication disability or difficulties may attempt, by means of self harm, to communicate that they are experiencing abuse. Appropriate advice should be sought from appropriately qualified and experienced professionals including those in the non-statutory sector to make informed assessments of risk in relation to self-harming behaviours.

#### **7.4.5 Suicidal Ideation**

It is important that children and young people who communicate thoughts of suicide or engage in para-suicidal behaviours are seen urgently by an appropriately qualified and experienced professional, including those in the non statutory sector, to ensure they are taken seriously, treated with empathy, kindness and understanding and informed assessments of risk and needs can be completed as a matter of priority.

Schools, colleges and universities must maintain close working relationships with their local HSCT to facilitate a rapid response should a distressed young person be identified.

It is important that those who are listening to and engaging with the child or young person respond sympathetically in a non-judgemental or critical way. Further erosion of a young person's self esteem should be avoided as it may compound the negative feelings and behaviours which have brought the young person to a suicidal crisis.

## 8.0 INTER-AGENCY WORKING AND INFORMATION SHARING

### 8.1 Inter-Agency Collaboration

Effective safeguarding requires strong multi-agency collaboration, underpinned by effective, purposeful communication and information sharing. All professionals, volunteers and agencies involved in child safeguarding must have an understanding of each other's roles, duties, powers, responsibilities and values. They must work collaboratively on an inter-agency basis, and make best use of resources appropriately, in the best interests of children, young people and their families.

### 8.2 Information Management

Information management is a key part of effective inter-agency, inter-disciplinary working in relation to safeguarding and child protection. Failure to record information, understand its significance, share it in an appropriate, purposeful and timely manner and then take appropriate action can hamper the work of those tasked with keeping children safe. Information obtained by organisations in the exercise of their safeguarding and child protection duties may be personal information about a particular child, young person or adult, and therefore is governed by the common law duty of confidentiality and the [Data Protection Act 1998](#) (the DPA). The eight principles of the DPA state that personal information must be<sup>4</sup>:

- processed fairly and lawfully;
- processed only for purposes compatible with the reason(s) for which the information was originally obtained;
- adequate, relevant and not excessive for the purposes for which it is processed;
- accurate and kept up to date;
- not kept for longer than is necessary;
- processed in line with the rights of the data subject;
- held securely; and
- not transferred to other countries outside the EEA without adequate protection.

All organisations holding personal information for the purposes of safeguarding and protecting children and young people must have an information management policy in place which complies with the DPA and the [Human Rights Act 1998](#). Organisational policies must include procedures to be followed by staff and volunteers in relation to:

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<sup>4</sup> Adapted from [https://ico.org.uk/media/for-organisations/documents/1068/data\\_sharing\\_code\\_of\\_practice.pdf](https://ico.org.uk/media/for-organisations/documents/1068/data_sharing_code_of_practice.pdf)



- information management, including recording of information, its secure storage, and how this can be accessed and by whom (see below);
- sharing information outside of the organisation for safeguarding purposes, and how requests for information are considered and assessed;
- subject access requests; and
- identified breaches of data protection within the organisation.

Guidance for the voluntary, community and faith sector organisations on the management of records and sharing of information is provided in [Getting it Right, Standards for Child Protection](#) published by Volunteer Now. [Good Management Good Records](#) provides guidance on the management of records for those working in the HSC.

### **8.3 Information Sharing**

Information sharing for the purposes of safeguarding and child protection can play a key role preventing harm occurring in the first place. Information sharing is one form of data processing, and as such is covered by principles and requirements of the DPA. The Information Commissioner's Office (ICO) has published a statutory [Data Sharing Code of Practice](#) to assist organisations to comply with the DPA. The code is applicable to all organisations involved in sharing personal data, whether this is within different branches of the same organisation, or with another third party organisation.

An approach that emphasises the importance of the positive use of legislation in the interests of safeguarding and protecting children and young people should be taken within the parameters of the law. In circumstances where it may not be appropriate to seek consent (or explicit consent) with respect to a child or young person suspected to be at harm, data controller/s must ensure they are satisfied with which condition they are relying on to ensure lawful processing.

Organisations must have procedures for staff and volunteers on how to share information in compliance with the DPA and the ICO Code of Practice. Organisations who need to share information on a regular basis for child safeguarding and child protection purposes must develop good working relationships and effective channels of communication, where necessary, to identify key members of staff and contact points within the organisation through which information can be channelled, including out of normal working hours.

HSCTs must include information sharing arrangements within all contracts and service commissioning arrangements with third party organisations, e.g. with organisations commissioned to provide family support services. This must include how information is managed by the third party organisation in compliance with the DPA and Human Rights Act 1998.

Information sharing, for child protection purposes, is critical. DoH will publish more detailed guidance relating to information sharing for child protection purposes, which will build on the policy advice contained in this document, and will replace circular HSS CC 3/96 (Revised) – Sharing to Safeguard – September 2008 – Amended May 2009. In the interim HSC bodies should adhere to the advice issued by the DoH Chief Social Work Officer on 16 May 2013 and 17 July 2014.

The SBNI is responsible for ensuring effective information sharing arrangements which includes information sharing agreements with and between its member organisations and key bodies (for example the PPS) and with other jurisdictions. This includes information regarding multi-agency training, lessons learned from Case Management Reviews, the dissemination of safeguarding policies and procedures and any other additional relevant information.

## **9.0. LEARNING AND DEVELOPMENT**

### **9.1 Organisational Training**

Learning and development must not be seen as a one off event, but a continuous process which requires the investment of time and resources within organisations to create a learning environment and a competent workforce. Each organisation must take responsibility to develop both knowledge and expertise in safeguarding and protecting children and young people, and seek to identify the most appropriate and relevant opportunities to develop the confidence, abilities and competence of staff and volunteers.

Organisations should strive to ensure their training programmes are up-to-date and cover issues of either critical or recent concern as there will always be emerging new and unique circumstances which will need to be responded to. Organisations should for example, encompass learning points from up to date research, best practice exemplars, Case Management Reviews undertaken by SBNI, and other forms of investigations or reviews which will help to ensure that decision-making in safeguarding children and young people is grounded in research and established learning. They should also reflect the reality of the frontline, that is what professionals are dealing with on a routine basis, and equip them to be able to deal with it.

### **9.2 SBNI Learning and Development Strategy**

The SBNI will develop and keep under review a strategy for child safeguarding which takes account of single and multi-agency training including the planning, delivery, monitoring and evaluation of such training. The Strategy will provide a training framework with levels of training commensurate with the extent and nature of 'lived experiences' which children and young people face. The strategy will establish a benchmark for organisations that sets out the key minimum learning outcomes to equip staff and volunteers with the skills, knowledge and competence to promote the safety, protection and well-being of children and young people, within the remit of their roles and responsibilities.

The strategy will be implemented appropriately by all SBNI member agencies, other organisations providing services to a member agency under a service level agreement, and other organisations and individuals who come into contact with children and young people. It will also be relevant for those working with adults who are parents or have contact with children and young people through the course of their work.

### **9.3 Multi-agency Training**

Organisations must promote multi-disciplinary and multi-agency training to facilitate mutual understanding of the roles and responsibilities of others in safeguarding and protecting children and young people, and to ensure a

consistent approach is taken to keeping children safe. Multi-agency training not only raises knowledge and understanding, but facilitates the building of strong working relationships which, in itself, improves individuals, organisations and agencies' ability to keep children safe.

Multi-agency training is particularly important within statutory organisations with statutory safeguarding and child protection duties. HSCTs and the PSNI should work together to facilitate multi-agency training on areas of common relevance. Similarly, staff in schools and in further and higher educational establishments should receive joint training with social care staff, as this will lead to a better shared understanding of the roles of each organisation and facilitate a consistent approach.

Multi-disciplinary training should be provided across the health and social care sector, including both children's and adult's services, so that there is clear understanding of roles, responsibilities and contributions within and across disciplines to the well-being and safeguarding of children and young people.

#### **9.4 Professional Training**

Professionals within and across sectors require varying levels of understanding and training on child safeguarding and child protection processes relevant to their specific profession and or discipline. For example, medical practitioners and nurses such as designated doctors/nurses, midwives named paediatricians, AHPs, education professionals such as designated teachers and police officers all require specific professional safeguarding training in respect of their individual roles.

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| Child                  | Defined in the Children (Northern Ireland) Order 1995 (the Children Order) 'as a person under the age of 18'  |
| Children Order         | The Children (Northern Ireland) Order 1995 (the Children Order) is the principal statute governing the care, upbringing and protection of children in Northern Ireland. It applies to all those who work with and care for children, whether parents, paid carers or volunteers.  |
| Accommodated Child     | A child is 'accommodated' by Health and Social Care Trust (HSCT) Children's Services after an investigation and / or initial assessment has been completed. The child is a looked after child within the meaning of the Children Order and consequently any of the duties relating to Article 25 apply to that child.   |
| Care Order             | Defined in Article 50 of the Children Order as 'an order (a) placing the child with respect to whom the application is made in the care of a designated authority; or (b) putting him under the supervision of a designated authority'. The order made by the court places a child or young person in the care of HSCTs Children's Services. In these circumstances the HSCT shares parental responsibility for the child / young person with the parents. The HSCT must find out the parent's wishes about any decision concerning the child or young person but they have the final say and can make plans for the child even if the parents do not agree.  |
| Case Management Review | <p>A review which is carried out when a child has died or has been significantly harmed, and one of the following applies:</p> <ul style="list-style-type: none"> <li>• Abuse or neglect of the child is known or suspected;</li> <li>• The child or a sibling is or was on the child protection register;</li> <li>• The child or a sibling is or was a looked after child; and</li> <li>• The SBNI has concerns about involvement of a member organisation in the child's case.</li> </ul> <p>The review establishes lessons learned from the case, how those lessons will be acted on by professionals and statutory and voluntary agencies with the aim of improving inter-agency working and safeguarding.</p> |
| Child in Need Plan     | A plan which is put in place where a child has been identified as a child in need as defined in Article 17 of the Children Order. The plan is usually drawn up following an assessment which identifies the child as having specific or complex needs and where a coordinated response is needed in order that the child's needs can be met. (See also Family Support Plan).  |

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| Child Protection Case Conference | A meeting convened between HSCTs Children's Services, children/young people and their parents/carers and other individuals, professionals or agencies, who are in contact with, or have knowledge to contribute regarding the child, young person and family members. This happens when a child or young person is considered to be at risk of significant harm. Those at the meeting share information, discuss the risk to the child/young person and decide what needs to happen to make sure they are safeguarded.   |
| Child Protection Plan            | A single inter- agency plan of action, managed and reviewed through case conference and meeting structures. After it is drawn up the case co-ordinator has responsibility for managing the plan.   |
| Child Protection Register        | A register of all children who are subject of a Child Protection Plan. It is a system for alerting practitioners that there is sufficient concern to warrant a Child Protection Plan. The Register contains information about the child to be used by those responding to the child's or family's needs.   |
| Children's Home                  | A group home for 'Looked After Children' which is managed by professional staff.   |
| Disguised Compliance             | This involves a parent or carer giving the appearance of co-operating with child welfare agencies and others in order to avoid raising suspicions, to allay professional concerns and ultimately to defuse or obstruct professional intervention.  |
| Emergency Protection Order       | <p>Defined in Article 63 of the Children Order 1995 'where any person applies to the court for an order with respect to a child it is satisfied that there is reasonable cause to believe that that the child is likely to suffer significant harm'</p> <p>This power is designed for emergency situations when action is required to protect the child. An Emergency Protection Order lasts for up to eight days and can be extended by the court once for a further seven days. An EPO gives a HSCT the power to:</p> <ul style="list-style-type: none"> <li>• Remove a child from home and take him into care;</li> <li>• Prevent a child from returning to the parent's care;</li> <li>• Exclude someone else from having contact with the child;</li> <li>• See the child without the parent's permission.</li> </ul> |
| Family Group Conference          | A meeting in which the wider family is involved in making plans for children who need support and often protection. It is a voluntary process and families agree to participate in the Family Group  |

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|  | <p>Conference process. Any FGC plan that is formulated must be agreed by the HSCT with case responsibility for the child's welfare. Families are assisted by an independent coordinator to prepare for the meeting. They get information from the social worker and other professionals about the child's needs and what will keep them safe. The family then meet on their own to propose a plan for their child/ren which takes account of any safety concerns explained by the social worker. The family should be supported to carry out the FGC plan, unless to do so would not be in the best interests of the child.</p>   |
| Female Genital Mutilation Protection Order | <p>A civil measure which can be applied for through a family court which offers the means of protecting actual or potential victims from FGM.</p>   |
| Forced Marriage Protection Order           | <p>An Order offering protection to a victim from being forced into marriage or who is already in a forced marriage. The FM Protection Order may contain prohibitions, restrictions or requirements and any other such terms as the Court considers appropriate.</p>   |
| Family Support Hub                         | <p>A multi-agency network of statutory, community and voluntary organisations that either provide early intervention services or work with families who need early intervention services.</p>   |
| Family Support Plan                        | <p>A plan which is put in place where a child or children within a family has been identified as needing extra support. The plan is usually drawn up following an assessment which identifies the child or children as having specific needs and where a coordinated response is needed in order that the child or children's needs can be met.</p> <p>The plan focuses on agreed outcomes and sets out the actions to be taken by the family, social workers and others from health, education, police and community and voluntary sectors to address needs identified. It includes an assessment on which to build a holistic picture of a family's circumstances, including areas of strength and resilience and areas requiring support. It takes account of the needs of each individual child and adults within the family and is developed in partnership with family members.</p> <p>The plan should provide sufficient information and analysis to set goals and measurable outcomes with the family and provide a lasting record of the work undertaken in order to achieve the goals</p> |

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|                    | set. It allows progress to be monitored and impact evaluated. (See also Child in Need Plan)  |
| Foster Care        | When a child is looked after by a HSCT, they may be placed in foster care. Foster carers do not have 'parental responsibility' for the child. They offer the child a place in their home and provide the child with ongoing care and do what is reasonable to safeguard the child and promote their welfare.   |
| Gateway Service    | The first point of contact with a HSCT for all new referrals to children's social work service with responsibility for: <ul style="list-style-type: none"> <li>• Ensuring that referrals are appropriately received and responded to promptly;</li> <li>• Linking with children and families to assess their needs and identify appropriate support services;</li> <li>• Ensuring immediate response to safeguard children in need of protection;</li> <li>• Co-ordinating action to ensure that children and young people receive ongoing social work and other professional support and services whenever they need it; and</li> <li>• Working closely with other agencies when required.</li> </ul> |
| Joint Protocol     | The Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse (Northern Ireland) ('Joint Protocol') which must be used by police and Gateway / HSCT Children's Services to work together effectively through child protection investigations to ensure that the best interests of the child underpin every aspect of child protection work.   |
| Kinship Care       | When a child cannot live with his / her parents they may be placed in kinship care where they are looked after by other relatives or friends. Kinship care may include people who are not related to the child but who are still in the child's social network. For example someone the child knows well and trusts; a good neighbour, a parent of a school friend or a close family friend. Kinship care can be a private arrangement or formalised through a legal order.  |
| Looked After Child | The term used for a child who is being cared for or accommodated under Article 25 of the Children Order by a HSCT. When a child is looked after they may be: <ul style="list-style-type: none"> <li>• Placed with their parent / other person with parental responsibility; or</li> </ul>  |



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|                           | <ul style="list-style-type: none"> <li>• Placed with a relative, friend or other person connected with the child who is approved as a foster carer; or</li> <li>• Looked after in kinship or private fostering care arrangements; or</li> <li>• Placed in foster care or a residential unit.</li> </ul>  |
| Looked After Child Review | <p>When a child is a 'looked after child' their situation is regularly reviewed at LAC review meetings to:</p> <ul style="list-style-type: none"> <li>• Review the care plan;</li> <li>• Ensure the child or young person's need are being met;</li> <li>• Make sure that suitable arrangements are in place for the child whilst they are looked after;</li> <li>• Ensure that the child is safeguarded effectively;</li> <li>• Discuss any changes since the last review; and</li> <li>• Consider whether decisions made then were acted on.</li> </ul> <p>It is the time when parents and others (e.g. advocates) may raise issues or concerns, for example about where the child lives, who the child should have contact with, education or health matters and issues of ethnicity and / or religious observance.</p> |
| Parental Responsibility   | <p>Defined in Article 6 of the Children Order as 'all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property'</p> <p>In practical terms, it means the responsibility to care for a child and the right to make important decisions about the child, for example agreeing to medical/dental treatment.</p>   |
| Placement                 | Where a child / young person lives while in care or when a child / young person is placed with prospective adopters by an agency.  |
| Police Protection Order   | Defined by Article 65 of the Children Order. A Police Protection Order allows the police to remove or retain a child for their own safety for up to seventy-two hours where a constable has reasonable cause to believe that a child would otherwise be likely to suffer significant harm  |
| Regulated Activity        | <p>The term is defined fully in Schedule 2 of the Safeguarding Vulnerable Groups (NI) Order 2007. Regulated activity in relation to children comprises, in summary:</p> <ul style="list-style-type: none"> <li>• Unsupervised activities: teach, train, instruct, care for or supervise children, or provide advice/ guidance on well-being, or drive a vehicle only for children;</li> </ul>  |

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|                 | <ul style="list-style-type: none"> <li>• Work for a limited range of establishments ('specified places'), with opportunity for contact: e.g. schools, children's homes, childcare premises. Not work by supervised volunteers;</li> </ul> <p>Work under i) or ii) is regulated activity only if done regularly. Personal care and health care for children are not subject to a frequency test and will therefore always be considered as regulated activity in relation to children.</p> <p>HM Government is publishing statutory guidance on supervision of activity that would be regulated if unsupervised:</p> <ul style="list-style-type: none"> <li>• Relevant personal care, e.g. washing or dressing; or health care by, or supervised by, a professional;</li> <li>• Registered childminding; and foster carers</li> </ul> <p>Anyone whose name is on the list of people who are barred from working with children held by the Disclosure and Barring Service must not engage in Regulated Activity.</p> |
| Residence Order | <p>Defined in Article 8 of the Children Order as 'an order settling the arrangements to be made as to the person with whom a child is to live' A residence order gives that person 'parental responsibility' for the child. It does not take away 'parental responsibility' from the child's parents. A residence order can last until the age of 16, but can be extended by exception through the Court.</p>  |
| Separated Child | <p>Defined in the Article 21(11) of the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015, as a child who:</p> <ul style="list-style-type: none"> <li>• Is not ordinarily resident in Northern Ireland;</li> <li>• Is separated from all persons who             <ul style="list-style-type: none"> <li>(i) Have parental responsibility for the child: or</li> <li>(ii) Before the child's arrival in Northern Ireland, were responsible for the child whether by law or custom; and</li> </ul> </li> <li>• Because of that separation, may be at risk of harm.</li> </ul>  |

## List of Abbreviations

|        |  |
|--------|--|
| CPSS   | Child Protection Support Service                           |
| CYPSP  | Children and Young People's Strategic Partnership          |
| DBS    | Disclosure and Barring Service                             |
| DE     | Department of Education                                    |
| DoF    | Department of Finance                                      |
| DoH    | Department of Health                                       |
| DoJ    | Department of Justice                                      |
| EA     | Education Authority  |
| GAL    | Guardian ad Litem  |
| GP     | General Practitioner                                       |
| HSC    | Health and Social Care                                     |
| HSCB   | Health and Social Care Board                               |
| HSCT   | Health and Social Care Trust                               |
| ICSS   | Independent Counselling Service for Schools                |
| NCA    | National Crime Agency                                      |
| NI     | Northern Ireland   |
| NIGALA | Northern Ireland Guardian Ad Litem Agency                  |
| NIHE   | Northern Ireland Housing Executive                         |
| NIPS   | Northern Ireland Prison Service                            |
| NSPCC  | National Society for the Prevention of Cruelty to Children |
| PBNI   | Probation Board for Northern Ireland                       |
| PHA    | Public Health Agency                                       |
| PPANI  | Public Protection Arrangements in Northern Ireland         |
| PPS    | Public Prosecution Service                                 |

**List of Abbreviations**

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| PSNI  | Police Service of Northern Ireland           |
| RESWS | Regional Emergency Social Work Service       |
| RQIA  | Regulation and Quality Improvement Authority |
| SBNI  | Safeguarding Board for Northern Ireland      |
| UK    | United Kingdom                               |
| YJA   | Youth Justice Agency                         |