



MANCHESTER LEAVING CARE SERVICE

PROCEDURES FOR PAID STAFF AND VOLUNTEERS
SAFEGUARDING CHILDREN AND YOUNG ADULTS

(CHILD PROTECTION)

MANCHESTER LEAVING CARE SERVICE SAFEGUARDING CHILDREN AND YOUNG ADULTS/CHILD PROTECTION PROCEDURES

1) Introduction

Barnardos Manchester Leaving Care (MLCS) is a Service offering preparation, advice and support to young people aged 16 - 21 who are either leaving, or who have left, care. In the course of such work, Workers within the Service, be they Managers, Project Workers, Leaving Care Workers, Volunteers or Administrative staff may come across 'Child Protection' issues. These guidelines set out how staff should react when encountering such issues.

2) What is a 'Child Protection' Issue?

A Child Protection issue may be defined as the actual or potential abuse of a child/young person. In turn such abuse may be divided into four categories:-

- a) Neglect - The persistent or severe neglect of a child or the failure to protect a child from exposure to any kind of danger, including cold or starvation; or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.
- b) Physical Abuse - Actual or likely physical injury to a child; or failure to prevent physical injury (or suffering) to a child including deliberate poisoning, suffocation and 'Munchausen's syndrome by proxy'.
- c) Sexual Abuse - Wherever another individual (adult or child) who is in a position of greater power than the victim (by virtue of age, experience and/or emotional maturity, and/or intellectual and/or gender and/or physical strength) abuses that power/trust and exposes the child or young person to any of the following activities:-

Sexual intercourse (anal, oral, vaginal); sexual touching; exposure of sexual organs; showing pornographic material; or talking in a sexualised way.
- d) Emotional Abuse - Actual or likely severe adverse effect on the emotional or behavioural development of a child caused by persistent or severe emotional ill treatment or rejection.

3) Manchester's Child Protection Procedures

Manchester Leaving Care will operate within the broad framework of Manchester City Council's Child Protection Procedures.

These are available on the City Council's Website
www.manchester.gov.uk.

4) Definition of a 'Child:- the application of these guidelines and Young People aged 16/17 years

A 'child' is defined as a child or young person aged between 0 and their 18th birthday. The starting point adopted by Manchester Leaving Care Service will be that all children/young people aged 0 - 18 years who suffer abuse, as defined above, will therefore come within these guidelines.

However it is acknowledged within both Barnardos and Manchester Local Authority Children's Services that applying Child Protection procedures to 16 and 17 year olds does demand some flexibility in certain circumstances. Within the Children Act, for example, 16 & 17 year olds are able to give or refuse their own consent to medical treatment and are able to agree to their own admission or discharge from 'accommodation' irrespective of the wishes of those who have parental responsibility for them. Other laws give such young people additional rights and responsibilities which reflect their age such as the right to consent to heterosexual intercourse, to get married, to drive a car, to work, to pay taxes etc etc.

Exercising such flexibility and yet ensuring 16 and 17 year olds have the same right to protection as all other children/young people is clearly a complex issue. Given this complexity, the decision to exercise such flexibility within Barnardos Manchester Leaving Care Service will be vested in the Children's Services Manager, who in turn will only do so in consultation with Manchester Children's Services Child Protection Unit.

5) Child Protection Issues coming to the attention of Manchester Leaving Care Staff and Volunteers: How should they react?

Two fundamental principles will apply. These are:-

1. Child Protection issues cannot be kept confidential between the Worker/Volunteer and the young person This is because the overriding principle that supercedes all others is the safety and welfare of that child/young person, and the safety and welfare of other children/young people who might in turn suffer abuse in the same or similar fashion. Children and young people worked with by Manchester Leaving Care Service will thus be informed of the Service's position on Confidentiality and Child Protection at the point the Service begins to work with them.
2. In keeping with the above, a Worker/Volunteer must therefore, on encountering a "child protection" issue immediately consult one of MLCS's Managers. This will be as follows:-
 - * Assessor Planners and Personal Advisors - their own Service Delivery Team Manager, or any other MLCS Manager if not available.

- * All other MLCS staff - initially the Service Delivery Team Manager responsible for that young person's case, or any other MLCS Manager if not available.
- * Volunteers - MLCS Manager.
- * In the absence of any of the above managerial staff, consultation will be with one of the Assistant Divisional Directors or Regional Director at Barnardos North West Divisional Office.

In practice, Workers/Volunteers encountering a Child Protection issue will abide by the following steps:-

- a) In an instance of absolute emergency, take practical common sense steps to ensure the immediate safety of the child/young person.
- b) Listen carefully to what the child/young person has to say, and note the facts. In this regard it is important to try to ascertain
 - The child/young person's name and age;
 - The names and ages of any other children/young people living in the household;
 - The names and ages of any adults living in the household;
 - Factual details of the allegation or incident, including when and where it occurred, who was present, a description of any observed injuries to the child/young
 - Person. The name of the person said to be responsible for causing the allegation/incident.
- c) Reassure the child/young person that they were right to 'tell'.
- d) If the allegation is one of sexual abuse, the allegation must not be discussed with the child/young person, parent or carer. This work must be done by trained Police Officers and Social Workers.
- e) Explain to the child that consultation will now need to take place with a Manager within the Leaving Care Service as such information cannot be kept confidential.
- f) Record accurately what was said and by whom.
- g) Consult immediately, (as above), with a MLCS Manager.

6) Role of the Service Delivery Team Manager

The SDTM will take one of the following courses of action, dependent on the circumstances presented. In making a decision

on a 'difficult' or 'grey area' case, it will be expected that the SDTM will consult MLCS's CSM or (if unavailable and an emergency) a Regional AD, to ensure such a decision becomes a joint and shared one. Of course such consultation with a colleague could take place in any event, even on what might be a 'straightforward' case.

The SDTM will then decide one of the following three possibilities

Possibility One-that the issue is not a Child Protection issue and will not be taken any further. Such a decision should be recorded on the young person's file/Livelink by the SDTM.

OR

Possibility Two- that a referral needs to be made to Manchester City Council's Children's Department

OR

Possibility Three- that a consultation needs to take place with a Family Support Team Manager within Childrens Services, following which a decision will then be made to follow either possibility One or Two

If a referral IS to be made to Manchester's Childrens Services the procedure to do this will be as follows

- a) If a new, closed, or "not sure who the current Social Worker is" case, to the Children's Contact Centre on 0161 255 8250. Referrals can either be made by telephone or faxed, using the CFSC 'Inter Agency Child in Need' Referral Form. If the referrer uses this form, all sections must be as comprehensively filled out as possible, including initially making an assessment at the end of the urgency/priority level of the referral. If the referral is made by phone, the same information as covered in the referral form needs to be imparted, including an assessment of urgency/priority. If the referral is made over the phone it should always be followed up in writing no more than 24 hours after the telephone referral.

Referrals to the Contact Centre will be taken by either a Screening Officer or a Contact Officer, though neither are trained Social Workers and can only go on what the referrer tells them. Their role is to 'screen' referrals and then pass them on to the relevant duty service (or whoever) in the relevant District Team to deal with.

The Contact Centre is currently trying to establish a system whereby the District Team communicate directly with the referrer the progress, details and outcome of each referral. If a MLCS Worker is worried that 'nothing is happening' they should ring the Contact

Centre again but they will only be able to say which office they have passed the referral to; it is only the District Team who can actually discuss what is/has happened to the referral. Therefore once the MLCS staff member/manager knows this information all calls as to progress etc. should be directed to the relevant District Office.

Sometimes a referral will be dealt with by a District Office and no further action taken. Any re-referrals on that case should then start again with a 'new' referral to the Contact Centre.

- b) If an open case, and it is known who that Social Worker/their Manager is, direct to that person at

Harpurhey	0161 205 7321
Beswick	0161 223 9641
Longsight	0161 225 9293
Moss Side	0161 226 8131
Wythenshawe	0161 499 2121

- c) If out-of-hours to the Contact Centre/Emergency Duty Team - 0161 255 8250.

In all instances where a referral is to be made to Childrens Services the SDTM will further ensure

that this is followed up, within a 24-hour maximum period, by a written report (written by the MLCS Worker in the main, or SDTM in certain circumstances) and that this is sent within the same 24-hour period to the relevant CFSC office/Contact Centre and named person to whom the telephone referral was made/contact referral form sent. The SDTM will further ensure that a copy of this written report is filed under the confidential section on the MLCS young person's file/Livelink.

In instances where a referral has been made to the CFSC Department, the SDTM, in consultation with the relevant Area Social Work Team/Social Worker/Team Manager etc, will further decide:-

What ongoing role, if any, the Manchester Leaving Care Service's Worker/Volunteer will play in dealing with the Child Protection issue.

In this regard, Manchester Leaving Care Staff will not

- a) Carry out any investigations.

- b) Decide on whether or not to involve the Police.
- c) Decide whether or not to call a Child Protection Case Conference.
- d) Act as 'Keyworker' following a Child Protection Case Conference.

Instead, the decision to investigate, to involve the Police, to call Case Conferences and to act as Keyworker to the child/young person are all areas of responsibility which lie with the Local Authority CFSC Department.

7) Dealing with Issues of Child Sexual Exploitation

Since the beginning of 2007, Manchester has established a multi agency Service called the "Protects" Team to coordinate, and in certain instances to have a direct caseload involvement with, issues or cases of child sexual exploitation. Separate city wide procedures now operate in response to "CSE" (Child Sexual Exploitation), which all MLCS Workers should be familiar with and follow. These procedures are filed on Livelink under Service Information-Other Agencies Policies and Procedures-Social Services Procedures. In essence some sexual exploitation issues will be first and foremost a child protection issue and dealt with first under Manchester's Child Protection Procedures as described above. Others may begin with a child sexual exploitation meeting and may or may not move between procedures. In respect of sexual exploitation issues, MLCS staff will begin by discussing such with their MLCS Manager/another Manager within MLCS. If necessary such discussions can be further assisted by a consultation discussion with any member of the Protect Team or the Lead Quality Assurance Officer for sexual exploitation. Either with or without such consultation however, assuming the MLCS Manager deems this appropriate, a referral will be made to the young person's Social Worker/Manager (if an open case) within Children's Services, or via the Contact Centre (if a closed case), and a written copy of that referral followed up in writing no later than 24 hours after a telephone referral in the same way as described in the child protection referral section above. Thereafter MLCS staff will provide a written report to any meeting that is called and attend to discuss concerns. Within the same "case responsibility" limitations as described above, MLCS staff will then play whatever continuing part they can within a multi agency context to help and assist that young person, with "safeguarding" actions at the forefront of any plan.

8) Concerns about the children of Young Parents

Assumptions should not automatically be made that because a young person in/leaving care has a child, then "child protection procedures" should immediately be brought into play. Indeed this is one of the reasons why a number of such young

people do not easily engage with services when they are pregnant/parents because they fear this will be the opening attitude of professionals dealing with them, a fact that sadly is sometimes the case.

MLC Service's staff will instead generally begin with the stance that the young person should receive, and be encouraged to make use of, as many of the supportive services that are available in Manchester as described in the Service's protocol with Services for Under Fives. Often young people leaving care do not have the same support as young pregnant/parents would have from their own families etc so these services take on even greater importance.

Sometimes however there will be such concerns about the lifestyle/circumstances of the pregnant young parent "to be" in respect of their unborn child that a pre birth assessment is necessary. Once again within MLCS such concerns and issues should first be discussed by the MLCS Worker with their SDTM and wherever appropriate a referral made to Childrens Services, again either direct to the Social Worker/Team Manager-if an open case-or the Contact Centre if not, in line with the child protection procedures outlined above. Such referrals should again be recorded in writing and copies sent to Childrens Services as well as filed within the young person's file on Livelink

9)Concerns to do with Young Adults aged 18 plus

"Child Protection" procedures as such do not apply to young adults aged 18 plus as, irrespective of their functional age, chronological age means that in law they are deemed to be adults. Nevertheless it is clear that a number of young adults dealt with by MLCS will be vulnerable and often functioning at a much younger age than their chronological years-in such instances the following will apply in relation to "child protection" issues. (Before continuing it needs to be emphasised that if a "child protection" incident relates to other children/young adults under the age of 18, as well as to the young adult, then the guidelines described in earlier sections DO apply and must be pursued.)

The City of Manchester has a multi agency policy for the protection of adults from abuse called "No secrets" and as a key agency Manchester's Adult Services Department has developed a Procedure for Dealing with allegations of abuse against Vulnerable Adults. MLCS will essentially operate in this regard by making use of these procedures as follows.

The most likely categories of young people falling within these procedures will be those with learning difficulties, physical disabilities, or mental health issues or any combination of these. Types of abuse might be summarised as

Physical-includes hitting, kicking, shaking, misuse of any medication, undue restraint, force feeding

Sexual-sexual assault, rape or other sexual acts, the inappropriate touching of the individual's sexual areas

Psychological-threats of harm, abandonment or withdrawal of social contact, humiliation, bullying, intimidation

Financial or Material-the withholding of money or possessions, intentional mismanagement of the person's finances or property, theft, fraud, embezzlement

Neglect and Acts of Omission-the failure to access appropriate services for recognised needs, avoidance of required health care, ignoring physical care needs, exposing the person to unacceptable risk, omitting to provide or ensure adequate supervision

Discriminatory-any acts that use hurtful language, cause harassment or similar treatment of the individual because of their race, gender, age, disability, faith, culture or sexual orientation

Institutional-the use of systems, routines, practice or care that neglect individual needs and create imbalance and control within a managed setting such as residential/nursing care or day care services

Abuse of Civil Rights-the denial of, or coercive influence on, an individual's rights to be registered and to vote, the right to be treated as an equal with dignity and respect, the right of freedom of speech or movement

Abuse can then be defined as the violation of an individual's human and civil rights by any other person or persons in these types of ways. Such abuse can occur in many forms and may consist of a single act or repeated acts. The abuse may or may not result in the abused person being physically injured or ill. Critical in determining whether a particular act, relationship or situation is abusive of the person concerned is whether that person has given their informed consent to whatever has/is to take place.

Workers dealing with young adults about whom they have concerns as described in the above paragraph should again begin by discussing these concerns with their MLCS Manager or another Manager within the Service. If it is concluded that concerns of the sort described above exist, then a referral should be made to the Contact Centre for Children, Families and Adult Social Care, TEL NO 0161 255 8250. As with the procedure for a child/young person such a referral should be followed up in writing within twenty four hours of being made and recorded on the appropriate section of the young persons file on Livelink. Whoever within the Contact Centre receives such a referral will ensure that it is recorded on the Allegation of Abuse Referral Form

Within the Adult Social Care Department, a Social Work Team Manager will decide within twenty four working hours whether or not the referral is accepted. Should it be they will convene an

Investigation Team as per the Investigations Procedure, who will then carry out an investigation as per Adult services Procedures. Clearly MLCS staff will cooperate with that process in whatever way they are asked to do so