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CHILD PROTECTION/SAFEGUARDING PROCEDURES

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1. PRINCIPLES

PBNI bases its Child Protection/Safeguarding Policy and Procedures on the following:

- 1.1** PBNI's statutory obligations as per Section 12 of the Safeguarding Board (NI) Act 2011. This Act places a legal duty on PBNI, and other named agencies, to have due regard when exercising their function for the need to safeguard and promote the welfare of children.
- 1.2** A proper balance must be struck between protecting children and promoting their welfare and respect the rights of parents and families. However, where there is a conflict, the child's interests shall be paramount.
- 1.3** Children have a right to be heard, to be listened to and to be taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions which may affect their lives.
- 1.4** Parents/carers should be consulted and involved wherever possible, with clear explanations of what is and is not within their choice, in order to build trust and reduce fear or stigma.
- 1.5** Actions taken to protect a child, including investigation, should not in themselves be abusive by causing the child unnecessary distress or adding to any damage already suffered. This principle also applies to adults in contact with safeguarding processes: staff should communicate in ways that reduce shame, stigma, or re-traumatisation.
- 1.6** Actions taken by PBNI must also take account of wider systemic inequalities (e.g. poverty, racism, disability stigma) and ensure culturally safe and inclusive practice.
- 1.7** PBNI staff must work with staff from other agencies in the best interests of children and their families. This collaboration must extend beyond professional to include meaningful collaboration with children, families, and carers, whenever appropriate.
- 1.8** PBNI must have an understanding of the professional values and the respective roles, powers and responsibilities of the relevant agencies involved in child protection.
- 1.9** PBNI's Policy and Procedures in Child Protection/Safeguarding will continue to be informed by research, developing knowledge and evaluated practice.

2. DEFINITIONS

2.1 Definition of Child

The Children (NI) Order 1995, Article 2(2), defines a 'child' as a person under the age of 18.

2.2 Definition of Abuse

Child abuse occurs when a child is neglected, harmed or not provided with proper care. 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 occurs. Abuse can also occur outside of the family environment, for example, in an institutional or community setting, by those known to them or, more rarely, by a stranger. Evidence shows that babies and children with disabilities can be more vulnerable to suffering abuse. There are different types of abuse and the child may suffer more than one type of abuse.

2.3 Physical Abuse

The deliberate physical injury of a child or the wilful neglectful failure to prevent physical injury or suffering. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child, confinement to a room or cot, or inappropriately giving hugs to control behaviour.

2.4 Emotional Abuse

The persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on a child's emotional development.

Emotional abuse may involve deliberately conveying to a child that they are worthless or unloved, inadequate or valued only in so much as they meet the needs of another person. It may include not giving a child opportunities to express their views, unreasonably 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.

2.5 Sexual Abuse

The forcing or enticing of a child to take part in sexual activities by others for their own gratification 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).

2.6 Child Sexual Exploitation

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.

Whilst a 16 or 17 year old can consent to sex in a healthy, age appropriate relationship, in situations where there is an imbalance of power between the child and the perpetrator or when the child is coerced or groomed in to having sex (e.g. through being supplied

with drugs/alcohol) this constitutes sexual exploitation. 16 and 17 year olds may seem more resilient but often they have specific vulnerabilities, for example, being in care or being homeless. 16 and 17 year olds can suffer significant harm as a result of sexual exploitation and their right to be protected and supported should not be ignored or de prioritised.

2.7 Child Criminal Exploitation

Where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity. The exploitation may be through violence or the threat of violence but may also appear to be transactional and in the context of perceived relationships and friendships. The victim may have been criminally exploited even if the activity appears to be consensual.

Child criminal exploitation does not always involve physical contact. It can also occur through the use of technology and social media.

The criminal exploitation of children and young people can include being exploited into storing drugs or weapons, drug dealing, theft, violence, intimidation, vandalism, forced labour and other forms of criminality through grooming by people that children and young people trust or look up to”

2.8 Neglect

The persistent failure to provide for a child’s physical, emotional and/or psychological needs likely to result in significant harm. It may involve failure to provide adequate food, shelter and clothing; failure to protect a child from physical harm or danger; failure to ensure access to appropriate medical care or treatment; lack of stimulation or lack of supervision. Children who are neglected often also suffer from other types of abuse.

3. RECOGNITION

- 3.1** Everyone can help to safeguard children if they are aware of children’s needs and are willing and able to act if they have concerns about their welfare. All staff that work, or have contact with, children and families should be able to recognise indicators of potential or actual abuse; and how to act in responding to such concerns. In addition, staff need to understand and be aware of the short- and long-term effects of emotional abuse and neglect on children cared for by adults experiencing alcohol or substance use difficulties with alcohol, substance misuse, and those children exposed to domestic violence. Staff should also recognise how past trauma may affect parents/carers’ responses to safeguarding concerns and have conversations with them in ways that explain clearly the actions to be taken, to avoid unnecessary escalation of fear or shame.
- 3.2** PBNI Operational staff should be particularly alert to the signs and symptoms of potential abuse when visiting the homes of service users, where there are children residing or visiting. Home visits should take place in adherence to PBNI Practice Standards.
- 3.3** (See ‘Signs and Symptoms of Abuse’, Appendix 1. This should be used as a guide not a checklist.)

- 3.4** Where a member of staff is uncertain but has concerns that a child may have been abused or be at risk of being abused, it is essential that they immediately consult with their line manager.

4. REFERRAL

- 4.1** Any member of staff who believes or suspects that a child or young person under 18 is suffering or is likely to suffer abuse shall: immediately discuss the concerns/facts with the line manager. In their absence the discussion must be with an Assistant Director (AD) or another member of Senior Management. Staff should, where safe and appropriate, explain to parents/carers in plain language what actions will be taken, to build trust and reduce fear.
- 4.2** Any unresolved difference of opinion between the member of staff and Area Manager as to the relevance of the referral or other action necessary must be immediately escalated to the relevant AD.
- 4.3** Where discussion confirms the need for referral, the referral to Social Services shall, in the first instance, be by telephone to a Trust's local Gateway Team (Appendix 4). This shall be followed up within 24 hours by written confirmation on the UNOCINI pro-forma. (Appendix 2). This form is integral to the Electronic Case Management System (ECMS). Social Services will be responsible for notifying the Police, where appropriate, under the joint protocol arrangements. Staff should note that Social Services cannot decline to accept a referral – although they may decide that the concerns do not meet its threshold for a response.
- 4.4** When completing UNOCINI referral, staff shall not refer to PBNI's risk assessment of the service user, as reference to same may cause potential confusion to Social Services. For example, referring to a service user as low risk could be misinterpreted as meaning there is very little risk to a child. Staff should also ensure that language used in referrals is respectful, balanced, and includes strengths/protective factors where appropriate.
- 4.5** A copy of the UNOCINI referral should also be forwarded to the Area Manager for information.
- 4.6** The receiving Social Services office should return an acknowledgement as evidence the referral has been received. If the acknowledgement is not received within five working days, the Probation Officer shall contact the Social Services and request an acknowledgment. If this request does not elicit a response the Probation Officer's line Area Manager shall then contact the relevant senior social worker.
- 4.7** The outcome/acknowledgement of referral from the Health and Social Care Trust should be retained in the appropriate case record. The case records should detail any further actions, roles or tasks to be carried out by PBNI staff.
- 4.8** Responsibility for child protection rests with the social services on receipt of the initial referral information.

- 4.9** There may be instances where childcare issues would not meet the threshold for a child protection referral, for example, a family may require (or request) support in respect of parenting; or a child's developmental needs. In such circumstances the UNOCINI referral shall be forwarded to the local Gateway Team. The consent of the parents/carers is required in such cases.

PBNI specific referral procedures as outlined above represent Stage 1 of the Safeguarding Board for Northern Ireland (SBNI) Regional Policy and Practice Flow Chart of Key Decision-Making Points (see Appendix 3). Probation staff will be involved in the other Stages referred to in this Flow Chart as and when circumstances dictate.

- 4.10 Referral Outside Office Hours:** Referrals outside office hours will be made to the Health and Social Care Trusts Northern Ireland-wide Out of Hours Emergency Services contact number. (See Appendix 4).
- 4.11 Emergency Situations:** If probation staff encounter an emergency situation where a child or young person is in immediate grave danger the member of staff should act to **resolve the situation immediately**. Where possible, parental consent should be obtained but in extreme cases this might mean conveying the child or young person to a place of safety (eg police station) or remaining in the situation until requested help arrives. When the emergency situation has stabilised the member of staff should follow the formal procedures outlined above.
- 4.12** In line with trauma-informed principles, PBNI will provide staff with reflective supervision to manage the stress that can arise when making safeguarding referrals.

5. CASE MANAGEMENT RESPONSIBILITIES

- 5.1** Where child protection issues are identified in a case being supervised by PBNI (or at the PSR stage), staff shall remain alert to signs of potential abuse during on-going contact with service users. This responsibility remains, even in cases where Social Services have either declined to act on a referral previously made, or when they have closed the case. In the circumstances where a Probation Officer's concerns remain, or new concerns emerge, a new referral shall be forwarded to Social Services. In communicating with service users, staff should explain processes clearly and reinforce that safeguarding is about child safety rather than punishment.
- 5.2** Staff shall remain in regular contact with Social Services and record the details of contacts on the electronic case management system.
- 5.3** As part of the informal and formal supervision process, the line Area Manager shall be kept apprised on current or emerging child protection issues within caseloads.
- 5.4** If invited, and when available, staff shall attend at Social Services meetings: case conferences; strategy meetings, multi-disciplinary core group meetings and looked after children reviews. If staff cannot attend these meetings, they shall

contact the designated social worker for the case prior to the meeting to discuss any relevant issues.

- 5.5** Staff shall invite Social Services to attend PBNI meetings, if there are child protection/safeguarding issues extant in the service user's circumstances.
- 5.6** The Probation Officer shall, as part of the risk assessment process, include any child protection concerns in the ACE/RA1 assessment.
- 5.7** If there are any child protection concerns extant in a service user's circumstances, action to mitigate same shall be addressed in the service user's case plan; (and if there has been a risk management meeting in the attendant risk management plan). Examples of actions could include:
 - Referral to a programme for substance misuse;
 - Referral to a programme for domestic abuse;
 - Referral to the MARAC process;
 - An action to maintain regular communication with Social Services.

Case plans should also incorporate strengths-based goals and recognise the service user's own strategies to protect or care for their children, where appropriate.

6. RECORD KEEPING

- 6.1** Good record keeping is an essential part of a member of staff's responsibility and is vital to child protection practice. Clear and accurate records are essential in:
 - Providing a focus for reassessment, planning and review
 - Ensuring that there is documented evidence.
 - Helping with continuity of supervision.
 - Providing a tool for monitoring work; and
 - The sourcing of evidence for investigation and enquiries.

- 6.2** All staff should be aware of the standards agreed for record keeping and comply with them. Records should be written in respectful, non-judgemental language, and avoid unnecessary jargon. Where possible records should highlight strengths as well as concerns. Staff should also note any actions taken to explain decisions to service users.

7. LINE MANAGERS' RESPONSIBILITIES

- 7.1** Research has found that regular support and supervision for practitioners improves the quality of child protection work. To this end, line managers shall fully discharge the responsibilities set out below. Supervision should provide space for reflective practice and support staff wellbeing, recognising the potential for vicarious trauma in safeguarding work.

- 7.2** If the receiving Social Services Trust does not acknowledge receipt of a PBNI

referral the line Area Manager shall contact the Senior Social Worker from the relevant Gateway Team (see 4.6).

- 7.3** If Social Services decline to follow up on a referral, PBNI staff through the line Area Manager, has discretion to contact Social Services and ask that the decision is reconsidered. In such circumstances, the line Area Manager shall contact the Gateway Team Senior Social Worker in the first instance. The detail of these contacts should be recorded on the service user's electronic case management record.
- 7.4** If the Area Manager is not satisfied with Social Services' response then the matter shall be brought to the attention of the line Assistant Director. If the line Assistant Director shares the concerns of the Area Manager, the line Assistant Director shall contact the Senior Manager (Head of Children's Services) responsible for the local Trust's Gateway Team. A record of any contact should be recorded on the service user's electronic case management record.
- 7.5** The Area Manager shall apprise the line Assistant Director of significant child protection issues that are extant or emerge in relation to service users supervised by PBNI.
- 7.6** In cases where there are child protection issues extant, the line Area Manager shall quality assure the staff's practice in the case. The practice issues to be assured could include: quality of UNOCINI referrals; the quality of MARAC referrals; record keeping; timeliness of communication with Social Services; the quality of information communicated to Social Services; the staff's response to any emerging child protection issues; the staff's attendance at childcare meetings; and ensuring that child protection issues are addressed in the service user's case plan. The regularity of this quality assurance shall be determined by the nature and degree of the child protection concerns. Quality assurance should also consider whether staff are demonstrating trauma-informed approaches (e.g. clear communication with families, inclusion of strengths/protective factors, culturally responsive practice).
- 7.7** The line Area Manager shall discharge this assurance role through:
- Formal supervision – with a record of the discussion retained in the supervision minutes
 - When required, direct that actions agreed during either formal or informal supervision are recorded on the service user's electronic case management record
 - As part of file monitoring
- 7.8** The Line Assistant Director shall discharge their child protection responsibilities through:
- When appropriate (see 7.6) discussing child protection issues in relation to individual cases during supervision with line managers
 - Liaising with Social Services in circumstances set out in paragraph 7.5 above.

8. COMMUNICATION BETWEEN PBNI AND HEALTH AND SOCIAL CARE TRUSTS

- 8.1 Effective communication, within and between relevant organisations, is essential to the safeguarding of children. Where a service user supervised by PBNI, or his/her family, have Social Services involvement, the supervising probation officer shall maintain regular contact with the relevant social worker as per Practice Standards. When communicating with families about multi-agency work, staff should use accessible, jargon-free language to reduce confusion or mistrust, and provide written information in formats appropriate to literacy or language needs.
- 8.2 If the supervising PO is aware the service user has children or caring responsibilities for children or regular access to children they shall contact Social Services within 10 working days of the case being allocated to ascertain if the service user or their partner is known. If the service user has a child on the Child Protection Register, a Looked After Child (or is living with or is in a relationship with) someone who has a child on the CPR or LAC, contact with the allocated Social Worker shall be no less than monthly;
- 8.3 If the service user (or their family/partner) is known to Social Services in any other capacity, the PO shall contact the allocated Social Worker when there has been a significant event, either positive or negative. It shall be agreed in the initial contact with the Social Worker, that the Social Worker will similarly initiate contact with the supervising PO in the event of a significant change that Social Services are aware of.

Contact with Social Services will include:

- Communication of any significant change in circumstances
- Verification of information provided by the service user and/or service user's family
- Attendance and participation at Case Conferences and providing written reports where required
- Inviting Social Services, to any PBNI convened meetings concerning a service user; and
- Communicating to Social Services in writing that a case has closed and probation supervision has ended.

9. CHILD PROTECTION IN SPECIFIC CIRCUMSTANCES

- 9.1 The Safeguarding Board for Northern Ireland (SBNI) Regional Child Protection/ Safeguarding Policy and Procedures identifies a range of situations, settings and types of abuse and provides further guidance in specific circumstances. This is to be found in Section 2 (Safeguarding Practice Guidance) of the SBNI Regional Policy and Procedures. The SBNI Core Regional Child Protection Policies and Procedures are available to access using the following link

<http://www.proceduresonline.com/sbni/>

- 9.2 PBNi staff are likely to encounter some of these circumstances on a regular basis and others more rarely but it is important that staff are familiar with the procedures that apply to each area. A co-ordinated multi- agency and multi professional approach is invariably required.
- 9.3 In all cases PBNi should use the UNOCINI **referral procedures** as set out in **Section 4** above.

In applying these procedures, staff should consider the amplified risks when multiple factors such as race, gender, class, sexuality and disability interact with structural inequalities.

- **Substance Use**

This relates to the misuse of alcohol, drugs [prescribed or otherwise] and solvents. Where substance misuse is a current or recent concern in parents; carers; or a young person's circumstances a referral shall be made to the local Gateway team, as outlined in Section 3 above.

In exercising professional judgement on patterns of substance use and their impact on parenting capacity the frequency and level of consumption should be considered. As the SBNI Regional Child Protection/Safeguarding Policy and Procedures notes, children may need safeguarding "where the parent / carer is abusing substances to the extent which impairs their capacity to care for the child".

In circumstances where staff have concerns that the frequency or intake level could adversely impact upon a child, a referral shall be made to the Gateway Team.

In circumstances where you are uncertain – in relation to the intake or frequency or the impact upon a child, of substance use– you shall consult with your line manager by way of deciding if a referral should be made to the Gateway Team.

Staff need to be alert to the specific risks associated with pregnancy and substance misuse.

Where parents/carers are engaged in treatment or support for substance use staff should acknowledge these positive steps in referrals and discussions, to reinforce empowerment alongside risk management.

- **Domestic abuse**

Where domestic abuse is a current or recent issue in parents; carers or a young person's circumstances a referral shall be made to the local Gateway team.

For both substance misuse and domestic abuse 'recent' refers to within

the last two years. However, there may be circumstances where concerns beyond this timeframe may merit a referral. If you have any uncertainties in relation to this, the Line Manager should be consulted.

Staff should recognise the potential traumatic impact on both victims and perpetrators when discussing safeguarding and take care to avoid language that may increase shame or fear unnecessarily.

- **Protecting sexually active children from abuse**

The Sexual Offences (Northern Ireland) Order 2008 came into force on 2 February 2009; it contains a number of important changes to the law including sexual offences against children.

Where there are concerns that children aged 15 and under, are involved in sexual activity a referral to the local Gateway team should be made.

It is important for PBNI staff to note that it is an offence for a person aged 18 or over to behave in certain sexual ways in relation to a child aged under **18**, where the adult is in a “position of trust” in respect of the child.

- **Young People who have offended**

Probation Officers should always establish if young service users whom they are supervising, or their family, is currently or previously known to Social Services. A record of the check shall be recorded on the service user’s electronic case management record.

- **Allegations of abuse by a Professional, Carer or Volunteer**

All allegations of abuse of children, whether of a specific or generalised nature, by a professional, staff member, foster carer or volunteer, whether non recent or current must be investigated in accordance with the SBNI Core Regional Policies and Procedures. In addition to PBNI Referral Procedures (Section 3 above) the Area Manager and the Senior Manager (Assistant Director) must be informed immediately. Other Child Protection issues, in specific circumstances, are detailed in Section 2 SBNI Regional Policy and Procedures include the following:

- Abuse linked to Faith or Belief
- Children/Young People from Abroad
- Children/Young People of Parents with Learning Difficulties
- Children/Young People Missing from Home and Care
- Children/Young people of Parents with Mental Health Problems
- Children/Young People with a Disability
- Children/Young People of Parents that Misuse Substances
- Children/Young People Exposed to Abuse through the Digital Media
- Fabricated or Induced Illness
- Female Genital Mutilation

- Forced Marriage
- Children/Young People Affected by Gang/Group Activity or Serious Youth Violence
- Children who Display Harmful Sexual Behaviour or Developmentally Inappropriate Sexual Behaviour
- Honour Based Violence (HBV)
- Neglect
- Safeguarding Children and Young People against Radicalisation and Violent Extremism
- Self-Harm and Suicidal Behaviour; and
- Trafficked Children/Young People

10. CHILD PROTECTION CASE CONFERENCE

10.1 Introduction

Child protection case conferences are central to the child protection process. It is a multi-disciplinary/multi-agency meeting that brings together the family, and professionals in relation to child protection concerns regarding a child/young person and provides them with an opportunity to exchange information and plan together.

10.2 Criteria for Convening an Initial Child Protection Case Conference

An Initial Child Protection Case Conference will be convened in the following circumstances:

- Where concerns are substantiated after a child protection investigation and the child/young person is assessed to be at continuing risk of significant harm;
- Following information that a child/young person is in regular contact with a person of concern and it is deemed that the child/young person may be at risk of significant harm;
- Where a child/young person has abused another child/young person, and there is evidence that the young person committing the abuse is at risk of significant harm or has been abused;
- When a child/young person moves into, or is born into, a household where a child/young person's name is currently on the Child Protection Register or has died or has been seriously injured as a result of suspected abuse;
- When consideration is being given to a child/young person's return to the community from a 'Looked After' placement or period in hospital and their name was on the Register immediately prior to being Looked After or admitted to hospital;
- Where a woman is pregnant and there is a need to consider serious potential risk to the unborn child and agree safeguarding actions prior to the birth of the child. If a decision is made to Register the unborn child, this will come into effect at the birth of the child;

- When a child/young person from another Health and Social Care (HSC Trust) or from outside the jurisdiction who is subject to a Child Protection Plan moves into an HSC Trust area.

10.2 Convening a Case Conference

- A Child Protection Case Conference is convened by the local Health & Social Care Trust.
- Any agency may request an initial case conference by contacting the appropriate Social Work Manager. Area Managers should act as the contact point for PBNI Staff requesting a case conference.
- The timing of an initial case conference will depend on the urgency of the case; however, it should take place within 15 days of either a request or referral.

10.4 Functions of Initial Child Protection Case Conference

The Initial Child Protection Case Conference brings together the family members and professionals from the agencies that work with children/young people who have child protection responsibilities to:

- Share and evaluate the information gathered during the investigation.
- Assess whether a child/young person is at risk of significant harm using the UNOCINI Assessment Framework.
- Determine if the child/young person's name is to be placed on the Child Protection Register.
- If a child is registered, agree an Inter-agency Child Protection Plan.
- Agree arrangements for the completion of a comprehensive assessment of the child/family.
- If a child is not to be registered, consider the provision of family support services.

10.5 Attendance and Participation at a Case Conference

- Case conferences are chaired by a Social Work Manager; the following people are invited to attend all initial case conferences: parents, senior social worker, designated social worker, police officer, child protection nurse manager, health visitor or school nurse, school representative, Education Welfare Officer and GP.
- PBNI are expected to attend if they are currently involved with the family concerned.
- PBNI staff attending case conferences should provide a written report for the case conference outlining details of the organisation's involvement with the family. Ideally

reports should be forwarded to the Chair of the case conference two days before the meeting.

- The report should also be shared with the service user by the probation officer prior to the case conference. Staff should actively check understanding with the service user and provide space for them to ask questions or express concerns, thereby empowering their participation. Professional judgement should be used as to whether service users' comments should be recorded in the report prior to submission.
- If PBNi staff have concerns about sharing information in a report, or believe that information could prejudice ongoing criminal or judicial processes, this should be discussed with the Area Manager. The latter will then liaise with the Social Work Manager in order to agree on what information can be shared.

10.6 Role of Case Co-ordinator

- If a child's name is placed on the Child Protection Register, a case co-ordinator will be appointed (this will always be a Social Worker).
- The case co-ordinator's responsibilities include progressing the Child Protection Plan, and acting as the lead professional for inter-agency work.
- For PBNi staff, the case co-ordinator will be the key contact point for ongoing liaison about the child/family.
- Where appropriate, PBNi staff will contribute to the planning and implementation of inter-agency work within the structure of the conference recommendations and attend core group meetings as required.

10.7 Child Protection Case Conference Review

- If a child's name is placed on the Child Protection Register a review is held within 3 months; and at 6 monthly intervals thereafter. These times can be brought forward if there is a decline in the family circumstances or new and significant information becomes known.
- The purpose of the review is to consider progress against the Child Protection Plan, identify any significant changes in the child/family circumstances, and decide as to whether a Child Protection Plan is still required or should be amended.
- PBNi staff currently involved with a child protection case, when available, should attend case conference reviews.

10.8 De-Registration and Case Closure

- Only a case conference review can remove a child's name from the Child Protection Register.

- De-registration does not automatically result in the withdrawal of Social Services, as the child/family may require continuing intervention.
- PBNI should maintain regular contact with Social Services during the period of supervision; and
- At the point of closure by Social Services the latter should advise other agencies in contact with the family of this decision. Similarly at the point of closure for service users supervised by PBNI, staff should advise social services accordingly in writing.

11. SHARING INFORMATION

11.1 Research, experience and the outcome of enquiries into child abuse have shown repeatedly that the accurate and timely sharing of information between relevant agencies is key for the safeguarding of children. Trauma-Informed Approaches require that, wherever possible, families are advised what information is being shared, why, and with whom.

11.2 This information might relate to:

- A child's health, development and exposure to possible harm.
- A parent who may need help or may not be able to care for a child adequately and safely.
- Those who may pose a risk of harm to a child.
- Children who may present a risk to other children.

11.3 Often it is only when information from a number of sources has been shared that it becomes clear that the child is or is not at risk of suffering significant harm.

11.4 Personal information about children and families held by professionals is subject to a duty of confidence and should not normally be disclosed without the consent of the individual and/or family. Where consent cannot be sought due to risk, staff should still explain retrospectively what has been shared and why, to maintain trust and transparency, unless this would place a child at greater risk.

11.5 Decisions to share personal data without consent, must be made on a case-by-case basis and with due regard to the Data Protection Act 2018, the Human Rights Act 1998 and any duty of confidentiality owed.

11.6 Data Protection law recognises the importance of sharing relevant personal information without consent in certain circumstances e.g. preventing and detecting crime and/or the apprehension of offenders or to protect the vital interests of the data subject or another person in the cases where consent is not feasible. Data protection and concerns about confidentiality should never be used as an excuse for failure to share relevant personal information to protect a child from a real risk of harm. The need to

protect someone from placing themselves or others at risk of significant harm outweighs the common law duty of confidentiality in these circumstances.

- 11.8** Where there is a conflict of interest between protecting the rights of the service user and the protection of children **the protection of children must be the paramount consideration.**

11.9 Factors to consider when deciding to share information

In order to decide whether it is appropriate to share information staff shall consider the following:

- What is the purpose of the disclosure? (Only the minimum information consistent with that purpose should be used or disclosed)
- What is the nature and extent of the information to be disclosed?
- To whom is the disclosure to be made (and is the recipient under a duty to treat the material as confidential)?
- Is the proposed disclosure a proportionate response to the risk or need to safe-guard the well-being of a child to whom the information relates?
- Will disclosure minimise or avert the risk of harm?

- 11.10** Staff should ensure that data protection principles are followed when sharing information. This means that for example the information being shared needs to be accurate and up-to-date, necessary for the purpose shared only with those who need to see it and shared securely.

- 11.11** All staff should be trained in balancing confidentiality with safeguarding duties, using examples to support clear, respectful communication with service users.

- 11.12 At all stages of the child protection process, professionals must be prepared to share the information necessary to protect a child from harm.**

APPENDICES

Appendix 1 – Signs and Symptoms of Abuse

Appendix 2 – UNOCINI R1 Referral

Appendix 3 – Flow Chart of Key Decision Making Points (Source- SBNI
Regional Policy and Procedure)

Appendix 4 – Key Contact Details

Appendix 1

Signs of Symptoms of Abuse

PHYSICAL	SEXUAL	EMOTIONAL	NEGLECT
Physical Marks (Bruises/fractures)	Physical marks Sexually transmitted diseases	Attachment issues Developmental delay	Medical history Developmental delay, failure to thrive Inappropriate clothing
Medical history/ development delay	Medical history	Over-compliance	
Incitement of violence to others	Promiscuity Non-age appropriate sexual	Manipulation	Cleanliness (Health, teeth/ Eye Appointment's etc)
Signs of fear/withdrawal	Signs of fear/withdrawal	Signs of fear/withdrawal or over familiarity with strangers	Signs of fear/withdrawal
Self-harm	Self-harm	Self-harm	Self-harm
Sleep disturbance, night-time routine	Sleep disturbance Night time routine	Sleep disturbance Night time routine	Sleep disturbance Night time routine
Soiling enuresis/encopresis	Soiling enuresis/encopresis	Soiling enuresis/encopresis	Soiling enuresis/encopresis
Sexuality harmful behaviour/offences	Sexuality harmful behaviour/offences	Sexuality harmful behaviour/offences	Lack of respect for Themselves/others
Difficult accepting boundaries	Difficulty accepting boundaries	Difficulty accepting boundaries	Difficulty accepting Boundaries
Attention seeking	Attention seeking	Attention seeking	Attention seeking
Need for immediate gratification/inability to plan properly and follow through	Need for immediate gratification/inability to plan properly and follow through	Need for immediate gratification/inability to plan properly and follow through	Need for immediate Gratification/inability to plan properly and follow through
Trust/relationship issues	Trust/relationship issues	Trust/relationship issues	Trust/relationship issues
Inappropriate displays of emotion	Inappropriate displays of emotion	Inappropriate displays of emotion	Inappropriate displays of emotion
Abuse of body Substance abuse/alcohol abuse/food issues)	Abuse of body (Substance abuse/alcohol abuse/food issues)	Abuse of body (Substance abuse/alcohol abuse/food issues)	Abuse of body (Substance Abuse/ alcohol abuse/ food issues)
Abusive Language	Abusive Language	Abusive Language	Abusive Language
Depression/Mental health	Depression/Mental health	Depression/Mental health	Depression/Mental health
Running away	Running away	Running away	Running away
Fire setting	Fire setting	Fire setting	Fire setting
Self esteem issues	Self esteem issues	Self esteem issues	Self esteem issues
Criminal behaviour	Criminal behaviour	Criminal behaviour	Criminal behaviour
Education/underachieving/ statement	Education/underachieving/ statement	Education/underachieving/ statement	Education/underachieving /statement
"Pack mentality" Alliance amongst C.I.C-Stigmatised	"Pack mentality" Alliance amongst C.I.C-Stigmatised	"Pack mentality" Alliance amongst C.I.C-Stigmatised	"Pack mentality" Alliance Amongst C.I.C-Stigmatised
Allegations/deflection/ diverting, transference of Blame	Allegations / deflection / diverting Transference of blame	Allegations/deflection/ diverting transference of Blame	Allegations/deflection/ Diverting Transference of Blame
Distress	Distress	Distress	Distress
Serious incidents of challenging behaviour	Serious incidents of challenging behaviour	Serious incidents of challenging behaviour	Serious incidents of Challenging behaviour

UNOCINI
Understanding the Needs of Children in Northern Ireland

R1 REFERRAL

Section 1: Child or Young Person's Details		
Surname:	ID No.	
Forename:		
Known As:	HCN:	
Address:	Previous Address:	
Postcode:	Previous Postcode:	
Telephone No:	Locality:	
Mobile No:		
Date of Birth:	Gender	
GP Name:	GP Tel No:	
GP Address:	GP Email Address:	
GP Postcode:		
School Name:	School Tel No:	
School Address:	School Postcode:	
Does the Child have a Disability? Yes ☐ No ☐	If Yes, What Disability: (& source of diagnosis)	Other Special Needs:
Nationality:	Ethnic Origin:	
Religion:	Country of Origin:	
Language Spoken:	Communication Support: Yes ☐ No ☐	
Interpreter ☐	Signer ☐	Document Translator ☐

R1 REFERRAL

Section 2a: Referrer's Details	
Name of Referrer:	Designation:
Address:	Date of Referral:
Postcode:	Contact Details:
Section 2b: Reason for Referral	
Section 2c: Immediate Actions	
Are Immediate /Actions necessary to safeguard the child(ren) or young person(s)? Yes ☐ No ☐	

R1 REFERRAL

Section 3a: Primary Carers & Other Household Members (Incl. non-family members)				
	Member 1	Member 2	Member 3	Member 4
Last Name:				
Alternative Last Name:				
First Name:				
Telephone No:				
Mobile No:				
Date of Birth:				
Relationship to Child/ YP:				
Language Spoken:				
Nationality:				
Communication Support:	☐ Interpreter ☐ Signer ☐ Doc. Trans Details	☐ Interpreter ☐ Signer ☐ Doc. Trans Details	☐ Interpreter ☐ Signer ☐ Doc. Trans Details	☐ Interpreter ☐ Signer ☐ Doc. Trans Details
Section 3b: Significant Others (Incl. family members who are not members of the child(ren) or young person(s) household)				
	Other 1	Other 2	Other 3	Other 4
Last Name:				
Alternative Last Name:				
First Name:				
Address:				
Postcode:				
Mobile No:				
Date of Birth:				
Relationship to Child/ YP:				
Language Spoken:				
Nationality:				
Communication Support:	☐ Interpreter ☐ Signer ☐ Doc. Trans Details	☐ Interpreter ☐ Signer ☐ Doc. Trans Details	☐ Interpreter ☐ Signer ☐ Doc. Trans Details	☐ Interpreter ☐ Signer ☐ Doc. Trans Details



R1 REFERRAL

Section 4a: Summary of Referrer's Previous Involvement

Section 4b: Referral Consent

Child(ren) / Young Person(s)

Are all the children in the family aware the referral is being made?

Yes ☐ No ☐

Do all the children in the family consent to the Referral being made?

Yes ☐ No ☐

If NO, please explain

Parent/ Carer

Are Parents/ Carers of all the children/ young people aware Referral has been made?

Yes ☐ No ☐

Do they consent to the Referral being made?

Yes ☐ No ☐

If NO, please explain

R1 REFERRAL

Section 5: Additional Information: Agencies Currently Working with Child or Young Person

Agency and Contact Details

Name:

Role:

Tel No:

Email:

Name:

Role:

Tel No:

Email:

Name:

Role:

Tel No:

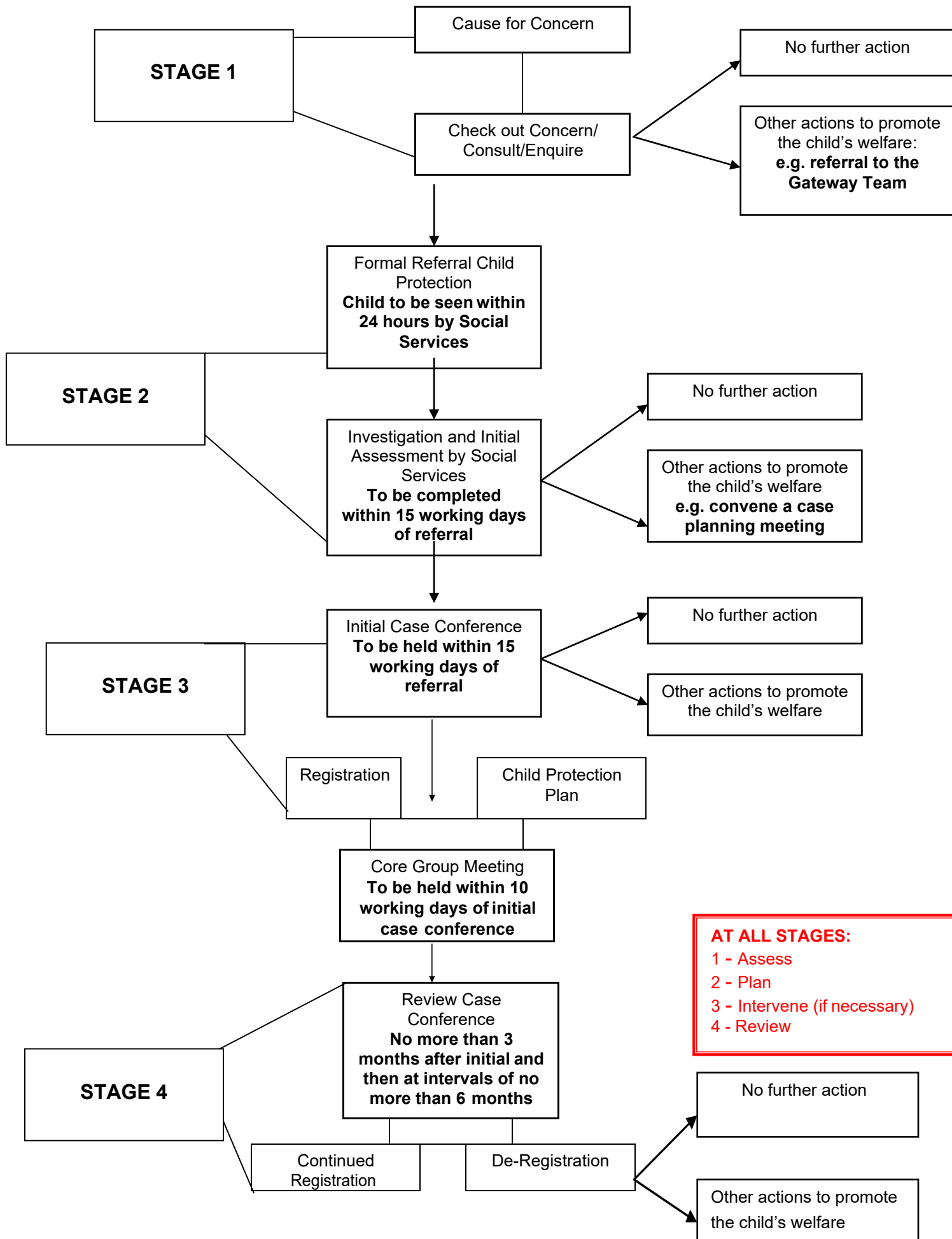
Email:

Name:

Role:

Tel No:

Email:



CONTACT ADDRESS – TELEPHONE NUMBERS

1. Probation Board for Northern Ireland (PBNI)

Headquarters
80-90 North Street
Belfast
BT1 1LD

Tel: 028 90 522522

2. Police Service Northern Ireland (PSNI) –

Public Protection Units Telephone Police

Exchange on: 028 90 650 222 or 101

Ask to be put through to the relevant PSNI Public Protection Unit for the area.

3. Health and Social Care (HSC) Trusts

Health and Social Care (HSC) Trusts Gateway Services for Children's Social Work		
Belfast HSC Trust		
Gateway Team	Telephone (for referral)	Out of Hours Emergency Service (after 5pm each evening at weekends, and public/bank holidays)
Greater Belfast Gateway Team Knockbreda Centre 110 Saintfield Road, Belfast BT8 6HD	028 90507000 Secure email address gateway.services@belfasttrust.hscni.net.cjsm.net	028 9504 9999 (covers all of NI)

South Eastern HSC Trust		
Gateway Team	Telephone (for referral)	Out of Hours Emergency Service (after 5pm each evening at weekends, and public/bank holidays)
Greater Lisburn Gateway Team Stewartstown Road Health Centre 212 Stewartstown Road, Dunmurry Belfast BT17 0FG Tel: 028 90602705	03001000300 Secure Email Address gateway.services@setrust.hscni.net.cjsm.net	028 9504 9999 (covers all of NI)
North Down Gateway Team James Street, Newtownards BT23 4EP Tel: 028 91818518		
Down Gateway Team Children's Services 81 Market Street, Downpatrick BT30 6LZ Tel: 028 44613511		

Northern HSC Trust		
Gateway Team	Telephone (for referral)	Out of Hours Emergency Service (after 5pm each evening at weekends, and public/bank holidays)
Central Gateway Team Unit 5A, Toome Business Park, Hillhead Road, Toomebridge BT41 3SF Tel: 028 7965 1020	03001234333 Secure email address central.gateway@northerntrust.hscni.net.cjsm.net	028 9504 9999 (covers all of NI)
South Eastern Gateway Team The Beeches, 76 Avondale Drive, Ballyclare BT39 9DB Tel: 028 94424377		
Northern Gateway Team Coleraine Child Care Team 7A Castlerock Road, Coleraine BT51 3HP Tel: 028 7032 5462		

Southern HSC Trust		
Gateway Team	Telephone (for referral)	Out of Hours Emergency Service (after 5pm each evening at weekends, and public/bank holidays)
Craigavon/Banbridge Gateway Team Brownlow H&SS Centre, 1 Legahory Centre, Craigavon BT65 5BE Tel: 028 38343011	08007837745 Secure email address duty.service@southerntrust.hcscni.net.cjsm.net	028 9504 9999 (covers all of NI)
Newry/Mourne Gateway Team Dromalane House, Dromalane Road, Newry BT35 8AP Tel: 028 30825000		
Armagh /Dungannon Gateway Team E Floor, South Tyrone Hospital, Carland Road, Dungannon BT71 4AU Tel: 028 37565345		

Western HSC Trust		
Gateway Team	Telephone (for referral)	Out of Hours Emergency Service (after 5pm each evening at weekends, and public/bank holidays)
Derry Gateway Team Whitehill, 106 Irish Street, Derry BT47 2ND Tel:02871314090	028 71314090 Secure email address gateway.whsct@westerntrust.cjsm.net	028 9504 9999 (covers all of NI)
Omagh Gateway Team Tyrone and Fermanagh Hospital, 1 Donaghanie Road, Omagh BT79 ONS Tel:02882835156		
Enniskillen Gateway Team 2 Coleshill Road, Enniskillen BT74 7HG Tel:02866344103		

Contact Details for the Child & Family Agency ROI

**TUSLA – Child & Family Agency
The Brunel Building
Houston South Quarter
Saint John's Road West
DUBLIN 8**

**Tel: 017718500
Email: info@tusla.ie**