

## **FALKLAND ISLANDS SAFEGUARDING CHILDREN BOARD**



# **Safeguarding Children and Young People Procedures 2014**

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## **Procedures for Safeguarding Children and Young People in the Falkland Islands**

### **Preface**

#### **Purpose of the Procedures**

In order to promote the safety and well-being of children and young people (under the age of 18) it is vital that all staff from different agencies and organisations working with children have a clear understanding of how concerns should be dealt with. This document sets out the procedures for reporting, making a referral, investigating a concern and putting in place a Child Protection Plan.

The procedures support the principles set out in the over-arching **Working Together 2013**.

#### **Who are the Procedures for?**

The Falkland Islands Child Protection Procedures are for the use of all those whose work involves contact with children and families across departments and agencies, and are relevant to those working in the statutory, voluntary and independent sectors. This includes those working in Social Services, the Police, Health, Education and others whose work brings them into contact with children, young people and families.

These Procedures apply throughout the Falkland Islands, including all MOD Establishments, and apply to all staff working for the MOD and their contractors.

It is the responsibility of each agency to inform and train their staff on the content of these Procedures. Individual agencies should also have detailed procedures that complement this document.

These Procedures are a public document. Members of the public can have a vital role in alerting Social Services and the Police to concerns about children, and therefore the Procedures should be available for members of the public to read.

#### **How to use the Procedures**

**Part 1** provides the context for child protection work, including the key principles that underpin professionals' work with children and families to promote and safeguard children's welfare. Definitions of child abuse (physical, sexual & emotional) and neglect are also given.

**Part 2** sets out the roles and responsibilities of various bodies and agencies with regard to the Child Protection Procedures (Social Services, the Police, Health, Education, etc).

**Part 3** describes the procedures to be followed for managing individual cases once concerns about abuse or neglect have been reported. It deals with enquiries and investigations, Child Protection Conferences, the range of possible action, interagency working and Case Reviews.

**Part 4** gives additional information for dealing with specific or unusual circumstances.

These Procedures alone cannot protect children, and neither can one agency working in isolation. The Procedures create a framework to enable effective inter-agency communication within which decisions can be made, implemented and reviewed. Decisions need to be made on the basis of thorough professional assessment and critical analysis.

## **1. Context for Child Protection Work**

### **1.1 Key Principles**

The key principles on which to base the work with children and families are found in the UN Convention on the Rights of the Child to which the Falkland Islands, through the UK, is a signatory.

All children deserve the opportunity to achieve their full potential and they should be enabled to:

- Be as physically and mentally healthy as possible;
- Gain the maximum benefit possible from good quality educational opportunities;
- Live in a safe environment and be protected from harm;
- Experience emotional wellbeing;
- Feel loved and valued, and be supported by a network of reliable and affectionate relationships;
- Become competent in looking after themselves and coping with everyday living;
- Have a positive image of themselves and a secure sense of identity; and
- Develop good inter-personal skills and confidence in social situations.

### **1.2 Definitions of Child Abuse and Neglect**

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 setting, by those known to them or, more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency Child Protection Plan.

#### **1.2.1 Physical abuse**

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 feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation may be described as fabricated or induced illness by a carer.

#### **1.2.2 Emotional abuse**

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 a child 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 a 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 for instance in circumstances of domestic violence or abuse. 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 present in all types of ill treatment of a child, though it may occur alone

### **1.2.3 Sexual abuse**

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 of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via social media and the internet). Sexual abuse can be perpetrated by anyone, male or female and including other children.

### **1.2.4 Neglect**

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 misuse. Once the child is born, neglect may involve a parent or carer failing to

- i) provide adequate food, shelter and clothing, including exclusion from home or abandonment
- ii) protect a child from physical and emotional harm or danger,
- iii) ensure adequate supervision (including the use of adequate care-givers) or
- iv) ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **1.3 Good practice in working with families**

### **1.3.1 Focusing on outcomes for the child**

The overriding principle which governs all areas of work with children and families is that the child's welfare is paramount. Careful consideration should always be given to what any intervention is intended to achieve, particularly in terms of the child's long term wellbeing. In planning and implementing interventions, the aim should always be for good long term outcomes in terms of health, development and educational achievement for children about whom there are child protection concerns.

### **1.3.2 Listening to children**

It is important to involve and empower children through each stage of the child protection process and to consult with them sensitively. Their wishes and feelings should always inform any decisions which are made about them. Children of sufficient age and understanding often have a clear perception of what needs to be done to ensure their safety and wellbeing. They should be helped to understand how child protection processes work, and how they can be involved and that they can contribute to decisions about their future in accordance with their age and understanding. However, they should also be helped to understand that ultimately decisions will be taken in the light of all the available information contributed by themselves, professionals, their parents, other family members and significant adults.

### **1.3.3 Working in partnership with families**

Family members have a unique role and importance in the lives of children who attach great value to their family relationships. Family members know more about their family than any professional could possibly know and well-founded decisions about a child should draw upon this knowledge and understanding. Family members should normally have the right to know what is being said about them, and to contribute to important decisions about their lives and those of their children.

Where compulsory intervention in family life is necessary, parents should still be helped and encouraged to play as full a part as possible in decisions about their child. There should be a presumption of openness, joint decision-making and a willingness to listen to families and capitalise on their strengths, but the overarching principle should always be to act in the best interests of the child.

This does not mean, for example, that parents should attend all meetings which are held in connection with their family. There are occasions when it is appropriate and necessary for professionals to meet together without parents to reflect on their own practice in a particular

case or to deal with a matter which is likely to lead to criminal enquiries. Strategy Meetings, and sometimes Planning Meetings, are examples of this.

#### **1.3.4 Sharing information with families**

This needs to be given careful consideration at each stage of these Procedures. Some information known to professionals should be treated confidentially and should not be shared with families. Reasons for withholding information need to be made clear, and recorded, the need to safeguard the wellbeing of the child must be the overriding consideration in such situations. The presumption is that parents will be informed, unless there are sufficient grounds to withhold information, taking into account the principles of necessity, proportionality and legality. Information will be withheld at this stage if it is likely to put any child or the investigation at risk. If the intention is to withhold information, this decision must be made by the strategy discussion or meeting.

#### **1.3.5 Providing support and advice to families**

This is an essential part of working in partnership. Many families perceive professional involvement in their lives as painful and intrusive, particularly if they feel that their care of their children is being called into question. Professionals can make the child protection process less stressful for families by the way in which they approach working in partnership. Social Services have a responsibility to make sure that children and adults have all the information they need to help them understand child protection processes.

#### **1.3.6 Diversity**

In order to make sensitive and informed professional judgements about a child's needs and parents' capacity to respond to their child's needs, it is important that professionals are sensitive to differing family patterns and lifestyles. Professionals should guard against myths and stereotypes, both positive and negative.

#### **1.3.7 English as a second language**

When working with families where English is a second language, professionals will make every effort possible to ensure they communicate with the family in their first language.

#### **1.3.8 Human Rights**

When deciding what action to take in a particular situation, consideration will need to be given to the human rights of the child and their family; in particular, both the child's and the parents' right to a private and family life. Sometimes it may be necessary to infringe such rights. Where

a course of action suggests that infringement is likely, full written reasons must be given for such infringement.

## **1.4 Supporting children in need and their families – an integrated approach to Early Help**

### **1.4.1 Effective measures**

Effective measures to safeguard children should not be seen in isolation from the wider range of support and services available to meet the needs of children and families. If child protection processes are to result in improved outcomes for children, then effective plans for safeguarding children and promoting their welfare should be based on a wide ranging assessment of the needs of the child and their family circumstances.

### **1.4.2 Unmet needs**

Child protection enquiries may highlight significant unmet needs for support and services among children, young people and families. These needs can be explicitly considered and recorded, even where concerns are not substantiated about significant harm. Equally, agencies and professionals working with children, young people and families should always be alert to potential indicators of abuse and neglect.

### **1.4.3 Intervention**

In most cases, it should be the decision of parents when to ask for or accept help and advice on their children's care and upbringing. Only in exceptional cases should there be any compulsory intervention in family life, for example, when necessary to safeguard a child from significant harm or where needs are identified and early help is required to prevent harm. Such intervention should, provided this is consistent with the child's welfare, support families in making their own plans for the welfare and protection of their children. In acute circumstances, the child may need to be provided with alternative accommodation, either with the consent of the parents or by means of a court order.

### **1.4.4 Identifying children and families who would benefit from early help**

Some services are universal and available to all children. Other children may need services which fall into the categories of targeted, complex or acute.. The needs of children are not always static and may move between categories of need. Thorough assessment will identify the level of need. Professionals should always be alert to the potential need for early help in a child who:

- Is disabled and has specific additional needs, in which case communication methods with the child should be carefully considered
- Has special educational needs
- Is a young carer
- Is showing signs of engaging in anti-social or criminal behaviour
- Is in a family where there are problems of alcohol or substance misuse, mental health problems or domestic violence
- Is showing early signs or indicators of abuse or neglect

## **1.5 Professionals working together**

### **1.5.1 Shared responsibility**

Protecting children depends crucially upon effective information sharing, collaboration and understanding between agencies and professionals. All agencies are expected to contribute to whatever actions are needed to safeguard the child and promote his or her welfare. This requires constructive relationships between individuals, supported by a strong lead from elected members and senior officers .

### **1.5.2 Sharing information among professionals**

An exchange of relevant information between professionals is essential in order to safeguard children. The overriding concern must be the welfare of the child. Whenever possible, consent should be obtained before sharing personal information with third parties but the 'public interest' in child protection must always override the 'public interest' in maintaining confidentiality or obtaining consent from families. The safety of the child is always the paramount consideration.

### **1.5.3 Public interest**

If informed consent for disclosure of information about individuals has not been sought, or sought and withheld, the agency must consider if there is an overriding public interest of justification for the disclosure. In making this decision the following questions should be considered:

- Is the disclosure necessary for the prevention of crime, prevention of disorder, to protect public safety, or protect the rights and freedoms of others?
- Is the disclosure necessary for the protection of young or other vulnerable people?
- What risks to others (if any) are posed by this individual?

- What is the vulnerability of those who may be at risk?
- What will be the impact of the disclosure?
- Is the disclosure proportionate to the intended aim?
- Are there equally effective but less intrusive alternative means of achieving that aim?

#### **1.5.4 Keeping records**

All child protection work depends on clear, accurate and complete record-keeping. Anyone with concerns about a child should make a written record of their concerns and what they do about them, using the guidance below. This guidance should also be followed by those taking a lead in child protection enquiries and action following from enquiries.

The purpose of written records is:

- To focus work;
- To provide a documented account of involvement with a child and/or family;
- To provide continuity when a worker changes;
- To provide the basis for professional judgements;
- To enable managers to monitor work; and
- To produce essential sources of evidence for investigation and enquiries and for court cases.

Records should:

- Use clear, straightforward language;
- Be concise;
- Be accurate in fact and in distinguishing between opinion, judgements and hypothesis;
- Be comprehensive;
- Clearly record judgements made and action and decisions made; and  
Clarify where decisions have been taken jointly across agencies, or endorsed by a manager, and where possible
- Be accessible and retrievable by name of child and associated adults;
- Have a running chronology as a frontispiece
- Have an up-to-date family tree

The reader should be able to track:

- The relevant history of the child and family which led to the intervention;
- The nature of interventions, including intended outcomes;

- The means by which change is to be achieved;
- The progress which is being made; and
- The author and date of each entry made.

### **1.5.5 Training and development**

All those working with children should undertake Safeguarding Training and the FISC B will be responsible for co-ordinating training across agencies and relevant other organisations. Each agency will be responsible for having a policy to dictate the level and frequency of this training and will be responsible for its delivery.

### **1.5.6 Inter-agency training**

Inter-agency training should complement training available to staff in single agency or professional settings. Training should create an ethos which values working collaboratively with other professionals, respects diversity, is child centred, promotes partnership with children, young people and families, and recognises families' strengths in responding to the needs of their children.

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

- A shared understanding of the tasks, processes, principles, roles and responsibilities and arrangements for safeguarding children and promoting their welfare;
- Co-ordinated services at both the strategic and individual case level;
- Improved communications between professionals including a common understanding of key terms, definitions and thresholds for action;
- Effective working relationships based on respect and an understanding of the role and contribution of different disciplines; and
- Sound decision making based on information sharing, thorough assessment, critical analysis and professional judgement.

It is a function of the FISC B (Falkland Islands Safeguarding Children Board) to develop policies and procedures for safeguarding, including in relation to the training of persons who work with children.

## **2. Roles and Responsibilities**

### **2.1 The responsibilities of all those working with children and families**

#### **2.1.1 What everyone should do**

If any person has knowledge, concerns or suspicions that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that the concerns are referred to Social Services or the Police.

#### **Box 1 - What everyone working with children needs to know**

Everybody who may encounter concerns about the well-being or safety of a child or children should know:

- What sources of advice or expertise are available, who to contact and how;
- What is in the child protection procedures and their own internal agency procedures, and what they should do about the concerns;
- When and how to make a referral to Social Services.

In addition to making referrals to Social Services, there are other ways in which all those who work with children and families can contribute to the safeguarding of children and the child protection process. The following is a list of what everyone working with children should do:

- Treat the child's welfare as paramount;
- Be alert to the potential indicators of abuse and neglect; be alert to the risks which individual abusers, or potential abusers, may pose to children;
- Recognise when a parent or carer may have problems which could affect their capacity to care for a child or which could mean they pose a risk of harm to a child;
- Be aware of the effects of abuse or neglect on children;
- Share information with other professionals and help to analyse that information so that an informed assessment can be made of the child's needs and circumstances;
- Contribute as required to whatever actions are needed to safeguard the child and promote his or her welfare;
- Contribute as necessary at all stages of the child protection process;
- Contribute to regularly reviewing the outcomes for the child against specific shared objectives as required;

- Work co-operatively with parents/carers unless this is inconsistent with the need to ensure the child's safety; and
- Be committed to full co-operation with other agencies in the interests of safeguarding children.

Every agency which works with children and young people has responsibility for their protection and there is a duty placed on all people working for those agencies to report concerns. Suspected abuse must be reported to Social Services or the Police. Agencies must not conduct their own internal enquiries, but must refer as described below.

Agencies must not make their own decisions about whether a concern that involves a particular member of their own staff is a disciplinary issue or a child protection matter. Such considerations should only take place with the involvement of Social Services and the Police.

Recruitment and selection procedures should be rigorous and create a high threshold of entry to deter abusers

### **2.1.2 Identifying and acting on concerns or suspicions of abuse**

'Concerns' rather than 'facts' can be shared with Social Services and this should be done via a referral. While concerns may not trigger an investigation in themselves, they may help to build a picture, along with concerns from other sources, which suggest that a child may be suffering harm.

### **2.1.3. Confidentiality**

Within a small island community, children and families being dealt with by professionals as patients, pupils and clients may, from time to time, also be acquaintances, friends or family. This poses particular dilemmas and makes it crucial that safeguarding issues and child protection concerns are managed with scrupulous professionalism and confidentiality. This duty includes administrative and support staff as well as face to face workers and managers.

### **2.1.4. Making Referrals**

Referrals should be made to Social Services as soon as a problem, suspicion or concern becomes apparent, and certainly within 24 hours. Referrals may be made by telephone, in person by letter or electronic media. Outside office hours, referrals to Social Services should be made to the duty worker via the Police. All referrals made should then be confirmed in writing within 2 working days using the standard **FISCB inter-agency Referral Form (See Appendix 5)**.

The duty worker taking the referral will require the following information (where available):

- The reason for the concerns;
- The full name, address and date of birth (or age) of the child;
- The names, addresses and dates of birth/ages of family members along with any other names which they use or are known by;
- The names of all those with parental responsibility;
- The names of other professionals involved with the family including the name of the child's school and doctor; and
- Any information affecting the safety of staff.

It is the responsibility of each individual professional to ensure that their child protection concerns are reported to Social Services.

People working for any government department cannot remain anonymous when making referrals in their professional role. However, members of the public may remain anonymous if they so wish.

### **2.1.5 After the referral has been made**

The person making the referral may be asked to do any or all of the following tasks, and should be prepared and willing to do them:

- Contribute to a strategy discussion/meeting;
- Assist with a formal Child Protection Investigation;
- Write a report for the Child Protection Conference; and
- Attend the Child Protection Conference.

Each individual is accountable for their role in the child protection process and if a professional remains concerned about a child they should re-refer the child and/or bring the matter to the immediate attention of the Social Services Team Leader and/or the Director of Health and Social Services. In all such situations, the professional's own line manager should be informed.

## **2.2 The roles of the various agencies**

The following section describes the responsibilities of different staff members. For each agency role please refer also to the responsibilities listed above which apply to all professionals. An awareness and appreciation of the role of others is essential for effective collaboration. Without this, and shared responsibility between all professionals, children will not be adequately protected.

### **2.2.1 Social Services Team**

The Falkland Islands Government has corporate responsibility for the welfare of children, alongside their parents and carers, working in partnership with other public agencies, the voluntary sector and service users. Social Services have a duty as the lead agency in child protection, both to safeguard and to promote the welfare of children.

Workers from Social Services involved in child protection require adequate supervision and Social Services should have formal procedures in place to make sure that this happens. Supervision should help to ensure that practice is soundly based and is consistent with Child Protection Procedures. Supervision should also ensure that key decisions are clearly recorded in case files.

If Social Services have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm they shall make or cause to be made such enquires as they consider necessary to safeguard or promote the welfare of the child. Social Services will be responsible for co-ordinating an assessment of the child's needs, the parents' and carers capacity to keep the child safe and promote his or her welfare, and of the wider family circumstances. Where a child is at continuing risk of significant harm, Social Services are responsible for co-ordinating an inter-agency plan to safeguard the child.

### **2.2.2 Police**

The Police have a duty and a responsibility to uphold the law and investigate criminal offences committed against children and such investigations should be carried out sensitively, thoroughly and professionally. Ideally there should be designated Police Officers to tackle the abuse of children and they should investigate all aspects of child abuse allegations within the family, or committed by a carer, where the victim is under 18 years of age. Child protection work should not be seen solely as the role of specialised Police Officers and all Police Officers should understand that it is a fundamental part of their duties.

In addition to their duty to investigate crime, the Police recognise the importance of inter-agency working in combating child abuse and there are well established procedures for undertaking joint investigations and for sharing information. The fact that the Police are involved does not necessarily mean that criminal proceedings will result.

The Police have powers to ensure immediate protection of children believed to be suffering from, or at risk of significant harm.

Police Officers may come across cases of possible child abuse (including emotional abuse) when they are called to incidents of domestic violence and abuse. Officers should always ascertain whether there are children in a house where there is domestic violence and/or abuse, and they should follow their policy in reporting the matter.

Wherever practicable, police officers will consider the negative effects on children of a uniform or a marked police vehicle, in circumstances where the child is to be interviewed or where intervention at the family home is necessary.

The Police have a fundamental role in the child protection process and will attend and contribute to all Initial Child Protection Conferences and the subsequent Review Child Protection Conferences.

The Police will have particular duty of care for children and young persons in their care or custody.

### **2.2.3 Education**

All schools and educational/training establishments (including the Training Centre) have a pastoral responsibility towards their students. They play an important part in the prevention of abuse and neglect through creating and maintaining a safe environment for children and young people and teaching them about staying safe from harm, and how to speak up if they have any worries or concerns.

Teachers and all non-teaching staff have a crucial role to play in noticing indicators of possible abuse or neglect, and in referring concerns to Social Services. In addition to referring concerns, Education staff may contribute to child protection work by:

- Contributing to Assessments and formal Child Protection investigations;
- Providing information on a child's level of understanding and the most effective means of communicating with the child;
- Contributing to Child Protection Conferences and review meetings; and
- Taking part in the preparation of the Child Protection Plan, and its ongoing implementation and review.

A co-ordinated response from Education will be of particular importance where there are concerns about a number of children from the same family who may attend different schools.

All schools and educational establishments should have two designated members of staff with responsibility for co-ordinating action on child protection, and to act as a source of expertise

and advice. The designated members of staff are responsible for ensuring that new and temporary members of staff know of the Child Protection Procedures and where to obtain advice, and are encouraged to share their concerns.

#### **2.2.4 Health**

Because of the universal nature of health provision, health professionals are often the first to be aware that parents and carers are experiencing difficulties in looking after their children. All those working in the Health Department have a professional responsibility to protect children, and their participation in inter-agency support to Social Services is essential if the interests of children are to be safeguarded. They should have basic awareness regarding child protection and be alert to physical abuse, sexual abuse (including children who abuse), emotional abuse and neglect of children and young people. They should be aware of the Child Protection Procedures and referral pathways. Health professionals should also be alert to indicators of harm to dependent children when working with adults.

In addition, all health professionals must be aware of and understand current guidance from their professional bodies, defence societies and employers in respect of child protection, the sharing of information and the limits of confidentiality. The welfare of children is paramount and health professionals have a duty to inform Social Services of their concerns and this overrides their duty of confidentiality to their patient. If in doubt the health professional should seek advice from the Chief Medical Officer. Each health professional has an individual responsibility to protect children in addition to their agency role. Health professionals should co-operate with other agencies and contribute fully and effectively in planning services for vulnerable children and their families, to promote their welfare.

When doctors are asked to undertake a medical examination where there may be child protection issues, and they are unfamiliar with the forensic requirements, they should consult the Chief Medical Officer. The examination of children in whom sexual abuse is alleged or suspected should only be undertaken by the most appropriately trained and skilled medical practitioner following the relevant KEMH guidelines. Consideration should be given to seeking advice from specialists in the UK. The examination will need to be arranged urgently in conjunction with the Police and Social Services if the alleged abuse is recent.

The KEMH should have a system in place for identifying repeat attendees. Where a child or children from the same household attend the KEMH repeatedly, even with slight injuries, in a way which staff find worrying, the staff member concerned should act on their concerns and make a child protection referral and/or seek advice from the Chief Medical Officer acting as the

lead health professional for child protection. It is extremely important that staff record what is said by adults accompanying the child, by way of explanation for the injury.

Mental Health Professionals have a clear role to play in safeguarding children, and will be involved in the child protection process. This will require sharing of information to safeguard a child from harm. Mental Health Professionals will play an important role in the assessment process when problems may have an impact on parents' capacity to respond appropriately to their children's needs.

### **2.2.5 Leisure Centre**

The Leisure Centre plays an important part in the prevention of abuse and neglect through creating and maintaining a safe environment for children and young people.

The Leisure Centre should have a designated member of staff with responsibility for co-ordinating action on child protection, and to act as a source of expertise and advice. The designated member of staff is responsible for ensuring that new and temporary members of staff know these Procedures and where to obtain advice, and are encouraged to share their concerns.

### **2.2.6 Nurseries and Child Minders**

Nurseries and child minders also play an important part in the prevention of abuse and neglect through creating and maintaining a safe environment for children and young people.

All nurseries should have a designated member of staff with responsibility for co-ordinating action on child protection, and to act as a source of expertise and advice. The designated member of staff is responsible for ensuring that new and temporary members of staff know these Procedures and where to obtain advice, and are encouraged to share their concerns.

Nurseries and childminders have a crucial role to play in noticing indicators of possible abuse or neglect, and in referring concerns to Social Services.

Specialist child protection training is provided by Social Services to voluntary and private sector organisations.

### **2.2.7 Carers looking after children away from home**

Carers looking after children away from home may be:

- Foster Carers
- Staff at Stanley House

- Families or friends,
- Those who may be Hosting a child
- Those who care for Privately Boarded children

Children living away from home are particularly vulnerable to abuse and neglect. Staff and carers should be alert to the risks to children in the external environment from people prepared to exploit the additional vulnerability of children when not at home.

Schools have a legal responsibility to maintain a School Boarding List of those children who are not living with parents or persons who have parental responsibility at home. A public officer, acting in their role in promoting a child or children's welfare, may access the list and information contained within it, where necessary. Schools must monitor the welfare of such children, who may be more vulnerable than others.

All those who care for children living away from home should:

- Create and maintain a safe environment for children, one which enables the child to share any worries they may have and in which the child feels valued and respected;
- Adopt practices and routines that minimise situations where abuse of children may occur;
- Be made aware of how to raise safeguarding concerns;

### **2.2.8 Voluntary and private sector organisations**

Voluntary organisations should follow good practice in relation to current child protection. Specialist child protection training is provided by Social Services to voluntary and private sector organisations.

Voluntary organisations working with children and families may be:

- Religious organisations
- Sports clubs
- Drama/music groups
- Youth clubs
- Scouts/Guides
- Any other recreational group working with children

The main role of these organisations in relation to child protection is to provide a safe and supportive environment and to be alert to signs of abuse and make referrals as appropriate.

### **2.2.9 YMCA**

Young people living away from home are particularly vulnerable to abuse and neglect. Staff and trustees should be alert to the risks to young people in the external environment from adults and other young people prepared to exploit the additional vulnerability of those living away from home. The YMCA should have a child protection policy that complies with good practice.

### **2.2.10 MOD Establishments**

The Children Ordinance and other Falkland Islands legislation applies as law throughout the Falkland Islands, including at all MOD Establishments.

These Procedures apply to all MOD staff and their contractors. Any member of staff who has concerns about a child should share them with the Falkland Islands Government's Social Services Team.

FIG Social Services and the MOD have a mutually-supporting relationship in matters relating to the safeguarding of children. Sharing of information between the MOD and FIG social services is key to ensure the best outcome for any child from the military, civilian or contractor community at Mount Pleasant. The MOD's Point of Contact for safeguarding is the Commanding Officer of the Falkland Islands Support Unit.

### **3. Handling Cases**

#### **3.1 The enquiry process – a summary**

The enquiry process can be broadly divided into four stages. At any stage, the process may be stopped if it seems that no further action is necessary. Alternatively, the process may move on to the next stage.

**At every stage of these Procedures consideration must be given to whether a child is at imminent risk of harm and whether emergency protective action needs to be taken.**

#### **The Four Stages of the Enquiry Process**

##### ***Stage 1***

##### **Making a Referral**

When a professional makes a referral, they do so by completing **the FISC B inter-agency referral form** (Appendix 5) and sending it to Social Services, who check that all the necessary information has been provided. In an emergency, a telephone referral must be made which is then followed up within 2 working days by a completed referral form. When a member of the public makes a referral, this is done by discussing concerns with a Social Services staff member, who records comprehensive details on the **FISC B inter-agency referral form**. Social Services then make initial checks with Health, Education and the Police and any other agency or organisation involved with the child which may be in possession of relevant information. The Social Worker will then make a decision as to whether the case is a potential child protection issue or not. If it is, then the Social Worker will arrange a Preliminary Strategy Discussion.

See 3.2 for detailed information

##### ***Stage 2***

##### **Preliminary Strategy Discussion**

Social Services and the Police share and discuss all information received/gathered and decide on the next course of action within 24 hours, or without delay if there is immediate concern for the child, in which case the discussion may be by telephone. There are various courses of action available: to make further enquiries on the child's circumstances, to take emergency legal action to protect the child, to hold a Strategy Meeting, or to conclude that no further child protection action is required. If further enquiries are required, Social Services and the Police

will need to agree whether those enquiries will be joint or single agency. Initial enquiries may result in emergency legal action, a Strategy Meeting, or no further action.

See 3.3 for detailed information

### ***Stage 3***

#### **Strategy Meeting**

The purpose of this meeting is to discuss all the information held and agree the way forward. Those attending should include Social Services, the Police, Health and other professionals who can assist in the planning process. Where a child is under 5 the Health Visitor should ordinarily attend, and when the child is attending school the named person for child protection in the school should attend. This meeting should be held as soon as possible and no later than 7 days from the receipt of the referral. The outcome of this meeting may be emergency legal action, a formal Child Protection Investigation, or no further child protection action.

See 3.5 for detailed information

### ***Stage 4***

#### **Child Protection Investigation by Social Services, under Section 69 Children Ordinance 2014, and/or Police**

At the Strategy Meeting a decision will be made about whether the investigation will be undertaken as a single agency (by either Social Service or the Police) or jointly, depending on the seriousness and type of abuse alleged/suspected.

The outcome of the investigation may be emergency legal action, a Child Protection Conference, or no further child protection action.

See 3.6 for detailed information

## **3.2 Stage One - Dealing with referrals**

### **3.2.1 Receiving the referral**

All referrals alleging that a child has been abused or is at risk of abuse must be regarded as serious and enquiries made with the minimum of delay. All referrals should be treated in the same way, whether the alleged abuse has taken place inside or outside the family.

Child abuse referrals should be taken by an experienced member of the Social Services Team with knowledge of these Safeguarding Procedures. The Social Services Team Leader should

also be informed about the referral without delay. The person taking the referral must complete the **FISCB inter-agency referral form (Appendix 5)** and ensure that all of the following information has been provided by the referrer and note the date, time and method of referral, though recording the following information in full should not delay swift action in an emergency:

- **The name and address of the person reporting the information.** Members of the public may choose to remain anonymous, or to ask for their names not to be used.
- **The relationship of the referrer to the child** and/or the agency employing the referrer.
- **Information on whether the parent or carer is aware of the referral being made.**
- **The name, age and address of the alleged or suspected abuser** and whether he/she is aware of the referral.
- **The name, date of birth and address of the child** alleged to have been abused and of other children in the household and their current location/address.
- **If other children have contact with the alleged abuser**, their names, addresses and dates of birth.
- The name, address and age of any **person who has direct knowledge** of the alleged or suspected abuse.
- Details of the **date, time and place** where the abuse is alleged to have occurred and any other **evidence** (see glossary) or information available.
- **The name, age and address of the child's parent/main carer** and the names of all those with parental responsibility.
- Information on whether the child has been recently **medically examined** and if so, by whom.
- The name of any **health professionals** involved with the family.
- **Any other information** which could be relevant, e.g. school the child attends, any involvement with Police, etc.
- Any **previous** child protection concerns
- **Any difficulties the child has with communication or behaviour.**

It is essential that information regarding allegations or suspicions of abuse is recorded as fully and accurately as possible in accordance with these Procedures, as this also forms the first phase of assessment. Where possible the worker from Social Services should read back to the referrer the written record of the referral, together with any interpretations being made of the information that has been given.

On receipt of a referral, the worker from Social Services should check to see what, if any, information is already known by Social Services about the child. They should also carry out initial checks with Health, Education and the Police.

Whenever Social Services becomes aware of a case which constitutes or may constitute a criminal offence against a child, then the Police must be informed at the earliest opportunity.

Even if some of this information is not available, the Preliminary Strategy Discussion should still go ahead.

### **3.2.2 Out of office hours**

Out of office hours referrals are made to the on call Social Services staff member via the Police. Where a referral is of a serious nature requiring immediate response, then appropriate action in accordance with these Procedures will be carried out without delay.

### **3.2.3 Keeping the referrer informed**

Upon request, after a period of 5 working days, the referrer may be given information, consistent with respecting the confidentiality of the child and family, about the outcome of the referral.

## **3.3 Stage Two - The Preliminary Strategy Discussion**

### **3.3.1 Scope and purpose of the Preliminary Strategy Discussion**

Following initial background checks, and where there is reasonable cause to suspect that a child is suffering, has suffered or is likely to suffer significant harm, then a Preliminary Strategy Discussion between Social Services and the Police will be held. This discussion should take place between appropriate personnel with responsibility for child protection in Social Services and the Police, and can take place either in person or over the telephone. It should happen within 24 hours of the decision to hold it.

The purpose of the Preliminary Strategy Discussion is to share and discuss in detail all information gathered, as well as the concern. A joint decision should then be made as to the course of action to be taken and time-scales set for those actions to be carried out.

### **3.3.2 Possible outcomes of the Preliminary Strategy Discussion**

The Preliminary Strategy Discussion may result in the decision to take one of the following five courses of action:

- **No further action** if it transpires that the allegation is without substance and there are no concerns.
- **Referral for support services** if preliminary enquiries have revealed significant unmet needs for support and services (and a formal Child Protection Investigation is not required).
- **Further Inquires** if more information is required about the child's needs and circumstances.
- **Strategy Meeting** involving Social Services, the Police and other relevant professionals to share information and agree what further action (if any) is needed.
- **Emergency Legal Action** to safeguard the child if he or she is thought to be at imminent risk of significant harm.

All decisions made during this Preliminary Strategy Discussion and the reasons for these decisions should be agreed and clearly recorded including any decision not to inform parents at this stage.

### **3.4 Immediate Protection**

#### **3.4.1 When immediate protection is necessary**

Where there is a risk to the life of a child or a likelihood of serious imminent harm, action should be taken quickly to secure the immediate safety of the child. Emergency action might be necessary as soon as a referral is received or at any stage of the process. However, planned emergency action should normally follow immediately on the decision of the Preliminary Strategy Discussion or Strategy Meeting, taking account of legal advice. On occasion a single agency may have to act immediately to protect a child.

Emergency action only addresses the immediate circumstances of the child. It should be followed quickly by a Strategy Meeting and a formal Child Protection Investigation.

**The safety of any other children to whom the risk/danger might also apply must also be considered.**

#### **Box 2 – Emergency Action: Avoid Delay**

Nothing in these Procedures must be allowed to delay any action necessary (including taking a child into Police Protection or applying for an Emergency Protection Order) to secure the safety of a child who is at imminent risk of significant harm. Response to any indication that a child is in danger takes priority over other requirements in the Procedures.

### **3.4.2 The range of options**

Emergency action to secure the child's safety may be one of the five options described below. The first three should always be considered before removing a child using compulsory powers:

- The alleged abuser agrees to leave the household;
- Those with parental responsibility make safe arrangements for the child to be cared for within the extended family or with friends in circumstances assessed as suitable by social services;
- Social Services provides accommodation for the child under Section 23, Children Ordinance 2014, so that the child becomes looked after with the written agreement of those with parental responsibility;
- The Police use their powers of Police Protection; or
- Social Services seek legal advice and apply to the court for an Emergency Protection Order (EPO).

Any of the last four options might take the form of arrangements to place the child with the extended family or friends. Where it is necessary to use compulsory powers to remove a child, Social Services (with the consent of the Attorney General) should wherever possible and unless a child's safety is otherwise at immediate risk, apply for an EPO and should not seek to use Police Powers of Protection for this purpose. This is based on the principle that the fair and transparent process of the court should decide on removal of a child from home.

If the Police do have to use their powers of Police Protection, both police and social services have a duty to investigate (S 68(3)(e) and S 69(1) Children Ordinance 2014), though by agreement this may be a social services single agency investigation. A decision must be made by social services, upon legal advice, as to whether or not to apply for an EPO or interim care order, to be obtained before the expiry of 72 hours from police powers being exercised. The court may also be asked to add a requirement for a medical examination as an EPO does not include this automatically. Decisions taken together with their reasons should be carefully recorded. All available information from the current enquiry as well as any historical information should be considered.

### **3.4.3 Lack of parental cooperation**

The need for action to secure the child's safety should always be considered if:

- Access to the child is unreasonably refused;

- Parents refuse consent to the medical examination of a child suspected of being abused or a child who it is believed needs urgent medical attention; or
- Parents deliberately frustrate an investigation in other ways.

If it is felt that there could be a risk of significant harm to the child if a full investigation, including medical examination or treatment is not carried out, advice will need to be sought from the Social Services Team Leader.

When a parent refuses to allow their child or children to have a medical examination and/or treatment, the Chief Medical Officer will be consulted. If the circumstances of the case require it, a court order should be sought. If the child is 'Gillick Competent' under the Fraser guidelines, i.e. considered in light of his or her age and understanding to be able to take decisions independently about medical treatment, consideration could also be given to inviting the child to attend a medical appointment without the parents consent. The results of these consultations should be carefully recorded in writing, together with the reasons for not informing a person with parental responsibility.

**The need to seek advice must not delay any necessary action to secure the safety and well-being of any child believed to be at imminent risk of significant harm.**

### **3.5 Stage Three - The Strategy Meeting**

#### **3.5.1 Scope and purpose of the Strategy Meeting**

The purpose of this meeting is to discuss all the information held and agree the way forward. The outcome of this meeting may be emergency legal action, a formal Child Protection Investigation, or no further Child Protection action.

A Strategy Meeting should always take place in the following cases:

- Cases of sexual abuse
- Cases of serious neglect
- Cases of physical injury
- Alleged abuse by carers
- Alleged abuse by a person having professional contact with the child

The meeting will decide who will investigate the referral. The decision will be for a joint investigation or alternatively a single agency investigation by either Social Services or the Police. There should never be separate and unrelated investigations.

Where it is agreed that one agency will investigate, that agency will determine the strategy for its investigation in consultation with the other agency. In all cases other Strategy Meeting members may take a significant role in planning the investigation. The reason for deciding that one agency alone will investigate should be carefully recorded. If, at any point during a single agency investigation, it becomes apparent that a joint enquiry is necessary, then immediate contact must be made with all members of the previous Strategy Meeting with a view to convening a further Strategy Meeting.

### **3.5.2 Planning the Strategy Meeting**

Those attending the Strategy Meeting should include Social Services, the Police and other professionals who can assist in the planning process. Where a child is under 5 the Health Visitor should ordinarily attend, and when the child is attending school the named person for Child Protection in the school should attend. It is important to ensure that other professionals are invited and encouraged to attend any Strategy Meeting in order that they are able to share information and assist in the decision making process.

This meeting should be held as soon as possible and no later than 7 days from the receipt of the referral **and sooner if there is cause to suspect significant harm at an earlier stage.**

### **3.5.3 Matters to be discussed at the Strategy Meeting**

The Strategy Meeting should be used to:

- Share all available information;
- Agree what action, if any, is needed immediately to safeguard the child;
- Decide if enough information is available to make a decision on whether a Child Protection Investigation is required; and
- Decide whether a Child Protection Investigation and/or criminal enquiries should be started, or continued if they have already begun.

If it is decided that a Child Protection Investigation is required, the following matters should be considered:

- The timing of the Child Protection Investigation.
- Who shall form the investigating team?
- How enquiries should be handled, including the need for a medical examination/assessment and treatment, which should be planned with appropriately trained medical staff.

- Who is to be interviewed, by whom, when, where and with what purpose. This will include interviewing the original informant if this has not already been done.
- If any investigative interview with the child should be video recorded, with the reasons for this decision. Agree who else needs to be present at the interview with the child.
- Whether it is in the child's best interest to seek consent from parents for interviewing the child.
- Who is to contact the parent(s).
- What steps should be taken if parent or child refuses consent for interview or medical assessment.
- The child's level of development, any disability or any language/communication issues, and what arrangements might be needed.
- The needs and safety of other children who may be affected, e.g. siblings and other children in contact with the alleged abuser, and whether to extend the investigation to include any of these children. It is often appropriate to have medical assessments of all siblings.
- Whether the alleged abuser should be interviewed, if so when, and by whom.
- What information will be shared with the child and family members, unless such information sharing may place a child at risk of significant harm or jeopardise a Police investigation into any alleged offence(s).
- Which professionals not present at the Strategy Meeting should be informed at this stage.
- Who the investigation team will report to, with what frequency and how progress will be reviewed. It is important to decide whether to reconvene a Strategy Meeting in order to check on progress, to gather information, or to assess new information or examine the results of the enquiry prior to a Child Protection Conference. More than one Strategy Meeting may be appropriate depending on the circumstances of the case.

All decisions reached and the basis for those decisions should be clearly recorded and agreed by the parties to the meeting.

If there is a disagreement on the appropriate response to a referral, the unresolved issues should be reported to senior officers in Social Services and the Police in order to seek a consensus decision. If the issue is still unresolved it should then be taken to the Directors of Health and Social Services and the Chief Police Officer. These steps must be taken quickly and must not introduce undue delay into the process.

## **3.6 Stage Four - Child Protection Investigation and further Assessment**

### **3.6.1 Scope and purpose**

The purpose of a Child Protection Investigation is to determine whether action is needed to safeguard the child. Where relevant, the Police will need to establish the facts about any offence which may have been committed against the child, and to collect evidence. A Child Protection Investigation will include gathering information from those who are professionally involved with the child or family. This may involve interviews with staff from other agencies in order to gather the relevant information systematically. Their knowledge of the family, the status of their knowledge and the details of their direct involvement should be clearly established.

Social Services Single Assessments are started within 48 hours of the decision to undertake an assessment and the child is seen as soon as practicable in line with the perceived level of risk (no more than 10 working days in every case). A timescale for completion of the assessment, proportionate to the circumstances of the case, is agreed with the Team Leader. It is exceptional that assessments would extend beyond 45 days before a decision is made whether and how to provide help and protection for the child.

### **3.6.2 The Child Protection Investigation should consider the following questions:**

- Has the child been the victim of a criminal offence?
- Is this child in need of support and services?
- What are the needs of the child?
- Is there reasonable cause to suspect that this child is suffering or is likely to suffer significant harm?
- Are the parents able to respond appropriately to the child's needs?
- Is the child being adequately safeguarded from significant harm and are the parents able to promote the child's health and development?
- Is there analysis of the evidence and findings of the assessment to recommend what interventions are likely to be most effective?
- Is action required to address the needs of this child or any other child who may have had contact with the alleged abuser, improve their outcomes and to make them safe?

### **3.6.3 Gathering information from other agencies**

It is important to have a detailed history of the child and his or her family to ensure accurate decision-making. Detailed information will be available within the records of agencies who

know the family. It is the responsibility of each agency or individual professional to contribute all the relevant information held in the records when requested and not just the edited highlights. A chronology should be prepared by each agency involved, to take account of all the background information available, and gaps in the chronology may need to be explored.

#### **3.6.4 Interviewing the child**

Interviews with children should be planned, and conducted by those specifically trained, qualified and experienced in this specialist area of work.

**A child should never be interviewed in the presence of an alleged or suspected perpetrator of abuse, or somebody who may be colluding with a perpetrator, including a parent.**

In most circumstances a person with parental responsibility should be consulted before the interview with the child, and their views listened to. If the child is of sufficient age and understanding, the purpose of the interview must be explained in age-appropriate terms and his or her consent must be obtained and recorded before any interviews take place. If an interview is to be undertaken without first consulting a parent/carer consideration should be given by Social Services to seeking legal advice and the decision should be recorded.

In cases where the child is at school at the time of concern, the head teacher can consent to the school premises being used for the interview.

Video interviews will ordinarily only take place in conjunction with a criminal investigation. The interviewing team will normally include police and social services, unless a specific agreement has been reached in a strategy discussion or meeting for it to be conducted by a single agency.. Where a criminal offence is suspected, any interview of the child must be in accordance with the guidance "Achieving Best Evidence in Criminal Proceedings". It should be borne in mind by the interviewers that video interview evidence may be used in care proceedings as well as criminal proceedings and the joint interview plan should take account of the needs of both the police and the social services investigations.

#### **3.6.5 The medical examination**

Consideration should always be given to the need for a medical examination of each child about whom there are concerns. The person co-ordinating the investigation should discuss the need for a medical examination with a suitably qualified medical practitioner, and agree the timing and location of the examination. Although a medical examination is not a requirement in every investigation, it needs to be considered regardless of whether the child has any

apparent or visible injuries or appears neglected. The medical examination should only be dispensed with if those managing the investigation are satisfied that they can achieve the purposes of the investigation without it. **Those reasons will need to be clearly recorded.**

The purpose of any medical examination or assessment is:

- To ensure the child's condition is medically assessed and treatment given as appropriate;
- To reassure the child as to his or her well-being;
- To obtain an assessment about possible indications of abuse;
- To ensure that any injuries or signs of neglect or abuse are noted for evidential purposes; and possibly
- To secure forensic evidence. (If the purpose of the medical examination is to secure forensic evidence then a request must be made by a senior Police Officer).

The child's welfare is the paramount concern and the gathering of evidence must not become an additional source of abuse to the child. The need for forensic evidence to be obtained should always be considered as secondary to the need for medical treatment of a child.

If the referral concerns physical injury or severe neglect a medical examination should be arranged, if possible for the same day. In cases of alleged sexual abuse, which is reported to have occurred within the previous 5 days, a medical examination should be considered as a matter of urgency. This will be to protect the health of the child and to secure and preserve evidence. Where a medical examination is required but not immediately, this can be arranged to suit the child, family and relevant professionals.

Consideration must also be given to the need for any other connected children in the household to be medically examined.

The examination is both clinical and forensic and therefore should only be undertaken by suitably qualified practitioners, who may wish to consult with the Chief Medical Officer and/or appropriate medical specialists. The examining doctor must use the pro forma for forensic investigations provided by KEMH, or similar.

There should be liaison between Social Services and the Police to avoid the need for repeated medical examination. The investigating team or Social Worker will fully brief the examining doctor if he or she has been unable to attend the Strategy Meeting. The Social Worker will

ensure that the appropriate consent for examination has been obtained. A Social Worker and/or Police Officer should be present for the examination.

The doctor should explain the purpose of the examination to the child and parents. The child (unless he or she has given an informed refusal) should have a parent or supportive adult present during the examination. The child needs to be told that information gained by examination will be shared with others and may also be read out in court. The child and parents should always be offered the opportunity of discussing any health issues with a doctor experienced in this work.

### Consent

If the medical examination is of a child under 16 and concerns physical or emotional abuse or neglect, it is strongly recommended that the consent of the adult with parental responsibility is obtained. This consent must be informed and in writing. A young person of sufficient age and understanding can give his or her own consent but in the face of a refusal from a parent, care must be taken on accepting this consent. Where consent is not readily available or where it is refused by a parent, the matter should be discussed with Social Services, and legal advice should be sought from the Attorney General's office.

If the medical and forensic examination concerns sexual abuse of a child under 16, the informed consent of the person with parental responsibility and, where appropriate that of the child/young person must always be obtained in writing. If a child aged 16 or 17 is not considered of sufficient understanding on account of a learning disability, consent of the parent should be obtained.

If the child is the subject of a Care Order, including an Interim Care Order, the consent of the Director of Health and Social Services is required. Where the child is the subject of court proceedings, an order of the court is required

Young people aged 16 to 18 will usually have capacity to give their own informed consent. (see 'Fraser Competency' in the Glossary at **Appendix 1**)

In the case of a medical emergency, consent is not required if impractical to obtain it in the required timescales, but treatment should be limited to providing emergency medical care.

In rare cases of medical emergency where consent is specifically withheld, a court application is likely to be required.

### **Box 3 - Some pitfalls and how to avoid them**

Assumptions and pre-judgements about families lead to observations being ignored or misinterpreted.

*Ask yourself: What were my assumptions and the assumptions of others about this family? What, if any, is the hard evidence that supports them? What, if any, is the hard evidence that refutes them?*

Not enough weight is given to information from family, friends and neighbours.

*Ask yourself: Would I react differently if these reports had come from a different source? How can I check whether or not they have substance? Even if they are not accurate, could they be a sign that the family is in need of some help or support? Have I recorded explanations in detail? Have there been inconsistencies which would make me suspicious?*

Not enough attention is paid to what children say, how they look and how they behave.

*Ask yourself: Have I been given appropriate access to all the children in the family? If I have not been able to see any child, is there a good reason, and have I made arrangements to see him/her as soon as possible? What is the child's account of events? Have I recorded this in detail? And what evidence is there to support or refute a child or young person's account?*

Attention is focussed on the most visible or pressing problems and other warning signs are not appreciated.

*Ask yourself: What is the most striking thing about this situation? If this feature were to be removed or changed, would I still have concerns?*

Professionals think that when they have explained something as clearly as they can, the other person will have understood it.

*Ask yourself: Have I double-checked with the family and the child(ren) that they understand what will happen next?*

Parents' behaviour, whether co-operative or unco-operative, is often misinterpreted.

*Ask yourself: What were the reasons for the parents' behaviour? Are there other possibilities other than the most obvious? Could their behaviour be a reaction to something I did or said rather than to do with the child?*

When faced with an aggressive or frightening family, professionals are reluctant to discuss fears for their own safety and ask for help.

*Ask yourself: Do I feel safe in this situation? If not, why not? What support should I ask for and who should I ask?*

Information is not adequately recorded, facts are not checked and reasons for decisions not noted.

*Ask yourself: Am I sure the information I have is 100% accurate? What steps should I take to verify it? Do my notes show clearly the difference between information others have given me, my own direct observations and my interpretation or assessment of the situation? Do my notes record what decisions and action(s) I and other relevant people have taken/ will take?*

### **3.6.6 Working with the child and family during the investigation**

#### **3.6.6.1 Removing barriers to involvement**

Where feasible and appropriate the child and family should be enabled to participate fully in the process, and the following may need to be provided to remove barriers to involvement.

- Where a child or parent is disabled, it may be necessary to provide help to maximise their opportunity to participate in the process.
- If possible, an interpreter should be provided where the child or parent's first language is not the same as that of the interviewer.

**The investigation should always be carried out in such a way as to minimise distress to the child and to ensure that families are treated sensitively and with respect.**

#### **3.6.6.2 Explaining the purpose of a Child Protection Investigation**

Social Services and where relevant Police should explain the purpose of a Child Protection Investigation to the parents and child (having regard to age and understanding) and be prepared to answer questions openly, unless doing so would affect the safety and welfare of the child. It is particularly helpful for families if they are provided with information about the purpose, process and potential outcomes of the investigation. This should be general information specific to the particular circumstances under investigation. It should include information about how advice, advocacy and support may be obtained from independent sources and how to make a complaint.

It is desirable that the child is consulted and informed about what is taking place and helped to understand the reasons why. It is equally important, provided it is not contrary to the welfare of the child, that parents/carers are kept informed of all action being taken and its implications and consequences.

#### **3.6.6.3 Considering the child and their wishes and feelings**

As part of the investigation, the child's wishes and feelings must always be established, and the process must be explained to the child, in a way appropriate to their age and understanding. The child must be given the opportunity to be seen on their own by a social worker and

listened to carefully. The child should never be interviewed in the presence of the alleged offender.

#### **Box 4 – Communicating with children**

- Children are the key, and sometimes the only, source of information about what has happened to them.
- Accurate and complete information is essential.
- Even initial discussions with children should be conducted in a way that minimises any distress caused to them
- Do not use leading or suggestive questions as these may negate any evidence obtained.
- Write down what the child tells you, and what you said to the child.
- Children may need time to develop sufficient trust to communicate any concerns they have. This may mean that you need to talk to them on more than one occasion. Aside from such rapport-building, repeat interviews should be rare and reasons for them should be agreed between agencies and recorded

#### **3.6.6.4 Considering the parents or carers**

The family should be involved throughout the investigation as far as possible, subject to this being in the best interests of the child. The investigating Social Worker or Police Officer should explain to them the reasons for concern about the child, and what actions are proposed and why. In most cases, the parents or carers will be asked to give written consent for any medical examination or interview with the child. The Strategy Meeting should decide on the most appropriate timing of parental participation.

Where appropriate non-abusing parents/carers should be encouraged to accompany the child for interview and medical assessment. However, care should be taken to avoid action which might prejudice any criminal investigation, particularly where the parent/carer is a suspect or witness.

Parents, carers and children should be told that relevant information may have to be shared with professional colleagues who also have responsibility for the child's welfare.

### **3.6.6.5 Considering other children**

Those making enquiries should always be alert to the potential needs and safety of any siblings, or other children in the household of the child in question. The investigation may also need to cover children in other households with whom the alleged offender may have had contact.

### **3.6.6.6 When parents or carers refuse to co-operate**

At every stage of these Procedures consideration must be given to whether a child is at imminent risk of harm and whether emergency protective action needs to be taken. This may be because parents/carers refuse to co-operate with the investigation, or they may take particular action, such as removing a child from hospital.

Where there is a risk to the life of a child or a likelihood of serious immediate harm, action should be taken quickly to secure immediate safety of the child. Emergency action might be necessary as soon as a referral is received or at any stage of the process.

### **3.6.7 Recording**

Case notes should be written immediately and as fully as possible. They should fully reflect the investigation process, including all events leading to the interview(s), the timing, setting and personnel involved in all discussions. All records must be signed, or the author identified and dated. Records of contact with the child should record what the child says in the child's own words. Explanations given by parents and other relevant adults should also be given verbatim where possible.

### **3.6.8 The outcome of the Child Protection Investigation**

#### **3.6.8.1 Making the decision**

Social Services will make the decision about future action to protect the child and promote his or her welfare after taking into consideration the views of other agencies involved in the investigative process. Reasons for this decision must be clearly recorded. The following decisions are possible:

- Concerns are not substantiated;
- Concerns are substantiated but the child is not judged to be at continuing risk of significant harm; or
- Concerns are substantiated and the child is judged to be at risk of significant harm.

In the case of the first two options, support and services may be needed and this should be co-ordinated by a Child in Need meeting, which will include the family.

The original referrer should be notified of the outcome of enquiries in line with respecting the confidentiality of the family. The family will be kept informed throughout the process.

The outcome of a Child Protection Investigation must be recorded and a copy given to the parents and to the referring agency. All agencies who have been involved in the investigation should be informed of the outcome.

If a referrer wishes to challenge the outcome of a Child Protection Investigation:

- Professionals should make representation via their own line manager and also by reporting their concerns to the Director of Health and Social Services.
- Service users or members of the public should discuss their concerns with the Social Services Team Leader, and can use the complaints procedure.

### **3.6.8.2 Concerns are not substantiated**

Where the Child Protection Investigation does not substantiate the original concerns about the child suffering significant harm or being at risk of significant harm, no further action under the Child Protection Procedures will be taken and the reasons for a decision that no action is required should be clearly recorded and the referrer should be informed in writing by Social Services.

Social Services and other agencies should however, consider with the family whether there is a need for support and/or services. This decision should ideally be made at a Planning Meeting and will be informed by the outcome of the investigation so far.

Where the enquiries reveal no substance to the cause for concern, parents/carers, the child and the referrer as appropriate, should be informed in writing. Letters should acknowledge the distress and anxiety caused by the enquiry process, but draw attention to the professional obligation of agencies to make enquiries.

In some cases concerns about significant harm may remain but with no evidence. In such circumstances, the family can be offered services. If, however, the family refuses, agencies who continue to be involved with the family should remain vigilant and report any concerns in the usual way.

### **3.6.8.3 Concerns are substantiated but the child is not judged to be at continuing risk of significant harm**

In cases where there are substantiated concerns that a child has suffered significant harm but it is clear from enquiries that there is no continuing risk of significant harm, it may be agreed

that there is no need for a Child Protection Conference or a Child Protection Plan even though there may be still a need for a criminal investigation. In these circumstances, all those involved need to be sure that any plan for ensuring the child's future safety and well-being can be developed and implemented outside the Child Protection Procedures. **It will always be important to seek children's views before making this decision, and to reassure them, that they are believed, in a way that is commensurate with their age and level of understanding.**

A decision not to hold a Child Protection Conference in such circumstances must be taken especially carefully, analysing the available evidence and the views of other agencies who have been involved in the investigation. The decision must be based on the clear view that there is no continuing risk of significant harm. Examples of when this may apply include where circumstances have changed such as when an alleged abuser has permanently left the household or where significant harm has occurred as a result of an isolated abusive incident (e.g. by a 'stranger').

A suitably qualified person within the department should endorse the decision. Those professionals and agencies who are most involved with the child and family, and those who have taken part in investigation, have the right to require that Social Services convene a Child Protection Conference if they have serious concerns that a child may not otherwise be adequately safeguarded.

#### **3.6.8.4 Concerns are substantiated and the child is judged to be at continuing risk of significant harm**

In these circumstances legal action can be taken in accordance with the Children Ordinance 2014 or a Child Protection Conference can be held, or both.

The Child Protection Conference must be held within 15 working days of the decision that the child is at continuing risk of significant harm. A Child Protection Conference is needed to make a decision about further action under the Child Protection Procedures.

### **3.7 The Initial Child Protection Conference**

#### **3.7.1 When a Child Protection Conference is appropriate**

There are four types of situation which may make a Child Protection Conference necessary:

- **A Child Protection Investigation** into an incident or suspicion of child abuse or neglect indicates that concerns are substantiated and that further action under the Child Protection Procedures is necessary to safeguard the child's welfare. This includes

situations where suspicions of the likelihood of neglect (or abuse) have developed over time based on a variety of concerns and a decision has been made to move the case into the child protection system.

- **Before a child is born**, family history suggests the likelihood of significant harm occurring
- A child is **found to be living in a household which includes or is visited by a person who has been convicted of committing an offence against a child**, or who is believed to have abused a child.
- A child in a **family moves to the Falkland Islands** and is the subject of registration elsewhere.

In the first three circumstances, the Child Protection Conference should always be preceded by a Child Protection Investigation.

### **3.7.2 Scope and purpose**

The primary purpose of the Initial Child Protection Conference is to bring together and analyse, in an inter-agency setting, all relevant information, plan how best to safeguard and promote the welfare of the child, make a decision whether to place the child's name on the Child Protection Register and formulate a Child Protection Plan.

### **3.7.3 Planning the Initial Child Protection Conference**

Those attending Conferences should be there because they have a significant contribution to make arising from professional expertise, knowledge of the child or family or both. Attendance should always be limited to only those who need to be there.

The Social Services Team Leader, in conjunction with the Key Worker, will decide who to invite. All those who have been invited should give priority to attending and they should be told who else has been invited to the Conference.

Consideration should be given to inviting the following:

- The child;
- The child's carers and family members, including all those with parental responsibility;
- Social Worker who has undertaken an assessment of the child and family together with Team Manager;
- A representative of the child's school;
- The child's doctor/the examining doctor;

- Other relevant health professionals, including the Health Visitor for younger children and mental health professional;
- The Police; and
- Crown Counsel (Child Protection) or another lawyer from the Attorney General's Chambers.

The Initial Child Protection Conference should be chaired by a professional, independent of operational and /or line management responsibilities for the case and accountable in this role to the Director of Health and Social Services, who should decide who is the most appropriate person to chair the Initial Child Protection Conference if an independent person is not available. The Chair should meet the child (if appropriate) and the parents in advance to ensure they understand the purpose and the process.

#### **3.7.4 Quorum for the Child Protection Conference**

A minimum of three agencies or professional groupings will normally need to be present before a Conference can proceed. However, situations may arise whereby only two agencies are present. In these circumstances the Chair of the Conference can decide whether the Conference can proceed.

All professionals who are invited to attend a Child Protection Conference should submit a written report in standard multi-agency conference report format, whether or not they are able to attend. If key personnel do not attend or provide reports, consideration should be given to postponing the Conference.

**Any necessary protective action to secure the safety of a child at risk of significant harm must not be delayed because a Child Protection Conference is pending.**

#### **3.7.5 Involvement of the child in the Child Protection Conference**

The child's voice should always be heard at the Conference, whether they attend in person or have their feelings and wishes presented on their behalf. Children should be encouraged to attend Conferences provided they have the capacity to benefit from the attendance, and will not be harmed by it. A parent or a child attending a Conference should be given the opportunity to bring an adult advocate, friend or supporter.

The role of the Chair is critical in enabling the child to have a positive experience which is not damaging in any way. The Chair should meet with the child beforehand in the Conference room before other people arrive to ensure that they understand what will happen at the

Conference, and how they can contribute. Consideration should be given as to the feasibility of a visit to the child at home if the child does not attend.

After the Conference the Chair should offer the child an opportunity for immediate debriefing and to ensure that the child knows how the Conference decision may affect his or her life. If a child disagrees with the Conference decision, they should be advised of the complaints procedure. They can either complain about the Conference process or the decision made at the Child Protection Conference. Any decision to exclude a child from whole or part of the Conference must be recorded in the minutes, with reasons.

**Box 5 – Deciding whether the child should go to the Conference**

If a child expresses an interest in attending the Conference, discuss the advantages and disadvantages of attending with them. Consider what attendance means in each situation, and what will be in the child's best interests. Some children will wish to be present just to hear what is said, while others will wish to contribute to the Conference. Use what the child tells you to help you decide whether they should attend.

**3.7.6 Involvement or exclusion of those with parental responsibility/the child's carers**

**3.7.6.1 Purpose of involvement**

Parents should be encouraged to attend the Conference because they have an important contribution to make. The importance of working in partnership with parents and family members underpins all child protection work and there is a need to establish openness and honesty between professionals and families from the outset of the enquiries.

However, parents should not be encouraged to attend at the cost of excluding a child who wishes to be present. Adults (and any children) who wish to make representations to the Conference may not wish to speak in front of one another. It may not always be possible to accommodate all family members at all times.

**3.7.6.2 Exclusion**

The Social Worker should discuss the attendance of parents or carers with the Conference Chair at least 24 hours before the Conference, and preferably earlier. The Chair will exercise

discretion and may exclude parents or carers from all or part of the Conference where one or more of the following criteria apply:

- There is a strong risk of intimidation of the child or anybody else by a family member at or after the Conference, and their presence may seriously disrupt the conduct of the Conference.
- There are implications for criminal proceedings of an alleged perpetrator attending. The fact that a person may be prosecuted is not, in itself, a reason for exclusion and the Chair should take advice from the Police and the Attorney General's office.
- Children of sufficient age and understanding state that they do not wish their parents/carers to be present.

Reasons for exclusion of parents must be noted in the minutes. The Chair's decision to exclude is final, and should only be made in exceptional circumstances. If the parents are excluded or unable or unwilling to attend, the reason for this should be included in the minutes. They should have the chance to discuss their exclusion with the Chair, and to communicate their views to the Conference by another means.

Any professional can request the exclusion of a parent/carer from the Conference. The request must be made to the Conference Chair at the earliest opportunity. The Chair should discuss the request with the relevant agency manager before coming to a decision about whether to exclude.

### **3.7.6.3 Preparing the parents or carers**

The Key Worker should inform the parents or carers of the process that will be followed and ensure that they understand the purpose of the Conference and who will attend. Attendance is not the same as participation. Parents should receive adequate preparation prior to the Conference to enable them to participate as fully as possible. Parents should receive a written invitation to the Conference and a leaflet explaining the purpose of the Conference and the effect of a child's name being placed on the Child Protection Register and made subject to a Child Protection Plan.

If the involvement of the parents is to be meaningful, they may require help in preparing for the Conference, as well as practical assistance with child care or transport difficulties. Parents should be encouraged to bring to the Conference a friend, relative or other supporter, provided this person is not a known or suspected abuser. This should be subject to the child's wishes and feelings.

The role of a supporter is purely to provide emotional support to the parent/carer. At the discretion of the chair, they may be allowed to ask questions on behalf of the parent/carer. A legal practitioner may attend as a supporter and may speak on behalf of the client upon their instructions, but may not treat the conference as a legal forum for arguing disputed facts.

The Chair should meet the parents beforehand and explain to them how the meeting will be conducted.

If the Conference decides to place the child's name on the Child Protection Register and make the child subject to a Child Protection Plan, the parents should be told what this involves, and how they will be involved in further case planning and review.

If the parents disagree with the Conference decision, they should be advised of the complaints procedure. They can either complain about the Conference process or the decision made at the Child Protection Conference.

Whether the parents attend the Conference or not, they should be sent the Conference decisions and recommendations in writing within 5 working days of the Conference. The Key Worker should discuss the recommendations with the parents.

The Child Protection Conference minutes and reports of all agencies should be produced within 10 working days of the Conference, made available by the social worker to parents and, where appropriate, to the child – except where the child or any other person could be put at risk as a result. The decision about whether or not to send minutes and reports should be made by the Chair in conjunction with Social Services and, where appropriate, the Police. Reasons for not sending minutes to relevant family members should be carefully recorded in the minutes.

Where a parent is in prison, the social worker will send the minutes to the parents' solicitor, or, if there is no solicitor, will ensure the prisoner is provided with the information. A copy of the document will not be left in the prisoner's personal possession.

### **3.7.7 Reports for the Conference**

Each agency invited to attend the Conference should provide in advance a written report which summarises their involvement with the family and their knowledge of the child's health and development as well as their view of the parents' capacity to safeguard the child and promote the child's welfare. Written reports should be given to the Key Worker at least three days before the Conference, and discussion of the report with family members prior to the Conference is the responsibility of each individual agency..

Report writers should address the needs of each child within the family separately, even though only one report is produced.

Any particularly sensitive information should be drawn to the attention of the Chair. Similarly, any professional concerns about the possibility of violence or intimidation should be communicated to the Chair in advance.

### **3.7.7.1 Social work report**

The social work report summarises and analyses the information obtained in the course of the preliminary checks and the formal Child Protection Investigation. The report should include:

- The information gathered during the preliminary checks and information from the work that has been done on the Core Assessment so far.
- A case history of significant events and agency and professional contact with the child and family including a list in date order of the events which brought the case to the Child Protection Conference. Areas where more information is needed should be highlighted.
- Significant aspects of the child's current and past state of health and development.
- Report of the Investigation and brief description of events.
- Information on the capacity of the parents and other family members to ensure the child's safety from harm, and to promote the child's health and development.
- The expressed views, wishes and feelings of the child, parents and other family members.
- Assessment of risk and any child protection action taken.
- An analysis of the implications of the information obtained for the child's future safety, health and development.
- Recommendations for future work with the child and family.

The report should distinguish between allegation, fact, observation, and opinion.

### **3.7.7.2 Medical report**

Medical personnel will collate all relevant medical information and provide written reports. Where medical advice is crucial to the Conference deliberations, the Conference should be scheduled to ensure that the examining doctor can attend. If due to exceptional circumstances, the doctor cannot attend, (s)he must submit a report and the Chair should read the medical findings in full to the Conference. Any further interpretation of the report should only be undertaken by a medical practitioner. If the Conference is not clear as to the contents or

interpretation of the report, arrangements should be made by the Chair to seek clarification. Any delay should not prejudice the safety of a child.

In cases of conflicting medical opinion, the Chair should request that the doctors involved review their findings jointly with the interests of the child in mind. If they are unable to establish common ground, they should be asked to explain their differences. Their views must be considered in the context of the other information available. If resolution is not possible, a further medical opinion should be sought to review the medical findings in order to offer a definitive opinion.

### **3.7.7.3 Other professionals**

Other professionals will be required to provide reports. Professionals must be prepared to interpret, analyse and explain their information for the benefit of other Conference attendees.

**Health Personnel** will provide reports which will collate all the other relevant health information appropriate to that professional, including that pertaining to parents (and carers) as it affects parental capacity to adequately provide for the health, safety and welfare of the child.

**Education Personnel** will collate and check all relevant records, including school attendance and pastoral information and provide a written report.

The **Police** will check records of all known adults who have a significant involvement with the child and also check domestic violence records. Their report needs to contain all previous convictions relating to drugs or alcohol, violence including domestic abuse, sexual offences or dishonesty where relevant to the child's welfare and any other information as appropriate.

**Representatives of other agencies** will prepare and provide written reports as appropriate.

Reports from all agencies should include:

- Basic information;
- Nature of involvement with the family;
- Knowledge of involvement in current incident/cause for concern;
- Frequency of contact and date last seen for each child;
- Development details of each child;
- Background / previous concerns; and
- Assessment of current issues/family strengths and risk factors to the child/children.

### **3.7.8 Chairing the Conference**

The Chair must:

- Be a professional who is independent (if possible) of operational and /or line management responsibilities for the case and is accountable in this role to the Director of Health and Social Services or other suitable individual
- Have a good understanding and professional knowledge of child protection, children's welfare and development, and best practice in working with children and families;
- Be able to look objectively at and assess the implications of the evidence on which judgements should be based; and
- Be skilled in chairing meetings in a way which encourages the professionals to analyse risk and protective factors and retain a focus on the planning for the child.

The role of the Conference Chair is to:

- Meet the child and family members in advance, to ensure that they understand the purpose of the Conference and what will happen;
- Decide whether or not there are valid reasons for excluding any family members from attending the Conference;
- Ensure that the Conference agenda is followed;
- Enable all those present, including children and family members, to make their full contribution to discussion and decision making;
- Ensure that the Conference makes the decisions required of it in an informed, systematic and explicit way;
- Enable Conference members to share all appropriate information and evaluate risks;
- Ensure that the Conference is conducted in an anti-discriminatory manner and gives proper consideration to issues of race, culture, language, religion, gender and disability;
- Ensure that dissenting views and reasons are recorded in full;
- Clearly differentiate between fact, observation, allegation and opinion;
- Establish the opinions of lead persons (from professional groupings) about placing the child's name on the Child Protection Register;
- Draw together the views of the Conference members and arbitrate where different views are being expressed;
- Be available after the Conference to explain decisions to parents and children; and
- Take responsibility for the accuracy of the Conference minutes.

### **3.7.9 The Conference process**

The Child Protection Conference will follow the agenda which includes:

- The purpose of reasons for the particular Conference and the tasks of the Conference;
- Introductions, apologies, confidentiality, agency roles with the family;
- Circulation of reports;
- Details of the events leading up to the initial Child Protection Conference;
- Information from the Initial Checks, the Child Protection Investigation and any further assessment;
- Background information from all agencies, including past and present involvement with the child and the family;
- A summary of all the main information provided to the Chair, including the views of children and family members;
- An analysis of the implications of all the information shared for the child's future safety, health and development (i.e. Is the child at risk of continuing harm?);
- Consideration of the risks of harm if the child remains at home, and explicit recommendations for how the risks can be managed; and
- Consideration of the need for legal advice 3

### **3.7.10 Confidentiality and the sharing of information at the Conference**

In all cases where child abuse is alleged or suspected, there is a duty to share all relevant information. Information obtained through any part of the child protection process must be treated in strict confidence. If there is any doubt about sharing information this should be discussed with the Chair before the Conference.

The chair should remind all members of the Conference of the importance of maintaining confidentiality (See also 3.7.12 regarding minutes of the conference).

### **3.7.11 Outcomes of the Initial Child Protection Conference**

#### **3.7.11.1 The decision making process**

The **only decision** which can be made at the Conference is whether or not the child's name should be recorded as having suffered significant harm or being at risk of suffering significant harm and if so, under what category. Discussion at the Conference can contribute to making this decision as well as providing a basis for future planning for the child. The Conference needs to establish as far as is possible the cause of the significant harm or the likelihood of significant harm to the child.

The decision as to whether or not a child's name should be recorded depends on the answer to the question **'Is the child at continuing risk of significant harm?'** The child is at continuing risk of significant harm if either:

- The child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional, or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment are likely; or
- Professional judgement, substantiated by the findings of enquiries in the individual case or by research evidence, is that the child is likely to suffer ill-treatment or the impairment of health or development as a result of physical, emotional, or sexual abuse or neglect. (The Chair should be cautious of making judgements based solely on research evidence.)

#### **Box 6 – Establishing significant harm**

To understand and establish significant harm consider;

- The family context;
- The child's development within the context of their family and wider social and cultural environment;
- Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family;
- The nature of harm, in terms of ill-treatment or failure to provide adequate care;
- The impact on the child's health and development and the adequacy of parental care; and
- The child's reactions and his or her perception, according to the child's age and understanding

- The decision whether or not to include the child's name on the Child Protection Register will be arrived at via a process of information sharing and discussion which includes all persons present at the Conference and any written reports provided.
- The Chair will establish the opinion of each agency about recording the child's name as having suffered significant harm or being at risk of significant harm.
- The decision should reflect the consensus view of the Conference. The views of parents and children are important to the Conference, but it is the professionals who make the decision about registration.
- Where consensus cannot be achieved, the Conference should make a decision which reflects the views of the majority of professionals present (any dissenting opinions

should be clearly recorded in the minutes). The members of the Initial Child Protection Conference must ensure that the welfare and protection of the child/children is the primary focus.

**Where a child is considered to be at continuing risk of significant harm and their name is to be recorded as such, safeguarding the child will require inter-agency help and intervention delivered through a formal Child Protection Plan, to be outlined in the Conference.**

Even when a child is not considered to be at continuing risk of significant harm, the child may be in need of help to promote his or her development. The Single Assessment may need to be continued and inter-agency arrangements made to offer support.

#### **3.7.11.2 Recording a child's name**

The Chair should determine under which category of abuse the child's name should be recorded. The category used will indicate the primary presenting concerns at the time. This can be one or more of the following:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

The categories should reflect all the information obtained in the course of the formal Child Protection Investigation and subsequent analysis should not just relate to one or more abusive incident.

Any potentially abusive incident has to be seen in context to assess the extent of harm to a child and appropriate intervention. Often it is the interaction between a number of factors which serve to increase the likelihood or level of actual significant harm. In each case it is necessary to consider any ill treatment alongside the family's strengths and support.

#### **3.7.11.3 The outline Child Protection Plan**

**Where a child's name is placed on the Child Protection Register, the act of registration itself confers no protection on a child and registration should always be accompanied by a Child Protection Plan.**

The outline plan will be agreed at the Initial Child Protection Conference but a detailed Child Protection Plan will be produced later by the Core Group.

The Initial Child Protection Conference should discuss and agree the following elements of the Child Protection Plan:

- The risks of significant harm to the child and the way in which an inter-agency plan can protect the child;
- Shorter and longer term outcomes to be achieved, clearly linking them to reduction in the risks of harm to the child and promotion of the child's welfare;
- Who will have responsibility for what actions, within what specified timescales.
- How to monitor and evaluate progress against the plan; and
- Which professionals will monitor the child's progress, development, welfare and safety, and how.

#### **3.7.11.4 Other tasks of the Conference**

In addition to making the decision about registration and preparing an outline Child Protection Plan, the Conference should carry out the following tasks:

- Agree arrangements for communicating the decisions and recommendations of the Conference to parents or carers and children, if they are not present at the Conference;
- Appoint a Key Worker and set out their role;
- Identify the membership of a Core Group of professionals and family members who will develop and implement the detailed Child Protection Plan as a working tool;
- Establish how children and families will be involved in the planning and implementation process and identify the sources of support and advocacy available to them;
- Set timescales for the meetings of the Core Group and the production of the Child Protection Plan. The Core Group should meet within 2 weeks of the date of their Initial Child Protection Conference and thereafter at no more than 6 weekly intervals;
- Set timescales for Child Protection Review Conferences i.e. 3 monthly as a maximum time from the date of the Initial Child Protection Conference and thereafter at no more than 6 monthly intervals;
- Outline the Child Protection Plan, including identifying what needs to change in order to safeguard the child and the arrangements for monitoring the health, development and progress of the child;
- Consider the need for a contingency plan
- Clarify the different purpose and remit of the Initial Child Protection Conference, the Core Group and the Child Protection Review Conference;

- Recommend, if appropriate, that Social Services give consideration to the need for legal action to protect the child; and
- Plan any health assessment or care needed.

### **3.7.12 Minutes of the Child Protection Conference**

All Child Protection Conferences should produce minutes of the meeting.

The minutes should include:

- The essential facts of the case;
- A summary of the discussions at the Conference which accurately reflects contributions made and clearly distinguishes between fact and opinion;
- A clear analysis of risk to the child;
- All decisions reached, with information outlining the reasons for decisions;
- An outline or revised Child Protection Plan enabling everyone to be clear about their tasks; and
- Any dissention from the conclusions, decision or recommendations of the Conference.

Minutes should be prepared to a consistent format, in line with the agenda, recording contributions, decisions and recommendations in a clear and concise manner, allowing them to be traced and justified. The Chair should agree the minutes before they are distributed. A copy should be sent as soon as possible after the Conference to all those who attended or were invited to attend, including family members, except for any part of the Conference from which they were excluded. Conference participants who think that something in the minutes is incorrect must send their comments to the Team Leader, Social Services within 10 working days of receiving the minutes.

The minutes are confidential and should not be passed by professionals to third parties without the consent of the Conference Chair. Child Protection Conference minutes and other records associated with the registration process should be retained by the agencies receiving them in accordance with their confidential record retention policies. In cases of criminal proceedings, the Police may reveal the minutes to Crown Counsel (Prosecution) as potential unused material.

### **3.7.13 Complaints from families about the Child Protection Conference**

Parents or children may complain about the functioning of a Conference in terms of process or outcome. Complaints about the functioning of Conferences should be addressed to the Conference Chair. The Chair will pass on the complaint to the Director of Health and Social

Services who will consider whether these procedures have been followed and whether the decision that is being complained about follows reasonably from the proper observation of them.

Complaints about individual agencies should be addressed to that agency.

### **3.8 The Child Protection Register**

#### **3.8.1 Purpose of registration**

The primary purpose of the Initial Child Protection Conference is to make a decision whether to place the child's name on the Child Protection Register as being at continuing risk of significant harm.

The key reason for placing a child's name on the Child Protection Register is to ensure that professionals working with the child such as teachers or medical staff are aware that the child is the subject of a Child Protection Plan. For this reason it is important that the Custodian of the Child Protection Register promptly notifies the KEMH, schools and other relevant agencies (e.g. nursery) when a child's name is placed on – or removed from – the Child Protection Register.

Placing a child's name on the Child Protection Register also means that agencies and professionals who have concerns about a child's safety and welfare can check whether there are pre-existing concerns and obtain information about the child.

#### **3.8.2 Categories of registration**

Children should be recorded as being at risk of significant harm under one or more of the categories of physical, emotional, or sexual abuse or neglect, according to the decision of the Child Protection Conference. These categories help indicate the nature of the current concerns. More than one category may apply in which case one main category should be agreed upon. The categories selected should reflect all the information obtained in the course of the child protection investigation, and may change as new information becomes available during the time that the child is the subject of a Child Protection Plan.

Domestic violence within a household may cause emotional harm derived from seeing or hearing the ill-treatment of another (See section 48(8) Children Ordinance 2014), or a risk of physical harm, depending on the facts of the case.

### **3.8.3 The Custodian of the Child Protection Register**

The Custodian of the Child Protection Register is a police officer nominated as such by the Chief Police Officer.

It is the Custodian's responsibility to complete an initial registration form, in conjunction with the Key Worker, and enter the child's name and relevant details (including the category of registration) onto the database as soon as possible after the Child Protection Conference has made the decision to place the child's name on the Register. Once this is done the Custodian should notify the KEMH and the child's school that the child's name is on the Register.

The Custodian should keep the Child Protection Register up to date, for example by recording any change of address or details of child's carer.

The Custodian is also responsible for cancelling the entry when a Child Protection Conference makes a decision to remove a child's name from the Register, and to notify the KEMH and other relevant agencies that this has been done.

A public officer involved in promotion of the welfare of a child or children may contact the police in the course of their child protection duties for information from the child protection register. All such requests will be followed up in writing (which may be in electronic format) within 48 hours.

### **3.9 The Key Worker**

Each child placed on the Child Protection Register should have a named Key Worker to carry future professional responsibility for the case. The Key Worker should be identified by the Chair at the Initial Child Protection Conference, and should be a member of Social Services.

The Key Worker should:

- Ensure that the outline Child Protection Plan is developed by the Core Group into a more detailed inter-agency Child Protection Plan;
- Co-ordinate the completion of the Single Assessment of the needs of the child and family;
- Take the lead in inter-agency work with the child and family;

- Co-ordinate the contributions of family members and other agencies to the implementation of the Child Protection Plan;
- Review progress in outcomes for the child's safety and welfare in relation to the Child Protection Plan, ensure the parents know how such progress is measured and the possible consequences of a lack of progress;
- Provide a focus for communication between all professionals and family members; and
- Ensure that the children and parents have a clear understanding of the objectives of the plan, and that they know of their right to complain and how to do so.

All professionals have a duty to inform the Key Worker of significant events or changes of circumstances relevant to the child, including changes of address. The Key Worker should notify the Custodian of the Child Protection Register immediately, so the Register can be updated. The Key Worker should also keep professionals informed of changes.

Any change of Key Worker must be notified verbally and confirmed in writing to all relevant agencies and the family. Registration records must also be amended promptly.

### **3.10 The Core Group**

The Core Group is responsible for developing and implementing the Child Protection Plan as a detailed working tool within the outline plan agreed at the Initial Child Protection Conference. Membership is decided at the time of registration and will include the Key Worker, relevant family members (including children) and professionals or foster carers who have direct contact with the family.

The first meeting of the Core Group should take place within 10 working days of the Initial Child Protection Conference. The Core Group should continue to meet regularly at least once every 6 weeks.

The tasks of the Core Group are to:

- Agree objectives and timescales at the first meeting;
- Develop and expand the outline Child Protection Plan;
- Decide what steps need to be taken, by whom, to complete the Single Assessment on time;
- Assist the Key Worker in the preparation of the Single Assessment of the child and family;
- Plan and implement the inter-agency work in accordance with Conference recommendations;

- Monitor progress against the objectives specified in the plan and refine the plan as needed;
- Ensure that parents, and children where appropriate, are fully engaged in the implementation of the Child Protection Plan, and understand the expectations and objectives of each agency involved; and
- Produce written reports for the Child Protection Review Conference outlining the work which has been undertaken by family members and professionals and with what degree of success, as measured against the objectives and in terms of positive outcomes for the child.

All Core Group meetings should be minuted, including notes on the action agreed and decisions taken to inform the Child Protection Review Conference. The minutes should be distributed to all members of the Core Group.

If the Core Group is unable to implement the plan agreed, for whatever reason, the Child Protection Conference should be reconvened by the Key Worker in consultation with the Social Services Team Leader.

**Any necessary protective action to secure the safety and well-being of any child at risk of significant harm must not be delayed because a Core Group meeting is pending or imminent.**

### **3.11 The Child Protection Plan**

Each child who is registered will have an individually written inter-agency Child Protection Plan in line with his or her individual needs. The Initial Child Protection Conference agrees the outline Plan and the Core Group develops the details of the Plan at its first meeting. The Plan is then written down and distributed to all members of the Core Group. The child's family should receive a copy of the Plan.

The aims of the Child Protection Plan are to:

- Safeguard the child from further harm;
- Promote the child's health and development; and
- Support the family and wider family members in promoting the welfare of the child, provided that this is in the best interests of the child.

The Child Protection Plan should set out what work needs to be done, why, when and by whom.

The Plan should:

- Describe the identified needs of the child;
- Include specific, achievable, child-focussed objectives intended to safeguard the child and promote his or her welfare, together with timescales for achieving these objectives;
- Make clear the part to be played by parents, the expectations they may legitimately have of agencies and what expectations agencies may reasonably have of them;
- Include realistic strategies and specific actions to achieve the objectives;
- Clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- State when progress will be reviewed and the means by which progress will be judged; and
- Set out clearly the roles and responsibilities of those professionals with routine contact with the child as well as any specialist or targeted support to the child and family.

All members of the Core Group have equal ownership of, and responsibility for, the Child Protection Plan and should co-operate to achieve its aims. **All professionals working with children and/or families under a Child Protection Plan must be alert to indications that the plan may be failing to protect the child.** Any professional who is concerned about this should promptly inform the Key Worker and a re-appraisal of the case by the Core Group should be undertaken without delay. In all such circumstances the Social Services Team Leader should be informed.

**Box 7 – Best outcomes for the child**

Decisions about how to intervene, including what services to offer, should be based on evidence about what is likely to work best to bring about good outcomes for the child.

**Box 8 – Involving the child’s family**

Family members should be clear about the Child Protection Plan even if they do not agree with it. Parents should be clear about the causes of concern which resulted in the child’s name being placed on the Child Protection Register, what needs to change and what is expected of them as part of the Plan for safeguarding the child.

## **3.12 The Review Child Protection Conference**

### **3.12.1 Purpose of the Review Child Protection Conference**

All children whose names have been recorded at the Initial Child Protection Conference will be the subject of regular reviews which should consider including any other children in the household.

The tasks of the Review Child Protection Conference are:

- To review whether the child continues to suffer, or be at risk of suffering, significant harm
- To review the safety, health and development of the child against intended outcomes set out in the Child Protection Plan;
- To consider how the current plan has affected the perceived concerns;
- To consider whether the child's name should remain on or be removed from the Child Protection Register or the category of registration changed;
- To ensure that the welfare of the child continues to be adequately safeguarded;
- To consider whether inter-agency co-ordination is functioning effectively; and
- To consider the membership of the Core Group.

### **3.12.2 Planning and conducting the Review Child Protection Conference**

The first Review Child Protection Conference should be held within 3 months of the Initial Child Protection Conference. Further reviews should be held at intervals of not more than 6 months for as long as the child's name remains on the Child Protection Register. If there is a significant change of circumstances, the Social Services Team Leader must be informed and will decide whether to bring forward the date of the review. The Team Leader should normally agree to any such request from a manager within another agency.

Participants in the Conference should include ALL members of the Core Group, including family members and the child, and any other relevant agencies such as those present at the Initial Child Protection Conference. The Key Worker is responsible for ensuring that the appropriate people are invited. Where key professionals are absent and written information is not available, consideration should be given to postponing the Review Child Protection Conference. The Conference will then be reconvened so that they can attend and their respective agency will be informed in writing of any failure to comply.

The required quorum for attendance is the same as that for the Initial Child Protection Conference, that is, a minimum of three agencies or professional groupings, or in exceptional circumstances and at the discretion of the Chair, two agencies or professional groupings.

### **3.12.3 Decision Making**

The Review Child Protection Conference will consider whether the child continues to suffer or be at risk of suffering significant harm and therefore whether or not their name should continue to be recorded as such, and that a formal Child Protection Plan to safeguard their welfare should remain in place. The Conference decision must be based on a careful and thorough analysis of all the available information, including the written reports provided by the Core Group and a discussion involving all members of the Conference.

The Conference should make a decision on whether to remove the child's name from the Child Protection Register, according to the views of the majority of professionals present (any dissenting opinions should be clearly recorded in the minutes). Members of the Conference must be satisfied that the significant harm or risk of significant harm is no longer present or is no longer at a level to warrant the child's name remaining on the Child Protection Register, and the child no longer needs a Child Protection Plan. Clear reasons for the decision should be given and recorded.

Conference participants should base their judgements on:

- Whether the risk of harm has been reduced by action taken through the Child Protection Plan;
- Whether the child and family's circumstances have changed; and
- Whether re-assessment of the child and family indicates that a Child Protection Plan is not necessary.

The role of the Chair is to draw together the views of everyone attending the Review Child Protection Conference members. The decision should reflect the consensus view of the professionals present. Where consensus cannot be achieved, the Conference should make a decision which reflects the views of the majority of professionals present. The views of parents and children are important to the Conference but it is the professionals who make the decision about the child's name remaining on record.

If a decision is made to remove the child's name from the Child Protection Register, the Chair should arrange for the Custodian of the Register to be informed in writing so the Register can be updated.

## **4. Child Protection in Specific Circumstances**

### **4.1 Introduction**

This part of the Procedures aims to supplement the procedures set out in Part 3 rather than substitute them. Part 4 sets out guidance in dealing with particular considerations, and they should be read in conjunction with the rest of these Procedures.

### **4.2 Future risk of harm to an unborn child**

#### **4.2.1 Identifying the risk of harm**

Where there are concerns about the future risk of a child not yet born, a referral must be made to Social Services.

Circumstances in which a referral would be appropriate are where:

- Previous children in the family have been removed because they have suffered harm;
- Concerns exist regarding either parent's ability to protect;
- There are concerns regarding parenting capacity, particularly where parents have significant learning difficulties or mental health problems;
- Alcohol or substance abuse is thought to be affecting the health of an unborn baby, or may significantly impair the parents'/carers' ability to meet the child's needs;
- The expectant parents are very young and a dual assessment of their needs as well as their ability to meet the baby's needs is required;
- There is a previous history of post-natal depression or psychosis which was sufficiently severe so as adversely to affect the care of the child;
- Other children in the family have their names on record as being at risk of significant harm and therefore have Child Protection Plans;
- There is concern about the new parents' capacity and it is believed that any child of the family might suffer significant harm;
- The expectant mother/father has previously abused or allegedly abused a child;
- The expectant mother/father has a partner, or is in contact with someone who has abused a child;
- There are known to have been incidents of domestic abuse within a current or past relationship; or
- The lifestyle of the expectant mother and/or the people she is in contact with is such that the child may be at risk.

#### **4.2.2 Action to be taken**

The allocated Social Worker will conduct preliminary enquiries and follow the procedure outlined in Part 3.

Consideration will then be given to convening an Initial Child Protection Conference before the birth to plan co-ordinated action and services for the protection of the child at the time of the birth. The decision about whether to convene an Initial Child Protection Conference must be made in line with procedures set out in Part 3. If it is agreed to register the unborn child as at risk of significant harm, the appointed Key Worker and members of the Core Group will devise a Child Protection Plan in advance of the birth. The Core Group must inform the delivery team (prior the arrival of the baby) of the planned response following the birth, which in exceptional circumstances may include removal of the child, with the benefit of legal advice, either with parents' consent or by order of the court. If the latter, the Plan may include parents' agreement for the child to remain in hospital for a number of days, to allow a court order to be obtained.

The Child Protection Conference should take place between 16 and 8 weeks before the estimated date of delivery in order to ensure an effective and planned response. The family should be involved throughout the process as far as possible, subject to this being in the best interests of the child. The Key Worker should explain to them the reasons for concern for the unborn child, and what actions are proposed and why. The Conference can decide to record the unborn child's name at birth without need for a further Conference. The same criteria for registration apply as for any other child.

### **4.3 Investigating organised or multiple abuse**

#### **4.3.1 Definition of organised or multiple abuse**

Organised or multiple abuse is abuse involving either one abuser and multiple victims or multiple abusers with one or more victims. The abusers concerned may be acting together to abuse children, or acting in isolation, or may be using an institutional framework, or position of authority, trust or special status to recruit children for abuse.

Children may have been drawn into the abuse itself or into recruiting other children for abuse and so may feel unable to make complaints because of their perceived involvement in the offending. (See 4.7 below)

An organised or multiple abuse network across a family, community or residential setting may have developed sophisticated mechanisms to avoid detection. Breaking into such networks will require careful considerations of the risks to be associated with:

- Delaying face to face investigation in order to collate evidence; and
- Exposing a small part of the network but not all of it, thereby exposing more children to further abuse.

In planning the response, the need for secrecy on the part of the investigators must be considered given the serious nature and potential scale of this form of abuse.

Given the implications of interventions and the potential media interest, the response to organised and multiple abuses must involve senior managers in both Social Services and the Police from the outset.

#### **4.3.2 Action to be taken**

Suspected organised abuse should be brought immediately to the attention of the Social Services Team Leader and Police Inspector or above. These officers will liaise and take responsibility for initiating these Procedures. They will take responsibility for notifying the Director of Health and Social Services and the Chief of Police without delay, who should ensure that appropriate resources are deployed and that staff members are given the necessary support.

The procedures to be followed are as outlined in Part 3 above.

The following should also be undertaken:

- Appoint one appropriate officer from each of Social Services and the Police to co-ordinate and manage the overall investigation
- Consider whether there are any children involved who need active safeguarding and/or therapeutic help, and how this should be achieved in a way which is consistent with the conduct of criminal investigations.
- Appoint a team from the Police and Social Services.
- Set out clearly the objectives of the team.
- Agree a joint plan in relation to the investigation which identifies roles and tasks of staff involved and resource implications.
- Agree the timing of any actions and possible consequences e.g. not to remove the children during unsocial hours.
- Agree the lines of accountability and communication.
- Agree how and with whom information will be shared and emphasise the need for confidentiality.

- Consider carefully the decision about what to share with parents and when. Parents are usually entitled to the fullest possible information, but in these circumstances the decision is more complex.
- Seek legal advice and ensure that the investigation will have ongoing access to legal advice.
- Make arrangements to ensure that records will be safely and securely stored.
- Contact other Territories/Countries if the allegations cross boundaries, to ensure joint planning and consistency.
- Agree the convening of Strategy Meetings and Child Protection Conferences as and when necessary.
- Agree a timetable.
- Communicate the outcome of the meeting to the Director of Health and Social Services and the Chief Police Officer.
- Agree a media strategy (which may be not to forward any information at all).
- On a case by case basis consideration needs to be given as to whether the Chief Executive and/or the Governor should be notified.

Where children are to be removed from their homes, the timing of removal will be agreed following consultation with all appropriate professionals, except where they are in acute physical danger. The welfare of the individual child or children will be the first consideration.

#### **Box 9 – Welfare of the child v. criminal investigation**

The single most important consideration is the safety and well-being of the child/children. Their protection should always be the first priority, but the knowledge that in cases of organised abuse the risk to children will escalate if abusers avoid detection must be considered.

#### **Historical Allegations**

Where the investigation is believed to be historical, the whole or part of the investigation may be conducted by police as a single agency, but only after a strategy meeting with social services in which this is agreed. Information from such an investigation must be continuously reviewed for impact upon any child and these procedures are to be followed as outlined in part 3 above where necessary. Where a single agency police investigation takes place, any ABE interviews will be conducted by two ABE-trained police officers.

#### **4.4 Allegations of harm arising from underage sexual activity**

Cases of underage sexual activity are likely to raise difficult issues and should be handled particularly sensitively. The legislation which applies in the Falkland Islands is the Sexual Offences Ordinance 2005.

A child under the age of 16 is not legally capable of consenting to sexual activity, even though there may appear to have been consent by the child involved. Any allegation of a sexual offence committed against a child under 13 is very serious and should always be dealt with by a joint social services and police investigation in accordance with these procedures, with particular attention to the prompt gathering of medical and forensic evidence where appropriate. Under the Sexual Offences Ordinance 2005, penetrative sex with a child under 13 is classed as rape. Cases involving under children under 13 should always be discussed by a Strategy Meeting.

Sexual activity with a child aged 13, 14 or 15 is also a criminal offence, whether or not it involves penetrative sexual intercourse, and the victim may be male or female. Where it is 'consensual' it may be less serious than if the child were under 13, but may nevertheless have serious consequences for the welfare of the young person. The Strategy Meeting should consider whether in cases of sexual activity involving two children aged 13, 14 or 15 there is a need for intervention. Within this age range, the younger the child, the stronger the presumption must be that sexual activity will be a matter of concern. Again, all cases should be carefully documented, including where a decision is taken not to share information more widely.

The considerations in the following checklist should be taken into account when assessing the extent to which a child (or other children) may be suffering or at risk of harm, and therefore the need to take further action, including criminal prosecution:

- The age of the child. Sexual activity at a young age is a very strong indicator that there are risks to the welfare of the child (whether boy or girl) and, possibly, others.
- The level of maturity and understanding of the child.
- What is known about the child's living circumstances or background?
- Physical or learning disability
- Age imbalance, in particular where there is a significant age difference.
- Overt aggression, power imbalance or bullying.
- Coercion or bribery.

- Behaviour of the child, for example withdrawn, anxious.
- The misuse of substances as a disinhibitor.
- Whether any attempts to secure secrecy have been made by the sexual partner, beyond what would be considered normal in a teenage relationship.
- Whether the child denies, minimises or accepts concerns.
- The child's views on making a complaint for prosecution, if of sufficient age and understanding

#### Considerations for Health Workers

In addition, it is recognised that young people should not be deterred from seeking sexual health or pregnancy advice and help by a fear that information will be shared. For further guidance see **Appendix 6**

### **4.5 Children living away from home,**

#### **4.5.1 Circumstances in which children live away from home**

These Procedures should be applied in every situation where there are concerns about a child's welfare and this includes children living away from home.

Every setting in which children live away from home should provide the same basic safeguards against abuse, founded on an approach which promotes children's general welfare and protects them from harm of all kinds, and treats them with dignity and respect.

#### **4.5.2 Hosted and Privately Boarded Children (Part 6, Children Ordinance 2014)**

Parents are under a legal duty to notify schools, and schools have a duty to maintain lists, of children who are privately boarded by persons who are not their parents, for the purposes of attending school in Stanley. Schools must monitor the welfare of those children. If a concern is identified then this should be subject of a referral to social services in the usual way.

A public officer involved in promotion of the welfare of children may be granted access to the lists, or information contained on it, upon reasonable request. The list will contain basic information about the child's circumstances.

Host carers are not the child's parents or relatives, but care for children by private arrangement with parents, medium to long term (over 56 days). They do not include those who provide private boarding. Such placements are subject to checks and monitoring by social

services in order to ensure that the child's welfare is promoted and that they are safe. Unsuitable persons may be disqualified from being host carers.

It is the responsibility of all agencies to identify any additional vulnerabilities which may exist when a child is not able to live at home and to refer any information which may suggest that their needs are not being met or that they are not being adequately safeguarded, to social services.

#### **4.5.3 Allegations of abuse against a foster carer**

The person receiving the referral will inform the Social Services Team Leader, who will inform the Director of Health and Social Services that an allegation has been made. The procedures in Part 3 will be followed. A Strategy Meeting, with appropriate membership, will need to:

- Consider the safety and needs of **ALL** children in the family/placement (including the carer's own children).
- Consider each child individually and make recommendations as to whether the foster child/children should remain with the carer pending a formal Child Protection Investigation. Welfare and safety considerations as well as the views of the child should be taken into account.
- Plan additional safeguards if the child is to remain in the placement whilst the enquiries take place.
- Seek management approval for the children to remain in placement.
- Identify all children previously placed with the carer and whether there have been any previous allegations or concerns
- Identify what information will be given to the carer, when and by whom, regarding the allegation and the Child Protection Investigation. This information must be provided in writing by the Chair of the Strategy Meeting.
- Identify who will support the carer during the process of investigation and how they will be kept informed. If a staff member is given this role by the Strategy Meeting their status must be made clear to all parties to avoid confusion and they must take no part in the investigation.
- Make arrangements to advise the carer that no further placements will be made during the investigation.
- Decide what information should be given to the parents of the child about whom there are concerns, and by whom. The disclosure of information to parents of other children

in the placement should be carefully considered, particularly when a child has to be moved as the result of an allegation.

- When all information has been gathered, arrange for carers to be interviewed concerning the factual information given.

Following the formal Child Protection Investigation the following tasks must be undertaken:

- Evaluate the information/findings gathered during the investigation and decide whether to convene an Initial Child Protection Conference.
- Decide on the balance of probability whether further action is needed in the light of the information gathered.
- Consider what information should be given to the affected parties about the outcome, whether substantiated or not.
- Ensure support is available where it is needed.

Within five days of this meeting, the carer should receive a written statement from the Chair of the Strategy Meeting giving details of the nature of the allegation;

If a Child Protection Conference is convened, the carers should normally be invited to attend, with the extent of their involvement determined by the Chair, following consultation with the child concerned and other professionals attending the meeting.

#### **4.5.4 Approved Foster Carers**

Following an investigation of a significant incident or complaint involving a foster carer approved by Social Services, a review of the carer's approval status should always take place. The allegation and outcome should be recorded on the carer's file. Where an allegation cannot be either substantiated or disproved, Social Services will need to decide whether the approval should be continued and if so, whether additional safeguards, training or monitoring are needed.

If an approved foster carer is found to have a serious allegation against them substantiated, a formal review of the Social Services approval process needs to be undertaken.

## **4.6 Allegations of abuse against a professional, staff member or volunteer in contact with children**

### **4.6.1 Responding to referrals**

This section applies to all staff (on a paid or voluntary basis) who come into contact with children in the course of their work. Where staff commits abuse in situations unconnected

with their work, careful consideration needs to be given as to whether the individual presents a risk in the professional context.

Where an allegation is made against a public officer, this section is to be read in conjunction with the Management Code, Chapter 4, and relevant appendices.

As well as following the procedures laid out in Part 3, any allegation of child abuse by a professional, staff member or volunteer should be referred to the Team Leader Social Services and Director of Health and Social Services as well as a senior manager in the relevant department or organisation.

In all cases where abuse is alleged, the child's parents/carers should be informed at an early stage by Social Services of details of the allegations and procedures to be followed unless to do so may further endanger the child, or compromise any investigation.

#### **4.6.2 Information to staff member**

At the earliest opportunity, after consultation with the Police and provided it does not prejudice any criminal investigation, the member of staff should be informed by their line manager and in writing that an allegation of abuse has been made. However, the allegation should not be discussed and direct questioning should be avoided if the Police wish to interview the member of staff, and in any case at this stage, because a disciplinary interview may need to take place after all evidence has been gathered. The staff member should be informed that the investigation will be carried out in accordance with the Child Protection Procedures, and that they have a right to be accompanied at all meetings by a friend or legal practitioner and to receive minutes of such meetings.

#### **4.6.3 Strategy Meeting**

The standard procedures should be followed, with the addition of the following points:

- The Strategy Meeting should take place within 48 hours of the referral.
- The Strategy Meeting should be chaired at a senior level.
- The Strategy Meeting will consider the need for disciplinary proceedings. For example, it may be necessary to ask the employer to suspend the person suspected of abuse. No disciplinary investigation by the employer should begin without the knowledge of Social Services or the Police.

A Strategy Meeting should always take place at the conclusion of an investigation in order to draw the process to a close.

The outcome of the Strategy Meeting may be one or more of the following:

**A formal Child Protection Investigation and preliminary checks** – these may in turn lead to either an Initial Child Protection Conference, or no further action. A Conference may be convened for other children who have contact with the alleged perpetrator, including his or her own children, in addition to the Conference on the child or children identified in the allegation.

**Criminal Investigation** – this may in turn lead to the Police deciding to pass the case to the Attorney General for prosecution, or no further action.

**Disciplinary Proceedings** – these may in turn lead to temporary or permanent suspension, a disciplinary hearing, or no further action. Child protection agencies should assist with any disciplinary process (e.g. by providing relevant evidence) to the extent that this may be done without breaching other duties. If the outcome of the Strategy Meeting is no further action, the reasons for this decision should be recorded.

Where a person is dismissed or resigns from a post as a result of an allegation of abuse of a child, legal advice should be sought regarding inclusion of the person's name on a Barred List to prevent future risk to children.

## **4.7 Abuse by children or young people**

### **4.7.1 Responding to abuse by children and young people**

**Abuse by children and young people should be treated seriously and should always be subject to a referral.** Some young people will enter this process through the criminal justice system because of their allegedly abusive behaviour, which will have initially been investigated directly by the Police who must always inform Social Services. This information should always be regarded as a child protection referral.

The needs of children and young people who abuse others should be considered separately from the needs of their victims, and an assessment should be carried out in each case.

Children and young people who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others.

Children and young people who abuse others are likely to have considerable needs themselves as well as posing a significant risk of harm to other children. They may also, themselves, be in

need of protection. Therefore when abuse of a child is alleged to have been carried out by another child or young person within or outside the family, the Child Protection Procedures must be followed in respect of the victim and should also be considered in relation to the alleged abuser. The welfare of other children (for example, those living in the same home) should also be considered.

#### **4.7.2 Actions to be taken**

Following the referral, Part 3 of these Child Protection Procedures will be followed with the following variations:

In planning the investigation it is important to ensure that the needs of, and risks to, each child in his or her own right are assessed, and neither child's needs nor interests are treated as more important than the other's.

The investigation should also take account of the following factors:

- The power difference between the alleged abuser and his or her victim, which may relate to age, physical size, intellectual status or social status;
- The sophistication and age-appropriateness of the activity given the age and understanding of each young person;
- Any evidence of overt violence, sexual bullying or exploitation; Whether any form of consent was given;
- Whether there was secrecy or denial of the activity;
- The possible immediate risk posed by the alleged abuser to his or her current alleged victims and other potential victims; and
- Whether the alleged abuser is a child in need of protection who has in the past suffered or may be suffering continued abuse.

#### **4.7.3 Initial Child Protection Conferences in cases of abuse by children or young people**

An Initial Child Protection Conference should be held about the victim of the alleged abuse, where appropriate, following the procedures as set out in Part 3.

In cases where the alleged abuser has also been identified as the possible victim of abuse and faces an ongoing risk, a separate Initial Child Protection Conference should be held in respect of him or her.

The decision not to convene a Conference should be made by Social Services with full consultation with all those agencies included in the investigation.

The Conference on the alleged abuser should:

- Share all available information about the young person including his or her family circumstances and the circumstances of the abusive behaviour and the nature of the offence committed, and consider whether to place the young person's name on the Child Protection Register.
- Consider the level of understanding he or she has of the offence.
- Within the framework of a Single Assessment, decide if any further specialist assessment may be required.
- Set a date to discuss the results of the Single Assessment and any additional specialist assessments.
- Ensure that the placement of the young person fully protects any victims and that the young person is supported safely.
- Consider any other help that should be offered to the abuser and his or her family.
- Seek the agreement of the young person and their family to whatever further intervention is needed.
- Identify resources to carry out the intervention.
- Consider alternative forms of intervention where voluntary agreement cannot be reached, including court proceedings.

Where a decision is made not to convene a Child Protection Conference some work with the young person and possibly their family/carers may still be recommended.

## **5. The Falkland Islands Safeguarding Children Board**

### **5.1 Membership**

#### **5.1.1 Members of the Board must include the following:**

- i) Members of the Legislative Assembly with responsibility for health, social services and education
- ii) Senior Falkland Islands Government officers with these responsibilities,
- iii) Chief Medical Officer, Chief Police Officer, representatives from nursing, social services and probation and a representative of the Attorney General's Chambers (advising)

**5.1.2** Members may also include MOD representatives and representatives from other organisations with a role relating to the welfare of children and families and also the Governor or representative.

## **5.2 Statutory context**

The FISC B is a statutory body under S 82 of the Children Ordinance 2014. The Crown has a duty to ensure that it exists. The Ordinance and regulations lay out such matters as membership and functions. An annual report must be prepared and the Board must meet at prescribed intervals of [at least 3 times yearly]

## **5.3 Roles and responsibilities**

The FISC B is responsible for ensuring that the Falkland Islands Government and other relevant organisations are carrying out their duties in relation to the safeguarding of children and the promotion of their welfare. Its functions include developing policies concerning intervention, training, recruitment, safety, investigation and communication, review of serious cases and child deaths and monitoring performance by agencies so that improvements may be made.

## **5.4 Duty to provide information to the FISC B**

A public officer or statutory body may be asked for information in order to assist the Board in carrying out its functions and must comply. This will only be in relation to persons or bodies likely to be in possession of relevant information to safeguarding or welfare of a child, or children in general.

## **6. Serious Case Reviews**

### **6.1 Criteria for a Serious Case Review**

A Serious Case Review (SCR) must take place if abuse of a child is known or suspected and a) the child has died or b) the child has been seriously harmed and there is concern as to the way in which relevant statutory agencies have worked together to safeguard the child. The final decision as whether there should be a SCR lies with the FISC B Chair. The FISC B should also consider reviewing other suitable cases including examples of good practice and decide how this information can be shared and embedded.

### **6.2 Purpose of a SCR**

The purpose of a SCR is to learn lessons for future improvement and to make recommendations to the Falkland Islands Government.

### **6.3 Use of external expertise**

In some case it may be apparent that the FISCB lacks relevant expertise to decide

- a) whether a SCR should take place,
- b) who the reviewers should be and
- c) When considering publication of reports,

in which case expert advice should be sought from suitably qualified persons.

## **7. Reporting Child Deaths**

### **7.1 Role of the FISCB**

The FISCB has a responsibility for collecting and analysing information about every death of a child, whether or not there are any child protection concerns surrounding it. The reason for this is to identify those cases which would be suitable for a Serious Case Review, but also to identify any wider public health or safety concerns arising from a particular death or a pattern of deaths.

### **7.2. Co-ordinated multi-agency response**

The Coroner directs all actions following a death where that death is unexpected. Procedures are in place for a co-ordinated response between agencies to an unexpected death. Where the doctor certifying death is able to give a natural cause of death, the death will still need to be reported to the FISCB.

## Appendix 1 – Glossary of Terms

**ABE** – Achieving Best Evidence in Criminal Proceedings, guidance provided in the UK for interviewing vulnerable witnesses and providing special measures at court

**Abuse** - Abuse is when an individual inflicts harm on another, or when an individual fails to act to prevent harm.

**Abuser** - An abuser is someone who has been proven to inflict harm on another, or has admitted such action, or who has failed to protect another from an abusive situation. An abuser does not have to be an adult, and can be of either gender.

**Alleged Abuser** - An alleged abuser is someone who has been reported to inflict harm on others, or reported to have failed to protect others from abuse. An alleged abuser has not been proven to abuse nor admitted the abuse.

**Attorney General** - The Attorney General is the chief legal officer of the Falkland Islands Government.

**Carer** - A carer is someone who looks after another person. Carers can be anyone including family members, friends or more formal Foster Carers. Children can also care for another person (parent, sibling etc) and these children are often called Young Carers.

**Case** - Any matter involving a child or family in which Social Services are involved.

**Case Review** - A Case Review is when all the professionals involved in a case meet together to discuss the progress of the work being done with the family, and to decide if anything further can or should be done to help.

**Chief Medical Officer** - the Chief Medical Officer is the most senior member of medical staff employed by the Falkland Islands Government. The Chief Medical Officer makes complex medical decisions, and is in charge of all clinical aspects of the operation of the KEMH.

**Chief Police Officer** - the Chief Police Officer is the most senior member of the Royal Falkland Islands Police, and is responsible for all aspects of policing in the Falkland Islands including the investigation of crime and the smooth operation of Stanley police station.

**Child** - A child is an individual under the age of 18 years.

**Child Abuse** - Child Abuse is when someone under the age of 18 is harmed by another individual, or when another individual fails to protect a child from harm.

**Child Protection** - Child Protection is when a person takes positive action to protect a child from abuse.

**Child Protection Conference** - A Child Protection Conference is a multi-agency meeting, held to decide if a child is at risk of Significant Harm. The parents or carers of the child, and the child him/herself, are generally invited to these meetings. If the meeting decides that the child is at risk of Significant Harm, then the name of the child will be put on the Child Protection Register.

**Child Protection Investigation** - A Child Protection Investigation is conducted if concerns about a child are reported to Social Services, and an investigation is deemed necessary. The purpose of a Child Protection Investigation is to determine whether any action is needed to safeguard the child.

**Child Protection Plan** - A Child Protection Plan is produced when the name of a child is placed on the Child Protection Register. The purpose of a Child Protection Plan is to provide a family with as much support as possible to reduce the risk to the child. The Child Protection Plan is signed by all involved in the delivery of services and by the parents/carers (and child if appropriate).

**Child Protection Register** - The Child Protection Register is a list of the names of all the children who are currently placed on the Child Protection Register because they are at risk of significant harm. The name of a child can only be placed on (or removed from) the Child Protection Register if this has been the recommendation of a Child Protection Conference. The Child Protection Register is kept at Stanley Police Station.

**Child Protection Referral** - A Child Protection Referral is a referral received by Social Services where it is alleged that a child has been abused, or has failed to be protected from abuse.

**Core Group** - A Core Group is formed when a child's name is placed on the Child Protection Register. The group is made up of the key professionals involved in the child's life together with the child's parents or carers. The group meets every 6 weeks to discuss the progress of the Child Protection Plan.

**Custodian of the Child Protection Register** - The Custodian of the Child Protection Register is a Police Officer who has the role of maintaining the Child Protection Register. The Custodian of the Child Protection Register is the only person authorised to change the details held on the Child Protection Register.

**Development** - Development in these Procedures means a child's physical, intellectual, emotional, social or behavioural development.

**Disabled Child** - A Disabled Child is a child who has a disability.

**Domestic Abuse** - Domestic Abuse is the term given to an abusive relationship. Abuse within a relationship can take a number of forms, including financial abuse, emotional abuse, physical abuse or sexual abuse. This type of relationship is very often characterised by power and control. The perpetrator of Domestic Abuse can be male or female. Domestic Abuse can occur in all types of partnership relationships, including heterosexual and homosexual relationships, whether or not the partners are living together.

**Domestic Violence** - Domestic Violence and Domestic Abuse are very similar, but Domestic Abuse is the preferred term for this type of relationship, as the word violence is often only associated with physical violence.

**Emotional Abuse** - *see 1.2.2 above*

**Evidence** - Evidence may be physical (actual forensic samples, photographs, physical signs and injuries), oral (what people say, what explanations are given for certain circumstances,

behaviours and injuries and very significantly, what children say) or documentary (written records, reports, assessments, statements). It may relate to what has been seen, heard, felt, smelt, tasted. It can also relate to what another person has told a person (hearsay evidence) and this evidence is admissible in the civil court. Experts may give evidence of opinion, and this includes a social worker giving opinions on social work matters, as a social worker is regarded as an expert in their field, as other practitioners may also be considered in theirs.

**FISCB** - is the Falkland Islands Safeguarding Children Board (see section 5)

**Foster Carer** - A Foster Carer is a professional carer paid and approved by the Falkland Islands Government to look after other people's children when there is a need for alternative accommodation.

**Fraser Competent** - Fraser Competent (also known as '**Gillick Competent**') is the term given to a child who is deemed to be both cognitively and emotionally able to make decisions for him or herself. The term is normally associated with capacity to make decisions about medical treatment.

**Harm** - 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.

**Health** - Health means physical or mental health.

**Health Visitor** - A Health Visitor is a health professional specifically trained to assess the health and development of young children. Health Visitors play a key role in Child Protection work, because their job is community based and they are often the only professional with regular contact with a child who is at risk.

**Hosting** - "a hosted child" means a child who is under the age of 16 (or if the child has a disability, 18) and who is cared for, and provided with accommodation by a person in the person's own home, and the person is not (i) a parent of the child, (ii) a person who has parental responsibility for the child, or (iii) a relative of the child, for a period of over 56 days.

**Ill treatment (or maltreatment)** - Ill-treatment includes sexual abuse and other forms of ill-treatment which are not physical.

**Imminent Risk** - A child who is at imminent risk could be harmed at any time, and so urgent action is needed to safeguard him or her from significant harm.

**Initial Checks** - Initial Checks are the requests for information made by Social Services on receipt of a Child Protection Referral. Enquiries are usually made of Health, Education and the Police.

**Initial Child Protection Conference** - An Initial Child Protection Conference is the first Child Protection Conference held about a child following a Child Protection Referral. The sole purpose of the Conference is to determine whether a child is at risk of significant harm and should have their name placed on the Child Protection Register. If a decision is made to place a child's name on the Child Protection Register, then a Child Protection Plan will also be agreed at the Conference.

**Inter-agency working** - Inter-agency working is when more than one agency works together towards a common goal.

**KEMH** - KEMH is the King Edward VII Memorial Hospital based in Stanley, Falkland Islands.

**Key Worker** - A Key Worker is the worker from Social Services allocated to a family and is the main point of contact for the child, family members and professionals.

**Leisure Centre** - The Leisure Centre operates the swimming pool, gym and associated sports facilities. It is located adjacent to the Falkland Islands Community School.

**Medical Protection Society** - The Medical Protection Society provides professional indemnity cover for doctors and other medical professionals. It also offers advice to members on medico-legal and ethical issues.

**Mental Health Professional** - A Mental Health Professional is an individual specifically trained in the area of mental health.

**Minutes** - Minutes are the factual, written recording of a meeting.

**MOD** - MOD stands for Ministry of Defence.

**MOD Establishment** - An MOD establishment is the term given to the place where a large number of MOD personnel are working (eg. Mount Pleasant, Byron Heights).

**Multi-disciplinary Working** - Multi-disciplinary working (also known as inter-agency working) is when two or more professionals from different disciplines and agencies work together towards a common goal.

**Neglect** - see 1.2.4 above

**Organised or Multiple Abuse** - Organised or multiple abuse is abuse involving either one abuser and multiple victims or multiple abusers with one or more victims. The abusers concerned may be acting together to abuse children, or acting in isolation, or may be using an institutional framework or position of authority or trust to recruit children for abuse.

**Parental Responsibility (PR)** - This is a legal term encompassing all the rights and responsibilities given to a parent of a child. A mother always has it. A father has it automatically if he is married to the mother or is registered as the child's father on the birth certificate. Unmarried fathers whose name does not appear on the birth certificate, as well as step-parents, may acquire PR by agreement of those other persons with PR and upon subsequent approval by the court, or by application to the court for an order. Any agreement or court order may be brought to an end by the court. It is possible for a child to apply for such an order, if of sufficient age and understanding. (The part of the Children Ordinance 2014 which updates acquisition of PR will take effect on October 31<sup>st</sup> 2015)

**Physical Abuse** - see 1.2.1 above

**Planning Meeting** - A Planning Meeting is held to make plans for a child. Those attending the meeting will try to ensure that the holistic needs of the child are met. A planning meeting is a voluntary meeting, and is often called at the request of a parent.

**Preliminary Strategy Discussion** - A Preliminary Strategy Discussion is the term given to the first discussion held between Social Services and the Police regarding a child who is potentially at risk of significant harm. This discussion will plan a strategy for investigation, if appropriate. It may be followed by a Strategy Meeting.

**Private Boarding** - “private boarding” means the provision of a child (who is under the age of 16) with care and accommodation by a person who is not (i) a parent of the child or (ii) a person who has parental responsibility for the child, in order to facilitate school attendance.

**Recorded** - Recording is the term given to the process of keeping detailed written records about a child.

**Referral** - A referral is when someone contacts Social Services and asks them to investigate or take further action in a certain situation. There is a common FISC B Referral Form (see **Appendix 5**) for this purpose, though in an emergency a referral can be by telephone and followed later by a form.

**Review Child Protection Conference** - A Review Child Protection Conference is held within 3 months of the Initial Child Protection Conference. Further reviews are held at intervals of not more than 6 months for as long as the child’s name remains on the Child Protection Register. The purpose of a Review Child Protection Conference is to review the Child Protection Plan and to decide whether the child’s name should remain on the Child Protection Register.

**Safeguarding Children** - Safeguarding Children is the term given to protecting children and promoting their interests. Safeguarding includes raising awareness of Child Abuse and encouraging people to report concerns when they have them.

**Safeguarding Children and Young People Procedures** - These Procedures are a detailed document, explaining how the process of Child Protection operates in the Falkland Islands, and acts as a guide for professionals to ensure the correct procedures are followed. The Procedures are placed on a statutory footing as guidance issued by the FISC B, according to regulations under the Children Ordinance 2014

**Safeguarding Children Board** - see FISC B

**Serious Case Review (SCR)** - A SCR is carried out as a duty of the FISC B where a child has suffered serious harm or has died as a result of abuse or suspected abuse, to review the actions of agencies and learn for the future.

**Sexual Abuse** - see 1.2.3 above

**Significant Harm** - Significant harm is when a child is harmed to the degree that their health or development is impaired, compared to the health or development which could reasonably be expected of a similar child. If a child experiences significant harm then they have been abused.

**Single Assessment** - A Single Assessment (formerly Initial and Core Assessments, or alternatively Child and Young person Assessment) is undertaken by a Social Worker or Social Work Assistant to gather detailed information about all areas of a child’s life. The Single Assessment will provide details of the needs of a child and how these needs can be met by family members and services.

**Social Services** - Social Services are a department of the Falkland Islands Government. The role of the Social Services team is to empower and protect the most vulnerable people in the Falkland Islands.

**Social Work Team Leader** - The Social Work Team Leader is the officer in charge of the Social Services team.

**SSAFA** - SSAFA stands for Soldiers, Sailors, Airmen and Families Association. SSAFA is an independent organisation which provides social work services to the MOD, and may from time to time have a presence at principal MOD Establishments in the Falkland Islands.

**Strategy Meeting** - A Strategy Meeting is held on the recommendation of a Strategy Discussion. The purpose of a Strategy Meeting is for key professionals to discuss a Child Protection Referral and decide what further action, if any, should be taken.

**Substance Misuse** - Substance Misuse is when an individual misuses a substance, for example drugs or alcohol. Substance Misuse often hides a number of other difficulties an individual may have and can lead to a dependency.

**Training Centre** - The Training Centre is a Falkland Islands Government service which aims to develop individuals' skills and provide them with work-related training.

**Young Person** - A Young Person is someone under the age of 18, who no longer wishes to be classed as a child.

**Young Carer** - A young carer is a child who looks after another person (eg. parent, sibling).

## **Appendix 2 – Definitions of Harm**

### **Physical Abuse**

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

### **Emotional Abuse**

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 a child 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 upon children. These may include interactions that are beyond the child's developmental capability, as well as over-protection 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 present in all types of maltreatment of a child, though it may occur alone.

### **Sexual Abuse**

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 of clothing. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, 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**

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, clothing and shelter (including exclusion from home or abandonment); failing to protect a child from physical and emotional harm or danger; failing to ensure adequate supervision (including the use of inadequate care-givers); or 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.

## Appendix 3 – Legal Framework

The relevant legislation is the Children Ordinance 2014, which is based on the Children Act 1989 and other more recent UK Acts of Parliament.

The Children Ordinance outlines a number of general principles:

- The child's welfare shall be the court's paramount consideration
- The court shall have regard to the general principle that any delay in determining a question with respect to the upbringing of a child is likely to prejudice the welfare of the child
- The court shall not make an order unless it considers that doing so would be better for the child than making no order at all

In determining any application under the Children Ordinance the court shall have regard in particular to a number of factors which together are known as the **welfare checklist**, namely:

- The ascertainable wishes and feelings of the child concerned (considered in the light of the child's age and understanding)
- The child's physical, emotional and educational needs
- The likely effect on the child of any change in circumstances
- The child's age, sex, background and any characteristic that the court considers relevant
- Any harm the child has suffered, or is at risk of suffering
- How capable each of the child's parents, and any other person in relation to whom the court considers the question to be relevant, is of meeting the child's needs
- The range of powers available to the court under the Children Ordinance in the proceedings in question

### **1. Removal and accommodation of children by police in case of emergency**

#### *Section 68, Children Ordinance 2014*

Where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, he may remove the child to suitable accommodation and keep him there or take such other steps as are reasonable to ensure the child's removal from any place where the child is being accommodated is prevented.

There are various notification requirements and other legal duties with which the police officer must comply.

No child may be kept in police protection for more than 72 hours. There is no provision for an extension to the police power of protection, but if the circumstances require it an Emergency Protection Order can be sought from the court.

## **2. Emergency Protection Order**

*Section 64, Children Ordinance 2014*

Any public officer authorised by the Attorney General may apply to court for an emergency protection order in respect of a child.

The court may only make an order if it is satisfied that there is reasonable cause to believe that the child is likely to suffer significant harm if the child is not removed to accommodation provided by or on behalf of the Falkland Islands Government, or if the child does not remain in the place in which the child is then being accommodated.

An emergency protection order authorises the removal of the child to accommodation provided by or on behalf of the Falkland Islands Government and the child being kept at such accommodation, or the prevention of the child's removal from any hospital or other place in which the child was being accommodated immediately before the making of the order.

An emergency protection order gives the Falkland Islands Government parental responsibility for the child, which may be exercised by the officer who applied for the order or by any other public officer authorised for the purpose by the Governor.

The court has power to give directions with respect to the contact which is or is not to be allowed between the child and any named person, and with respect to the medical or psychiatric examination or other assessment of the child. (A child who is Fraser Competent can refuse to submit to such an examination or assessment.)

An emergency protection order lasts for a maximum of 8 days, and may be extended for a maximum of a further 7 days. Irrespective of these limits, the child must be returned to their home as soon as it is safe to do so. An application for a care order may be made to prevent this, where this is necessary to protect the child from harm.

## **3. Child Assessment Order**

*Section 63, Children Ordinance 2014*

Any person authorised by the Attorney General may apply to court for a child assessment order.

The court may only make an order if it is satisfied that:

- the applicant has reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm; and

- an assessment of the state of the child's health or development, or of the way in which the child has been treated, is required to enable the applicant to determine the question; and
- it is unlikely that such an assessment will be made or be satisfactory in the absence of an order.

A child assessment order requires any person who is in a position to produce the child to do so and to comply with such directions relating to the assessment of the child as the court sees fit to specify in the order. The child can only be kept away from home in accordance with directions of the court if it is necessary for the purposes of the assessment. The assessment must take no longer than 7 days from a date specified in the order. (A child who is Fraser Competent can refuse to submit to the assessment.)

#### **4. Care Order and Interim Care Order**

*Sections 48 and 56, Children Ordinance 2014*

The Falkland Islands Government can apply for a Care Order, but only with the consent of the Attorney General.

The court may only make an order if it is satisfied that:

- the child concerned is suffering, or is likely to suffer, significant harm; and
- either the harm, or likelihood of harm, is attributable to the care given to the child, or the care likely to be given to the child if the order were not made, not being what it would be reasonable to expect a parent to give a child; or to the child being beyond parental control.

A care order cannot be made in respect of a child age 17 (or age 16, if married).

Before making an order the court must consider the arrangements the Government has made, or proposes to make, in respect of contact between the child and their parents.

Where proceedings for a care order are adjourned, the court can make an interim care order to allow time for the Government to undertake an investigation of the child's circumstances. An interim care order can be made initially for 8 weeks and can be extended by further orders of up to 4 weeks each.

Where the court makes an interim care order, it has power to make directions about medical or psychiatric examination or other assessment of the child. (A child who is Fraser Competent can refuse to submit to such an examination or assessment.)

Where a care order (or interim care order) is in place the Government is under a duty to provide accommodation for the child if required, and shares parental responsibility for the child with the parents.

No person may cause the child to be known by a new surname or remove the child from the Falkland Islands while a care order is in place, without either the written consent of every person who has parental responsibility for the child or the leave of court (except that the Government may remove the child for up to 3 months).

A care order lasts until the child's 18<sup>th</sup> birthday unless brought to an end earlier. A care order can be discharged by the court upon application by the child or any person with parental responsibility including the Government. A care order is also brought to an end by the making of a supervision order, an adoption order or a residence order.

The court may on an application for a care order make a supervision order, or vice-versa.

## **5. Supervision Order**

*Section 53, Children Ordinance 2014*

The Falkland Islands Government can apply for a Supervision Order, but only with the consent of the Attorney General.

The court may only make a supervision order on the same grounds as it may make a care order, namely if it is satisfied that:

- the child concerned is suffering, or is likely to suffer, significant harm; and
- either the harm, or likelihood of harm, is attributable to the care given to the child, or the care likely to be given to the child if the order were not made, not being what it would be reasonable to expect a parent to give a child; or to the child being beyond parental control.

A supervision order cannot be made in respect of a child age 17 (or age 16, if married).

While a supervision order is in force it shall be the duty of the supervisor to advise, assist and befriend the supervised child, and to take such steps as are reasonably necessary to give effect to the order.

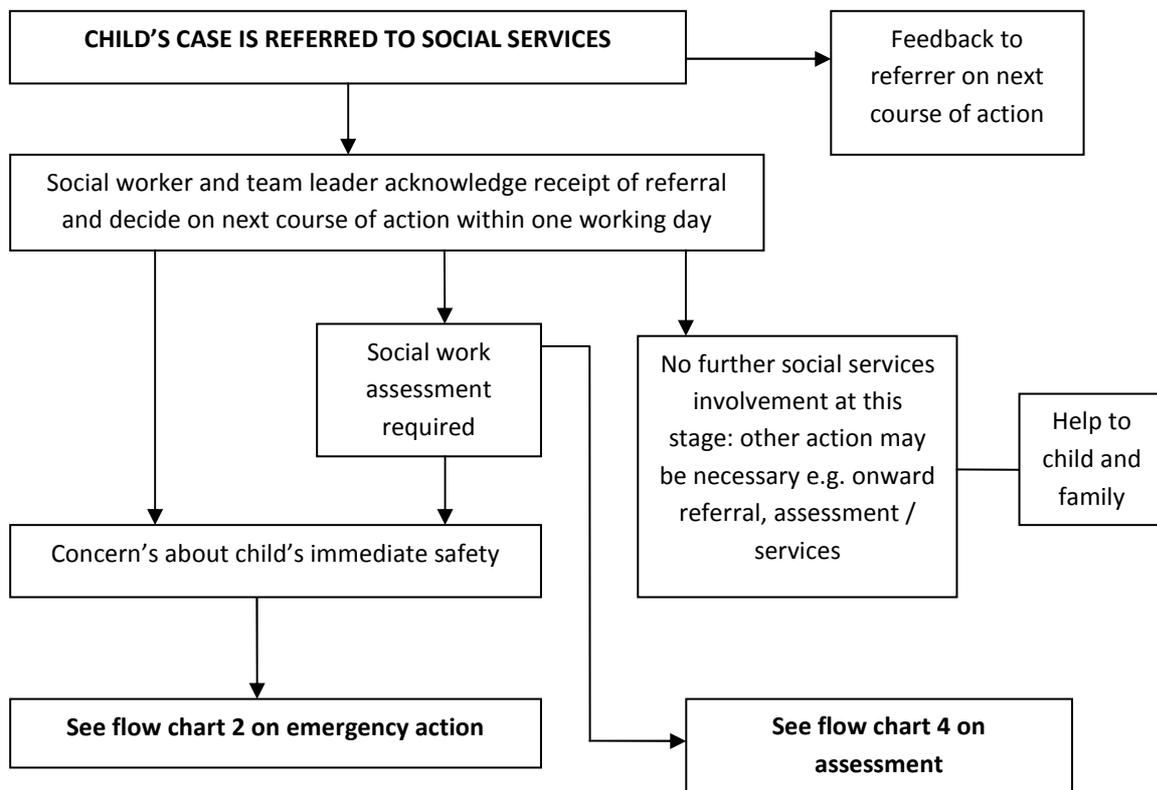
Schedule 3 of the Ordinance contains detailed provisions which can empower a supervisor to give directions to the supervised child or responsible person in relation to certain matters to ensure that the supervised child complies with the obligations imposed under the order.

A supervision order lasts for one year, and can be extended up to a maximum duration of 3 years. The order comes to an end on the child's 18<sup>th</sup> birthday.

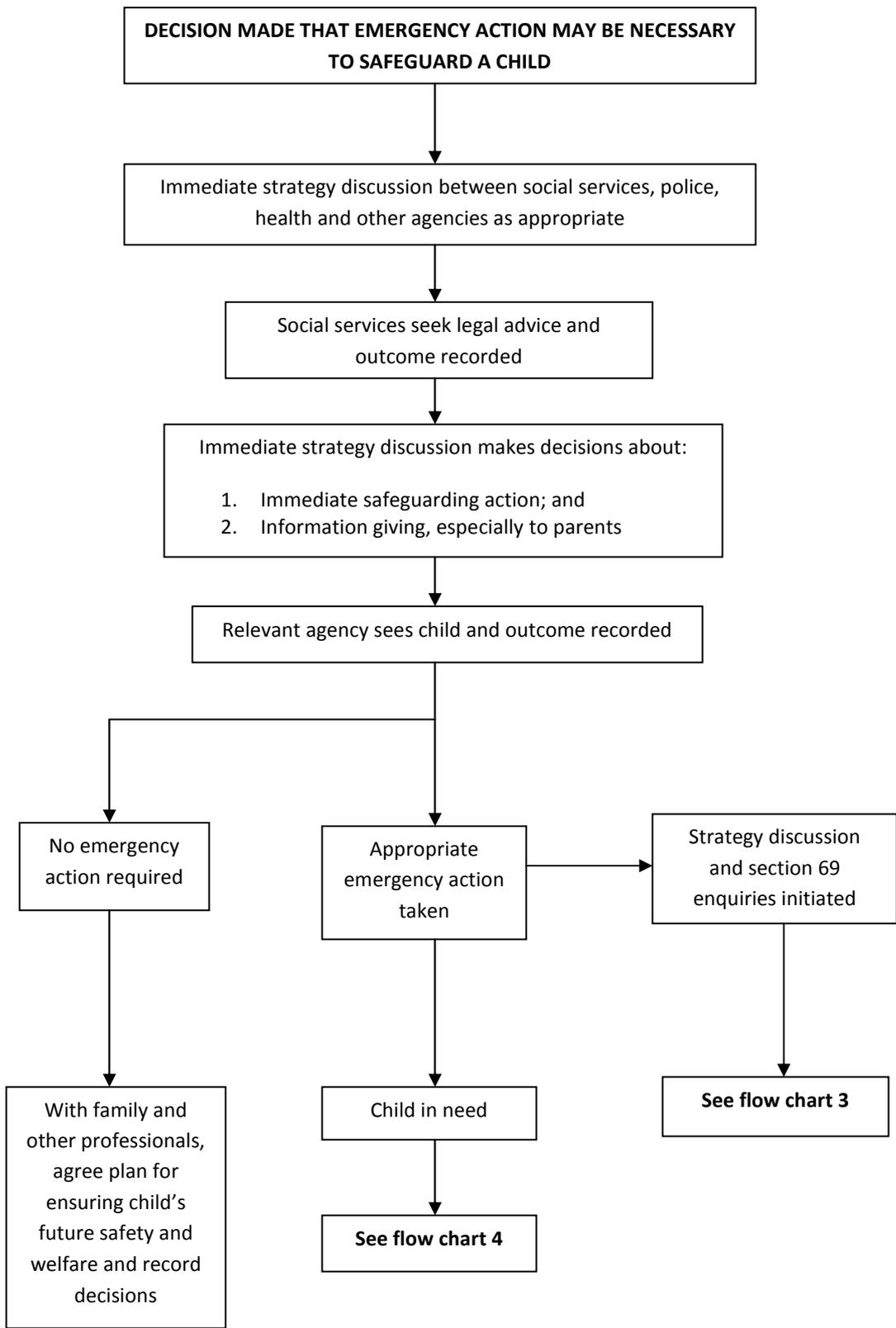
## APPENDIX 4

### Flow charts

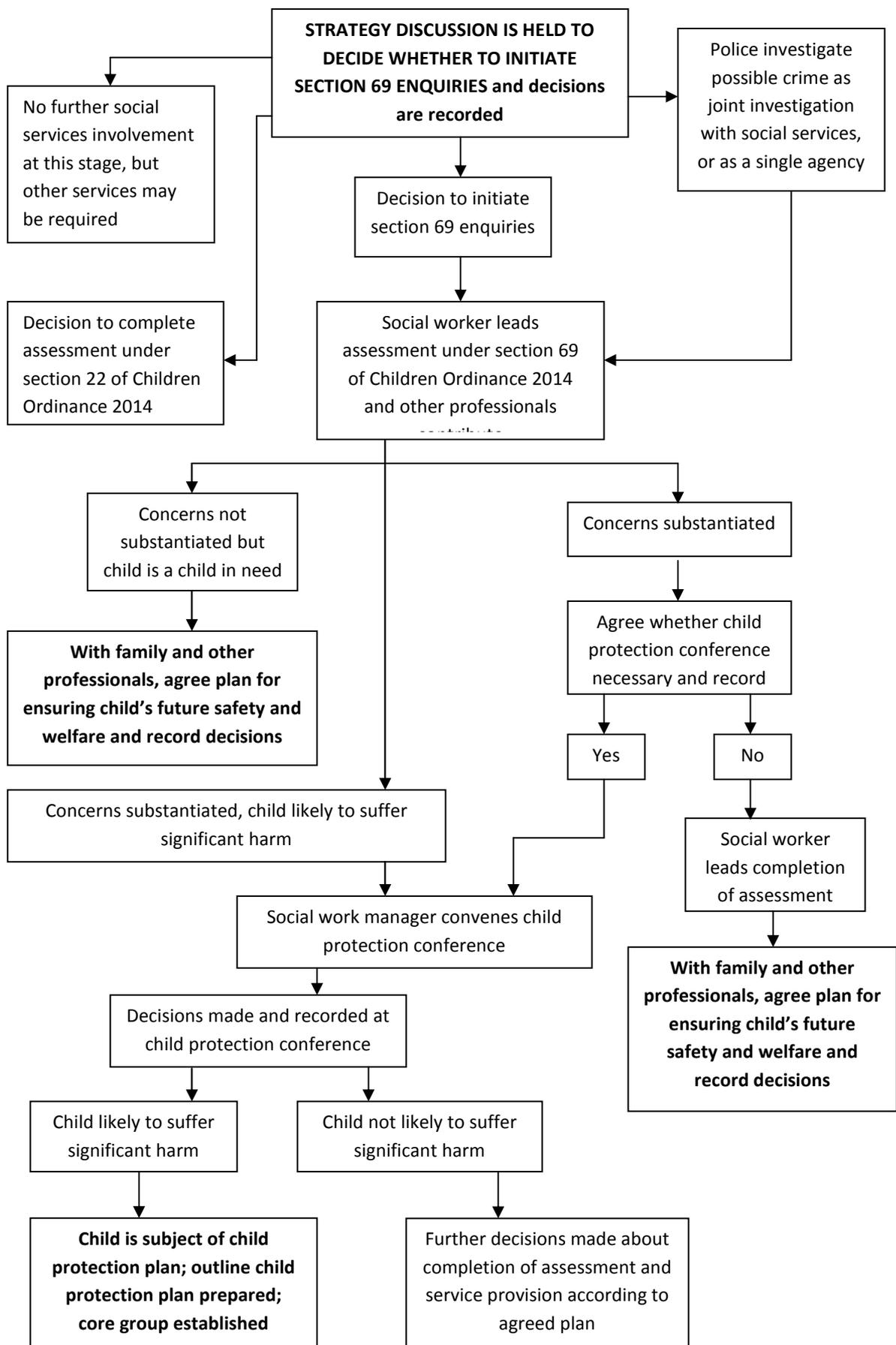
#### Flow chart 1: Action taken when a child is referred to children's social services



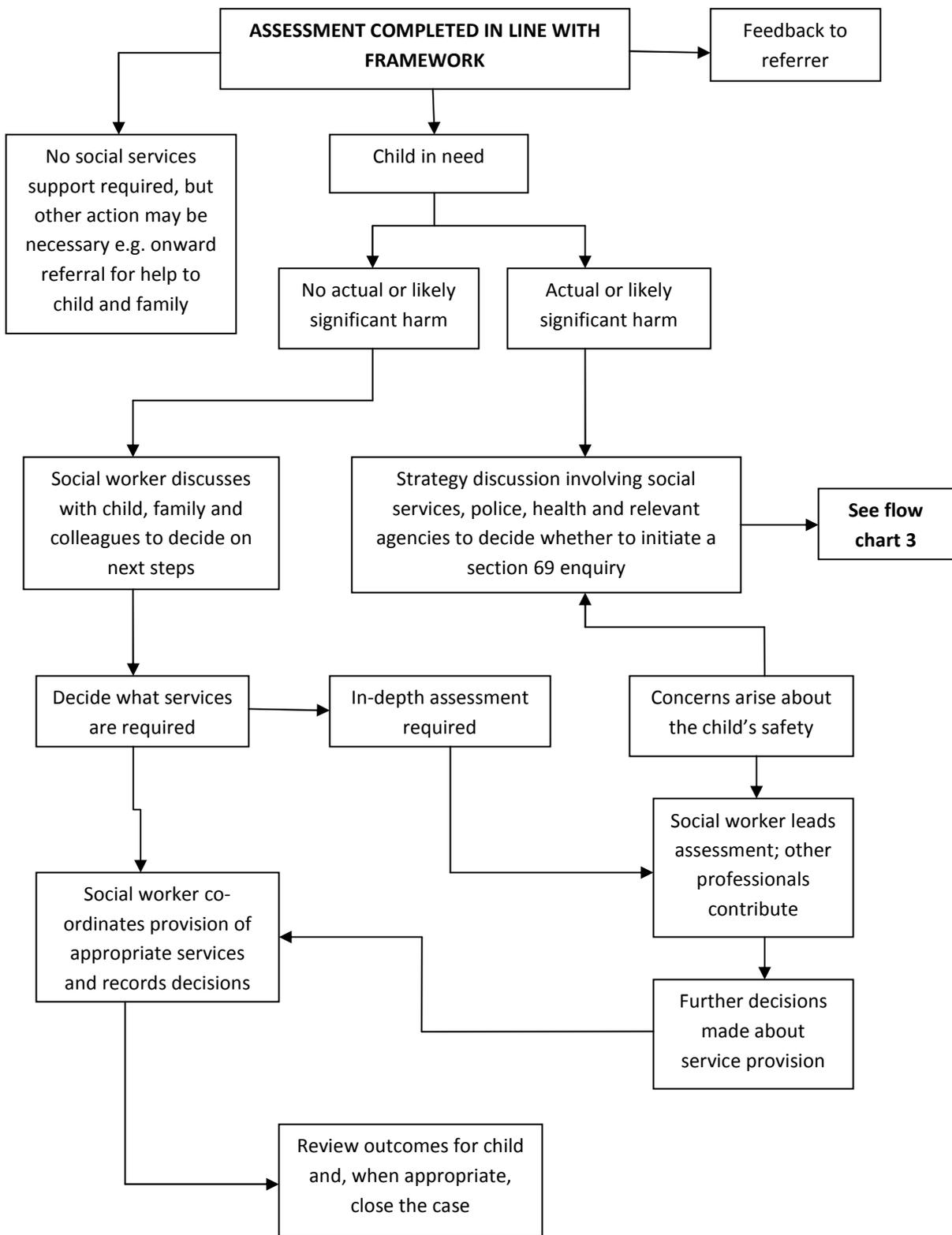
**Flow chart 2:  
Immediate Action**



**Flow chart 3:  
Strategy discussion**



**Flow chart 4:**  
**Action taken following an assessment of whether a child is 'in need'**



**APPENDIX 5**

<b>Referral Form</b>				Date	Time
Service Users First Name				Service User's last name:	
AKA				Reason (s)/ Reference Code	
Family previously known?		YES	NO		
Date Of Birth			Current address	Previous address	
Age					
Gender					
Ethnic origin					
Disability/SEN	Yes	No			
Language issue	Yes	No	Tel No:		

<b>Household Members</b>					
Name	DOB	Relationship to child	M/F	PR	School / employment

<b>Significant Others</b>				
Name	Relationship to child	M/F	PR	Address

<b>Admin details (to be completed by Admin)</b>			
Date Completed	By	Date Updated	By
Open to			
Category			
EMIS NOTIFIED		NO	DATE

<b>Referrer Details</b>					
Name of referrer	Address	Contacted by	Tel	Let	off
		Can we phone back?	Yes	No	
Relationship to client		Service user aware of referral?	Yes	No	
		Carer aware of referral?	Yes	No	
Reason for referral		WARNING:			

Professionals known to be involved				
Name				
Permission to contact	Yes	No	Tel. No.	
If no, state reasons				

<b>Referral Details</b>			
(1) What is your involvement with the family (include how long you have known the family, in what capacity and what work you have been doing to support them) (2) Give specific reasons for referral ( include any specific incidents that have prompted your concern) (3) What are the specific risks? (what are you worried about?) (4) What are the strengths/ positives which are prevalent? (what's working well?) (5) What would reduce your concerns? (what do you expect to happen next?)			
Form completed by			Role
Signature			Date

<b>Response Decisions</b>			
Manager Initials		Date	
Allocated To		Date	
Admin initials		Date	
Referral Code			

<b>Managers comments/Action Required</b>

<b>Closure Reason</b>				
	Worker		Date	
	Manager		Date	
	Admin		Date	

## APPENDIX 6

### **Guidance to Health Workers in assessment of, and responding to, cases of Underage Sexual Activity (USA) and the Fraser Guidelines**

The procedures at 4.4 must be followed. The following guidance is to assist health staff in deciding whether or not to refer a case of USA to Social Services where the child is 13,14 or 15.

When presented with a case where a child is sexually active it is important to fully assess the situation, which includes performing a thorough history taking and examination of the child in question.

Cases of USA can often cause concern and raise difficult issues. It is essential that all cases are treated with sensitivity and that the rights of children and young people are upheld.

This document has been designed to ensure that practitioners who are involved in assessing children who have been sexually active are alert to cases where the sexual activity/relationships may be abusive. **It is important accurately to assess the risk of significant harm when a child or young person is engaged in sexual activity and gauge the need to refer the child to the social services department. Ask yourself, is this a child safeguarding issue? Do I need to share this information with my line manager and/or other agencies?**

A child **under the age of 13** is not legally capable of consenting to sexual activity and penetrative sex is regarded as rape. In this case, **always discuss with your line manager and social services**

This list is not exhaustive, however consider the following points in all assessments:

**Keep very careful, detailed and comprehensive notes. If in doubt, discuss with your manager.**

1. Is the child Gillick competent? Do they meet the Fraser guidelines?
2. What is known about the child's background and social structure? Are there any known vulnerabilities?
3. Is there an age imbalance within the relationship? Is the sexual partner in a position of trust in relation to the child (this is a crime)?
4. The behaviour of the child. Are they withdrawn or anxious? Are they being overly secretive about the relationship? Is the partner being overly secretive?
5. Review the hospital notes carefully. Are there any previous presentations for sexually related matters? Is this their first relationship?
6. Do you feel "comfortable" with the circumstances and the explanations received from the child? Any "hunches" should be acted on by discussing the case with your line manager.
7. Has there been any aggression, violence, bullying or coercion within the relationship?
8. Have bribes been used to coerce the child to gain sexual favours, e.g. alcohol, presents, cigarettes, DVD's etc. Was this a case of grooming?
9. Have drugs or alcohol been used as part of the sexual activity, possibly as a disinhibitor? If they were, did this impact on the child's ability to consent?

### **Fraser Guidelines**

Sexual health services can be offered without parental consent to young people aged 13 and over if:

- The young person understands the advice that is being given
- The young person cannot be persuaded to inform or seek support from his/her parents and will not allow the worker to inform them that contraceptive/protection e.g. condom/advice is being given
- The young person is likely to begin or continue to have sexual intercourse without contraception or protection by a barrier method
- The young person's physical or mental health is likely to suffer unless s/he receives contraceptive advice or treatment
- It is in the young person's best interest to receive contraceptive/safe sex advice and treatment without parental consent

### Appendix 7

#### Attempted suicide or self-harm

#### Guidance to Health Workers in the management of persons under 18 years of age attending the hospital

