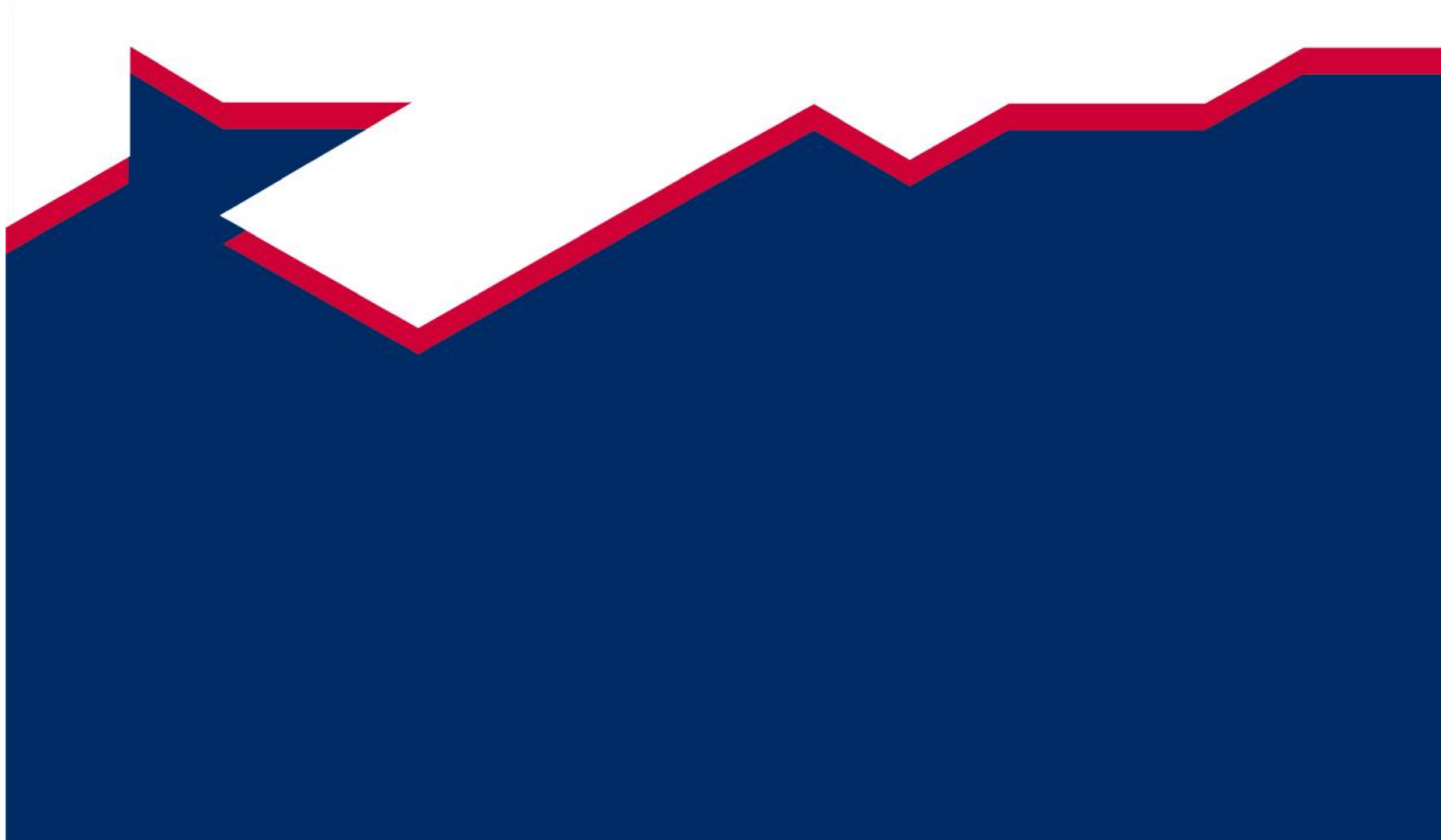




DSO 19/2012

DETENTION & ESCORTING
SAFEGUARDING CHILDREN
POLICY



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Safeguarding and promoting the welfare of children in the care of Detention Operations and Service Providers

Outcome: To have regard to the need to safeguard and promote the welfare of children in detention or under escort in accordance with the duty laid down in Section 55 of the Borders, Citizenship and Immigration Act 2009; and to provide a regime which helps contribute to every child's "well-being".

1. Introduction

- 1.1. Section 55 of the Borders, Citizenship and Immigration Act 2009 requires the Secretary of State to make arrangements for ensuring that specific functions are discharged having regard to the need to safeguard and promote the welfare of children who are in the UK. "Children" means persons under the age of 18.
- 1.2. The specific functions covered by the duty include: immigration, asylum and nationality functions of the Secretary of State; functions conferred by virtue of the immigration acts on an immigration officer; as well as general customs functions, and customs functions conferred upon designated customs officials. Services provided by contractors have to be provided having regard to the need to safeguard and promote the welfare of children.
- 1.3. Detention under Immigration Act powers is an "immigration" function and therefore covered by the duty. Persons may be detained under UKBA's detention policy in the following circumstances: initially whilst their identity and basis of claim are being established; where there are reasonable grounds for believing that they will fail to comply with the conditions of temporary admission or release; as part of a fast-track asylum process; or to effect removal. These criteria used to apply both to individual adults and families with children but a different approach to managing family returns has since been developed as part of the Government commitment to end the detention of children for immigration purposes.
- 1.4. The revised approach to family returns is a four-stage process, the final of which is ensured return. The options for ensured return include, as a last resort, the use of Pre-Departure Accommodation (PDA). In addition, the family unit at Tinsley House Immigration Removal Centre (IRC) may be used for families with children in very limited prescribed circumstances, including families subject to the ensured returns process, as well as those held at the border on arrival. All references to centres holding families with children in this document should be taken to mean Tinsley House IRC and PDA.
- 1.5. Detention Operations is responsible for providing Immigration Removal Centres, non-residential and residential short-term holding facilities (including Pre-Departure Accommodation), escorting services and electronic monitoring services to allow UKBA to perform its functions of processing asylum claims, ensuring borders remain secure, and removing those not entitled to be in the UK.

- 1.6. Our primary responsibilities towards people in our care are to ensure that they are held securely and safely, are treated with humanity and respect, understand the clear benefits of departing the UK voluntarily and are assisted with making the most productive use of their time whilst in our care. The duty to have regard to the need to safeguard and promote the welfare of children with whom they come into contact during the course of their duties also applies to detention and escorting service providers as well as Prison Service staff carrying out these duties on our behalf.
- 1.7. The key safeguarding needs arising as a result of children staying in centres holding families with children are: effective child protection; monitoring and reducing the impact of their stay on parenting ability; normalising children's stay as far as possible; and clarifying and helping the child prepare for onward arrangements.
- 1.8. Effective child protection refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm. It is part of safeguarding and promoting welfare and all staff, including Detention Operations staff, will therefore proactively have regard to the need to safeguard and promote the welfare of the children in their care, so that the need for specific action to protect individuals from harm is reduced. Where staff believe that a child has suffered or is at risk of suffering from harm, they will follow the Child Protection Procedure (Annex B – Appendix 1) and work closely with social workers at any point while the child is in contact with Detention Operations.
- 1.9. While the section 55 duty applies to all UKBA detention facilities and escorting arrangements, this safeguarding policy has different implications for units that hold or escort children under immigration powers and those whose primary purpose is the detention and escorting of single adults. Staff dealing with single adults are required nevertheless to consider the duty and make suitable arrangements proportionate to the level of contact with children (see section 2 below).

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2. Fulfilling the Section 55 duty across the UKBA detention estate (including Pre Departure Accommodation and during escort)

- 2.1. All UKBA detention facilities have a duty to:
 - (a) have regard to the need to safeguard and promote the welfare of the children with whom staff have routine contact – when in contact with those children, whether or not the children are detained, e.g. visiting children;
 - (b) ensure no unreasonable obstacles are placed in the way of contact being maintained between detainees and their children outside the facility; and

(c) minimise the risks of harm to children in the community by detainees who have been identified as presenting such a risk, which could occur during any form of contact with a child, including telephone and visits.

(Note: Centre Managers should take care to follow the requirements of DSO 04/2012 concerning visits and DSO 12/2007, or its successor, on telephone access for detainees with a known history of being a risk to children. Where child protection concerns arise, centres must consult with and refer to their Local Authority Children's Services Department using a locally agreed protocol.)

- 2.2. **A safeguarding children policy consistent with the template at Annex A must be adopted. The template contains requirements for all detention facilities and escorting contractors and should be adapted to meet the functions of each particular detention facility/escorting contractor as necessary.**
- 2.3. **Centres holding families with children must, in addition, fulfil the requirements set out in section 3 below.**

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3. Fulfilling the section 55 duty in centres holding families with children

The duty to have regard to the need to safeguard and promote the welfare of children applies equally to UKBA staff, the centre operator's staff and the staff of any partner organisation with direct involvement in the operation of the centre. Robust links must be maintained between the Centre Manager and suitably senior (no lower than Area Manager level) UKBA officials in Detention Operations, and between the on-site UKBA Centre Manager and a designated member of the centre operator's management team, to ensure that the approach of both is compatible in both strategy and in day to day operations. The responsibility for implementing this safeguarding policy, and ensuring the contractors' fulfilment of the section 55 duty, rests with the Centre Manager or welfare/support provider in centres holding families with children. They must make the arrangements set out below:

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3.1. Safeguarding Children Policy

- 3.1.1 A strategic safeguarding children policy, consisting of the core component policies (see paragraph 3.1.2 below), must be put in place, published and reviewed annually. This must be approved by the UKBA Area Manager and agreed with the Local Safeguarding Children Board (LSCB). The policy must be consistent with the template at Annex A and must be designed to ensure that an integrated approach is taken strategically and operationally across the core component policies, by "sign-posting" appropriate links in policy and practice. The practice of sign-posting will ensure that explicit links are made

between policy areas, e.g. responding to child protection considerations around disclosure/allegations of abuse that may arise during the course of assessment of suicide/self harm risk.

3.1.2 The core component policies must include:

- (i) a child protection policy consistent with the template at Annex B;
- (ii) procedures for minimising the impact of stay on parenting ability;
- (iii) procedures for normalising children's stay at the centre;
- (iv) procedures to clarify and help children prepare for onward arrangements;
- (v) an information sharing policy, based on the template at Annex C, which sets out how relevant information about a child is shared within the centre and between the centre and other agencies, and which is consistent with government policy as set out in Information Sharing: Guidance for Practitioners and Managers – see <https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00807-2008> and paragraph 3.1.4 below.
- (vi) a staff training strategy which sets priorities for training in safeguarding children and provides access, as appropriate, to Assessment, Care in Detention and Teamwork (ACDT) and to relevant LSCB and multi-agency training.

3.1.3 The strategic safeguarding policy should not affect the component policies (though these may well change and develop in the normal way). Its essential purpose is to ensure that those policies are properly integrated. This means moving away from a model of working principally with individual children in isolation from other areas, and ensuring that work to safeguard and promote the welfare of children is co-ordinated effectively across the core areas of supporting distressed parents, normalising stay, clarifying and helping children prepare for onward arrangements and responding to allegations of harm and neglect (children in need of protection).

3.1.4 It should be noted that the lack of an agreement or protocol should never prevent individual practitioners from sharing information about a child, as appropriate, in order to meet that child's needs.

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3.2. Safeguarding Children Manager

3.2.1 A Safeguarding Children Manager, who must be a core member of the Centre Operator's or welfare/support provider's Senior Management Team at the centre, must be appointed to:

- (i) coordinate the development of the integrated safeguarding children policy, and the monitoring of its operation across the centre; and arrange for annual review of the policy by the Safeguarding Children Committee (see 3.3 below);
- (ii) ensure that policy and practice guidance in the centre encourage and enable a focus on each individual child, and their particular needs, as well as providing for the whole population of children at the centre, in particular, involving children appropriately in decisions being made about their care at the centre.
- (iii) ensure that the development of policy and practice guidelines, and other planned changes at the centre are appropriately informed by the view of children using the services.
- (iv) monitor other local policies to help ensure that they take due account of, and are consistent with, the safeguarding children policy;
- (v) promote effective and appropriate information sharing about risk and vulnerability within the centre and with external agencies;
- (vi) develop other multi-disciplinary approaches at operational level, such as incident reporting, data analysis and interrogation, individual risk assessment and case review processes;
- (vii) develop links with external statutory and voluntary agencies, to help ensure that every child's safeguarding and welfare needs are well supported while the child is detained and, if relevant, that plans are made for this support to be continued after their return to the community; and
- (viii) represent the centre, where appropriate, at meetings with UKBA/Detention Operations and external forums.

3.2.2 Local arrangements should reflect the integrated nature of the safeguarding children policy, and the Safeguarding Children Manager's duty to monitor its operation and development. The Safeguarding Children Manager could have the management responsibility, or accountability (where there are other reporting structures and external line management arrangements), for the child protection and other coordinators, if any (see child protection policy template at Annex B). He/she may have responsibility for grouping the coordinators within a safeguarding children team; or at least responsibility for providing cross membership of the separate committees for which the coordinators are responsible.

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3.3. Safeguarding Children Committee

3.3.1 A Safeguarding Children Committee, reporting directly to the Centre Manager, or welfare/support provider, and chaired by the delegated chairperson (i.e. Deputy Manager or the Safeguarding Children Manager), must be established - wherever appropriate by amalgamating or replacing existing committees - to help ensure that the safeguarding children policy is implemented efficiently

and effectively by staff in all disciplines. The committee must meet at least quarterly, be formally minuted and include, in addition, the UKBA Centre Manager or nominated deputy, the Safeguarding Children Manager and any other co-ordinators, together with representatives from the centre's healthcare team. Any independent social worker(s) based in the centre, representatives of any partner organisations with direct involvement in the operation of the centre, representatives from the LSCB and of the escort contractor must also be invited, as well as any others as appropriate e.g. an IMB representative. The aim is not to create an additional tier of bureaucracy but to enable, through the adaptation of existing structures (e.g. safer detention teams), a more joined-up and strategic approach to be taken to safeguarding children issues.

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3.4. Local Safeguarding Children Boards (LSCB)

3.4.1 Centre Managers must reach agreement with the LSCB for their area on how they will work together. There must be a signed SLA/protocol between the centre and the LSCB, which should be annexed in the overarching safeguarding policy document. The SLA/protocol must cover the following matters:

(i) Who will represent the centre at LSCB meetings. Representation at the LSCB meetings should normally be at Manager level. If this has to be delegated, then it should be at SMT level, e.g. Safeguarding Children Manager. The centre's representative will need to be able to speak with authority on the centre's safeguarding and promoting welfare policy and practice. UKBA staff (UKBA Centre Manager or nominated representative) will also attend these meetings.

(ii) How the centre and the LSCB will work together in the development of safeguarding and promoting welfare policy and practice and how, in particular, the LSCB will be involved in the review and updating of the centre's own local safeguarding policy.

(iii) How the centre and the LSCB will work together in the provision of staff training, and in particular, arrangements for enabling centre staff to access – or cooperate in the delivery of – local multi-agency training.

(iv) How the LSCB will monitor and evaluate the effectiveness of safeguarding and promoting welfare activity within the centre, and how the centre will enable the LSCB to do so. Managers should strive to be as cooperative as possible while avoiding any unnecessary duplication of effort, for example by offering the LSCB copies of extant HM Inspectorate of Prisons' reports and self-assessments covering the areas which the LSCB wishes to examine.

(v) An escalation protocol for issues unable to be resolved at LSCB/centre level.

LSCBs are required from time to time to set up serious case reviews to investigate incidents which have caused significant or lasting damage to a child. Where such an incident has occurred at the centre, it will fall to the host LSCB to set up a serious case review. UKBA, with assistance from the Centre Operator, will lead the UKBA response to the review in such cases. The [UKBA guidance on serious case reviews](#) should be followed.

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4. Children separated from their parent(s)/guardian(s)

4.1. Staff may encounter children who have been separated from their parent(s)/guardian(s) in a range of different circumstances. This may include, but will not necessarily be limited to, the following:

- 4.1.1 Sole parent/guardian with whom the child/children was/were held being unwell and admitted to hospital.
- 4.1.2 Discovery that child/children are not related to accompanying adult(s) as claimed.
- 4.1.3 Child/children temporarily separated from parent/guardian whilst held as a family unit, for example, whilst the parent/guardian is interviewed.
- 4.1.4 Person previously treated as an adult, who provides evidence that they are under the age of 18, or is accepted as such following a local authority age assessment.
- 4.1.5 Unaccompanied children in a port holding room, pending transfer into local authority care.

4.2. Where children are encountered following separation under the circumstances outlined in 4.1.1 or 4.1.2 above, the detention facility should take the following actions:

- Allocate an officer to the child/children to ensure their immediate welfare needs such as feeding, comfort breaks, nappy changing etc, are met.
- Refer the case to the local authority “Intake and Assessment Team” following the facility’s local policy guidance.
- Complete a risk assessment to enable an appropriate support plan to be initiated. This should, as a minimum, seek to identify:
 - ✓ suitable accommodation for the safeguarding of the child/children;
 - ✓ key staff to provide interim care;
 - ✓ health concerns, including contingencies for breast-fed children;
 - ✓ special needs, including disabilities or learning;
 - ✓ access to regime and activities;
 - ✓ process for maintaining open communication with parent/guardian, if appropriate;
 - ✓ potential length of separation;

- ✓ family in the community who may be able to provide interim guardianship;
 - ✓ process for ensuring ongoing monitoring;
 - ✓ next steps and a review date.
- Agree completed support plans in consultation with the local authority social work team, having consulted the child where practicable and appropriate, to ensure they are satisfied with the safeguarding arrangements in place.
 - Notify the UKBA caseworker to ensure early consideration of temporary admission for family or child/children where appropriate, or clarify parental responsibility if family relationship status is in question.
 - Notify the Independent Monitoring Board.
 - Open a safeguarding record/log to document all actions and monitoring observations.
 - Ensure regular, informative and age-appropriate discussions take place with the child/children, including discussions about proposed arrangements where the child has sufficient understanding. Ensure that parent(s)/guardian(s) are apprised of the arrangements made.
 - Ensure continual management and monitoring of the situation through to a successful outcome, which might be (re-)unification with parent(s)/guardian(s) or a community placement for the child/children, either with foster parents or family members.
 - Ensure onward arrangements are appropriate e.g. social services' agreement with community placement and chaperoning of children to address.

4.3. Where children are encountered following separation in the circumstances outlined in 4.1.3 above, the detention facility should take the following actions:

- Where there are existing nursery or school facilities, aim to care for the child/children in these areas in the first instance.
- In the absence of nursery/school facilities, nominate an officer with suitable childcare qualifications to look after the child/children during the period of separation, and identify a suitable location in which to accommodate the child/children.
- Keep changes to nominated staff to a minimum during the period of separation to ensure continuity of care, and to minimise any distress to the child/children.
- As far as is possible, minimise the period of separation and keep the child/children informed of the whereabouts of their parent/guardian.
- Ensure the child is informed of the reason for the separation, how long it is likely to last and what is going to happen to the family unit next.

4.4. An individual first encountered as an adult who later claims to be, or presents evidence that they are, a child, as outlined in 4.1.4 above, should be treated as outlined under section 55.9.3.1 of the Enforcement Instructions and Guidance.

4.5. Where children are encountered in the circumstances under 4.1.5 above, arrangements should be made to meet their welfare needs during the brief

period the children remain in the holding room, pending collection by social services.

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5. Removal of Children to an Area of Safety

- 5.1. There may be circumstances where it may be necessary to separate a child from other families in the centre, to ensure the safety of that child and other children in the establishment. The decision to separate the child must be taken with due regard to the section 55 duty and the child must **not** be placed in accommodation designated for removal from association or temporary confinement.
- 5.2. Centres holding families with children must make a decision on where to place the child, with one of the parents/guardians in attendance at all times, when such a need arises. This should be based on the individual circumstances of the child, family and the centre at that time.
- 5.3. Where there is more than one child in the family group, but only one parent/guardian, the entire family unit must be located in the area of safety.
- 5.4. Alternatives may include transfer to another establishment, police custody or social services, if the incident warranting separation is sufficiently serious.

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ANNEX A

SAFEGUARDING CHILDREN POLICY STATEMENT – [NAME OF CENTRE/STHF/ESCORT CONTRACTOR]

Legislative and policy requirements

1. These are as follows:

Children Act 1989 duties of local authorities with social services responsibilities continue to apply where children are detained, subject to the necessary requirements and constraints of detention.

Section 55 of the Borders, Citizenship and Immigration Act 2009 places a duty on the Secretary of State to make arrangements to ensure that specific functions of the UK Border Agency are discharged with regard to the need to safeguard and promote the welfare of children and that services contracted out to others are provided having regard to that need. Statutory guidance under Section 55 sets out how the safeguarding/promoting welfare provisions will be implemented.

The detention of minor children, together with their families takes place under Immigration Act powers - as such it is an “immigration” function and is covered by the duty.

Statutory guidance under Section 55 requires UKBA staff participation in Local Safeguarding Children Boards where appropriate and invited to do so. In the case of removal centres holding families with children, this means the Centre Manager and UKBA Manager or nominated deputies.

Detention Services Order 19/2012, Detention and Escorting Safeguarding Children Policy, identifies the duty to have regard to the need to safeguard and promote the welfare of children while carrying out the UKBA core function of ensuring the return of families with children. The DSO recognises the additional responsibility on removal centres by virtue of the fact that children are almost totally dependent on the centre for all their day to day needs.

2. Safeguarding is defined in the Government publication ‘Working Together to Safeguard Children’ (2010) as:
 - protecting children from maltreatment
 - preventing impairment of children’s health or development
 - ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
 - undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully

3. Within this broader definition, safeguarding is about taking steps to ensure that children and young people are kept safe from harm. This includes protecting children and young people from:
- harm from self (self-harm and suicide)
 - harm from peers who bully or are violent
 - harm from adults
4. A child is defined by 'Working Together' as anyone who has not yet reached their 18th birthday. "Children" therefore means children and young people throughout. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection under the Children Act 1989.

Status of the policy statement

5. Detention Services Order 19/2012 requires each detention facility, including the escort process, to produce and publish a safeguarding children policy statement along the lines of a template provided for that purpose.

*(IRCs/Residential STHFs/PDA): This policy statement is based on the template and has been agreed with the Local Safeguarding Children Board (LSCB). It will be reviewed annually in consultation with the LSCB and UKBA.

[Or]

*(Non-residential STHFs/Escorting Contractor): This policy is based on the template and will be reviewed annually in consultation with UKBA. We will work through LSCB/Child Protection Committee links already established by Border Force or Immigration and Settlement Group as required.

(*Delete as appropriate)

Strategic policy

6. The management of **[Name of Contractor]** recognises and accepts the requirements placed on them by section 55 of the Borders, Citizenship and Immigration Act 2009.

[Name of Contractor] understands its contribution to safeguarding and promoting the welfare of children held in their care, in practice, to be primarily in the development and implementation of policies and arrangements designed to:

- minimise the impact of stay on parenting ability;

- normalise the environment;
- clarify and help children prepare for onward arrangements;
- protect the children resident there from significant harm, including self-harm or suicide, harm from other residents (bullying and other potential forms of abuse which may occur), and harm from staff and other adults, e.g. visitors;
- safeguard the children who are not held in their care but with whom staff have routine contact – when in contact with those children, e.g. visiting children;
- minimise the risks of harm to children in the community by detainees who have been identified as presenting such a risk, which could occur during any form of contact with a child, including, telephone, internet and visits; and
- contribute to UKBA decisions to detain or to continue detention with the aim of ensuring that children are not detained in the centre if their needs cannot reasonably be met such that the assessed impact of detention on the child would be disproportionate to the aim of removing the family.

All staff have the duty to contribute to the implementation of the above policies and arrangements. The role of all staff will be made clear in job specifications, through day to day unit and supervision management, through bilaterals and through performance management reviews.

Core component policies/arrangements

7. The **core** component policies/arrangements are as set out below. Each policy will demonstrate operational links and integration with other safeguarding areas. [See paragraphs 11-20 of the guidance at Appendix 1].

(i) Child Protection

A written policy has been published and is at annex [...]. **[Name of contractor]** regards child protection as essential as part of its wider work to have regard to the need to safeguard and promote the welfare of children detained in their care. All staff will therefore aim to safeguard and promote the welfare of children, both proactively and in response to concerns, so that the need for specific action to protect children from harm, within detention and outside, is reduced.

(ii) Minimising impact of stay on parenting ability

[Name of contractor] recognises the importance of supporting distressed parents in their care to enable them to continue effective parenting of their children.

The primary safeguarding responsibility rightly remains with parents during their stay.

[Name of Contractor] will provide appropriate support to parents, who are distressed, whilst held in their care, aimed at encouraging and enabling them to focus on their children and to plan jointly with parents to meet identified needs. Where concerns about a parent's ability to meet a child's needs continue after advice has been given and support offered, then a family support plan will be drawn up by key personnel, including the on-site independent social workers, if any.

Arrangements will be made to endeavour to ensure a continuation of the existing pattern of care between parents and their children. The role of the parents as the main providers of communication, care and reassurance to their children must be recognised.

(iii) Normalising stay in the centre¹

[Name of Contractor] will aim to normalise children's stay in **[Name of Centre]** as far as is possible. The aim will be to create a positive, family-friendly environment. Families will be accommodated in dedicated family rooms/apartments to ensure that members are not separated and, so far as possible within the constraints of detention, are able to maintain family life. Families will be accommodated separately from single adults.

Children will be able to maintain voluntary personal links with their former school if they wish and to maintain contact with friends they have made. There will be opportunities to participate in a range of activities and play.

Children should, where practicable, have access to discussion forums and counselling services to help them to articulate and address concerns.

Arrangements to protect children from distressing situations will be offered to parents e.g. crèche, leisure facilities.

Staff should avoid any unnecessary intrusion into families' daily routines, which might reinforce the fact that they are in a custodial environment.

(iv) Clarifying onward arrangements¹

[Name of Contractor] recognises that families may be anxious about what the future holds or require practical assistance with preparations for returning home.

[Name of Contractor] will ensure that families who are anxious about their future, or require practical assistance with preparations for returning home, are directed to an appropriate person for help. Depending on the particular circumstances, this may be the centre's welfare officer(s) or staff of a partner organisation providing welfare support at the centre who, for instance, could help with advice on: closing bank accounts; gathering personal belongings; arranging for transportation of excess baggage; help a child research the intended country of destination, or contact the child's former school to have exam results forwarded.

¹ PDA only.

In cases where there are welfare concerns for a child, a social worker will relay these to the Local Authority's Children's Social Care if the child is being returned to the community. If such a child is being returned to his/her country of origin, staff can support the UKBA case holder in contacting International Social Services.

(v) Information sharing protocol

A written protocol has been published and is at annex [...]. The protocol has been drafted to facilitate compliance with the Data Protection Act 1998 and Freedom of Information Act 2000, the Human Rights Act 1998, any duty of confidentiality which may be owed and the cross-Government guidance 'Information Sharing: Practitioners' Guide'. **[Name of Contractor]** recognises that professional and lawful sharing of information is essential to enable early intervention and to safeguard children at risk of significant harm. [Note: The cross-Government guidance identifies six key points for practitioners which need to be built into local protocols. These are at Appendix 1, paragraph 10].

(vi) Staff training strategy

Staff working with children will receive suitable training. A staff training strategy will set priorities for training in safeguarding and provide access to the internal training programmes, e.g. ACDT **[Centres/STHFs/Escort Contractors to add additional local programmes]**, and to relevant LSCB and multi-agency training.

Other component policies/arrangements

8. The other component policies/arrangements are:

(i) Effective inter-agency working

[Name of contractor] recognises that safeguarding and promoting the welfare of children detained in their care – and in particular protecting them from significant harm - depends on effective joint working between agencies and professionals that have different roles and expertise; and that individual children, especially some of the most vulnerable children, may need co-ordinated help from a number of different sectors (e.g. health, education, children's social care). The centre will contribute to these shared responsibilities by:

- being alert to potential indicators of abuse or neglect;
- being alert to the risks which individual abusers, or potential abusers, may pose to children;
- sharing and helping other agencies to analyse information so that a shared assessment can be made of the child's needs and circumstances;

- contributing to whatever actions are needed to safeguard and promote the child's welfare;
- taking part in child protection and other relevant external planning meetings as required; and
- working co-operatively with parents, unless this is inconsistent with ensuring the child's safety.

(ii) Work with individual children¹

[Name of Contractor] will work with each of the children held in their care to help safeguard and promote their welfare. In particular:

- a health-led initial assessment, informed by advance information, on admission will be made to identify their needs, and a plan will be formulated to address these;
- there will be ongoing assessment of the welfare needs of all children and in the event of any concerns, appropriate referrals will be made;
- children will have access to other members of staff (including managers of religious affairs team, counsellors and social workers) and to the Independent Monitoring Board;
- children will be valued and respected, they will be listened to and their views and concerns responded to; they will be encouraged to take an active part in the planning process, so that they can influence and help shape decisions affecting their stay in the centre.

(iii) Consultation¹

The children held in **[name of Centre]** will, as far as practicable, be involved collectively in decisions about regime provision and facilities and about the physical environment by means of [describe whatever consultative arrangements/forums have been established locally]

(iv) Involvement of the family/carers

Every effort should be made to ensure parents' rights and wishes in relation to their children are respected and to maintain the family routines and the interaction to which they are accustomed. Even though these arrangements are being made, parents still retain full parental responsibility for their children.

Staff should be vigilant for any deterioration in the capacity or willingness of parents to care for their children. If a parent is unwell, physically or mentally, then staff must be extra vigilant in looking out for any health problems in a child, both physical and mental.

In dealing with children and their parents, staff must see the family as a unit but, at the same time, as individuals affected in different ways by the issues of concern. In particular, it is important not to lose sight of the child as an individual, as well as part of a family, and to be vigilant and responsive to the child's needs.

Where a child held at the centre unexpectedly becomes unaccompanied as a result of the lone parent/carer being admitted to hospital the Local Authority Children's Social Care/Social Work should be contacted immediately about arrangements for the care of the child. Where a lone parent's/carer's admittance to hospital is known in advance, contact should be made with the Local Authority's Children's Social Care/Social Work in good time to plan appropriate care arrangements for the child.

(v) Escorted Travel²

[Name of Contractor] acknowledges that the safety and comfort of everyone involved in an escorted journey is paramount and that extra care must be taken to ensure that children's needs are looked after. Caged vehicles will **not** be used for the transportation of children or families with children.

Food and drink will be provided during travel when the child needs it, as well as comfort breaks and any other necessary breaks. Refreshments provided will be culturally appropriate.

Suitable and correctly positioned child seats and or restraints will be available for all babies and children in line with the relevant legislation.

(vi) Diversity

[Name of Service Provider] will respect and celebrate diversity and show sensitivity to the race, culture, religion, sexuality and disability of every child held in their care. We will do so in the following ways: communicate with each child, ensure that they are listened to and that responses are provided to their views and concerns. **[insert details of local initiatives]**

(vii) Complaints procedures

A complaints procedure that is age appropriate and ensures that each child feels safe from repercussions when making a complaint is a critical part of safeguarding and promoting the welfare of detained children. Arrangements for dealing with complaints, formal requests and incidents requiring investigation will ensure that they are dealt with proactively, rigorously, fairly and promptly. Staff will seek to ensure that the procedures are clearly

² Escorting arrangements only.

understood by every child and that they are given any necessary help to avail themselves of the procedures.

(viii) Whistle-blowing

[Name of Service Provider] will ensure that staff are aware of their contractual duties and of their professional obligation to raise legitimate concerns about the conduct of colleagues or managers; and will have in place clear procedures and support systems for dealing with expressions of concern by staff and carers about other staff or carers in ways which do not prejudice the “whistle-blower’s” own position and prospects.

(ix) Record keeping and use of IT

Private and secure records on each individual child will be maintained, containing all relevant personal information, contact numbers and details of relevant occurrences. The effectiveness of the centre’s IT systems in enhancing the effectiveness of its work with children will be kept under review.

(x) Children who are visitors

Visitors under the age of 18 are allowed to visit detainees if they have a close relationship with the detainee, such as the detainee is their parent, sibling, step-parent, parent’s partner, other close family relationship or a family friend. A record must be kept of the minor’s name and date of birth. No visitor under the age of 18 years old is allowed to visit a detainee unless they are accompanied by an adult. No detainee with a known history of being a risk to children will be allowed a visit by anyone under the age of 18 years old. If centre staff have any concerns regarding the welfare of any visitor under 18 years encountered trying to visit a detainee, they should always refer the information to their local social services for advice and information.

[Describe here the arrangements in place for safeguarding and promoting the welfare of children visiting – these must be consistent with DSO 04/2012 on visitors]

(xi) Minimising the risk by detainees to children not resident in the centre

[Name of Service Provider] will follow the policies set out in DSO 12/2007, or its successor, for minimising the risk by detainees at **[Name of Centre]** to children in the community.

Taking an integrated approach³

A. At the strategic level

Safeguarding Children Manager

9. A Safeguarding Children Manager will be appointed as part of the centre operator's Senior Management Team to:
- (i) coordinate the development of an integrated safeguarding children policy, monitor its operation across the centre and arrange for it to be reviewed annually;
 - (ii) ensure that policy and practice guidance in the centre encourage and enable a focus on each individual child and their particular needs as well as providing for the whole population of children at the centre, in particular, involving children appropriately in decisions being made about their care at the centre.
 - (iii) ensure that the development of policy and practice guidelines and other planned changes at the centre are appropriately informed by the view of children using the services.
 - (iv) monitor other local policies to help ensure that they take due account of, and are consistent with, the safeguarding children policy;
 - (v) promote effective information sharing about risk and vulnerability within the centre and with external agencies;
 - (vi) develop other multi-disciplinary approaches at operational level such as [local examples to be given, e.g. incident reporting, data analysis and interrogation, individual risk assessment and case review processes];
 - (vii) develop links with external statutory and voluntary agencies to help ensure that every child's safeguarding and welfare needs are well supported while the child is held and that plans are made for this support to be continued in the community, where relevant; and
 - (viii) represent the centre, where appropriate, at UKBA/Detention Operations and external forums.

Safeguarding Children Committee

10. A Safeguarding Children Committee, reporting directly to the Centre Manager and chaired by **[identify the delegated chairperson, e.g. Deputy Centre Manager or the Safeguarding Children Manager]**, will be established to help ensure that the safeguarding policy is implemented efficiently and

³ Centres holding families with children only.

effectively by staff in all disciplines. The committee will meet **[frequency]** and include, in addition, the UKBA Centre Manager or nominated deputy, the Safeguarding Children Manager and co-ordinators, representatives from the healthcare team, **[Add any other staff (e.g. from the staff training/HR team or from the religious affairs team) who will attend under local arrangements]**. Any social worker(s) based in the centre or representatives of partner organisations with direct involvement in the operation of the centre, the on-site UKBA Centre Manager or nominated deputy and a representative from the LSCB will also be invited.

Local Safeguarding Children Boards

11. The **[Centre Manager]** will develop appropriate links with the Local Safeguarding Children Board.

The **[Centre Manager/Safeguarding Children Manager]** will represent the centre at LSCB meetings, where appropriate and invited. **[The policy statement should then go on to set out the arrangements agreed with the LSCB – see paragraph 3.4 of the DSO]**. UKBA will be represented by a Detention Operations Assistant Director at LSCB strategic meetings and an Area Manager at operational level meetings.

[How the centre and the LSCB will help and support each other in the development of safeguarding and promoting welfare policy and practice, and how in particular the LSCB will be involved in the review and updating of the centre's own local safeguarding policy].

[How the centre and the LSCB will help and support each other in the provision of staff training, and in particular arrangements for enabling centre staff to access – or cooperate in the delivery of – multi-agency training in the local area].

[How the LSCB will monitor and evaluate the effectiveness of safeguarding and promoting welfare activity within the centre, and how the centre will enable the LSCB to do so].

[Describe the arrangements for escalation of issues that cannot be resolved at LSCB/centre level].

B. At the operational level

12. [Explain how links will be made at the local operational level between the core component safeguarding children policies, in particular the links across minimising the impact of detention on parental ability and child protection protocols. Refer to any integrated referral systems and screening processes or arrangements for multi-disciplinary joint team working. See paragraphs 11-20 of the Guidance Note at Appendix 1].

Annex A - Appendix 1

GUIDANCE NOTE

The component safeguarding children policies

The component policies in the template represent the minimum requirement for a local safeguarding children policy. Individual centres may wish to develop particular policies further, or include additional policies, to reflect local circumstances and best practice.

2. Of the component policies, there are six (the 'core' policies) which are pivotal to effective safeguarding arrangements. These are:
 - child protection
 - minimising impact of stay on parenting ability
 - normalising children's stay
 - clarifying and helping children prepare for onward arrangements
 - information sharing
 - staff training

An integrated approach

3. Effective safeguarding means avoiding a model of working with individual children in isolation from other areas and ensuring that work to protect them is integrated and co-ordinated effectively across the core business areas.
4. This involves working across areas within a centre to develop integrated and co-ordinated practice at both operational and strategic level, and also in partnership with external statutory and voluntary agencies.
5. It is likely that when working with an individual child on a specific area of concern, such as anti bullying issues, there may be other factors actively impacting on that child, such as child protection concerns or self-harm. Or conversely, a self-harm issue may be related to a previous experience of abuse in the community that may or may not have been disclosed, or experience of bullying within detention that may or may not have been reported, or other related issues such as lack of provision or uncertainty around community / issues like accommodation or living arrangements. To effectively safeguard and promote the welfare of the children, their care needs to be managed in a co-ordinated way. If links are not made at an operational level, the interventions are less likely to be effective, and services risk being duplicated or run in parallel.
6. The local safeguarding policy should ensure that an integrated approach is taken at both strategic, i.e. SMT, structural, committee, and organisational level; and operational level, i.e. sign-posting across business areas and having operational links in place.

Co-ordination at the strategic level

7. The local policy statement should set out how the various policy areas are connected and ways in which they may be integrated. Quality assurance of safeguarding children policies from the LSCB can be obtained via participation in that body, where appropriate and invited. The DSO requirement for LSCB agreement and annual review of the policy should ensure buy in and engagement from the Local Authority.

The Safeguarding Children Committee/Manager

8. The Safeguarding Children Committee should deal on a strategic level with trends, and policy issues identified which cannot be resolved at operational level, and which may require action from SMT and external partnership agencies. The Safeguarding Children Manager – who should be a core member of the centre's SMT – might appropriately chair the Safeguarding Children Committee. He or she should certainly have a pivotal role in driving, monitoring and maintaining the safeguarding children agenda locally. The work of the Safeguarding Children Committee and the Safeguarding Children Manager will normally focus on the core component policies and their effective integration, but see paragraphs 21-23 below on the extension of that role.

Representation on the LSCB

9. DSO 19/2012 details requirements around representation on the LSCB, and the range of matters on which the centre and LSCB must reach agreement, including arrangements for reviewing and development of policy, training, monitoring and evaluation of safeguarding activity, contribution to serious case reviews, and escalation of unresolved issues. The local policy statement should set out the agreement that has been reached with the LSCB on these various matters.

Improving information sharing

10. It is likely that various departments within a centre e.g. Healthcare and Security, and also external agencies, may be working to different protocols and this may lead to barriers in information sharing about risk and vulnerability within the centre and with external agencies. DSO 19/2012 requires that information sharing local policies be developed in line with the Data Protection Act 1998, Freedom of Information Act 2000, the Human Rights Act 1998, any duty of confidentiality which is owed, and the cross-Government guidance 'Information Sharing: Practitioners' Guide'. The latter provides guidance on how information should be shared across departments within the centre and between the centre and external stakeholders. It also identifies six key points for practitioners which need to be built into local protocols. Practitioners should:
 - explain to children and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their

agreement. The exception to this is where to do so would put that child or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention or detection of a crime. It should be noted that a refusal to give consent to share information is not in itself a barrier to disclosure (see below);

- always consider the safety and welfare of the child when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of significant harm, the child's safety and welfare must be the over-riding consideration;
- where possible, respect the wishes of children or families who do not consent to share confidential information. Information may still be shared if, in the practitioner's judgment on the facts of the case, there is sufficient need to over-ride that lack of consent;
- seek advice when in doubt, especially where the doubt relates to a concern about possible significant harm to a child or serious harm to others;
- ensure that the information being shared is accurate and up-to-date, necessary for the purpose for which it is being shared, shared only with those people who need to see it, and shared securely; and
- always record the reasons for the decision – whether it is to share information or not.

Co-ordination at the operational level

11. Consistent with the objective of moving away from working with children in isolation from other areas, links and signposts between the core business areas are required at operational level.
12. An example of making operational links between suicide prevention and self harm management (DSO 6/2008) and child protection protocols (DSO 19/2012 Annex B) is the requirement to refer to the child safeguarding co-ordinator when an ACDT document is opened on any member of a detained family. This means viewing any incident in which a child is harmed, or witnesses someone self-harming or needing suicide prevention measures, as a child protection/welfare concern against the significant harm threshold, and requires that a joined up approach is taken to a child's care.
13. The concepts of children in need and the significant harm threshold can provide a good guide to identifying when action should be taken and how urgent it should be. This safeguarding policy is based on working jointly with all agencies and professionals involved with the child. This will ensure that a joined up approach is taken to: assessing the level and impact of harm to the child; planning their care; and determining whether the criteria are met for an external referral to Local Authority Children's Social Care.

14. This implies the use of the integrated screening and referral process described below, which can be used as a framework to assess the impact of detention (including its impact on parents/carers), bullying behaviour, or other issues of possible concern. This is not to suggest that centres will be required to make external referrals in every case where there is concern about a child. There are a range of services available to meet children's needs within the centre and they should be able to provide an appropriate response in most cases. A consensus should be established between these agencies, statutory children's services and the LSCB so that there is a consistent and appropriate framework against which to consider concerns.
15. This approach will provide opportunities to support both the child and the work of the centre, such as family contact, potential information / advice from external agencies (e.g. Children's Services) about risk factors and previous coping strategies, and to ensure external agencies exercise any statutory responsibilities they may have for the child such as:
 - Information sharing
 - Provision of advice and support
 - Needs assessment for welfare, mental health issues etc
 - Investigating concerns around significant harm

This may require some changes to operational structure but can be achieved more easily where strategic elements such as information sharing are in place. Examples of ways to achieve improved operational level integration are given below.

Integrated referral systems and screening processes

16. Integrated child protection, suicide and self harm, and anti-bullying referral/screening will help to identify individuals who may be presenting more than one need.

In these cases, it may be appropriate to consider a case conference type approach in managing the child's care, where the different interventions may be considered alongside each other.

An option to consider is a "one stop/integrated" process whereby staff who identify any concerns about a child make a referral which is considered in an integrated way by the safeguarding team/manager and a decision is made on the most appropriate way of working with the individual across the various policy areas. Thought should be given to developing frameworks against which to consider referrals including concept of "significant harm", evidenced based and multi-disciplinary approaches.

Sign-posting across operational policies

17. The practice of sign-posting will ensure that explicit links are made between policy areas, e.g. responding to child protection considerations around disclosure/allegations of abuse that may arise during the course of assessment of suicide/self harm risk.

Cross membership of separate committees for child protection and suicide and self-harm

18. This will help develop understanding of connections across the areas, and develop ways of working in an integrated way with children.

Training

19. It may well be beneficial to obtain access to Local Authority child protection training for centre staff via LSCB participation; and to consider locally how to support safeguarding links to ACDT training, i.e. reinforce response via existing child protection protocols to potential disclosures/allegations arising from the ACDT assessment process.
20. UKBA staff must also be appropriately trained in the duty to have regard to the need to safeguard and promote the welfare of children, especially those working in centres that hold families with children. Appointments of UKBA staff must be subject to the satisfactory completion of comprehensive pre-appointment checks carried out by Human Resources, Security and Anti-Corruption Unit and Departmental Security Unit. Furthermore, UKBA staff whose job involves regular contact with children must undergo an enhanced Criminal Records Bureau check, which must be refreshed on a regular basis.

Extending Safeguarding Children beyond the Core Areas

21. Having regard to the need to safeguard and promote the welfare of children represents and requires a whole centre approach and has important parallels and contributions to make towards other related Detention Services agendas such as safety and creation of a positive culture for those who live and work in immigration removal centres. It is difficult to define where a whole centre approach to having regard to the need to safeguard and promote the welfare of children starts and finishes. As a general rule, it should run as a constant theme through all functions. It is recognised, however, that different centres are working at different levels of sophistication and achievement of safeguarding children outcomes, and will be subject to varying local factors that both promote and constrain safeguarding work.
22. Developing safeguarding children approaches locally runs parallel with developing the roles and responsibilities of the Safeguarding Children

Committee and Safeguarding Children Manager. While there has to be an element of flexibility in response to local needs, these roles and responsibilities should not be extended beyond the core business areas to wider roles if the core business is inadequate. When this core business is secure, it may be appropriate to consider extending the roles and responsibilities to cover non-core areas, including perhaps more preventative approaches.

23. All this suggests the appropriateness of devising a staged local strategy. Initially, policy and practice within the centre, and with local stakeholders, may well focus on reviewing current performance and securing the core business areas. There is no reason why medium and longer term strategic aims and objectives should not be identified at an early stage, but action to achieve them should wait until core business is secure.

ANNEX B

CHILD PROTECTION POLICY STATEMENT – [NAME OF ESTABLISHMENT]

Statutory Framework

Section 55 of the Borders, Citizenship and Immigration Act 2009 places a duty on the Secretary of State to make arrangements to ensure that specific functions are discharged having regard to the need to safeguard and promote the welfare of children who are in the UK.

Status of the Policy Statement

2. Detention Services Order 19/2012 requires each centre (includes pre-departure accommodation) that holds families with children to produce and publish a child protection policy statement and along the lines of a template provided for that purpose. This policy statement, with the accompanying child protection procedure, is consistent with the template. It has been agreed with the Local Safeguarding Children Board (LSCB) and forms an important part of the centre's wider safeguarding children policy. It will be reviewed annually, as part of the review of the safeguarding policy, in consultation with the LSCB.

Principles

3. **[Name of Contractor]** understands that effective child protection is an essential part of the wider work to safeguard and promote the welfare of children, and refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm. All staff in the centre will therefore aim to proactively safeguard and promote the welfare of the children so that the need for action to protect them from harm is reduced.
4. It is recognised that detained children are inherently vulnerable by virtue of having lost the support networks that sustained them in the community, and that staff must be able to recognise, and know how to act upon, evidence that a child's health or development is or may be being impaired, and especially when they are suffering, or at risk of suffering, significant harm.
5. Where staff become aware that a child has suffered or may be at risk of suffering significant harm at [centre name], or information about/allegations of previous significant harm come to light from other sources, appropriate action will be taken to safeguard the child and to make appropriate enquiries. The procedure at Appendix 1 will be followed.
6. **[Name of Contractor]** will work together with the LSCB to establish and maintain a common understanding of the purpose of the child protection procedure and their respective roles. They will agree the detail of the procedure, including:

- the criteria for assessing circumstances which may lead to a referral to local authority Children's Social Care (LACSC);
 - the detailed arrangements for making a referral, including the identity of a named LACSC officer whom the centre will contact ; and
 - who should attend the post-referral strategy discussion and meet/liaise at the various stages in the procedure.
7. **[Name of Contractor]** will take a 'whole centre' approach to child protection, ensuring that every aspect of the child's management and treatment takes account of the need to protect them from harm and that staff of all disciplines work together to contribute to that aim. Child protection policy and activity will not develop or proceed in isolation but will be integrated within the centre's wider safeguarding and promoting welfare agenda.

Implementation

8. To provide for the effective implementation of the child protection policy, **[Name of Contractor]** will:
- (i) ensure that all staff working with children receive adequate training in child protection; are acquainted with the procedure at Appendix 1; and know where to turn to for guidance and support
 - (ii) assign to the Safeguarding Children Manager [or another member of the senior management team, depending on local arrangements] the duty of maintaining an overview of the operation of the child protection policy and ensuring that both the policy and the practice are properly integrated with other areas of safeguarding policy and practice, in particular suicide and self-harm prevention;
 - (iii) include child protection as a standing agenda item at Safeguarding Children Committee meetings [or, depending on local arrangements, have in place a child protection committee or sub-committee, which will meet at intervals of [.....]]; and
 - (iv) appoint a child protection co-ordinator (CPC) from the centre's staff who will:
 - serve as the point of contact within the centre for child protection matters;
 - advise the Manager, Senior Management Team, Safeguarding Children Manager and other staff on child protection policy and practice, including training;
 - take appropriate action under the child protection procedure; and
 - monitor routinely and in detail the operation of the child protection policy and prepare a quarterly report for the Safeguarding Children Committee [or the child protection committee or sub-

committee, depending on local arrangements,] including aggregated data to inform local child protection practice in relation to protocols, procedures and staff training needs.

ANNEX B - APPENDIX 1

The Child Protection Procedure

[Name of Contractor] has put in place a procedure for managing concerns relating to significant harm, either current or historical. The procedure prescribed below and summarised in the flow chart at Appendix 1(A) is consistent with established procedures as set out in 'What To Do If You're Worried a Child Is Being Abused' (DfES 2006), 'Working Together to Safeguard Children' (DfES 2010), and DfES guidance to Local Authorities (DfES LAC 2004). Key definitions and concepts (such as 'significant harm' and 'abuse and neglect') are contained in Appendix 1(B).

2. Where a member of staff becomes aware that a child is believed to have suffered or is believed to be at risk of suffering harm physically, emotionally, sexually or through neglect while in **(Centre Name)**; or that a child is believed to have suffered or was at risk of suffering harm before they arrived, the member of staff will immediately refer the matter to the Child Protection Co-ordinator (CPC) or, if the latter is unavailable, to the Duty Manager.
3. In deciding on the appropriate course of action at this and every subsequent stage, the CPC/Safeguarding Children Manager (or Duty Manager) will consult any independent on-site social worker wherever possible.
4. The CPC (or Duty Manager) will first clarify with the referrer the nature of their concerns; how, when and why they have arisen; what appear to be the immediate needs of the child; and whether urgent action (e.g. hospitalisation) is required to protect them from further harm. The CPC will then refer the matter to the Duty Manager. The latter, having discussed the concerns with the CPC and/or other staff as appropriate, will make an assessment on behalf of the centre. This preliminary assessment – which should clearly identify the foundations of the concerns, drawing from available evidence – will take place as soon as possible and, in any event, within 12 hours. All information will be appropriately recorded at this and every subsequent stage.
5. It will also need to be established whether the alleged perpetrator of the harm can immediately be identified and what action, without prejudice to any later internal or external assessment, should be taken. There may be child protection considerations in respect of the alleged perpetrator and in respect of other children within the centre who may be at risk of harm. Where the alleged perpetrator is a member of staff, **[Centre Operator]** will act in accordance with approved internal investigation and disciplinary procedures.
6. If, on the basis of the available information, the CPC (or Duty Manager) has reasonable cause to suspect that the child may have suffered or is

likely to suffer significant harm, or if one or more of the other referral criteria agreed with the LSCB are met, then the concerns will be referred to Local Authority Children's Social Care (LACSC) via the arrangements agreed with the LSCB. Referrals will be made by telephone in the first instance, with written follow-up within 24 hours. This should provide sufficient information to enable LACSC to carry out their enquiries. It will be good practice to communicate all concerns to LACSC - including those that do not meet formal referral threshold criteria – as information only.

7. Where the CPC (or Duty Manager) decides that there is no evidence to support a referral, internal action may nonetheless be appropriate to safeguard and promote the welfare of the children.
8. On receipt of the referral, LACSC will complete an Initial Assessment; and, at its completion, they (together with the UKBA Manager, **[name of Centre Operator]** and the police, if appropriate) will decide whether criteria are met for a strategy discussion.
9. A strategy discussion will take place where LACSC has reasonable cause to suspect a child is suffering or is likely to suffer significant harm. The discussion – which will be held within 24 hours of the decision to initiate it (and which may be conducted by telephone where appropriate) – will involve the following locally agreed contacts:

[These may include the Duty Manager, the CPC, the LACSC Team Manager or above (who will normally act as Chair), the Child Protection Police Officer, any independent on-site social worker, and other personnel deemed to be appropriate by the Chair]. The discussion will be used to:

- share available information;
- agree the conduct and timing of any criminal investigation;
- decide whether a core assessment under section 47 of the Children Act 1989 (s47enquiries) should be initiated, or continued if it has already begun;
- plan how the s47 enquiry should be undertaken (if one is to be initiated), including the need for medical treatment, and who will carry out what actions, by when and for what purpose;
- agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child;
- determine what information from the strategy discussion will be shared with the family, unless such information sharing may

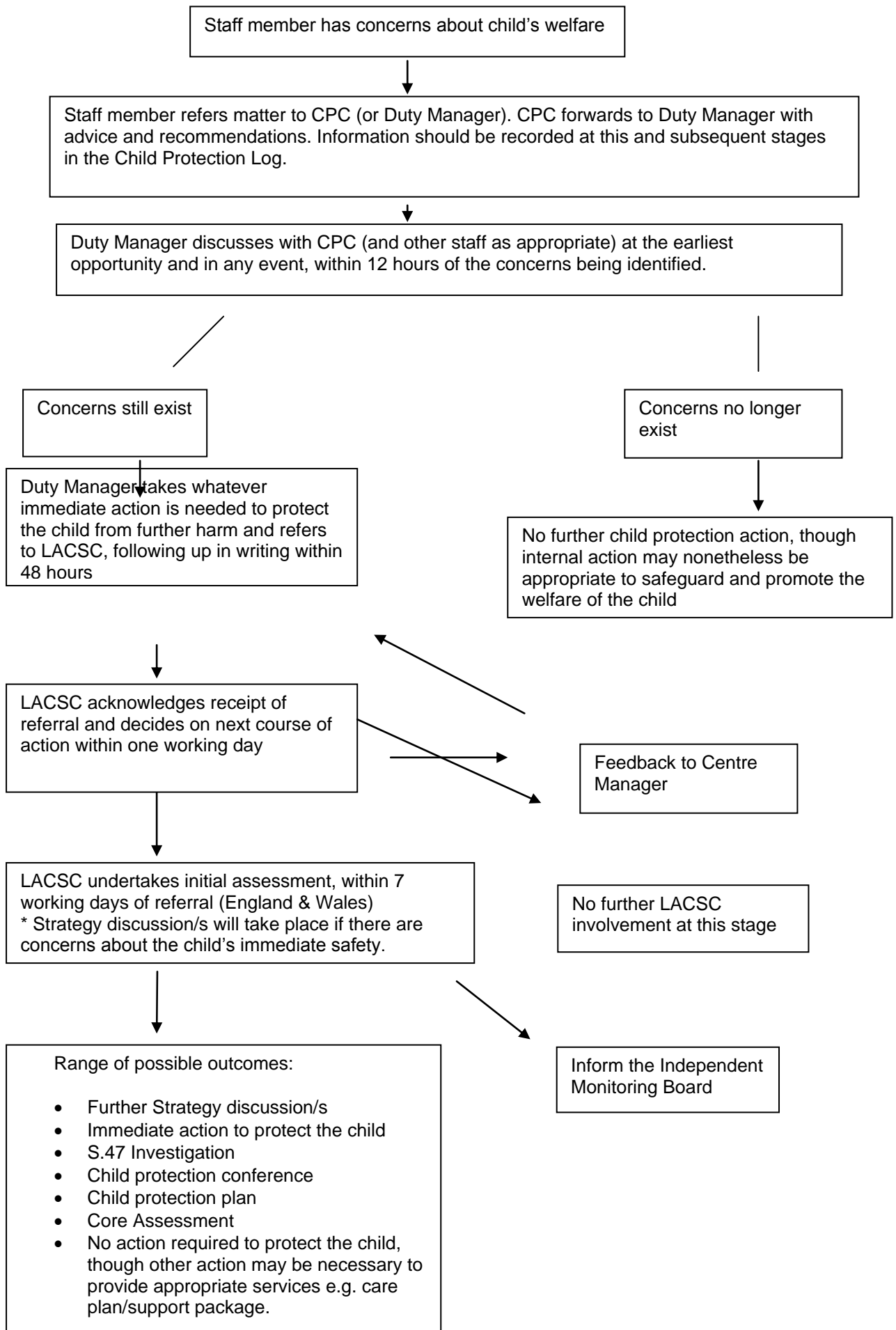
place a child at increased risk of significant harm or jeopardise police investigations into any alleged offence(s); and

- determine if legal action is required.
10. The Independent Monitoring Board will be informed at this stage by the CPC (or Duty Manager). All information given to that Board is bound by the general terms and conditions of confidentiality.
 11. In order to progress the enquiries, neither the alleged victim nor the alleged perpetrator will be moved out of **[Name of Centre]** unless absolutely necessary for the safety and protection of either party, or to protect the integrity of the process.
 12. Where it is decided to undertake a section 47 enquiry, this will be done by means of a core assessment. **[Name of Contractor]** will contribute to this assessment as required.
 13. A section 47 enquiry may result in the convening of a child protection conference and, if the conference so decides, the preparation of a child protection plan. Even if the child is judged not to be at continuing risk of harm, LACSC may still need to agree a plan with the family and relevant professionals for ensuring the child's future safety and welfare. **[Name of Contractor]** and UKBA will be represented at any child protection conference and subsequent review conferences as required and will also contribute as required to the development of any child protection plan or any other plan or assessment necessary under the statutory procedures.
 14. Where police investigation of an allegation of abuse against a member of **[Name of Contractor]** staff at **[Name of Centre]** results in a decision not to prosecute, the Centre Manager will decide whether internal disciplinary action or other action should be taken. He/she will follow **[Name of Centre Operator's]** disciplinary procedures and will also have regard to the guidance given in Chapter 6 of 'Working Together'.
 15. On receipt of a referral about concerns surrounding the welfare of a child, LACSC are responsible for leading on taking action to safeguard and promote their welfare by: undertaking an initial assessment of the child's situation and deciding what to do next; taking urgent action to protect the child from harm, if necessary; holding a strategy discussion where there are concerns that a child may be suffering significant harm, and where appropriate convening a child protection conference; deciding whether a child is at continuing risk of significant harm and therefore should be the subject of a child protection plan, implementing the plan and reviewing it at regular intervals.
 16. If a child in detention makes an allegation of abuse that happened before they entered the immigration detention estate, or it becomes

clear that they may be at risk of significant harm on leaving the centre (other than for removal), the local authority in whose area the removal centre is located will need to initiate s47 enquiries, and negotiate transfer to the local authority in whose area the child was living, or will be living, or where the abuse is alleged to have taken place, where appropriate.

Further guidance on the process and range of possible outcomes is contained in the 'Working Together' Chapter 5 guidance. While LACSC have responsibility to lead on assessment, investigation and planning, the role of centres is to consult with and work in partnership with LACSC. This may include facilitating attendance at meetings, and sharing information etc.

Child Protection Procedure Flow Chart



Key Definitions and Concepts

The following have been adapted from Chapter 1 and Chapter 9 of Working Together to Safeguard Children' (DfES 2010).

Safeguarding and promoting welfare

1. Safeguarding and promoting welfare is defined as:
 - protecting children from maltreatment
 - preventing impairment of children's health or development
 - ensuring that all children are growing up in circumstances consistent with the provision of safe and effective care
 - undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Child protection

2. Child protection is a part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm.
3. Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

Children in need

4. Children who are defined as being 'in need', under section 17 of the Children Act 1989, are those whose risk of harm is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (section 17(10) of the Children Act 1989), plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are what will happen to a child's health or development without services being provided, and the likely effect the services will have on the child's standard of health and development. Local Authorities have a duty to safeguard and promote the welfare of children in need.

The Concept of Significant Harm

5. Some children are in need because they are suffering or likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities

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.

6. A court may make a care order (committing the child to the care of the local authority) or supervision order (putting the child under the supervision of a social worker, or a probation officer) in respect of a child if it is satisfied that the child is suffering, or is likely to suffer, significant harm and the harm or likelihood of harm is attributable to a lack of adequate parental care or control (s31).
7. 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, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. 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 family's strengths and supports.

Under s31 (9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

'harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another

'development' means physical, intellectual, emotional, social or behavioural development

'health' means physical or mental health

'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Under s31 (10) of the Act:

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

8. To understand and establish 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
 - the wider and environmental family context
9. The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and taken account of according to the child's age and understanding. Section 53 of the Children Act 2004 amended Sections 17 and 47 of the Children Act 1989 so that before determining what if any services to provide to a child in need under s17 or action to be taken with respect to a child under s47 the wishes and feelings of the child should be ascertained as far as is reasonable and given due consideration.
10. To do this depends on effectively communicating with children and young people including those who find it difficult to do so because of their age, impairment or their particular psychological or social situation. It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible. Accuracy is key, for without it, effective decisions cannot be made and equally inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults.

What is Abuse and Neglect?

11. Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults or another child or children.

Physical Abuse

12. 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.

Emotional Abuse

13. Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It 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 include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. 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. It may involve serious bullying, including cyber 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.

Sexual Abuse

14. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual images, or watching sexual activities, or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect

15. Neglect is 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. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The Impact of Maltreatment on Children

16. The maltreatment of children physically, emotionally, sexually or through neglect can have major long-term effects on all aspects of a child's health, development and well-being. The immediate and longer term impact can include anxiety, depression, substance misuse, eating disorders and self-destructive behaviour, 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 which are necessary to be an effective parent.
17. 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 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 increase the likelihood or level of significant harm.
18. 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 subsequent life events. The way in which professionals respond also has a significant bearing on subsequent outcomes.
19. 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 inexperienced 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.
20. Emotional abuse. There is increasing evidence of the adverse long term consequences for children's development where they have been subject to sustained emotional abuse, including the impact of serious bullying. 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, if not more so, than other more visible forms of abuse in terms of its impact on the child. 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.

21. Sexual abuse may result in disturbed behaviour including self-harm, inappropriate sexualised behaviour, depression and a loss of self-esteem. Its adverse effects may endure into adulthood. The severity of impact on a child is believed to increase the longer 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. The reactions of practitioners also have an impact on the child's ability to cope with what has happened, and his or her feelings of self worth. A proportion of adults 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 will inevitably go on to become abusers themselves.
22. Severe neglect of young children has adverse effects on children'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, 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.
23. 'Working Together' Chapter 9 also offers guidance on the impact on children and young people of other sources of stress such as: social exclusion, domestic violence, mental illness of parent or carer, drug and alcohol abuse and parental learning disability.

INFORMATION SHARING POLICY STATEMENT

Basis of the policy

This statement is based on the six key principles set out in the cross- government guidance 'Sharing Information on Children and Young People'.

Strategic

2. [Name of Contractor] will comply with the Data Protection Act 1998 and Freedom of Information Act 2000, Environmental Information Regulations 2004 and DSO 19/2012 (Detention and Escorting Safeguarding Children Policy), and have regard to the above mentioned cross-Government guidance.
3. We will ensure, through our Safeguarding Children Manager, that effective information sharing about risk and risk of harm are promoted within the centre and with external agencies through clear systems, standards and protocols. [Refer here to any systems, standards or protocols agreed locally to cover information sharing across disciplines within the centre and with outside agencies, and attach as appropriate].
4. We will ensure, through training and the dissemination of the cross-Government guidance and DSO 19/2012 [include mention of any centre-specific guidance] that relevant staff within the centre understand what to do and the most effective ways of sharing information if they believe that a child may be a child in need, including those children suffering or at risk of suffering harm, or may require particular services internally or from external agencies.

Operational

5. We will explain to every child on admission, and again during induction, what and how information will, or could, be shared and why, and seek their agreement - except where to do so would put that child or others at increased risk of significant harm, or an adult at risk of serious harm, or if it would undermine the security of the centre or the prevention/detection of a crime. It should be noted that a refusal to give consent to share information is not in itself a barrier to disclosure (see point 7 below).
6. We will always consider the safety or welfare of a child when making decisions on whether to share information about them. Where there is concern that the child may be suffering, or is at risk of, significant harm, the child's safety and welfare will be the over-riding consideration.
7. We will, where possible, respect the wishes of the child where they do not consent to share confidential information. However, we will still share information if, in our judgement on the facts of the case, there is sufficient need to over-ride that lack of consent.

8. We will ensure that arrangements are in place for providing advice and support to any members of staff who may have doubts about whether to share information in an individual case.
9. We will ensure that the information we share is accurate and up-to-date, necessary for the purpose for which it is being shared, shared only with those people who need to see it, and shared securely.
10. We will always record the reasons for our decision – whether it is to share information or not.

Glossary of Abbreviations

ACDT – Assessment Care in Detention and Teamwork

CPC – Child Protection Coordinator

DfES – Department for Education and Skills, now

DCSF – Department for Children, Schools and Families

DH – Department of Health

DSO – Detention Services Order

IRC – Immigration Removal Centre

LACSC – Local Authority Children's Social Care

LSCB – Local Safeguarding Children Board

PDA – Pre-Departure Accommodation

STHF – Short-term holding facility

UKBA – UK Border Agency