MULTI-AGENCY CHILD PROTECTION PROCEDURES

February 2011

DOCUMENT PROFILE

<table>
<thead>
<tr>
<th>Document Status</th>
<th>Final Version</th>
</tr>
</thead>
<tbody>
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<td>Short Title</td>
<td>JCPC Multi-Agency Child Protection Procedures</td>
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<tr>
<td>Document Purpose</td>
<td>Procedures for people in Jersey who work with, or may work with children where there are concerns about their protection and well-being</td>
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<tr>
<td>Target Audience</td>
<td>Staff in statutory departments and non-government agencies who work with children in Jersey</td>
</tr>
<tr>
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<td>Cathy Phillips, JCPC Professional Officer</td>
</tr>
<tr>
<td>Publication Date</td>
<td>February 2011</td>
</tr>
<tr>
<td>Review Date</td>
<td>February 2012</td>
</tr>
<tr>
<td>Approval Route</td>
<td>JCPC Procedures &amp; Audit Sub-Committee and JCPC</td>
</tr>
<tr>
<td>Contact Details</td>
<td>JCPC Tel. 01534 444228 or JCPC@je</td>
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1 Introduction

1.1 Endorsement by the Minister

As Minister with lead responsibility for child protection and as Chair of the Children’s Policy Group, I am pleased to endorse the publication of this revised version of the Multi-Agency Child Protection Procedures for Jersey. No one agency – statutory or voluntary – has sole responsibility for the protection of our children. Our ability to respond consistently and effectively requires that all agencies understand their specific role and accountability, are aware of what others will do and ensure that the welfare of the child is of paramount consideration in all decision making and consequent action.

These Procedures provide a comprehensive frame for all of us to draw upon in our work to protect children and young people and in our response to any expressions of concern about the safety or well-being of a child. Preparing these Procedures has been a demanding and complex process and I wish to acknowledge the commitment of all concerned.

Deputy Anne Pryke, Minister for Health and Social Services.

1.2 Foreword from JCPC Independent Chair

It is the prime function of the JCPC to ensure that robust arrangements are in place, for all with responsibility for any aspect of child protection, to work together effectively to respond to expressions of concern. Central to this are procedures which are both comprehensive and intelligible as a reference point. Considerable work has gone into this document in both drafting and testing to achieve this and the JCPC is grateful to all the contributors to it. Particular thanks must go to Marnie Baudains, who, as Chair of the Procedures and Audit Sub-Committee, has overseen this demanding process with considerable support from the JCPC Professional Officer.

Multi-Agency Procedures are a source of guidance to ensure consistency in response to referral, assessment, communication and decision-making. Our aim is to inspire confidence in professional judgement – the Procedures are not a substitute for that – and provide as much certainty as possible in process and expectation of all concerned in this complex area of our work.

We expect the Procedures to be drawn upon by all practitioners and managers as relevant at the various stages in child protection work. We also consider that they should form the basis of procedures in statutory or voluntary organisations where there are child protection responsibilities to be met.

Mike Taylor, Chair of Jersey Child Protection Committee.
1.3 Organisational Structure of the JCPC

Diagram 1: Organisational Structure

1.4 Role of JCPC and how multi-agency works

1.4.1 The Jersey Child Protection Committee (JCPC) is the multi-disciplinary body charged with advising the States of Jersey on child protection issues with particular respect to inter-agency and inter-professional roles. It ensures that robust arrangements are in place for services and professionals to work together effectively to provide accessible, seamless services and prompt appropriate response to child maltreatment. Within the scope of its delegated roles and tasks, the JCPC is the body which agrees and publicises strategy for multi-agency child protection processes and develops policies and procedures based on best practice. It provides training to raise awareness and support best practice. It also has a role in reviewing serious cases and unexpected child deaths in order that learning derived from studying such cases can be used to improve services and practice.

1.4.2 The JCPC acts on behalf of the Minister for Health and Social Services (the accountable Minister) and States colleagues (principally the Minister for Education, Sports and Culture and the Minister for Home Affairs) and of the Chief Executive of the Health and Social Services Department and Chief Officers of other contributing departments/ agencies, with respect to inter-agency and inter-professional roles and tasks specifically delegated to it.

1.5 JCPC Membership

1.5.1 Members of the JCPC should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation. They should be able to:

- Speak for their organisation with authority
• Commit their organisation on policy and practice matters
• Hold their organisations to account

1.5.2 JCPC members represent, in respect of safeguarding and child protection issues, the agencies and departments that they serve on the JCPC. Collectively through the work of the Committee they are accountable to the people of Jersey, including children and young people. For current membership groups, see 20.1 of this document.

1.6 Child Protection Policy Statement

1.6.1 Everybody who works or has contact with children or young people should be able to recognise, and know how to act on, evidence that a child or young person’s health or development is, or may be, being impaired, and especially when they are suffering, or at risk of suffering, significant harm.

1.6.2 All children and young people deserve the opportunity to achieve their full potential. This can be expressed as five outcomes\(^1\) that are key to children and young people’s wellbeing:

• Be healthy
• Be safe
• Achieve
• Grow in a stimulating, nurturing environment
• Be responsible and respected
• Have a voice and be heard
• Move confidently into adulthood

1.6.3 To accomplish this, children and young people need to feel loved and valued, and be supported by a network of reliable and affectionate relationships. If they are denied the opportunity and support they need to achieve these outcomes, children and young people are at increased risk not only of an impoverished childhood, but also of disadvantage and social exclusion in adulthood. Abuse and neglect pose particular problems.

1.6.4 A shared responsibility and the need for effective joint working between agencies and professionals that have different roles and expertise are required if children and young people are to be protected from harm and their welfare promoted. In order to achieve this joint working, there must be constructive relationships between individual professionals, promoted and supported by the commitment of senior managers in the partner agencies to safeguard and promote the welfare of children and young people.

1.6.5 The Social Services Department Children’s Service and States of Jersey Police Protection Unit working alongside statutory and voluntary agencies have responsibility to safeguard and promote the welfare of children and young people who are in need of protection, and to support their development wherever possible within their own families, through providing an appropriate range of services.

1.7 Aim and Purpose of the procedures

1.7.1 The people of Jersey recognise that the protection of children and young people against harm or risk of harm is everyone’s business: all professionals who work in statutory and

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\(^1\) Children and Young People's Strategic Framework 2011
voluntary organisations and members of the community who provide a support network for children and young people have a role to play.

1.7.2 These procedures are intended for staff from all agencies and organisations who work to protect children and young people in Jersey and members of the community who may be concerned about the safety or well-being of a child. They should be read alongside the procedures and guidelines from individual agencies, the UK guidance: *Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children 2006*, and other documents which can be found in the Appendices to these procedures.

1.7.3 The purpose of these procedures is to:

- Promote active multi-agency and inter-disciplinary working and improved communication and liaison;
- Equip people throughout the island with the confidence to deal with situations involving actual or suspected child abuse;
- Provide professional and volunteer people with procedures relevant to their work or skill area;
- Comply with current recommendations and best practice in the protection of children.

1.8 Status of these procedures

1.8.1 The JCPC is not a statutory body and these procedures are therefore not legally enforceable. However they are based on best practice guidance from England and Wales and provide a framework for working to protect children in Jersey.

1.9 Legislative framework and Definitions

1.9.1 The *Children (Jersey) Law 2002* provides the legislative framework for protecting children in Jersey. It is built on the foundations of *Children Act 1989 (England and Wales)* and subsequent amendments and guidance. See Appendix 1 for the relevant laws which provide the legal basis for acting in relation to the protection of children.
2 Roles & Responsibilities of Agencies & Associated Groups

2.1 Introduction

2.1.1 The JCPC is an inter-agency committee for agreeing how different services and professional groups should co-operate to safeguard children and young people in Jersey, and for making sure that arrangements work effectively to bring about positive outcomes for them. Although not enshrined in law, all agencies involved with working with children, young people and their families have an obligation to work together to protect and promote the welfare of children and young people. The duty to promote the welfare of children and young people equally applies to non-statutory agencies. Each agency has core business but also has a role to play in safeguarding and protecting children and young people.

2.1.2 This section outlines the main roles and responsibilities of professionals in statutory and voluntary agencies in relation to safeguarding and child protection. In particular, it focuses on the responsibilities of agencies and organisations and their role in the protection of children and young people in Jersey.

2.1.3 All agencies and organisations that are working with children have a general duty of protection and care for children and should have in place a child protection policy. The policy should name a lead or designated person in the organisation who:

- is responsible for updating and reviewing the policy;
- is the person to whom other staff refer child protection matters;
- is fully trained at the appropriate level in child protection for their agency.

2.1.4 All agencies and organisations have access to inter-agency training provided, in most cases free of charge, through the JCPC. They should ensure that all staff who work with, or have access to, children attend the various training. For more information about the JCPC Child Protection Training Program see www.gov.je/jcpc

2.1.5 All agencies and organisations should ensure that staff are recruited and selected in line with the agency / organisations policy and that interviews are held, CRB (Criminal Records Bureau) and police checks conducted and other procedures such as references are taken up to verify each person’s suitability to work with children and young people. All agencies and organisations should have policies in place to deal with allegations made against staff or volunteers in relation to child protection matters. For more information see Chapter 12.

2.1.6 Where an agency or organisation is not listed and/or wishes to review their policy and procedures to have them included in this manual they are advised to contact the JCPC Professional Officer, details of which can be found on the website or at the end of this document.

2.2 Role of Designated Child Protection Officers in Agencies and Lead Health Professionals

2.2.1 Each agency should have a senior member of staff who is designated to take lead responsibility for dealing with child protection issues, providing advice and support to other staff, liaising with Children’s Services, and working with other organisations as necessary. The focus for the named professional’s role is safeguarding children within their own organisation and ensuring their service is aware of their responsibilities.

2.2.2 Named professionals are usually responsible for conducting the organisation’s internal management reviews, except when they have had personal involvement in the case when it will be more appropriate for the designated professional to conduct the review. Named professionals should be of sufficient standing and seniority in the organisation to ensure that the resulting action plan is followed up.
2.3 **Children’s Services**

2.3.1 Children’s Services are part of the Health & Social Services Department. They are responsible for the provision of social work and family support services, including child protection, “looked after” children, residential services, leaving care, fostering and adoption and the multi-agency Youth Action Team. An initial child protection referral is investigated by the Assessment and Child Protection Team (A&CP Team). If the child already has an allocated social worker, the team with case responsibility will lead on the investigation. This may be a social worker from the Child Care Team or Youth Action Team. The referral process is described in more detail in Chapter 5.

2.3.2 **Assessment & Child Protection Team (A&CP Team)**

The A&CP Team deals with all initial referrals and requests for advice and support about children and young people. The team works with the States of Jersey Police Public Protection Unit, the family and other professionals to ensure that all children are protected from any form of abuse or neglect.

**Role in child protection:**

The A&CP Team, with the help of other organisations as appropriate, has a duty to make enquiries if there is reason to suspect that a child or young person is suffering, or likely to suffer, significant harm; this will enable decisions to be made as to whether any further action should be taken to protect, safeguard or promote the child or young person’s welfare.

Where a child is at risk of significant harm, A&CP Team social workers are responsible for co-ordinating the assessment of the child or young person’s needs, of the parents’ capacity to keep the child safe and promote his or her welfare, and of the wider family circumstances. This responsibility includes ensuring that all agencies and professionals involved with a child or young person or with a relevant contribution to make to the assessment, are identified, and reach an agreement with the family about their involvement in the assessment. The A&CP Team Social Worker will ensure that the outcome of the assessment is shared with the child and family. The responsibility for the co-ordination of an assessment rests with the named Social Worker, who may undertake all of the social work responsibilities for the assessment directly, or may delegate some of the tasks to other agencies.

2.3.3 **Child Care Team**

The Child Care Team works with over 300 local children, and their families and communities, to support them in reaching their potential. They are responsible for the ongoing assessment and implementation of case plans for children who are “looked after” or assessed as being “in need”. The Team accept referrals from the A&CP Team, generally at the Child Protection Conference review stage, or if there are likely to be care proceedings instigated.

**Role in child protection:**

The Child Care Team work with “looked after” children to ensure they are safe and their welfare is promoted. If they hold case responsibility, they will investigate concerns raised about the care given by foster carers or residential staff and refer to the A&CP Team if required.

2.3.4 **Fostering & Adoption Team**

The Fostering & Adoption Team recruit, assess, support and supervise Foster Carers, Kinship Foster Carers and prospective Adopters. They provide placements for children who have to come into care because they cannot live with their own parents or carers for a variety of reasons. This may be on a fostering (temporary) or adoptive (permanent) basis.

**Role in child protection:**

The Fostering & Adoption Team recruit, train, support & supervise carers to look after children who cannot live at home. They have specific regard to the vetting processes and
the suitability of people to care for and work with children. They have a responsibility to
follow-up on any concerns raised about the care given to any child, and to refer to or work
with the A&CP Team or the Police Public Protection Unit if required.

2.3.5 **Residential Services**

Residential Services provide placements for “looked after” children in residential units. There are currently two open residential units, Heathfields and La Preference. Greenfields is a secure unit and provides secure accommodation for children and young people when referred by the Court.

**Role in child protection:**
Residential services offer specialised accommodation and support to children and young people who cannot live within their family. Because of the intensive nature of the relationship, training for all staff working with children and young people, together with selection, recruitment and vetting procedures are vital to ensure that staff may work safely and competently. The residential units have policies relating to suicide and self-harm prevention and anti-bullying strategies in place, and procedures for dealing with complaints and formal requests. There is a Board of Visitors who provide independent support and monitoring to children and young people in residential care. All concerns about the children and young people in their care are raised promptly with the A&CP Team.

2.3.6 **Children’s Service Family Centre / Family Support Services**

Family Centre / Family Support Services provide a range of support services to children and young people in need and their families. This can be through support with parenting issues, domestic arrangements in the home, mother and baby sessions, or supporting families to work through any specific issues that are adversely affecting a child or young person.

**Role in child protection:**
Family Centre / Family Support Services are ideally placed to assess and monitor the safety and welfare of children over a long period of time. They work closely with social workers in the both the assessment and implementation of case plan phases.

2.3.7 **Special Needs Children’s Social Work Team**

The Special Needs Children’s Social Work Team provides social care and support for children who are disabled and/or have special needs, including a range of multi-disciplinary assessment, advice and support services.

The definition of special needs are children with a diagnosed:

- Learning disability;
- Autistic spectrum disorder;
- Physical disability;
- Visual impairment.

**Role in child protection:**
The Special Needs Children’s Social Work Team has a general duty to safeguard and promote the welfare of children in need in their area and – provided this is consistent with the child’s safety and welfare – to promote the upbringing of such children by their families, by providing services. Residential short breaks are provided in two settings: Aviemore and Oakwell.

2.3.8 **Youth Action Team**

The Youth Action Team (YAT) is a partnership between the Children’s Services, the States of Jersey Police, the Probation Service, and the Child and Adolescent Mental Health Service. The team work with children and young people, and their families and the
community to reduce the risk of harm and of offending, by enabling young people to lead responsible, happy and productive lives.

**Role in child protection:**
The staff of the YAT are responsible for all aspects of safeguarding and child protection for the children and young people they work with. They investigate and respond to child protection matters for children that are open cases to them. Members of the team are trained in *Achieving Best Evidence (2002)* and two members of the team specialise in working with adolescent sex offenders. Referrals are received from other agencies and the courts and the team work in partnership with the family to promote the well-being of the child or young person.

### 2.3.9 Services for the Deaf

Services for people with a hearing impairment are delivered by a specialist social worker who provides support to both adults and children.

**Role in child protection:**
The service provides support to children who may be subject to child protection enquiries or assessments or other part of the child protection system by acting as interpreter or providing communication tools for the child. The service would also support hearing impaired parents if they had children who were subject to child protection concerns.

### 2.3.10 Adult Services Team

The Adult Social Work Service is made up of four main areas: Services for Elderly People; Services for People with Physical or Sensory Disabilities; Services for People with a Brain Injury; and Services for Carers.

**Role in child protection:**
Adult Services Team staff may work with parents and relatives of children where concerns are raised about their parenting or where the adult's needs have impacted on their ability to care for their children. Adult Services staff have a key role to play in providing information and supporting clients during the process of assessment and review. Adult Services may have contact at the transition of a young person into adulthood, at a time when they may be particularly vulnerable.

### 2.4 Health Services

**For more information:** *Health & Social Services Department, Jersey & Family Nursing & Home Care (Jersey) Inc: Child Protection Policy and Procedure 2008. (See references Chapter 18)*

#### 2.4.1 Introduction

Health Services are delivered in Jersey through two distinct sources: Family Nursing & Home Care and the States of Jersey Health & Social Services department.

#### 2.4.2 Family Nursing & Home Care

Family Nursing & Home Care is a non-statutory, charitable organisation that provides a comprehensive range of community nursing and home care services that are accessible, appropriate and sensitive to the needs of the community from birth to death. Services include Community Based Nurses; Community Paediatric Nurses; Health Visitors; Allied Healthcare Professionals (e.g. Occupational Therapists, Physiotherapists) and School Nurses.

Health Visitors support expectant and new parents with children under five years, and adults under fifty years, offering advice and information on health topics and other services available to families. They hold Post Natal Support Groups, Child Health Clinics, Parentcraft Classes (in conjunction with Midwives) and Baby Massage Classes. Nursery Nurses working under the direction of Health Visitors to also provide additional support to families. School nurses are responsible for vision and hearing tests. Following written consent from parents, School Nurses administer immunisations and vaccinations to
schoolchildren. They are available to discuss matters relating to the health of the schoolchild with parents, teachers and pupils such as bedwetting or behavioural issues.

**Role in child protection:**
Health visitors play a key role in child protection services. They work mainly with the well population and maintain visits and contact with families over a substantial period of time. They are ideally placed to identify changes in parental and child behaviour patterns and are trained to recognise deviations from the norm in health, child development and family relationships, including the identification and support of young carers. This enables them to recognise the need for a referral and to initiate any necessary action at an early stage. School Nurses monitor the child’s health, growth, and physical emotional and social development and are ideally placed to detect changes or identify risk for children.

### 2.4.3 Health & Social Services Medical Personnel

Medical personnel have key roles to play in the identification of children who may have been abused and of those who are at risk of abuse, and in subsequent intervention and protection. The Health department delivers services through the hospital and community:

- **Hospital:** Accident and Emergency; Mental Health; Midwifery; Paediatric departments including Robin Ward; Allied Healthcare Professionals (e.g. occupational therapists, physiotherapists, dieticians, dentists, genito-urinary medicine (GUM) clinics); Outpatients; Theatres and Day Surgery Unit; and Critical Care Unit
- **Community:** Learning Disability; Mental Health; Allied Healthcare Professionals (e.g. Occupational Therapists, Physiotherapists, Speech and Language); Drug and Alcohol Service; Community Adolescent Mental Health Services (CAMHS); Psychology and Ambulance Service

**Role in child protection:**
Medical assessments may include the assessment of parents’ capacity to respond to the child or young person’s developmental needs and to identify where parental health (e.g. post-natal depression), or family or environmental factors impact upon parenting capacity.

Paediatricians, wherever they work, will come into contact with child abuse or neglect in the course of their work. Consultant paediatricians, in particular, may be involved in difficult diagnostic situations, differentiating those where abnormalities may have been caused by abuse from those that have a medical cause.

Other professionals such as Physiotherapists, Occupational and Speech Therapists will have significant roles in the lives of some children with disabilities or developmental delay. Their contributions to assessments will help take into account the child’s functioning and developmental potential as well as parenting and environmental factors. Speech and Language Therapists may also be requested to facilitate communication with a child who has speech and language difficulties during an assessment.

### 2.4.4 General Practitioners

General Practice in Jersey is private; each practice sets its own fees. GPs provide an holistic service to patients and act as a point of contact for other parts of the health system. They provide general health services to everyone, from the “cradle to the grave” so are key stakeholders in the identification and monitoring of children and young people.

**Role in child protection:**
General Practitioners are well placed to identify when a child is potentially in need of extra support or services to promote health and development, or is at risk of significant harm. It is important that their contributions to assessments include a professional evaluation of the health information about a child and, where appropriate, of the parents’ health where this impacts upon parenting.
2.4.5 **Child Development Centre**

The centre provides the following services:

- Multi-agency assessment and therapy management programs for under 5’s with special needs with 6 monthly review;
- Multi agency assessment and therapy management programs for over 5’s with special needs;
- Outpatient appointments and visits to children in nursery, schools or at home;
- Baby/toddler support/playgroups.

**Role in child protection:**
Staff in the Child Development Centre are ideally placed to monitor the well-being of children. They should keep the interests of children uppermost when working with parents, work in ways intended to bring about better outcomes for children and be alert to possible indicators of abuse or neglect.

2.4.6 **Child and Adolescent Mental Health Service (CAMHS)**

CAMHS aims to provide assessment, diagnosis and treatment for Jersey residents below the age of 16 (or 18 for those in full time education). This involves working with children and young people who have significant emotional, behavioural, interpersonal and developmental difficulties, including the full range of psychiatric illness and with their families/ carers. The service aims to maintain children and adolescents in their family unit wherever possible.

**Role in child protection:**
As part of assessment and care planning, CAMHS professionals should identify whether child abuse or neglect, or domestic violence, are factors in a child or young person's mental health problems; CAMHS should ensure that this is addressed appropriately in the their treatment and care, in consultation with other professionals working with the child.

CAMHS professionals have a role in the initial assessment process in circumstances where their specific skills and knowledge are helpful. Examples include:

- children and young people with severe behavioural and emotional disturbance, eating disorders or self-harming behaviour;
- cases where there is a perceived high risk of danger;
- families with very young children, or where the abused child or abuser has severe communication problems;
- cases where multiple victims are involved.

2.4.7 **Adult Mental Health Service**

Adult Mental Health Service is a service for clients between the ages of 16-65. The service comes under two main areas:-

- Acute Community Mental Health Team - Continuing Care Service and Orchard House Acute Admission Unit
- The Continuing Care Service - Adult Mental Health Recovery Unit and Continuing Care Team

**Role in child protection:**
Adult mental health services – including those providing general adult and community, forensic, psychotherapy, alcohol and substance misuse and learning disability services – have a responsibility in safeguarding children when they become aware of, or identify, a child at risk of harm. This may be as a result of a service’s direct work with those who may be mentally ill, a parent, a parent-to-be, or a non-related abuser, or in response to a request for the assessment of an adult perceived to represent a potential or actual risk to a child or young person. Staff need to be especially aware of the risk of neglect, emotional
abuse and domestic abuse and cases where the parent or carer fabricates or induces illness.

### 2.4.8 Alcohol & Drugs Service

The Alcohol and Drug Service provide a free and confidential service to the people of Jersey who are experiencing problems relating to substance misuse. They offer a range of services including detoxification at home or in hospital, substitute prescribing, counselling and support, needle exchange and training on issues relating to substance misuse for other professional groups.

**Role in child protection:**

A range of services is provided, in particular by health and voluntary organisations, to respond to the needs of both adults (with parental responsibilities) and children and young people who misuse drugs. Where children or young people may be suffering significant harm (see 4.2) because of their own substance misuse, or where parental substance misuse may be causing such harm, referrals need to be made by alcohol and drugs services. Where children are not suffering significant harm, referral arrangements also need to be in place to enable children and young people's broader needs to be assessed and responded to.

### 2.4.9 Ambulance Service

The States of Jersey Ambulance Service provides emergency and high dependency care and transport for the people of Jersey at a time when, through an accident or illness, they are most vulnerable. The frontline Service is made up of Paramedics and Technicians, with the Paramedic being the senior member of an accident and emergency crew. Paramedics are trained to use advanced life support techniques and can administer a range of drugs for the emergency treatment of a number of medical and trauma conditions.

**Role in child protection:**

The staff working in the ambulance services will have access (by phone or in person) to family homes and be involved with individuals in a time of crisis. They may therefore be in a position to identify initial concerns regarding a child or young person’s welfare.

### 2.5 Police Services

Police Services are delivered in Jersey through two different sources: The States of Jersey Police and the Honorary Police Officers. The Public Protection Unit (PPU) at the States of Jersey Police has a remit to deal with aspects of offending which include violent and sexual crimes. The PPU deals with domestic abuse cases and child abuse cases.

Honorary Police officers have, for centuries, been elected by parishioners to assist the Connétable of the Parish to maintain law and order. Officers are elected as Centeniers, Vingteniers or Constable’s Officers each with various duties and responsibilities. The Honorary Police provided the only law enforcement prior to the appointment of paid Police officers for the Parish of St Helier in 1853 and later to serve the whole Island. Honorary Police still provide an essential and very valuable service to the Parishes and community in Jersey. They retain the power to decide on the prosecution of an alleged offender.

**Role in child protection:**

The PPU normally take primary responsibility for investigating child abuse cases. However, safeguarding children is not solely the role of PPU officers – it is a fundamental part of the duties of all police officers. For example, Patrol officers, whether States of Jersey or Honorary, attending domestic violence incidents, are aware of the effect of such violence on any children normally resident within the household. The police hold important information about children who may be at risk of harm as well as those who cause such harm. They are committed to sharing information and intelligence with other organisations where this is necessary to protect children. This includes a responsibility to ensure that those officers representing the police at a child protection conference are fully informed.
about the case, as well as being experienced in risk assessment and the decision-making process.

2.6 **Education, Sport and Culture (ESC)**

*For more information:*
- Education, Sport and Culture Department Child Protection Policy and Guidance 2006
- Responsibilities for Child Protection in Schools.
- Policy on the Use of Images of Children *(see references in Chapter 18)*

Everyone in the Department for Education, Sport and Culture (DfESC) shares an objective to help keep young people safe by contributing to:

- Providing a safe environment for children and young people to learn in Education, Sport and Culture settings; and
- Identifying children and young people who are suffering or are likely to suffer significant harm and taking appropriate action with the aim of making sure they are kept safe at home, at school and at any other DfESC supervised event.

Achieving these aims requires systems designed to:

- Prevent unsuitable people working with children and young people;
- Promote safe practice and challenge poor and unsafe practice;
- Identify instances in which there are grounds for concern about a child’s welfare and take appropriate action to keep them safe; and
- Contribute to effective partnership working between all those involved with providing services for children and young people.

References to the Department for ESC child protection policy and other related policies can be found in Chapter 18.

The Department for ESC has a Child Protection Co-Coordinator who is also a member of the Jersey Child Protection Committee (JCPC). The role of the Child Protection Coordinator is to advise schools and ESC staff and to liaise regularly with other agencies regarding children protection matters. There are designated E-Safety Co-ordinators in each school, responsible for training and monitoring risks to children in school from their use of the internet or mobile technology, as well as a Jersey E-Safety Coordinator.

2.6.1 **Schools**

There are 32 primary and 11 secondary schools in Jersey. This includes non-fee paying, fee paying and special schools.

*Role in child protection:*
Every school is required to have a designated teacher with responsibility for child protection and an alternative designated teacher in the event of absence; both are required to be senior members of staff. For detailed information see DfESC document *Responsibilities for Child Protection in Schools (States and Private Sector) / Youth Projects* *(reference Chapter 18).* All school staff are required to receive and complete Foundation Child Protection Training. Designated teachers must be trained to a higher level. Refresher training takes place regularly.

2.6.2 **Education Support Team - “Working Together for Positive Solutions”**

The Education Support Team (EST) works in partnership with parents, schools and other professionals to prevent, identify and address pupil difficulties with learning, social interaction and attendance. The Education Support Team also supports schools in child welfare and child protection matters. EST is comprised of the Education Psychology Service, the Education Welfare Service (EWS) and the Central Education Needs Service (CENT).
Role in child protection:
There is a requirement for the Education Support Team to liaise within a multi-agency framework in order to safeguard children.

2.6.3 Jersey Youth Service

Jersey Youth Service provides a broad range of personal and social development opportunities for young people aged 12 to 18 with some targeted work with older young people up to the age of 25 years.

The Youth Service works from many different locations including youth centres, residential settings, mobile youth projects as well as detached and outreach work on the streets, in parks and other places where young people congregate. Youth Workers also work in other organisations including schools and colleges and the prison, and so are well placed to come into contact with hard to reach and vulnerable young people.

The nature of youth work means that relationships are developed that empower young people, enabling them to make informed choices about their lives.

Role in child protection:
The Jersey Youth Service has a designated manager who manages all aspects of safeguarding and child protection issues. The contact Youth Workers have with young people, and the relationships that are developed, mean that the Youth Service is well placed to notice any changes in their lives, including any outward signs of abuse or any significant changes in behaviour. The rapport that young people have with a youth worker can also lead to disclosures being made, as young people can feel comfortable and have trust in that relationship.

2.6.4 Sport and Leisure Services

The aim of sport and leisure services in Jersey is to provide the community with the opportunity to take part in a wide range of sport and leisure activities suitable for all ages and to encourage a healthy and active lifestyle. The majority of sport and leisure services take place within DfESC facilities, however, there are occasions where children and young people will attend leisure attractions and use public spaces under the supervision of DfESC staff or sub-contractors.

Role in child protection:
Staff, volunteers and contractors who provide these services have various degrees of contact with children who use them, and appropriate arrangements need to be in place. These should include:

- procedures for staff and others to report concerns they may have about the children they meet, which are in line with the DfESC Child Protection Policy and JCPC procedures;
- appropriate codes of practice for staff, particularly sports coaches, such as the codes of practice issued by national governing bodies of sport and Sports Coach UK. Sports organisations can also seek advice on child protection issues from the JCPC and the Child Protection in Sport Unit (CPSU), which has been established as a partnership between the NSPCC and Sport England.
- the Sports Coach UK (NSPCC recognised) seminar “Safeguarding and Protecting Children” is appropriate and recognised for all coaches with the UK Coaching Certificate or National Governing Body qualification. Staff who have contact with children and young people who are not sports coaches or volunteers to attend DfESC or JCPC Child Protection training.
- the Sport & Leisure Division works with voluntary sports clubs and associations to develop child protection policies and encourage relevant members to attend the Sports Coach UK seminar “Safeguarding and Protecting Children”.
2.6.5 Registered Childcare Providers

Regulated childcare covers non parental care of children from babies up to the age of twelve years, and can be in two types of settings:

- Family Child Care is a childcare service offering care to children in the home of the Family Child Carer (FCC).
- Centre Care can be found in a variety of settings. These can be purpose built, in converted or rented premises, church halls, a community centre, or a school at out of school times.

Role in child protection:
Family Child Carers and everyone working in registered childcare should know how to recognise and respond to the possible abuse and neglect of a child. All organisations providing childcare must have a designated person who liaises with local child protection agencies on child protection issues. As part of their initial registration, police checks and references are taken up and ongoing training in child protection is mandatory.

2.7 Probation and After-Care Service (JPACS)

The Jersey Probation and After-Care Service (JPACS) is a department of the Royal Court. The core functions of the Service are to prepare Social Enquiry Reports (SERs) for the Courts and to work with offenders placed on Probation supervision or who receive Prison sentences to reduce their risk of re-offending and level of harm they may pose to the public. This is achieved by a combination of individual sessions and attendance on cognitive behavioural group-work programmes. In addition JPACS attends the majority of Parish Hall Enquiries for youths under the age of 18, to assist the Centenier in deciding how best to deal with that individual. JPACS is responsible for the running of Community Service which involves offenders performing unpaid work in the community.

JPACS also prepares reports for the Family Court in residence and contact issues, prepares Adoption reports and can be appointed as guardian ad litem in Public and Private law proceedings.

Role in child protection:
JPACS supervises a number of men and women who have convictions for offences against children. Probation Officers have been trained in the assessment of sex offenders and are able to carry out programme work to reduce the risk of them re-offending in a similar way. Probation Officers also work with families where domestic violence has taken place and are aware of the impact such behaviour has upon children. JPACS is committed to interagency risk management (RAMAS) and works closely with the Police, the Children's Service and other relevant agencies to assess and manage the risk these offenders pose to children. JPACS is also actively involved in the community resettlement of prisoners who have committed offences against children. This engagement by offenders is mostly on a voluntary basis although the implementation of the Sex Offenders Law provides a statutory basis for this work in the cases of highest risk.

JPACS is responsible for young people made the subject of supervision by the Courts and Centeniers. The Service has two Probation Officers attached to the Youth Action Team who are dedicated to working with young offenders.

2.8 Prison Service

HM Prison La Moye holds in secure custody those committed by the courts. As the only prison in Jersey, it fulfils the functions of an entire prison system, and caters for all people remanded or sentenced to custody within its jurisdiction. It has an operational capacity of 184 prisoners, and holds men, women, young adults, and juveniles. Juveniles are from 15-18 years old, young offenders are from 18 to 21 years old and adults from 21 years old.
Role in child protection:
The Governor of the prison has a duty to make arrangements to ensure that functions are discharged with regard to the need to safeguard and promote the welfare of children, not least those who have been committed to their custody by the courts. The Prison has a designated Child Protection Officer who coordinates services where required and accesses training for staff.

2.9 Housing
The Housing Department aims to provide social rented housing to meet the needs of locally qualified individuals or families who are unable to house themselves in the private sector on financial, medical or social grounds.

Role in child protection:
Housing and homelessness staff can play an important role in safeguarding and promoting the welfare of children as part of their day-to-day work – recognising child welfare issues, sharing information, making referrals and subsequently managing or reducing risks. Housing managers, and others with a front-line role such as environmental health officers, also have an important role. For instance, housing staff, in their day-to-day contact with families and tenants, may become aware of needs or welfare issues that they can either tackle directly (for instance, by making repairs or adaptations to homes) or by assisting the family in accessing help through other organisations; or environmental health officers inspecting conditions in private rented housing may become aware of conditions that impact adversely on children.

2.10 Jersey Family Court Advisory Service (JFCAS)
The Jersey Family Court Advisory Service is accountable to the Probation Board; the new service launched was in November 2010. It is responsible for providing the Royal Court, particularly the Family Division, with advice and recommendations in applications for Residence, Contact and specific issues that involve children. It is envisaged that the Service will grow to incorporate the provision of Guardians in public law proceedings. In all proceedings the role of the Officer is to be the “voice of the child” in the Court.

Role in Child Protection:
It is the responsibility of all practitioners to be mindful of the signs and symptoms of harm in all their cases. The consideration of risks of harm to a child are an integral part of the practitioner's role throughout the period of contact with the child, with a view to the identification of new, unreported or unresolved issues of harm. Such identification will result in an immediate referral to the Children’s Service for investigation.

Some applications are made as a protective measure resulting from issues of concern already identified. The practitioners liaise with all the appropriate agencies in particular the Police, Children’s Service and Probation Service to ensure that all the risks are identified and taken into account in the recommendations made in the final report to the Court.

2.11 Third Sector Organisations
Voluntary organisations and private sector providers play an important role in delivering services for children and young people, including early-years and child care provision, family support services, youth work and children’s social care and healthcare. Many voluntary organisations are skilled in preventative work, and may be well placed to reach the most vulnerable children, young people and families. Voluntary organisations may also deliver advocacy for looked after children and young people, and for parents and children who are the subject of child protection enquiries and case conferences.

2.11.1 NSPCC Pathways
NSPCC Pathways Family Support Services help parents and carers to understand children's needs, improve their parenting skills and cope with pressures that might otherwise cause them to harm their children. The services include pre-natal advice, toddler groups, parents
groups, one-to-one advice clinics, sessions on safety in the home and money management, and children's breakfast and after-school clubs.

**Role in child protection:**
The NSPCC's parenting and family support projects focus on early intervention with families and can help parents avoid harming their children by giving them someone to turn to in times of difficulty and by offering alternative ways to manage their child's behaviour.

### 2.11.2 The Bridge

The Bridge is a community-based centre that gives children, families and young people in Jersey the opportunity to be safe, healthy, happy and have aspirations. It supports children, families and young people to engage in life changing opportunities, especially in times of difficulties and challenge.

Core services include:

- integrated early family learning;
- family support;
- health services;
- outreach services to children and families not attending the Centre;
- access to training and employment advice;
- youth club (part-funded by Children In Need).

The Bridge programmes provide easily accessible health services integrated with other family support services so that parents are equipped to respond appropriately to the needs of their children, enabling children to develop so they can meet their full emotional, social and physical potential enabling them to flourish when they reach school.

**Role in child protection:**
The Bridge services are well placed to provide contact for families and vulnerable children. As such, staff at the Bridge can play an important part in safeguarding children through their day to day contacts, as well as in reporting any child protection concerns that may be identified in the course of their work.

### 2.11.3 Jersey Child Care Trust (JCCT)

The Jersey Child Care Trust co-ordinates, promotes and facilitates the expansion of high quality and affordable childcare provision in Jersey. Projects to support the childcare sector are co-ordinated from the JCCT’s offices based at the Bridge. All those working for the JCCT in paid or voluntary staff roles are required to complete the Foundation Child Protection Training and follow the Child Protection Policy of the setting they are based in. Nannies Accredited through the meet a set criteria, which includes Foundation Child Protection Training. Child Protection procedural knowledge is assessed at initial interview and annual renewal.

**Role in child protection:**
All JCCT staff and volunteers will have some access to children and have a duty to follow the relevant Child Protection Procedures, either within the JCCT or Registered Day Nursery or Pre-School. Accredited Nannies are well placed to identify and have a duty to respond to any child protection concerns that they may have for a child in their care.

### 2.11.4 Brook in Jersey

Brook in Jersey's mission is to ensure that all children and young people have access to high quality, free and confidential sexual health services, as well as education and support that enables them to make informed, active choices about their personal and sexual relationships so they can enjoy their sexuality without harm.
Role in child protection:
Brook in Jersey is committed to issues of child protection at every level in the organisation. Brook in Jersey works within the law and professional codes of conduct in the best interests of young people. Brook in Jersey believes that the emphasis in dealing with difficult disclosures should be on supporting the young people who have made them to come to the point where they are prepared to take the matter further themselves. If the young person concerned cannot be brought to this point, then a decision may be made that confidentiality will need to be breached to prevent serious harm befalling that individual and/or others, but not without informing the individual first. In taking such decisions staff are guided by a protocol contained within Brook in Jersey’s Protecting Young People Policy.

2.11.5 Jersey Women’s Refuge

The Jersey Women’s Refuge is a confidential service which offers support, advice and safe accommodation to victims of domestic violence 24hrs a day.

Role in child protection:
This service has a vital role in contributing to an inter-agency approach in child protection cases where domestic violence is an issue. In responding to situations where domestic violence may be present, considerations include:

- checking whether domestic violence has occurred whenever child abuse is suspected; considering the impact of this at all stages of assessment, enquiries and intervention
- helping victims and children to get protection from violence, by providing relevant practical and other assistance
- supporting non-abusing parents in making safe choices for themselves and their children.

2.11.6 Jersey Association of Carers Incorporated (JACI)

Jersey Association of Carers (JACI) is an independent, proactive, charitable organisation formed to represent carers’ issues, to seek recognition for carers and act as a pressure group, lobbying to effect change. They provide a one-stop shop for information on carer’s issues, and signposting people to relevant agencies where they can get help.

Role in child protection:
JACI offers support to young carers. With so many adult responsibilities, young carers often miss out on opportunities that other children have to play and learn. Jersey Association of Carers (JACI) may identify where children are in need, or at risk of harm, and may also be able to provide support to young carers. They provide social and recreational opportunities which may be otherwise denied to these young people.

2.11.7 Youth Enquiry Service (YES)

The Youth Enquiry Service (YES) provides a high quality information, advice and counselling service to young people aged 14 - 25 years. The YES project has an advisory group which is a registered charity and made up of professionals from agencies that work with young people. The advisory group works in partnership with the Jersey Youth Service to provide this project and is based in La Motte St Centre. They also offer a service to young people whilst they are in prison, with follow-up after their release.

Role in child protection:
YES offers free and confidential information, advice and counselling to help young people cope with any issues effecting them, including abuse and neglect.

2.11.8 Autism Jersey

Autism Jersey champions a full and inclusive life for people with autism, Asperger’s Syndrome and other associated complex developmental disorders, by raising awareness and working in partnership with all agencies to help and support them, their families and carers.
Role in child protection:
Volunteers and staff have specific training to support children/adults with autism to stay safe; understanding autism and how it affects people is fundamental to this support. Autism Jersey believes that people with autism are particularly vulnerable and open to abuse and therefore they are ready to support clients and their families during times of difficulty. A designated Welfare Officer with appropriate training is available for any concerns to be raised.

2.11.9 Self-Advocacy (Jersey Mencap)

Jersey Mencap supports the choices made by children and adults with learning disabilities or their parents/carers. The Self-Advocacy Project supports adults with learning difficulties to speak up for themselves. The service offers independent and confidential support either for individuals and groups of people, and advice to services on the needs of people with learning difficulties.

Role in child protection:
The Self-Advocacy workers provide support to parents with learning disabilities whose children are the subject of child protection enquiries and conferences.

2.11.10 Jersey Care Leavers' Association

The Jersey Care Leavers’ Association is a charity for adults who were previously children in care. The Association provides advice and information and campaigns for improved services for children in care and for care leavers.

Role in child protection:
The Jersey Care Leavers’ Association can provide a monitoring and support role for children in care.
3 Information Sharing

3.1 Introduction

3.1.1 Information sharing is key to the goal of delivering better, more efficient services that are coordinated around the needs of the individual. It is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all.

3.1.2 It is also important that people remain confident that their personal information is kept safe and secure and that professionals maintain the privacy of the individual, whilst sharing information to deliver better services. It is therefore important that professionals share information appropriately as part of their day-to-day practice and do so confidently.

3.1.3 Professionals recognise the importance of information sharing and there is already much good practice. However, in some situations they feel constrained from sharing information by uncertainty about when they can do so lawfully, especially in early intervention and preventative work where information sharing decisions may be less clear than in safeguarding or child protection situations. For those who have to make decisions about information sharing on a case-by-case basis, the document, Protocol for Information Exchange between States Departments, Revised 2008 (see references Chapter 18) seeks to give clear practical guidance, drawing on experience and consultation from across a spectrum of adult and children’s services. There is also a flowchart in Section 3.8 which can assist with decision-making.

3.1.4 Disclosure of any personal data must be bound to both common and statute law and professional ethics and codes of conduct. The data protection principles require that such information is obtained and processed fairly and lawfully; is only disclosed in appropriate circumstances and for the purpose(s) it was obtained; is accurate, relevant, and not held longer than necessary; and is kept securely. Each agency is responsible for maintaining their own records of work with child protection cases. The agency should have a policy stating the purpose and format for keeping the records and for their destruction.

3.2 Consent

3.2.1 Many of the data protection issues surrounding the disclosure can be avoided if the informed consent of the individual has been sought and obtained. Consent must be freely given after the alternatives and consequences are made clear to the person from whom permission is being sought. If the data is classified as sensitive data the consent must be explicit.

3.2.2 In any case the specific detail of the processing should be explained to the individual. This should include:

- precisely who is processing the data;
- the particular types of data to be processed;
- the purpose of the processing;
- any special aspects of the processing which may affect the individual, e.g. disclosures;
- the persons/agencies to whom the information will be made available.

3.2.3 In the absence of consent, the professional must balance the duty of care and the public duty of confidentiality against the need to prevent and detect crime and disorder, and serve the public interest, in order to make a positive decision whether or not to release the information.

3.2.4 If informed consent has not been sought, or has been sought and withheld, the professional must consider if there is any other overriding factor for the justification for the disclosure. In making this decision the following should be considered:
• Is the disclosure necessary for the prevention or detection of crime, prevention of
  disorder, to protect public safety, or to protect the freedoms of others?
• Is the disclosure necessary for the protection of a child or young person or a
  vulnerable adult?
• What risk is posed to others by this individual?
• What is the vulnerability of those who may be at risk?
• What will be the impact of the disclosure on the subject and on others?
• Is the disclosure proportionate to the intended aim?
• Is there an equally effective but less intrusive alternative means of achieving that
  aim?

3.2.5 If consent is not sought, or is sought and not/partially obtained, the reasons for not
seeking consent or otherwise breaching confidentiality must be recorded. The reasons
must be explained to the subject as soon as this can be done without negating the
purpose of the original information enquiry.

3.3 Disclosure for purpose of protecting children

3.3.1 Child protection enquiries, investigations and conferences can only be successful if
professionals share and exchange all relevant information. Those with such information
must treat the information as confidential at all times but ethical and statutory codes that
cover confidentiality and data protection are not intended to prevent the exchange of
information between different professional staff which has the purpose of ensuring the
protection of children. Sometimes concerns will arise within an agency as information
comes to light about a child or family with whom the service already is in contact. Whilst
professionals should, in general, seek to discuss any concerns with the family and where
possible seek their agreement to share the information with other agencies, this should not
be done where such discussion and agreement-seeking will place a child at increased risk
of significant harm.

3.3.2 Professionals who attend meetings about children or young people should have given
thought to their contribution and have prepared a written report or précis of the relevant
information they hold and which they wish to discuss with others. It is good practice for
professionals to discuss their contribution to a child protection conference with the
child/family before the conference/meeting where time permits so that the issue of data
protection and human rights are addressed. On occasions, however, it may be essential
that the information to be disclosed will only be given to other professionals. In all cases
where the Police are involved, the decision on when to inform the parents (about referrals
from third parties) must be discussed with the police officer leading the investigation, and
be one of the decisions made by those taking part in the Strategy discussion/meeting.

3.3.3 Good record keeping is an important part of the accountability of professionals to those
who use their service. Clear and accurate records ensure that there is a documented
account of an agency’s or professional’s involvement with a child/family. To serve these
purposes, records should use clear, straightforward language, should be concise, and
should be accurate not only in fact, but also in differentiating between opinion, judgement
and hypothesis.

3.3.4 Those providing services to both adults and children will be concerned about the need to
balance their duties to protect children from harm and their general duty of care towards
patient or service user. Some will face the added responsibility of supporting the child, the
parent/s and the abuser. Where there are concerns about a child, however, the child must
come first in respect of information exchange. In such cases a decision should be taken
about whether a different worker should be allocated to support the parent and/or the
alleged abuser.
3.4 Medical Disclosure

3.4.1 Children of sufficient age and understanding should be kept fully informed of processes involving them, should be consulted sensitively, and decisions about their future should take account of their views.

3.4.2 If it is believed that a patient is a victim of neglect or physical, sexual or emotional abuse and the patient cannot give or withhold consent to disclosure:

- Information must be given promptly to an appropriate, responsible person or statutory agency, where it is believed that disclosure is in the patient’s best interests. All Health and Social Services and Family Nursing and Home Care staff must follow the joint Child Protection Policy;
- The patient should usually be informed about the intention to disclose before doing so;
- Circumstances may arise in relation to children, where concerns about possible abuse need to be shared with other agencies, such as Social Services;
- Where appropriate, those with parental responsibility should be informed about the disclosure unless to do so would jeopardise the safety of the child or any consequential investigation against that person. If this occurs the reasons for not seeking consent of the parent or child to disclose confidential information must be recorded;
- If for any reason it is believed that disclosure of information is not in the best interests of an abused or neglected patient, the decision not to disclose may have to be justified and reasons must be recorded.

3.4.3 Disclosure may on occasions be required by law or by Court Order. Disclosure in the public interest means the interests of an individual, or group of individuals or of society as a whole. For example society’s interest in avoiding child abuse or preventing serious crime would outweigh the individual’s right to confidentiality.

3.5 Disclosure to Guardians ad Litem (GaL)

3.5.1 In certain circumstances involving legal proceedings relating to a child the court appoints a Guardian ad Litem (GaL) to act on behalf of the child. The GaL is considered an officer of the court and represents the interests of the child in court and legal matters.

3.5.2 A GaL has the right at all reasonable times to examine and take copies of records from Children’s Service with respect to child protection concerns relation to a child they have been appointed to represent. Such information may then be admissible as evidence on any matter referred to in a GAL’s report or statement in Court proceedings. The GAL is personally responsible for ensuring the confidentiality of such information including its security and destruction.

3.5.3 GAL’s have undertaken not to disclose such information in the course of their other professional duties. Where any professional is concerned as to whether a GAL should have access to records kept by them, they should initially contact their Line Manager.

3.6 Disclosure to Therapists for Offenders

3.6.1 General - Children’s Statements / Videos made in Cases of Abuse

- The right to refuse disclosure of a statement or video to a therapist for an offender remains the prerogative of the Police in consultation with the agencies involved in the process of making the video. The majority of videos are made jointly by the Police and Children’s Service.
- Any requests to view a statement or video made by a child witness for the purposes of therapy connected with the offender must be put in writing.
- All criminal and civil proceedings will have been completed before any request to view videos will be considered.
3.6.2 Written Statements

- The victim’s consent and consent from the parent/guardian, dependent upon the age of the victim, will be sought in writing by the Police prior to any viewing of a written statement by another agency/professional.
- It is essential that the victim’s details are kept confidential (identity removed).
- Viewing will only take place at a Police station and no copying will be allowed.

3.6.3 Videos

- No copy will be made and the video will only be viewed on Police premises.
- Where a request is made to view the video, the victim’s consent must be obtained in writing by the Police, where practicable, or from the parent/guardian, dependent upon the age of the victim.
- The video must relate to an offence for which the offender has admitted guilt.
- Videos to be shown will be carefully ‘screened’ to ensure that the identity of the child’s whereabouts is not compromised.

3.7 Professionals meetings

3.7.1 Professionals’ meetings may be held when deemed necessary by all partners, following the protocols in use by States employees. Information exchanged at such a meeting will be minuted and given in accordance with the confidentiality agreement at Appendix E, of the Protocol for Information Exchange between States Departments, (see reference Chapter 18) which must be noted by all present prior to the commencement of the meeting. Personal data should not be made available unless the consent of the subject has been obtained, or the reasons why this is not possible or not appropriate are recorded and explained to the meeting.
### 3.8 Fig 1: Practitioner’s Guide to Information Sharing

**You are asked or wish to share information**

1. **Is there a legitimate purpose for sharing information (Note 1)?**
   - Yes
   - No

2. **Does the information enable a person to be identified? (Note 2)?**
   - No
   - Yes

3. **Is the information confidential (Note 3)?**
   - No
   - Yes

4. **Do you have consent (Note 4)?**
   - No
   - Yes

5. **Is there sufficient public interest to share (Note 5)?**
   - No
   - Yes

**Share Information**

- **Identify how much information to share** (Distinguish fact from fiction)
- **Ensure that you are giving the information to the right person**
- **Inform the person that the information has been shared if they were not aware of this and if it would not create or increase risk of harm (Note 6)**

**Record the information sharing decision and your reasons, in line with your agency’s procedures or local protocol (Note 7)**

**Seek advice from your Manager, Supervisor, Child Protection Advisor or Caldicott guardian if you are unsure what to do at any stage and ensure that the outcome of the decision is recorded.**

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**Note 1: Is there a purpose for you or your agency to share information?**

If you are asked or wish to share information about a child or young person, you need to have a good reason or legitimate purpose to share information. If you work for a statutory service such as education, social care health or youth justice, the sharing of information must be within the functions or powers of that statutory body. It is likely that this will be the case if you are sharing the information as a normal part of the job you do for that agency. Sharing of information must comply with the law relating to confidentiality, data protection and human rights.

**Note 2: Does the information enable a person to be identified?**

In most cases the information will be about a named child or young person but it may identify others, like a parent or carer. If the information does allow a person to be identified, it is subject to data protection law and you must be open about what information you might need to share and why.

**Note 3: Is the information confidential?**

Confidential information is of some sensitivity; it is not already lawfully in the public domain or readily available from another public source; it has been shared in a relationship where the person giving the information understood that it would not be shared with others. Confidence is only breached where the sharing of confidential information is not authorised by the person who provided it/to whom it relates.

**Note 4: Do you have consent to share?**

Consent must be informed. This means that the person giving consent needs to understand why information needs to be shared, who will see their information the purpose to which it will be put and the implications of sharing that information. There will, however, be some circumstances where you would not seek consent, for example, where to do so would:

- Place a child or young person at increased risk of significant harm
- Prejudice the prevention or detection of a serious crime
- Lead to unjustified delay in making enquiries about allegations of significant harm

**Note 5: Is there sufficient public interest to share information?**

A public interest can arise in a wide range of circumstances, for example, to protect children from harm, to prevent crime and disorder. The key factor in deciding whether or not to share confidential information is proportionality i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question. You must weigh up what might happen if the information is shared without written consent against what might happen if it is not and make a reasonable decision. It is possible to identify some circumstances in which sharing confidential information without consent will normally be justified in the public interest.

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

**Note 6 & 7: If the decision is to share are you sharing the proper information in the proper way?**

This means share the information which is necessary for the purpose for which it is to be shared, share the information with the people who need to know, check that the information is accurate and up to date, share it in a secure way (fax or secure email). Equally if you decide not to share information the reasons should be recorded.
4 Overview of Child Protection Process

4.1 Principles underpinning work to protect children

4.1.1 The following principles, which draw on findings from research, underpin work with children, young people and their families to safeguard and promote their welfare. These principles should be followed when working with children and young people in Jersey. They will be relevant to varying degrees, depending on the functions and level of involvement of the organisation and the individual professional concerned.

4.1.2 Work to safeguard and promote the welfare of children and young people should be:

- Child-centred;
- Rooted in child development and informed by evidence;
- Focussed on outcomes for children and young people;
- Holistic in approach;
- Ensuring equality of opportunity;
- Involving of children and families;
- Building on strengths as well as identifying difficulties;
- Multi- and inter-agency in approach;
- A continuing process, not an event; and
- Providing and reviewing services.

4.2 The concept of significant harm

4.2.1 Some children are in need because they are suffering, or likely to suffer, significant harm. The Children (Jersey) Law 2002 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives statutory agencies such as the children’s services and the police a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

4.2.2 The Children (Jersey) Law 2002 Part 4 enshrines the concept of significant harm:

- **Article 24 (2):** The court may only make a care order or supervision order if it is satisfied –
  
  (a) that the child concerned is suffering, or is likely to suffer, significant harm; and
  
  (b) that the harm, or likelihood of harm, is attributable to –
  
  i) the care given to the child, or likely to be given to the child if the order were not made, not being what it would be reasonable to expect a parent to give the child, or
  
  ii) the child’s being beyond parental control.

- **Article 24(6):**
  
  o ‘harm’ means ill-treatment or the impairment of health or development;
  
  o ‘development’ means physical, intellectual, emotional, social or behavioural development;
  
  o ‘health’ means physical or mental health; and
  
  o ‘ill treatment’ includes sexual abuse and forms of ill-treatment which are not physical.
4.2.3 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child or young person, and/or relatively greater difficulty in helping them overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child’s physical and psychological development.

4.2.4 Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the child’s own assessment of his or her safety and welfare, the family’s strengths and supports, as well as an assessment of the likelihood and capacity for change and improvements in parenting and the care of children and young people.

4.2.5 To understand and identify significant harm, it is necessary to consider:

- the nature of harm, in terms of maltreatment or failure to provide adequate care;
- the impact on the child’s health and development;
- the child’s development within the context of their family and wider environment;
- any special needs, such as a medical condition, communication impairment or disability, that may affect the child’s development and care within the family;
- the capacity of parents to meet adequately the child’s needs; and
- the wider and environmental family context.

4.2.6 The child’s reactions, his or her perceptions, and wishes and feelings should be ascertained and the professionals involved with the child should give them due consideration, so far as is reasonably practicable and consistent with the child’s welfare and having regard to the child’s age and understanding.

4.2.7 To do this depends on communicating effectively with children and young people, including those who find it difficult to do so because of their age, impairment, or particular psychological or social situation. This may involve using interpreters and drawing upon the expertise of early years workers or those working with children with disabilities. It is necessary to create the right atmosphere when meeting and communicating with children, to help them feel at ease and reduce any pressure from parents, carers or others. Children and young people will need reassurance that they will not be victimised for sharing information or asking for help or protection; this applies to children and young people living in families as well as those in institutional settings, including custody. It is essential that any accounts of adverse experiences coming from them are as accurate and complete as possible. Accuracy is key: without it, effective decisions cannot be made and inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults.

4.3 The impact of maltreatment on children

4.3.1 The maltreatment of children and young people – physically, emotionally, sexually or through neglect – can have major long-term effects on all aspects of their health, development and wellbeing. The immediate and longer-term impact can include anxiety, depression, substance misuse, eating disorders and self-destructive behaviours, offending and anti-social behaviour. Maltreatment is likely to have a deep impact on the child’s self-image and self-esteem, and on his or her future life. Difficulties may extend into adulthood; the experience of long-term abuse may lead to difficulties in forming or sustaining close relationships, establishing oneself in work, and to extra difficulties in developing the attitudes and skills necessary to be an effective parent.
4.3.2 It is not only the stressful events of maltreatment that have an impact, but also the context in which they take place. Any potentially abusive incident has to be seen in context in order to assess the extent of harm to a child and decide on the most appropriate intervention. Often, it is the interaction between a number of factors that increases the likelihood and/or level of significant harm.

4.3.3 For every child and family, there may be factors that aggravate the harm caused to the child, and those that protect against harm. Relevant factors include the individual child’s means of coping and adapting, support from a family and social network, and the impact of any interventions. The effects on a child are also influenced by the quality of the family environment at the time of maltreatment, and by subsequent life events. The way in which professionals respond also has a significant bearing on subsequent outcomes.

4.3.4 Serious Case Reviews\(^2\), together with other research findings, show that children under one year of age and, in particular, very young babies are extremely vulnerable to being seriously injured or to dying as a result of abuse or neglect. Young people aged 11 and over also have a heightened level of vulnerability and likelihood of suffering harm, yet their needs and distress are often missed or deemed too challenging for services.

4.3.5 **Physical abuse**

Physical abuse can lead directly to neurological damage, physical injuries, disability or, at the extreme, death. Harm may be caused to children both by the abuse itself and by the abuse taking place in a wider family or institutional context of conflict and aggression, including inappropriate or inexpert use of physical restraint.

Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems and educational difficulties. Violence is pervasive and the physical abuse of children frequently coexists with domestic violence\(^3\).

4.3.6 **Emotional abuse**

There is increasing evidence of the adverse long-term consequences for children and young people’s development where they have been subject to sustained emotional abuse, including the impact of serious bullying\(^4\). Emotional abuse has an important impact on a developing child’s mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important as other more visible forms of abuse in terms of its impact on the child, if not more so. Domestic violence is abusive in itself. Adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

4.3.7 **Sexual abuse**

Disturbed behaviour – including self-harm, inappropriate sexualised behaviour, sexually abusive behaviour, depression and a loss of self-esteem – has been linked to sexual abuse. Its adverse effects may endure into adulthood. The severity of impact on a child is believed to increase the longer the abuse continues, the more extensive the abuse, and the older the child. A number of features of sexual abuse have also been linked with severity of impact, including the relationship of the abuser to the child, the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. A child’s ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection.

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The reactions of practitioners also have an impact on the child’s ability to cope with what has happened, and on his or her feelings of self worth. (For further information see Child Sexual Abuse: Informing Practice from Research). A proportion of adults and children and young people who sexually abuse children have themselves been sexually abused as children. They may also have been exposed as children to domestic violence and discontinuity of care. However, it would be quite wrong to suggest that most children who are sexually abused inevitably go on to become abusers themselves.

4.3.8 **Neglect**

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

4.3.9 **Sources of stress for children and families**

Many families under great stress succeed in bringing up their children in a warm, loving and supportive environment in which each child’s needs are met. Sources of stress within families may, however, have a negative impact on a child’s health, development and wellbeing; this may either be a direct impact or, when experienced during pregnancy, may result in delays in the physical and mental development of infants, or affect the capacity of parents to respond to their child’s needs. This is particularly so when there is no other significant adult who is able to respond to the child’s needs, for example where children experience a parent in prison or the parent’s relationship has broken down.

Undertaking assessments of children and families requires a thorough understanding of the factors that influence children’s development: the developmental needs of children; the capacities of parents or caregivers to respond appropriately to those needs; and the impact of wider family and environmental factors on both children’s development and parenting capacity. An analysis of how these three domains of children’s lives interact enables practitioners to understand the child’s developmental needs within the context of the family and to provide appropriate services to respond to those needs. (See Chapter 8 for more information)

The following sections summarise some of the key research findings on parental mental illness, learning disability, substance misuse and domestic violence. The information should be drawn on when assessing children and families, providing services to meet their identified needs and reviewing whether the planned outcomes for each child have been achieved. In each section the issue is defined, information on its prevalence given, and the likely impact on the child identified.

The research findings are explored in relation to four stages of childhood: the unborn child, babies and infants (under 5 years), middle childhood (5 to 10 years) and adolescence (11 to 16 plus years).

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4.3.10 **Social exclusion**

Many of the families who seek help for their children, or about whom others raise concerns in respect of a child’s welfare, are multiply disadvantaged. These families may face chronic poverty, social isolation, racism, and the problems associated with living in disadvantaged areas, such as high crime rates, poor housing, childcare, transport and education services, and limited employment opportunities. Many lack a wage earner. Poverty may mean that children live in crowded or unsuitable accommodation, have poor diets, health problems or disability, are vulnerable to accidents, and lack ready access to good educational and leisure opportunities.

When children themselves become parents, this exacerbates disadvantage and the potential for social exclusion. Racism and racial harassment are an additional source of stress for some families and children, as is violence in the communities in which they live. Social exclusion can also have an indirect effect on children, through its association with parental substance misuse, depression, learning disability, and long-term physical health problems.

4.3.11 **Domestic violence**

The UK Home Office\(^\text{10}\) defines domestic violence as ‘Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality’. Nearly a quarter of adults in England are victims of domestic violence. Although both men and women can be victimised in this way, a greater proportion of women experience all forms of domestic violence, and are more likely to be seriously injured or killed by their partner, ex-partner or lover.

Domestic violence affects both adults and children within the family. Some 200,000 children (1.8%) in England live in households where there is a known risk of domestic violence or violence\(^\text{11}\). Prolonged and/or regular exposure to domestic violence can have a serious impact on children’s safety and welfare, despite the best efforts of parents to protect them. An analysis of Serious Case Reviews found evidence of past or present domestic violence present in over half (53%) of cases\(^\text{12}\).

Domestic violence rarely exists in isolation. Many parents also misuse drugs or alcohol, experience poor physical and mental ill health and have a history of poor childhood experiences themselves. The co-morbidity of issues compounds the difficulties parents experience in meeting the needs of their children, and increases the likelihood that the child will experience abuse and/or neglect.

Domestic violence has an impact on children in a number of ways. Children are at increased risk of physical injury during an incident, either by accident or because they attempt to intervene. Even when not directly injured, children are greatly distressed by witnessing the physical and emotional suffering of a parent. Children’s exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress which may express itself in anti-social or criminal behaviour.

Although separating from a violent partner should result in women and children being safe from harm, the danger does not automatically end. Moreover, the point of leaving an abusive relationship is the time of highest risk for a victim. Contact arrangements can be used by violent men not only to continue their controlling, manipulative and violent behaviour but also as a way of establishing the whereabouts of the victim(s).

Domestic violence also affects children because it impacts on parenting capacity. A parent (in most families, the mother) may have difficulty in looking after the children when

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domestic violence results in injuries, or in extreme cases, death. The impact on parenting, however, is often more subtle. Exposure to psychological and emotional abuse has profound negative effects on women’s mental health resulting in a loss of confidence, depression, feelings of degradation, problems with sleep, isolation, and increased use of medication and alcohol. These are all factors that can restrict the mother’s capacity to meet the developmental needs of her child. Moreover, belittling and insulting a mother in front of her children undermines not only her respect for herself, but also the authority she needs to parent confidently. A mother’s relationship with her children may also be affected because, in attempts to avoid further outbursts of violence, she prioritises her partner’s needs over those of her children.

The impact of domestic violence on children increases when directly abused, witnessing the abuse of a parent, or colluding (willingly or otherwise) in the concealment of assaults. Other relevant factors include the chronicity and degree of violence, and its co-existence with other issues such as substance misuse. No age group is particularly protected from, or damaged by, the impact of domestic violence. Children’s ability to cope with parental adversity is related to their age, gender and individual personality. However, regardless of age, support from siblings, wider family, friends, school and community can act as protective factors.

Key to the safety of women and children subjected to violence and the threat of violence is an alternative, safe and supportive residence. An exploration of the possible impact on the unborn child shows the foetus is at risk of injury because violence towards women increases both in severity and frequency during pregnancy, and often involves punches or kicks directed at the women's abdomen. Such assaults can result in a greater rate of miscarriage, still or premature birth, foetal brain injury and fractures. Domestic violence is also associated with women’s irregular or late attendance for ante-natal care. Poor attendance may be the result of low self esteem and depression or due to an abusive partner controlling and restricting women’s use of medical services. Once born, the baby continues to be at risk of injury. For example, the infant may be in his or her mother’s arms when an assault occurs. A young child’s health and development may also be compromised when violence results in the mother having difficulty in concentrating, becoming depressed, or self medicating. When domestic violence undermines the mother’s capacity to provide her infant with a sense of safety and security it can impact on the attachment process. Finally, domestic violence may influence a young child’s social relationships, increasing their outbursts of anger, peer aggression and other behaviour problems.

Children in middle childhood, who live with domestic violence, continue to be at risk of being physically injured. Injuries may occur when the child is caught in the cross-fire or when trying to intervene to protect his or her mother. There is also evidence to link domestic violence with elevated levels of child sexual abuse. Witnessing domestic violence affects children’s emotions and behaviour and can lead to temper tantrums and aggression which are directed at family and peers, and cruelty towards animals. Exposure to domestic violence is also associated with children being more anxious, sad, worried, fearful and withdrawn, than children who are not exposed. Some children cope with the stress and fear of violence by seeking to escape. During middle childhood this may be through fantasy and make-believe, or by withdrawing into themselves, or seeking a place of safety.

Experiencing domestic violence and seeing parents unable to control themselves or their circumstances may result in feelings of helplessness and confusion. Children may blame

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themselves for their parent’s violence and feel inadequate and guilty when unable to stop the violent episode or prevent its reoccurrence.

Adolescents exposed to domestic violence may live in constant fear of violent arguments, being threatened, or actual physical violence being directed at a parent (usually the mother) or themselves. The likelihood of being physically injured continues. Furthermore, in a recent survey of 13 to 17-year-old girls in intimate relationships, one in six girls said they had been hit by their boyfriends (4% regularly) and one in sixteen said they had been raped. Experiencing domestic violence has a serious emotional impact: feelings can include fear, sadness, loneliness, helplessness and despair, and anger. In the home teenagers may focus their anger on both parents, towards the abuser for inflicting the violence and towards the victim for accepting the behaviour. Witnessing the abuse of a parent or experiencing intimate partner violence may result in adolescents exhibiting behavioural problems, both at home and in school, which have an impact on friendships and educational progress. Education can suffer when adolescents stay home to protect their parent or themselves from an abusive partner. Friends are highly valued by teenagers as confidants and sources of support, but behavioural difficulties may jeopardise friendships. Many adolescents cope with the stress of domestic violence by distancing themselves from their family or friends. They may withdraw emotionally through music, reading or participating in on-line virtual worlds, or physically by spending long periods out of the home, or running away.

Assessments, judgements and plans for children living with domestic or intimate partner violence benefit from the expertise of practitioners working in services for domestic violence. Services for children and families and young people need to take a proactive, collaborative approach to identifying and responding appropriately to domestic and intimate partner violence. Children and families and adolescents experiencing domestic and intimate partner violence are likely to need well targeted support from a range of different agencies. Mothers and children need safe places to stay and children and adolescents need mentors to ensure their needs are identified and met and their welfare is safeguarded and promoted.

4.4 Overview of Child Protection Process in Jersey

4.4.1 Everyone has a responsibility for the protection of children and all those working with children and families should report concerns if they are worried about the care of, or harm to a child or young person. All agencies should have clear procedures which describe what should happen if anyone has concerns for the welfare of a child. The procedures should include the roles and responsibilities of professionals within their agency in relation to reporting matters regarding individual child protection cases, and name a designated child protection lead for their agency.

4.4.2 There is a flowchart (Fig 2: Overview of Process for dealing with child protection concerns) which illustrates the whole process of the child protection system in Jersey. An initial child protection matter is investigated in Jersey by the Children’s Services Assessment & Child Protection Team (A&CP Team). If the case is already an open case to another Children’s Services Team, the matter is investigated by that team. This may be a social worker from the Child Care Team or the Youth Action Team. For clarity, these procedures will follow the path of a new referral responded to by the A&CP Team.

4.4.3 When a professional or volunteer in an agency has a concern about a child or young person, they need to consider making a referral to the A&CP Team. For more information about when it is appropriate to make a referral, see Fig 3:Referral Process;Threshold Criteria: Benchmarks & Indicators.

4.4.4 If the professional considers the concerns are urgent and the child or young person is at immediate risk of harm, they should contact the A&CP Team or Police by telephone immediately. Section 5.2 and Fig 5: Emergency Action Flow Chart contain more

18 NSPCC and University of Bristol (2009) Partner exploitation and violence in teenage intimate relationships. London: NPSCC.
information about this process. If the concern is not urgent, then the professional should first discuss their concerns with the designated child protection lead officer or manager within their agency. If the decision is to refer the matter, see section 5.2 and Fig 3: Referral Process for more information about how to make a referral. A referral from a professional should be made in writing and the professional cannot remain anonymous.

4.4.5 The duty children’s social worker who receives the information will assess it and then decide on the next course of action which should be determined within 24 hours. The appropriate course of action may be that a referral to another agency is required. It may also be assessed that no further action is required at this time because the concerns were unfounded or did not constitute harm. The outcome of the referral should be fed back to the professional who made the referral in writing by the A&CP Team or by the case officer if the referral relates to a known, open case. See Section 6.3 Outcome of Referral.

4.4.6 Where it is determined that there is risk to a child or young person of serious immediate harm, representatives from the police and the A&CP Team will have a Strategy Discussion to agree on urgent action. If the matter is less urgent, it may be that they will decide to convene a Strategy Meeting and relevant professionals will be asked to attend. For more information see 6.10 and Fig 6: Strategy Meetings. If a strategy meeting has been convened, professionals who have been invited to share information should make all efforts to attend the meeting in person or to at least send a report where appropriate. The outcome of the Strategy meeting may be that further enquiries are necessary. These may be verbal or written requests to other agencies or family members or for medical examinations or video recorded interviews to be conducted.

4.4.7 An Initial Assessment is conducted using the information that has been gathered. This process is discussed in Section 6.6 and Fig 4. The assessment may determine that the concerns are not substantiated and no further action is required; or that the concerns are substantiated but the child is assessed as not at continuing risk of significant harm, or is at continuing risk of significant harm. If it is determined that the child or young person is at continuing risk of significant harm, an initial child protection conference will be convened. The child or young person (if appropriate) and parent/s are invited to this meeting, along with all the relevant professionals who can determine what should happen to protect the child. This process is discussed in more detail in Chapter 8: Child Protection Conferences.

4.4.8 If the child is assessed as not being at continuing risk of harm, it may be more appropriate that they are dealt with as a child in need and receive services either through a referral within Children’s Services or to another agency. A Core Assessment may or may not be undertaken at this stage; see Chapter 8 for more information. If a child’s name is placed on the Child Protection Register, then a Core Assessment will be conducted by the allocated Children’s Team Social Worker. This will involve all of the people who can contribute to the protection and well-being of the child or young person, including their parents and identified professionals. A Core Group will be formed, comprising the relevant people, and a child protection plan will be drawn up. For more information about this see Section 8.10 and fig 7: Child Protection Register Flow Chart.

4.4.9 The work of the Core Group will be to ensure that the Child Protection Plan is implemented. More information about core groups can be found in section 8.8. The Child Protection Plan will be reviewed regularly through a Child Protection Review process led by the Independent Reviewing Officer. Ongoing assessment and reviews will be held until there is an outcome where the child’s name can be removed from the Child Protection Register: because there are no ongoing concerns that the child is at risk of significant harm, or the child has been made safe through another process, such as legal proceedings, or the child has reached adulthood. A case may be re-allocated to another Children’s Service team if the child remains in need of additional services, or is made subject to a legal order. A case is not closed until the child or young person reaches the age of 18 years, or is assessed as not being at risk of continued harm.
4.5 **Fig 2: Overview of Process for dealing with Child Protection Concerns**

- **Information about child/young person** - Threshold for access to services – see Ch 5

- **Child/YP at risk of significant harm**
  - **Referral to CS A&CP Team – see Fig 3**
  - **Police investigation if required**
  - **Forensic Medical Exam if required**
  - **Video recorded interviews if required as per ABE (2002) Guidelines.**

- **Integrated services – child in need**
  - **Referral to CS A&CP Team – see Fig 3**
  - **Strategy Discussion**
  - **Initial Assessment – see fig 4**

- **Targeted services – child needing additional support**
  - **Referral to another agency**
  - **Complete CAF – see Ch 5**

- **Is it an emergency? – see Fig 5**
  - **Referral to CS A&CP Team – see Fig 3**
  - **Strategy Meeting**
  - **Initial Assessment – see fig 4**

- **Child/YP at risk of significant harm**
  - **Referral to CS A&CP Team – see Fig 3**
  - **Strategy Discussion**
  - **Initial Assessment – see fig 4**

- **Strategy Meeting**
  - **Child in Need**
    - **Referral to other agencies**
    - **Complete CAF – see Ch 5**

- **Core assessment – see fig 8**
  - **CP Register**
  - **Core groups**
  - **Review**
  - **Are there any more concerns about the child?**
    - **No**
      - **No further action and/or Agency monitor and support**
    - **Yes**

- **Child Protection conference – see Chapter 8**
  - **Decision to register child**
    - **Yes**
      - **CP Register**
    - **No**
      - **No further action and/or Agency monitor and support**

- **Services provided by Children’s Services**
  - **Yes**
    - **Core assessment – see fig 8**
    - **CP Register**
    - **Core groups**
    - **Review**
    - **Are there any more concerns about the child?**
      - **No**
        - **No further action and/or Agency monitor and support**
      - **Yes**
Threshold Criteria for Referral and Access to Services

A Jersey Common Assessment Framework (JCAF) is undergoing a pilot assessment in 2011. The following section outlines the basis for such a JCAF, however this section may be subject to review following completion of the pilot.

Use of JCAF, and Multi-Agency training to support its introduction, will only become standard practice following the successful completion of the pilot.

Currently, the existing referral procedures including the use of the Multi-Agency referral form (Appendix 2), remain in place.
5 Threshold Criteria for Referral and Access to Services

5.1 What are thresholds?

5.1.1 A threshold is defined as a measurable level of need demonstrated by a child or young person, or their circumstances, at which point an agency may become involved. It is

- a professional judgement about the likelihood of a child or young person’s risk of suffering significant harm or need because they are unlikely to achieve or maintain or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services;
- the identification of children who require additional support as part of the assessment process together with professional judgement and a common understanding of what constitutes harm, risk and need;
- the point at which the Children’s Services Teams may accept a referral for a child, young person or their family.

5.2 Why are we concerned?

5.2.1 Agencies other than children’s services may be unclear about how to recognise the signs of abuse or neglect, are uncertain about the thresholds that apply to child protection and may not know to whom they should refer their concerns. Further, Serious Case Reviews\(^\text{19}\) conducted in the UK have shown that children have died or been seriously injured because some children’s social care services apply inappropriately high thresholds in responding to child protection referrals and that, because some children’s social care services are unable to respond to families requiring support, other agencies do not refer children when concerns about their welfare first emerge. Thresholds were perceived to be a key issue, with children’s, young people’s and families’ needs seen as often falling below thresholds, and thus not receiving help at the time when it is first needed. Complex neglect cases often appear below the threshold for initiating child protection enquiries and even below the threshold for assessment by children’s social care\(^\text{20}\).

5.2.2 Clear thresholds and processes and a common understanding of them across local partners should facilitate appropriate referrals being made and received across agencies so that children and young people receive the proper services at the right time to safeguard their welfare and promote their well-being. This should improve the effectiveness of joint work, leading to a more efficient use of resources. Working with children and families and identifying need is not an exact science and there is no substitute for sound professional judgement, dialogue and sound evidence-based practice underpinned by quality up-to-date research.

5.2.3 Safeguarding and child protection work should always be underpinned by principles of working in partnership with families. In most cases, consent will be sought from parents / carers and children and young people to share information as appropriate, although there are certain circumstances in which this consent is not required (e.g. where there is specific risk of harm to a child and sharing the information with the parents would place the child at further risk).

5.3 Levels of threshold

5.3.1 The following levels of need and access to service are agreed across the agencies in Jersey. A child shall be considered “in need” if:

- He or she 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 of services by statutory agencies;

\(^{19}\) Understanding Serious Case Reviews and their Impact: A Biennial Analysis of Serious Case Reviews 2005-07.

Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services.

5.3.2 For more information, see Appendix 3 which sets out the benchmarks and criteria for each level. Four levels of need have been identified, and this can be illustrated in the diagram below.

![Diagram 2: Threshold Levels](image)

5.4 **Level 1: Universal Services**

*No additional needs, only requiring general services or support*

5.4.1 The majority of children and young people have a number of basic needs that can be supported through a range of universal services. Agencies will take action to promote conditions so that problems do not arise and families are strengthened. These services include education, early years, health, housing, youth services, leisure facilities and services provided by voluntary organisations. See 16.3.1: Appendix 3 for the benchmark and indicators for this level. The types of services that may provide support at this level include Education, Children’s Centres, Early Years, Health visiting service, School nursing, GP, Play Services, Youth Service, Police, Housing, and Voluntary & Community Sector. A common assessment is not usually needed for these children.

5.4.2 Low level concerns may arise in the delivery of universal services e.g. a number of missed health appointments. In these cases assessment is made by a single agency which is then responsible for providing the required services. When an individual agency identifies needs that cannot be met by their service alone, the involvement of a second service to address a specific issue may be all that is necessary. (Following the completion of a common assessment framework (CAF) pilot, if it is successful, a pre-assessment checklist would be completed at this stage and, if necessary, consent obtained from parents or carers to refer to an appropriate service.)
5.4.3 The types of services that may provide support at this level include education through schools, Children’s Centres, Early Years, Family Nursing & Home Care (Health Visitors and School Nurses), GP, Play Services, Youth Service, Police, Housing, and Voluntary & Community Sector such as The Bridge, Duke of Edinburgh award, Scouts, Jersey Arts Centre.

5.5 **Level 2: Targeted support**

5.5.1 This level focuses on children or families who are vulnerable but may not yet have problems or with early difficulties where the risks of breakdown are low. The support they need may relate to their health, educational, or social development. If ignored these issues may develop into the more worrying concerns for the child or young person as defined in level 3. Children in this band will be living in greater adversity than most children in Level 1 or have a greater degree of vulnerability than most.

5.5.2 At this level a single professional or agency may be able to provide the extra support a child may need. See 16.3.2: Appendix 3 for the benchmark and indicators for this level. A multi agency assessment meeting may identify low level needs requiring services which provide general support to families and promote parenting skills, social inclusion and child development, and would allow the development of a plan and coordination of the service provision. (If the CAF Pilot is successful, this process may be replaced by a pre-assessment to help decide whether a common assessment is needed. The CAF may identify low level needs requiring services which provide general support to families and promote parenting skills, social inclusion and child development. A multi-agency meeting would then develop a plan with an identified lead professional appointed to coordinate the service provision)

5.5.3 The key agencies that may provide support at this level include the Youth Action Team, drug and alcohol and health information, advice and education provided through Health Promotions, education psychology and welfare services and counselling such as provided by MAST, Children’s Centres and Early Years services provided through agencies such as the Bridge and the NSPCC, the Youth Service, and Voluntary & community services such as family support services, Family Nursing & Home Care, Jersey Employment Trust, ACET, Autism Jersey, Self-Advocacy, Brook in Jersey, Milli’s Child Contact Centre.

5.6 **Level 3: Integrated support and services**

5.6.1 Some children have more complex needs and may need access to specialist services to support them. This level targets children or families who have more entrenched problems to minimise their adverse effects. See 16.3.3: Appendix 3 for the benchmark and indicators for this level. A list of example agencies and organisations that provide these services is also included.

5.6.2 Children and young people who fall into this band would be defined as having needs that are complex in range, depth, and significance. It is likely that if these needs are not met their health, social development, or educational attainment may be significantly impaired and they may have poor long-term outcomes. Children in this band may be very vulnerable or living in considerable adversity.

5.6.3 A child in this band will need the support of more than one professional. A core assessment is likely to be required. Amongst this group will be some children at risk of significant harm and/or with disabilities. A social worker will ensure that support and services for a particular child are coordinated and provided in an integrated, effective way.

5.6.4 Section 42 of the Children (Jersey) Law 2002 requires the Children’s Services to make enquiries to enable it to decide whether action is required to safeguard and promote the well-being of the child. The Children’s Services may carry out an initial assessment as a
means of conducting the enquiries and a Strategy meeting or discussion may be held. In appropriate circumstances a Child Protection Conference will be convened and a Child Protection Plan established. For more information about this process, see the Child Protection Procedures, Chapter 4.

5.6.5 A child is usually assessed as being at least at level 3 if any of the following factors are present:

- There is poor /no co-operation from the parents/carers;
- The capacity of the parents/carers to effect and sustain change has been demonstrated to be limited;
- There has been a clear incident of abuse;
- Emergency action has been required to protect the child.

5.6.6 Key agencies that may provide support at this level include Children’s Services and other statutory services such as Education (SEN services), Specialist health or disability services (such as Special Needs Team), Youth Action Team for young people at risk, Drug and alcohol services, including harm reduction advice, Child and Adolescent Mental Health Service (CAMHS), statutory family support services, the Probation Service, and Voluntary & community services such as Family Nursing & Home Care, Women’s Refuge, Les Amis.

5.7 Level 4: Specialist or statutory services

Complex or acute needs- Additional needs requiring specialist or statutory integrated response or child protection - High risk or Complex or Acute Needs

5.7.1 Children and young people who are suffering or likely to suffer significant harm without the provision of services fall into this category. (See 16.3.4: Appendix 3) This includes children who are looked after; those at risk of being looked after and those who are in need of rehabilitation from a care or custodial setting; children with critical and/or high risk needs; children in need of safeguarding and children with complex and enduring needs.

5.7.2 A child or young person who falls into this band is defined as requiring specialist help. It is likely that for these children their needs and care are at present very significantly compromised. Only a small fraction of children will fall within this band. These children will be those who are highly vulnerable or living in the greatest level of adversity. A full core assessment will be required for these children.

5.7.3 The purpose of the initial assessment is to determine whether the child is suffering, or likely to suffer, significant harm and to assess whether action is required to safeguard and promote the child’s welfare. Health, education and other services will assist the Children’s Services to carry out the enquiry and all agencies can contribute to the core assessment. The Children’s Services will work jointly with the police in the case of a criminal investigation and the investigation will be parallel to the assessment and planning processes conducted by Children’s Services.

5.7.4 Key agencies that may provide support at this level include Children’s Services, specialist educational services (e.g. SEN), Family Nursing & home Care, Specialist health / disability services, Youth Action Team for young people on statutory child protection or criminal justice orders, CAMHS, Probation, Prison, Family support services and Voluntary & community services such as the Women’s Refuge. A comprehensive core assessment, full medical assessment and the formulation of a child protection plan or care plan is likely.

5.8 Referral to Children’s Services

5.8.1 The Children’s Services operates under the legal framework of the Children (Jersey) Law 2002 which mandates their duty to investigate if harm is suspected to a child. Children’s Services policy and procedure dictates which cases must be accepted from referral, and what services can be offered or provided to children, young people and families.
5.8.2 The Children’s Services determine the level of need for children by a process of assessment based on the Framework for the Assessment of Children in Need and their Families (2000). The assessment looks at the child’s developmental needs, parenting capacity of their carers, and family and environmental factors. New referrals are generally dealt with by the Children’s Services Assessment & Child Protection Team (A&CP Team).

5.8.3 Children’s Services use thresholds to consider whether a referral will be accepted, whether an assessment will be undertaken, and what services will be offered or provided. This way, they can ensure that help is targeted at those children who are most vulnerable, and that any decisions made about services are consistent.

5.8.4 When a referral is accepted, the Children’s Services will carry out an assessment to identify the child’s level of need and risk, and decide on an appropriate plan of action and services to be offered depending on this assessment. When a referral is below their threshold, the Children’s Services will provide referrers with information on more suitable resources and pass the referral to other services where appropriate. Referring professionals should seek reasons for decisions made by the Children’s Services so that they are able to update their own files and ensure that further action is taken to support the child and family. Records of referrals made to Children’s Services will be maintained in order to inform future decision making.

5.9 How to decide whether to make a referral

5.9.1 It is important to be clear about the purpose and intended outcome of the referral. The information outlined in 5.4 about Levels of Need will help you consider where your concerns about a child or young person fit. It can be very useful to consult with other professionals in the child’s network (such as health visitor, youth worker, teacher) if you have concerns. When the concern is around risk of harm to a child, you may want to speak to your own agency lead for child protection, or your line manager. Alternatively, you can speak with the duty social worker about a referral.

5.9.2 Professionals in all agencies have a responsibility to refer a child to the Children’s Services when it is believed or suspected that the child has suffered significant harm or is likely to suffer significant harm.

5.10 After a referral has been made

5.10.1 The A&CP Team should decide on the next course of action within 24 hours, normally following discussion with the referring agency and the police if appropriate.

5.10.2 Referrals may lead to:

- Case undergoing further assessment for consideration of providing additional services;
- Referral to another agency to provide an appropriate service;
- Service provided as requested;
- No further A&CP Team involvement at this stage and agency continues to monitor and offer services as appropriate;
- No further action or other response.

5.10.3 Where the decision is to take no further action at this stage, feedback must be provided to the referrer. This should always be done in a manner consistent with respecting the confidentiality of the child and, in the case of referrals from other agencies, the response should be in writing on the ‘Response to Referrer’ letter.

5.10.4 Regardless of whether the referral is accepted by Children’s Services the agency should continue to provide support and services to the child and family, and continue to assess the situation. If the circumstances change or additional information comes to light, consideration should be given for a new referral to be made.
5.11 Jersey Common Assessment Framework (JCAF) Pilot project and Aims

5.11.1 A trial project for a JCAF will be conducted, and proposed pre-assessment and JCAF forms will be piloted. In leading this pilot project the JCPC is committed to ensuring that the island is able to utilise best practice and lessons learned from other jurisdictions that have adopted a common assessment framework.

5.11.2 The aim of common assessments is to facilitate early identification of needs, leading to co-ordinated provision of services, involving a lead professional where appropriate, and sharing information to avoid the duplication of assessments.

5.11.3 The common assessment is designed for use when:

- There are concerns about how well a child is progressing in terms of their health, welfare, behaviour, progress in learning or any other aspect of their well-being;
- The child’s needs are unclear or broader than a single universal service can address.

5.11.4 A common assessment would be completed when a professional in any agency has concerns that a child will not progress towards the seven outcomes outlined in the Jersey Children & Young People’s Strategic Framework without additional services. I think this might be too much detail at this stage given that we cannot be sure at the moment what the finished product might look like

5.11.5 Completing a common assessment should:

- Enable the professional to identify the child’s needs;
- Provide a structure for systematic gathering and recording of information;
- Record evidence of concerns and a baseline for measuring progress in addressing them;
- Provide a framework for a discussion with the A&CP Team regarding a referral, an initial or core assessment or whether to refer to another service for a specialist assessment.

5.11.6 Completing a common assessment would also provide a standardised written referral proforma to support a telephone referral. Where there is an immediate need to protect a child, professionals must contact the A&CP Team and/or the police directly and make a referral, rather than completing a common assessment.

5.11.7 The new Working Together guidance21 (revised 2010) states that

- All health professionals working with children will commonly complete CAFs, which should be the responsibility of all concerned with child welfare. This includes GPs, health visitors, school nurses and other community health professionals and should not be dependent on grade or position, but rather on competence and degree of involvement with, and knowledge of, the child or young person.

5.11.8 It is envisaged that this principle would apply to all professional staff, not only in health, but in any involved statutory or voluntary agency.

5.12 Proposed JCAF procedures

5.12.1 It is intended that the pilot JCAF be run across several agencies in order to gain experience which would refine common assessment procedures to suit Jersey. An agreed JCAF process would adhere to the following procedures:

- The wider introduction of JCAF would be accompanied by training and familiarisation to ensure that that relevant staff from all agencies understand and use the Jersey Common

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Assessment Form correctly. This would include training on the roles and responsibilities associated with the ‘lead professional’ role.

- Prior to starting a common assessment, a check would be made to find out if a common assessment already exists, and whether Children’s Services are involved or have had prior involvement.

- If there are other professionals currently working with the child, any information would be shared between them (with consent of the child or family) in order to gain the full picture of the child’s situation. This would enable the professional to determine whether they need to remain involved, join an existing process or begin a common assessment.

- It is essential to gain the informed consent of the child or young person and their family. This would require an explanation of the process and the reasons why a JCAF is needed. As with any other personal information, a professional undertaking a common assessment would only share information with a third party with the explicit consent by the child, young person and/or family to do so, unless in the professional’s judgment there is sufficient risk to the safety of a child to share information without that consent. Good practice indicates that the child, young person and/or family should be made aware of how information may be shared and this should be noted on the JCAF.

5.12.2 When undertaking a common assessment, professionals would need to give careful consideration to discussions with/involving any appropriate services. This would influence and be clearly reflected in the ensuing initial action plan which should be signed by the child/young person and parent/carer. The action plan should also be updated and reviewed.
6 Referral & Initial Assessment

6.1 Introduction

6.1.1 It is the statutory responsibility of the Children’s Service Assessment and Child Protection (A&CP) Team to deal with all initial referrals and requests for advice and support. The team works with police and other agencies to assess the risk to children and young people. If the case is already an open case to another Children’s Team, the matter is investigated by that team. This may be a social worker from the Child Care Team or the Youth Action Team. For clarity, these procedures will follow the path of a new referral responded to by the A&CP Team.

6.1.2 Referrals are taken from a range of agencies involved with children and families, and from members of the public who have concerns regarding the physical, emotional and developmental needs of a child or children. For an overview of the referral process, please refer to Fig 3: The Referral flowchart. See also chapter 5, Threshold Criteria for Referral and Access to Services.

6.1.3 If a professional in an agency has concerns that a child or young person may be at risk of significant harm, they should first discuss the information with their line manager or designated child protection officer for their agency. If the designated person is not immediately available, there should be no delay in referral, as the safety of the child is paramount. If the decision is made to refer the matter to the appropriate Children's Services Team, the referrer will not remain anonymous.

6.1.4 If the decision is made not to refer the matter, the professional and line manager or designated child protection officer for the agency should plan how the agency will continue to support and monitor the child and family if appropriate.

6.2 Referral process

6.2.1 A referral can be made by ringing 01534 443500 and asking for the duty children’s social worker or by calling into the office in person to Maison Le Pape, The Parade, St Helier, Jersey, between 8.30am to 5pm Monday to Thursday and 8.30am to 4.30pm on Friday. If a service is required outside these times, an ‘emergency only’ duty system is provided and that can be contacted via the police on 01534 612612 or hospital switchboard on 01534 442000. The police or hospital staff will contact the duty children’s social worker, who will then ring the caller back.

6.2.2 When a parent, professional or other person contacts the A&CP Team with concerns about a child’s welfare, it is the responsibility of the duty children's social worker to clarify with the referrer (including self-referrals from families):

- the nature of the concerns;
- how and why they have arisen; and
- what appear to be the needs of the child and family.

6.2.3 The process should always identify clearly whether there are concerns about abuse or neglect, what their foundation is, and whether the child may need urgent action to make him or her safe from harm. When considering whether emergency action is required in respect of a child, professionals should also consider whether action is required to secure the protection of other children in the same household, the household of an alleged perpetrator or elsewhere. This information should also be included in the initial referral. For more information see Fig 5: Emergency Action Flow Chart.

6.2.4 Where appropriate, the parent’s permission should normally be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child or young person at risk of significant harm. In all cases where the police are involved, the decision when to inform the parents (about referrals from third parties) must be discussed with the police officer leading the investigation, and be one of the decisions made by those taking part in the Strategy discussion or meeting.
6.2.5 Professionals who phone the A&CP Team with a referral should confirm the referral in writing (see example of form in Appendix 2.1). The referrer should be advised about what action will be taken, or that no further action will be taken. These decisions must be recorded in writing (see response format Appendix 2.2).

6.2.6 When responding to referrals from the wider community, personal information about referrers, including identifying details, should only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer. In all cases where the police are involved, the decision about when to inform the parents about referrals from third parties will have a bearing on the conduct of police investigations.

6.3 Outcome of Referral

6.3.1 The A&CP Team should decide on the next course of action within 24 hours, normally following discussion with the referring agency and the police if appropriate.

6.3.2 Referrals may lead to:

- The case undergoing further assessment for provision of additional services;
- Referral to another agency to provide an appropriate service;
- A service provided as requested;
- No further A&CP Team involvement at this stage with the agency continuing to monitor and offer services as appropriate;
- No further action or other response.

6.3.3 Where the decision is to take no further action at this stage, feedback must be provided to the referrer. This should always be done in a manner consistent with respecting the confidentiality of the child and, in the case of referrals from other agencies, the response should be in writing on the ‘Response to Referrer’ letter.

6.4 Referral where there may be alleged crime

6.4.1 When a referral is made which may constitute a criminal offence against a child, the Police Public Protection Unit (PPU) must be informed at the earliest opportunity. This will enable staff from the Police and A&CP Team to jointly consider how to proceed in the best interests of the child. The responsibility to instigate criminal proceedings rests with the police; this decision will, however, be made in consultation with other agencies. There will be less serious cases where, after discussion, it is agreed that the best interests of the child are served by an A&CP Team led intervention rather than a full Police investigation.
6.5 **Fig 3: Referral process**

The line of reporting and who to contact in the individual organisations should be clearly stated in the organisations Child Protection Policy.

**Out of Hours Referral**

Should any professional need to seek advice or make a referral out of normal office hours, contact Police Headquarters on 612612 or Hospital on 442000 and ask for the Duty Children's Social Worker to be paged.

A name and contact details must be left with the Duty Social Worker, who will make contact ASAP.

Professional has concerns about a child or young person’s welfare

Professional discusses with Line Manager or designated Child Protection officer for their agency.

Referral made to Duty Children's social worker

Professional refers to Duty Children's social worker by telephone and followed up in writing within 48 hours.

Duty Children's social worker acknowledges receipt of referral and a decision is made by A&CP Team on next course of action within one working day.

Feedback to referrer on next course of action

Possible outcomes

Case undergoing further assessment for provision of additional services

Service provided as requested

Referred to another agency to provide an appropriate service

No further Children's Service involvement at this stage, with agency continuing to monitor and offer services as appropriate

No further action or other response

Child in Need with concerns re significant harm

Child in Need with NO concerns re significant harm

See Fig 4: Initial Assessment Flowchart
6.6 **Initial assessment**

6.6.1 If the decision from the assessment of the referral indicates that additional information is required, then an initial assessment is conducted by the allocated social worker. See the flowchart (Fig 4: Initial Assessment) on the next page for an overview of the process for the initial assessment of the child’s situation and what may happen after that.

6.6.2 In most cases, consent for the A&CP Team social worker to contact other agencies should be gained: this should be from the child or young person (if appropriate) and/or parents/carer. The social worker will make an appointment to see the child or young person and family, providing an Initial Assessment information leaflet to them for further information about the process. The Initial Assessment must be completed by the A&CP Team within 10 working days. A separate assessment is required for each child or young person being assessed. All assessments should address the dimensions of the Assessment Framework, determining whether the child is ‘in need’, the nature of any services required, from where and within what time-scales, and whether a further, more detailed core assessment is needed. See Chapter 5: Thresholds and Chapter 9: Assessment, for more information.

6.6.3 The A&CP Team social worker will ensure that the initial assessment is completed and that contact is made with the family, the child or young person and other agencies, including the referring agency. Other agencies will provide information about the child/family, relevant to the assessment. This can be provided either verbally or in written form. In view of the tight time-scales around the completion of Initial Assessments, a swift, complete and accurate response is needed to any request for information. Professionals will be asked to comment upon areas of the child’s development needs according to their knowledge of the child or his/her family. Where practicable, each agency will need to ensure that mechanisms are in place in order that information can be obtained in the absence of an allocated worker. This information should be passed on to the social worker, to help inform the assessment.

6.6.4 Whatever decisions are taken, they must be endorsed at a managerial level (A&CP Team Senior Practitioner/Team Manager), and be recorded in writing within one working day. In the case of child protection concerns, consultation with a line manager should commence within one hour of the referral being received. A copy of the completed Initial Assessment is usually given to the parents/carer unless there are safety issues in the protection of a child or the interference of evidence in a police investigation.
6.7 **Fig 4: Initial Assessment Flow Chart**

Information is received about a child or young person

Is child at risk of significant harm?

Yes

Strategy meeting involving relevant agencies

Consent for agencies to share information about family

No

Social Worker contacts family and agencies to gather information about child and family

If implemented, check whether JCAF has been completed by any other agency

**Initial Assessment completed within 10 working days by Social Worker**

Child in Need with concerns re significant harm

Initial Child Protection Conference

Social Worker leads core assessment with contributions from other professionals

Social Worker co-ordinates provision of appropriate services, and records decisions

Review conference; when appropriate, deregister

Child Protection Register

Yes

No ongoing Children’s Service involvement, but other action may be necessary, e.g. onward referral

Yes

No

Social worker discusses with child, family and colleagues to decide on next steps
6.8 **Referral to other agencies**

6.8.1 Where the outcome of an initial assessment by the social worker is for the provision of services to be made by another agency, the social worker should contact the agency and discuss the recommendations. Where the request is for a service within the Children’s Service, the Initial Assessment should be submitted to the next available Placement/Resource Panel meeting.

6.8.2 Services can, and where appropriate should, be provided at any time during the assessment and should not wait until completion. Any services provided should be reviewed on a regular basis in line with the planning for the child or young person and the family.

6.8.3 The identification of a service ‘need’ is not necessarily a guarantee of service ‘provision’ - all agencies are likely to have to prioritise the allocation of resources. This should not, however, prevent the request being made and each service needs to develop a system for recording and monitoring ‘unmet’ needs.

6.8.4 If any agency is not satisfied with the outcome of an Initial Assessment, they can contact the relevant social worker. If there is still dissatisfaction with the outcome, then the agency should contact the relevant Children’s Service Team Manager. See also Chapter 14: Raising Concerns and Managing Professional Differences.

6.9 **Referral where outcome is suspected actual or likely significant harm**

6.9.1 Where there is a risk to the life of a child or a likelihood of serious immediate harm, action must be taken quickly to secure the immediate safety of the child. Emergency action might be needed as soon as a referral is received, or at any point in involvement with children and families. Neglect as well as abuse, can pose such a risk of significant harm to a child that urgent protective action is needed. For more information see Fig 5: Emergency Action Flow chart.

6.9.2 Planned emergency action will normally take place following an immediate strategy discussion between the Children’s Service and the Police, plus other agencies as appropriate. Where the child or young person is thought to be in immediate danger the Police can initiate a Police Protection Order, or a social worker delegated by the Minister can apply to the Court for an Emergency Protection Order (Article 37).

6.9.3 Where it is necessary to take immediate action as a single agency, a strategy discussion should take place as soon as possible after such action to plan the next steps. In some cases it might be sufficient to secure a child’s safety by a parent taking action to remove an alleged perpetrator, or by the alleged perpetrator agreeing to leave the household. When considering whether emergency action is required in respect of a child, staff should also consider whether action is required to secure the protection of other children in the same household, the household of the alleged perpetrator or elsewhere.

6.9.4 Emergency action addresses only the immediate circumstances of the child. It should be followed on the next working day by a strategy meeting and the instigation of child protection enquiries. Where an Emergency Protection Order applies, the Children’s Service needs to consider quickly whether to initiate care or other proceedings, to request an Interim Care Order, or to let the order lapse and allow the child to return home. In the latter case it must also be considered whether the provision of support services is appropriate. Legal advice will always be obtained before initiating any legal action.
6.9.5 **Fig 5: Emergency Action Flow Chart**

Information is received that child is at risk of immediate significant harm

- Police Public Protection Unit receives referral and discuss with Sergeant
- A&CP Team social worker discusses concern with Team Manager

**Strategy Discussion** between A&CP Team Manager and Police PPU Sergeant and referring agency Manager (if applicable)

- Police investigate possible crime

Strategy Discussion makes decisions about whether to initiate Strategy Meeting and who to invite, and how to safeguard child or young person if necessary

- Protection of other children in household or elsewhere considered
- Child is at risk of immediate harm. Emergency action is necessary
- Child is at risk of significant harm but risk not immediate
- Child is not at risk of harm

- A&CP Team consult with legal advisers

- Minister to apply for Emergency Protection Order in court

- Child is placed in place of safety

- Children’s Services further consult with legal advisers re extension of order or other action

**Strategy Meeting convened to share information and plan course of action – see Fig 6 for possible outcomes**

- No further Children’s Service involvement at this stage and agency continues to monitor and offer services as appropriate
6.10 **Strategy Meetings**

6.10.1 Upon receipt of information regarding a suspected case of a child or young person being at risk of significant harm, the social worker should immediately inform the Team Manager/Senior Practitioner, who will liaise with the Sergeant in the Police Public Protection Unit. A joint team of investigators may then be appointed. A strategy discussion may take the form of a telephone conversation between the two managers responsible from each agency. A decision is then made as to whether a strategy meeting should be called, and if so who should be invited. See Fig 6: Strategy meeting & CP enquiries flowchart.

6.10.2 Strategy meetings must be called in the following circumstances where:

- The allegations are serious and/or complex;
- The allegations concern a single abuser and multiple victims;
- A number of abusers are indicated, for example a paedophile ring;
- The allegations concern a child with disabilities;
- The allegations concern a member of staff from an agency, or a foster carer;
- There are concerns regarding fabricated or induced illness.

6.10.3 Only in exceptional circumstances, (for example when any deferment of these arrangements will occasion serious risk to the child, when forensic evidence might be lost, or when the alleged abuser has already been detained by the Police and there are serious time constraints), should any investigation proceed to a video interview of the child without proper consultation via a strategy meeting.

6.10.4 Strategy meetings should be used to:

- share available information;
- decide whether child protection enquiries should be initiated or continued if they have already begun;
- consider whether criminal prosecution procedures, or civil court child protection procedures, or both may be required;
- plan how enquiries should be handled, including the need for medical treatment or assessment and/or video interview, and by whom;
- agree what action is needed immediately to safeguard the child, and/or provide interim services and support;
- determine what information about the strategy meeting will be shared with the family, unless such information sharing may place a child at risk of significant harm or jeopardise police investigations into any alleged offences; and
- consider the needs of other children who may be affected e.g. siblings and other children in contact with alleged abusers.

6.10.5 All strategy meetings and discussions, whether conducted at a meeting or on the telephone, must be carefully recorded and should include actions to be undertaken, by whom, and with agreed time-scales.
6.11 **Fig 6: Strategy Meeting and Child Protection Enquiries Flow Chart**

Information is received that child is at risk of significant harm (see Fig 3: Referral Flow chart)

- Police Public Protection Unit receives referral and discuss with Sergeant
- A&CP Team social worker discusses concern with team manager

If immediate harm is suggested, **Strategy Discussion** between A&CP team manager and PPU sergeant and referring agency manager

**Strategy Discussion** makes decisions about whether to initiate Strategy Meeting and who to invite, and how to safeguard child or young person if necessary

- Emergency action necessary see Emergency Action Flow Chart Fig 5

- Strategy Meeting convened to share information and plan course of action

- Consider JCAF (if in place and completed)

- Child is not at risk of significant harm

- Decision to initiate child protection enquiries

- Initial Assessment required (see Flow Chart fig 4)

- Arrange for Forensic Medical Examiner if necessary

- Arrange Video Recorded Interview (as per ABE 2002) if necessary

Concerns substantiated; child is at immediate risk of significant harm

- See Fig 5: Emergency Action Flowchart

Concerns substantiated, child is at continuing risk of harm. See Fig 4: Initial Assessment flowchart

Concerns substantiated but child not at continuing risk of harm

Concerns about harm not substantiated, but child is a child in need. See Fig 4: Initial Assessment flowchart

Agree whether child protection conference necessary and record decision - see Fig 7 Flow chart CP Conferences

No further Children’s Service involvement at this stage and agency continues to monitor and offer services as appropriate
7 Child Protection Enquiries

7.1 Introduction

7.1.1 In the vast majority of cases, children and young people are safeguarded from harm by working with parents, family members, and other agencies to make them safe and to promote their development within the family setting. This may involve a voluntary agreement for the child or young person to be placed with family or friends. Where a child is at risk of continuing significant harm, the Children’s Service is responsible for coordinating an inter-agency plan to safeguard the child, which sets out and draws upon the contributions of family members, professionals and other agencies. In some cases the Children’s Service, in consultation with other involved agencies, may judge that a child or young person’s welfare cannot be sufficiently safeguarded if s/he remains at home. In these circumstances, the Minister can apply to the Court for a range of protective orders which may include a Care Order, which commits the child to the care of the Minister. See Appendix 1 for more information about the legal processes.

7.1.2 The way in which a case is initially managed can affect both the subsequent process and the outcome for the child or young person; where handled well and sensitively, there can be a positive effect on the eventual outcome. A review was published in 1998 to disseminate child abuse research findings relevant to professionals working with children in need or children at risk of harm. The researches identified ten common pitfalls and made recommendations on how to avoid them. These can be found at Appendix 4.

7.1.3 The objective of enquiries is to determine whether action is needed to promote and safeguard the welfare of the child. The social worker from the Children’s Services Team is responsible for collecting and analysing information obtained in the course of the enquiries. Each agency who has had involvement with the child should contribute to the assessment, both verbally and in writing. Reference to Chapter 5: Thresholds will assist in this process. At the same time, the police will need (where relevant), to establish the facts and gather evidence about any offence which may have been committed against a child. For more information about this process, please see Fig 6: Strategy Meetings and Child Protection Enquiries Flowchart.

7.2 Engaging with children and families

7.2.1 Children, young people and their families should always be enabled to participate fully in the enquiry process, unless there are circumstances where the safety of the child may be compromised. Where a child, young person or parent is disabled, it may be necessary to provide help with communication. Where a child or parent speaks a language other than English, an interpreter should be provided. Other agencies may be able to assist in either of these situations.

7.2.2 Planning intervention with parents should cover:

- The need to gather initial information on the history and structure of the family, the child and other relevant information to enable an assessment of the current concerns and the risk of harm to the child to be made;
- The potential for the parents to be seen separately in situations of domestic violence or where parents live apart
- The risk of damaging evidence that may impact on a police investigation and recovery of evidence that may confirm or refute an allegation or suspicion of crime;
- The provision of an opportunity for parents to be able to ask questions and receive support and guidance.

7.2.3 In the event of any conflict between the needs and wishes of the parents and those of the child, the child’s welfare is the paramount consideration in any decision or action. Parents should be provided with an early opportunity to explain their perception of the concerns, recognising that there may be alternative accounts and disparities.
7.2.4 Children are a key, and often the only, source of information about what has happened to them. Accurate and complete information is essential for taking action to promote the welfare of the child, as well as for any criminal proceedings which may be instigated. It is important that even initial discussions with a child are conducted in a manner that minimises any distress caused to them, and maximises the likelihood that they will provide accurate and complete information. Social workers and police are trained using the Achieving Best Evidence (2002) guidelines, and are best placed to work with children at this stage.

7.2.5 All children within the household must be seen alone and personally communicated with (in their own first language) during an enquiry. The objectives in seeing the child or young person are to:

- Record and evaluate their appearance, demeanour, mood state and behaviour;
- Hear their account of allegations or concerns;
- Observe and record the interactions of the child or young person and their carers;
- See and record the circumstances in which they are currently living and sleeping and, if different, their ordinary residence;
- Evaluate the physical safety of the environment, including seeing the child or young person’s bedroom;
- Ensure that any other children or young people who need to be seen are identified;
- Assess the degree of risk of harm and possible need for protective action;
- Meet the child or young person’s needs for information and re-assurance;
- Observe and record any injury without removing the child or young person’s clothing.

7.2.6 A child for whom there are significant health concerns (e.g. serious physical injury, malnourishment, acute mental ill health etc.) should be seen and clinically examined on the same working day as the referral is received.

7.2.7 Exceptionally, a joint enquiry team may need to speak to a suspected child victim without the knowledge of the parent or carer. This may occur when:

- There is a concern that the child or young person would be threatened or coerced into silence;
- There is a strong likelihood that important evidence would be destroyed;
- The child does not wish the parent to be involved, and is assessed as competent under the Fraser guidelines.\(^\text{22}\)

7.2.8 All interaction and communication with the child or young person must take account of:

- The child or young person’s developmental stage and cognitive ability;
- Factors such as race, culture, religion, gender and sexuality, together with issues arising from disability and health;

\(^\text{22}\) The Fraser Guidelines are UK case law which set out criteria that a health professional must assess a young person’s ability to consent to advice or treatment without their parents knowledge, to be satisfied that:

- the young person will understand the professional’s advice;
- the young person cannot be persuaded to inform their parents;
- the young person is likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment;
- unless the young person receives contraceptive treatment, their physical or mental health, or both, are likely to suffer; and
- the young person’s best interests require them to receive contraceptive advice or treatment with or without parental consent.

Although these criteria were made in relation to health professionals working with children, it is generally accepted that they can be used to assess a child or young person’s ability to make other decisions about their welfare. Although not tested legally on Jersey it is considered best practice.
• The gender of interviewers, particularly in cases of alleged sexual abuse. A child or young person should not be interviewed by a single professional who is the same sex as the abuser.

7.2.9 In order to avoid undermining any subsequent criminal case, in any contact with a child prior to an interview, the social worker must:

• Listen to the child or young person rather than directly questioning them;
• Never stop the child or young person freely recounting significant events;
• Fully record the discussion including timing, setting, presence of others as well as what was said.

7.2.10 If access to a child or young person is refused or obstructed, the social worker (in consultation with their manager) should co-ordinate a strategy meeting / discussion, including legal representation, to develop a plan to locate or access the child or young person and progress the child protection enquiry.

7.3 Assessment

7.3.1 The scope and focus of the assessment during the enquiry will be to

• Identify the cause for concern;
• Evaluate the strengths of the family;
• Evaluate the risks to the child/ren or young people;
• Consider the child or young person’s needs for protection;
• Evaluate information from all sources and previous case records;
• Consider the ability of parents and wider family and social networks to safeguard and promote the child or young person’s welfare;
• Consider how identified risks can be managed.

7.3.2 It is important to ensure that both immediate risk assessment and long term risk assessment are considered. See also Chapter 5: thresholds, Chapter 6: Referral and assessment, and Chapter 9: Core assessment.

7.3.3 Where the child or young person’s circumstances are about to change, the risk assessment must include an assessment of the safety of the new environment (e.g. where a child or young person is to be discharged from hospital to home, the assessment must have established the safety of the home environment and implemented any support plan required to meet the child or young person’s needs).

7.3.4 In the vast majority of cases children remain with their families following enquiries, even where concerns about abuse or neglect have been substantiated. In all cases where there is ongoing concern, a child protection plan will be required to outline safeguarding arrangements for the child. Enquiries therefore need to be conducted in a way which allows for future constructive working relationships with families.

7.4 Medical Examination

7.4.1 Where the child or young person appears in urgent need of medical attention (e.g. suspected fractures, bleeding, loss of consciousness), they should be taken to the nearest accident and emergency department. In other circumstances, the strategy meeting / discussion will determine, in consultation with the paediatrician, the need and timing for a paediatric assessment. Where a child or young person is also to be interviewed by police and / or children’s services, this interview should take place prior to a medical examination unless there are exceptional circumstances agreed with the police and social workers.

7.4.2 Consideration should always be given to the need for a medical examination of each child about whom there are concerns. The person co-ordinating the enquiry should discuss the need for a medical examination with a suitably qualified and experienced paediatrician or
forensic medical examiner/physician, and agree the timing and location of the examination, taking account of the best interests of the child. There should also be consideration of the need for other children in the household, or in contact with the alleged perpetrator, to be medically examined. Although a medical examination is not a requirement in every child protection enquiry, it needs to be considered regardless of whether the child has any apparent or visible injuries or appears neglected. A paediatric assessment should demonstrate an holistic approach to the child and assess the child's well being, including mental health, development and cognitive ability.

7.4.3 The medical examination should be dispensed with only if those managing the enquiry are satisfied that they can achieve the purposes of the enquiry without it. This must involve discussion with the appropriate paediatrician. Those reasons will need to be clearly recorded by all professionals involved. Practitioners need to be aware that the purpose of a medical examination or assessment is:

- To ensure the child or young person’s condition is medically assessed and treatment given as appropriate;
- To re-assure the child or young person about their health and well-being;
- To obtain an assessment about possible indications of abuse;
- To ensure that any injuries or signs of neglect or abuse are noted for evidential purposes;
- To secure forensic evidence.

7.4.4 The child’s welfare is the paramount concern and the gathering of evidence must not become an additional source of abuse of the child. The need for forensic evidence should always be considered as secondary to the need for medical treatment for a child. There should be liaison with police and social services to avoid the need for repeated medical examinations. The police or social worker will fully brief the examining doctor if he or she has been unable to attend the strategy meeting. The social worker will ensure that the person with parental responsibility is available to give consent for the examination.

7.4.5 Physical Abuse and/or Neglect - If the referral concerns physical injury or severe neglect, a medical examination should be arranged on the same day; not to see the child on the day of referral would be exceptional.

7.4.6 Sexual Abuse - In cases of any alleged sexual abuse, a medical examination should be considered and, if required, be available within a reasonable timescale, including out of hours. This will be to protect the health of the child and to secure and preserve evidence. For an alleged sexual assault:

- Under 72 hours—the child should be seen as soon as possible, but dependent on the individual circumstances and the need for forensic samples, photo-documentation and/or treatment;
- 72hrs to 6/7 days—the child should be seen within the next 24 hrs as this will be determined by the doctor;
- More than 7 days—the child should be seen within an appropriate timescale, usually at the first available appointment and usually within a week.

7.4.7 For physical abuse and/or neglect an appropriately trained doctor usually the paediatrician should undertake the examination. For alleged sexual abuse, a suitably qualified paediatrician should only undertake the examination. Where forensic information is sought, as in acute sexual assault, if the paediatrician does not have the necessary forensic skills, he/she may request from the police that a forensic medical physician (FMP) be in attendance for the collection of forensic specimens.

7.4.8 Whenever a medical examination confirms or points towards suspected abuse, consideration should be given to the possibility of examining any other children of the same household as/or with contacts with the alleged perpetrator.
7.4.9 Consent for medical examination of a child or young person under 16 years old must normally be sought from a parent or those with parental responsibility for the child or young person. A young person who has reached the age of 16 years or more may give consent in their own right, provided that their understanding is not impaired. A child under 16 years old may be capable of giving informed consent in their own right depending upon their maturity. The examining Doctor assesses the child’s competency to give consent.

7.5 Video Recorded Interviews

7.5.1 Video recorded interviews should only be undertaken by police and qualified social workers, both of whom should have undergone appropriate training in Child Protection Interview Skills. Interviews should be conducted in line with Achieving Best Evidence (2002) Guidelines.

7.5.2 Sufficient time must be allowed for planning. It is important that the interview team meet to consider the circumstances of the case and to plan for the interview. The interview planning will usually only involve the social worker and police officer who are going to conduct the interview, but specialist advice may be required in some circumstances, for example, when a child or young person has special needs as a result of a disability or impairment, or where English is not the child’s first language. In the event of criminal proceedings being pursued, notes relating to the preparation and conduct of the video recorded interview will need to be disclosed.

7.6 Interviewing Children with Disabilities

7.6.1 When interviewing children and young people with disabilities or those who have communication difficulties, it will be necessary to identify an interpreter who can communicate with the child, and with whom the child feels comfortable. The interpreter’s communication skills should be at the required level for them to be accepted in court proceedings.

7.6.2 Children and young people with disabilities have the same rights as others in relation to giving consent to treatment or interview. The child or young person’s capacity to understand the purpose of the interview and to give informed consent to it should be ascertained. Additional factors to be taken into account include:

- The provision of play material, drawings and so on to facilitate the child or young person’s communication;
- Ensuring that every effort is made to explain to the child or young person what is happening, and that his or her wishes and views are ascertained and recorded;
- Ensuring that assumptions are not made about the ability or inability of the child or young person to understand the procedures;
- Establishing how best to accommodate individual methods of communication, or the identifying alternatives; setting out basic ground rules for their use;
- Establishing whether the child or young person uses a communication board; ensuring that one is available for the interview and that any specialised help is supplied;
- Clear recording of both the interpreter’s signals and the child or young person’s responses on the video tape, including any use of a communication board or written material;
- Ensuring that the investigators direct questions to the child and not to the interpreter;
- Requesting the child or young person to show their method of saying ‘yes’ and ‘no’;
- Familiarising interpreters with the interview suite and procedures prior to the interview taking place; responsibilities should be clarified and their role during the interview explained.

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23 See previous footnote regarding Fraser guidelines on page 52.
7.7 **Outcome of Child Protection Enquiries**

The outcome of child protection enquiries should always be recorded. The enquiry may result in a number of outcomes:

7.7.1 **Concerns are not substantiated**

Enquiries may not substantiate the original concerns about the child or young person being at risk of significant harm. In these circumstances no further action may be necessary. However it should always be considered whether the child or young person and/or family require additional support or services. The provision of help to children or young people and their families should not be dependent on the presence of abuse and neglect.

7.7.2 **Concerns are substantiated but the child is not assessed to be at continuing risk of significant harm.**

There may be substantiated concerns that a child or young person has suffered significant harm, but it is assessed that a plan for ensuring their future safety can be developed and implemented without the need for a child protection case conference. This judgement should only be made in consultation with other involved agencies and must be endorsed by a Children’s Service Senior Practitioner or Team Manager. The decision must be made on the basis of evidence gathered during the enquiry. It is important to be mindful of the dangers of misplaced professional optimism.

7.7.3 **Concerns are substantiated and the child is assessed to be at continuing risk of significant harm.**

When it is assessed that a child or young person may continue to suffer or be at risk of suffering significant harm, an Initial Child Protection Conference must be convened. See Chapter 8 for more information about Conferences.

7.8 **Disputed decisions**

7.8.1 Where the Children’s Service Team have concluded that an initial child protection conference is not required but professionals in other agencies remain seriously concerned about the safety of a child, these professionals should seek further discussion with the social worker, their manager and/or the Independent Reviewing Officer. The concerns, discussion and any agreements made should be recorded in each agency’s files.

7.8.2 If concerns remain, the professional should discuss with a designated lead child protection person or senior manager in their agency. If concerns remain, the agency may formally request that the Children’s Service Team convene an initial child protection conference. The Children’s Service Team should convene a conference where one or more professionals, supported by a senior manager or designated professional requests one.

7.8.3 If this approach fails to achieve agreement, the procedures for resolution of conflicts should be followed. For more information, see *Chapter 14: Raising Concerns and Managing Professional Differences.*
8 Child Protection Conferences

8.1 Introduction

8.1.1 Child Protection Conferences are central to the effective inter-agency management of child protection. They will be called for all children or young people who have been subject of a child protection investigation for whom there remains the possibility that the child or young people is suffering or is likely to suffer significant harm and there may be a need for a formal child protection plan.

8.2 Initial Child Protection Conferences

8.2.1 This section primarily deals with Initial Child Protection Conferences but a number of these sections will apply to Review Conferences, dealt with later.

8.2.2 An Initial Child Protection Conference will consider not only the needs of the child or young people subject of enquiry and investigation, but also of the needs of other children in the household and any risk or welfare issue applicable to them. It may also be necessary to give consideration to any children who do not live in the household but have frequent contact with any person who has, or is suspected of, maltreating the child or young person.

8.2.3 The Initial Child Protection Conference brings together family members, the child or young person where appropriate, and those professionals most involved with the child and family following child protection enquiries.

8.2.4 The purpose of an initial conference is to:

- Collate and analyse the information about the child or young person’s health, development and functioning and the parent’s capacity to protect and promote the child’s health and development. Previous initial and core assessments and any current assessments should be used to inform the process;
- Determine the risk of the child or young person suffering future significant harm.
- Decide on the need for an inter-agency child protection plan and for the child or young person’s name to be placed on the Child Protection Register.
- Identify a social worker where registration is agreed.
- Identify any actions to be taken if a formal child protection plan and registration are not considered necessary.
- Agree a Child Protection Outline Plan and its intended outcome.
- Identify members of the Core Group.

8.2.5 When to Convene an Initial Child Protection Conference

The timing of an Initial Child Protection Conference will depend on the urgency of the case and on the time needed to obtain relevant information about the child or young person and family; it should be convened no longer than 15 working days following a strategy meeting. There needs to be adequate preparation and assessment but during this period children may be at risk of significant harm and should be provided with appropriate services, including necessary protective services.

The following circumstances necessitate the convening of an Initial Child Protection Conference:

- Child protection enquiries leading to an assessment that a child, young person or unborn child may continue to suffer or be at risk of significant harm.
- Where a child or young person has been made subject of an Emergency Protection Order (EPO) or a Police Protection Order (PPO) and following enquiries it is
believed that the child will suffer or be at risk of suffering significant harm if formal inter-agency child protection measures are not taken.

- Where a child or young person has been made subject of a Court Order as a result of suffering significant harm, but has not been subject of a Child Protection Conference and the child or young person is returned home as a result of withdrawal of proceedings or the Court Order is not renewed, the timing and appropriateness of holding a conference will take account of any Court proceedings.

- Where a child or young person has abused another child and enquiries reveal that a child or young person has suffered or is likely to suffer significant harm and there may be need for a protection plan in respect of the victim or the alleged abuser.

- Where a child or young person currently the subject of a formal child protection plan outside Jersey moves to Jersey. The Initial Conference should be held within 15 working days of notification from a UK Local Authority or other Authority.

- Where an unborn child either in Jersey or other Local Authority and about to move to Jersey is judged in need of protection by registration and a formal inter-agency plan implemented following the birth.

- Where a child or young person is found to be living in a household that includes or is frequented by a person who is known to have abused a child, been convicted of an offence against a child or poses significant risk to a child.

8.2.6 Requesting an Initial Child Protection Conference

Any professional may request a Child Protection Conference for any child, young person or unborn child who, in their opinion, meets the criteria in 8.2.5 above. Children’s Services are responsible for convening a conference and any request should be directed to them, in writing, in the first instance. A decision not to convene a conference must be confirmed in writing to the requesting agency with reasons. Where there is conflict regarding the calling of a conference, refer to the procedures under Chapter 14 in this document about Raising Concerns and Managing Professional Difference, specifically section 14.3 Raising Concerns.

All Initial Child Protection Conferences should be held as promptly as practicable following the decision that the concerns raised require a formal child protection response, and should be held no more that 15 working days after the Strategy Discussion. The need to protect the child or young person and any other necessary action will be the responsibility of those conducting the child protection enquiries and must not be delayed by the timing of the conference.

8.2.7 Participants at a Child Protection Conference

Those attending a conference should have significant contributions to make arising from their professional knowledge and expertise of the child or young person and family. Social workers will always attend Conferences. The social worker in consultation with their supervisor will draw up an attendance list.

If a case has not been referred or is not open to an agency, it may not be appropriate for them to attend an initial Child Protection Conference. These settings are often stressful for families and are often not the best place to meet for the first time. In addition, there are confidentiality issues to consider as it may be that they are being asked to participate in discussions about families that are not appropriate for their service.

Those who have a relevant contribution to make should include:

- Children and young people

Children and young people who are the subject of the Child Protection Conference should be invited to attend all or part of the meeting if they are of sufficient age and understanding. Where appropriate, an advocate or advisor may accompany the child. If the child does not wish to attend, or is too young or disabled to do so, the social worker or another appropriate conference attendee should discuss with the
child or young person prior to the conference how best their views can be contributed to the conference.

- Parents and other members of the extended family if they have a relevant contribution to make:
  
  Parents and any person with parental responsibility should be invited to attend each Child Protection Conference. Any other person who does not have parental responsibility but who is actively involved with the child or young person such as a partner of one of the parents, and other family members can be invited where their attendance would be in the best interest of the child or young person, with the prior agreement of the Chair. Attendance of people other than parents should normally be discussed with the parents and with children or young people who have sufficient understanding.

- Children’s Service staff involved in the enquiry or assessment and in the case of an Initial Case Conference the Supervisor and / or Line Manager may also attend;

- Professionals (and occasionally volunteers working with professionals) involved with the child/family;

- Those involved with the child protection enquiry (e.g. Police);

- Others with relevant information or involvement with the family, with the prior agreement of the Chair.

Parents and children can bring an advocacy worker\textsuperscript{24}, supporter or friend to support them at the conference. Their main function is observational and to assist the child or young person or parent to contribute effectively and make their views known. Through the Chair they may seek to clarify points of fact or provide additional information on behalf of the parent. They will not be invited to give their opinions as to whether abuse has occurred and whether the child or young person’s name should be placed on the Register, but they may assist the child / young person or parent to give their views. An advocacy worker can have a positive role to play as a child’s or parent’s independent supporter and can help them prepare for a conference. Their attendance is at the discretion of the Chair who should meet with them prior to the Conference to clarify their role, which is not adversarial.

A Guardian ad Litem or Court Welfare Officer will be invited to attend to obtain information if they are actively involved with the child or family. Their role is observational and they should not express any opinion nor take part in the decision making process, although they may explain their role in the case.

8.2.8 \textit{Involvement of Parents\textsuperscript{25}, Children and Extended Family}

The involvement of the parents, children and extended family is important, both at the enquiry stage and also at the conference stages, as research has shown such involvement of the parent will lead to better protection of the child or young person.

Parents and others who are important to the child or young person and may attend the conference should be given information about the purpose of the conference and what will happen. They should be informed both verbally and in writing of the time, date and location of the conference giving them sufficient time to make childcare arrangements for their attendance. Where childcare arrangements cannot be arranged by the parent alternative arrangements should be provided to ensure their attendance at the conference. If at all possible the timing and venue of the conference should be convenient to the parents and the child or young person.

\textsuperscript{24} The term ‘advocacy worker’ is used to describe a person who supports an individual to express their views, or advocates on their behalf. It does not refer to a legal representative.

\textsuperscript{25} The term ‘parent’ includes anyone with parental responsibility.
Information not to be shared by professionals with the parent / carer at the conference must be conveyed to the Chair before the conference. Please note: any party who discloses information to the Chair, which is not made available to the parents, must be aware that it may subsequently be the duty of the Chair to disclose the information to others for lawful purpose of prevention or detection of crime or the protection of children.

The Chair should meet with the parent and advocate/support attending to discuss the following:

- The purpose and objective of the conference, including its intended outcome;
- Whether the parent has received sufficient information about the process and to answer any additional questions posed by the parents;
- Any special needs, including language or communication difficulties or physical access to buildings;
- The introduction of the family to the conference;
- The role of an independent advocate/supporter;
- Why any member of the family has been excluded (paying attention to the protocol on confidentiality, especially if parents are not living together);
- The confidentiality of the conference.

Children and young people should be given an opportunity to attend the conference, dependant on their age and understanding. If they desire not to attend or it is inappropriate, their wishes and feelings should be conveyed to the conference by their social worker and / or representative. In this situation the representatives should meet with the child or young person before the conference to ascertain how best his/her views can be made known (e.g. a recording, a letter). If the child or young person intends to attend the conference, the Chair should meet with them and discuss the above issues, independently of the parents if appropriate. Each child or young person in the family should be discussed separately.

Children and family members should be helped in advance to think about what they want to convey to the conference and how best to get their points across. Some may find it helpful to provide their own written report, which they may be assisted to prepare by their social worker, supporter or advocate. This, and other ways of helping a child or young person and family to participate fully, should be explored with them.

The child or young person and any advocate or advisor accompanying them to the case conference should meet prior to any conference. They should be given sufficient time to receive and discuss information considered relevant with the social worker/Chair of the conference; however, this should not include third party information unless the third party has given their consent. The representative may accompany the child or young person, represent their views and read out any statement from the child, but cannot take part in any decision making other than assisting the child or young person to get their views across effectively.

Where a child or young person’s safety or welfare will be prejudiced by their attendance with their parent it is essential that other ways are found for their views to be made known e.g. via an advocate/support person, or their meeting the Chair prior to the meeting. Separate meetings should be arranged and the child’s meeting should take precedent over that with their parent / carer.

Parents have a right to know and understand the information that will be presented at the child protection conference. Social workers should have discussed the contents of their conference report with parents in advance, and should give them a copy of the report countersigned by their supervisor. Whilst information will be shared with the parent they do not have the right to know, if it will breach the child or young person’s confidentiality or that of a third party or would be detrimental to the child’s welfare or an ongoing criminal investigation.
8.2.9 **Exclusions from the Conference**

Exclusion of a parent or a child or young person should only occur in exceptional circumstances. Professionals should, however, be able to share information in a safe, non-threatening environment and not be prevented from carrying out their task. The decision to exclude a particular person or group lies with the Chair.

Parents or children will be excluded from all or part of the conference if:

- Information is brought to the attention of the Chair that it is likely that their attendance will result in intimidation and / or a physical threat to any person attending;
- The Chair receives good evidence they are likely to disrupt the meeting;
- They become verbally abusive or threatening during the conference;
- Attendance of one will prevent the attendance of the other, although arrangements should be made, if possible, to stagger attendance;
- There is a legal order preventing contact with others present (although the possibility of staggering attendance should be considered);

There are some circumstances when someone may need to be excluded from the meeting temporarily:

- There is a need to share confidential evidence from professionals;
- There is a need to share information about an investigation that may be prejudiced if shared with the parent;
- There is a need to hear third party information;
- The conference needs to be given legal advice, although this may also be achieved by a short adjournment so that the professionals who need the advice seek it and convey it to the conference as appropriate.

Where a decision is taken that a parent will not be invited to the meeting, they should be advised in writing. If this cannot be achieved they should be advised verbally. The reason for exclusion or partial exclusion must be noted in the minutes with confirmation that the parent received notice of the reason. A copy of the letter should be sent to the parents’ legal representative or advocacy worker if they have one.

The Chair should seek to ensure that any parent or their representative not invited to the meeting can make representation and this should be considered carefully. The representative may be allowed to present a statement from the parent or attend the conference on the excluded person’s behalf.

8.2.10 **Quorum for Initial and Review Conferences**

As a minimum for every conference there should be attendance by Children’s Services and at least two other professionals from agencies/organisations that have had or are having direct contact with the child or young person subject of the conference or a parent. It is possible to have a quorum even if the professionals come from the same professions or agency.

A decision to proceed without three agencies that have not all had direct contact with the child and/or the parents will be at the discretion of the Chair. Only in exceptional circumstances should a conference proceed on this basis and in any case this should only apply to Review Conferences. Should only one agency be present with the child/parent, the conference cannot proceed formally under child protection procedures on that occasion. Consideration will have to be taken to either convene a further review or establish whether a paper review will be sufficient.
Parents (and child/young person if appropriate) will be invited to attend the meeting 30 minutes prior to the scheduled start time of the meeting. They will be given the opportunity to meet with the Chair, ask any questions about process and to re-read the reports if they desire. Other professionals are requested to arrive at the meeting at least 15 minutes prior to the scheduled start of the meeting in order to read the reports prepared by other professionals.

8.3 **The Chair of the Conference**

8.3.1 The Chair’s main responsibility is to chair Child Protection Conferences. They will maintain an independent role with no line management of the case subject of conference. They will have professional knowledge of child protection issues and practice and be trained in taking the Chair of such conferences.

8.3.2 The roles and duties of the Chair are to:

- Ensure reports submitted to the conference are read;
- Ensure that reports are shared with the parents (and child/young person if appropriate) prior to the conference – at least before the report is sent to the conference secretary one day prior to the conference. If necessary, an interpreter or advocacy worker should be available to assist prior to the conference and for the conference itself if there are communication issues.
- Meet with parents (and child/young person if appropriate), who will be invited to attend the meeting 30 minutes prior to the scheduled start time of the meeting. The purpose of this meeting is for the parties to introduce themselves to each other, and to briefly describe the conference process, who is attending and what their role is. The parents should be given the opportunity to ask any questions about process and to re-read the reports if they desire.
- Ensure that other professionals arrive at the meeting at least 15 minutes prior to the scheduled start of the meeting in order to read the reports prepared by other professionals, if these have not been circulated in advance.
- Decide if a conference should proceed when a quorum has not been reached;
- Set the agenda, confirm issues about confidentiality and the purpose of the conference;
- Decide upon any exclusion from the conference;
- Facilitate the conference ensuring full participation by those present. Ensure that each person present has the opportunity to add their information and contribute to any discussion and decision-making process;
- Ensure that the views of each child are clarified and carefully considered and recorded and whether or not he/she/they are present at the conference;
- Ensure that the views of each parent or person with parental responsibility are clarified and carefully considered and recorded, whether or not they are present at the conference;
- Ascertain the views of each conference member as to whether each child or young person has been harmed, or is likely to be significantly harmed and whether a formal child protection plan is necessary;
- Summarise the discussions and opinions expressed about whether the child or children have been significantly harmed or are likely to be;
- In light of the views expressed, reach a conclusion on the decision of the conference to whether each child or young person has been significantly harmed and/or is likely to be significantly harmed and a formal child protection plan is necessary;
- Ensure that any disagreements amongst participants over registration/non-registration/de-registration or over protection plans are fully discussed, carefully listening to those expressing a minority view;
• If conference members cannot reach an agreed conclusion as to whether significant harm has occurred/ is likely to occur, and/or a formal child protection plan is needed and the child’s name should be added to/remain on the child protection register, the Chair will reach the decision in the light of the range of opinions expressed;

• Decide the category or categories for registration ensuring that all categories of actual or likely harm are noted.

• At the end of the meeting, the Chair will collect all reports and a copy of each report will be sent to each professional invited to the meeting with the minutes attached.

• Take responsibility for accuracy of conference minutes and sign them, ensuring in particular that any dissenting views are recorded;

• Approve the minutes of the meeting, checking for inaccuracy and ensure they are disseminated to the correct persons.

The issues discussed during the conference should be treated by each party in a manner which is consistent with good practice and with its legal powers and obligations (including data protection and human rights). Subsequent processing/disclosure of information with the appropriate safeguards may be required for lawful purposes such as the prevention or detection of crime and/or the protection of children.

The minutes should be completed as soon as possible; at the very least the decisions and recommendations of the conference should be completed, signed by the chair, and sent out to all attendees within 2 working days of the conference. The substantive minutes should be completed, signed and sent out within 8 working days. It is essential that the minutes are available for the first core group meeting in order to ensure that all relevant information is available to formulate the full child protection plan. The minutes of child protection conferences are confidential and should not be disclosed to a third party organisation without the permission of the Chair and social worker.

8.4 Reports to Conference

8.4.1 A record will be made of what reports have been received and whether they were made available to parents and professionals in advance.

8.4.2 Social workers will provide written reports to the conference and have a specific format to follow in relation to the report for conferences guided by the Framework for the Assessment of children in need and their families’.

8.4.3 Professionals who are invited to attend a conference or review should submit a report detailing their involvement with the child and family whether they are able to attend the meeting or not. The reports should be in the format agreed by the Jersey Child Protection Committee (JCPC). For more information, see the copy and notes attached in Section 17.3. There will be variations in the extent to which all sections are completed, dependent upon the agency’s knowledge of the family and the extent and nature of its involvement. It is good practice that a distinction is made between fact, observation, allegation and opinion.

8.4.4 Every effort should be made by all attendees to discuss with the parent and the child or young person, if appropriate, the likely content of these reports and provide them with a copy. Copies of all reports should be submitted to the chair via the conference secretary at least two working days before the conference. It is acknowledged that the urgency of some conferences may prevent professionals from providing a copy prior to the meeting.

8.4.5 In summary, the report should include:

• A chronology of significant events and agency and professional contact with the child and family;

• Information on the child or young person’s current and past state of health and development;
• Information on the capacity of the parents and other family members to ensure the child or young person’s safety from harm and to promote the child’s health and development;
• The expressed views, wishes and feelings of the child or young person, parents and other family members;
• An analysis of the implications of the information obtained for the child’s future safety, health and development, including perceived risks and protective factors.

8.4.6 At least one working day in advance, contributors should provide a written conference report, in line with the above guidance, to the Chair; this will then be made available to those attending. It is good practice for the contents of the report to be discussed with the parents and, if appropriate, the child, prior to the Conference. Their consent to the sharing of any confidential information should also be sought, provided this does not compromise the child’s safety for consent to the sharing of personal information. For more information, see Chapter 3: Information Sharing.

8.4.7 Relevant convictions of persons being discussed at the conference will only be given verbally by the police and will not be recorded in the minutes.

8.5 **Outcome of the Initial Child Protection Conference**

8.5.1 The criteria for registration will be read to the conference, together with the categories of registration that would be relevant to the discussion. Each of the agencies should express their views and the parent, child or young person (if present) should also be asked for their views.

8.5.2 If it is concluded that there is continuing risk of significant harm to either the child or young person subject of the conference, or to any other child in the household, and an interagency child protection plan is necessary, they will be registered. The Chair will provide guidance on the category or categories that will be registered and outline the areas the protection plan must cover. It is important to have all categories noted.

8.5.3 Registration may not be the appropriate action to take but it may be recognised that the child and family need additional support to promote the child’s health and development. It may be appropriate to continue with a Core Assessment dependant on the parent’s permission being given. There may also, in complex cases, be a requirement to maintain inter-agency working. In this case a Planning Meeting should be arranged.

8.5.4 Deferment of registration based on insufficient evidence being available, should only take place in exceptional circumstances. An example may be where medical evidence is awaited. Any delay in coming to a decision on registration should take no longer than 28 days. If the view is that the Core Assessment needs to be completed, a decision will have to be made to register/not register the child. The decision to defer will be made by the Chair, who will specify what further information is needed before a decision on the need for a child protection plan and registration can be reached. A date for a reconvened conference should be agreed, or a time frame if a specific date is not possible.

8.5.5 In some cases the conference should be asked for its views as to whether any prosecution of an abuser is in the best interests of the child or young person. It is the responsibility of the police to convey the view of the conference to their legal advisers. In some cases the conference should be asked its views on whether any child or young person should be accommodated or a care order sought, and it is the responsibility of the social worker to convey these views to their manager.

8.5.6 The minutes should record any dissenting views both on whether abuse has occurred, or is likely, and whether a child’s name should be placed on the Child Protection Register. Any dissention by the parent/child as to registration or the manner in which the conference was conducted should be similarly recorded in the minutes. The act of registration does not automatically protect a child. A Child Protection Plan based on the registration will ensure that professionals work together in a planned and accountable way.
8.5.7 The conference will:

- Ensure that a Child Protection Outline Plan is formulated that addresses immediate action which will ensure the safety of the child or young person;
- Identify a Core Group consisting of family members and professionals to meet within 10 days of the initial conference. In some cases, where a child’s name is not placed on the Register, it will be appropriate to identify members of a core group and a lead professional;
- Set the criteria for de-registration;
- Involve the wider family network in the plan where appropriate;
- Agree a time, date and place for the first core group meeting;
- Agree a time, date and venue for a review conference, the first taking place within 3 months of the Initial Conference.

8.6 Child Protection Register

8.6.1 The Child Protection Register (hereafter called “the Register”) is a database maintained by the Children’s Service which includes the names of all children in Jersey who are the subject of a formal multi-agency Child Protection Plan because a Child Protection Conference has decided that they are at risk of physical abuse, sexual abuse, emotional abuse or neglect. The Register is confidential and only professional people who are involved with the child and family in question, the parents and child, and any member of the family or supporter who attended the conference, will know that the child’s name is on the Register.

8.6.2 The Children’s Service must maintain a central Register that lists the names of children resident in the area who are considered to be at continuing risk of significant harm and for whom there is a formal multi-agency Child Protection Plan. The Register should also list children or young person with respect to whom a Child Protection Conference in another local authority has concluded that a multi-agency child protection plan is necessary.

8.6.3 The principal purpose of the Register is to make agencies and professionals aware of those children who have been judged to be at continuing risk of significant harm and in need of active safeguarding. The registration of children or young people can never be a substitute for professional judgement and practice, but the Register and the child protection conference processes in Jersey are central to facilitating communication between the many disciplines involved in providing child protection services.

8.6.4 Information contained on the Child Protection Register is child’s full name, address, gender and date of birth, date and category of registration.

8.6.5 The aims of the Register are:

- To provide a record of children in Jersey who are currently the subject of inter-agency Child Protection Plans and to ensure that the plans are formally reviewed initially after 3 months and then at least every 6 months
- To provide a central point of enquiry for professional staff who are concerned about a child’s welfare and want to confirm whether the child is subject of a formal multi-agency Child Protection Plan
- To give relevant details about the child and their Social Worker

8.6.6 The Register is held by:

Team Secretary,
Assessment and Child Protection Team
Maison le Pape,
The Parade
St Helier
Tel: 01534 443527
8.6.7 Registration

The initial Child Protection Conference will decide whether registration is required on the basis that the child or young person has suffered, is suffering or is likely to suffer ‘significant harm’ and action needs to be taken to ensure the continuing safety of the child.

Meaning of ‘significant harm’: Under the Children (Jersey) Law 2002 ‘harm’ means ill-treatment or the impairment of health or development. Where the question of whether harm suffered by a child is ‘significant’ needs to be decided, the health and development of the child in question must be compared to that which would be expected of a similar child.

Following a decision that registration should take place, the Chair of the conference should determine under which category or categories of abuse the child should be registered. The category or categories chosen will include all forms of maltreatment which must be considered in the child protection plan. All those who attend the conference will be asked to state whether in their view the child’s name should be placed on the Register. The Chair will take all views into consideration and will make the final decision on registration. Any difference of opinion on the matter of registration will be recorded.

8.6.8 Categories of registration: The child’s name will be registered under one or more of the following categories:

- **Physical Abuse:** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

- **Sexual Abuse:** involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

- **Neglect:** the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs. Once a child is born, neglect may involve a parent or carer failing to:
  - provide adequate food, clothing and shelter (including exclusion from home or abandonment);
  - protect a child from physical and emotional harm or danger;
  - ensure adequate supervision (including the use of inadequate care-givers);
  - ensure access to appropriate medical care or treatment.

- **Emotional Abuse:** the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. This may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another, including domestic violence or serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
8.7 Social worker roles following Initial Child Protection Conference

At every initial or pre-birth child protection conference, where a child is placed on the child protection register, the Chair will confirm a social worker, identified by the social work team manager, to fulfil the role of social worker for the child. The social worker should:

- Convene, chair and record second and subsequent core group meetings and professionals’ or legal advice meeting;
- Provide a written record of meetings for all core group members and the social work manager, noting in the written record any areas of disagreement;
- Ensure that the outline child protection plan is developed, in conjunction with members of the core group, into a detailed multi-agency protection plan;
- Produce a written agreement from the protection plan to be signed by all members of the core group, copied to all signatories and maintained on the child’s file;
- Obtain and record a full psycho-social history of the family and the child. This must involve reading Children’s Service files, including those relating to other children who have been part of any households including the current carers of the child - additional information should be obtained from relevant other agencies and local authorities;
- Complete the core assessment of the child and family, securing contributions / information from core group members and any other agencies with relevant information;
- Co-ordinate the contribution of family members and all agencies in putting the plan into action and reviewing the objectives stated in the plan.

The social worker must see the child or young person at home at least every 6 weeks. The frequency of contact by the social worker is the general minimum standard. In exceptional circumstances, the core group may decide that the required contact level should be less frequent. Any such decision should be authorised by Children’s Services team manager. If a social worker has difficulty obtaining direct access to the child, the Children’s Service team manager should be informed, as well as other core group members. In these circumstances, formal agreement must be reached that a member of another agency carry out the face-to-face contact, or that a review conference is called. Such a decision must be recorded and authorised by managers of the agencies concerned; any significant changes to the child protection plan must also be communicated to the Independent Reviewing Officer.

8.8 Core groups

8.8.1 The core group is responsible for developing the child protection plan as a detailed working tool, and implementing it within the outline plan agreed at the initial child protection conference. Membership should include the social worker, who leads the core group, the child (if appropriate), family members and professionals or foster carers who will have direct contact with the family. Although the social worker has the lead role, all members of the core group are jointly responsible for the formulation and implementation of the child protection plan, refining the plan as needed, and monitoring progress against the planned outcomes set out in the plan. Core groups are an important forum for working with parents, wider family members, and children of sufficient age and understanding. It can often be difficult for parents to agree to a child protection plan within the confines of a formal conference. Their agreement may be gained later when details of the plan are worked out in the core group. Sometimes there may be conflicts of interest between family members who have a relevant interest in the work of the core group. The child’s best interests should always take precedence over the interests of other family members.

8.8.2 The first meeting of the core group should take place within 10 working days of the initial child protection conference. The purpose of this first meeting is to flesh out the child protection plan and decide what steps need to be taken by whom to complete the core assessment on time. Thereafter, core groups should meet regularly, at least 4 weekly, to facilitate working together, monitor actions and outcomes against the child protection plan,
8.8.3 The core group has a collective responsibility to produce reports for the child protection review. Together, these reports provide an overview of work undertaken by family members and professionals, and evaluate the impact on the child’s welfare against the planned outcomes set out in the child protection plan. The roles and duties of the core groups include:

- Review of the membership of the core group, to determine if there are other professionals or family members who should be included;
- Clarification of the role and contribution of each member of the core group explicitly and assignation of specific tasks with agreed outcomes and timeframes for each member of the core group;
- Ensuring that written notes of decisions are taken and actions agreed at core group meetings;
- Formulation of the detailed child protection plan in the form of a written agreement for all the parties to sign and regularly reviewing and, where necessary, modifying it;
- Agreeing the frequency, venue and purpose of core group meetings.
8.9 **Fig 7: Child Protection Register Flow Chart**

- Child’s name placed on child protection register at conclusion of Initial Child Protection Conference
- Core group meets within 10 working days of Initial child protection conference
- Social worker leads on core assessment to be completed within 40 working days of commencement
- Core group members commission further specialist assessments as necessary
- Child protection plan developed by key worker, together with core group members, and implemented
- Core group members provided / commission the necessary interventions for child and / or family members
- First child protection review conference is held within 3 months of initial conference
- Review conference held
- Some remaining concerns about harm
  - Child / young persons name remains on the register, child protection plan is revised and implemented
  - Review conference held within 6 months of initial child protection review conference
- No further concerns about harm
  - Child / young persons name removed from register, and reasons recorded
  - Further decisions made about continued service provision
  - No further Children’s Service involvement but agency may continue to monitor and offer services as appropriate
**8.10 The Child Protection Plan**

8.10.1 Each child whose name is placed on the child protection register must have a child protection plan. The purpose of the plan is to facilitate and make explicit a co-ordinated approach to the protection from further harm of each child on the child protection register.

8.10.2 The causes for concern which resulted in the child’s registration must be made clear to parents. They must be informed of what needs to change and what is expected of them as part of the plan for safeguarding the child. All parties must be clear about the respective roles and responsibilities of family members and different agencies in implementing the plan.

8.10.3 The plan will be outlined at the conference and the social worker and core group are responsible for ensuring that it is drawn up in detail and acted upon. The reasons why the child was considered to have suffered and/or likely to suffer significant harm and the child protection plan as currently agreed will constitute an agenda item at each review conference.

8.10.4 The child protection plan should be used to clarify expectations and assist in joint working towards shared goals. It can also be used as evidence, in any legal proceedings, of the efforts which have been made to work in partnership (this must be made clear to parents).

8.10.5 **Outline Child Protection Plan**

An outline plan must be drawn up at initial and review conferences, following the decision to register or continue registration. The outline plan should include an indication of what the conference believes needs to change before de-registration can be considered. The aim of the outline plan is to assist the core group to form a clearer focus of work with the family and to explicitly define individual professional responsibilities. It will detail the recommendations made at the conference and include:

- A summary of the abuse or the neglect suffered or likely to be suffered which led to the decision to place the child’s name on the Register;
- Broad objectives for the child’s welfare, identifying his / her specific needs;
- Information gathered from the initial assessment, the identification of risk factors and actions required to protect the child from significant harm;
- Types of services required by the child and other family members to support the family in promoting the child’s welfare;
- Short-term and longer-term aims and objectives that are clearly linked to reducing the likelihood of harm to the child and promoting the child’s welfare, including contact with family members;
- Time scales for the completion of a core assessment;
- Identification of any specialist assessments of the child and family that may be required to ensure sound judgements can be made on how best to safeguard the child and promote his / her welfare;
- Responsibility for immediate tasks must be ascribed to specific members of the conference, including family members;
- Expectations of what the parents need to do to ensure compliance with the plan, written in clear language and taking into account cultural differences and communication difficulties;
- Methods of monitoring and evaluating progress against the planned outcomes set out in the plan, including identifying which professional is responsible for monitoring and recording the required changes;
- Consideration of a contingency plan and the circumstances that would necessitate its use.
8.10.6 The Child Protection Plan

The core group is responsible for drawing up in more detail the child protection plan for each child covering the following areas:

- Identification of risks to the child and the means of protection;
- A summary of the abuse, neglect and other forms of maltreatment the child or other members of the family have suffered or are likely to suffer if the actions in the plan are not followed;
- A description of the identified needs of the child and other family members and what services are required to address each need or prevent further impairment;
- Ethnic / cultural / religious considerations e.g. necessity for an interpreter, avoidance of appointments with family on significant religious festivals;
- Issues arising from any disability, of the child or the parents;
- A consideration of the views of the child, spelling out if these cannot be followed because they are not consistent with the child’s welfare;
- Identification of parenting strengths and difficulties, and the services needed to overcome deficits and difficulties;
- A clear identification of roles and responsibilities of professionals and family members;
- Identification of what needs to change to reduce the risk of significant harm, which is specific about the different aspects of harm and impairment, and actions to promote the child’s health and development;
- A description of the nature and frequency of the services to the child to be provided by which professionals, as well as the roles and responsibilities of professionals with each family member, including specialist resources;
- Identification of what further core and specialist assessment is necessary to assist in judgements about safeguarding and promoting the welfare of the child;
- Identification of who (including family members) will be responsible for what actions, taking into consideration the wishes and feelings of the child;
- Establishment of specific short term and long term aims and objectives and time-scales for them to be achieved;
- Identification of measurements for success (e.g. how will the family and professionals know there has been a change?);
- Method of monitoring and evaluating progress, including identifying which professional is responsible for checking required changes;
- Consideration of a contingency plan if circumstances change quickly, or if insufficient change occurs.

The plan should be based on the ongoing assessment of the child and family and follow the dimensions of the assessment framework. See Chapter 9 for more information. The social worker should formulate the detailed child protection plan in the form of a written agreement for all the parties to sign. It should be constructed with the family in its preferred language, taking into account cultural and communication issues.

Copies of the notes and the written agreement should be circulated to core group members and conference chair within 5 working days of the core group meeting. The signed agreement should be returned to the social worker within another 5 working days.

Any dissent about the plan, by family or professionals, must be recorded, with reasons.

The family must be told about their right to make a complaint either to the agency of the specific professional or to the JCPC about the conduct of the child protection conference or other aspects of inter-agency practice, and the procedure for doing so.
All agencies are responsible for the implementation of the child protection plan and all professionals must ensure they are able to deliver their commitments, or if not possible, that these are renegotiated.

8.10.7 **Risk Assessment**

The social worker and line manager must, in supervision, regularly consider the risks to the child and whether a systematic risk assessment should be undertaken. A risk assessment may be helpful in the following circumstances:

- Prior to de-registration;
- When a case has been on the child protection register for a year;
- When consideration is being given to the initiation of care proceedings;
- In particularly complex cases.

8.10.8 **Failure to see a child who has been registered**

Where a professional is prevented from seeing a child on the Child Protection Register this should be considered a cause for concern and the social worker should also be notified immediately. If the social worker is not available, then their line manager, another Children's Service line manager or the duty social worker should be promptly notified.

Attempts to prevent professionals from seeing a child may occur in a variety of ways such as deliberate refusal of entry, excuses regarding the child’s alleged unavailability through sleep, out playing etc or the family’s real or apparent absence from the home. Research has shown that where a child has died often this is preceded by professionals being prevented from seeing the child on a regular and continuous basis. Where a social worker is notified of a difficulty in seeing a child they should notify their line manager. Any agency, which has a similar problem, should likewise inform their Line Manager.

A decision should be made regarding the urgency for a visit to take place by the social worker or, in their absence, the duty social worker. If a further visit is made and the child is still not seen, possible further action must be considered and discussed with the line manager. Delay should not occur as a result of a line manager not being available. The responsibility remains with the social worker, or duty social worker, to seek advice from a manager. Should a visit prove unsuccessful, a decision must be made whether or not to enlist the assistance of the Police.

8.10.9 **Children on the Child Protection Register who are missing**

All professionals and local agencies should bear in mind, when working with children and families where there are outstanding child protection concerns, that a series of missed appointments or abortive home visits may indicate that a family have suddenly and unexpectedly moved out of the area. The reason could be quite innocent but at the same time professionals must be aware of some of the factors that cause such a sudden move such as domestic violence, witness intimidation, avoidance of the professionals and agencies dealing with the case etc.

Particular consideration needs to be given to appropriate legal interventions where it appears that a child for whom there are outstanding child protection concerns may be removed from Jersey by his / her family in order to evade the involvement of agencies charged with safeguarding responsibilities. An urgent Review Meeting must be convened. All professionals must immediately notify their manager should it come to their attention that a child whose name is on the Register is missing. In the case of:

- Children’s Service - Team Manager
- Police Protection Unit – Sergeant
- Health - Designated Nurse
- Education - Head Teacher
In all cases where a child on the Register is found to be, or considered, a missing child, apart from informing their manager, any professional or agency should ensure the duty children’s social worker is informed as soon as possible.

The social worker for the child will make extensive enquiries in an attempt to locate the child. Such enquiries will include the following:

- Contact with the Legal Services if the child is subject to a Court Order;
- Contact with all agencies that have been involved with the child including those agencies involved in first registration, and any known relatives;
- Making enquiries within the neighbourhood, including schools;
- Contact with the Housing Department as appropriate.

The Education department should be able to advise on the transfer of school age children. Where there is serious concern, the Police should be notified through the Police Protection Unit so that consideration can be given to further enquiries including a possible missing person registration and enquiry. Depending on the nature and/or severity of concern for the child, national tracing procedures should be instigated. This should however be regarded as a last resort when all other efforts to trace the child have failed, unless there are clear indications giving rise for urgent concern. Where a child is still missing after enquiries have been made the social worker will consider with their manager whether to call a Child Protection Review meeting before the next, previously set review date.

8.10.10 Transfer between authorities of children whose names are on the Child Protection Register

When a child whose is the subject of a formal multi-agency Child Protection Plan moves to Jersey from another Local Authority, it is essential that prompt action be taken to ensure the safety of the child now resident in Jersey. Similarly, when a registered child moves away from the island, timely action must be taken to ensure their safety in their new location. Any professional receiving information about such a child’s move to or from Jersey should inform the Children’s Service as soon as possible so that relevant information can be passed to all agencies as appropriate.

If a child who is on the Register intends to leave Jersey:

- If this is a planned move, the social worker will inform the family that the facts of registration will be passed to the receiving Authority;
- If it is an unplanned or sudden move, the first professional to know should inform the Children’s Service who will notify other relevant agencies of the change of circumstances. It is essential that anyone having such information does not delay informing the Children’s Service and in normal circumstances it is expected that such notification will take place within one working day of the information coming to light.

When the worker in each agency responsible for the child receives information that the child has moved, the worker is responsible for the prompt transfer of all relevant reports/records about the child to the receiving authority or area office in which the child is now living. Each agency will be responsible for sending their own report and or minutes of child protection conferences about the child to the receiving authority or area office.

The Children’s Service will notify the staff member responsible at the receiving agency for the keeping of information about children in respect of when there is a formal multi-agency Child Protection Plan, giving them a brief outline of reasons for registration and enclosing copies of the minutes of all conferences held:

- The social worker is expected to attend the Initial Child Protection Conference in the receiving Authority, if invited to do so;
- If the move is permanent then the receiving Authority should convene a Child Protection Conference within 15 working days of being notified of the move.
The child’s name will only be removed from the Jersey Child Protection Register when the move has been confirmed as permanent, normally following a Child Protection Conference in the receiving authority. Responsibility for the family is transferred to the receiving authority as soon as it has been informed of the move, unless the child is in the care of the Ministry or is subject of a Legal Order.

The following applies to children moving to Jersey who are the subject of an inter-agency protection plan in another authority:

- Inform the Children’s Service;
- Contact the professional counterpart in the area of departure and ascertain whether or not the child has immediately identifiable needs within remit of an agency;
- Attend a Child Protection Conference if it has been confirmed that the move is permanent. The conference should be convened within 15 days of being notified of the move, only after which event may the original Local Authority close the child’s case;
- The child’s name to be placed on the Jersey Child Protection Register as a temporary registration until the conference takes place;
- Social workers from the place of departure to be invited to the conference;

When a child moving to Jersey is safely placed, for example with their foster carers or relatives, and the responsibility for the case remains with Social Services of another Authority, the Child Protection Conference does not need to be convened. This matter should be discussed with the Child Protection Officer in Social Services of the relevant Authority.

8.11 De-registration

8.11.1 A child’s name will be removed from the Register when it is judged that the child is no longer at continuing risk of significant harm or in need of a continuing protection plan. Consideration of removal will be taken at each review and any agency involved with the child may request a conference is convened to consider the possibility of de-registration.

8.11.2 Those invited to a review must ensure their views on de-registration are put before the meeting even if they cannot attend in person. Grounds for de-registration include:

- The judgement that the child is no longer at continuing risk of significant harm, requiring safeguarding by means of a formal multi-agency Child Protection Plan;
- The child has remained at home and completion of the core assessment, including analysis of risk, has shown that registration and a protection plan is no longer required;
- The abusing adult is no longer in the household and/or no longer has contact with the child or is not likely to have future contact or there is no longer risk as a result of contact;
- The child is looked after and contact arrangements are such that there is no likelihood of maltreatment;
- The child is cared for by relatives and it is judged that he/she is no longer at risk of significant harm from the carers as a result of contact arrangements;
- Child has reached the age of 18 years, has died or has permanently left Jersey.

8.11.3 A child whose name is removed from the Child Protection Register may still require some form of support. De-registration does not automatically mean that support and services will no longer be provided and discussion will take place with the parents in this respect.

8.11.4 Where a child is approaching the age of 18 years and de-registration will then occur, it is considered good practice that consultation takes place with the young person to establish what help they will find useful.
8.12 Review Child Protection Conferences

8.12.1 The social worker is responsible, in liaison with the conference Chair and administrator, for convening the review child protection conference. A review conference should be held within three months following a child’s name being placed on the Child Protection Register. Subsequent reviews should be held at intervals of no more than six months for as long as the child remains on the register.

8.12.2 Dates for conferences should usually only be changed in exceptional circumstances and with the agreement of the team manager. Consideration should be given to bringing forward the date of a review conference in the following circumstances:

- When the whereabouts of a child or young person on the Child Protection Register is unknown.
- Where the child or young person continues to be at risk due to non-adherence to the Child Protection Plan.
- Where there are fresh concerns of significant harm to a child or young person already on the Register.
- Where the circumstances of a child or young person currently on the Register significantly changes.
- Three months after the initial Child Protection Conference, then at least six monthly until it is determined that the child or young person is no longer at risk of significant harm.

8.12.3 The request to bring forward the date of a review conference should be made by a strategy discussion/meeting for the new enquiry or by the social worker following consultation with core group members and/or conference Chair, and must be authorised by the line manager.

8.12.4 Purpose

The purpose of a Review conference is to:

- Review the safety, health, development and welfare of the child or young person against intended outcomes set out in the Child Protection Plan;
- Ensure that the child or young person continues to be adequately safeguarded and that their needs are continuing to be met;
- Consider whether the Child Protection Plan should continue in place or should be changed;
- Decide what future action, if any, is needed to safeguard the child or young person and/or promote outcomes and to decide whether the criteria for de-registration have been met.

8.12.5 First Review

The first Review Conference should be the occasion for the production of the full Child Protection Plan based on the Core Assessment. The Review Conference should bring together all the professionals and family members who have been involved in the Core Group meetings and any other individuals who have significant contribution to make, arising from professional expertise, knowledge of the child or family or both.

The procedure for establishing a quorum and the process for decision making in the Review Conference is the same procedure that is used to decide whether a child’s name should be placed on the Child Protection Register in Initial Conferences. The Core Group set up from the Initial Child Protection Conference has a collective responsibility to produce reports for the first Review Conference including minutes of all Core Group meetings. These reports, together with the core and related assessments, should provide the overview of the work with the family.
8.12.6 Factors to be decided

The Child Protection Review Conference needs to:

- Review the current Child Protection Plan and to consider the child or young person’s and the family response to the services provided. Consider the details and outcome of the core and related assessments and the services provided;

- Consider how this plan relates to the original risk assessment and whether the outcomes have altered the concerns, level of risk etc; formulate a new Child Protection Plan in order to ensure the child or young person is safeguarded and their needs are met if the risk to the child or young person continues;

- Consider whether the risk to the child or young person has diminished sufficiently to enable the review to agree to de-registration because a formal multi-agency Child Protection Plan is no longer necessary. In addition to the child or children who are the focus of the review, consideration should be given to whether any other children in the household may be at risk of significant harm as a result of further child protection enquiries/assessments;

- The Review Conference can make the decision to place these children’s names on the Child Protection Register and consider the present category of registration. If this is the case, it must function as an initial Child Protection Conference with respect to these additional children. When a decision to register is made the Chair will provide guidance on the category or categories under which the child’s name will be registered.

- If the review conference decides that a formal multi-agency Child Protection Plan is no longer required, the conference should consider whether multi-agency or single agency family support plans are needed to assist the family and prevent further impairment and/or development of any child of the family;

- Agree a time and date for the next Core Group meeting and next Review Conference.

8.12.7 Reports to a Review Conference

There may be exceptional circumstances when a review of the Child Protection Plan can be undertaken by an exchange of written reports rather than requiring a face-to-face conference (e.g. when a child is “looked after” off Island). In all other cases, participants are expected to send their reports to the Chair at least one working day before the review conference and attend in person to address their report.

The format and the contents for the social worker’s report for the review conference will contain details as outlined in the section of the Children’s Service handbook at ‘Reports by Children’s Service to Conferences and Reviews’. Professionals who are invited to attend a Conference or Review should submit a report detailing their involvement with the child and family whether they are able to attend the meeting or not. The reports should be in the format agreed by the Jersey Child Protection Committee (JCPC). For more information, see the copy and notes attached in 17.3 Appendix 7. There will be variations in the extent to which all sections are filled in dependent upon the agency’s knowledge of the family and the extent and nature of its involvement. It is good practice that a distinction is made between fact, observation, allegation and opinion.

It is important that, at each Review Conference following the Initial Child Protection Conference, the issue of continuing registration or de-registration is discussed. A child’s name will be removed from the Child Protection Register when it is judged that the child is no longer at continuing risk of significant harm requiring safeguarding by means of a formal multi-agency Child Protection Plan. Only a Child Protection Review Conference that is quorate can decide that registration is no longer necessary. It is therefore important that as many of the professionals involved with the family and child attend each review and where attendance cannot be achieved, send their view on de-registration in their report to the Review Conference. Details of de-registration can be found in the section 8.11.
8.13 Unborn Children considered At Risk

8.13.1 The Children (Jersey) Law 2002 is clearly aimed at the welfare of children who have an independent life separate from their mother, which is a child who has been born. It applies to children up to the age of 18 years. In some cases, where there are concerns about the welfare of a child that is yet to be born, it may be sufficient to secure a child’s safety by a parent taking action to ensure the child’s safety and welfare. This can only be achieved through a thorough initial assessment of the situation, involving the parents and maybe other members of the immediate family. If the family circumstances indicate that the newborn child is likely to be in need of additional services, these should be provided.

8.13.2 There will be circumstances, however, where an unborn child is considered, by one or more agencies or services, to be a child at risk of significant harm when born. The guidance on child protection requires agencies and services to pool resources and communication in order that a child is not at risk of significant harm after the birth. Therefore, the procedure for those children who are yet unborn but who may fall into one or other of the child protection categories needs to be understood by all agencies and services. Consideration should also be given to the welfare of older children in the family.

8.13.3 Situations that may require a Conference

The following situations may provide some guidance on whether there is either future risk to a child or risk to an unborn child; they should not be taken as the only situations where risk should be considered:

- The expectant mother is living with, or in contact with, a person who is known to have abused a child, been convicted of abusing a child;
- The expectant mother has herself abused previous children, either her own or others;
- The expectant mother is suffering from a severe mental/emotional disability that is likely to cause risk to the unborn baby when the birth occurs. Examples of this are severe mental illness, self harm and severe learning disability;
- The expectant mother has habits and a mode of life, which are likely to pose a threat or risk to the child when born. This could involve severe drug or alcohol abuse, which prevents the mother showing her ability to care for the child at birth. It may involve her reluctance to seek medical attention or cooperation with the Health Agencies during pregnancy;
- The expectant mother is or has been subject of violence by a current partner (as a result of domestic violence) and that situation is likely to continue during pregnancy and immediately after the birth. In these circumstances there would/may be substantial evidence from several agencies regarding previous and current incidents.

In these circumstances an assessment should be carried out and a decision made as to whether the threshold has been reached regarding child protection enquiries - child at significant risk. The assessment should commence as soon as a pregnancy is confirmed, be multi-agency and culminate in a multi-agency planning meeting.

Consideration must be given to holding an Initial Child Protection Conference where child protection enquiries give rise to concern that an unborn child may be at future risk of significant harm. Professional referrals should be confirmed in writing, including the referral discussion and clear details about who is taking action or reasons for no further action. These should be recorded by the Children’s Service and referring agencies. This meeting should consider provisional plans for actions at the time of the child’s birth and when discharge from hospital is imminent.

A Strategy Discussion or Meeting should take the same format as other Child Protection Strategy Discussions or Meetings. Information shared, or decisions reached and the basis for decisions, should be clearly recorded by all parties to the discussion.
8.13.4 The Child Protection Conference

A conference should have the same status, and proceed in the same way, as other Initial Child Protection Conferences, including decisions about registration. Those providing services to adults will need to balance their duties to protect children from harm and their general duty towards their patient/client. Where there are concerns that a child may be at risk of significant harm, the needs of the child must come first and the overriding objective is the safety of the child when born.

Disclosure in the circumstances of pre-birth will heavily involve the Health Services. It is essential that health professionals are familiar with, and adhere to, relevant guidance provided by their own professional and governing bodies.

In most circumstances disclosure to another agency or service will be given only with consent of the expectant mother. There are circumstances in which information can be given without consent. In general these are:

- Where the mother is incapable of giving consent because of immaturity, illness or mental incapacity and it is in the patients' medical interest to disclose relevant information to an appropriate person or authority;
- Where it is believed that the child will be a victim of neglect, physical or sexual harm and they cannot/are unwilling to consent to disclosure and it is necessary to give that information to another appropriate responsible person to protect the child;
- Where the disclosure is required by Law or Court Order;
- Where it is considered necessary in the public interest, for example: society’s interest in avoiding child abuse or preventing serious crime might outweigh the individual’s rights to confidentiality.

The criteria to call a conference will be based on current and previous experience of the family, either in terms of previous parenting or risks attached to one or both parents or other significant carers once the child is born. Conferencing such a situation will put enormous stress on the expectant mother and it is therefore absolutely essential that the timing of the conference accords with the pregnancy time scale in respect of the mother’s pregnancy. It should be no sooner than 23 weeks and at least 8 weeks before the earliest date of delivery (EDD). The purpose of maintaining such time limits is to avoid stress when a miscarriage is most likely to occur. The conference will not discuss other members of the family other than the mother of the expected child unless details are pertinent to the well being of that child when it is born.

A decision to register the unborn child can be made by the conference if it is concluded that the child, when born, is likely to suffer significant harm; it must always be remembered that the situation may change and require appropriate adjustment to meet the child’s needs. The registration will be recorded on the Child Protection Register as an ‘Unborn’.

Following the birth, observations made within the hospital setting should contribute to the multi-agency assessment. Consideration must be made regarding appropriate plans and resources to be put in place prior to any discharge of the child. The conference will consider all elements that would normally be considered in any other child protection scenario. In addition the conference should record a recommendation on the most suitable placement after birth and whether any court action is likely to be necessary.

8.13.5 Planning the removal at birth of a registered unborn child

Where it is recommended that the child be removed at birth, Children’s Service will need to take immediate legal advice to consider whether the legal criteria are met and to plan the legal intervention. Where grounds for removal following birth are upheld legally, the recommended legal intervention is an Emergency Protection Order.

Where removal is to take place, the Legal Plan including any application for an Emergency Protection Order will be completed as far as possible in advance and copies lodged with
the Children’s Service Out of Hours Service. A plan of proposed action for affecting the EPO will be formulated by a Core Group involving a Children’s Service Senior Practitioner or Manager, Police Public Protection Unit staff, Senior Midwife and Health Visitor. The agreed plan of action formulated from the meeting’s recommendations will be put in writing.

Where disruption or violence is expected from the parents, or those associated with them, a contingency plan must be agreed and appropriate groups informed. The group planning such a contingency will involve the Police, Hospital Security, Core Group, managers and other appropriate staff.

Where the father is deemed to be a risk to the mother, baby or staff, a decision will be made about the attendance of the father at the birth and follow-up visits. Responsibility for his supervision should be made clear. Where home birth is likely, the Ambulance Service will be made aware of the situation and advised on appropriate action. Where the mother is under 16 years of age, responsibilities for medical decisions at the time of the birth and thereafter need to be clearly defined and delegated, especially if the mother is under a current care order. A social worker should be allocated to the young mother and also to the child. If the expectant mother or the child’s father are vulnerable adults, separate social workers should be allocated to them.

Where a decision has been made to remove a child at birth, whether at home or within Health Department premises, the Police will ensure that a running incident log is kept until the removal is finalised. This will alert other officers to the possibility of assistance being requested by another agency and the agreed action to be taken. The Police duty officer will be responsible for ensuring this action is taken.

Where removal is to take place in hospital there may be a need to ensure a transitional ward is made available to ensure there is little or no disruption to other patients. This should also apply where other sensitive and possible volatile situations may develop, such as the serving of the EPO etc.
9 Core Assessment

9.1 Introduction

9.1.1 Effective collaboration between staff of different disciplines, agencies assessing children in need and their families requires a common language to understand the needs of children, shared values about what is in children’s best interests and a joint commitment to improving the outcomes for children. The Assessment Framework provides that common language, based on explicit values about children, knowledge about what children need to achieve their successful development and the factors in their lives, which may have a positive or negative influence on their upbringing. This increases the likelihood of parents and children experiencing consistency from professionals about what will be important for their children’s well being and health development.

9.2 Fig 8: Assessment Framework

9.3 Principles underlying the Assessment Framework

9.3.1 Four key processes underpin work with children and families, each of which has to be carried out effectively in order to achieve improvements in the lives of children in need: assessment, planning, intervention and reviewing. These processes are iterative and occur throughout the case life cycle of working with children, young people and their families.

9.3.2 Evidence about children’s developmental progress – and their parents’ capacity to respond appropriately to the child’s needs within the wider family and environmental context – should underpin judgements about:

- The child’s welfare and safety;
- Whether, and if so how, to provide help to children and family members;
• What form of intervention will bring about the best possible outcomes for the child;
• What the intended outcomes of intervention are.

9.3.3 Key principles underpin the approach to assessing children in need and their families. They are important in understanding the development of the framework and in considering how an assessment should be carried out.

9.3.4 Assessments:
• Are child or young person centred;
• Are rooted in child development;
• Are grounded in evidence based knowledge and ecological in their approach;
• Ensure equality of opportunity;
• Involve working with children, young people and families;
• Build on strengths as well as identify difficulties;
• Are inter-agency in their approach to assessment and the provision of services;
• Are a continuing process - not a single event;
• Are carried out in parallel with other actions and whilst providing resources.

9.3.5 From birth, all children will become involved with a variety of different agencies in the community, particularly in relation to their health, day care and educational development. A range of professionals, including midwives, health visitors, general practitioners, nursery staff and teachers, will have a role in assessing their general well being and development. The knowledge these professionals already have about a child and family is an essential component of any assessment. These agencies may also be required to provide more specialist assessment for those smaller numbers of children about whom there are particular causes for concern.

9.3.6 Similarly, responding to the needs of vulnerable children may require services from a range of agencies. Inter-agency work starts as soon as there are concerns about a child’s welfare, not just when there is an enquiry about significant harm. Although the Children’s Service has lead responsibility to promote and safeguard children’s welfare, an important underlying principle of the approach to assessment is that it is based on an inter-agency model in which it is all agencies that assess and provide services.

9.3.7 The assessment framework is to be used for the assessment of all children in need, including those where there are concerns that a child may be suffering significant harm. The process of engaging in an assessment should be viewed as being part of the range of services offered to children and families. Use of the framework should provide evidence to help, guide and inform judgements about children’s welfare and safety from the first point of contact, through the processes of initial and more detailed core assessments, according to the nature and extent of the child’s needs. The provision of appropriate services need not, and should not, wait until the end of the assessment process, but should be determined according to what is required, and when, to promote the welfare and safety of the child.

9.4 Core Assessment Procedures
9.4.1 A Core Assessment will be commenced:
• upon the recommendation of an Initial Assessment;
• following Registration on the Child Protection Register;
• on admission to care; or
• at any other point where the Children’s Services Team Manager determines it as necessary.
9.4.2 Social workers will consult with the family/child and plan the assessment. Consent will be sought from the family and/or child. In all cases, attempts should be made to seek the consent of the family/child. However, if this is not forthcoming and the case is a Child Protection Case, it may be necessary to proceed without it. In such cases the Core Assessment will inevitably be limited by the absence of information from the family.

9.4.3 A Planning Meeting will be held with the family and relevant professionals to plan the collection and collation of information for the Assessment. The Planning Meeting will be led by the Children’s Service, but the meeting will decide upon the roles and responsibilities of the other agencies involved. At this meeting a date will be set for the ‘Post Assessment Review’, which could be included within a ‘Child in Care Review’ or ‘Child Protection Review’, if appropriate.

9.4.4 Identified agencies will provide information promptly. Particular time-scales (within 7 working days of receipt of request) will have been agreed within the Planning Meeting. The requested information will be provided either verbally or in written form. The social worker will share a copy of the completed Assessment with the family, in advance of the Post Assessment Review, including comments and information provided by other agencies.

9.4.5 It is important that professionals provide their own evaluation of the significance of the information provided, in addition to the information itself. Parents and children will be offered the opportunity to comment upon the Assessment as well as whether they agree or disagree with the information.

9.4.6 The outcome of the Core Assessment will be one, or more, of the following:

- No Further Action;
- Agreement to commission multi-agency services;
- Agreement to commence single agency services;
- Referral to other agency for service;
- Commissioning of a specialist assessment;
- Application for a Court Order

9.4.7 Specialist Assessments may be commissioned at any point in the Assessment. The outcome of the Specialist Assessment will need to be recorded in the relevant file for the child held by each agency.

9.4.8 Where a service has been provided, this will be reviewed, in line with the relevant agencies procedures. Within the Children’s Service, the review arrangements will depend on the nature of continuing involvement.

- For children on the Child Protection Register:
  - Core Group Meeting
  - Child Protection Reviews
- For Children in Care (CIC):
  - CIC Review
- For Children in Need (CIN):
  - CIN Review

9.4.9 If any agency is not satisfied with the outcome of an Assessment, they will contact the relevant social worker. If there is still dissatisfaction with the outcome of the Assessment, then the agency should contact the Team Manager / Children’s Service Manager. For more information see Chapter 14: Raising Concerns and Managing Professional Differences.
10 Recognising the vulnerability of children in particular circumstances

10.1 Children living away from home

10.1.1 There are a number of essential safeguards that should be observed in all settings in which children live away from home, including foster care, residential care, private fostering, healthcare, boarding schools (including residential special schools), prisons, and secure units. Where services are not directly provided, essential safeguards should be explicitly addressed in contracts with external providers. These safeguards should ensure that:

- children feel valued and respected and their self-esteem is promoted; there is an openness on the part of the institution to the external world and to external scrutiny, including contact with families and the wider community;
- staff and foster carers are trained in all aspects of safeguarding children, alert to children’s vulnerabilities and risks of harm, and knowledgeable about how to implement safeguarding children procedures;
- children who live away from home are listened to, and their views and concerns responded to;
- children have ready access to a trusted adult outside the institution – e.g. a family member, the child’s social worker, independent visitor or children’s advocate. Children should be made aware of the help they could receive from independent advocacy services, external mentors and ChildLine;
- staff recognise the importance of ascertaining the wishes and feelings of children and understand how individual children and young people communicate by verbal or non-verbal means;
- there are clear procedures for referring safeguarding concerns about a child or young person to the relevant Children’s Service Team;
- complaints procedures are clear, effective, user-friendly and are readily accessible to children and young people, including those with disabilities and those for whom English is not their preferred language. Children should genuinely be able to raise concerns and make suggestions for changes and improvements, which should be taken seriously;
- bullying is effectively countered;
- recruitment and selection procedures are rigorous and create a high threshold of entry to deter abusers;
- there is effective supervision and support that extends to temporary staff and volunteers;
- contractor staff are effectively checked and supervised when on site or in contact with children and young people;
- clear procedures and support systems are in place for dealing with expressions of concern by staff and carers about other staff or carers. Organisations should have a code of conduct, instructing staff on their duty to their employer and their professional obligation to raise legitimate concerns about the conduct of colleagues or managers. There should be a guarantee that procedures can be invoked in ways that do not prejudice the ‘whistle-blower’s’ own position and prospects – see 14.7.4 of this procedures document or the States of Jersey whistle-blowers policy;
- there is respect for diversity, and sensitivity to race, culture, religion, gender, sexuality and disability;
- staff and carers are alert to the risks of harm to children and young people in the external environment from people prepared to exploit the additional vulnerability of children living away from home.
10.1.2 Every setting in which children live away from home should provide the same basic safeguards against abuse. Foster Carers and Residential Care Staff adopt an approach which promotes the child’s general welfare, protects them from harm of all kinds, and treats the child or young person with dignity and respect. It is important to note that child protection procedures apply equally to children living away from home as for all other children.

10.1.3 There are policies for safeguarding and promoting the welfare of children held in secure accommodation at Greenfields. The policies include:

- local, establishment-specific child protection and safeguarding policy, agreed with the JCPC, that has regard to the Children’s Service overarching policy and that includes procedures for dealing with incidents or disclosures of child abuse or neglect before or during custody;
- suicide and self-harm prevention and anti-bullying strategies;
- procedures for dealing proactively, rigorously, fairly and promptly with complaints and formal requests, complemented by an advocacy service;
- specialised training for all staff working with children, together with selection, recruitment and vetting procedures to ensure that new staff may work safely and competently with children;
- action to manage and develop effective working partnerships with other organisations, including voluntary and community organisations, that can strengthen the support provided to young people and their families during custody and on release;
- an initial assessment, on reception into custody, to identify the needs, abilities and aptitudes of the young person, and the formulation of an individual learning plan designed to address those needs, followed by regular reviews;
- provision of education, training and personal development in line the young person’s identified needs;
- action to encourage the young person and their family to take an active role in the preparation and subsequent reviews of their plan, so that they are able to contribute to, and influence, what happens to them in secure accommodation and following release.

10.1.4 **Language schools**

Children who attend language schools in Jersey and are placed with host families for the duration of the course are particularly vulnerable. It is essential that their welfare is protected. The sponsoring agency should have in place child protection policies and procedures, and a robust system for the recruitment and vetting of the host families. This includes CRB (Criminal Record Bureau) and police checks, social services checks and references.

10.1.5 **Children in hospital**

Children in hospital are vulnerable. The need to be in hospital may cause them to be experiencing any of the following:

- Acute Stress
- Anxiety
- Fear
- Uncertainty
- Pain
- Separation from carers
- Loss of autonomy and control
Experience communication difficulties

All healthcare workers who work with children and families should be able to:

- Understand the risk factors and recognise children in need of support and / or safeguarding
- Recognise the needs of parents who may need extra help in bringing up their children and know where to refer for help
- Recognise the risks of abuse to the unborn child
- Contribute to enquiries from other professionals about children and their family or carers
- Liaise closely with other agencies, including other health professionals
- Assess the needs of children and the capacity of parents / carers to meet their children’s needs, including the needs of children who display sexually harmful behaviour
- Plan and respond to the needs of children and their families, particularly those who are vulnerable
- Contribute to child protection conferences, family group conferences and strategy discussions
- Contribute to planning support for children as risk of significant harm, e.g. children living in households with domestic violence or parental substance misuse
- Help ensure that children who have been abused and parents under stress (e.g. those who have mental health problems) have access to services to support them
- Play an active part, through the child protection plan, in safeguarding children from significant harm
- As part of generally safeguarding children and young people. Provide ongoing promotional and preventative support, through proactive work with children, families and expectant mothers
- Contribute to serious case reviews and their implementation.

It is essential that all health professionals and their teams have access to advice and support from named and designated child safeguarding professionals and undertake regular safeguarding training and updating. Safeguarding children should be an integral part of the hospital governance system.

Working closely with children and their families means healthcare workers are in a privileged position, developing therapeutic relationships with them. This provides the opportunity to observe parental attitudes and values towards children often seen through parent child interactions and their relationship with the professionals.

All healthcare workers should be able to recognise signs of child abuse and be familiar with their local policies and procedures in such matters. They should receive the training and supervision they need to recognise and act on child welfare concerns and to respond to the needs of children.

### 10.1.6 Children missing from care

Children who are “looked after” may run away or go missing from their care placement. The various agencies responsible for the care of looked-after children should understand their respective roles in these circumstances. These should be set out in standard protocols describing arrangements for managing missing person’s investigations developed by the local police force. It is important to understand the reasons that lead children to go missing from their care placement. Where there is the possibility that this behaviour is a result of child protection concerns, the Children’s Services Teams must follow its procedures to safeguard and promote the welfare of children in the area where the child is living.
10.2 Children and Young People with Disabilities

10.2.1 Everyone who works with children and young people with disabilities need to be aware of the possible safeguarding risks they can experience, and to take these into account in their day-to-day involvement with them. This includes those working in children’s services, health, education, schools, early years, youth services, the youth justice system, the police, and the independent and voluntary sectors. Research tells us that children and young people with disabilities are more vulnerable to abuse than non-disabled children and young people, and awareness amongst professionals about safeguarding and what constitutes best practice, is essential.

10.2.2 Some of the reasons why children and young people with disabilities are more vulnerable to abuse are:

- Many children and young people with disabilities are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children;
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;
- They have an impaired capacity to resist or avoid abuse;
- They may have speech, language and communication needs which may make it difficult to tell others what is happening;
- They often do not have access to someone they can trust to disclose that they have been abused and are especially vulnerable to bullying and intimidation;
- Looked after children and young people with disabilities are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs.

10.2.3 Professionals from all agencies/disciplines must be aware that the belief that children and young people with disabilities are not abused or beliefs that minimise the impact of abuse on children and young people with disabilities can lead to the denial of, or failure to report abuse or neglect. Essentially children and young people with disabilities at risk of, or who have experienced, abuse should be treated with the same degree of professional concern accorded to non-disabled children. Basic training and awareness-raising of the susceptibility of children and young people with disabilities to abuse is essential for all those working with children, including ancillary staff such as bus drivers, care assistants, escorts and personal assistants. Reporting safeguarding concerns needs to be encouraged at all levels of professional involvement and prompt and detailed information sharing is vital. The impairment with which a child presents should not detract from early multi-agency assessments of need that consider possible underlying causes for concern.

10.2.4 Concerns about the welfare of children and young people with disabilities should be addressed in the same way as for other children. The same thresholds for action should be applied. Workers should pay particular attention to communication needs and will need to take advice from those familiar with the child or young person’s preferred method of communication. It is not acceptable to make assumptions about the inability of a child or young person with disabilities to give credible evidence. Each child or young person must be assessed and steps taken to enable the child or young person to participate in the criminal justice or other processes. Parents and carers need to be made aware (if they are not already) of the vulnerability of their children to abuse or neglect, but also of their potential role in the safeguarding process.

10.2.5 It has been identified that, as with all children, an effective safeguarding strategy for children and young people with disabilities must address barriers at a number of different levels. There are specific issues to be considered when safeguarding children or young people with disabilities:

**Society level** - There needs to be a shift in values and attitudes and awareness so that:
People with disabilities are recognised and valued as equal citizens with equal rights;
Individuals recognise and act on their responsibility towards removing the barriers that prevent people with disabilities from participating fully in society;
The safeguarding of children and young people with disabilities becomes a priority.

Community level - Safeguarding of children and young people with disabilities requires supportive and safe environments that empower disabled children. This includes:
- A choice of safe and accessible community and leisure services;
- Effective networks and support systems and flexible support that is responsive to individual needs and which places a value on the views of children and young people with disabilities.
- Policies and practices within schools and services (especially residential settings) that safeguard, respect and empower children and young people with disabilities. These should include clear child protection and other relevant procedures and guidelines: for example, intimate care; management of behaviour; recruitment and screening of staff; staff training and supervision; and consultation with children and young people with disabilities.

Carer level:
- Improved, co-ordinated and inter-agency planned support for carers;
- Awareness-raising of carers to the vulnerability of children and young people with disabilities, indicators of abuse, and of carers’ potential role in safeguarding children; training, supervision and appraisal of staff;
- Early and comprehensive multi-agency assessments of need that consider possible underlying causes of any presenting causes for concern;
- Communication with the child or young person and the taking of active steps to remove barriers and promote communication;

Individual level
- Empowerment of child or young person through seeking their views, wishes and feelings, ensuring choice, provision of opportunities.
- Holistic assessments of need that include valuing a child or young person’s religious and cultural needs; sex education; safety and awareness work.

10.2.6 Autism Spectrum Conditions / Asperger Syndrome

Autism is a lifelong disability that affects the way a person communicates with others and relates to the world around them. People with autism have difficulties or differences with:
- reciprocal social interaction and communication
- restricted / repetitive interests and behaviours
- unusual sensory responses / processing
- uneven abilities, some with savant skills

Children with classic autism and learning difficulties are likely to be educated in a special school, Mont a L’Abbe. Many children with ASC particularly those with Asperger Syndrome are educated in mainstream schools; there are specific provisions for these children at
Rouge Bouillon, and St. Saviours Primary schools and Grainville and Haute Vallee Secondary schools. Some children will stay at their local schools with support if this is possible although there is increased risk of encountering difficulties at school due to the differences highlighted above.

10.2.7 Children with a deaf/hearing impairment

The preferred communication method of children and young people with disabilities for understanding and expressing themselves needs to be given the utmost priority, and where a child or young person has speech, language and communication needs, including those with non-verbal means of communication and deaf children, arrangements will need to be made to ensure that the child or young person can communicate about any abuse or neglect she/he is experiencing and their views and feelings can be made obtained.

Communication barriers mean that many children and young people with disabilities including deaf children have difficulty reporting worries, concerns or abuse. Some children and young people with disabilities do not have access to the appropriate language to be able to disclose abuse; some will lack access to methods of communication and/or to people who understand their means of communication. Even if a child can find the confidence and the means to tell about abuse, many of the avenues open to abused children such as telephone help-lines and school based counselling are inaccessible to many disabled children. There is significant vulnerability for children who use alternative means of communication and who have a limited number of people who they can tell, since these same people may be the abusers. There is often a lack of access to independent facilitators or people familiar with a child’s communication method.

10.3 Children from diverse backgrounds

10.3.1 Children from all cultures are subject to abuse and neglect. All children have a right to grow up safe from harm. In order to make sensitive and informed professional judgements about a child’s needs, and parents’ capacity to respond to their child’s needs, it is important that professionals are sensitive to differing family patterns and lifestyles and to child-rearing patterns that vary across different racial, ethnic and cultural groups. At the same time they must be clear that child abuse cannot be condoned for religious or cultural reasons.

10.3.2 Professionals should also be aware of the broader social factors that serve to discriminate against minority ethnic people. Working in a multi-racial and multicultural society requires professionals and organisations to be committed to equality in meeting the needs of all children and families and to understand the effects of racial harassment, racial discrimination and institutional racism, as well as cultural misunderstanding or misinterpretation.

10.3.3 The assessment process should maintain a focus on the needs of the individual child. It should always include consideration of the way religious beliefs and cultural traditions in different racial, ethnic and cultural groups influence their values, attitudes and behaviour and the way in which family and community life is structured and organised.

10.3.4 Cultural and religious factors should not be regarded as acceptable explanations for child abuse or neglect and are not acceptable grounds for inaction when there are concerns that a child is or may be suffering or likely to suffer harm. Professionals should be aware of, and work with the strengths and support systems available within families, ethnic groups and communities, which can be built on to help safeguard children and promote their welfare.

10.3.5 Professionals should guard against myths and stereotypes – both positive and negative – of minority ethnic families. Anxiety about being accused of racist practice should not prevent the necessary action being taken to safeguard and promote a child’s welfare. Careful assessment – based on evidence – of a child’s needs, and a family’s strengths and difficulties, understood in the context of the wider social environment, will help to avoid any distorting effect of these influences on professional judgements. All children, whatever
their religious or cultural background, must receive the same care and safeguards with regard to abuse and neglect.

10.4 Domestic Violence

10.4.1 Children and young people suffer directly and indirectly if they live in households where there is domestic violence. Domestic violence has a damaging effect on the health and development of children, and it is appropriate, therefore, to consider such children as children in need; however, it may also be the case that the child is in need of protection.

10.4.2 There is a high correlation between domestic violence and the abuse of children. Where there is evidence of domestic violence, the implications for any children or young people in the household should be considered, including the possibility that the child may themselves be subject to violence or harm. Conversely, where it is believed that a child is being abused, workers should be alert to the possibility of domestic violence within the family.

10.4.3 The Police notify the Assessment & Child Protection (A&CP) Team of all incidents of domestic violence where there are children in the household. There are a range of possible responses which will be determined by the Duty Senior Practitioner, these include:

- Offering advice and guidance in relation to legal and support services;
- Offering a duty appointment (working separately with each parent is likely to enable the non-abusing parent to speak more freely);
- Undertaking a joint home visit with the Police Domestic Violence Officer;
- One serious incident or an accumulation of incidents will normally indicate the need for an Initial Assessment;
- It should be recognised that the best outcomes for children and young people are likely to be achieved by supporting the non-abusing parent to make safe choices for themselves and their family.

10.4.4 Incident reports in relation to active cases will be passed to the relevant worker who, in consultation with their senior practitioner, should determine the appropriate response. The Women's Refuge has a range of services which are not confined to accommodation for women. It is likely to be appropriate to liaise with the Women’s Refuge for advice and guidance.

10.5 Young Carers

10.5.1 Young carers are children who help look after a member of the family who is sick, disabled or has mental health problems, or is misusing drugs or alcohol. There are strong links between being a young carer and underachieving at school, with many failing to attain formal qualifications. Almost a third of young carers have serious educational problems or have dropped out of school, with nearly all reporting missing school when the person they care for is having difficulties. Their day to day responsibilities often include cooking, cleaning, shopping, providing nursing and personal care and giving emotional support. With so many adult responsibilities, young carers often miss out on opportunities that other children have to play and learn. Many struggle educationally and are often bullied for being ‘odd’. They can become isolated, with no relief from the pressures at home, and no chance to enjoy a normal childhood. They are often afraid to ask for help as they fear letting the family down or being taken into care.

10.6 Fabrication or induction of illness in a child

10.6.1 If, as a result of a carer's behaviour, there is concern that a child is or is likely to suffer significant harm, the 'Safeguarding children in whom illness is fabricated or induced' guidance should be followed (see Appendix 18.1.8). There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:
• Fabrication of signs and symptoms. This may include fabrication of past medical history.
• Fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents
• Induction of illness by a variety of means.

10.6.2 When suspected, a lead professional should be consulted. Health professionals should not normally discuss their concerns with the parents/carers at this stage. Children's services should be contacted at the earliest possible opportunity.

10.7 Children and young people missing from education

10.7.1 If a child or young person is receiving an education, not only do they have the opportunity to fulfil their potential, but they are also in an environment that enables local agencies to safeguard and promote their welfare. If a young person goes missing from education they could be at risk of significant harm. Certain groups of vulnerable children are more likely than others to go missing from education:
• young people who have committed offences;
• children living in women’s refuges;
• children of homeless families, perhaps living in temporary accommodation;
• children with long-term medical or emotional problems;
• looked after children;
• young carers.

10.8 Sexually active children and young people

For more information see the JCPC Multi-Agency Protocol for Safeguarding Sexually Active Children

10.8.1 There is a multi-agency protocol for Jersey written on the understanding that those working with sexually children and young people will naturally want to do as much as they can to provide a safe, accessible and confidential service whilst remaining aware of their duty of care to safeguard them and promote their well being. This does not mean that the professional believes that children and young people should be sexually active; rather they acknowledge the reality that they may be, and will endeavour to provide a service which supports their best interests. The professional may need to acknowledge that they are uncomfortable with working with this client group and may need to refer on to someone else in their agency or another agency if they cannot fulfil this professional duty.

10.8.2 Each agency should use the protocol to develop their own policy and procedures in relation to how their staff will work with sexually active children. The procedures should include the flowchart (Fig 10) and checklists provided in the protocol document, adapted for the agency, and encourage staff to attend training provided.

10.8.3 The protocol has been developed with the understanding that young people will have an interest in sex and sexual relationships. It is designed to assist those working with children and young people to respond with the appropriate advice and assistance and to identify where relationships may be abusive, and the children and young people may need the provision of protection or additional services. It is based on the core principle that the child’s best interests must be the overriding consideration, and that positive outcomes for children and young people are maximised when agencies work together and co-ordinate their activities.

10.8.4 The protocol promotes the ideal that young people should speak to their parents where possible, but recognises where that is not possible, that professionals should work together in accurately assessing the risk of significant harm if a child or young person is engaged in sexual activity. All agencies that have contact with children and young people should use this protocol to implement guidance for their own staff. Procedures should
include what information should be recorded and when and how referrals and services are managed.

10.8.5 This protocol applies to any contact a health or education professional, youth worker, social worker or voluntary agency worker, has with someone who is sexually active or planning to be, and is aged under 16, including requests for emergency contraception and repeat issuing of condoms through condom distribution campaigns and pharmacies where there is one-to-one consultation.

10.8.6 **Fig 9: Working with Sexually Active Children and Young People in Jersey**

*For more information see the JCPC Multi-agency Child Protection procedures*

- **Under 13 years old?**
  - Yes
  - Sexual offence has been / may be committed
  - Consider referral as a child in risk of significant harm
  - Make referral to Children’s Services CP&A Team
  - Refer to Police and CS and/or agency Senior Mgt if abused by carer or a professional*
  - Refer to Police Public Protection Unit if it is a stranger abuse or power imbalance

- **Age 13-16 years**
  - Assessment of risks to include:
    - Fraser competence
    - Home circumstances
    - Relationships - Any power imbalances?
    - Substance misuse as a disinhibitor?
    - Aggression
    - Coercion
    - Grooming
    - If sexual partner known to Police

- **Ages 16-17 years**
  - *Is this a vulnerable (eg learning difficulties) young person - concerns about exploitation?*
  - *Is sexual partner a person in position of trust or a family member?*
  - No concerns.
  - Continue to provide advice & support. Document reasons for not referring & re-assess as needed

10.9 **Self harm and Suicide**

10.9.1 Both attempted suicide and completed suicide are rare in children under 12 years old. However, girls outnumber boys by 4:1 in those attempting suicide, with the number of boys attempting suicide gradually increasing after the age of 14. Many young people who deliberately self-harm – who overdose on analgesics, anti-depressants or other medication, or who cut themselves or inflict other lacerations – do so after arguments with family, friends or partners. Many young people’s self-harm is associated with other mental health problems such as depression, alcohol or drug misuse. However, other self-harm episodes are not related to mental health problems.

10.9.2 ChildLine and other support lines for children believe that unvented emotions such as anger and frustration may often be behind self-harm, which provides an unhealthy but seemingly cathartic outlet for the build-up of these feelings. Other factors that can lead to self-harm may include stress arising from a difficult home environment or family relations or a general sense of having no control over life.
10.9.3 It has been stated that young people may self-harm because:

- they feel sad and lonely and that no-one really understands or likes them;
- they feel that they are a failure or trapped and want to escape from the situation;
- they are angry but are unable to say so, leaving them feeling hopeless about the future.

10.9.4 For many young people the decision to attempt suicide may be taken quickly and without warning. The young person may soon regret their action, but any attempt must be taken seriously. There is a high risk of eventual suicide in up to 10% of young people who attempt suicide and they are likely to have further suicidal attempts. In working with young people who are self-harming, the following strategies have been put forward as being useful:

- the importance of taking a non-judgmental attitude towards the young person, if not the act. Many teachers and other professionals who work with young people find the reality of young people self-harming very difficult; however, it is important that the young person does not feel rejected as a result of the adults around them finding their behaviour unsettling or bizarre;
- It is important that the young person feels that they are listened to effectively. Evidence shows that teenagers are most likely to make a repeat suicide attempt when no one has really listened, or when no help has been offered;
- If a child or young person states that they have taken any medication or made any other attempt to harm themselves, it is important to listen to them. In the case of children or young people taking medication, or taking any significant risk to their health, it is important that they are referred to a doctor or to the Accident and Emergency department for an assessment;
- After a medical assessment, it may be appropriate to involve the Child and Adolescent Mental Health Service in order to provide ongoing support for the child/young person.

10.10 Historic/organised abuse

10.10.1 Complex (organised or multiple) abuse may be defined as abuse involving one or more abusers and a number of children. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse.

10.10.2 Complex abuse occurs both as part of a network of abuse across a family or community, and within institutions. Such abuse is profoundly traumatic for the children who become involved. Its investigation is time-consuming and demanding work, requiring specialist skills from both police and social work staff. Some investigations become extremely complex, because of the number of places and people involved and the timescale over which abuse is alleged to have occurred.

10.10.3 The complexity is heightened where, as in historical cases, the alleged victims are no longer living in the setting where the incidents occurred, or where the alleged perpetrators are no longer linked to the setting or employment role. Each investigation of organised or multiple abuse is different, according to the characteristics of each situation and the scale and complexity of the investigation. Although there has been much reporting in recent years about complex abuse in residential settings, complex abuse can occur in day care, in families, and in other provisions such as youth services, sports clubs, churches and voluntary groups.

10.10.4 Each complex abuse case requires thorough planning, good inter-agency working, and attention to the welfare needs of the child victims or adult survivors involved. The guidance, “Complex Child Abuse Investigations: Inter-agency issues”26 seeks to help

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agencies confronted with difficult investigations by sharing the accumulated learning from serious case reviews.

10.10.5 It sets out the overarching policy and practice framework to inform and shape the detailed strategic plans that agencies will need to develop when confronted with a complex child abuse case. It does not, however, provide detailed operational guidance on all aspects of such investigations. This guidance is equally relevant to investigating organised or multiple abuse within an institution. In addition, Appendix A in the Complex Child Abuse Investigations guidance identifies the issues that should be addressed in all major investigations and that should be reflected in local procedures.

10.11 Children and young people at risk because of technology

10.11.1 Internet
A child or young person being abused via the use of the Internet is a comparatively new form of abuse that agencies have to address. The Internet is now a significant tool in the distribution of child pornography and bullying. In addition to the abuse of the child in the images, adults use the Internet to establish contact with children with a view to grooming them for abusive relationships. Children may also be put at risk by the online activities and actions of other children.

10.11.2 The Internet has, in particular, become a significant tool in the distribution of indecent photographs/pseudo-photographs of children. Internet chat rooms, discussion forums and bulletin boards are used as a means of contacting children and young people with a view to grooming them for inappropriate or abusive relationships, which may include requests to make and transmit pornographic images of themselves, or to perform sexual acts live in front of a webcam. Contacts made initially in a chat room may be carried on via email, instant messaging services, mobile phone or text messaging. There is also growing cause for concern about the accidental exposure of children to inappropriate material via interactive communication technology – e.g. adult pornography and/or extreme forms of obscene material. In addition, allowing or encouraging a child to view such material over an appreciable period of time is a form of abuse. Children themselves can engage in text bullying and use mobile phone cameras to capture violent assaults of other children for circulation.

10.11.3 Where there is evidence of a child using ICT excessively, this may in some cases (although not invariably) be a cause for concern more generally. It may also indicate either a contemporary problem, or a deeper underlying issue that ought to be addressed.

10.11.4 When investigating child pornography, the Police should consider whether the individual might also be involved in the active abuse of children either online or in real life. The Children’s Service should assist the Police in establishing the individual’s access to children within the family, employment or voluntary activity. If there are particular concerns about a child or children then there will be a need to instigate the matter as a child protection enquiry.

10.11.5 The range of child abuse definitions and concepts that are now being seen in an ICT environment has increased. As technology develops the Internet and its range of content/services has become accessible through a greater variety of devices that extend far beyond traditional PCs into the realm of smart-phones and handheld gaming devices.

10.11.6 As part of their role in preventing abuse and neglect, JCPC works to raise awareness about the safe use of the Internet. The E-Safety Sub-committee has delivered awareness training to retailers and parents, and is a key partner in the development and delivery of training and education programmes, including those that are initiated by the Department for Education, Sport and Culture.

10.11.7 All schools in Jersey have one or more identified members of staff with responsibility for co-ordinating the provision of e-safety training and for ensuring that appropriate e-safety awareness-raising activities are presented to children in school.
10.11.8 The procedures for ensuring that e-safety is maintained in schools and the processes to be followed in the event of an e-safety incident are set out in the DfESC’s E-Safety Policy: E-Safety Guidance for Schools and Youth Projects (February 2010). These processes and procedures are consistent with those that apply for child protection issues in general.

10.11.9 **Use of Images of Children (photographs, videos, CCTV and web cams)**
There are child protection and data protection/privacy implications in using photographs, videos, CCTV and web cams of clearly identifiable children and young people. There are serious implications in the use of images on the Internet, which may become viewable worldwide leaving the subject of the image with no control over its use. ‘Images’ include any image taken using any photographic equipment.

10.11.10 When using images of children, young people or vulnerable adults the following should be followed:
- Always seek written consent from the child and parent/guardian or carer BEFORE photographs are taken;
- If you publish a picture on a website, do not routinely publish the child’s name;
- If you publish a name on a website, do not routinely publish the child’s picture;
- Only use images of children and young people who are either suitably dressed or fully clothed to reduce the risk of inappropriate use. If possible, use over-the-shoulder angles that do not clearly show the face(s) of the child or children.

10.12 **Safeguarding young people in the Workplace**

10.12.1 For adults working with young people, particularly those below the age of sixteen, it is important to be aware of potentially difficult situations. By following the simple guidance outlined below, it should be possible to ensure that the workplace is a secure and productive environment for both the provider and young person.

- **Touch** - There may be occasions when you need to touch a young person (e.g. If you are guiding them in carrying out a technical operation); these should be kept to a minimum and only used when necessary.
- **Behaviour** - Whilst it is important to reassure a young person who may be nervous in a new placement and reliant on your guidance, it is important not to be over-familiar. Never permit ‘horseplay’ which may cause embarrassment or fear.
- **Environment** - Where possible, staff should not be on their own in an isolated or closed environment with a young person.
- **Disclosure** - If you are concerned by anything the young person may disclose to you, or a member of your staff in terms of child protection, please telephone the Child Protection Team at Social Services for advice on 443500.

10.12.2 If the young person discloses an allegation against anyone in the workplace, please contact your line manager or designated Child Protection Team for advice prior to speaking to anyone else.
11 Serious Case Reviews

For more information: Serious Case Reviews Procedures and Forms pack

11.1 The Role of the JCPC in conducting Serious Case Reviews

11.1.1 The prime purpose of a Serious Case Review (SCR) is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children.

11.1.2 The purposes of SCRs carried out under this guidance are to:

- establish what lessons are to be learned from the case about the way in which local professionals and organisations work individually and together to safeguard and promote the welfare of children;
- identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result; and
- improve intra- and inter-agency working and better safeguard and promote the welfare of children.

11.1.3 SCRs are not inquiries into how a child died or was seriously harmed, or into who is culpable. These are matters for the Deputy Viscount’s office and criminal courts, respectively, to determine as appropriate. Nor is an SCR part of any disciplinary inquiry or process relating to individual professionals. Where information emerges in the course of a SCR indicating that disciplinary action should be initiated under established procedures, the relevant processes should be undertaken separately from the SCR process. Some SCRs may be conducted concurrently with (but separately from) disciplinary action. In some cases (for example, alleged institutional abuse) it may be necessary to initiate disciplinary action as a matter of urgency to safeguard and promote the welfare of other children.

11.2 Conducting Serious Case Reviews in Jersey

11.2.1 The JCPC will consider whether to conduct a SCR whenever a child has been seriously harmed in the following situations:

- a child sustains a potentially life-threatening injury or serious and permanent impairment of physical and/or mental health and development through abuse or neglect; or
- a child has been seriously harmed as a result of being subjected to sexual abuse; or
- a parent has been murdered and domestic violence is likely to have been a factor; or
- a child has been seriously harmed following a violent assault perpetrated by another child or an adult;

and

- the case gives rise to concerns about the way in which local professionals and services worked together to safeguard and promote the welfare of children. This includes inter-agency and/or inter-disciplinary working.

11.2.2 The lessons learned should be disseminated effectively, and the recommendations should be implemented in a timely manner so that the changes required result, wherever possible, in children in Jersey being protected from suffering or being likely to suffer harm in the future.

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27 For full SCR procedures and forms, including referral criteria, see reference at 18.2.8
11.2.3 Any professional or agency may refer a case to the JCPC if they believe that there are important lessons for intra- and/or inter-agency working to be learned from the case.

11.3 SCR sub-committees and SCR Panels

11.3.1 The JCPC has an SCR sub-committee to oversee and quality assure all SCRs undertaken by the JCPC, and to provide advice to the JCPC Chair on whether the criteria for conducting a SCR have been met. The SCR sub-committee contains representatives from Children’s Services, Health, Family Nursing & Home Care, Education Sport & Culture, States of Jersey Police, Probation Service, Jersey Medical Society, and the Prison Service at a minimum.

11.3.2 Following a decision by the SCR sub-committee to undertake a SCR, the SCR sub-committee should commission a SCR Panel to manage the process. The Executive Chair of any SCR Panel will be the JCPC Chair and a Co-Chair may be appointed on Island. This should not be someone who has had any direct dealing with the subject case in a professional or managerial capacity.

11.4 Internal Management Reviews and the Overview Report

11.4.1 The initial scoping of the SCR should identify those who should contribute, although it may emerge, as further information becomes available, that the involvement of others, such as those providing specialist adult services, would be useful. Information of relevance to the review may become available at a later stage through, for example, criminal proceedings or investigations.

11.4.2 Each relevant service should undertake an Internal Management Review (IMR) of its involvement with the child and family. This can begin as soon as a decision is taken to proceed with a SCR, and even sooner if a case gives rise to concerns within the individual organisation.

11.4.3 The SCR Panel, on behalf of the JCPC, should commission an overview report that brings together and analyses the findings of the various IMRs from organisations and others, and that makes recommendations for future action. It is crucial that the SCR Panel and the overview report author have access to all relevant documentation and where necessary individual professionals to enable both to undertake effectively their respective SCR functions.

11.4.4 The overview report should be commissioned from a person who is independent of all the local agencies and professionals involved and of the JCPC. The overview report author should not be the JCPC Chair, members of the SCR sub-committee or the SCR Panel. The SCR overview report should bring together, and draw overall conclusions from, the information and analysis contained in the IMRs, information from the child death review processes, where relevant, and reports commissioned from any other relevant interests.

11.4.5 The aim of management reviews is to accurately describe and look openly and critically at individual and organisational practice of the agency/service to see whether the case indicates that changes could and should be made and, if so, to identify how those changes will be brought about. Those conducting internal management reviews of individual services should not have been directly concerned with the child or family, or have been the immediate line manager of the professionals involved. The findings from the management review reports should be accepted by the senior officer in the organisation who has commissioned the report and who will be responsible for ensuring that recommendations are acted on.

11.4.6 The outline format (see 18.2.8 JCPC Serious Case Review procedures, App 7) should guide the preparation of management review reports, help to ensure that the relevant questions are addressed, and provide information to the JCPC in a consistent format to help with preparing an Overview Report. Each case may give rise to specific questions or issues that need to be explored in the context of the particular agency’s remit and inter-agency duties, and each review should consider carefully the circumstances of individual
cases and how best to structure a review in the light of those particular circumstances. Where staff or others are interviewed by those preparing management reviews, a written record of such interviews should be made and this should be shared with the relevant interviewee.

11.4.7 The SCR overview report will be made public. It will include information about the review process, key issues arising from the case, the recommendations and the action plan (including any actions that have been completed). The content of the report needs to be suitably anonymised in order to protect the identity of children, relevant family members and others and to comply with the Data Protection Law 2005.
12 Safe recruitment and working with children and young people

For more information:
- Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings. March 2009
- Safeguarding Children in Education: Dealing with Allegations of Abuse Against Teachers and Other Staff. 2005.
- Jersey Youth Service Volunteers Recruitment & Selection Guidelines

12.1 Safe Recruitment - Vetting procedures

12.1.1 All agencies that work with children and young people have a responsibility to ensure that their recruitment and selection policies, procedures and practices minimise the risk of appointing people who are unsuitable to work with children and that their arrangements are adequately resourced and regularly reviewed.

12.1.2 Organisations should ensure that their Policies offer guidance on how to respond to conduct which is a breach of the law; conduct which compromises health and safety; conduct which falls below established standards of practice with children and young people.

12.1.3 Organisations should ensure that:
- advert, application form, job description and person specification for all positions refer to commitment to protect and safeguard children and young people;
- application form explicitly requests information about previous allegations both personal or professional;
- names of educational establishments attended are supplied and explanations of gaps in work history explained;
- process of short listing and design of interview questions consider attitude to children and their welfare;
- records of interview questions and answers are kept;
- CRB and other vetting is undertaken in line with current States regulations and guidance;
- follow-up of any concerns arising from CRB or other checks is undertaken;
- references are fully checked and verified before offer of appointment is made;
- all checks undertaken when appointing supply or agency staff are confirmed;
- contracts are provided which clearly indicate expected behaviour or code of conduct;
- induction, probationary appraisal, supervision and training is provided;
- risk assessments and safe management processes are followed if safe recruitment practice is departed from;
- recording systems are in place in line with guidance;
- schools, care homes and other providers keep records consistent with policy recommendations.

12.1.4 Organisations which commission services should use only those providers whose recruitment and selection policies, procedures and practices are consistent with JCPC procedures for safe recruitment. Organisations should ensure that recruitment and selection procedures contribute to the prevention of unsuitable people working with children by identifying an appropriate mechanism for confidential reporting of any behaviours towards children or young people which are abusive, inappropriate or unprofessional.
12.1.5 In addition to these points, it is important to confirm the following:

- **Identity:** It is important to be sure that the person is who he or she claims to be. In some cases the candidate will be known to the employer. If not, the employer should ask to see proof of identity such as a birth certificate or passport (photocopies are unacceptable). For roles requiring CRB checks, identity checks form a mandatory part of the application process.

- **Qualifications:** Employers should always verify that the candidate has actually obtained the academic or professional qualifications claimed in their application by asking to see the relevant certificate or diploma, or a letter of confirmation from the awarding institution. If original documents are not available employers must see a properly certified copy. This means that all application forms must ask candidates to declare where and when they obtained their qualifications.

- **Overseas Applicants:** People from some other countries may apply to their home police forces for a certificate of good conduct. The level of information contained in these certificates varies from country to country; some are complete extracts from the criminal record, others are partial.

12.1.6 The Independent Safeguarding Authority’s (ISA)

The Independent Safeguarding Authority was established in the UK under the Safeguarding Vulnerable Groups Act 2006 to introduce a further level of checking to help prevent unsuitable people from working with children and vulnerable adults. The ISA was to establish a central register for every wanting to work or volunteer with vulnerable people, who would be required to apply to the ISA for registration. Under the proposal, applicants were to be assessed using data gathered by the Criminal Records Bureau (CRB), including relevant criminal convictions, cautions, police intelligence and other appropriate sources; only applicants judged not to pose a risk to vulnerable people were to be ISA-registered. Under the scheme, employers who work with vulnerable people would only be allowed to recruit staff or volunteers who had ISA-registration.

Following the 2010 UK election, the Coalition Government announced a review of the proposed Vetting & Barring scheme, and that registration under the scheme was to be halted. It is currently unclear whether registration will be re-implemented, or the possible extent of a revised scheme.

12.2 Allegations of abuse made against a person who works with children and young people

12.2.1 The vast majority of adults who work with children and young people act professionally and aim to provide a safe and supportive environment which secures the well-being and very best outcomes for children and young people in their care. However, it is recognised that in this area of work tensions and misunderstandings can occur. It is here that the behaviour of adults can give rise to allegations of abuse being made against them. Allegations may be malicious or misplaced. They may arise from differing perceptions of the same event, but when they occur, they are inevitably distressing and difficult for all concerned. Equally, it must be recognised that some allegations will be genuine and there are adults who will deliberately seek out, create or exploit opportunities to abuse children. It is therefore essential that all possible steps are taken to safeguard children and young people and ensure that the adults working with them are safe to do so.

12.2.2 Some concerns have been raised about the potential vulnerability of adults in this area of work. It has been suggested that there is a need for clearer advice about what constitutes illegal behaviour and what might be considered as misconduct. The document ‘Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings’ (March 2009) has been produced in response to these concerns and provides practical guidance for anyone who works with, or on behalf of children and young people regardless of their role, responsibilities or status. It seeks to ensure that the duty to
promote and safeguard the wellbeing of children and young people is in part, achieved by raising awareness of illegal, unsafe and inappropriate behaviours.

12.2.3 These principles underpin the management of allegations against any person who works with children:

- If a child is involved, the welfare of the child is the paramount consideration;
- It is the responsibility of all adults to safeguard and promote the welfare of children and young people. This responsibility extends to a duty of care for those adults employed, commissioned or contracted to work with them;
- Adults who work with children are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions;
- Adults should work and be seen to work, in an open and transparent way. The same professional standards should always be applied regardless of culture, disability, gender, language, racial origin, religious belief and/or sexual identity;
- Professionals should be informed of allegations against them as soon as possible but with due regard to protecting evidence and disclosure of information. It is not up to the recipient of the allegation to determine its validity and failure to report could result in disciplinary action;
- A decision to suspend staff members will rest with the employing department based on the decision of the strategy discussion that children / young people are at risk, or the investigation would be impeded, or that the alleged behaviour is so serious that the member of staff faces the possibility of dismissal. Suspension in these circumstances should be seen as neutral action;
- A police investigation must take priority over an internal investigation. In the interests of the young person making the allegation, police statements should be requested to inform an internal enquiry to avoid further interviews. Permission for this should be sought at an early stage from the Chief Officer. Multiple interviews of children should be avoided.

12.2.4 Children and young people can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of children or young people by a professional, staff member, foster carer or volunteer must therefore be taken seriously and treated in accordance with consistent procedures. The JCPC has responsibility for ensuring that there are effective interagency procedures in place for dealing with allegations against people who work with children, and for monitoring and evaluating the effectiveness of those procedures.

12.2.5 All organisations that provide services for children, or provide staff or volunteers to work with or care for children, should operate a procedure for handling such allegations that is consistent with this guidance. JCPC member organisations should have a named senior officer who has overall responsibility for:

- ensuring that the organisation operates procedures for dealing with allegations in accordance with the guidance;
- resolving any inter-agency issues; and
- liaising with the JCPC on the subject.

12.2.6 The scope of inter-agency procedures in this area is not limited to allegations involving significant harm, or risk of significant harm, to a child or young person. The guidance should be followed in respect of any allegation that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against, or related to, a child; or
• behaved towards a child or children in a way that indicates s/he is unsuitable to work with children
• such cases include:
  – Breaching of States of Jersey IT Internet Use Policy ITPS102 regarding access to pornographic sites on States of Jersey equipment;
  – Indecency which is related to employment with any agency in Jersey. This includes a sexual relationship with any child or young person under the age of 18;
  – Harassment of a child or young person, whether the harassment is sexual, racial or of any other kind.

12.2.7 Any professional or member of the public who receives a complaint of physical, sexual or emotional abuse against a professional, staff member, foster carer or volunteer must report the matter immediately to their agency’s child protection co-ordinator, senior manager or directly to the Police or Children’s Service Team.

12.2.8 Any investigation may have three related but independent strands:
• Child protection enquiries, relating to the safety and welfare of any children who may have been involved;
• A Police investigation into a possible offence
• Disciplinary proceedings, where it appears that allegations may amount to misconduct or gross misconduct on the part of the member of staff.

12.2.9 Where at any point harm caused by a professional, staff member, foster carer or volunteer is confirmed or suspected, a strategy meeting must be convened by the Social Services Department. This will be immediately, if significant harm is indicated, or otherwise within three working days. The Child Protection Co-ordinator from the pertinent agency should be involved, alongside relevant school or youth service staff, as should a senior manager from Social Services. It will not normally be appropriate to invite parents to, or inform parents of, the strategy meeting prior to the meeting taking place until it is clear that this will not impact on subsequent investigations.

12.2.10 The purpose of the strategy meeting will be to:
• Share and consider the available information
• Consider the immediate protection needs and ongoing safety of the child / young person
• Consider the needs/safety of other children
• Review any previous allegations made against the member of staff
• Decide whether child protection enquiries should be initiated or continued if they have already commenced and agree a detailed plan, including timescales as appropriate, for these enquiries as part of the core assessment
• Decide who will inform the member of staff and whether disciplinary action will be recommended
• Consider what further work may be required, to what timescales and by whom, in order to enable decisions to be made
• Consider the nature and timing of any police enquiries
• Consider when, and by whom, the parents should be informed
• Consider whether a further strategy meeting is required and consider who else it may be useful to include
• Ensure that the Child Protection Co-ordinator for the relevant organisation is kept fully informed
- Ensure that the alleged perpetrator is kept fully informed and notified immediately if the allegation is unfounded
- Agree on management of any anticipated media interest.

12.2.11 If concerns arise about the person’s behaviour in regard to his/her own children, the police and/or Children’s Services need to consider informing the person’s employer in order to assess whether there may be implications for children with whom the person has contact at work.

12.2.12 The child(ren) or young person concerned should receive appropriate support. They and their parents or carers should be helped to understand the process, told the result of any enquiry or disciplinary process and, where necessary, helped to understand the outcomes reached. The provision of information and advice must take place in a manner that does not impede the proper exercise of enquiry, disciplinary and investigative processes.

12.2.13 Staff, foster carers, volunteers and other individuals about whom there are concerns should be treated fairly and honestly, and should be provided with support throughout the investigation process, as should others who are involved. They should be helped to understand the concerns expressed and the processes being operated, and be clearly informed of the outcome of any investigation and the implications for disciplinary or related processes. However, the police and other relevant agencies should always be consulted before informing a person who is the subject of allegations that may possibly require a criminal investigation.

12.2.14 There have been a number of widely reported cases of historical abuse, usually of an organised or multiple nature. Such cases have generally come to light after adults have reported abuse that they experienced as children, while living away from home in settings provided by the States of Jersey, the voluntary sector or independent providers. When such allegations are made, they should be responded to in the same way as contemporary concerns. In those cases it is also important to find out whether the person accused is still working with children and, if so, to inform the person’s current employer or voluntary organisation.

12.2.15 Those undertaking investigations should be alert to any sign or pattern that suggests that the abuse is more widespread or organised than it appears at first sight, or that it involves other perpetrators or institutions. It is important not to assume that initial signs are necessarily related directly to abuse, and to consider occasions where boundaries have been blurred, inappropriate behaviour has taken place, and matters such as fraud, deception or pornography have been involved.

12.2.16 If an allegation is substantiated, managers should think widely about the lessons of the case and how these can be acted upon. In some circumstances it may be appropriate to request that the JCPC commission a serious case review in accordance with Part 8 of Working Together to Safeguard Children, and the Serious Case Review procedures (see reference at 18.2.8).
12.3 Fig 10: Dealing with Allegations or Concerns about Professionals who work with children

**ALLEGATIONS/CONCERNS AGAINST PROFESSIONALS**

- **Inform Parents of allegation**
  - No police or Children’s Service enquiries
  - Police or Children’s Service enquiries
    - Discontinued
    - Conviction or acquittal at court
    - Police/ Children’s Service provide relevant information to employer **without delay**.
      - Employer consider appropriate internal action
  - Inform subject of allegation
    - Conviction or acquittal at court
    - Police/ Children’s Service provide relevant information to employer **without delay**.
      - Employer consider appropriate internal action

- **Inform Parents of progress and outcome where no criminal prosecution**
  - No formal disciplinary action needed
  - Within 3 working days
  - No further action
    - Professional advice
    - Consult supply agency or contractor if appropriate
  - No further investigation needed
  - Investigation needed; Report within 10 working days
    - Appoint internal or independent investigator

- **Inform Parents of outcome of disciplinary action**
  - Disciplinary hearing - decide within two working days: If yes, hold within 15 working days
    - No further action
    - Professional advice
    - Formal warning
    - Dismissal

- **Report investigation and outcome to relevant professional bodies and to ISA as soon as investigation complete. No resignation to be accepted during investigation.**
13 Training, supervision and professional competence

For more information: JCPC Training Strategy 2010 - 2013

13.1 Professional competence

13.1.1 All agencies and organisations who come into contact with children or young people, and/or who provide services to adults who are parents, should ensure their staff are familiar with these procedures. The agencies and the professionals themselves must ensure that they are competent to:

- Understand the risk factors and recognise children in need of support and/or safeguarding;
- Recognise the needs of parents who may need extra help in bringing up their children, and know where to refer for help;
- Recognise the risks of abuse to an unborn child;
- Understand the risks posed by and needs of children who harm others;
- Access immediately the contact details of the agency’s nominated child protection adviser from whom child protection advice can be sought;
- Actively promote a culture of listening to and engaging in dialogue with children and actively seeking their views in ways appropriate to their age and understanding;
- Respond sensitively to the needs of children and their families from a range of racial, cultural, religious or linguistic backgrounds;
- Understand the roles and responsibilities of other departments and agencies in protecting and safeguarding children and refer children and young people to them appropriately;
- Contribute to enquiries from other professionals about a child and their family;
- Liaise closely with professionals in other agencies and through the multi-agency networks as appropriate;
- Assess the needs of children and the capacity of parents to meet their children’s needs;
- Plan and respond appropriately to the needs of children and their families, particularly those who are vulnerable;
- Contribute to child protection conferences, strategy meetings / discussions, core groups and assessments as appropriate;
- Help ensure that children who are suffering or at risk of suffering harm through abuse or neglect, and parents under stress, have access to services to support them;
- Contribute actively, through the child protection plan, to safeguarding children from significant harm;
- As part of generally safeguarding children and young people, provide ongoing promotional and preventative support through proactive work with children, families and expectant parents;
- Contribute to serious case reviews and their implementation;
- Be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills.

13.2 Training

13.2.1 Individual agencies are responsible for ensuring that their staff are competent and confident in their responsibilities for safeguarding and promoting children’s welfare. Multi-agency training in child protection in Jersey is provided by the JCPC Training Officer.
13.3 Single agency training

13.3.1 Individual agencies are responsible for ensuring that their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting children's welfare. All front line staff must be clear about their responsibility to pass calls about the safety of children to the appropriate professional staff. This includes reception and switchboard operators and administrative staff. Appropriate to their role, staff should also have an awareness of / access to information about local resources / agencies as well as awareness of / access to information about central / local government policy and practice in relation to child welfare.

13.3.2 The UK Common Core of Skills and Knowledge for the Children’s Workforce sets out six areas of expertise that everyone working with children, young people and families, including those who work as volunteers, should be able to demonstrate. These are:

- Child development (physical and psychological);
- Safeguarding and promoting the welfare of children, including risk of harm and protection factors;
- Effective communication and engagement (listening to and involving children and working with parents and families);
- Supporting transitions (maximising children’s achievements and opportunities and understanding their rights and responsibilities);
- Multi-agency working (working across professional and agency boundaries);
- Sharing information.

13.3.3 Depending on their role, staff working with children may also need training to ensure that they are competent in the following areas:

- Assessing children’s developmental needs and their parents’ capacity to respond to their needs, in the context of their family and environmental factors including their school and community;
- An understanding of the impact of disability on the child and family;
- Understanding the specific needs of children in specific circumstances and responding to their needs, including through referral and joint working;
- Identifying the early signs of developmental disorders (such as autistic spectrum disorder and language disorder) and mental health problems (such as attention deficit hyperactivity disorder, depression, eating disorders, substance misuse and deliberate self-harm);
- Recognising inequalities and ethnic diversity and addressing them proactively;
- Promoting healthy lifestyles and directing families to local services;
- Issues of confidentiality, consent and information sharing;
- Complaints, advocacy and rights;
- Record keeping.

13.4 Agency’s responsibilities

13.4.1 All agencies have a responsibility to identify adequate resources and support for single and multi-agency training by:

- Allocating time and releasing staff to complete single and multi-agency training tasks effectively and as appropriate;
- Ensuring that members of staff receive initial Child Protection awareness training as part of their induction process within the first 6 weeks (or the normal induction for their own organisation);
• Ensuring that members of staff receive relevant single-agency training which enables them to maximise the learning derived from multi-agency training, and have opportunities to consolidate learning from multi-agency training;

• Contributing to the planning, resourcing, delivery and evaluation of training and training needs analysis.

13.4.2 Training programmes should be tailored to address the identified needs of staff at different levels in the agency and stages of professional development.

13.5 Specialist training

13.5.1 All relevant settings should have staff who are competent to contribute collaboratively to a child in need assessment of the child’s developmental needs, and the capacity of their parents to respond to the child’s needs within the wider family and community in which they live.

13.5.2 Specialist single and multi-agency training should be provided for designated child protection professionals in each agency, child protection specialists, key workers, volunteers and managers, to enable them to fulfil their responsibilities for protecting and safeguarding the welfare of children.

13.6 Multi-agency training

13.6.1 The purpose of multi-agency training is to help develop and foster the following in order to achieve better outcomes for children and young people:

• A shared understanding of the tasks, processes, principles, and roles and responsibilities outlined in national guidance and local arrangements for safeguarding children and promoting their welfare;

• More effective and integrated services at both the strategic and individual case level;

• Improved communication between professionals, including a common understanding of key terms, definitions, and thresholds for action;

• Effective working relationships, including an ability to work in multidisciplinary groups or teams; sound decision making based on information sharing; thorough assessment; critical analysis and professional judgement;

13.6.2 Employers also have a responsibility to identify adequate resources and support for multi-agency training by:

• Providing staff who have the relevant expertise to support the JCPC (for example, by sitting on the training or procedures & audit sub-group, and/or contributing to training as members of the training pool);

• Allocating the time required to complete multi-agency training tasks effectively;

• Showing commitment to releasing staff to attend the appropriate multi-agency training courses;

• Ensuring that members of staff receive relevant single-agency training which enables them to maximise the learning derived from multi-agency training, and have opportunities to consolidate learning from multi-agency training; and

• Contributing to the planning, resourcing, delivery and evaluation of training.
13.7 **Training course content**

13.7.1 **Content for all audiences**

All training in safeguarding and promoting the welfare of children should create an ethos which values working collaboratively with others, respects diversity (including culture, race and disability), promotes equality, is child centred and promotes the participation of children and families in safeguarding processes.

Inter and multi-agency work is an essential feature of all training in safeguarding and promoting the welfare of children.

13.7.2 **Target audiences**

It is important to ensure that the training involves and is available to all relevant partners. Training and development for inter- and multi-agency work should be targeted at the following professional groups from voluntary, statutory and independent agencies:

- people who are in a position to identify concerns about maltreatment, including those which may arise from contributing to an assessment, and who, as a minimum, need introductory training on how to work together to safeguard and promote the welfare of children;
- those who work regularly with children and young people, and with adults who are carers, and who may be asked to contribute to assessments of children in need. This group should have a fuller understanding of how to work together in order to identify and assess concerns, to plan, undertake and review interventions;
- those with a particular responsibility for safeguarding children, such as designated or named health and education professionals, police, social workers, and other professionals undertaking child protection enquiries or working with complex cases, including fabricated and induced illness. Those in this group need to have a thorough understanding of working together to safeguard and promote the welfare of children, including in complex and / or serious cases.

Training and development for inter and multi-agency working should also be targeted at the operational managers at all levels within agencies employing staff to work with children and families, or with responsibility for commissioning or delivering services;

Multi-Agency training is available at a number of levels to address the learning needs of different staff groups (see JCPC Training Strategy 2010- 2013), with the detailed content of training at each level of the framework specified within the JCPC annual Training Programme.

The content will reflect the principles, values and processes set out in this guidance on work with children and families. The relevance of the content of multi-agency training to different groups from the statutory, voluntary, and independent sectors will be ensured, with training programmes being regularly reviewed and updated in the light of research and practice experience.

13.8 **Supervision**

13.8.1 **Within all agencies that have operational responsibility for child protection services there should be an agency policy that defines levels of supervision for those staff who are accountable for child protection cases.**

13.8.2 **Personnel with supervisory responsibilities should have attended appropriate training in supervisory skills.**

13.8.3 **Such supervision should ensure that child protection cases are regularly discussed, and the outcome of the discussions are recorded and signed by both supervisor and supervisee. Copies should be held by both the manager and the member of staff.**
13.8.4 The supervisor will, therefore, regularly read the case files to review and record in the file whether the work undertaken is appropriate to the child’s current needs and circumstances, and is in accordance with the agency’s responsibilities.

13.8.5 On some occasions (e.g. enquiries about complex abuse or allegations against colleagues) agencies should consider the provision of additional individual or group staff support.

13.8.6 Supervision policy and practice must maximise staff safety and remain alert to the possibility that some staff may be anxious about personal safety and yet reluctant to acknowledge their concern. There are occasions when a risk assessment should be undertaken regarding employee safety; this must include their emotional well being as well as any physical risk. There is an increasing awareness of the impact on workers of dealing with some extreme personality disorder cases. This casework may require specialist supervision in addition to usual case management supervision.

13.8.7 Supervision should form part of day-to-day staff support, which should also include systems and procedures for:

- Managing workloads;
- Managing, sharing and reporting individual and aggregated client information;
- Easy access by staff for advice, expertise and management support (including recognition of need for additional support in particular cases or circumstances);
- Protecting staff from violence and harassment, from clients and staff;
- Maintaining quality standards e.g. regular audits of cases that involve children, including those in adult and mental health teams;
- Complaint or whistle-blowing by staff, contractors or clients;
- Effective staff appraisal and managing poor practice.
14 Raising Concerns and Managing Professional Differences

14.1 Introduction

14.1.1 The JCPC has a role in agreeing and monitoring the multi-agency child protection processes in Jersey. It does not get involved in individual cases on a decision-making basis, or in the complaints process for an individual agency. It may be asked to review the processes involved in multi-agency child protection services, but this process does not affect the current decision-making of an individual; rather, it is used to learn lessons about how to work more effectively on a multi-agency basis in the future. The JCPC, therefore, has a role in dealing with complaints which may be made by persons concerned about how multi-agency child protection procedures are working in Jersey.

14.1.2 The complaints procedure should ensure that those who wish to make a complaint or representation have their concerns resolved swiftly and, wherever possible, resolved by the people who provide the service locally. It should be a useful tool for indicating where services may need improving and a positive aid to inform and influence service improvements. It should not be considered as a negative process, with the aim of apportioning blame.

14.1.3 A complaint may be generally defined as an expression of dissatisfaction or disquiet in relation to an individual child or young person where there is multi-agency child protection involvement, which requires a response. Representations may not always be complaints; they might also be positive remarks or ideas that require a response from one or more of the services in the child protection system. Enquiries or comments about the availability, delivery or nature of a service which are not criticisms are likely to constitute representations, for example, people should be able to put forward ideas or proposals about the service they receive, or the way they are dealt with, without having this framed as a complaint.

14.1.4 The complaints procedure does not apply when:

- the complaint is in regard to a single agency issue, or to a specific person in relation to a specific case;
- the complaint is about the decisions made by a court or other legal body;
- the complaint is about disciplinary proceedings or other HR processes;
- the same complaint has already been dealt with at all stages of the procedure.

14.2 Principles

14.2.1 The complaints procedure is based on the following principles:

- that the people who use any of the child protection services in Jersey are treated with dignity and respect, are not afraid to make a complaint and have their concerns taken seriously;
- that, as far as is possible, there is even-handedness in the handling of complaints;
- that any concerns about the protection of children are referred immediately to the relevant social services team or to the police;
- that as many complaints as possible are resolved swiftly and satisfactorily at the local level;
- that fair process and adequate support are available for everyone involved in the complaint;
- that the complainant receives a full response without delay;
- that all services within the child protection system monitor their performance in handling complaints, deliver what they have promised, learn from complaints and use this learning to improve services for everyone who uses them.
14.3 Raising concerns

14.3.1 If any person is unhappy with any aspect of the multi-agency child protection services, they should first raise the concerns/complaint at the time with a member of staff from the relevant service who will be able to listen to the concerns and try to address them. If the person is unhappy about the result of this discussion, they should ask to speak to a senior member of staff within the department/service concerned. This is an opportunity to address concerns in a timely and prompt manner. Complaints or concerns are more likely to be resolved if they are dealt with at the time of their occurrence, and by those members of staff who are party to those complaints or concerns.

14.3.2 If a person still feels that their concerns are unresolved after speaking with senior staff, and wish to make a more formal complaint, they should be provided with a copy of Raising Concerns - A guide for making a complaint, raising concerns, contributing comments or complimenting the JCPC and offered an informal discussion with the JCPC Professional Officer about the procedure for this to occur.

14.3.3 In all cases, the first formal stage of the procedure is to make a complaint either to the member of staff directly concerned or to the JCPC Professional Officer, either verbally or in writing. They will attempt to resolve and answer the complaint.

14.3.4 If the complaint is addressed directly to the member of staff concerned they must also refer a copy of the complaint to the JCPC Professional Officer. This first stage is called Local Resolution. In most cases the matter will be resolved at this stage.

14.3.5 Any complaints sent directly to a service or department in the child protection system that the service believes would be more appropriately dealt with by the JCPC should be copied immediately to the JCPC Professional Officer so that administrative processes can be completed promptly and full records are maintained. In order to ensure prompt initial response the service or department will send written acknowledgement of receipt to the person prior to forwarding the letter of complaint and the acknowledgement to the JCPC Professional Officer.

14.3.6 The JCPC Professional Officer is responsible for ensuring that complaints are date stamped on receipt. Any associated correspondence subsequently received will be similarly date stamped. The JCPC Professional Officer will send out a letter of acknowledgement within 2 working days. The person will also be given the opportunity to meet with staff or the JCPC Professional Officer at this stage if they wish to discuss the nature of the complaint face to face.

14.3.7 The JCPC Independent Chair will be responsible for resolution and will be notified of the complaint by the JCPC Professional Officer promptly, preferably on the day of receipt. On receiving notification of the complaint, the JCPC Independent Chair is responsible for promptly instituting appropriate procedures.

14.3.8 Experience has shown that a telephone call to acknowledge a complaint is much appreciated by the person as it demonstrates how seriously complaints are taken. In a number of instances it may be possible to completely resolve a complaint on the telephone. Resolution by telephone must always be followed up by confirmation in writing.

14.4 Investigation

14.4.1 The JCPC Independent Chair is responsible for ensuring that the investigation of the problem raised by the person is carried out appropriately, usually by delegating the investigation to the Professional Officer, JCPC. In exceptional circumstances, where very serious or wide-ranging allegations have been made, careful consideration should be given to how best to ensure a transparent, informed and impartial investigation. In such instances, it may prove appropriate to request the involvement in the investigation of one or more officers from another department or service area.
14.4.2 The JCPC Independent Chair remains responsible for ensuring that the investigation is undertaken professionally and promptly, and that a satisfactory response is made to the person’s complaint. The JCPC Professional Officer may wish to contact the person raising the problem by telephone or meet with them at an early opportunity. All verbal contact must be subsequently recorded in writing to the person.

14.4.3 Staff of any department or service against whom a complaint is made will be made aware of the details of the complaint by the most appropriate senior manager, dependent on the nature of the complaint. Staff will be supported if appropriate and given the opportunity to respond.

14.4.4 Complaints should be investigated within a constructive learning culture and be seen as an opportunity to gain knowledge from mistakes and, where appropriate, identify additional staff training and development needs.

14.4.5 All correspondence received or sent, and written notes of contact with the person will be clearly date marked and signed. The JCPC Independent Chair should retain a copy of the Summary of Complaint Letter along with the original complaint letter and supporting documentation. All correspondence relating to complaints should be filed and retained separately in the JCPC Office. It should on no account be filed in medical, social work or other case records relating to the person.

14.5 Response

14.5.1 Many complaints are exacerbated by poor communication and a failure to manage the person’s expectations. One person only should communicate with the person to avoid confusion and conflicting information; in most cases this will be the role of the JCPC Professional Officer. On occasion, it maybe more appropriate, dependent on the person and the nature of the complaint for someone closer to the case to act as the key contact point. This should be agreed with the JCPC Professional Officer. Being realistic about target dates is a simple way to reduce the person’s annoyance.

14.5.2 Wherever possible, the aim should be to complete the investigation and provide a formal response within 25 working days. If the investigation is not completed within this timescale, the person must be kept informed of progress by the JCPC Professional Officer. The person will be informed as to the reason for delay and the expected completion date. This will occur at least every 20 working days until the complaint is concluded.

14.5.3 When the investigation is complete, the JCPC Professional Officer should draft a response to the person and send it to the JCPC Independent Chair. This response should provide the following:

- the outcome of the investigation;
- the reasons for any failure in service provided;
- steps to be taken to prevent a recurrence;
- be sympathetic in tone and avoid technical terms;
- (where appropriate), an apology and/or reassurance should be provided;
- care should be taken to protect the right to privacy of any staff who are the subject of a complaint, and to protect the privacy of any other individuals who may be involved.

14.5.4 Prior to sending the final letter of response it is helpful to telephone or meet with the person to advise them that the investigation has been completed, the outcome of the investigation and any outcomes or actions that will follow. This will help in ascertaining if the person is likely to accept the outcome of the investigation.

14.5.5 Staff concerned in the investigation of the complaint, including those who were the subject of the complaint, will be informed by their manager of the outcome of the investigation, the response made to the person and of any action required in relation to the service or the individual staff member involved. One of the key benefits of complaints is the positive
learning and improvement that can take place as a result of hearing from users experiences of our service. It is therefore very important that staff are made aware of the nature of complaints and the actions taken to improve the service for other users.

14.5.6 If a person remains dissatisfied with the outcome of the investigation, the JCPC Independent Chair should ensure that every step has been taken to try to resolve the matter satisfactorily.

14.6 Complaints about professional misconduct

14.6.1 If a Person believes that a professional in one of the child protection services has been guilty of professional misconduct, they may be able to write to their professional or regulatory body to make a complaint. If the professional is found guilty of professional misconduct, they can be prevented from practising in the future. The person may make a complaint to a professional body even if they have also made a complaint under the JCPC complaints procedure. (However, if an investigation has already started under the complaints procedure, the professional body may decide to wait for the outcome of this before deciding what action it should take.)

14.7 Managing professional differences

14.7.1 Dissent at referral and enquiry stage

Professionals providing services to children and their families should work co-operatively across all agencies, using their skills and experience to make a robust contribution to safeguarding children and promoting their welfare within the framework of discussions, meetings, conferences and case management.

All agencies are responsible for ensuring staff are competent and supported to escalate appropriately intra-agency and inter-agency concerns and disagreements about a child’s wellbeing.

Concern or disagreement may arise over another professional's decisions, actions or lack of actions in relation to a referral, an assessment or an enquiry.

Professionals should attempt to resolve differences through discussion and/or meeting within a working week or a timescale that protects the child from harm (whichever is less).

If the professionals are unable to resolve differences within the timescale, their disagreement must be addressed by more experienced / more senior staff.

Most day-to-day inter-agency differences of opinion will require the Children’s Services A&CP Team manager to liaise with their (first line manager) equivalent in the relevant agencies, e.g:

- A police detective sergeant;
- A named or designated health professional;
- A designated teacher.

These first line managers should seek advice from their agency’s nominated / designated child protection adviser.

If agreement cannot be reached following discussions between the above first-line managers within a further working week, or a timescale that protects the child from harm (whichever is less), the issue must be referred without delay through the line management to the equivalent of service manager / detective inspector / head teacher or other designated senior professional.

Alternatively (e.g. in health services), input may be sought directly from the designated doctor or nurse in preference to the use of line management. The professionals involved in this conflict resolution process must contemporaneously record each intra- and inter-
agency discussion they have, approve and date the record and place a copy on the child’s file together with any other written communications and information.

14.7.2 Dissent regarding the implementation of a protection plan

Concern or disagreement may arise over another professional’s decisions, actions or lack of actions in the implementation of the child protection plan, including the timing, decision-making or quorate status of core group meetings, progress of the plan or professional practice.

Professionals should attempt to resolve differences in line with the actions outlined above.

14.7.3 Where professional differences remain

If professional differences remain unresolved, the matter must be referred to the heads of service for each agency involved. In the unlikely event that the issue is not resolved by the steps described above and/or the discussions raise significant policy issues, the matter should be referred urgently to the JCPC for advice.

Professionals in all agencies have a responsibility to act without delay to safeguard the child (e.g. by calling for a case to be allocated or for a strategy meeting / discussion, for a core group meeting or for a child protection conference or review conference).

All agencies should have in place a conflict resolution protocol which sets out how conflict resolution will be managed, through their line management and the A&CP Team or other service with responsibility for the child.

14.7.4 Whistle-blowing systems

It is essential to the safety of children that all agencies have in place effective systems and a professional culture, which promote the sharing of concerns by staff with their seniors. Child protection concerns about colleagues or managers are difficult for staff to raise because of the potential repercussions.

Senior managers should ensure the provision of an independent, well-publicised, whistle-blowing procedure that provides alternative methods of reporting concerns and covers all commissioned, as well as internally provided, services. Externally commissioned services must have their own internal whistle-blowing procedures.

A leaflet should be available to publicise the whistle-blowing procedure.
15 JCPC Monitoring & Evaluation processes

15.1 Monitoring and evaluation

15.1.1 In order to ensure the effectiveness of local agencies’ actions to safeguard and promote the welfare of children, the JCPC should initiate and oversee a peer review process based on self-evaluation, performance indicators and joint audit. The aim is to:

- Promote high standards of safeguarding work;
- Foster a culture of continuous improvement;
- Identify and act on weaknesses in services;

To avoid unnecessary duplication of work, the JCPC should ensure that its monitoring role complements and contributes to the work of individual agencies.

15.1.2 The JCPC will also expect to be externally monitored and evaluated as to the effectiveness of the JCPC itself. The Minister for H&SS is responsible for taking action if intervention to improve the JCPC’s effectiveness and efficiency is necessary.

15.1.3 All JCPC member agencies should take actions to ensure that the key single and multi-agency duty of the JCPC to safeguard and promote the welfare of children is met.

15.1.4 Effective workload management and information systems should be implemented to:

- Clearly track responses to referrals;
- Collect quantitative data on the work of the teams;
- Plan and resource services to meet local needs.

15.1.5 Management systems should be implemented to ensure:

- Clear definitions of work that is ‘allocated’ to include a named worker regularly working with a child in a planned and purposeful way, endorsed by the line manager;
- Services and support provided is commensurate with need, including allocation of staff;
- Systems are in place to cover staff sickness, leave and training;
- Cases are only closed following adequate assessment and review and that the views and wishes of the child and parents have been taken into account;
- Child protection enquiries and child protection cases are allocated to qualified social workers with the skills for the task;
- Systems are designed to ensure that all relevant professionals are invited to participate in planning and review meetings, including hospital based staff;
- All professionals working with children receive regular supervision from managers with experience and expertise in child care work;
- Managers scrutinise the work of staff, including reviewing case files and recording decisions.

Routine monitoring and audit systems should be implemented to ensure that these procedures are being followed. Senior staff should be involved in audits of professional practice and supervision. Senior managers should regularly review the impact on service delivery of staff vacancies and the employment of temporary staff.
16 Appendices

16.1 Appendix 1 – Legislative Framework

Legislative framework and Definitions

16.1.1 The Children (Jersey) Law 2002 provides the legislative framework for protecting children in Jersey. It is built on the foundations of Children Act 1989 (England and Wales). Below are some of the key laws which provide the legal basis for acting in relation to the protection of children.

Key definitions and concepts

16.1.2 Definition “A Child”

Part 1 (1) of the Law defines a “child” as a person who has not yet attained the age of majority.

16.1.3 Concept of “Welfare of the child”

The welfare of the child is defined in section 2 of the Law:

2. Welfare of the child

(1) When the court determines any question with respect to –

(a) the upbringing of a child; or
(b) the administration of a child’s property or the application of any income arising from it,

the child’s welfare shall be the court’s paramount consideration.

• Article 2(3):

The court shall have regard … in particular to:

(a) the ascertainable wishes and feelings of the child concerned (considered in the light of his age and understanding);
(b) his physical, emotional and educational needs;
(c) the likely effect on him of any change in his circumstances;
(d) his age, sex, background and any characteristics of his which the court considers relevant;
(e) any harm which he has suffered or is at risk of suffering;
(f) how capable each of his parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting his needs; and
(g) the range of powers available to the court under this Law in the proceedings in question.

16.1.4 Concept of “Harm to a child”

Section 35 describes the concept of harm and defines the legal age for it:

35 Causing harm to or neglecting children under 16

(1) If any person who has responsibility for a child under the age of 16 intentionally or recklessly –

(c) causes any harm to that child;
(d) exposes the child to a risk of harm; or
(e) neglects the child in a manner likely to cause the child harm,

the person shall be guilty of an offence and liable to imprisonment for a term of 10 years
16.1.5 **Concept of “Significant Harm”**

The *Children (Jersey) Law 2002* Part 4 enshrines the concept of significant harm:

- **Article 24 (2):** The court may only make a care order or supervision order if it is satisfied –
  
  (c) that the child concerned is suffering, or is likely to suffer, significant harm; and
  
  (d) that the harm, or likelihood of harm, is attributable to –
  
  i. the care given to the child, or likely to be given to the child if the order were not made, not being what it would be reasonable to expect a parent to give the child, or
  
  ii. the child’s being beyond parental control.

- **Article 24(6):**
  
  o ‘harm’ means ill-treatment or the impairment of health or development;
  
  o ‘development’ means physical, intellectual, emotional, social or behavioural development;
  
  o ‘health’ means physical or mental health; and
  
  o ‘ill treatment’ includes sexual abuse and forms of ill-treatment which are not physical.

- **Article 24(7):**
  
  o Where the question of whether harm suffered by a child is significant turns on the child’s health or development, his or her health or development shall be compared with that which could be expected of a similar child.

16.1.6 **Duty of the Minister for Health & Social Services to Investigate**

The *Children (Jersey) Law 2002* Part 5 gives powers to the Minister (and his or delegated officers) to investigate if they suspect a child is suffering or likely to suffer significant harm:

- **Article 42:**
  
  (1) Where the Minister –
  
  (a) is informed that a child is the subject of an emergency protection order or is in police protection; or
  
  (b) has reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm,
  
  the Minister shall make, or cause to be made, such enquiries as the Minister considers necessary to enable the Minister to decide whether he or she should take any action to safeguard or promote the child’s welfare.

  (2) Where the Minister has obtained an emergency protection order with respect to a child, the Minister shall make, or cause to be made, such enquiries as he or she considers necessary to enable the Minister to decide whether he or she should take any action to safeguard or promote the child’s welfare.

  (3) The enquiries shall, in particular, be directed towards establishing –
  
  (a) whether the Minister should make any application to the court, or exercise any of the Minister’s other powers under this Law, with respect to the child;
  
  (b) whether, in the case of a child –
i. with respect to whom an emergency protection order has been made, and

ii. who is not in accommodation provided by or on behalf of the Minister, it would be in the child’s best interests (while an emergency protection order remains in force) for the child to be in such accommodation; and

(c) whether, in the case of a child who has been taken into police protection, it would be in the child’s best interests for an application to be made under Article 41(5)(a).

- **Article 42(8):**
  Where the Minister is conducting enquiries under this Article, it shall be the duty of any administration of the States to assist him or her with their enquiries (in particular by providing relevant information and advice) if called upon by the H&SS Minister to do so unless it would be unreasonable to do so in all the circumstances of the case.

### Legal issues

#### 16.1.7 Legal Orders

There are a number of legal orders available to the Courts to secure the safety and protection of a child:

- **Article 36 Child assessment orders**
  (1) The court may, on the application of the Minister, make a child assessment order authorizing any person carrying out the assessment or any part of the assessment to do so in accordance with the order, provided that it is satisfied that—

  (a) the Minister has reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm;

  (b) an assessment of the state of the child’s health or development, or of the way in which the child has been treated, is required to enable the Minister to determine whether or not the child is suffering, or is likely to suffer, significant harm; and

  (c) it is unlikely that such an assessment will be made, or be satisfactory, in the absence of an order under this Article.

- **Article 37 Emergency protection orders**
  (1) The Bailiff may, on the application of any person, make an emergency protection order with respect to a child if the Bailiff is satisfied that—

  (a) there is reasonable cause to believe that the child is likely to suffer significant harm if—

    i. the child is not removed to accommodation provided by or on behalf of the Minister, or

    ii. the child does not remain in the place in which he or she is then being accommodated; or

  (b) in the case of an application made by the Minister—

    i. enquiries are being made with respect to the child under Article 42(1)(b), and

    ii. those enquiries are being frustrated by access to the child

  (c) being unreasonably refused to an officer of an administration of the States for which the Minister is assigned responsibility, or other person authorized to act on behalf of, the Minister and the Minister has reasonable cause to believe that access to the child is required as a matter of urgency.
(3) Where an emergency protection order is in force –

(a) any person who can comply with any request to produce the child to the applicant must do so; and

(b) the applicant may, in order to safeguard the welfare of the child –

i. at any time remove the child to and keep the child at accommodation provided by the applicant or on the applicant’s behalf, or

ii. prevent the child being removed from any hospital or other place in which he or she was being accommodated immediately before the making of the order; and

(c) the applicant shall –

i. have parental responsibility for the child but shall only take such action in meeting such responsibility as is reasonably required to safeguard or promote the child’s welfare having regard to the duration of the order, and

ii. comply with the requirements of any Regulations made by the States for the purposes of this Article.

- **Article 41 Taking of children into police protection**

(1) Where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, the officer may take the child into police protection for up to 72 hours by –

(a) removing the child to and keeping the child in suitable accommodation; or

(b) taking such steps as are reasonable to prevent the child’s removal from any hospital, or other place, in which the child is then being accommodated, and the officer may enter and search any premises in order to do so.
## 16.2 Appendix 2 – Children’s Services Forms

### 16.2.1 CHILDREN’S SERVICE MULTI-AGENCY Referral Form

#### CHILD’S / YOUNG PERSON’S INFORMATION

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forename(s)</th>
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<td>AKA</td>
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<thead>
<tr>
<th>DOB</th>
<th>Male / Female</th>
<th>Pre-school:</th>
<th>School:</th>
<th>Year Group:</th>
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<tr>
<th>Ethnicity:</th>
<th>Religion:</th>
<th>Disability:</th>
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<thead>
<tr>
<th>Child’s First Language:</th>
<th>Parent’s first Language:</th>
<th>Communication needs:</th>
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<table>
<thead>
<tr>
<th>Child’s Current Address</th>
<th>Family Address</th>
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<table>
<thead>
<tr>
<th>Tel Nos:</th>
<th>Child’s / YP’s:</th>
<th>Parents:</th>
<th>Carers:</th>
</tr>
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<tbody>
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<table>
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<tr>
<th>Family Composition / Significant Others:</th>
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<tbody>
<tr>
<td>Surname</td>
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<thead>
<tr>
<th>Child or Family previously referred to other agencies?</th>
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<tbody>
<tr>
<td>If Yes, please give brief details and outcome (please elaborate in body of referral if required):</td>
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<table>
<thead>
<tr>
<th>YES / NO</th>
</tr>
</thead>
</table>

#### KEY AGENCIES (If you know of other agencies working with family)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Contact Name</th>
<th>Telephone</th>
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<tbody>
<tr>
<td>Adult Services</td>
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<tr>
<td>A &amp; D</td>
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<tr>
<td>CAMHS</td>
<td></td>
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<tr>
<td>Children’s Serv</td>
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<tr>
<td>Ed Psychology</td>
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<tr>
<td>EWO</td>
<td></td>
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<tr>
<td>GP</td>
<td></td>
<td></td>
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<tr>
<td>Health Visitor</td>
<td></td>
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<tr>
<td>Hospital</td>
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<tr>
<td>Housing</td>
<td></td>
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<tr>
<td>Midwife</td>
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<tr>
<td>Nursery</td>
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<tr>
<td>Paediatrician</td>
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<tr>
<td>Parenting Prog</td>
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<tr>
<td>Police</td>
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<tr>
<td>Probation</td>
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<tr>
<td>School</td>
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<tr>
<td>School Nurse</td>
<td></td>
<td></td>
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<tr>
<td>Therapists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>
### Reason for Referral

(Please be specific about the reason for the referral, you may find it helpful to use the Multi Agency Threshold Criteria as a guide. If appropriate you may include supporting documentation e.g. Incident Log).

The Referral should include information which you believe to be relevant in terms of the needs of the child and his/her family, including

- a) Strengths and weaknesses - where appropriate
- b) What work has been done to address these issues and what you/others are continuing to do and the anticipated outcome(s)
- c) Incident of harm or likely harm (if relevant).

<table>
<thead>
<tr>
<th>Is this referral a Child Protection Concern?</th>
<th>Yes / No*</th>
</tr>
</thead>
</table>

*if no, you have a duty to seek consent for this referral from parents / carers and where appropriate, from the child / young person

<table>
<thead>
<tr>
<th>Views of Parent/Carer</th>
<th>Views of Child/young person</th>
</tr>
</thead>
<tbody>
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</table>

If you have sought consent and this has been refused, but you still want to continue with the referral, please explain reasons for this below. Please note that Child Protection Referrals must always be made irrespective of whether parental consent has been given.

Signed:  
Designation:

<table>
<thead>
<tr>
<th>REFERRER'S DETAILS:</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>Date</td>
</tr>
<tr>
<td>Agency</td>
<td>Address</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Tel No</td>
<td>Post Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Services Admin:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time / Date Received</td>
<td>Systems Check : Previously known? Y/N</td>
</tr>
<tr>
<td>Method of referral</td>
<td>Reason for Referral</td>
</tr>
<tr>
<td>Duty Officer:</td>
<td></td>
</tr>
</tbody>
</table>

CIN 2 Administration Sheet attached with name of child inserted
### 16.2.2 Multi-Agency referral record form

**NAME OF CHILD / YOUNG PERSON ……………………………**

<table>
<thead>
<tr>
<th>√</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Referrer notified of outcome</td>
</tr>
<tr>
<td></td>
<td>Referral returned with request for additional information / appropriate consent</td>
</tr>
</tbody>
</table>

**Allocation Details:**

<table>
<thead>
<tr>
<th>Allocated to:</th>
<th>Date of allocation:</th>
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</table>

<table>
<thead>
<tr>
<th>File to be made up?</th>
<th>Response to Referrer letter to be sent?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES / NO</td>
<td>YES / NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case to be Closed?</th>
<th>Date of Closure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES / NO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IA Pack?</th>
<th>YES/NO</th>
<th>E-file set up in child's / young person’s name?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES/NO</td>
<td></td>
<td>YES/NO</td>
</tr>
</tbody>
</table>

**Referral to:**

- Assessment and Child Protection Team
- Child Care Team
- Fostering and Adoption Team
- Social Work Children / Young People with Disability
- Social Work Deaf and Hard of Hearing Children / Young People
- Youth Action Team
- Adult Social Work Team
- Special Needs Services
- Other (please specify)

**Referral to other agency(s)**

- Name(s)

**Social work contribution to Multi-Disciplinary Assessment:**

- Educational Record of Needs
- Child Development Team – Complex Needs Clinic
- Team for the Assessment of Social Communication Conditions (TASCC) (Autistic Spectrum Disorder)

**Referral for additional, co-worker or specialist assessment(s)**

- Audiology / Ear Nose and Throat
- CAMHS / Child Psychology
- Child Development Team
- Ophthalmology
- Occupational Therapy for Environmental or Assistive Equipment in the home
- Speech and Language Therapy
16.2.3 Response to Referrer (Post-Assessment)

Health and Social Services
Children's Service
Maison Le Pape, The Parade
St Helier, Jersey, JE2 3PU
Tel: +44 (0)1534 443500
Fax: +44 (0)1534 443598

Dear

Re

We acknowledge receipt of your recent referral to the Children’s Service.

We are now able to inform you that the Duty Team:

☐ Undertook Duty enquiries
☐ Gave appropriate advice and/or support
☐ Were unable to contact/trace this family
☐ Will not be taking any action at this time
☐ Other –

The outcome of our enquiries was

☐ Case undergoing further assessment for consideration of providing additional services
☐ Referred to another agency to provide an appropriate service
☐ Service provided as requested
☐ No further action
☐ Other -

Thank you for referring this matter to us.
Yours sincerely

Duty Officer
Assessment and Child Protection Team
### 16.3 Appendix 3 - Threshold Criteria: Benchmarks and Indicators

#### 16.3.1 Universal services – No additional needs, only requiring general service support

<table>
<thead>
<tr>
<th>BENCHMARK</th>
<th>ASSESSMENT</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>These are children and families where there are no concerns. Typically these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.</td>
<td>No common assessment required. Children should access universal services in a normal way.</td>
<td><strong>CHILD’S DEVELOPMENT</strong></td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td><strong>AGES 0-4</strong></td>
<td><strong>AGES 5-13</strong></td>
</tr>
<tr>
<td></td>
<td>- Appropriate height and weight</td>
<td>- Appropriate height and weight</td>
</tr>
<tr>
<td></td>
<td>- Physically healthy</td>
<td>- Physically healthy</td>
</tr>
<tr>
<td></td>
<td>- Developmental checks up to date</td>
<td>- Developmental checks up to date</td>
</tr>
<tr>
<td></td>
<td>- Adequate and nutritious diet</td>
<td>- Adequate and nutritious diet</td>
</tr>
<tr>
<td></td>
<td>- Regular dental and optical care</td>
<td>- Regular dental and optical care</td>
</tr>
<tr>
<td></td>
<td>- Warm attachment with carers</td>
<td>- Good state of mental health</td>
</tr>
<tr>
<td></td>
<td>- No misuse of substances</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education/Learning</strong></td>
<td><strong>AGES 0-4</strong></td>
<td><strong>AGES 5-13</strong></td>
</tr>
<tr>
<td></td>
<td>- Experiences of success/achievement</td>
<td>- Acquired a range of skills/interests</td>
</tr>
<tr>
<td></td>
<td>- No concerns around cognitive development</td>
<td>- Experiences of success/achievement</td>
</tr>
<tr>
<td></td>
<td>- Access to books, toys as appropriate</td>
<td>- Access to books, toys, as appropriate</td>
</tr>
<tr>
<td></td>
<td>- Enjoys and participates in educational group activities within pre school settings</td>
<td>- Enjoys and participates in educational activities and school life</td>
</tr>
<tr>
<td></td>
<td>- Parents engaged</td>
<td>- Sound home/school link</td>
</tr>
<tr>
<td></td>
<td>- Able to communicate ‘wants’ and ‘needs’</td>
<td>- Articulates aspirations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Attends school regularly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- No concerns around cognitive development</td>
</tr>
<tr>
<td><strong>Emotional &amp; Behavioural Development</strong></td>
<td><strong>AGES 0-4</strong></td>
<td><strong>AGES 5-13</strong></td>
</tr>
<tr>
<td></td>
<td>- Demonstrates age appropriate responses in feelings and actions</td>
<td>- Demonstrates age appropriate responses in feelings and actions</td>
</tr>
<tr>
<td></td>
<td>- Good quality early attachments</td>
<td>- Good quality early attachments</td>
</tr>
<tr>
<td></td>
<td>- Able to adapt to change</td>
<td>- Able to adapt to change</td>
</tr>
<tr>
<td></td>
<td>- Able to demonstrate awareness of others</td>
<td>- Able to demonstrate empathy</td>
</tr>
<tr>
<td><strong>Identity</strong></td>
<td><strong>AGES 0-4</strong></td>
<td><strong>AGES 5-13</strong></td>
</tr>
<tr>
<td></td>
<td>- Positive sense of self and abilities</td>
<td>- Positive sense of self and abilities</td>
</tr>
<tr>
<td></td>
<td>- Demonstrates feelings of belongingness and acceptance</td>
<td>- Demonstrates feelings of belongingness and acceptance</td>
</tr>
<tr>
<td><strong>Family &amp; Social</strong></td>
<td><strong>AGES 0-4</strong></td>
<td><strong>AGES 5-13</strong></td>
</tr>
<tr>
<td></td>
<td>- Stable and affectionate relationships</td>
<td>- Stable and affectionate</td>
</tr>
</tbody>
</table>

**Key universal services that may provide support at this level:**
- Education
- Children’s Centres & Early Years Health visiting service
- School nursing
- GP
- Play Services
- Youth Service
- Police
- Housing
- Voluntary & Community Sector

**CHILD’S DEVELOPMENT**

**AGES 0-4**
- Appropriate height and weight
- Physically healthy
- Developmental checks up to date
- Adequate and nutritious diet
- Regular dental and optical care
- Warm attachment with carers

**AGES 5-13**
- Appropriate height and weight
- Physically healthy
- Developmental checks up to date
- Adequate and nutritious diet
- Regular dental and optical care
- Good state of mental health
- No misuse of substances

**AGES 14-18**
- Appropriate height and weight
- Physically healthy
- Medical checks up to date
- Adequate and nutritious diet
- Regular dental and optical care
- Good state of mental health
- Sexual activity appropriate for age
- No misuse of substances

**EDUCATION/Learning**

**AGES 0-4**
- Experiences of success/achievement
- No concerns around cognitive development
- Access to books, toys as appropriate
- Enjoys and participates in educational group activities within pre school settings
- Parents engaged
- Able to communicate ‘wants’ and ‘needs’

**AGES 5-13**
- Acquired a range of skills/interests
- Experiences of success/achievement
- Access to books, toys, as appropriate
- Enjoys and participates in educational activities and school life
- Sound home/school link
- Articulates aspirations
- Attends school regularly
- No concerns around cognitive development

**Emotional & Behavioural Development**

**AGES 0-4**
- Demonstrates age appropriate responses in feelings and actions
- Good quality early attachments
- Able to adapt to change
- Able to demonstrate awareness of others

**AGES 5-13**
- Demonstrates age appropriate responses in feelings and actions
- Good quality early attachments
- Able to adapt to change
- Able to demonstrate empathy

**Identity**

**AGES 0-4**
- Positive sense of self and abilities
- Demonstrates feelings of belongingness and acceptance

**AGES 5-13**
- Positive sense of self and abilities
- Demonstrates feelings of belongingness and acceptance

**Family & Social**

**AGES 0-4**
- Stable and affectionate relationships

**AGES 5-13**
- Stable and affectionate

**AGES 14-18**
- Stable and affectionate relationships
<table>
<thead>
<tr>
<th>BENCHMARK</th>
<th>ASSESSMENT</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships</td>
<td>with caregivers • Good core relationships with siblings • Positive relationships with peers</td>
<td>relationships with caregivers • Good core relationships with siblings • Positive relationships with peers</td>
</tr>
<tr>
<td>Social Presentation</td>
<td>• Appropriate dress for different settings • Good level of personal hygiene • Enjoys positive attention—appears relaxed with a happy disposition.</td>
<td>• Appropriate dress for different settings - allowing for age and fashion • Good level of personal hygiene • Able to discriminate between ‘safe’ and ‘unsafe’ contacts • Appears reasonably at ease in social situations</td>
</tr>
<tr>
<td>Self Care Skills</td>
<td>• Growing level of competencies in practical skills, such as feeding, dressing.</td>
<td>• Growing level of competencies in practical skills.</td>
</tr>
</tbody>
</table>
### 16.3.2 Targeted Support Services – low to vulnerable risk

<table>
<thead>
<tr>
<th>BENCHMARK</th>
<th>ASSESSMENT</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHILD’S DEVELOPMENT</strong></td>
<td><strong>AGES 0-4</strong>&lt;br&gt;Health</td>
<td><strong>AGES 5-13</strong>&lt;br&gt;Health</td>
</tr>
<tr>
<td>If a child or young person meets some of these thresholds, this is the point where a pre-assessment would be completed with the child to identify their strengths &amp; needs and to gain other support if required: Programmes aiming to build self-esteem and enhance social/life skills&lt;br&gt;Prevention Programmes&lt;br&gt;Positive activities</td>
<td>- Weight not increasing at rate expected&lt;br&gt;- Slow in reaching developmental milestones&lt;br&gt;- Not attending routine appointments&lt;br&gt;- Persistent minor health problems&lt;br&gt;- Limited diet&lt;br&gt;- Feeding problems&lt;br&gt;- Emerging behaviour difficulties</td>
<td>- Weight not increasing at rate expected&lt;br&gt;- Slow in reaching developmental milestones&lt;br&gt;- Not attending routine appointments&lt;br&gt;- Persistent minor health problems&lt;br&gt;- Limited diet e.g. no breakfast and limited money for school lunch&lt;br&gt;- Dental care not sufficient in attendance for checks/treatment&lt;br&gt;- Vulnerability to mental health problems e.g. acrimonious divorce of parents, unduly anxious, angry or defiant&lt;br&gt;- Smokes&lt;br&gt;- Enuresis and encopresis&lt;br&gt;- Not registered with a GP</td>
</tr>
<tr>
<td>Key agencies that may provide support at this level: Youth Action Team</td>
<td><strong>AGES 14-18</strong>&lt;br&gt;Education/Learning</td>
<td><strong>AGES 14-18</strong>&lt;br&gt;Education/Learning</td>
</tr>
<tr>
<td>- Not accessing any pre-school setting&lt;br&gt;- Not always engaged in organised activities e.g. poor concentration, low motivation&lt;br&gt;- Not thought to be reaching his/her potential&lt;br&gt;- Home/setting link not well established&lt;br&gt;- Poor peer relationships&lt;br&gt;- Speech and language difficulties&lt;br&gt;- Little evidence of stimulation from carer(s)</td>
<td>- On ‘School Action’ or School Action Plus of the Code of Practice&lt;br&gt;- Poor punctuality&lt;br&gt;- Regular school absences&lt;br&gt;- Not always engaged in learning e.g. poor concentration, low motivation&lt;br&gt;- Not thought to be reaching his/her educational potential&lt;br&gt;- Home/school link not well established</td>
<td>- ‘School Action’&lt;br&gt;- NEET for 12 weeks or more (16-18) but available&lt;br&gt;- Poor punctuality&lt;br&gt;- Regular school absences&lt;br&gt;- Not always engaged in learning e.g. poor concentration, low motivation&lt;br&gt;- Not thought to be reaching his/her educational potential&lt;br&gt;- Home/school link not well established&lt;br&gt;- Limited evidence of progression planning&lt;br&gt;- At risk of making ill-informed/inappropriate decisions about progression</td>
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<tr>
<td>BENCHMARK</td>
<td>ASSESSMENT</td>
<td>INDICATORS</td>
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<td>------------</td>
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</tr>
</tbody>
</table>
| Targeted drug and alcohol information, advice and education, including harm reduction advice to support informed choices. | Emotional & Behavioural Development | • Hostile behaviour  
• Some difficulties with family relationships  
• Some difficulties with peer group relationships  
• Some evidence of inappropriate responses and actions  
• Child finds managing change difficult  
• Multiple carers  
• Multiple house moves  
• Poor routines  
• Late toileting  
• Separation anxiety  
• Some difficulties with family relationships  
• Some difficulties with peer group relationships  
• Some evidence of inappropriate responses and actions  
• Child can find managing change difficult  
• Not always able to understand how own actions impact on others  
• Some difficulties with family relationships  
• Some difficulties with peer group relationships  
• Some evidence of inappropriate responses and actions  
• Young person finds managing change difficult  
• Not always able to understand how own actions impact on others |
| Health, Education Children’s Centres, Early Years, Educational psychology, Educational Welfare, Specialist Play Services, Youth Service Voluntary & community services Family support services | Identity | • Some insecurities around identity expressed e.g. low self esteem  
• Limited self-confidence  
• Some insecurities around identify e.g. low self-esteem, low aspirations for the future  
• Child subject to discrimination e.g. racial, sexual or due to disabilities  
• Poor self-confidence  
• Signs of deteriorating mental health  
• Victim of crime  
• Limited self-confidence  
• Child/young person subject to discrimination e.g. racial, sexual or due to disabilities  
• Victim of crime  
• Poor self-confidence  
• Signs of deteriorating mental health  
• Few if any achievements |
| Family & Social Relationships | Chaotic routines  
Child has lack of positive role models  
Child has some difficulties sustaining relationships  
Inconsistent parenting  
Family lack social networks  
Chaotic routines  
Child has lack of positive role models  
Relationships with carers characterised by inconsistencies  
Child has some difficulties sustaining relationships  
Few achievements  
Family lack social networks  
Chaotic routines  
Child/young person has lack of positive role models  
Relationships with carers characterised by inconsistencies  
Child has some difficulties sustaining relationships  
Few achievements  
Family lack social networks  
Chaotic routines  
Child/young person may be ill fitting  
Child may not always be clean  
Child can be either overfriendly or withdrawn  
Clothing for younger children may be ill fitting  
Clothing for younger children may be ill fitting e.g. too tight shoes  
Child may not always be clean - may suffer from teasing at school about being ‘smelly’  
Lack of school uniform impacting on progress/relationships in school  
Clothing for younger children may be ill fitting e.g. too tight shoes  
Child/young person may not always be clean - may suffer from teasing at school about being ‘smelly’|
| Social Presentation | Lack of school uniform impacting on progress/relationships in school  
Clothing for younger children may be ill fitting  
Child may not always be clean  
Child can be either overfriendly or withdrawn  
Lack of school uniform impacting on progress/relationships in school  
Clothing for younger children may be ill fitting e.g. too tight shoes  
Child/young person may not always be clean - may suffer from teasing at school about being ‘smelly’ |
<table>
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<tr>
<th>BENCHMARK</th>
<th>ASSESSMENT</th>
<th>INDICATORS</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>- Child can be either over friendly or withdrawn</td>
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<tr>
<td></td>
<td></td>
<td>- Child appears to be alone and unconnected</td>
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<tr>
<td></td>
<td></td>
<td>- Child can be either over friendly or withdrawn</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Child appears to be alone and unconnected</td>
</tr>
<tr>
<td>Self Care Skills</td>
<td>- Disability limits amount of self-care possible</td>
<td></td>
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<tr>
<td></td>
<td>- Child slow to develop age-appropriate self-care skills including toileting</td>
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<tr>
<td></td>
<td>- Child takes little or no responsibility for self-care tasks in comparison to peer group</td>
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<tr>
<td></td>
<td>- Disability limits amount of self-care possible</td>
<td></td>
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<tr>
<td></td>
<td>- Not always adequate self-care e.g. poor hygiene</td>
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<tr>
<td></td>
<td>- Child slow to develop age-appropriate self-care skills</td>
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<td></td>
<td>- Disability limits amount of self-care possible</td>
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<tr>
<td></td>
<td>- Not always adequate self-care e.g. poor hygiene</td>
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</tr>
<tr>
<td></td>
<td>- Child/young person slow to develop age-appropriate self-care skills</td>
<td></td>
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<tr>
<td>Parenting Capacity</td>
<td>- Basic care is not always provided consistently</td>
<td></td>
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<tr>
<td></td>
<td>- Food, warmth and other basics not always available</td>
<td></td>
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<tr>
<td></td>
<td>- Parent struggling without support and/or adequate resources</td>
<td></td>
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<tr>
<td></td>
<td>- Young inexperienced parent(s)</td>
<td></td>
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<tr>
<td></td>
<td>- Lone parent family</td>
<td></td>
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<tr>
<td></td>
<td>- Regular accidental injuries to child</td>
<td></td>
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<tr>
<td></td>
<td>- Haphazard supervision and attention to safety issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Many different carers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Inappropriate frequent visits to doctor/casualty</td>
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<tr>
<td></td>
<td>- Conflict indicating couple(particularly in pregnancy) or family relationship difficulties</td>
<td></td>
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<tr>
<td></td>
<td>- Inconsistent responses to child/young person by parent(s)</td>
<td></td>
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<tr>
<td></td>
<td>- Child/young person unable to develop other positive relationships</td>
<td></td>
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<tr>
<td></td>
<td>- Parents have their own emotional needs which on occasion impact on the emotional warmth given to the child</td>
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<tr>
<td></td>
<td>- Child/young person spends considerable time alone</td>
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<tr>
<td></td>
<td>- Child/young person is not often exposed to new experiences</td>
<td></td>
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<tr>
<td></td>
<td>- No constructive leisure time or activities</td>
<td></td>
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<tr>
<td></td>
<td>- No access to leisure facilities</td>
<td></td>
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<tr>
<td></td>
<td>- Lack of appropriate equipment/toys</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Parent/carer offers inconsistent boundaries</td>
<td></td>
</tr>
<tr>
<td>Family &amp; Environment</td>
<td>- Parents have some conflicts or difficulties that can involve the child/young persons</td>
<td></td>
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<tr>
<td></td>
<td>- Child/young person has experienced loss of significant adult e.g. through bereavement</td>
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<tr>
<td></td>
<td>- Parent/carer has disabilities which impact on their ability to parent fully</td>
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<tr>
<td></td>
<td>- Acrimonious divorce/separation</td>
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<tr>
<td></td>
<td>- Limited support from friends and family</td>
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<tr>
<td></td>
<td>- Family has poor relationship with extended family or little communication</td>
<td></td>
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<tr>
<td></td>
<td>- Destructive/unhelpful involvement from extended family - critical rather than supportive</td>
<td></td>
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<tr>
<td></td>
<td>- Inadequate/poor housing</td>
<td></td>
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<tr>
<td></td>
<td>- Basic facilities lacking</td>
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<tr>
<td></td>
<td>- Parents have limited formal education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Poverty</td>
<td></td>
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<tr>
<td></td>
<td>- Family new to the area</td>
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<tr>
<td></td>
<td>- Some conflict within the community</td>
<td></td>
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<tr>
<td></td>
<td>- Parents socially excluded</td>
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<tr>
<td></td>
<td>- Poor access to universal resources and targeted services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Extreme rurality / isolation</td>
<td></td>
</tr>
</tbody>
</table>
16.3.3 Integrated Support and Services

<table>
<thead>
<tr>
<th>BENCHMARKS</th>
<th>ASSESSMENT</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>These are children and families whose circumstances mean they may be very vulnerable</td>
<td>It is at this stage that a JCAF (when finalised) would be completed if not already in place. This would be used as supporting evidence to gain specialist / targeted support. It may also support a child moving out of complex needs, statutory or specialist services assessment.</td>
<td>AGES 0-4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Persistent growth faltering</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Child has chronic health problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Concerns about developmental progress</td>
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<tr>
<td></td>
<td></td>
<td>• Untreated dental decay</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Behaviour difficulties requiring further investigations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AGES 5-13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Persistent growth faltering</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Child has chronic health problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learning significantly affected by health problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limited/restricted diet - no breakfast, no lunch money</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Significant dental decay that has not been treated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Substance misuse including persistent use of alcohol</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Behaviour difficulties requiring further investigation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Signs of low mood, anxiety or self inflicted injuries</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AGES 14-18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Chronic health problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learning significantly affected by health problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limited/restricted diet - no breakfast, no lunch money</td>
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<tr>
<td></td>
<td></td>
<td>• Significant dental decay that has not been treated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Substance misuse including persistent use of alcohol</td>
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<tr>
<td></td>
<td></td>
<td>• ‘Unsafe’ sexual activity or pregnancy</td>
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<tr>
<td></td>
<td></td>
<td>• Refusing medical care</td>
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<tr>
<td></td>
<td></td>
<td>• Behaviour difficulties requiring further investigation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Signs of low mood, anxiety or self inflicted injuries</td>
</tr>
</tbody>
</table>

CHILD’S DEVELOPMENT

Health

- Persistent growth faltering
- Child has chronic health problems
- Concerns about developmental progress
- Untreated dental decay
- Behaviour difficulties requiring further investigations

Education/Learning

- Has a statement of Special Educational Needs
- Hostile home/pre school setting link
- Inappropriate social behaviour
- Carer regularly fails to provide stimulation
- Unresolved speech and language difficulties
- The child’s current rate of progress is inadequate, despite receiving appropriately structured early education experiences

- Has a statement of Special Educational Needs
- Chronic non school attendance
- Permanent or fixed-term exclusions
- Poor home/school link
- Not educated at school (or at home by parents)
- The child’s current rate of progress is inadequate, despite receiving appropriately structured early education experiences

- Has a statement of Special Educational Needs
- Chronic non school attendance
- Permanent or fixed-term exclusions
- Poor home/school link
- Not educated at school (or at home by parents)
- NEET(16-18) for more than 12 weeks and not available for opportunities
- The child’s current rate of progress is inadequate, despite receiving appropriately structured early education experiences

Key agencies that may provide support

- A core assessment will probably also be completed by a social worker at this level.
<table>
<thead>
<tr>
<th>BENCHMARKS</th>
<th>ASSESSMENT</th>
<th>INDICATORS</th>
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</thead>
<tbody>
<tr>
<td>at this level:</td>
<td></td>
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</tr>
<tr>
<td>Children’s Services</td>
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<tr>
<td>Other statutory service</td>
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<tr>
<td>e.g. SEN services</td>
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<td>Specialist health or disability services</td>
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<td>YAT</td>
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<tr>
<td>Targeted drug and alcohol</td>
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<tr>
<td>CAMHS</td>
<td></td>
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<tr>
<td>Family support services</td>
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<td>Probation</td>
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<tr>
<td>Voluntary &amp; community services</td>
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<tr>
<td>Emotional &amp; Behavioural Development</td>
<td></td>
<td></td>
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<tr>
<td>Poor peer relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child finds it difficult to cope with anger and frustration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disruptive/challenging behaviour at pre school setting or in neighbourhood</td>
<td></td>
<td></td>
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<tr>
<td>Child withdrawn/unwilling to engage</td>
<td></td>
<td></td>
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<tr>
<td>Limited ability to understand how actions impact on others (4 years old)</td>
<td></td>
<td></td>
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<tr>
<td>Poor peer relationships</td>
<td></td>
<td></td>
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<tr>
<td>Starting to offend and re-offend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child finds it difficult to cope with anger and frustration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disruptive/challenging behaviour at school or in neighbourhood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child withdrawn/unwilling to engage</td>
<td></td>
<td></td>
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<tr>
<td>Limited ability to understand how actions impact on others</td>
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<tr>
<td>Cannot maintain peer relationships, e.g. is aggressive, bully, bullied etc.</td>
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<tr>
<td>Unable to connect cause and effect of own actions</td>
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<tr>
<td>Unable to display empathy</td>
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<td></td>
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<tr>
<td>Emotional &amp; Behavioural Development</td>
<td></td>
<td></td>
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<tr>
<td>Poor peer relationships</td>
<td></td>
<td></td>
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<tr>
<td>Starting to offend or re-offend</td>
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<tr>
<td>Child finds it difficult to cope with anger and frustration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disruptive/challenging behaviour at school or in neighbourhood</td>
<td></td>
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<tr>
<td>Child withdrawn/unwilling to engage</td>
<td></td>
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<tr>
<td>Limited ability to understand how actions impact on others</td>
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<tr>
<td>Cannot maintain peer relationships, e.g. is aggressive, bully, bullied etc.</td>
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<tr>
<td>Unable to connect cause and effect of own actions</td>
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<tr>
<td>Unable to display empathy</td>
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<tr>
<td>Identity</td>
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</tr>
<tr>
<td>Demonstrates significantly low self-esteem in a range of situations</td>
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<tr>
<td>Very poor self confidence</td>
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<tr>
<td>Signs of deteriorating emotional health</td>
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<tr>
<td>Child is socially isolated and lacks appropriate role models</td>
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<tr>
<td>Child experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability</td>
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<tr>
<td>Very poor self-confidence</td>
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<tr>
<td>Child’s self-image distorted and may demonstrate fear or persecution by others</td>
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<tr>
<td>Mental health problems becoming manifest</td>
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<tr>
<td>Victim of serious crime</td>
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<tr>
<td>Young person experiences persistent discrimination e.g. on the basis of ethnicity, sexual orientation or disability</td>
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<tr>
<td>Victim of serious crime</td>
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<tr>
<td>Family &amp; Social Relationships</td>
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<tr>
<td>Parents/carers are persistently cold or rejecting towards the child</td>
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<tr>
<td>Parents/carers are persistently cold or rejecting towards the child</td>
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<tr>
<td>Social Presentation</td>
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<tr>
<td>Behaviour is inappropriately sexualized</td>
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<tr>
<td>Clothing is regularly unwashed and frequently ill fitting</td>
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<tr>
<td>Child’s poor hygiene leads to alienation from peers</td>
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<tr>
<td>Child may be provocative in behaviour/appearance</td>
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<tr>
<td>Clothing is regularly unwashed and frequently ill fitting</td>
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<tr>
<td>BENCHMARKS</td>
<td>ASSESSMENT</td>
<td>INDICATORS</td>
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</table>
| Self Care Skills | • Disability prevents self-care in a significant range of tasks  
• Role reversal - inappropriate comforting of adult, displays of anxiety | • Disability prevents self-care in a significant range of tasks  
• Child takes little or no responsibility for self-care tasks in comparison to peer group  
• Child engaged in activities which consistently impact on self-care e.g. substance misuse | • Disability prevents self-care in a significant range of tasks  
• Child/young person takes little or no responsibility for self-care tasks in comparison to peer group  
• Child engaged in activities which consistently impact on self-care e.g. substance misuse |
| Parenting Capacity | • Basic routines and care levels often inconsistent  
• Food, warmth and other basics often not available  
• Large family with several young children under five  
• Very young inexperienced parent(s)  
• Parents have struggled to care for previous child/young person  
• Parent was a LAC  
• Frequent accidental injuries to child requiring hospital treatment  
• Poor supervision and attention to safety issues  
• Succession of carers  
• Inappropriate child care arrangement  
• Parent/carer substance misuse compromises the care of the child  
• Child/young person receives erratic or inconsistent care  
• Parental instability affects capacity to nurture  
• Parents own emotional needs compromise those of the child/young person  
• Child/young person receives little positive stimulation despite appropriate toys being available  
• Child/young person under undue parental pressure to achieve/aspire  
• Child/young person has multiple carers, but no significant relationships with any of them  
• Family life is chaotic  
• Pregnant woman where there is a suspicion of current, or a known history of, significant domestic abuse | Family & Environment | • Incidents of domestic violence between parents is a growing concern  
• Limited extended family support  
• Young carer  
• Parent/carer has mental health difficulties which require additional services  
• Family is socially isolated  
• Destructive/unhelpful involvement from extended family - critical rather than supportive  
• Poor state of repair, temporary or overcrowded housing  
• Rent arrears put family at risk of eviction  
• Chronic unemployment that has severely affected parents’ own identities  
• Family unable to gain employment due to significant lack of basic skills or long term difficulties  
• No expectation that young person will work  
• Low income plus adverse additional factors e.g. up to borrowing limit of Social Care Fund  
• Generally isolated  
• Acrimonious relationships within community |
### 16.3.4 Specialist or statutory services – Complex or Acute needs

<table>
<thead>
<tr>
<th>BENCHMARKS</th>
<th>ASSESSMENT</th>
<th>CHILD’S DEVELOPMENT</th>
<th>AGES 0-4</th>
<th>AGES 5-13</th>
<th>AGES 14-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a child or young person meets one of the thresholds, displays one or more risk factors and few protective factors, they may have reached the threshold for specialist/statutory support. Children experiencing significant harm require statutory intervention such as child protection.</td>
<td>The common assessment can be used as supporting evidence to gain specialist /targeted support. There will probably also be Statutory or specialist services assessment. A core assessment will be completed by social worker.</td>
<td><strong>Health</strong></td>
<td>- Unresolved growth faltering</td>
<td>- Unresolved growth faltering</td>
<td>- Child/young person has severe disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Child has severe disability</td>
<td>- Child has severe disability</td>
<td>- Refusing medical care which could endanger life</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Carers refusing or denying medical care endangering life/development</td>
<td>- Carers refusing medical care endangering life/development</td>
<td>- Lack of food may be linked with neglect. Dietary needs persistently not being met and resulting in significant harm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Severe developmental delay despite interventions</td>
<td>- Dietary needs persistently not met</td>
<td>- Behaviour and emotional difficulties requiring specialist intervention</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Persistently missing routine health appointments</td>
<td>- Behaviour and emotional difficulties requiring specialist intervention</td>
<td>- Habitual substance misuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Dietary needs persistently not met</td>
<td>- Acute mental health problems e.g., threat of suicide, psychotic episode, severe depression,</td>
<td>- Sexual activity or pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Behaviour difficulties requiring specialist intervention</td>
<td>- Sexual activity or pregnancy</td>
<td>- Sexual exploitation or STD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Sexual exploitation OR STD</td>
<td>- Unexplained injury</td>
<td>- Unexplained injury</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Unexplained injury</td>
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</tr>
<tr>
<td>These children may need to be accommodated by the local authority either on a voluntary basis or by way of Court Order. Children and families who might be defined within this level will require a</td>
<td><strong>Education/Learning</strong></td>
<td></td>
<td>- Puts peers at risk through behaviour.</td>
<td>- Puts peers at risk through behaviour</td>
<td>- Puts peers at risk through behaviour</td>
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<tr>
<td></td>
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<td></td>
<td>- Child has educational needs which are significant and complex and have not responded to relevant and purposeful measures put in place by school or supporting outside agencies and may require support that cannot usually be provided by a mainstream pre school setting from its own resources.</td>
<td>- No school placement</td>
<td>- No school placement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Persistent failure of carer to provide stimulation</td>
<td>- The Child has educational needs which are significant and complex and have not responded to relevant and purposeful measures put in place by the school or supporting outside agencies and may require support that cannot usually be provided by a mainstream school from its own resources.</td>
<td>- The Child has educational needs which are significant and complex and have not responded to relevant and purposeful measures put in place by the school or supporting outside agencies and may require support that cannot usually be provided by a mainstream school /learning provider from its own resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Abuses other children</td>
<td>- Puts self or others in danger</td>
<td>- NEET post 16 with complex needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Abuses other children</td>
<td>- Prosecution for offences - resulting in court orders, custodial sentences, ASBOs</td>
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<td></td>
<td></td>
<td></td>
<td>- Regularly involved in anti-social/criminal activities</td>
<td>- Regularly involved in anti-social/criminal activities</td>
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</tbody>
</table>

**Note:**
- **Health**
  - Unresolved growth faltering
  - Child has severe disability
  - Carers refusing or denying medical care endangering life/development
  - Severe developmental delay despite interventions
  - Persistently missing routine health appointments
  - Dietary needs persistently not met
  - Behaviour difficulties requiring specialist intervention
  - Sexual exploitation OR STD
  - Unexplained injury

- **Education/Learning**
  - Puts peers at risk through behaviour.
  - Child has educational needs which are significant and complex and have not responded to relevant and purposeful measures put in place by school or supporting outside agencies and may require support that cannot usually be provided by a mainstream pre school setting from its own resources.
  - Persistent failure of carer to provide stimulation

- **Emotional & Behavioural Development**
  - Persistently unable to maintain peer relationships e.g. is aggressive, bully, bullied etc.
  - Evidence of a persistent insecure attachment to carers
  - Abuses other children
  - Puts self or others in danger
  - Prosecution for offences - resulting in court orders, custodial sentences, ASBOs
  - Regularly involved in anti-social/criminal activities

- **JCPC Multi-Agency Child Protection Procedures**
  - Children’s Services
  - Specialist health / disability services
  - YAT
  - CAMHS
  - Probation
  - Family support services
  - Voluntary & community services
  - A comprehensive assessment and formulation of care plan is likely

- **Voluntary & Targeted Support**
  - Children’s Services
  - Specialist disability services
  - YAT
  - CAMHS
  - Probation
  - Family support services
  - Voluntary & community services
  - A comprehensive assessment and formulation of care plan is likely

- **Specialist Health / Disability Services**
  - Children’s Services
  - Specialist disability services
  - YAT
  - CAMHS
  - Probation
  - Family support services
  - Voluntary & community services
  - A comprehensive assessment and formulation of care plan is likely

- **YAT**
  - Children’s Services
  - Specialist disability services
  - YAT
  - CAMHS
  - Probation
  - Family support services
  - Voluntary & community services
  - A comprehensive assessment and formulation of care plan is likely

- **Statutory or Specialist Services**
  - Children’s Services
  - Specialist disability services
  - YAT
  - CAMHS
  - Probation
  - Family support services
  - Voluntary & community services
  - A comprehensive assessment and formulation of care plan is likely

- **Key agencies that may provide support at this level:**
  - Children’s Services
  - Specialist health / disability services
  - YAT
  - CAMHS
  - Probation
  - Family support services
  - Voluntary & community services

**Developed by:**
- [Name]

**Date:**
- [Date]

**Reviewed by:**
- [Name]

**Reviewed date:**
- [Date]
<table>
<thead>
<tr>
<th>BENCHMARKS</th>
<th>ASSESSMENT</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity</td>
<td>Child has internalised negative criticism and behaviour reflects poor self image</td>
<td>Child has internalised discrimination and behaviour reflects emotional harm</td>
</tr>
<tr>
<td>Family &amp; Social Relationships</td>
<td>Relationships with family all experienced as critical and/or negative - ‘low warmth, high criticism’</td>
<td>Child lacks any supportive relationship with an adult</td>
</tr>
<tr>
<td></td>
<td>Family unit disintegrating and/or parents/carers are unable or unwilling to continue to care for the child</td>
<td></td>
</tr>
<tr>
<td>Social Presentation</td>
<td>Child’s appearance reflects poor care - poor hygiene, dirty clothes, ill fitting shoes, lack of appropriate hair and skin care</td>
<td>Child wary or watchful of carers/people</td>
</tr>
<tr>
<td>Self Care Skills</td>
<td>Severe disability - child relies totally on other people to meet care needs</td>
<td>Child engaged in activities that prevent proper self care on a persistent basis</td>
</tr>
<tr>
<td>Parenting Capacity</td>
<td>Parents have or may have abused/neglected the child/young person</td>
<td>Food, warmth and other basics frequently not available</td>
</tr>
<tr>
<td></td>
<td>Parent’s mental health problems significantly affect care of child/young person</td>
<td>Previous child/young person(s) have been removed from parent’s care</td>
</tr>
<tr>
<td></td>
<td>Parent unable to restrict access to home by dangerous adults</td>
<td>Child/young person left in the care of an adult known or suspected to be a risk to children</td>
</tr>
<tr>
<td></td>
<td>Parent’s persistently apathetic towards child/young person</td>
<td>Parent’s own emotional needs/experiences persistently impact on their ability to meet the child/young person’s needs</td>
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<tr>
<td></td>
<td>Parent’s persistently apathetic towards child/young person</td>
<td>Parent’s own emotional needs/experiences persistently impact on their ability to meet the child/young person’s needs</td>
</tr>
</tbody>
</table>

**Family & Environment**

- There is a history of suspicious child death in the family
- Family characterised by conflict and serious, chronic relationship difficulties
- Poor/abusive sibling relationships
- History of rejection
- Parent/carer has unresolved mental health difficulties which effect the wellbeing of the child
- Any domestic abuse where the child is in the house or involved; or where there have been 2 or more incidents regardless of whether the child was present or not.
- Members of the wider family are known to be, or suspected of being, a risk to children
- Homeless - or imminently so.
- House is dangerous or seriously threatening health
- Family Is seeking asylum or are refugees
- Extreme financial difficulties impacting on ability to have basic needs met
- Family chronically socially excluded
- Significant levels of conflict, volatility within neighbourhood
- Community are persistently hostile to family
- Pregnant woman who is suffering domestic abuse
1. **Not enough weight is given to information from family, friends and neighbours:** Ask yourself: Would I react differently if these reports had come from a different source? How can I check whether or not they have substance? Even if they are not accurate, could they be a sign that the family are in need of some help or support?

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

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

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

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

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

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

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

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

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

---

### 16.5 Appendix 5: JCPC Case Conference Report Format

#### DETAILS OF CONFERENCE

<table>
<thead>
<tr>
<th>Date of Conference</th>
<th>Venue of Conference:</th>
</tr>
</thead>
</table>

#### TYPE OF CONFERENCE

- Initial
- Review
- First
- Second
- Third
- Fourth
- Fifth

#### REVIEW CONFERENCES:

- Dates of core group meetings since last conference:
- Initial Conferences:
- Date of strategy meeting:

#### DETAILS OF REPORT

Name of report author:  
Agency:  
Date report completed:  
Date report submitted:  

Has report been seen in advance by:

**Child**  
Yes  
No  
Name:  
Father  
Yes  
No  
Name:  

**Mother**  
Yes  
No  
Name:  
Other  
Yes  
No  
Specify:  

#### DETAILS OF FAMILY

**HOME ADDRESS OF FAMILY:**

**LIVING CIRCUMSTANCES OF FAMILY:** (who lives with who and where)

### Subject child 1

- Unborn - EDC:  
- Lives at home address, if not specify

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Alias/ also known as</th>
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- First Language  
- English  
- Portuguese  
- Polish  
- Other - specify:
- Interpreter required - specify:

- Education:  
- Not at school  
- Foundation  
- KS1  
- KS2  
- KS3

- Disabilities:  
- No  
- Yes - specify:

### Subject child 2

- Unborn - EDC:  
- Lives at home address, if not specify

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- First Language  
- English  
- Portuguese  
- Polish  
- Other - specify:
- Interpreter required - specify:

- Education:  
- Not at school  
- Foundation  
- KS1  
- KS2  
- KS3

- Disabilities:  
- No  
- Yes - specify:

### Mother

- Lives at home address, if not specify

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- English  
- Portuguese  
- Polish  
- Other - specify:
- Interpreter required - specify:
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<td>Gender</td>
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<tr>
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<td>Other significant parental figures</td>
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**FAMILY GENOGRAM**

![Genogram Symbols](image)

*Genogram Symbols Reference*

*Standard Genogram Symbols for a Genogram*
**REPORT**  
**Complete only the sections that are relevant to you**

### Introduction

This section should include:
- The reason why you are writing the report, that is, to set the report in context to focus your attention on the purpose of the report.
- The length of time the family has been known to you in your professional capacity.
- If the family is not known to you, then state that.
- State that the report which follows is based on information from records and, if the family is known to you, your professional knowledge of the family.
- If you are compiling the information on behalf of a colleague, state that.
- The number of contacts you have had with the family at home or other setting. A record of the number of failed contacts at home or other setting.
- For Teachers, Education Welfare Officers or Nurseries please state attendance record.

### Composition of family

This section should include:
- Information about where the child is living on a day to day basis;
- Comments about family genogram;
- Any issues about the current living arrangements;
- Where absent parents are if known;
- Wider extended family composition, including role of grandparents, aunts, uncles and significant others.

### Child(ren)’s Health and Development (Physical, Social and Emotional)

This section should be considered for each child in the family with whom you have professional contact. It should include:
- Information from your health needs assessment of child if appropriate;
- Observations of parent/child interactions and the child’s behaviour. Comment on the effect of these on the child.
- Include details of any concerning incidents involving the child, in the past or present.
- Significant harm should be considered as demonstrated in the child(ren)’s growth, development and behaviour. Include percentile chart where possible if appropriate;
- Immunisation information if impact on health
- Milestones met / not met
- Any other agencies involved in health issues

### Environmental Factors

This section can be completed per family if issues are the same. Specify where different.
- Accommodation
- Finance
- Support networks
- Community resources
- Lifestyle of parents, including visitors who may pose risks to child

### Aspects of parenting capacity

This section should include:
- An assessment of parental behaviour and interactions with the child(ren) and their effect on that child/family.
- Positive aspects of parenting skills and parent(s) of the children.
- Actions or omissions by the parent(s) that have caused harm or are likely to cause harm.
- A description of any concerning incidents which have happened in the family.
- Any history of/or current assessment of child protection risk factors or family stresses.

### Strengths of situation/Protective Factors

This section should include:
Future harm/risk factors

This section should include:

- Your opinion of the chances of significant harm happening in the future, the severity of any such harm and the potential for a change in the situation, children’s needs.
- Outline any risk indicators you see and the impact this may have on the child.
- Consider domestic violence and substance misuse and any impact they have on children;
- Are these likely to result in immediate harm to the child?

Analysis and recommendations

This section should include:

- A summary of the facts and your concerns, that is, an overall assessment of perceived risks.
- Health aspects of the child protection plan if known to you;
- Educational aspects of the plan if known to you;
- Emotional or behavioural risks if known;
- What you or your agency are currently doing to work with the child or family;
- What you recommend;
- Whether you consider the child(ren) to be at risk of harm;
- Child/young persons wishes and feelings;
- Parents wishes and feelings;
- Use the Assessment Framework triangle below to help guide your assessment.

Signature Block

Print name of author

Designation

Agency

Work base

Address

Contact phone number

Signature of author  Date

Notes for completing the form:

The form is to be used as a guide but it is up to your professional discretion to ensure that all relevant information is contained in the report.
If there are more children in the family, or more parents or other household members etc, cut and paste the section from Subject child 1, or relevant section and insert it below Subject child 2, or where appropriate before you start completing the form. Cut and paste the correct amount of rows before you print if you are going to complete manually.
You can save the document on your network (save as .. Child Protection Conference Report for Family Z for date”) and then type into it as a normal word document, and then print off as necessary for the conference or the case file. The examples in the left column are only examples of the sort of information you can provide - feel free to add or subtract to fit with your knowledge of the family.
If the report has not been shared with the family, you need to note the reasons why. Check with your line Manager or designated Child Protection advisor if there is any sensitive information that you are not sure about sharing. Discuss any issues that you are not sure about sharing with the Independent Chair/ Reviewing Officer.
17 Other documents and Useful Links

17.1 UK guidance documents:

17.1.1 Working Together document

[Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children](http://www.education.gov.uk/childrenandyoungpeople)

17.1.2 Every Child Matters: All relevant content from the Every Child Matters (ECM) site can now be found in the children and young people section of the DfE site

[http://www.education.gov.uk/childrenandyoungpeople](http://www.education.gov.uk/childrenandyoungpeople)

17.1.3 CEOP website:

Child Exploitation and Online Protection (E-safety)


17.1.5 Promoting Children’s Mental Health within Early Years and School Settings guidance DfEE 2001


17.1.6 Tackling school bullying:


17.1.7 Guidance and training resources for tackling bullying outside schools


17.1.8 Safeguarding children in whom illness is fabricated or induced

17.2 Jersey documents:
These documents can be found at: [http://www.gov.je/Caring/Organisations/JCPC/Pages/index.aspx](http://www.gov.je/Caring/Organisations/JCPC/Pages/index.aspx) ’JCPC Multi-Agency CP Procedures – 18.2 Jersey Supporting Documents’

17.2.1 H&SS Dept & FN&HC (Jersey) Inc: Child Protection Policy & Procedure 2008

17.2.2 ESC Department: Child Protection Policy and Guidance 2006.

17.2.3 DfESC’s E-Safety Policy: E-Safety Guidance for Schools and Youth Projects (February 2010).

17.2.4 Guidance for Safer Working Practice for Adults who work with Children and Young People in Education Settings. March 2009

17.2.5 JPACS Roles & Responsibilities in relation to Child Protection

17.2.6 Multi-agency protocol for professionals working with sexually active young people under the age of 16 in Jersey

17.2.7 Protocol for Information Exchange between States Departments

17.2.8 JCPC Serious Case Review procedures

17.2.9 Raising Concerns - A guide for making a complaint, raising concerns, contributing comments or complimenting the JCPC

17.2.10 Department for Education Sport and Culture - Responsibilities for Child Protection in Schools (States and Private Sector) / Youth Projects.
### 18 Glossary

<table>
<thead>
<tr>
<th>Terms used in this document</th>
<th>Meaning</th>
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<tr>
<td>A&amp;CPT</td>
<td>Assessment and Child Protection team</td>
</tr>
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<td>CAMHS</td>
<td>Child and Adolescent Mental Health Service</td>
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<tr>
<td>CEOP</td>
<td>Child Exploitation and Online Protection agency</td>
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<tr>
<td>CRB</td>
<td>Criminal Records Bureau</td>
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<td>D fESC</td>
<td>Education, Sport and Culture department</td>
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<td>GaL</td>
<td>Guardian ad Litem</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<td>JCAF</td>
<td>Jersey Common Assessment Framework</td>
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<td>JPACS</td>
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<td>JCCT</td>
<td>Jersey Child Care Trust</td>
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<tr>
<td>JCPC</td>
<td>Jersey Child Protection Committee</td>
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<tr>
<td>ISA</td>
<td>Independent Safeguarding Authority</td>
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<td>M-A</td>
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<td>YES</td>
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19 Acknowledgements

19.1.1 This document has been developed by the Procedures & Audit Sub-Committee, a sub-committee of the Jersey Child Protection Committee. The group comprises the following members:

- Marnie Baudains, Social Services
- Fiona Vacher, Jersey Child Care Trust
- Ali Moffat, Education, Sport & Culture
- David Trott, Probation Service
- Julie Gafoor, Family Nursing & Home Care
- Mark Capern, Jersey Youth Service
- Cathy Phillips, Jersey Child Protection Committee (ex officio)

19.1.2 This document could not have been produced without input from all the above agencies and the time and commitment is appreciated and acknowledged. Special contribution is acknowledged from Karen Mundy, Manager, Assessment & Child Protection Team.

19.1.3 Thanks also need to go to the following people who were consulted throughout the process:

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Agency</th>
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<tr>
<td>Mike Taylor</td>
<td>JCPC Independent Chair</td>
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</tr>
<tr>
<td>Ann Kelly</td>
<td>Lead Nurse, Children General Hospital</td>
<td>Health &amp; Social Services Department</td>
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<tr>
<td>Barbara Bell</td>
<td>Clinical Governance &amp; Performance Manager</td>
<td>FNHC</td>
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<td>Brenda Cochrane</td>
<td>Senior Education Welfare Officer</td>
<td>Education, Sport &amp; Culture Department</td>
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<td>Charlie Bertram</td>
<td>Deputy Governor, Prison Service</td>
<td>La Moye Prison</td>
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<td>Paul Johnstone</td>
<td>Designated Child Protection, Prison Service</td>
<td>La Moye Prison</td>
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<tr>
<td>David Minty</td>
<td>Chief Inspector</td>
<td>States of Jersey Police</td>
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<td>Alison Fossey</td>
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<td>Derek De La Haye</td>
<td>Assistant Director, Sport &amp; Culture</td>
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<td>Jo Forrest</td>
<td>Principal Educational Psychologist</td>
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<td>Mark Jones</td>
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<td>Health &amp; Social Services Department</td>
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<td>Mike Cutland</td>
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<td>Tony Le Sueur</td>
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<td>Nola Hopkins</td>
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<td>Bronia Macon</td>
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<td>Paul Watson</td>
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<td>Angela Goddard</td>
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<td>Jean Andrews</td>
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<td>Sean Pontin</td>
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<td>Linda Dodds</td>
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## 20 JCPC details

### 20.1 Membership Groups

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<td>Lead Nurse, Children General Hospital</td>
<td>HEALTH &amp; SOCIAL SERVICES</td>
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<tr>
<td>Clinical Governance &amp; Performance Manager</td>
<td>FAMILY NURSING &amp; HOME CARE</td>
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<td>Consultant Child &amp; Adolescent Psychiatrist</td>
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<td>Service Manager, Children’s Services</td>
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20.2 How to contact the JCPC

Website: www.gov.je/JCPC  
Email: jcpc@gov.je  
Telephone: 01534 444228

Independent Chair: Mike Taylor  
Professional Officer: Heidi Sydor  
Training Officer: Janet Brotherton  
Administrative Officer: Jane Errington

20.3 Useful contact numbers

Duty Social Worker  443500  
Police  412412