

GD 2019/0013



Safeguarding Together

**Guidance for collective working to safeguard
children and vulnerable adults in the Isle of
Man**

March 2019

Version 2

Key Changes Control Sheet	
Paragraph	Amendment
Chapter 1, para 16	Removed the words 'Child Death Review'
Chapter 6, para 5	Amendments to the criteria and procedure in order that a Serious Case Management Review can take place
Chapter 6, para 6	Amendments to the criteria and procedure in order that a Serious Case Management Review can take place
Chapter 6, para 7	Amendments to the criteria and procedure in order that a Serious Case Management Review can take place
Chapter 7	Removal of the full Chapter and flowcharts – required following the removal of Child Death Overview Panel ("CDOP") provisions from the Safeguarding Board (Qualifications and Procedures) Regulations
Appendix A, Glossary	Removal of "CDOP" from the glossary
Amendments made by Executive Office, Cabinet Office	

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Foreword

One of the key outcomes in the Isle of Man Government's Programme for Government 2016-2021 is:

"We have improved the quality of life for children, young people and families at risk"

The Safeguarding Board plays a vital role in delivering this outcome. The Board is now firmly founded in statute, which recognises the importance and impact of the work of the Board.

However this does not mean that safeguarding is solely the responsibility of the Safeguarding Board. Everybody in the Isle of Man community has a role to play; **safeguarding is everybody's business**. All members of the community can actively contribute to ensure children, young people and vulnerable adults are kept safe.

This guidance will be of especial importance to those who work with children and vulnerable adults who should be aware of their safeguarding responsibilities and understand how to recognise report and respond to safeguarding risk.

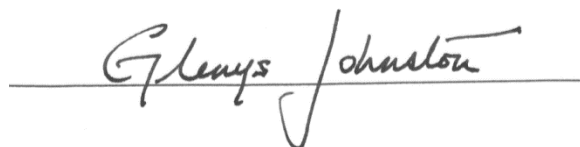
We need to deliver a system that responds to the needs and interests of children, young people and vulnerable adults, ensuring practitioners are aware about what is required of them individually, and how they need to work together in partnership with others.

The Safeguarding Act 2018 requires the Board to develop policies and procedures for safeguarding and promoting the welfare of children and for safeguarding and protecting vulnerable adults. This guidance, issued under the Act, sets these out in detail, providing a framework helping to ensure the best outcomes for children and vulnerable adults.

Will Greenhow,
Chief Secretary



Glenys Johnston OBE
Independent Chair – Safeguarding Board



Summary

About this guidance

1. This guidance covers
 - a. The legislative requirements of the Isle of Man Safeguarding Act 2018 and expectations on relevant safeguarding bodies to safeguard children and vulnerable adults;
 - b. The statutory duties placed on relevant safeguarding bodies to safeguard and to co-operate; and
 - c. The frameworks within which the Isle of Man Safeguarding Board will operate.
2. This document is intended to set out how the Safeguarding Act 2018 will be implemented in practice. It provides the strategic overview of expectations and a framework within which existing policies, procedures and practice guidance for children and adult safeguarding operate.
https://www.legislation.gov.im/cms/images/LEGISLATION/PRINCIPAL/2018/2018-0007/SafeguardingAct2018_1.pdf
3. It is important to emphasise that the policies, procedures and practice guidance that is in place for children and adult safeguarding remain in place and should continue to be used by managers and staff.
4. This guidance applies to all relevant safeguarding bodies as set out in Chapter 3.
5. This guidance will come into effect from January 2019. This document should be complied with unless exceptional circumstances arise.

Who is this guidance for?

6. This statutory guidance should be read and followed by:
 - a. The Chief Secretary;
 - b. Chief Executive Officers of Government Departments;
 - c. Senior leaders and managers in all relevant safeguarding bodies;
 - d. The Independent Chair of the Safeguarding Board; and
 - e. Senior managers within organisations who commission and provide services for children and vulnerable adults, including:
 - i. Children and adult social workers;
 - ii. Professionals from health services;
 - iii. The Police;
 - iv. Schools and colleges; and
 - v. The voluntary, community and private sector organisations which have contact with children, families and vulnerable adults.
7. All relevant professionals should read and follow this guidance so that they can respond to the needs of children and vulnerable adults appropriately.

Introduction

Background

1. Safeguarding is everybody's business. This has been a long-standing expectation of the former Safeguarding Children Board and Safeguarding Adults Partnership. The Safeguarding Act 2018 enshrines this concept in statute. All relevant safeguarding bodies now have a duty to:
 - a. Safeguard and promote the welfare of children; and
 - b. Safeguard and protect vulnerable adults.
2. They also have a duty to cooperate in the work of the Safeguarding Board in securing the effective delivery of safeguarding and ensure that any functions they carry out promote effective safeguarding for both children and adults.
3. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:
 - a. Protecting children from maltreatment;
 - b. Preventing impairment of children's health or development;
 - c. Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
 - d. Taking action to enable all children to have the best outcomes.
4. Safeguarding and protecting vulnerable adults is defined for the purposes of this guidance as:
 - a. Protecting a person's right to live in safety, free from abuse and neglect.
5. The phrase "Safeguarding is Everybody's Business" was adopted to emphasise that everyone in the Isle of Man has a role to play in ensuring children, young people and adults are safe. It has long been understood that those working directly with children and vulnerable adults should be aware of their safeguarding responsibilities and understand how to recognise, report and respond to safeguarding risk. This remains critical.
6. To maximise our capacity to create a 'An Inclusive and Caring Society' – one of the Isle of Man Government's three strategic priorities we must engage everyone, wherever they work, whatever they do and wherever they live, to recognise and report safeguarding risk and understand how to respond to this risk and safeguard children and vulnerable adults.
7. In this document a "child" is defined as anyone who has not yet reached their 18th birthday. "Children" therefore means 'children and young people' throughout.
8. A vulnerable adult (termed "adult" throughout this document) is someone who:
 - a. Has attained the age of 18
 - b. Is in need of care and protection; and

- c. Satisfies one of the more of the conditions in section 5(2) of the Safeguarding Act 2018

Safeguarding through cooperation

9. The significant majority of adults will be able to safeguard themselves. A key priority of our work with children is to enable them to develop the ability to safeguard themselves and to build self-resilience to risk. Parents have a critical role in this process. Success in enabling self-resilience will reduce the need for additional services beyond the universal. For a minority however, we need to take action to safeguard and protect.
10. For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future.
11. Adults also need support that recognises their rights to live in safety, free from abuse and neglect.
12. Children and adults are best protected when professionals are clear about what is required of them individually, and how they need to work together.
13. This guidance aims to help professionals understand what they need to do, and what they can expect of one another, to safeguard children and adults. It focuses on core legal requirements, making it clear what individuals and organisations should do to keep children and adults safe.
14. High quality skilled professionals are able to use their expert judgement to put the child's or adult's needs at the heart of the safeguarding system so that the right solution can be found for each person. All relevant professionals contribute to whatever actions are needed to safeguard children and adults and take part in regularly reviewing the outcomes for the person against specific plans and outcomes.
15. When things go wrong Serious Case Management Reviews will be undertaken. These will identify learning and areas for action and improvement to support future effectiveness.

The Safeguarding Board

16. The Safeguarding Board will coordinate the framework to safeguard children and adults in the Isle of Man and monitor and challenge the effectiveness of arrangements on the Island.
17. Importantly, the Board will also identify, celebrate and disseminate best practice to support service development, innovation and change that is informed by evidence-based best practice.
18. Ultimately, effective safeguarding of children and adults can only be achieved by putting these individuals at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our children and adults.

Chapter 1 The Safeguarding Board

Statutory objectives and functions of the Safeguarding Board

1. The Safeguarding Act 2018 created a legislative requirement to have an Isle of Man Safeguarding Board.
2. The objectives of the Board are:
 - a. To coordinate the work done by relevant safeguarding bodies for the purposes of safeguarding and promoting the welfare of children and safeguarding and protecting vulnerable adults; and
 - b. To ensure the effectiveness of the work done by each of those bodies for those purposes.
3. Section 8 of the Safeguarding Act 2018 sets out the functions of the Safeguarding Board which are as follows:
 - a. The Board must develop policies and procedures for safeguarding and promoting the welfare of children and for safeguarding and protecting vulnerable adults;
 - b. The Board must promote an awareness of the need to safeguard and promote the welfare of children and of the need to safeguard and protect vulnerable adults.
 - c. The Board must keep under review the effectiveness of what is done by relevant safeguarding bodies:
 - i. Safeguard and promote the welfare of children; and
 - ii. Safeguard and protect vulnerable adults.
 - d. For the purpose of identifying lessons to be learnt and applying those lessons in future cases the Board must:
 - i. Undertake such case management reviews as may be prescribed in such circumstances as may be prescribed;
 - ii. Review such information as may be prescribed in relation to deaths of children or vulnerable adults in the Island in such circumstances as may be prescribed.
 - e. The Board must make arrangements for:
 - i. Consultation and discussion in relation to safeguarding;
 - ii. Promoting the welfare of children or protecting vulnerable adults; and
 - iii. Communicating effectively with children and vulnerable adults.
 - f. The Board may:
 - i. Compile and analyse information concerning safeguarding and promoting the welfare of children or safeguarding and protecting vulnerable adults;

- ii. Provide advice or information on any matter concerning safeguarding and promoting the welfare of children or safeguarding and protecting vulnerable adults;
 - iii. Publish any matter concerning safeguarding and promoting the welfare of children or safeguarding and protecting vulnerable adults, subject to consultation with the Department.
 - g. The Board may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.
 - h. The Board must, in exercising its functions, have due regard to any guidance given to it for the purpose by the Department.
4. The Safeguarding Board does not commission or deliver direct frontline services, though they may provide training.

Safeguarding Board membership

5. The membership of the Safeguarding Board is set out in the Safeguarding Act 2018 and comprises:
- a. The Chief Executive Officers of the Departments of Education, Sport and Culture¹, Health and Social Care and Home Affairs
 - b. The Director of Public Health
 - c. The Chief Constable
 - d. Not less than three and no more than five other members of the Board.
6. The other members of the Board will be appointed, as independent members, to secure representation from third and private sector providers of services to children and vulnerable adults and from the community.
7. It is the intention that members of the Safeguarding Board should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation.
8. They should be able to:
- a. Speak for their organisation with authority;
 - b. Commit their organisation on policy and practice matters; and
 - c. Hold their own organisation to account and hold others to account.
9. The Board should be able to draw on appropriate expertise and advice from, designated leads and frontline professionals from all the relevant sectors.
10. Independent members will operate as full members of the Board participating as appropriate on the Board itself and on relevant committees. Independent members should help to make links between the Board and community groups, support stronger public engagement in safeguarding issues and an improved public understanding of the Board.

¹ Formerly Department of Education and Children

Independent Safeguarding Board Chair, accountability and resourcing

11. The Safeguarding Act 2018 requires that the Chair of the Safeguarding Board should be independent. In addition the Board itself should not be subordinate to, nor subsumed within, other government structures.
12. It is the responsibility of the Chief Secretary to appoint or remove the Independent Chair with the agreement of a panel including Safeguarding Board partners and lay members. The Chief Secretary, drawing on Board members will hold the Chair to account for the effective working of the Board.
13. The Independent Chair should work closely with all Board partners.
14. The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children and the safeguarding and protection of vulnerable adults. The annual report should be published in relation to the preceding financial year and should fit with relevant safeguarding bodies' planning, commissioning and budget cycles. The report should be submitted to the Chief Secretary, Council of Ministers' Social Policy and Children's Committee and Council of Ministers and then be laid before Tynwald.
15. The annual report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from any reviews which were undertaken during the reporting period.
16. The report should also list the contributions made to the Board by partner agencies and details of what the Board has spent, including on Serious Case Management Reviews and other specific expenditure such as learning events or training. All relevant safeguarding bodies have an obligation to provide the Board with reliable resources (including finance) that enable the Board to be strong and effective.
17. The Chair should have access to training and development opportunities, including peer networking. The Independent Chair should also have support as is necessary for them, and the Board, to perform effectively.

Information sharing

18. The Board should play a strong role in supporting information sharing between and within organisations and addressing any barriers to information sharing. This should include ensuring that a culture of information sharing is developed and supported as necessary by multi-agency training.
19. In addition, the Board can require a person or body to comply with a request for information. This can only take place where the information is essential to carrying out the Board's statutory functions. Any request for information about individuals must be "necessary" and "proportionate" to the reasons for the request. The Board should be mindful of the burden of requests and should explain why the information is needed.

Caldicott Principles

20. The key principles underlying use of personal identifiable information in relation to the child, their family or the vulnerable adult is summarised by the Caldicott principles:

Principle 1	Justify the purpose(s) of using confidential information
Principle 2	Only use when absolutely necessary
Principle 3	Use the minimum that is required
Principle 4	Access should be on a strict 'need to know' basis
Principle 5	Everyone must understand his/her responsibilities
Principle 6	Understand and comply with the law
Principle 7	The duty to share information can be as important as the duty to protect patient confidentiality. ²

21. Staff should be mindful of confidentiality; however, the likelihood is that there will be occasions when there is a need to break confidentiality to protect the person at risk in order to protect them against the risk of harm.

² Caldicott 2 (May 2013) added a seventh principle.

Chapter 2 Organisational responsibilities

Organisational responsibilities

1. The previous chapter set out the need for organisations, working together, to take a coordinated approach to ensure effective safeguarding arrangements. This is supported by the duty on all relevant safeguarding bodies set out in Part 1, Para 4 of the Safeguarding Act 2018 to co-operate with the Safeguarding Board and its objectives and functions.
2. Relevant Safeguarding Bodies for the purposes of the Safeguarding Act 2018 are set out in Part 1, Para 4 as follows:
 - a. The Department of Education, Sport and Culture (DESC);
 - b. The Department of Health and Social Care (DHSC);
 - c. The Department of Home Affairs (DHA);
 - d. The Isle of Man Constabulary (Police);
 - e. Any other body providing services for children or vulnerable adults; and
 - f. Such other bodies as may be prescribed.
3. The intention of the legislation is that all Government, third and private sector services that provide services to children and adults should hold the safeguarding responsibilities set out in the Safeguarding Act 2018 most importantly:
 - a. The duty to safeguarding children and vulnerable adults; and
 - b. The duty to co-operate.
4. Relevant safeguarding bodies should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children and safeguarding and protecting vulnerable adult.

Arrangements to reflect importance of safeguarding

5. A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children and to safeguard and protect vulnerable adults.
6. A senior level lead to take leadership responsibility for the organisation's safeguarding arrangements.
7. A culture of listening to children and adults and taking account of their wishes and feelings, both in individual decisions and the development of services.
8. Arrangements that set out clearly the processes for sharing information, with other professionals and with the Safeguarding Board.
9. A designated professional lead (and, for health organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children and adults, including safeguarding from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions.

Professionals should be given sufficient time, funding, supervision and support to fulfil their child and adult safeguarding responsibilities effectively.

10. Safe recruitment practices for individuals whom the organisation will permit to work regularly with children and adults, including policies on when to obtain a criminal record check.
11. Appropriate supervision and support for staff, including undertaking safeguarding training.

Supervision, support and training

12. Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and safeguarding and protecting vulnerable adults and for creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role.
13. Staff should be given a mandatory induction, which includes familiarisation with child and adult protection responsibilities and procedures to be followed if anyone has any concerns about a child or vulnerable adult's safety or welfare.
14. All professionals should have regular reviews of their own practice to ensure they improve over time.

Allegations against people who work with children and vulnerable adults

15. Arrangements should include clear policies in line with those from the Safeguarding Board for dealing with an allegation against a person who works with children or vulnerable adults who has:
 - a. Behaved in a way that has harmed a child, or may have harmed a child or adult.
 - b. Possibly committed a criminal offence against or related to a child or adult.
 - c. Behaved towards children or adults in a way that indicates they may pose a risk of harm to them.
16. In addition the Managing Allegations Strategy Meeting (MASM) will be overseen by the Senior Independent Reviewing Officer (SIRO) DHSC. The SIRO should provide advice and guidance to employers and voluntary organisations, liaising with the police and other agencies and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.
17. Any allegation should be reported immediately to a senior manager within the organisation. The SIRO should also be informed in line with the procedure; if an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children or vulnerable adults (or would have, had the person not left first) because the person is convicted or judged to pose a risk of harm to children or vulnerable adults, the organisation must make a referral to the Disclosure and Barring Service (DBS).

Chapter 3 Assessing need and providing help for children

Local protocols for assessment

1. The Safeguarding Board agreed the use of the Island's Continuum of Need threshold document to inform level of need and service response.
http://www.isleofmanscb.im/files/integrated_thresholds.pdf
2. The Safeguarding Board, Departments and Partners agreed the use of the Needs Assessment, Robust Risk Analysis, Timely Effective Support (NARRATES) single assessment framework for assessments. <http://www.isleofmanscb.im/files/narrates.pdf>
3. The Safeguarding Board agreed the use of the Dynamic Risk Assessment tool (DRAT) as a consistent approach to risk assessment. <http://www.isleofmanscb.im/>

Information sharing

4. Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision. Fears about sharing information should not stand in the way of the need to promote the welfare and protect the safety of children.
5. Early sharing of information enables early help where there are emerging problems, or can be essential to put in place effective child protection services. Serious Case Management Reviews have shown how poor information sharing has contributed to the deaths or serious injuries of children.
6. To ensure effective safeguarding arrangements, all organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the Safeguarding Board.
http://www.isleofmanscb.im/files/Information_Sharing_Guidance_for_Managers_and_Practitioners.pdf
7. Providing clear guidance for practitioners and managers supports frontline practitioners working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. It promotes best practice in accordance with Data Protection and GDPR legal requirements.
https://legislation.gov.im/cms/images/LEGISLATION/PRINCIPAL/2018/2018-0010/DataProtectionAct2018_1.pdf

Identifying children and families who would benefit from Early Help

8. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life.

9. Effective early help relies upon local agencies working together with the consent of families and children to:
 - a. Identify children and families who would benefit from early help;
 - b. Undertake an assessment of the need for early help; and
 - c. Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.
10. The Safeguarding Board has adopted the Island's continuum of need agreed by Departments and partners which sets out the levels for the different types of assessment and services to be commissioned and delivered. The provision of early help services forms part of a continuum of need of individual children and families.

Universal	Additional	Complex	Protection
There is no deficit in the resilience of the child and family and universal services are supporting parents well in response to short lived issues or difficulties.	Needs are identified that require targeted support to maintain or prevent any deficit in the resilience of the child and family.	Needs are identified that are measurably unmet and there is a deficit in the resilience of the child and family resulting in a complex range of needs.	Needs are identified that are measurably unmet and places the child at risk of harm or abuse.

11. Where need is relatively low level individual services and universal services may be able to take swift action. For additional needs a range of early help services may be required, coordinated through an early help assessment by a Children with Additional Needs (CWAN) co-ordinator, or, where there are more complex needs, help may be provided under Section 23 of the Children and Young Persons Act 2001.
http://www.legislation.gov.im/cms/images/LEGISLATION/PRINCIPAL/2001/2001-0020/ChildrenandYoungPersonsAct2001_1.pdf
12. Local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. The Isle of Man provides assessment for early help services through the CWAN co-ordinators and the NARRATES assessment framework is used to determine the level of need.
13. The Safeguarding Board will monitor and evaluate the effectiveness of multi-agency training on how to identify and respond early to the needs of vulnerable children. Professionals should have access to training to identify and respond early to abuse and neglect, and to the latest research showing what types of interventions are the most effective.
14. Professionals should, in particular, be alert to the potential need for early help for a child who:
 - a. Is disabled and has specific additional needs, or complex health needs;
 - b. Has special educational needs;
 - c. Is a young carer;

- d. Is showing signs of engaging in anti-social or criminal behaviour;
- e. Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence, adult learning or health difficulties;
- f. Is showing early signs of potential abuse;
- g. Is showing early signs of potential neglect.

Effective assessment of the need for Early Help

15. Local agencies should work together using the NARRATES assessment framework for the effective assessment of the needs of individual children who may benefit from early help services.
16. Children and their families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) the CWAN co-ordinators will oversee the multi-agency additional needs plan. The plan of support should identify what help the child and family require preventing needs escalating to a point where statutory intervention under the Children Act 2001 is required.
17. The early help assessment should be contributed to by all relevant professionals, coordinated by the CWAN coordinator. A lead professional should be identified who is the lead contact for the family, the child and the provided services. Decisions about who should be the lead professional should be taken on a case by case basis at the CWAN meeting and should be informed by the child and their family.
18. For an early help assessment to be effective:
 - a. The assessment should be undertaken with the agreement, and participation of the child and their parents or carers;
 - b. If parents and/or the child do not consent to an early help assessment, then the professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into the Department of Health and Social Care (DHSC) Children and Families (C&F) Service may be necessary.
19. If at any time it is considered that the child has suffered significant harm or is likely to do so, a referral should be made immediately to the C&F Service Initial Response Team (IRT).

Provision of effective Early Help services

20. The early help assessment carried out for an individual child and their family should be clear about the action to be taken and services to be provided (see NARRATES guidance).
21. Service provision should draw upon support in universal services, additional needs and targeted support services. Early help services will typically include access to family and parenting programmes, assistance with health issues and help for problems relating to drugs, alcohol and domestic violence. Services may also focus on improving family functioning and building the family's own capability to solve problems.

22. Services should be offered within a structured, evidence-based framework involving regular review to ensure that real progress is being made. Some of these services may be delivered to parents but should always be evaluated to demonstrate the impact they are having on the outcomes for the child. The CWAN co-ordinators will review the plan at regular intervals and contracted family support services will use the outcome star methodology.

Making a referral to Children and Families Services Initial Response Team

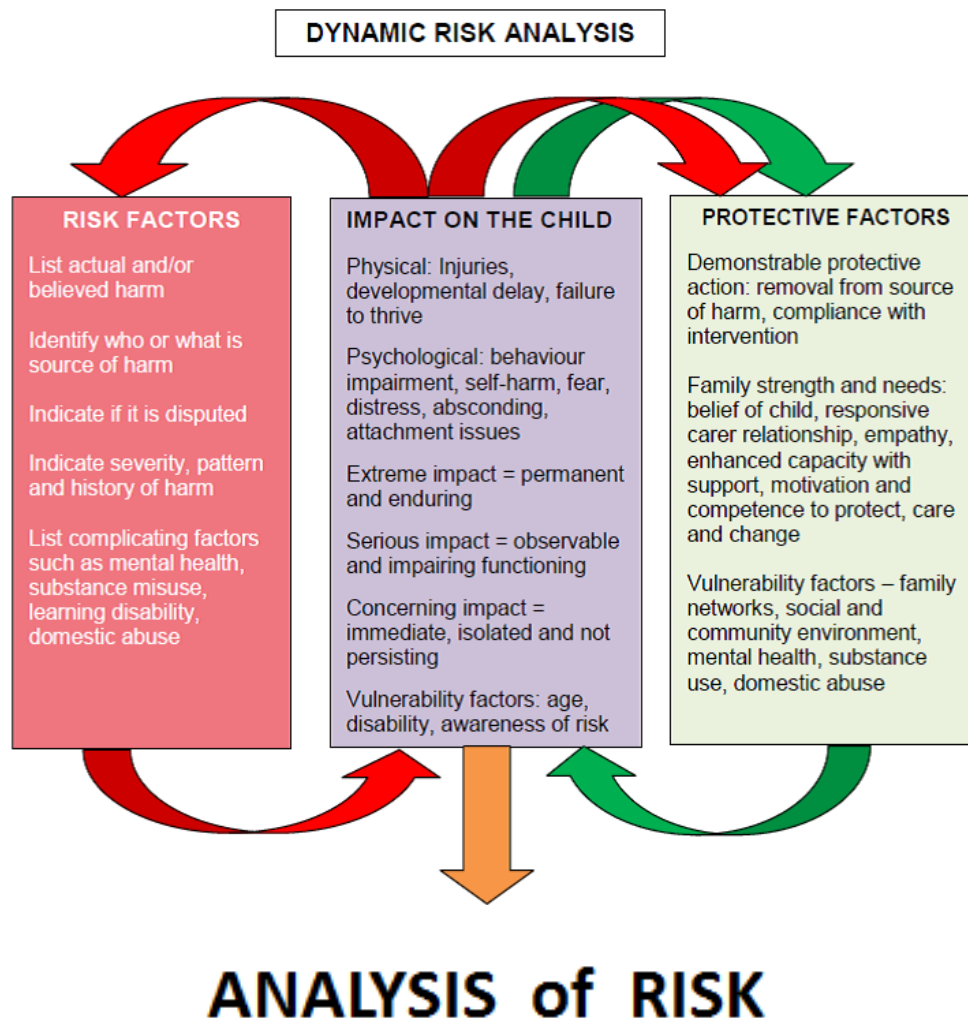
23. Anyone who has concerns about a child's welfare should make a referral to IRT by telephone. Professionals should confirm the referral in writing using a Multi-Agency Referral Form (MARF) <http://www.isleofmanscb.im/>. The referral should include any information they have on the child and the family.
24. Where an early help assessment has already been undertaken it should be used to support a referral but is not a prerequisite for making a referral.
25. Where there are concerns a child may be at risk of harm or abuse consent from a parent or carer with parental responsibility is not required but should always be considered unless it endangers the child's safety. All professionals will refer in accordance with the duty to safeguard established in the Safeguarding Act 2018, and follow the procedures of the Safeguarding Board.
26. It is best practice for agencies to consider how they will inform the family that the referral has been made, and should only consider not doing so if there is a greater risk to the child, or any other individual.
27. Informing a parent or carer may only mean advising the referral has been made, as giving all the detail of concerns may impede the gathering of material evidence required in the joint investigation by C&F service and the Police. If a professional is unsure, they should discuss with the IRT when making the referral.
28. Feedback should be given by C&F to the referrer on the decisions taken. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold for assessment and suggestions for other sources of more suitable support. <http://www.isleofmanscb.im/>

Principles and parameters of a good assessment of need and risk

29. The purpose of an initial assessment undertaken by C&F social worker is:
- a. To gather important information about a child and family;
 - b. To analyse their needs and/or the nature and level of any risk of abuse and harm being suffered by the child;
http://www.isleofmanscb.im/files/integrated_thresholds.pdf
 - c. To decide whether the child is a Child With Complex Needs (CWCN) or is in need of Child Protection (CP); and
 - d. To provide support to address those needs, make them safe and improve their outcomes.

30. The assessment should be undertaken in accordance with the Safeguarding Board procedures, using the NARRATES single assessment framework and risk should be analysed using the DRAT tool. The DRAT tool (page 19) sets out the components to be considered to make sound professional decisions about risk and safeguarding.
31. Assessment of risk is a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child.
32. High quality assessments are:
 - a. Child centred, focused on action and outcomes for the child. Where there is a conflict of interest, decisions must be made in the child's best interests;
 - b. Rooted in child development and informed by evidence;
 - c. Holistic in approach, involving the child and the family, addressing the child's needs within their family and wider community;
 - d. A continuing process not an event;
 - e. Focused on equality and opportunities as well as identifying difficulties;
 - f. Transparent and open to challenge; and
 - g. Lead to action, including the provision and review of services.
33. The aim is to reach a decision about the nature and level of needs and/or risks that the child may be facing within their family. It is important that:
 - a. Information is gathered and recorded systematically;
 - b. Information is checked and discussed with the child and their parents/carers where appropriate;
 - c. Differences in views about information are recorded; and
 - d. The impact of what is happening to the child is clearly identified.
34. The aim is to use all the information to identify difficulties and risk factors as well as developing a picture of strengths and protective factors.
35. A high quality assessment is one in which evidence is built and revised throughout the process. A social worker may arrive at a decision early in the case but this may need to be revised as further information comes to light.

Dynamic Risk Analysis Tool



Professional judgement on the level of risk to the child

Risk is defined as the relationship between the degree of harm and the probability of the believed harm occurring (or of protection being provided).

Harm impact: Extreme, Serious, Concerning + Harm Probability: Highly likely, Likely, Unlikely

=

Future Risk Level: High, Medium, Low

Relationship based practice

36. Safeguarding is essentially about relationships: both with the children and families that professionals are working with, and also with professionals across the multi-agency arena.
37. These relationships do not exist in isolation from each other and are interrelated and exert influences on each other. The central characteristic of relationship-based practice is the emphasis it places on the professional relationship as the medium through which the practitioner can engage with and intervene in the complexity of an individual's and families circumstances.
38. A model of relationship-based practice has several core characteristics:
 - a. It recognises that each professional encounter is unique.
 - b. It understands that human behaviour is complex and multifaceted, and has affective – conscious and unconscious – dimensions that enrich and complicate human relationships.
 - c. It focuses on importance of integrated – psychosocial – as opposed to polarised responses to social problems.
 - d. It accepts that human behaviour and the professional relationship are an integral component of any professional intervention.
 - e. It places particular emphasis on "the use of self" and the relationship as the means through which interventions happen.
39. What these characteristics imply is that relationship-based practice involves practitioners developing and sustaining supportive professional relationships in unique, complex and challenging situations and requires understanding of the "use of self" and the nature of professionals' own emotional dimensions of their behaviours in any set of circumstances.
40. This requires being able to simultaneously focus on what is happening for the family member or child and what is happening to the professional. By developing this ability to understand what is happening for both in a specific situation a professional will ensure they are acting in the child, young person's or family member's best interest.

Focusing on the needs and views of the child

41. Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents/carers, decisions should be made in the child's best interests.
42. Each child should have an individual assessment to respond to their needs and to understand the impact of any parental behaviour on them as an individual.
43. Any assessment must give due regard to a child's age and understanding when determining what (if any) services to provide and before making decisions about action to be taken to protect individual children.

44. Every assessment must be informed by the views of the child as well as the family. Children should, wherever possible, be seen alone and their wishes and feelings about the assessment and any services proposed ascertained. This does not mean the child takes responsibility for any decision, but the decision is informed by the child's views.
45. Every assessment should reflect the unique characteristics of the child within their family and community context, including their level of resilience. Some parents may need their needs attending to in order for the child's best interests to be met.
46. All children and their parents should be considered as individuals and family structures, culture, religion, ethnic origins and other characteristics should be respected.

Focusing on outcomes

47. Every assessment must be focused on outcomes, deciding which services and support to provide to deliver improved welfare and protection for the child.
48. Where the outcome of the assessment is continued statutory involvement of the C&F, a plan of action with other professionals and the family and child will be agreed. The plan will either be a Child with Complex Needs Plan (CWCN) or a Child Protection Plan agreed through a child protection conference. The plan should set out what services are to be delivered, and what actions are to be undertaken, by whom and for what purpose.
49. The plan should be reviewed regularly, compliant with the procedures, to analyse whether sufficient progress has been made to meet the child's needs and on the level of risk faced by the child.

Developing a clear analysis

50. The social worker should analyse all the information gathered from the enquiry stage of the assessment to decide the nature and level of the child's needs and the level of risk, if any.
51. Critical reflection through supervision with the social work manager should strengthen the analysis in each assessment.
52. No system can fully eliminate risk. To manage risks, social workers and other professionals should make decisions with the best interests of the child in mind, informed by the evidence available.

Timeliness

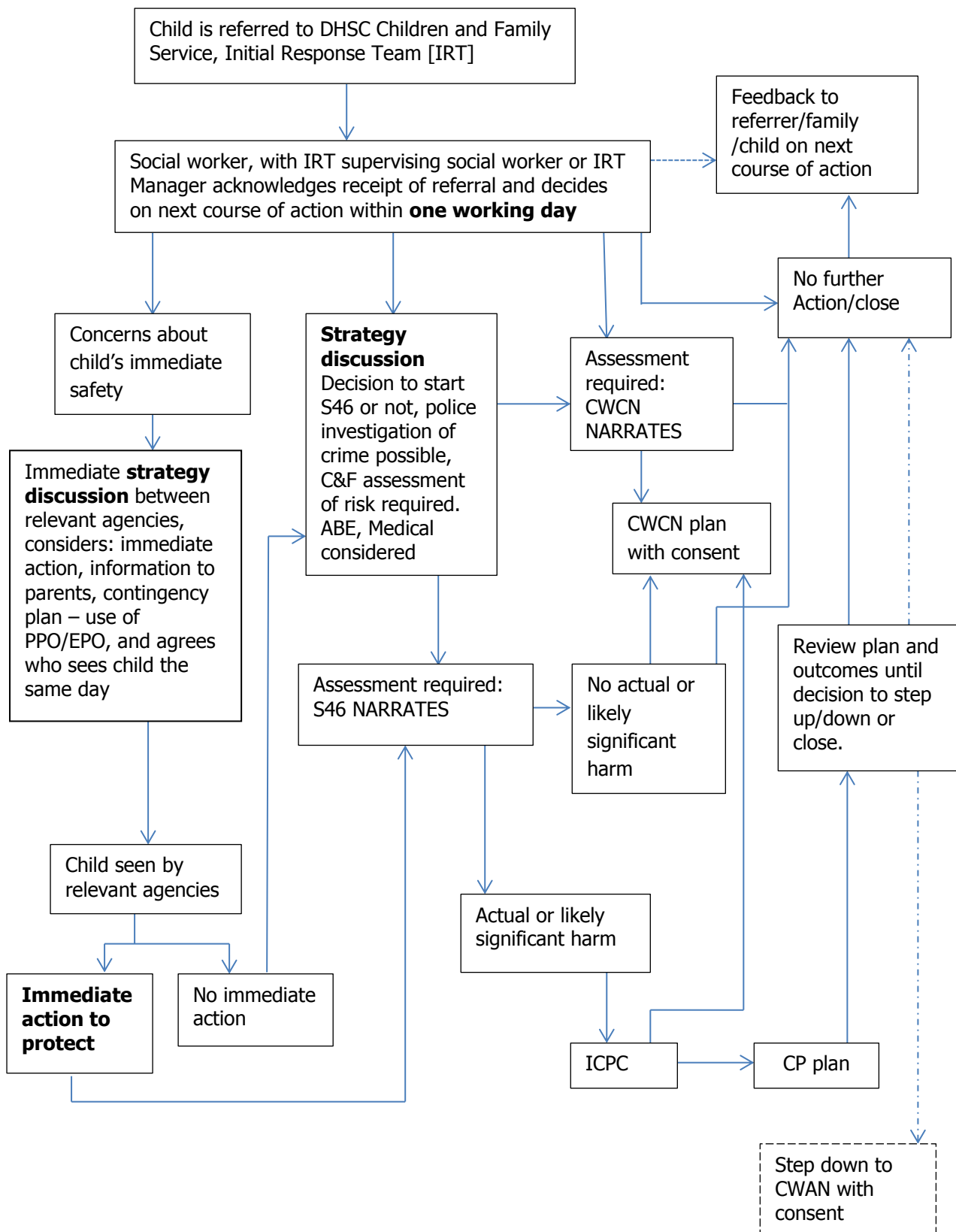
53. The timeliness of an assessment is critical to ensuring that a child about whom there is concern receives a response and any support swiftly and is not left in a situation of harm. Once contact is made with the family, it is also important that the matter is determined and resolved for the family in a timely manner and they are not left wondering anxiously what is going to happen.

54. Within one working day of a referral being received, the Initial Response Team (IRT) should make a decision about the type of response that is required and acknowledge receipt to the referrer.
55. Procedures establish guidance for assessments to be completed, and whilst it will require judgements to be made by the social worker and manager every assessment must be completed within 45 working days unless there are exceptional circumstances precluding its completion within that time. Where that happens, the manager must record the reasons for the delay in completion.

Processes for managing individual cases

56. All professionals should consult and be familiar with their local procedure and the Safeguarding Board Procedures for making referrals and understanding what happens next, after a referral is made. See flowchart overleaf.
http://www.isleofmanscb.im/professionals_additional_guidance_and_procedures.html
57. The following flow chart assists for “at a glance” purposes but needs to be read in conjunction with the procedures.

Flowchart: Processes for Managing Individual Cases



Strategy discussions and meetings

58. Whenever a referral suggests there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm a strategy discussion will be convened. This might take the form of a multi-agency meeting or telephone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process if new suspicions emerge. Please see procedures for full details of who is involved.
<http://www.isleofmanscb.im/>
59. The discussion should be used to determine roles responsibilities and actions. Children and Family Services have the lead for the Children and Young Persons Act 2001 Section 46 enquires and assessment of risk to the child's welfare, and the police lead the criminal investigation and any relevant processes that other agencies might need to know about, including the timing and methods of evidence gathering.

Initiating Section 46 enquiries

60. The DHSC has a statutory duty to make inquiries under section 46 of the Children and Young Persons Act 2001. This duty is discharged through the C&F social workers who lead the inquiry and assessment of risk. The police, health professionals, teachers and other relevant professionals should help the DHSC in undertaking its enquiries.
61. A section 46 inquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm. Please see the procedures for full understanding of what happens.
62. C&F social workers are responsible for deciding what action to take and how to apply the procedures following section 46 enquiry. If it is decided not to proceed with a child protection conference then other professionals involved with the child and family have the right to request that a conference be convened, if they have serious concerns that a child's welfare may not be adequately safeguarded. Please refer to the procedures for the escalation procedure.

Child protection conferences

63. An initial child protection conference (ICPC) brings together family members (and the child where appropriate), with professionals most involved with the child and family, to make decisions about the child's future safety, health and development. If concerns relate to an unborn child, consideration should be given as to whether to hold a child protection conference prior to the child's birth.
- a. The Island uses the principles of the Signs of Safety approach to enable all participants to analyse all relevant information and plan how best to safeguard and promote the welfare of the child. It is the responsibility of the conference to make recommendations on how agencies work together to safeguard the child in future. Please read the procedures for full details on the process.
64. The aim of the child protection plan (CP) is to ensure the child is safe from harm and prevent him or her from suffering further harm; promote the child's health and

development; and support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interests of the child. The plan is implemented and managed through regular core group meetings of key professionals.

65. Child protection review conferences process is the same as those for an initial child protection conference. Its purpose is to review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against child protection plan outcomes. To consider whether the child protection plan should continue or should be changed.
66. A child should no longer be the subject of a child protection plan if:
 - a. It is judged that the child is no longer continuing to, or is likely to, suffer significant harm and therefore no longer requires safeguarding by means of a child protection plan;
 - b. The child and family have moved permanently to another jurisdiction. In such cases, the receiving jurisdiction should convene a child protection conference within 15 working days of being notified of the move. **Only** after the conference may the Island discontinue its child protection plan;
 - c. The child has reached 18 years of age; or
 - d. The child has died.

Chapter 4 Safeguarding Vulnerable Adults

Alerts, Investigations and Assessment

1. The Isle of Man Safeguarding Act 2018 provides a statutory framework for the safeguarding of vulnerable adults.
2. All professionals will refer in accordance with the duty to safeguard established in the Safeguarding Act 2018, and follow the procedures of the Safeguarding Board for the protection of adults at risk.

Procedures

3. In terms of the Isle of Man Safeguarding Board Policy and Procedures a vulnerable adult or an adult at "risk" may also be referred to as "person harmed".
4. These Procedures have been developed in line with best practice guidance from England and Wales; the Care Act 2014 (of Parliament), National Standards Framework "Safeguarding Adults" developed by the Association of Directors of Adult Social Services, London Multi-agency Adult Safeguarding Policy and Procedures and North West Safeguarding Adults Policy (version 4.8).
5. This Policy Document constitutes a statement of commitment by the Isle of Man Government to respond to every adult "who is, or may be, eligible for Social Care services" **and** "whose independence or well-being is at risk, due to harm or neglect".
6. For the purposes of this Policy, our definition is based on the following extract from section 42 of the Care Act 2014 (of Parliament) (references within this extract so far as they relate to a local authority should be read as relating to DHSC).
7. Enquiry by local authority criteria must be met to reach the threshold for Adult Protection Referral.
8. This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):
 - a. Has needs for care and support (whether or not the authority is meeting any of those needs)
 - b. Is experiencing, or is at risk of, abuse or neglect **and**
 - c. As a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.These basic criteria **must** be met.
9. The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.
10. "Abuse" includes financial abuse and for that purpose "financial abuse" includes:
 - a. Having money or other property stolen

- b. Being defrauded
- c. Being put under pressure in relation to money or other property and
- d. Having money or other property misused.

Adult Protection Policy and Procedures

11. Whilst the Care Act 2014 is English Law and, therefore, not law in the Isle of Man, the above definitions have been accepted as informing the Adult Protection Policy and Procedures, as well as practice on the Isle of Man.
12. The Policy and Procedures will ensure a proportionate, timely, consistent and professional approach is taken, and that safeguarding work is co-ordinated across all relevant agencies and organisations. This is essential for an appropriate response to be provided when concerns are raised with regard to an individual being subjected to harm or abuse.
13. Safeguarding is everybody's business and arrangements are required to ensure that all agencies share a common understanding of what constitutes abuse and what an initial response should be.
14. There are a number of key stages and decision points to the Safeguarding Adults Procedures. At the key decision points, responsibilities for the necessary decisions are made clear.
15. All decisions made with respect to reporting, assessment, investigation and planning for adults suspected of being harmed, need to be recorded, along with the justification for any decision.
16. At any stage during this process it may be decided by the Adult Protection Team, that an investigation under the Adult Protection Procedures is not appropriate. If this is the case, the reasons for this decision will be recorded and communicated to those involved to ensure they:
 - a. Are in line with the principles of Making Safeguarding Personal (MSP)
 - b. Promote clarity and consistency in decision making
 - c. Ensure resources reach within agreed timescales
 - d. Ensure that all responses are transparent, accountable and proportionate.
17. These procedures are intended to assist in the raising of concerns and improve the understanding of the decision making process within the Adult Protection Policy, once a concern has been raised with the Adult Social Care, Adult Protection Team. The main objective of these procedures is to provide guidance to enable adults to be kept safe from abuse or neglect and immediate action taken where required in order to achieve this.
18. The procedures are a means for staff to combine principles of protection and prevention with the individual's self-determination, respecting their views, wishes and preferences in accordance with MSP.
19. They are a framework for managing Adult Protection interventions that are fair and just, through strong multi-agency partnerships that provide timely and effective

prevention of, and responses to, abuse or neglect. Furthermore, there is accountability in terms of risk management, timely sharing of information and cooperation working within and respecting legal boundaries.³

Making safeguarding personal values

20. Making Safeguarding Personal (MSP) is:

- a. About seeing people as experts in their own lives and working alongside them with the aim of enabling them to resolve their circumstances and support their recovery. MSP is also about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.⁴

21. MSP is the approach now taken to all Adult Protection work.

22. The key message of MSP is to support and empower each adult to make choices and for the individual to have control about how they want to live their own life. It is a shift in culture and practice in response to what is now known about what makes adult protection more, or less, effective from the perspective of the adult being safeguarded.

23. MSP is about having conversations with people about how responses to Adult Protection situations can be made in a way that enhances their involvement, choice and control as well as improving their quality of life, well-being and safety. It is about seeing people as experts in their own lives, and working alongside them to identify the outcomes they want to make them feel safer.

³ Pan London Guidance, 2015

⁴ ADASS Making Safeguarding Personal: Guide 2014

Adult Protection Process – Four Stages

Stage 1 – Concern

- Adult Protection concern received.
- **Criteria Decision made by Adult Protection Team.**
- Referrals which do not meet the threshold will be returned to referrer with a rationale for non-acceptance.
- Information gathering.
- **Decision made by Team Manager/Senior Practitioner.**
Making Safeguarding Personal – who will establish wishes and views of the adult.
- **Decision made by Team Manager/Senior Practitioner Adult Protection Team** based on threshold levels (see matrix) whether concern needs to progress to **Enquiry** – and urgency of said enquiry will be deemed critical/urgent/non-urgent – from date of receipt of Adult Protection concern.
- Planning Meeting will be held within the appropriate time scales.

Critical	1 working day
Urgent	2 working days

Stage 2 – Enquiry

- Planning Meeting (more than 1 Planning Meeting may be held).
- Development of Safe Plan.
- **Decision made by Team Manager/Senior Practitioner whether there is a requirement to progress to an investigation.**
- If proceeding to an investigation, a Case Conference will be convened within 4-8 weeks from date of Adult Protection concern received.

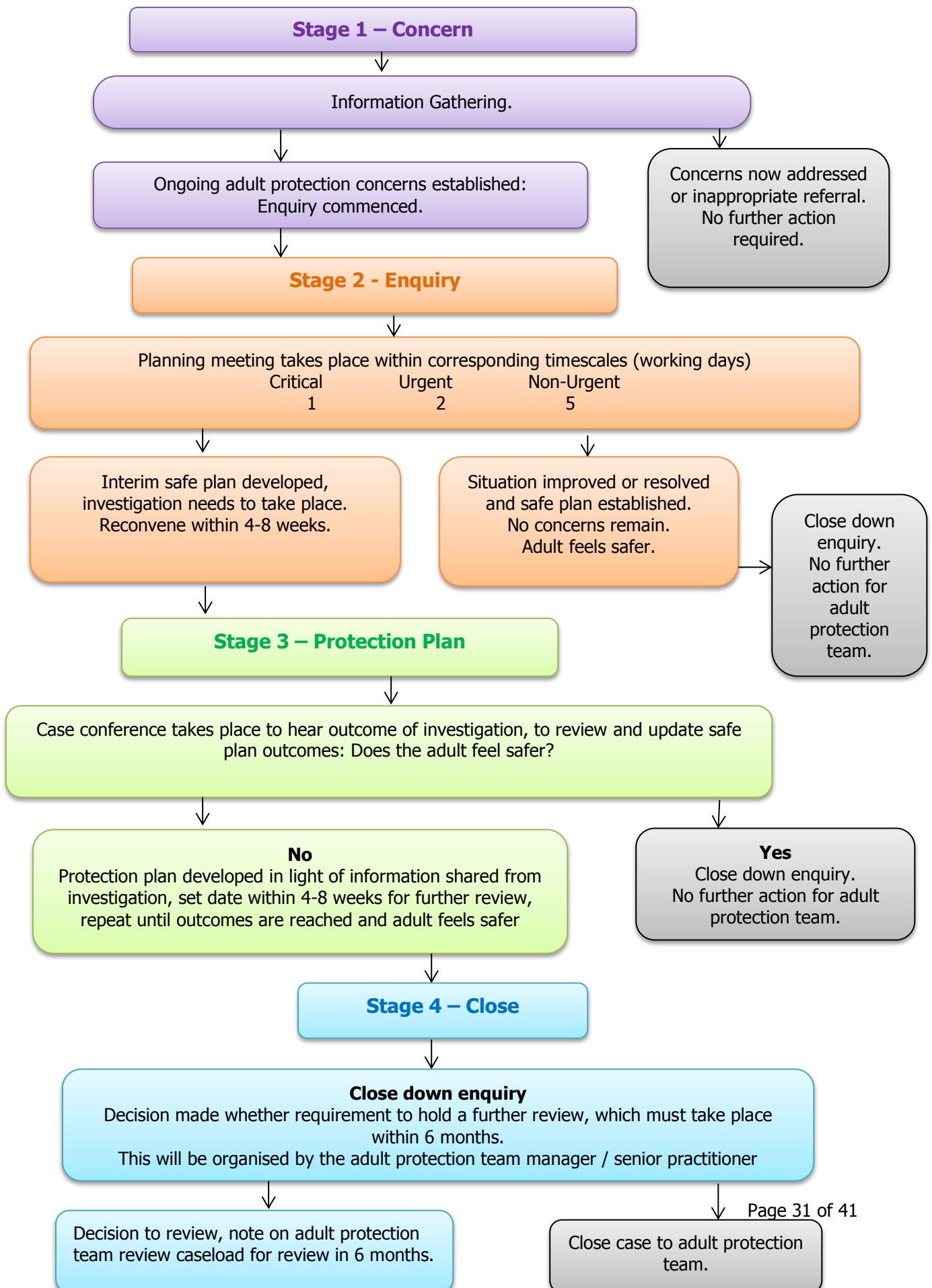
Stage 3 – Protection Plan

- Case Conference (more than 1 Case Conference may be held).
- Outcome of investigation shared as appropriate.
- Review effectiveness of safe plan.
- **MSP** Does the person feel safer.
- Reach an outcome for the person and close of the Adult Protection process.
- **Decision to close must be made by Senior Practitioner/Team Manager**

Stage 4 – Close

- Closure of the Enquiry.
- **Decision whether to review within any set time scale made by Team Manager/Senior Practitioner.**

Adult Protection Flowchart



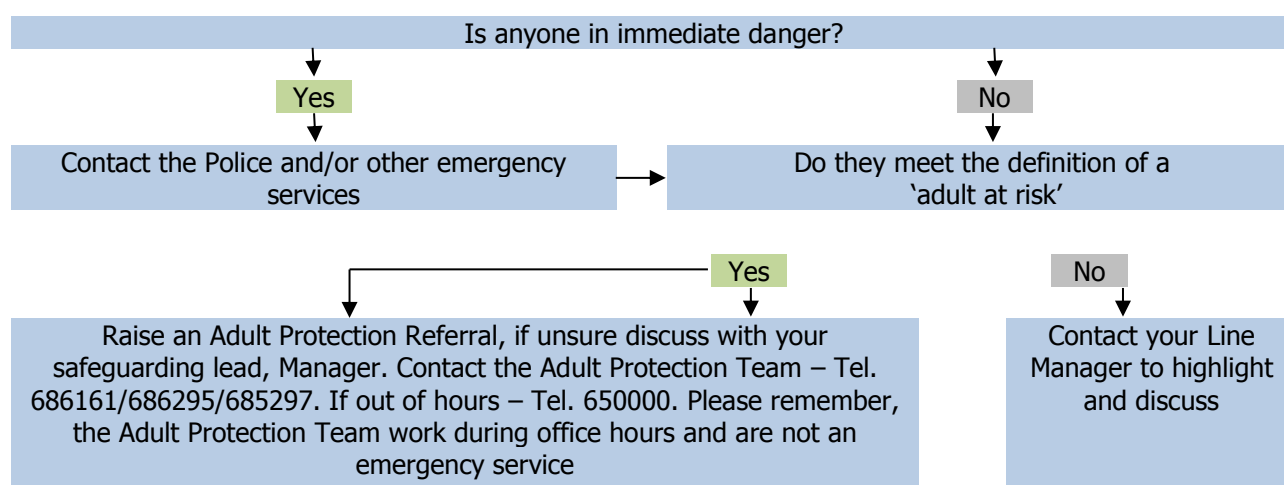
24. The Adult Protection Team will complete the information gathering, threshold decision and planning meeting within the following time frames:

Critical Concern	Significant Concern	Low Level Concern
1 Day	2 Days	5 Days

25. If no further action is to be taken after the initial information gathering stage, then the Adult Protection Team will:

- Give a clear response to the person submitting the concern (and, if appropriate, adult named as being at risk) that no further action is to be taken under the Adult Protection Policy. It is expected that, wherever appropriate, they will be given information as to why this decision has been made.
- Recording the decision made and the reason for it.
- Where the person does not meet the definition of an adult at risk, it may be necessary to establish whether other actions need to be taken. This may include contacting the Police, if a crime has occurred, or, in some cases, other agencies for support.
- Notifying the DHSC Registrations and Inspections Unit if the person receives care from or in a regulated service or a service subject to statutory inspection.

Guidance for the Referrer



Threshold matrix

26. The following matrix should be used to assist in making threshold decisions and when an Adult Protection Concern Referral should be submitted. The Adult Protection Team will make the decision as to whether the threshold has been met.

<https://www.gov.im/categories/caring-and-support/safeguarding/safeguarding-adults-partnership/>

Type of Concern			
Managed through other approaches i.e. Complex care.	Low Level Concern This should initially be discussed with a senior manager or safeguarding lead within your area. If a decision is subsequently made to submit an Adult Protection referral, the Adult Protection Team will make a decision on whether a formal referral is appropriate or they will guide the referrer to other relevant people or services as appropriate	Significant Concern An Adult Protection Concern must be submitted to the Adult Protection Team	Critical Concern An Adult Protection Concern must be submitted to the Adult Protection Team

Decision making and good practice guidelines

27. It is essential that throughout all stages of the Adult Protection process, the person harmed or adult at risk is at the centre of all actions and is as fully involved as they can be in all decision making and planning.
28. For any meeting with the person harmed, efforts should be made to ensure that they feel safe and secure throughout and that they are able to raise and discuss any concerns that they have.
29. It is critical that practitioners ask sufficiently open questions to enable them to understand the issues, without conducting a formal interview; this may be the responsibility of another agency.
30. If the adult at risk has mental capacity to make their own decisions, then it is essential that their views are sought, taken account of and acted on at every stage. It is possible that this could lead to some uncomfortable decisions, particularly if the person states that they do not wish for any further action to be taken. Practitioners may need to seek additional support and advice, from managers, particularly if consideration is being

given to overriding the person's views, such as when there are concerns about a crime having been committed for the safety of other adults at risk or children.

31. Decisions need to take into account all relevant information that is available at the time including the view of the person harmed. If the person harmed does not want to pursue matters through safeguarding action, staff should be sure that the adult is fully aware of the consequences of their decisions, and that all options have been fully explored and that not proceeding further is consistent with legal duties.
32. Decision makers also need to take into account whether or not there is a public or vital interest to refer the concern to the Adult Protection Team. Where there is a risk to other adults, children or young people or there is a public interest to take action because a criminal offence had occurred and the view is that it is a safeguarding matter, the wishes of the individual may be overridden. Where the sharing of information to prevent harm is necessary, lack of consent to information sharing can also be overridden.
33. Engagement with the Police should fall in four main areas:
 - a. Reporting a crime; if an individual witnesses a crime, they have a duty to report it
 - b. Third party reporting of a crime; if an individual is made aware of a crime, they should support the adult at risk to report to the Police, or make a best interest decision to do so
 - c. Consultation; seeking advice or guidance about police procedures or actions, that could be considered
 - d. Sharing intelligence and managing risk.

Recording, information sharing and confidentiality

34. It is good practice to seek consent from individuals before sharing their personal data, though this is not always practical in the context of Adult Protection. Information sharing agreements do not in themselves make the sharing of personal and sensitive data legal or ethical. The General Data Protection Regulation (GDPR) sets out the legal context and is the overarching protocol which promotes best practice and co-operation across partner agencies.
35. A professional should never assume that someone else will pass on information which they think may be critical to the safety and well-being of an adult at risk of abuse or neglect. If a professional has concerns about an adult's welfare in relation to abuse or neglect they should share the information with the Adult Protection Team by raising a Concern Referral. Sharing information early can be vital to helping effectively where there are emerging concerns.
36. People in the wider community can also help by being aware of signs of abuse or neglect, how they can respond and how to keep people safe.
37. Decisions about what information is shared and with whom, will be taken on a case-by-case basis within the DHSC policies and with regard to the GDPR and the Caldicott Principles. Whether information is shared with or without the adult's consent, the information shared should be:

- a. Necessary for the purpose for which it is being shared
 - b. Shared only with those who need it
 - c. Accurate and up-to-date
 - d. Shared in a timely fashion
 - e. Shared accurately
 - f. Shared securely.
38. Everyone has a responsibility to keep clear and accurate records of the information received and for this information to be reported and shared in a timely manner. Any records kept during the investigation could be used in legal processes; therefore it is essential that accurate records are held appropriately.
39. All the major professional codes of conduct highlight the need for good record keeping and address issues of confidentiality and information sharing. Please refer to your professional code of practice as issued by [NMC](#), [HCPC](#) or the [Police \(Conduct\) Regulations](#) and the [Isle of Man Safeguarding Board Information Sharing Guidance for Managers and Practitioners](#) for further information.

Chapter 5 Learning to Improve Safeguarding Children and Adults

Learning and improvement

1. The Safeguarding Board, organisations represented on the Board and those who work or volunteer for them, should reflect on the quality of their services and learn from their own practice and that of others through audits and reviews of practice. Members of the Safeguarding Board agree that their organisations will share good practice so that there is a growing understanding of what works well. Conversely, when things go wrong, members agree that there needs to be a rigorous, objective analysis of what happened and why, led by the Safeguarding Board, so that important lessons can be learnt, and services improved to reduce the risk of future harm to children and adults.
2. Serious Case Management Reviews are not part of investigations by the Isle of Man Constabulary, the Director of Prosecutions or the Coroner of Inquests or of disciplinary or other processes; their aim is to identify learning that will improve safeguarding practice.
3. Organisations represented on the Safeguarding Board are required to notify the Independent Chair of the Board of any cases they consider warrant a review; support any review undertaken by the Board; and share with the Board all internal incident reviews that relate to safeguarding or protection issues. This commitment will be subject to limitations required by data protection considerations, with attention drawn to the possibility of redacting documents.

Chapter 6 Serious Case Management Reviews

Serious Case Management Reviews

1. The Safeguarding Board will conduct Serious Case Management Reviews in respect of both children and adults. The Board will also undertake partnership reviews into cases that do not meet the criteria for a Serious Case Management Review but can identify learning as to the way organisations can work together to safeguard and protect the welfare of children and adults; reviews into good practice may also be undertaken.
2. Any Department, agency (or service user/the Coroner of Inquests/Chief Officer or the Registration and Inspections Unit) should notify the Safeguarding Board of any cases they consider meets the criteria for a Serious Case Management Review.
3. The decision to undertake a Serious Case Management Review rests with the Independent Chair of the Safeguarding Board.

Serious Case Management Review Criteria

4. Serious Case Management Reviews will be conducted in accordance with the following criteria.
5. Before a Serious Case Management Review takes place in respect of a child **all three** of the following criteria must be satisfied:
 - a. There is knowledge or suspicion of abuse or neglect of a child;
 - b. The child has either died (including through suicide) or has suffered serious harm;
 - c. There is cause for concern about the way the Safeguarding Board, relevant partners or other relevant bodies have worked together to safeguard the child.
6. Cases which meet the criteria **must always** trigger a Serious Case Management Review. Where a case is being considered due to a child having suffered serious harm, unless there is definitive evidence that there are no concerns about inter-agency working, the Safeguarding Board **must** commission a Serious Case Management Review.
7. In addition, even if criterion (a) or (c) is not met, a Serious Case Management Review **should always** be carried out when a child dies in custody, in police custody, on remand, or following sentencing, in an institution within the meaning of the Custody Act 1995. The same applies when a child dies who was detained under the Mental Health Act 1998.
8. The criteria for undertaking a Serious Case Management Review in respect of an adult are:
 - a. an adult who is entitled to services, whether they are in receipt of them or not, dies (including death by suicide) and abuse or neglect is known or suspected; **or**

- b. an adult has suffered serious harm: **and**
 - c. there is cause for concern as to the way in which the Safeguarding Board partners or other relevant bodies have worked together to safeguard the adult.
- 9. Cases which meet the criteria **must always** trigger a Serious Case Management Review.
- 10. The Safeguarding Board must conduct a review of the involvement of the Department, other agencies and professionals, in the events leading up to the death or the harm.
- 11. In respect of both adult and children's Serious Case Management Reviews the Independent Chair of the Safeguarding Board needs to determine that there is significant learning to be gained from the review which, if applied effectively, will lead to substantial improvements in practice in safeguarding and promoting the welfare of children and vulnerable adults in the Isle of Man.
- 12. In respect of both children and adults, if serious harm takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case and must include specific reference to timing of the review.
- 13. "Serious harm" in the context of the above includes, but is not limited to, cases where the child or adult has sustained, as a result of abuse or neglect, any or all of the following:
 - a. The child or the adult has died or suffered a potentially life-threatening injury; this could include serious and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development.
- 14. This definition is not exhaustive. In addition, even if a child or an adult recover, this does not mean that serious harm cannot have occurred. The Safeguarding Board must ensure that their considerations on whether serious harm has occurred are informed by available research evidence.

Principles and Best Practice

- 15. The Safeguarding Board, in undertaking Serious Case Management Reviews, will apply clear principles and best practice standards.
- 16. The approach taken to Serious Case Management Reviews will be proportionate, according to the scale and level of complexity of the issues being examined; a variety of different models may be used.
- 17. The child or adult should remain at the centre of the process.
- 18. An independent person with relevant skills and experience will always be contracted by the Safeguarding Board, to act as the Independent Overview Author.
- 19. An independent person will chair the Serious Case Management Review Panel

established to oversee the review. The person may be a member of the Safeguarding Board, if they have had no previous involvement in the case being reviewed.

20. Serious Case Reviews will be led by experienced managers who are independent of the services being reviewed; they may or may not be a member of the Safeguarding Board.
21. If required by the Safeguarding Board, all member organisations will identify individuals who are operationally independent of the case under review and have professional knowledge of the area under review, to complete Individual Management Reports or other information reports of their agencies involvement, to inform the Overview Report.
22. Serious Case Management Reviews will make use of relevant research and case evidence to inform the findings and will seek to understand practice from the viewpoint of the individuals and organisations involved at the time, rather than using hindsight; they will describe why practice, both good and in need of improvement occurred.
23. Practitioners must be fully involved in reviews and reviews must recognise the complex circumstances in which professionals work together to safeguard children and adults; and the procedures in operation at the time of the incidents that led to the review.
24. Families, including surviving children, should be invited to contribute to reviews; they should be informed how they are going to be involved and have their expectations managed appropriately and sensitively.
25. Serious Case Management Reviews will take note of other processes which are being carried out, for example a Coroner's Inquest or a Police investigation, as this may necessitate the review being temporarily suspended.
26. Consideration will be given to publishing, either in full the Overview report, or an Executive Summary of Serious Case Management Reviews and the Safeguarding Partnership Board's response to the review findings. The decision to publish or not rests with the Independent Safeguarding Chair; who will, with the Safeguarding Board, give careful consideration when making the decision, to the need to balance the benefits of publishing all or some of the review with the need to protect the rights, including the privacy rights, of individuals. It is recognised that in some cases, this balance may weigh in favour of withholding from publication, some or all of the contents of a review. Consideration of the application of the Safeguarding Act 2018 exemption that applies to the Freedom of Information Act 2015 should be undertaken⁵.
27. If the Overview Report or Executive summary is not published, consideration should be given to publishing a Learning Report that identifies the key learning without any information about the nature of the case.

⁵ Safeguarding Act 2018 16: Freedom of Information (1) Despite section 6, the Board is not a public authority for the purposes of the Freedom of Information Act 2015 and in section 7(6) of that Act, after "Lieutenant Governor" there is inserted "or the Safeguarding Board". (2) Information held by a public authority which relates to the functions of the Board is absolutely exempt information for the purposes of the Freedom of Information Act 2015.

28. Any published information will be placed on the Safeguarding Board website for a period of 12 months and then be archived but remain available on request, thereafter.
29. The subjects of the review and individual professionals involved in the case and their organisations must be provided with appropriate feedback on the outcome of the reviews.
30. The impact of Serious Case Management Reviews and other reviews on improving services to children, families and vulnerable adults and on reducing the incidence of deaths or serious harm must be described in the Safeguarding Board's annual reports and will inform any inspections.
31. Improvement must be sustained through regular monitoring and audit so that the findings from these reviews make a real impact on improving outcomes for children and adults.
32. Reviews of good practice will also be undertaken to improve knowledge of what works well.

Review Process

33. The procedure of how to notify cases for consideration for a Serious Case Management Review and other review processes can be obtained by contacting the Safeguarding Board.

Appendix A: Glossary of Terms

C & F	Children and Families
CP	Child Protection
COMIN	Council of Ministers
CWAN	Children with Additional Need
CWCN	Child with Complex Needs
DESC	Department of Education, Sport and Culture
DHA	Department of Home Affairs
DHSC	Department of Health and Social Care
DRAT	Dynamic Risk Assessment Tool
GDPR	General Data Protection Regulations
ICPC	Initial Child Protection Conference
IRT	Initial Response Team
MARF	Multi Agency Referral Form
MASM	Managing Allegation Strategy Meeting
NARRATES	Needs Assessment, Robust Risk Analysis, Timely Effective Support
SIRO	Senior Independent Reviewing Officer
SUDIC	Sudden Unexpected Deaths of Infants and Children