



**St Helena  
Government**

# **St Helena Safeguarding Children's Board**

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**Working Together  
to Safeguard Children on  
St Helena**

**Child Protection Policy 2016**

**March 2016**

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## 1.0 INTRODUCTION

1.1 Safeguarding and early help is everybody's business. Making sure children and families are given extra help and support at the earliest opportunity when they need it is vital. This shared responsibility is enshrined within the document entitled Working Together 2015 which the St Helena Safeguarding Children's Board are working towards. Improvements are required to drive services forward towards better outcomes for children and families on St Helena, this is everyone's responsibility.

1.2 It is important to recognise that St Helena is in a unique situation and these policies and procedures are designed to reflect the context in which they are applied. The key features of St Helena in relation to safeguarding children are:

- a. Being such a small and remote community, it is inevitable that the children and families that professionals on the Island deal with as patients, pupils and members of the public are also frequently acquaintances/friends/family. This presents particular problems for professionals and makes it crucial that safeguarding issues and child protection concerns are managed with scrupulous professionalism and confidentiality.
- b. On St Helena functions and services which in a larger community would be delivered by a department of government are frequently vested in an individual. Policies and procedures need to ensure that key decisions are made on the basis of discussion and joint working rather than the subjective views of one person.
- c. There is an established history of St Helenians migrating to Britain, the Falkland Islands and Ascension for employment purposes. Many of St Helena's children and young people are cared for by people other than their parents at times in their childhood.
- d. It is a time of great change for St Helena and this creates both opportunities and anxieties which need to be acknowledged and discussed.

1.3 It is widely recognised that children are best protected when professionals are clear about what is required of them individually, and how they need to work together. Feedback from agencies on this policy is essential to help shape improvements to services across the island.

1.4 The welfare of the child is paramount and the Government has a statutory duty under the Welfare of Children Ordinance 2008 to promote and safeguard the welfare of Children in Need and their families. Children in Need are defined as children:

- Who are unlikely to achieve or maintain a reasonable standard of health or development; or
- Whose health or development is likely to be significantly impaired without the provision of services.

1.5 It is important to point out that not all families with Children in Need require or request statutory involvement through a Social Worker or Social Care Officer. Promoting the welfare of children and providing additional services within the community can be co-ordinated through other agencies and services including multi agency meetings which can be brought together by other service practitioners such as CAMHS (Child and Adolescent Mental Health) or Education.

1.6 Safeguarding children (as defined within Working Together 2015 p.5) is the action we take to promote the welfare of children and protect them from harm. It is everyone's responsibility. Everyone who comes into contact with children and families has a role to play. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes;
- taking action to enable all children to have the best outcomes.

1.7 For the sake of clarity it is important to point out that the term child refers to any child or young person under the age of 18, irrespective of whether they live independently or are in the armed forces.

## 2.0 KEY PRINCIPLES

The key principles in safeguarding children as described in detail within Working Together 2015 are:

- safeguarding is everyone's responsibility;
- for services to be effective each professional and organisation should play their full part; and
- a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

In line with recent review recommendations all professionals should ensure they have read Working Together 2015 and liaised with the Safeguarding Lead within their agencies if they are unsure or unfamiliar with this document. It is noted within Working Together that Child Protection Investigations are referred to as "section 47" in St Helena this term is "section 57". In addition reference is made to "local authority" and in St Helena this role is performed by Children's Services currently within the Safeguarding Directorate.

2.1 This policy document should be referred to when professionals have concerns that a child or children appear to be at risk of harm or abuse. However, the early identification of children who may be in need of services for support is also important and practitioners should refer to the Assessment Procedures and Practice Guidance for their roles in that process.

2.2 Anyone who has concerns about a child's welfare should make a referral to Children's Services. For example, referrals may come from: children themselves, teachers, a doctor or other health staff, the police or members of the public. Children's Services should act as the principal point of contact for welfare concerns relating to children. Therefore, as well as clear protocols for professionals working

with children, contact details should be signposted clearly so that children, parents and other family members are aware of who they can contact if they require advice and/or support.

### **Everyone's responsibility**

2.3 No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. In order to ensure that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families be aware of the role that they have to play and the role of other professionals. In addition, effective safeguarding requires clear local arrangements for collaboration between professionals and agencies.

2.4 When professionals refer a child, they should include any information they have on the child's developmental needs and the capacity of the child's parents or carers to meet those needs. This information may be included in any assessment, including the early help assessment, which may have been carried out prior to a referral. Where an early help assessment has already been undertaken it should be used to support a referral, however, this is not a prerequisite for making a referral. Feedback should be given by a Social Worker to the referrer on the decisions taken. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold to be considered by Children's Services for assessment and suggestions for other sources of more suitable support.

2.5 Everybody who works with children and young people, with parents and with other adults in contact with children should have an awareness that child abuse and neglect may occur. They should understand that children may be abused or neglected anywhere including in their own homes, in day care, in educational and play settings, in residential settings away from home and in leisure environments. They should know that children can be abused or neglected by a wide range of people including relatives, paid carers, professionals, staff, managers and volunteers in any service or organisation and by other young people inside or outside the family

home.

2.6 Concerns about abuse and neglect may arise from a number of sources including:

- a child or young person speaking about being abused or neglected;
- another child or an adult reporting that a child is being abused or neglected;
- direct observation of abusive or neglectful behaviour by an adult or another young person towards a child;
- observation of a child behaving in a way which suggests that that child is not adequately cared for or is being harmed or threatened with harm;
- observations of injuries to a child;
- aspects of a child's health and development which suggests inadequate care or harmful treatment;
- evidence or suspicion of domestic abuse.

### **A Child Centred Approach**

3.0 Children want to be respected, have their views heard, have stable relationships with professionals built on trust and have consistent support provided for their individual needs. Anyone working with children should see and speak to the child, listen to what they say, take their views seriously and work with them collaboratively when deciding how to support their needs. A child-centred approach is supported by:

- The Children Act 1989 (as amended by section 53 of the Children Act 2004) and in St Helena by the Welfare of Children Ordinance 2008. This Ordinance requires the Government to give due regard to a child's wishes when determining what services to provide, and before making decisions about action to be taken to protect individual children under section 57 of the Welfare of Children Ordinance. These duties complement requirements relating to the wishes and feelings of children who are, or may be, looked after (living away from home), including those who are provided with accommodation and children taken into police protection;

- The Equality Act 2010 (UK) which puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity (although this Act is not part of the laws of St Helena at the moment, its principles must still be borne in mind). This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs.
- The United Nations Convention on the Rights of the Child (UNCRC). This is an international convention that protects the rights of children and provides a child-centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, in doing so, recognised children's rights to expression and receiving information.
- The Human Rights Act 1998 came into force in the UK in 2000. It includes the right to family life and right to be protected from inhumane treatment. For children sometimes there is tension between their own rights and the rights of their parents. For example, if a child is at risk of significant harm from a/both parent/s, the child's right to protection and right to life may outweigh the rights of the parent.

3.1 Under the Welfare of Children Ordinance 2008 the Government is required to provide services for children in need for the purposes of safeguarding and promoting their welfare. In order to be able to do this the Government, through the Safeguarding Directorate, undertake assessments of the needs of children to determine what services to provide and action to take.

3.2 Whatever the legislation the purpose of child assessment is always (as defined in Working Together 2015):

- To gather important information about a child and family;
- To analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
- To decide whether the child is a child in need and/or is suffering or likely to suffer significant harm (section 57) and



- To provide support to address those needs to improve the children outcomes to make them safe.

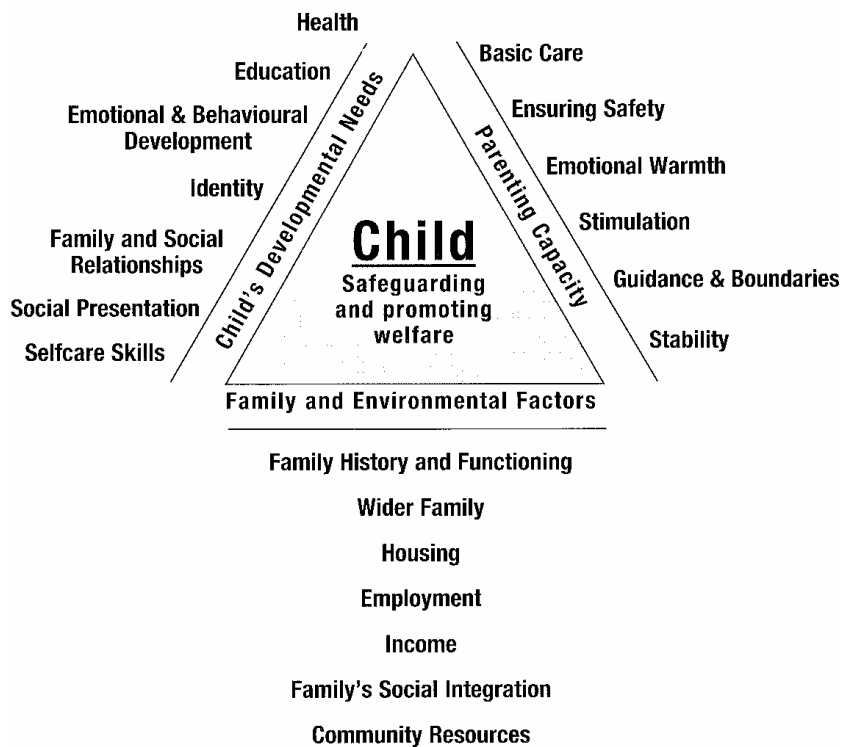
Assessment is a dynamic process which means it responds to the ever changing needs of the family and the level of need and risk faced by the child.

3.3 Assessments must be undertaken in a child centred way and take into consideration:

- The child’s developmental needs;
- The capacity of the parents/carers to meet the child’s needs;
- Wider family, community and environmental factors.

3.5 Below is a diagram showing the framework for assessment and these areas

### Assessment Framework Triangle



## 4.0 KEY DEFINITIONS

### 4.1 Table of safeguarding definitions (as adapted from Working Together 2015)

Safeguarding and promoting the welfare of children	Defined for the purposes of this guidance as: <ul style="list-style-type: none"><li>• protecting children from maltreatment;</li><li>• preventing impairment of children's health or development;</li><li>• ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;</li><li>• and taking action to enable all children to have the best chances.</li></ul>
Child protection	Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.
Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.
Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

<p>Emotional abuse</p>	<p>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. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child.</p>
<p>Sexual abuse</p>	<p>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 the internet). Sexual abuse is not solely perpetrated by adult</p>

	<p>males. Women can also commit acts of sexual abuse, as can other children.</p>
Neglect	<p>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:</p> <ul style="list-style-type: none"> <li>• provide adequate food, clothing and shelter (including exclusion from home or abandonment);</li> <li>• protect a child from physical and emotional harm or danger;</li> <li>• ensure adequate supervision (including the use of inadequate care-givers); or</li> <li>• ensure access to appropriate medical care or treatment.</li> </ul> <p>It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.</p>
Young carers	<p>Are children and young persons under 18 who provide or intend to provide care assistance or support to another family member. They carry out on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care support or supervision.</p>

#### 4.2 **Children in Need**

As defined within the Welfare of Children Ordinance (2008 section 30) a child is in need if—

- (a) without the provision for him of services under this Part, he is unlikely to achieve or maintain a reasonable standard of health or development, or to have the opportunity of achieving or maintaining such standard; or
- (b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- (c) he is disabled.

4.3 Children in need may be assessed in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison. When assessing children in need and providing services, specialist assessments may be required and, where possible, this should be co-ordinated so that the child and family experience a coherent process and a single plan of action.

4.4 In relation to children with disabilities the Welfare of Children Ordinance 2008 section 8 states;

(2) The Government shall, subject to available resources, take appropriate steps to encourage and ensure—

- (a) that disabled children are afforded equal opportunities to education;
- (b) the extension to disabled children and their parents, guardians or other persons having parental responsibility or caring for them, of assistance for which application is made and which is appropriate to their condition and to the circumstances of their parents, guardians or other persons having parental responsibility or caring for them;
- (c) that the assistance referred to in paragraph (b) shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or guardians of, or of other persons having parental responsibility or caring for, disabled children; and
- (d) that the assistance referred to in paragraph (b) shall be designed to ensure that disabled children have effective access to and receive education, training, health care services, rehabilitation services, preparation for employment and recreation

opportunities in a manner conducive to their achieving the fullest possible social integration and individual development.

### **Significant Harm**

4.5 Concerns about maltreatment may be the reason for a referral to Children's Services or concerns may arise during the course of providing services to the child and family. In these circumstances, Children's Services must initiate enquiries to find out what is happening to the child and whether protective action is required. The Safeguarding Directorate, with the help of other organisations as appropriate, also have a duty to make enquiries under section 57 of the Welfare of Children Ordinance 2008 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

4.6 Similarly, significant harm or its likelihood must be established in court before a Care or Supervision Order can be made on a child if the court is satisfied:

- (a) that the child is suffering, or likely to suffer, significant harm; and
- (b) that the harm, or likelihood of harm, is attributable to—
  - (i) the care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
  - (ii) the child being beyond parental control.

**Section 2 of the Welfare of Children Ordinance 2008 provides the following definitions:**

“harm” means ill-treatment or the impairment of health or development; and where the question of whether harm suffered by a child is significant turns on his health or development, his health or development shall be compared with that which could reasonably be expected of a similar child;

“health” means physical or mental health;

“home” includes any institution, other than—

(a) a school;

(b) a hospital; or

(c) a residential care home, nursing home or psychiatric home;

“ill-treatment” includes sexual abuse and forms of ill-treatment which are not physical;

**Under the Act:**

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

4.7 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes a single traumatic event may constitute significant harm, for example, a violent assault, suffocation or poisoning. More often significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary

to consider any maltreatment alongside the child's assessment of his or her safety and welfare, the family's strengths and supports, as well as an assessment of the likelihood and capacity for change and improvement in parenting and the care of children and young people.

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

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

4.9 The child's reactions, perceptions, wishes and feelings should be ascertained and the practitioner should give them due consideration, so far as is reasonably practicable and consistent with the child's welfare and having regard to the child's age and understanding.

4.10 Obtaining the child's wishes and feelings successfully will depend on communicating effectively with children and young people including those who find it difficult to do so because of their age, impairment, or their particular psychological or social situation. This process may require involving familiar adults and drawing upon the expertise of early years workers or those working with disabled children.



## 5.0 ROLES AND RESPONSIBILITIES

5.1 The previous chapter dealt with the need for organisations, working together, to take a co-ordinated approach to ensure effective safeguarding arrangements. In the UK, this is supported by the duty on local authorities under section 10 of the Children Act 2004 to make arrangements to promote co-operation to improve the wellbeing of all children in the authority's area. In addition, a range of individual organisations and professionals working with children and families have specific statutory duties to promote the welfare of children and ensure they are protected from harm.

5.2 On St Helena, agencies that have duties in respect of Safeguarding include the following:

- The Government to provide children's and other types of services, including Children and Adult Services, public health, housing, sport, culture and leisure services, licensing authorities and youth services;
- Education including early childcare, schooling and AVEC; Schools should have regard to *keeping children safe in education (DFE 2015)* to fulfil their duties in respect of safeguarding and promoting the welfare of children. Schools and Early Years settings are ideally placed to identify early the welfare needs or safeguarding concerns in respect of children who are seen on a regular basis.
- Health Directorate including the hospital and GP services; workers are in a strong position to identify welfare needs or safeguarding concerns regarding individual children. A wide range of health staff have a critical role to play in safeguarding and promoting the welfare of children.
- The Police; Children have the right to full protection offered by the criminal law and Police are well placed to identify early when a children's welfare is at risk and when a child may need protection from harm.
- St Helena Probation and HMP Jamestown have a duty to identify prisoners who pose a risk of harm to children. They are able to monitor communications to support protection of children where proportionate and necessary to the risk identified.

- Housing; professionals may identify conditions which have an adverse effect on children.
- Adult Social Care; when staff are provide services to vulnerable adults they are well placed to identify children who may be in need of help or protection.

5.3 These organisations should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services;
- arrangements which set out clearly the processes for sharing information with other professionals and with the Safeguarding Children Board;
- a designated professional lead (or, for health provider organisations, named professionals) for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
- safe recruitment practices for individuals hired by the organisations in posts where they will work regularly with children, including policies on when to obtain a criminal record check;
- appropriate supervision and support for staff, including undertaking safeguarding training:
  - employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;

- staff should be given a mandatory induction which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; *and*
- all professionals should have regular reviews of their own practice to ensure they improve over time.
- clear policies in line with those of the SCB for dealing with allegations against people who work with children. An allegation may relate to a person who works with children who has:
  - behaved in a way that has harmed a child, or may have harmed a child;
  - possibly committed a criminal offence against or related to a child;
  - behaved towards a child or children in a way that indicates that they may pose a risk of harm to children.

#### 5.4 In addition:

- the Government should have a **Designated Officer (also known as a LADO)** The Designated Officer is a role responsible for managing and overseeing concerns, allegations or offences relating to staff and volunteers in any organisation across the government area. St Helena currently retains the service of an independent LADO who is situated in the UK. The LADO should provide advice and guidance to employers and voluntary organisations on St Helena, liaising with police and other agencies and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process;
- any allegation should be reported immediately to a senior manager within the organisation. The LADO should also be informed within one working day of all allegations that come to an employer's attention or that are made directly to the police; *and*
- if an organisation on St Helena removes an individual (paid worker or unpaid volunteer) from work or a volunteer post such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation must make a referral to the Disclosure & Barring Service, in the absence of DBS's beginning of operation on St Helena, the referral should be made to the Police. In the UK, it is an offence

to fail to make a referral without good reason and this requirement will be presented to the local legislature for their consideration.

### **Children's Services**

5.5 The agency with lead responsibility for Safeguarding Children (child protection) is Children's Services (based at Half Tree Hollow).

**Children's Services** have the following responsibilities:

- Assess, plan and provide support to children in need, including those suffering or likely to suffer significant harm.
- Make enquiries under s57 of the Welfare of Children Ordinance 2008 wherever there is reason to suspect that a child in its area is at risk of significant harm.
- Maintain the Child Protection Register.
- Provide a Lead Social Worker for every child subject to a Child Protection Plan (CPP).
- Ensure that Agencies who are party to the CPP co-ordinate their activities to protect the child subject to a CPP.
- Undertake an Assessment in relation to each child subject to a CPP, ensuring that other agencies contribute as necessary to the assessment and that assessments take account of key issues, e.g. domestic abuse, mental health, substance misuse, etc.
- Convene regular reviews of the child's progress through both Core Groups and Review Child Protection Conferences.
- Instigate legal proceedings where required.

### **In Emergencies** –

5.6 The only agency with powers to respond to situations requiring immediate intervention where a child is suffering or is likely to suffer significant harm is the police. The Police Directorate have emergency powers under Section 56 WOCO to enter premises to remove or indeed prevent the removal of a child to ensure their immediate protection

## **Services for Looked After Children and Care Leavers**

5.7 Looked after children are considered to be particularly vulnerable to risk of harm, in part because of their background and history that may have involved abuse and/or neglect. All actions must be taken to ensure that looked after children are supported and protected in every setting. They should be provided with additional services that provide extra support and protection including advocacy. On St Helena the human rights office are willing to offer support and assistance.

### 6.0 RESPONSE TO A REFERRAL

Once the child protection referral has been accepted by Children's Services the lead professional role falls to a social worker.

The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen.

Within **one working day** of a referral being received a social worker should make a decision about the type of response that is required.

This will include determining whether:

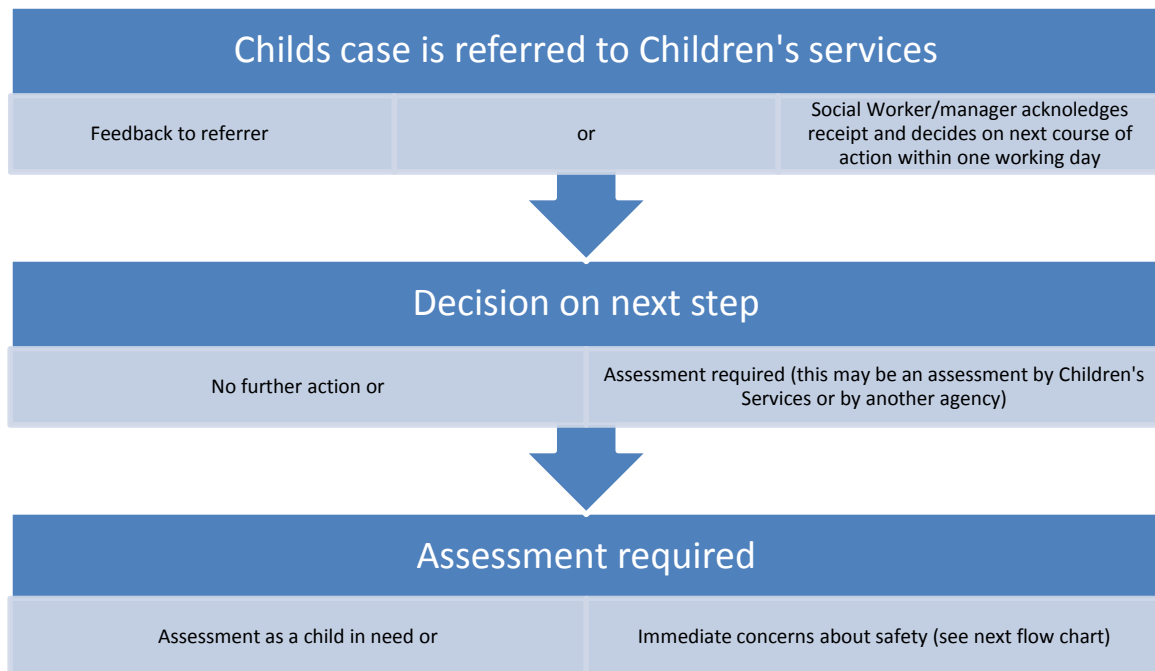
- The child requires immediate protection and urgent action is required;
- The child is in need and should be assessed under the Welfare of Children Ordinance within 45 days.
- There is reasonable cause to suspect that the child is suffering or likely to suffer, significant harm and whether enquiries should be made under section 57 of the WOCO 2008.
- Any services are required by the child and family and what type of services and what agencies are best placed to complete an assessment and family support plan. This could include other agencies taking a lead role in providing an early help assessment and multi-agency planning within 10 days.
- Further specialist assessments are required in order to help Social Services to decide what action to take.

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

The child and family must be informed of the action to be taken.

Children's Services should see the child as soon as possible if the decision is that further assessment is required. When Children's Services professionals ask other Government agencies such as housing and health for co-operation, the latter have a duty to co-operate by assisting Children's Services in carrying out its duties.

## 6.1 Flow chart: action taken when a child is referred to Children's Services



## 6.2 Immediate Protection

### Immediate Protection

In line with Working Together 2015 where there is a risk to life of a child or likelihood of serious immediate harm, Children's Services or the Police must **use their statutory child protection powers to act immediately to secure the safety of the child.**

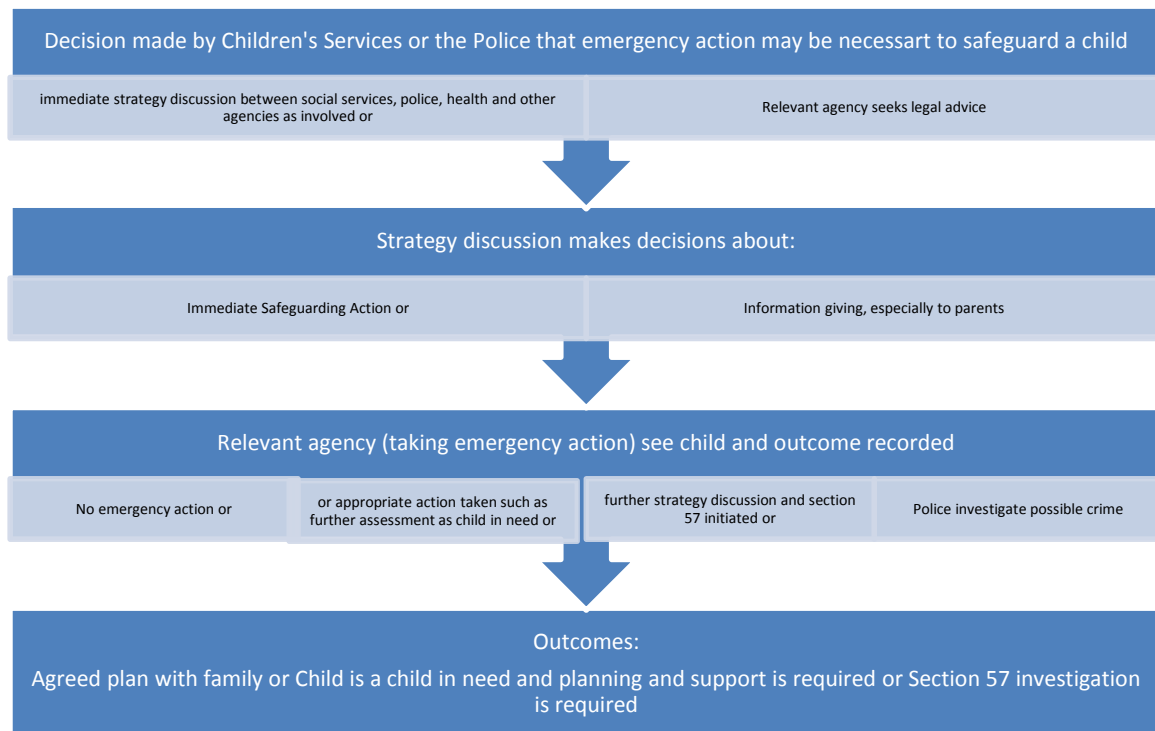
If it is necessary to remove a child, the government must, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an Emergency Protection Order (EPO). Police powers to remove a child in an emergency should only be used in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child.

An EPO, granted by the court, gives the Government authority to remove a child and places them under the protection of the applicant (the Safeguarding Directorate on behalf of the Government).

When considering whether emergency action is necessary, agencies must consider the needs of other children in the same household or in the household of an alleged perpetrator.

**The Government cannot remove a child without parental consent or an order of the court or the Police having invoked their Powers of Police Protection.**

### 6.3 Immediate protection flow chart



6.4 Whenever there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm there should be a strategy discussion. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be required. The discussion should:

- Share information;
- Agree the conduct and timing of any criminal investigation; and
- Decide whether enquiries under section 57 of the Welfare of Children Ordinance should be undertaken.

When it is decided that there are grounds to initiate a section 57 investigation decisions should be made as to:

- What further information is needed if an assessment is already underway;
- What immediate and short term action is required to support the child; and
- Whether legal action is required.

6.5 Following acceptance of a referral for an assessment as a child in need a Social Worker will lead on an assessment and this will be completed within 45 working days from the point of referral. This assessment should include seeing the child, conducting interviews with the child and family members and recording the assessment findings. Families and agencies should be informed of the outcome of this assessment.

## 6.6 Section 57

### **Child Protection Investigation**

A section 57 enquiry is carried out to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of being or likely to be suffering significant harm.

**Social Workers** have specific duties as set out within Working Together 2015 (pp.33) and these include:

- Leading the assessment;
- Carrying out enquiries;
- Seeing the child who is subject of the concerns;
- Interviewing parents and/or caregivers;
- Systematically gathering information;
- Analysing the findings of the assessment and evidence about what interventions are likely to be most effective with other professionals;
- Following guidance set out in *Achieving Best Evidence in Criminal Proceedings* where a decision has been made to interview a child as part of any criminal proceedings.

**Police Officers** should:

- Help other agencies understanding;
- Decide on police investigations; and
- Make available information to inform discussions.

**Health professionals** should:

- Undertake appropriate medical tests, examination or observations;
- Provide any of a range of specialist assessments; and
- Ensure appropriate treatment and following.

**All involved professionals** should:

- Contribute to the assessment as required, providing information about the child and family and
- Consider whether a joint enquiry/investigation team may need to speak to the child victim without the knowledge of the parent or caregiver.



## 6.7 Outcomes from the Section 57

### **Where concerns are not substantiated**

#### **Social Workers with their managers should:**

- Discuss the case with the child, parents and other relevant professionals;
- Determine whether support from any services may be helpful; and
- Consider whether the children's health and development should be re-assessed regularly against specific objectives.

#### **All professionals should:**

- Participate in further discussions as necessary;
- Contribute or lead a plan; and
- Provide services as appropriate in the plan.

### **Where concerns are substantiated and the child is deemed to be suffering or likely to suffer, significant harm:**

#### **Social Workers with their managers should:**

- Convene a child protection conference. This should take place within **15 working days of a strategy discussion**;
- Consider professionals with specific knowledge to be invited; and
- Ensure that the child (in light of their understanding) and family understand and are able to participate.

#### **All professionals should:**

- Contribute towards the information their agency provides in advance of the conference;
- Consider who the report should be shared with; and
- Attend the conference and take part when invited.

6.8 Following the section 57 enquiries, an Initial Child Protection Conference brings together family members (and the child where appropriate), support persons, advocates and professionals involved with the child and family, to make decisions about the children's future safety, health and development. This could be held for an unborn child prior to birth where there are significant concerns following a section 57 enquiry.

## 6.9 Initial Child Protection Conference

### **Child Protection Conference**

#### **Purpose**

- To bring together and analyse information from different sources like education, health, social services and others. It is the responsibility of the conference to make recommendations on how agencies work together to safeguard the child in future.
- People who have a significant role in the child's life and who will develop and implement the child protection plan should be invited to conferences.
- The meeting will establish timescales for meetings of the core group and plan and for review meetings and agree a plan with a clear sense of how much improvement is needed and by when.

#### **The Conference Chair:**

- Is accountable to the Safeguarding Children's Board;
- Working Together 2015 states that the chair should be independent of operational line management. On St Helena this is currently not possible. The meeting will, where it is deemed possible, be chaired by a children and families manager who is a qualified social worker. When not possible the chair will remain accountable to the safeguarding board who will monitor children subject to CPPs. All families should be offered legal support through the Public Solicitor's office and all children (subject to understanding) may be offered legal support or advocacy; and
- The chair should meet with the parents and child (depending on understanding) prior to the conference.

#### **Social Workers Should:**

- Convene, attend and present information about the reasons for the conference. This includes information about the child's needs, ability of parents to meet needs and the family and environmental context. Also any evidence of how the child has been abused or neglected and the impact of this on their health or development.
- Analyse the information to enable informed decision making.
- Share information with the child (subject to understanding) and family beforehand.
- Prepare a report for the conference.

#### **All professionals should:**

- Work together to safeguard the child from harm and ensure they are familiar with their role in the conference process.

#### **The St Helena Safeguarding Board should:**

- Monitor the effectiveness of these arrangements.

6.10 If a child is made subject to child protection planning and has their name placed on the Child Protection Register for St Helena a robust and clear plan is needed. Should a conference decide that a Child Protection Plan is not needed then a Child in Need plan may be required. If a child has a child in need plan they are not deemed to be at risk of significant harm and therefore the child's name is not on the register.

### 6.11 The Child Protection Plan

#### **Purpose**

The aim of the plan is to:

- Ensure the child is safe from harm and/or prevent further suffering of harm;
- Promote the family's ability to meet the needs of the child including their health and development; and
- Support wider family and community involvement.

#### **Children's Services should:**

- Ensure the family have a Social Worker as a lead professional;
- Consider the evidence and decide what if any legal action to take if a child has suffered or is likely to suffer significant harm; and
- Define timescales for circulating plans after the meeting (currently plans will be sent out within 10 working days).

#### **Social Workers should:**

- Be the lead professionals for co-ordinating work and ensuring the views and contribution of the family into the plan;
- Develop an outline plan following the initial conference and develop within core group meetings to review the plan - the social worker will lead the core group;
- Undertake direct work with the child and family taking into account the wishes and feelings of the child;
- Complete an in-depth assessment of the family with the child remaining central.

#### **The core group should:**

- Meet straight after the first conference if the child is subject to a child protection plan;
- Develop the outline plan; and
- Decide what steps need to be undertaken and by whom to complete the plan and take joint responsibility for the plan.

6.12 The first review conference should be held within three months. Then every six months thereafter. The purpose of a review is to establish if a child is continuing to suffer or is likely to suffer significant harm. As part of the review process the department must consider whether to initiate family court proceedings (in respect of all children within the home) if the child continues to suffer significant harm. However, the government will continue to work in partnership with the family to bring about change for the family unit and positive outcomes for all family members.

6.13 Child Protection planning should not be used due to a belief that it will result in more resources. Multi-agency planning should be used in a tiered approach subject to needs of the child and family and the level of perceived risk of harm. When a child is no longer at risk of significant harm a comprehensive child in need plan should enable support to be offered with a staircase of support towards the family's independence from services. The child's needs and wishes and feelings should always remain central to care planning.

## **7.0 VALUES & PRINCIPLES UNDERPINNING WORK TO SAFEGUARD AND PROMOTE THE WELFARE OF CHILDREN**

7.1 The following principles underpin work with children and their families in safeguarding and promoting the welfare of children. The principles will be relevant to varying degrees to different personnel but have general relevance to all services provided to children.

7.1 Work to safeguard and promote the welfare of children are:

- **child centred:**

The child should be seen (alone when appropriate) by the Lead Social Worker in addition to all other professionals who have a responsibility for the child's welfare. His or her welfare should be kept sharply in focus in all work with the child and family. The significance of seeing and observing the child cannot be overstated. The child should be spoken and listened to, and their wishes and feelings ascertained, taking into account their age

and understanding. Their wishes and feelings must be recorded when making decisions about the provision of services.

- **rooted in child development:**

Those working with children should have a detailed understanding of child development and how the quality of care that the children are receiving can have an impact on their health and development. They should be able to recognise that as children grow, they continue to develop their skills and abilities. Each stage, from infancy through middle years to adolescence, lays the foundation for more complex development. Planned action should also be timely and appropriate for the child's age and stage of development.

- **focused on outcomes for children:**

When working directly with a child, any plan developed for the child and their family or caregiver should be based on an assessment of the child's developmental needs and the parents/caregiver's capacity to respond to these needs within their family and environmental context. The plan should set out the planned outcomes for the child; progress against these should be regularly reviewed and the actual outcomes should be recorded. The purpose of all interventions should be to achieve the best possible outcomes for each child, recognising that each child is unique. These outcomes should contribute to the key outcomes set out for all children in the Children Act 2004 (para 1.1) which are likely to be translated into domestic St Helenian law in the foreseeable future.

- **holistic in approach:**

Having a holistic approach means having an understanding of a child within the context of their family (parents or caregivers and the wider family) and of the educational setting, community and culture in which he or she is growing up. The interaction between the developmental needs of children, the capacity of parents or caregivers to respond appropriately to those needs and the impact of wider family and environmental factors on children and on parenting capacity require careful exploration during an assessment. The ultimate aim is to understand the child's developmental

needs and the capacity of the parents or caregivers to meet those needs and what services may be provided to the child and to the family members in order to respond to these needs. The child's context will be even more complex when they are living away from home or looked after by adults who do not have parental responsibility for them.

- **ensuring equality of opportunity:**

Equality of opportunity means that all children have the opportunity to achieve the best possible developmental outcomes, regardless of their gender, ability, race, ethnicity, circumstances or age. Some vulnerable children may have been particularly disadvantaged in their access to important opportunities and their health and educational needs will require particular attention in order to optimise their current welfare as well as their long term outcomes into adulthood.

- **involving of children and families:**

In the process of finding out what is happening to a child, it is important to listen to the child, develop a therapeutic relationship with the child and through this gain an understanding of his or her wishes and feelings.

The important of developing a co-operative working relationship is emphasised so that parents or caregivers feel respected and informed; they believe staff are being open and honest with them and in turn they are confident about providing vital information about their child, themselves and their circumstances. The consent of the parents/caregivers, where appropriate, should be obtained for sharing information unless to do so would place a child at risk of suffering significant harm. Similarly, decisions should also be made with their agreement, where possible, unless to do so would place the child at risk of suffering significant harm.

- **building on strengths as well as identifying difficulties:**

Identifying both strengths (including resilience and protective factors) and difficulties (including vulnerabilities and risk factors) within the child, his or her family and the context in which they are living is important, as is

considering how these factors are having an impact of the child's health and development.

- **integrated in approach:**

From birth there will be a variety of different agencies and services in the community involved with children and their development, particularly in relation to their health and education. Multi- and inter-agency work to safeguard and promote children's welfare starts as soon as it has been identified that the child or the family members have additional needs requiring support/services beyond universal services, not just when there are questions about possible harm.

- **a continuing process not an event:**

Understanding what is happening to a vulnerable child within the context of his or her family and the local community and taking appropriate action are continuing and interactive processes, and not single events.

Assessments should continue throughout the period of intervention and intervention may start at the beginning of an assessment.

- **providing and reviewing services:**

Action and services should be provided according to the identified needs of the child and family in parallel with assessment where necessary. It is not necessary to await completion of the assessment process. Immediate and practical needs should be addressed alongside more complex and longer term ones. The impact of service provision on a child's developmental progress should be reviewed at regular intervals.

- **informed by evidence:**

Effective practice with children and families requires sound professional judgements which are underpinned by a rigorous evidence base, and draw on the practitioner's knowledge and experience. Decisions based on these judgements should be kept under review, and take full account of any new information obtained during the course of work with the child and family.

## Appendix 1

St Helena Social Services  
Children's Services Guidance for Thresholds of Intervention

Key headline features	Concerns that may inhibit the ability to care for a child adequately	Cause for concern	Reasonable suspicions of abuse	Likely/actual abuse
Level of assessment	<ul style="list-style-type: none"> <li>*Verbal advice/guidance/signposting</li> <li>*Family support plan in community</li> <li>*Family meeting</li> <li>*Multi agency meeting - lead by agencies</li> </ul>	<ul style="list-style-type: none"> <li>*Initial Assessment</li> <li>*Pre-birth Assessment</li> <li>*Potential full assessment</li> <li>*Family support plan in community</li> <li>*Family meeting</li> <li>*Multi agency meeting</li> </ul>	<ul style="list-style-type: none"> <li>*Full/Core assessment of needs</li> <li>*Family support plan in community</li> <li>*Family meeting</li> <li>*Multi agency meeting</li> </ul>	<ul style="list-style-type: none"> <li>*Strategy meeting</li> <li>*Section 57 investigation</li> <li>*Full/Core assessment</li> <li>*Report for Initial Child Protection Conference</li> <li>*Expert/specialist assessments</li> </ul>
Circumstances and key features	<ul style="list-style-type: none"> <li>*Homelessness/vulnerable family at risk of homelessness</li> <li>*Contact/Custody issues</li> <li>*Parents seeking community issues</li> <li>*Financial issues affecting basic care</li> <li>*Child with disabilities (parents not requesting social work support)</li> </ul>	<ul style="list-style-type: none"> <li>*Dysfunctional parent/child relationship</li> <li>*Challenging behaviour</li> <li>*Poor supervision</li> <li>*Previous children abused</li> <li>*Level of co-operation</li> <li>*Young carers</li> <li>*Failure to seek medical advice as requested</li> <li>*Pattern of minor concerns</li> </ul>	<ul style="list-style-type: none"> <li>*Repeated failure to carry out care</li> <li>*Unwilling/unable to respond to advice</li> <li>*Evidence of non co-operation</li> <li>*Continued dysfunction</li> <li>*Unacceptable parenting due to substance misuse/domestic abuse/mental health/learning difficulties/disabilities</li> <li>*Children with disabilities</li> <li>*Repeated referrals</li> </ul>	<ul style="list-style-type: none"> <li>*Suspicion of sexual abuse</li> <li>*Rejection/abandonment of child</li> <li>*No co-operation with agencies, leading to unmet need</li> <li>*Unexplained injuries</li> <li>*Child placed under child protection</li> <li>*Bruising to non mobile child</li> <li>*Contact with a suspected or known child sexual abuser</li> </ul>
Features of child	<ul style="list-style-type: none"> <li>*No major concerns or</li> <li>*Targeted/isolated concern eg depression, bullying, stress event.</li> </ul>	<ul style="list-style-type: none"> <li>*Unexplained bruising marks</li> <li>*Inappropriate behaviours</li> <li>*Change in behaviours affecting achievement</li> <li>*Child living away from parent</li> </ul>	<ul style="list-style-type: none"> <li>*Beyond control</li> <li>*Failing to develop</li> <li>*Withdrawn/anxious</li> <li>*Unexplained and suspicious bruising</li> <li>*Withdrawal from school</li> <li>*Complex needs</li> <li>*Alcohol and substance misuse</li> <li>*Mental health</li> <li>*Child has a significant learning disability</li> <li>*Unaccompanied child from abroad in need of support</li> </ul>	<ul style="list-style-type: none"> <li>*Significant changes in behaviours</li> <li>*Medical assessment raises concerns of unexplained injuries/abuse/neglect</li> <li>*Isolated withdrawn</li> <li>*Disclosure from child</li> <li>*Pregnancy 15 years old or under (under 13 years immediate section 57)</li> </ul>
Parenting capacity	<ul style="list-style-type: none"> <li>*Consistent parenting</li> <li>*Parent/carer being proactive</li> <li>*Child focused parenting</li> <li>*Acknowledging help needed</li> </ul>	<ul style="list-style-type: none"> <li>*Inconsistent parenting</li> <li>*Parental co-operation</li> <li>*Awareness of presenting issue</li> <li>*Able/willing to make changes</li> </ul>	<ul style="list-style-type: none"> <li>*Domestic abuse pattern</li> <li>*Alcohol/drug dependence</li> <li>*Mental health impacting on parenting</li> <li>*Unsatisfactory explanation of injuries</li> <li>*Ambivalent of need to change</li> <li>*Failure to safeguard/protect</li> <li>*Struggling with complex child needs</li> </ul>	<ul style="list-style-type: none"> <li>*Non co-operation or disguised compliance</li> <li>*Denial/non acceptance in face of evidence</li> <li>*Refusal to engage</li> <li>*No change made</li> <li>*Parent fabricating injury or illness</li> </ul>



Family and environmental factors	*Isolated social pressure *Good family support and friendships	Social pressures eg finance/housing *May have support networks *Referrals from family/community *Could be larger family	*Minimal support network/isolation *Significant social pressures *Minimising concerns *Repeated referrals particularly from family and community	
Type of response	Advice information and signposting	*Child in need assessment with multi-agency community response *Possible section 57 based on assessment *Possible continued response/family meeting/child in need	*As concerns are evidenced, establish need for section 57 enquiry or full family assessment.	*Likely section 57 from onset *May result in voluntary accommodation/legal proceedings
Timescales for response	To be signposted out within three days	*Assessment to commence within 24 hours	*Escalate to section 57/family meeting/strategy meeting. *Section 57 to be completed within 35 days	*Assessment to be started within 24 hours but immediate response likely to be required
Possible specialist assessment to consider	Community based support with possible non statutory community assessments	*Parenting assessment *Assessment by other partner agencies *Pre-birth assessment	*Parenting assessment *Assessment by other agency	*Parenting assessment *Assessment of attachment
Key guiding principles	The child should be at the centre of any assessment with the views of family and primary carers carefully considered. In St Helena there is a need to appreciate the unique environmental factors and the impact this has on provision of services and community functioning. The connectivity of the community is the biggest strength but brings with it challenge. Therefore engagement with the community is essential.			
Glossary	Working Together 2015 Welfare of Children Ordinance 2008			

This guidance is to assist managers, social workers and other professionals as to what features should warrant the commencement of Social Services involvement but does not guarantee services. It should be viewed as a guide. Professionals are reminded that Safeguarding is everyone's responsibility (Working Together 2015) and all agencies have a key role in promoting the welfare and well-being of children, which in most cases will not require the statutory involvement of a social worker

## Appendix 2 – Childs journey through services

