Working Together to Safeguard Children and Vulnerable Adults on St Helena

AUTHOR:	**St Helena Children & Adults Safguarding Board**
ISSUE DATE:	**August 2023**
VERSION NO:	**2.0**
STATUS:	**Live – Approved August 2023**
REVIEW DATE:	**August 2025**

Amendment History:

Version	Status	Summary of changes/review	Date
1.0	Live	Updated document	Nov 2020
2.0	Draft	Updated roles and responsibilities section	Aug 2023

Table of Contents

1. Introduction

1.1. Safeguarding and early help is everybody's business. Making sure children, vulnerable adults and their 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 2018 which the St Helena Safeguarding Board is working towards. Improvements are required to drive services forward towards better outcomes for children, vulnerable adults 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 are:

a) Being such a small and remote community, it is inevitable that the children, vulnerable adults and their 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 adult 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 and vulnerable adults 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 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.

1.8. Safeguarding Vulnerable Adults is the action that we take to protect vulnerable adults: that being adults with impaired capacity, physical disability or impairment, sensory impairment and the elderly, from abuse and harm.

- Protecting vulnerable adults from abuse
- Promoting independence
- Promoting choice
- Ensuring those vulnerable adults in receipt of care packages or residing in care settings have their needs met to a good standard
- Ensuring that all vulnerable adults health needs are met in line with their needs
- Ensuring all vulnerable adults have opportunities to live a fulfilled lives

2. Key principles

2.1. The key principles in safeguarding children and vulnerable adults are:

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

2.2. In line with all review recommendations in relation to the care and welfare of children and vulnerable adults on St Helena and within the previous working together 2016; all professionals should have a good understanding of their role and responsibilities to effectively safeguard.

2.3. St Helena has learnt lessons from all reviews and scrutiny of services and statutory functions on the island thus enabling improvements in responses and service delivery to the most vulnerable on island. Clear thresholds for intervention for both children and vulnerable adults have enabled the wider community and partner agencies to understand effective safeguarding. Better working together arrangements are visible and need to be maintained in order to maintain a safe response and greater protection for the most vulnerable people on St Helena.

2.4. This policy document should be referred to when professionals have concerns that a child/ children or vulnerable adult appear to be at risk of harm or abuse. However, the early identification of children or vulnerable adult who may be in need of services for support is also important. Early intervention can prevent the lives of children or vulnerable adults from escalating to needing support to needing protection.

2.5. Anyone who has concerns about a child's welfare should make a referral to Children's Social Care. For example, referrals may come from: children themselves, teachers, a doctor or other health staff, the police or members of the public. Children's Social Care 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.

2.6. Anyone who has concerns about a vulnerable adult's welfare should make a referral to Adults Social Care. For example, referrals may come from the adult themselves, neighbours, family, friends, doctors or other health staff, lay advocates, elected members, carers, Deputy Guardians, benefits agency etc. Therefore as well as clear protocols and thresholds for professionals working

with vulnerable adults, clear signposting should be made available for the individual themselves or indeed those referring for support and advice.

3. Everyone's responsibility

3.1. No single professional can have a full picture of a child or vulnerable adult's needs and circumstances and, if children, vulnerable adults and their 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, vulnerable adults and their 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.

3.2. When professionals refer a child or vulnerable adult, they should include any information they have on the child's developmental needs and the capacity of the child's parents or carers or vulnerable adults 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 and Adult social care for assessment and suggestions for other sources of more suitable support.

3.3. 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.

3.4. 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.

3.5. Everybody who works with vulnerable adults, their families, carers and those working with this client group should have an awareness of abuse and harm, but in particular, neglect. They should understand that vulnerable adults may be abused or neglected anywhere including in their own homes, in day care, in residential settings and by those charged with caring for that individual. They should know that a vulnerable adult 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 members of the community.

4. A person-centred approach

4.1. 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 Constitution of Saint Helena, Ascension Island and Tristan Da Cunha (2009) states "Every child shall have the right to such measures of protection as are required by his or her status as a minor, on the part of his or her family, society and the Government of St Helena, and which are appropriate and proportionate to the circumstances of St Helena". The Constitution also protects Human Rights including 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.

4.2. 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 Children and Adult Social Care Directorate, undertake assessments of the needs of children to determine what services to provide and action to take.

4.3. Whatever the legislation the purpose of child assessment is always:

- 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's outcomes to make them safe.

4.4. 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.

4.5. 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.

5. Key definitions

5.1. 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: • protecting children from maltreatment; • preventing impairment of children's health or development; • ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; • and taking action to enable all children to have the best chances.
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.
Emotional abuse	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.
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 the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
Neglect	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); • protect a child from physical and emotional harm or danger; • ensure adequate supervision (including the use of inadequate care-givers); or • ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
Young carers	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.

6. Children in need

6.1. 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
b) or maintain a reasonable standard of health or development, or to have the
c) opportunity of achieving or maintaining such standard; or
d) his health or development is likely to be significantly impaired, or further impaired,

e) without the provision for him of such services; or
f) he is disabled.

6.2. 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.

6.3. 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.

7. Significant harm

7.1. 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 Children and Adult Social Care 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.

7.2. 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.

7.3. 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;

7.4. **Under the Ordinance**

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.

7.5. 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.

7.6. 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.

7.7. 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.

7.8. 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.

8. Adults

8.1. Vulnerable adults 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 vulnerable adults should see and speak to them, listen to what they say, take their views seriously and work with them collaboratively when deciding how to support their needs.

8.2. Due to the lack of local legislation, St Helena currently relies on good practice from the United Kingdom, which would in this case be: The community Care Act 1990 and The Care Act 2014.

8.3. The Care Act 2014 encourages caregivers to take a person-centred approach when safeguarding vulnerable adults. When you follow the principles, you too place the vulnerable person's wellbeing and needs at the forefront of safeguarding processes. They help you directly involve the vulnerable person – and any nominated people who can help reach decisions in the vulnerable adult's best interest – when managing safeguarding concerns and care plans.

8.4. The six principles of the Care Act are:

1) Empowerment.
2) Protection.
3) Prevention.
4) Proportionality.
5) Partnership.
6) Accountability.

8.5. Abused or neglected adults are often silent victims during safeguarding concerns, which often means that caregivers make all the decisions while the service user has little to no involvement.

8.6. **Empowerment**

8.7. The empowerment principle encourages you to support vulnerable adults so they can confidently make their own decisions and give informed consent regarding their care.

8.8. You should ask the service user what outcome they hope to see at the end of processes. The answers they provide should underpin every action you subsequently take. At the end of the process, consider using questionnaires to assess if service users felt involved and heard.

8.9. To effectively empower vulnerable adults, you should assess what provisions, if any, they need to reach decisions confidently. Provide information in a straightforward and jargon-free form, ask questions relating to changes in their safeguarding or care plan (no matter how small), and work together with an advocate where necessary.

8.10. Keep in mind that, to report a suspected safeguarding issue to the local authority or police, you need consent from the vulnerable adult. Empowerment creates confidence in you and helps the situation move forward.

8.11. **Protection**

8.12. To fulfil the principle of protection, you should support and represent those in greatest need.

8.13. Aim to provide service users with clear, simple information about how to recognise signs of abuse and when to come to you for help. Respond immediately to concerns and take action to liberate a vulnerable person from a dangerous situation.

8.14. You should know how to contact the appropriate authorities and follow suitable safeguarding procedures so the situation is handled quickly and you don't exacerbate existing risks.

8.15. **Prevention**

8.16. To follow the prevention principle, you must be proactive to stop safeguarding concerns from developing in the first place.

8.17. Prevention is one of the most critical principles of care. Even after being freed from neglect and abuse, a vulnerable person may still suffer lasting physical or psychological damage. You must, therefore, preemptively protect vulnerable adults to reduce long-term harm.

8.18. Safeguarding training is the best way to promote prevention. It teaches caregivers what the signs of abuse are and gives them the confidence to report suspected issues without putting the vulnerable adult at further risk.

8.19. **Proportionality**

8.20. Proportionality refers to ensuring you utilise preventative measures or respond to a safeguarding issue in the most unobtrusive way possible. Take into account the level of the vulnerable person's needs; don't apply a one-size-fits-all response.

8.21. To make your safeguarding processes proportionate, involve the vulnerable adult when making decisions. They can give you input on what actions, in their mind, have the least impact on their quality of life and dignity.

8.22. Reacting proportionately could require you to take small, yet significant steps to handle an issue. Trying to tackle a large issue all at once can overwhelm the person.

8.23. **Partnership**

8.24. You should partner with local services and communities to help prevent, detect, and report suspected cases of neglect and abuse. When multiple authorities recognise a safeguarding issue and submit a report, authorities can react quickly and confidently.

8.25. Local groups should collaborate and share information to reduce duplicate or contradictory responses that may hinder progress.

8.26. Also remember to protect personal and sensitive information about people to comply with the UK Data Protection Act Principles. Only share data if you have permission from the person whom it's about or there is a clear risk of harm which makes it in the public interest to do so.

8.27. **Accountability**

8.28. Be wholly transparent about, and take responsibility for, all the safeguarding practices you use to support vulnerable people.

8.29. Keep the vulnerable person, as well as their nominated individuals, updated about any decisions you make or changes you consider in the interest of safeguarding. At any given time, the vulnerable or nominated person should understand the role of everyone involved in the care plan and should be able to contact them if need be.

8.30. Also communicate clearly with your team, support channels (including local services that work together with you), and local authorities. Update them with new findings and progress where relevant.

8.31. Remember, if you believe a vulnerable person is at risk and they give you consent to disclose, you have a civic duty to report the matter to the appropriate authority, securely hold any evidence, and keep the vulnerable adult safe.

- ***Physical abuse*:** may include slapping, hitting, beating, bruising or causing someone physical pain, injury or suffering. This also could include confining an adult against his/her will, such as locking someone in a room or tying him/her to furniture.

- ***Emotional abuse*:** involves creating emotional pain, distress or anguish through the use of threats, intimidation or humiliation. This includes insults, yelling or threats of harm and/or isolation, or non-verbal actions such as throwing objects or glaring to project fear and/or intimidation.

- ***Neglect*:** includes failures by individuals to support the physical, emotional and social needs of adults dependent on others for their primary care. Neglect can take the form of withholding food, medications or access to health care professionals.

- ***Isolation*:** involves restricting visits from family and friends or preventing contact via telephone or mail correspondence.

- ***Financial or material exploitation*:** includes the misuse, mishandling or exploitation of property, possessions or assets of adults. Also includes using another's assets without consent, under false pretense, or through coercion and/or manipulation.

- ***Abandonment*:** involves desertion by anyone who assumed caregiving responsibilities for an adult.

- ***Sexual abuse*:** includes physical force, threats or coercion to facilitate non-consensual touching, fondling, intercourse or other sexual activities. This is particularly true with vulnerable adults who are unable to give consent or comprehend the nature of these actions.

- ***Self-neglect*:** involves seniors or adults with disabilities who fail to meet their own essential physical, psychological or social needs, which threatens their health, safety and well-being. This includes failure to provide adequate food, clothing, shelter and health care for one's own needs.

9. Roles and responsibilities

9.1. The previous chapter dealt with the need for organisations, working together, to take a co-ordinated approach to ensure effective safeguarding arrangements. In addition, a range of individual organisations and professionals working with children, vulnerable adults and their families have specific statutory duties to promote the welfare of children and vulnerable adults to ensure they are protected from harm.

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

(a) **The Government**: to provide children and adults statutory social work in the guise of assessment, intervention and support.

(b) **The Children's and Adults Safeguarding Board**: to co-ordinate what is done by each person or body presented on it for the purposes of safeguarding and promoting the welfare of children and vulnerable adults on St Helena; and to ensure the effectiveness of what is done by each person or body for those purposes. Which includes the Corporate Parenting Board who advise the St Helena Government (SHG) Safeguarding Board in relation to the government's requirement to be a Corporate Parent for children in care and care leavers; to support the overall effectiveness of SHG's corporate parenting function.

(c) **Education including schooling**: Schools should have regard to keeping children safe in education to fulfil their duties in respect of safeguarding and promoting the welfare of children. School settings are ideally placed to identify early the welfare needs or safeguarding concerns in respect of children who are seen on a regular basis.

(d) **Health, including the hospital and GP services**: workers are in a strong position to identify welfare needs or safeguarding concerns regarding children and vulnerable adults. A wide range of health staff have a critical role to play in safeguarding and promoting the welfare of children and vulnerable adults.

(e) **The Police**: Children and Vulnerable adults have the right to full protection offered by the criminal law and Police are well placed to identify early when a children or vulnerable adult's welfare is at risk and when a child may need protection from harm.

(f) **The Saint Helena Island Probation Service**: works with individuals serving sentences of the court both in the community and the custodial setting and should liaise with Children's Social Care and Adult Social Care in cases where those individuals are assessed as posing a risk of harm to children or vulnerable adults.

(g) **H.M Prison Service**: HM Prisons have a responsibility to safeguard and promote the welfare of children and vulnerable adults in custody or any child or vulnerable adult that comes into contact with the Prison Service. To do this effectively HM Prison Service will work together with the relevant statutory bodies and partner agencies to comprehensively risk assess and share pertinent risk information to protect the public.

HM Prison Service, specifically the Superintendent of Prisons will ensure that the Prisons Ordinance, Prison Rules and safeguarding policies are used effectively to safeguard prisoners, staff and visitors.

(h) **Housing**: professionals may identify conditions which have an adverse effect on children and vulnerable adults.

(i) **Adult Social Care**: when staff provide services to vulnerable adults they are well placed to identify children who may be in need of help or protection and vice versa.

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

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children and vulnerable adults;
- a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;
- a culture of listening to children and vulnerable adults by 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 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 and vulnerable adults, 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/vulnerable adult welfare and safeguarding responsibilities effectively;
- safe recruitment practices for individuals hired by the organisations in posts where they will work regularly with children and vulnerable adults, 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 vulnerable adults by 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 and adults safeguarding responsibilities and procedures to be followed if anyone has any concerns about a child or vulnerable adult 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 SHSB for dealing with allegations against people who work with children. An allegation may relate to a person who works with children or vulnerable adult who has:
  - behaved in a way that has harmed a child/vulnerable adult, or may have harmed a child or vulnerable adult;
  - possibly committed a criminal offence against or related to a child or vulnerable adult;
  - behaved towards a child or children or vulnerable adult in a way that indicates that they may pose a risk of harm to children.

9.4. 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 Children's Service. 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.

9.5. **Children's Social Care**

9.6. The agency with lead responsibility for Safeguarding Children (child protection) is Children's Social Care (based behind Ebony View).

9.7. Children's Social Care 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.

9.8. **Adults Services**

9.9. The agency responsible for any Adult safeguarding referrals or investigations is Adults social care is based at the Adult Social Care Building in Ladder Hill. Adult Social Care have the following responsibilities:

- Assess, plan and provide support to adult in need, including those suffering or likely to suffer significant harm.
- Undertake Mental Capacity assessments.
- Undertake and lead on all safeguarding adult investigations
- Undertake Deprivation of liberty assessments
- Effectively support and safeguard vulnerable adults
- Be an active member in the multi-agency response to effectively safeguard and meet the six key principles in working with vulnerable adults.
- Support with or advocate on behalf of those subject to community treatment orders

9.10. **Police Service**

9.11. The Royal St Helena Police Service (RSHPS) have the duty to protect the community from risk, threat or harm and will act in order to effectively execute this duty.

9.12. RSHPS is a statuary safeguarding partner and a member of the St Helena Safeguarding of Children Board alongside of representatives from Children's Social Services, Education, Health, a Non-Governmental Organisations and Civil Societies which are involved in children's activities and the Children's Champion.

9.13. The joint objective of the Safeguarding of Children Board is coordinating what is done by each person or body represented on the board for the purposes of

safeguarding and promoting the welfare of children in St Helena and ensuring the effectiveness of what is done by each such person or body for those purposes

9.14. RSHPS statuary powers derives from the Welfare Of Children Ordinance, 2008, this legislation gives police specific powers to protect children, this includes powers to respond to situations requiring immediate intervention where a child is suffering or is likely to suffer significant harm.

9.15. Section 56 of the Welfare Of Children Ordinance states, when Police has reasonable cause to believe that a child would otherwise suffer, or be likely to suffer, significant harm, Police may remove the child to suitable accommodation and keep the child there or take any steps that are reasonable to ensure that the child's removal from any hospital, or other place, in which the child is then being accommodated is prevented, and taken into police protection to ensure the child's immediate protection. Police powers can help in emergency situations, but should be used only when necessary and, wherever possible, the decision to remove a child from a parent or carer should be made by a court. No child may be kept in police protection for more than 72 hours.

9.16. The RSHPS will hold important information about children who may be suffering, or likely to suffer, significant harm, as well as those who cause such harm. Police should always share this information with other organisations and agencies where this is necessary to protect children.

9.17. Information is shared by way of our referral process to partnering agencies. Similarly police expect other organisations and agencies to share information to enable the police to carry out their duties

9.18. All RSHPD officers are well placed to identify early when a child's welfare is at risk and when a child may need protection from harm. Children have the right to the full protection offered by criminal law.

9.19. In addition to identifying when a child may be a victim of a crime, police officers should be aware of the effect of other incidents which might pose safeguarding risks to children and where officers should pay particular attention.

9.20. Harm may be indirect and non-physical as, for example, in the case of some domestic abuse which may involve controlling and coercive behaviour and economic abuse. An officer attending a domestic abuse incident should be aware of the effect of such behaviour on any children in the household. Children

who are encountered as offenders, or alleged offenders, are entitled to the same safeguards and protection as any other child and due regard should be given to their safety and welfare at all times.

9.21. **Services for Looked After Children and Care Leavers**

9.22. 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.

9.23. **Probation Service**

9.24. The St Helena Island Probation Service is part of the Social Care and Health Directorate and is responsible for delivering the sentences of both the St Helena Magistrates' Court and St Helena Supreme Court.

9.25. The Probation Service undertakes the following:

- Pre-Sentence Reports, assessing an individual's circumstances regarding their offending behaviour, including analysis of criminogenic need, assessments of likelihood of re-offending and harm and recommendations for sentence.
- Supervision and enforcement of the sentences of the court including probation orders and community service
- Rehabilitation and risk management work with people serving custodial sentences.
- Risk assessments and recommendations for additional conditions for releases on temporary licence and post-release licences.
- Enforcement of post-release licences, including requests for recall to custody.
- Assessments of suitability for applications for early release from custody.
- Multi-agency work for the protection of the public, including the chairing of Multi-Agency Public Protection Arrangements (MAPPA) meetings.
- Management of the Youth Diversion Scheme and delivery of interventions designed to steer young people facing criminal charges away from the criminal justice system.
- Support for victims of crime including canvassing their views and concerns regarding the release of prisons

10. Response to a referral

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

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

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

10.4. This will include determining whether:

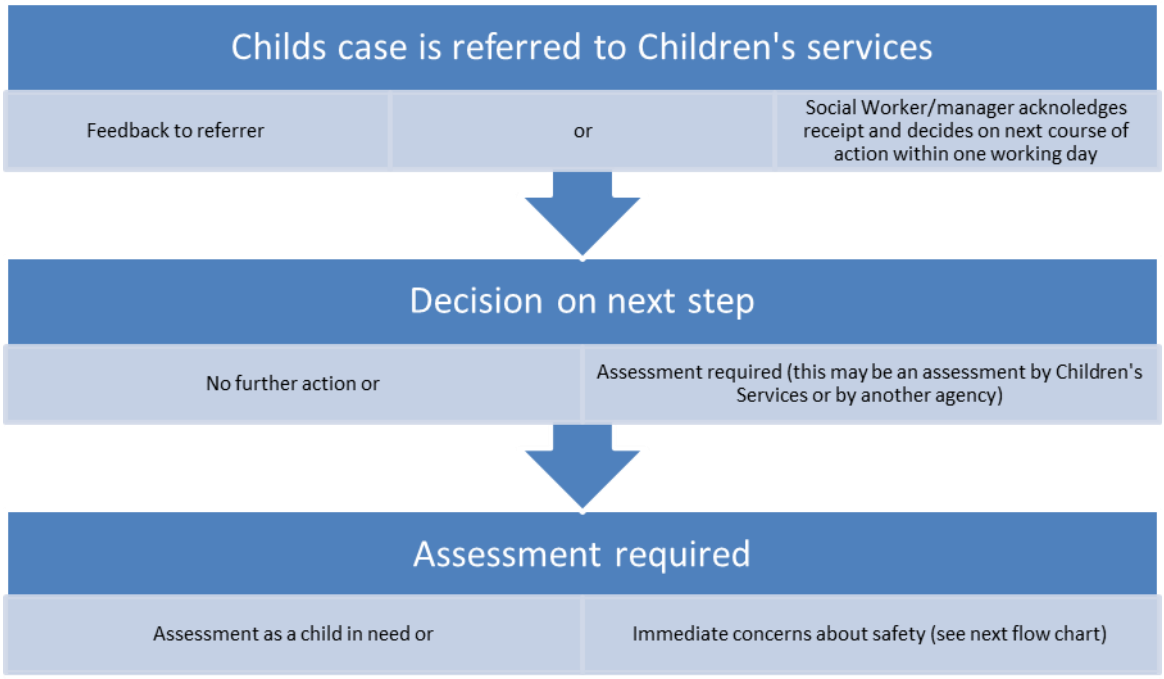
- The child requires immediate protection and urgent action is required;
- The child is in need and should be assessed under the Welfare of Children Ordinance within 45 days.
- There is reasonable cause to suspect that the child is suffering or likely to suffer, significant harm and whether enquiries 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

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

10.6. 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.

10.7. **Flow chart: action taken when a child is referred to Children's Services**



10.8. **Immediate Protection**

10.9. 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.

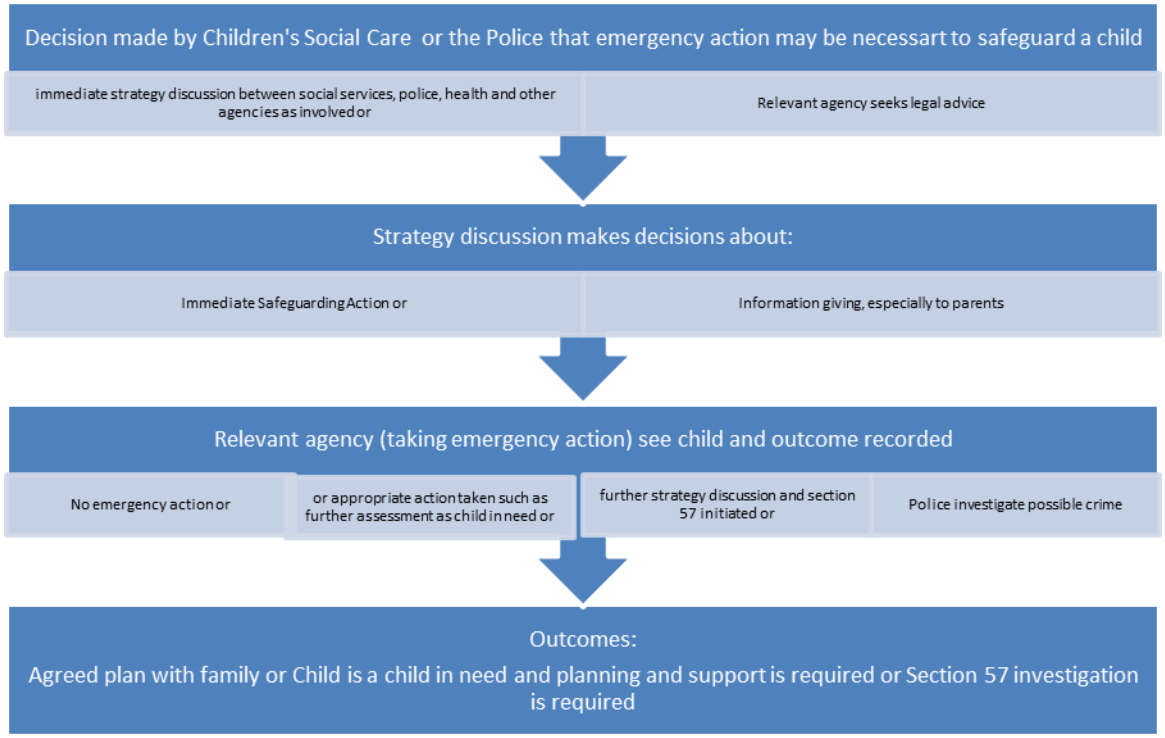
10.10. If it is necessary to remove a child, the government must, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an Emergency Protection Order (EPO). Police powers to remove a child in an emergency should only be used in exceptional circumstances where there is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

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

10.12. 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.

10.13. 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.

10.14. Immediate Protection Flow Chart



10.15. Whenever there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm there must be a strategy discussion. This should take the form of a multi-agency meeting either face to face or via a phone. The minimum representation at a strategy meeting will be Children Services and the Police. More than one discussion may be required. The discussion should:

- Share information.
- Agree multi-agency actions which may include the conduct and timing of partner interventions or criminal investigations.
- Decide whether enquiries under section 57 of the Welfare of Children Ordinance should be undertaken.
- Agree whether a single agency or joint agency investigation is required.

10.16. 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.

10.17. 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.

10.18. **Section 57**

10.19. Child Protection Investigation

10.20. 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.

10.21. Social Workers have specific legal obligations and duties including:

- 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.

10.22. ***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.

10.23. ***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.

10.24. 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.

10.25. **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 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.

10.26. 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.

10.27. **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.

10.28. 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.

10.29. 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.

10.30. **Response to a Referral**

10.31. Upon receipt of a referral to Adult Social Care the referral will be actioned within a 24 hour period and consider the following areas:

- Screening to determine whether the person appears to be in needs of care services at all
- Criteria to determine the urgency of the case and the depths of the assessment required
- Determine the eligibility for services
- Determination of priorities of assessed needs
- Agreed objectives for each prioritised need
- Provision of a care plan
- Assessment of the service user's financial resources in order to reach a decision on whether to make charges
- Any unmet need should be identified
- Review-reassessment of the person's needs, preferences and eligibility in the light of changing need, policies and eligibility criteria

10.32. **Assessment subject to section 47(1) NHSCCA 1990**

10.33. Where is appears that (LOCAL AUTHORITY) CASC (SHG) that a person for whom they may provide or arrange for the provision of community care services may be in need of any such services, the authority-

- Shall carry out an assessment of his needs for the services and:
- Having regard to the results of the assessment, shall then decide whether his needs call for the provision by them of such services

10.34. If at any time during the assessment of the needs of any person under subsection (1a) Above it appears to (L.A.) CASC that he is a disabled person CASC-

- Shall proceed to make such a decision as to the services he requires
- Shall inform him that they will be doing so and of his rights

In any case where-

- CASC carry out an assessment of need under section 47(1/2) NHSCC Act 1990of the needs of a person("the relevant person") for community care services and
- An individual (" the carer") provides or intends to provide a substantial amount of care on a regular basis for the relevant person
- The carer may request (L.A.) CASC to carry out an assessment of his ability to provide and continue to provide care for the relevant person.

10.35. **Mental Health and Mental Incapacity**

10.36. Mental incapacity is often confused with mental disorder and, partly as a result of confusion, a number of 'myths' abound. For example, it is commonly understood that:

- Next of kin have decision making rights;
- Capacity is a medical issue
- Silence indicates consent
- Irrational decisions are evidence of incapacity
- Mental incapacity is very common amongst old people and people with learning disabilities

10.37. All of the above requires consideration when undertaking an assessment of capacity in order to safeguard and protect the most vulnerable from abuse and harm. Capacity/incapacity has to be first and foremost considered in the areas of finances, medical treatment, lifestyle choices and care plans for support and intervention.

10.38. **Adult Support and Protection**

10.39. Abuse may consist of a single act or repeated acts. It may be physical, verbal, or psychological. It may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded into a financial or sexual transaction to which he or she has not consented to or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. (this could also include modern day slavery)

10.40. In the United Kingdom, 'No Secrets' was implemented to recognise this area of abuse and highlight this within community services settings, residential settings and those caring or supporting vulnerable adults. No Secrets also refers to a separate category of discriminatory abuse including racist, sexist, and based upon a person's disability and other forms of harassment.

10.41. **Prevention**

10.42. CASC will provide or arrange services that reduce needs for support among people and their carers in the local area, and contributes towards preventing or delaying the development of such needs.

10.43. Preventive services should operate at three levels: primary prevention to stop care and support needs from developing among those who do not have them,, for example through health promotion or action to reduce isolation; secondary prevention, for people at increased risk of developing needs, which could involve housing adaptations that prevent deterioration; and tertiary prevention for people with established needs to help improve independence.

10.44. Assessments should seek to promote independence and resilience by identifying people's strengths and informal support networks, as well as their needs and the risks they face, and asking what a good life means to them and how they think it can be achieved in partnership with professionals.

10.45. **Assessment**

10.46. Assessing adults and carers, including duties to assess adults if they appear to have needs for care and support, and carers if they appear to have needs for support.

10.47. **Who can do an assessment?**

10.48. The guidance says assessments can be carried out by a range of professionals including registered social workers, occupational therapists, rehabilitation officers and those with relevant NVQs. It adds: "Registered social workers and occupational therapists are considered to be two of the key professions in adult care and support. CASC should consider how adults who need care, carers, and assessors have access to registered social care practitioners, such as social workers or occupational therapists."

10.49. **Specialist assessments and complex needs**

10.50. The guidance says registered social workers are "uniquely placed to be involved in complex assessments which indicate a wide range of needs, risks and strengths that may require a co-ordinated response from a variety of statutory and community services". They can also advise and support assessors when assessing someone who may lack capacity to carry out relevant decisions.

10.51. Assessors who do not have knowledge of a condition must consult someone with knowledge of it through training or experience. The expert can be either external or in-house. CASC must ensure an expert is involved in the assessment for adults who are deafblind.

10.52. Assessors/Social Care Officers must have suitable and up-to-date training, maintained throughout their career, including knowledge of the conditions they are being asked to assess such as autism, learning disabilities, mental health problems or dementia. It adds that social workers have to demonstrate their continuing professional development.

10.53. **Supporting people through the care and support planning process**

10.54. Social workers may provide one-to-one support to help people develop their care plans if they wish although they may prefer to develop it themselves with their family, friends or others. The level of involvement should be agreed with the individual and anyone else they choose to involve. Social workers should talk to the person about their confidence to take a lead in the process and what support they feel they need to be meaningfully involved. Social workers may need additional skills, which CASC should help them acquire, on how community-based and unpaid support can contribute to parts of the plan, such as support that builds emotional well-being and social connections.

10.55. If the person has substantial difficulty in being involved in the planning process and has no family or friends to support them, CASC must commission an independent advocate to represent them and facilitate their involvement. This includes cases where the person lacks the capacity to decide to be fully involved in their care plan or consent to it.

10.56. **Planning for people who lack capacity**

10.57. If SHG a person may lack capacity to make a decision or plan, even after being offered support, then a social worker or other suitably qualified professional needs to assess their capacity in relation to the decision being made (for example whether the person has the capacity to decide whether family members should be involved in their care planning).

10.58. **Minimising and authorising deprivation of liberty for people who lack capacity**

10.59. In line with the Mental Capacity Act (MCA/UK), care and support plans must minimise planned restrictions and restraints on the person as much as possible. These planned restrictions and restraints must be documented and reported to a social worker to agree. Significant restraints and restrictions that amount to a deprivation of liberty must be authorised under the Deprivation of Liberty Safeguards (Dols). But the guidance says that in most cases a deprivation of liberty would be avoided with proper person-centred planning.

10.60. **Planned reviews**

10.61. During the planning process the individual and their social worker, or another professional, may have recorded a date for review of the plan. The guidance

says this can help to personalise care and support and assist councils in planning their workloads. But CASC should still keep the plan under review outside these dates, the guidance says.

10.62. **The first review**

10.63. The first planned review should be a 'light-touch' look at the planning arrangements six to eight weeks after sign-off of the plan.

10.64. **Reviewing several plans simultaneously**

10.65. If the care and support plan is combined with other plans that are reviewed annually, like education, health and care plans, then CASC should try to conduct reviews together.

10.66. **Review options including face to face and peer-led reviews**

10.67. Reviews should conducted face-to-face with a social worker. The planned review should be proportionate to the circumstances. The method of review should be agreed with the person and involve them and other people they identify where possible.

10.68. **Reviews for people lacking capacity**

10.69. If someone has a mental impairment and lacks capacity to make some decisions then CASC should carefully consider when the next review should take place and is encouraged to make use of a social worker as the lead professional.

10.70. **Reviews for people with deteriorating conditions or few family or friends supporting them**

10.71. More frequent reviews may be needed for people who have a progressive condition and their health is deteriorating and for people who have few family or friends supporting them. The guidance says it may be helpful to put a duty to request a review into commissioned services for these groups. So, for example, a domiciliary care worker should be required to ask for a review if they believe the person is in need of one.

10.72. **Reviews that propose increased restraints or restrictions on a person who has not got the capacity to agree them**

10.73. SHG should have policies for recognising and handling revisions to support plans that propose increased restraints or restrictions on a person who has not got the capacity to agree them. These changes could become a deprivation of liberty, which requires appropriate safeguards to be in place, the guidance says. The social worker, occupational therapist or other relevant social care qualified professional or mental capacity lead should be involved.

10.74. **Adult safeguarding**

10.75. Professionals and staff need to be able to handle adult safeguarding enquiries – for example suspected abuse or neglect – in a sensitive and skilled way to minimise distress to the individual. The guidance says it is likely that many enquiries will require the input and supervision of a social worker, particularly in more complex situations. For example, where abuse or neglect is suspected within a family or informal relationship it says it is likely that a social worker will be the most appropriate lead.

10.76. **Who can carry out an enquiry into safeguarding concerns?**

10.77. CASC must make enquiries whenever abuse or neglect are suspected in relation to an adult with care and support needs or ensure another agency does so. The circumstances will often determine the right person to begin an enquiry. In many cases it will be a professional who already knows the individual, such as a social worker, a support worker, or health worker such as a community nurse.

10.78. Any allegation of abuse will need to be investigated and policies and practice should reflect the following stages:

- Reporting to a single referral point (Adult Social Care)
- Recording with sensitivity to the abused person, the precise factual details of the alleged abuse;
- Initial coordination involving representatives of all agencies, which might have a role in a subsequent investigation and could constitute a strategy meeting
- Investigation within a jointly agreed framework to determine facts of the case; and
- Decision making which may take place at a shared forum such as a case conference

10.79. **Assessments of young people making the transition to adult care and support**

10.80. Social workers will often be the most appropriate professionals to carry out assessments of young people with complex cases who are making the transition to adult services. The guidance says transition assessments should be carried out early enough to ensure that the right care and support is in place when the young person moves to adult care and support.

11. Values & principles underpinning work to safeguard and promote the welfare of children and vulnerable adults

11.1. The following principles underpin work with children, vulnerable adults and their families in safeguarding and promoting their welfare on St Helena. The principles will be relevant to varying degrees to different personnel but have general relevance to all services provided to children and vulnerable adults.

11.2. Work to safeguard and promote the welfare of children are:

11.3. ***Child centred***

11.4. 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.

11.5. ***Rooted in child development***

11.6. 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.

11.7. ***Focused on outcomes for children***

11.8. 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.

11.9. ***Holistic in approach***

11.10. 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.

11.11. ***Ensuring equality of opportunity***

11.12. 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.

11.13. ***Involving of children and families***

11.14. 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.

11.15. 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.

11.16. ***Building on strengths as well as identifying difficulties***

11.17. 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.

11.18. ***Integrated in approach***

11.19. 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.

11.20. ***A continuing process not an event***

11.21. 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.

11.22. ***Providing and reviewing services***

11.23. 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.

11.24. ***Informed by evidence***

11.25. Effective practice with children and families requires sound professionals 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.

11.26. **Work to Safeguard and promote the welfare of vulnerable adults**

11.27. ***Protection***

11.28. Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's well-being is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

11.29. ***Person-Centred Assessment***

11.30. Ensuring that the individual's voice is heard throughout the assessment process and the overreliance upon extended family is avoided in order to promote the wishes and choices of the individual. Incorporation of the six principles enables a person centred and focussed approach:

- Empowerment People being supported and encouraged to make their own decisions and informed consent
- Prevention It is better to take action before harm occurs.
- Proportionality The least intrusive response appropriate to the risk presented.
- Protection Support and representation for those in greatest need.

- Partnership Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability and transparency in safeguarding practice

11.31. ***Informal Carers and Families***

11.32. Involving family members can sometimes improve the overall assessment process as informal carers often know their family member well and may be able to provide a holistic view of needs. Understanding the life of a vulnerable adult through their eyes and the eyes of their informal carers enables a more complete assessment of need.

11.33. ***Multi-agency/integrated approach***

11.34. An integrated approach also enables the social worker completing an assessment to understand the holistic needs of an individual or vulnerable adult to inform care packages and support. The inclusion of health, Occupational therapy, mental health, health and housing will only improve the outcomes for the person being assessed. This joined up approach also helps to reduce the number of assessments and reviews required to provide support and intervention.

11.35. ***Promotion of Independence***

11.36. The promotion of independence enables an individual or vulnerable adult to remain as independent with support for as long is safe to do so. This approach promotes the six principles thus enabling this client group to participate in “normal” day to day activities with support and maintaining their independence for as long as possible.

11.37. ***Choice***

11.38. The promotion of choice for all adults within the community who maintain capacity irrespective of any physical difficulties must be prioritised above assessed need. In the event an adult with capacity declines support and intervention their “choice” “views” and “wishes” have to be heard and adhered to. In the event incapacity is apparent a best interest decision will have to be considered.

11.39. ***Consent***

11.40. Consent is vital from those who have capacity and there must be NO assumption of consent. Consent has to be clear in relation to all assessments, interventions and support. CASC can NOT assess, support or intervene without consent. Adults with capacity need to be advised about their right to consent.

11.41. ***Service Provision Assessment and Review***

11.42. The provision of support services arising from assessed needs will be reviewed at least annually or at the point of changing needs, thus ensuring the service provision continues to meet the needs of vulnerable adults on St Helena.

11.43. The provision of residential, sheltered and supported accommodation arising from assessed needs will be reviewed at least annually or at the point of changing needs, thus ensuring the service provision continues to meet the needs of vulnerable adults within these setting on St Helena. The assessments and reviews will inform the placement panel process to aid in relation to the prioritisation of needs.

Appendix 1 – Children's Social Care Thresholds

Level 1	Level 2	Level 3	Level 4
Universal	**Vulnerable**	**Complex**	**Acute**
All children within St Helena and who are routinely in receipt of community services.	Disadvantaged children who would benefit from extra help – to make the best life chances. Services operating at a preventative level.	Children whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development.	Children at risk of significant harm/or has suffered abuse and for whom there is continued risk.

Case examples of circumstances and key features within a family:

Universal
Achieving learning goals, good school attendance, meeting developmental milestones, socially interactive, supportive family and relationships, housed, good diet and healthy, access to positive activities, protected by parents, secure and caring home, appropriate boundaries and sufficient income.

Vulnerable
Low level school absence, language/communication difficulties, potential for NEET (not in education, employment or training), early offending, early signs of substance misuse/poor mental health, low self-esteem, poor child/parent relationship, bullying, poor housing, overcrowding, low income, socially excluded, inconsistent care arrangements, poor supervision by parents, inconsistent parenting, poor response to emerging needs, historic content of parents own poor experience of childhood.

Complex
Permanent exclusion/NEET, persistent absence, disability affecting access in mainstream services, chronic health issues, regular missed appointments, teenage pregnancy, sexually inappropriate behaviour, at risk of entering criminal justice system, diagnosed mental health issues/alcohol/substance misuse, anti-social

behaviour, ongoing domestic abuse, poor attachment, parents learning disabled which affects their parenting, inconsistent parenting affecting child.

Acute

Chronic persistence absence, sexually explicit behaviour, offending/re-offending, complex and poor mental health, teenage pregnancy, sexual exploitation, high risk domestic abuse, frequent missing from home, ongoing high level of neglect, suspicion of child abuse, homeless child/young person, edge of care, inability to provide consistent or appropriate parenting.

Level 4

Children at risk of significant harm/or has suffered abuse and for whom there is a continued risk.

Child in household where parents/carers have mental health, substance dependency or domestic abuse issues which put child at risk of significant harm. Persons identified as posing a risk to child identified as living in the house. The child's life is endangered. There is evidence of serious or significant injury or illness. The possibility of non-accidental injury. Evidence of gross neglect. Children who are persistently missing from home and who find themselves at significant risk. Actually homeless. Unsanitary or dangerous home conditions. Sexual exploitation and/or abuse. Serious injury/harm/abuse to self or other. Significant behaviours that challenge. A child abandoned. Life threatening drug abuse. Trafficked child. Risk of long-term psychological damage/deprivation. Significant impairment of physical/emotional development. Damaging history of separations. Children at risk of forced marriage, female genital mutilation, breast ironing/flattening and honour based violence. Child on child abuse.

Level 3

Children whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development.

Children with disabilities. Children with high level needs whose parents, for whatever reason, are unable to meet those needs. Children from families where there has been one serious or several significant instances of domestic abuse. Children who have been subject to a child protection plan, or who have been previously looked after where there are new/further concerns. Children with high level/unassessed needs whose parents have a history of non-engagement with services, or fail to recognise concerns of professionals. Pregnant women where the safety of the unborn child might be compromised. Children in families experiencing a crisis that is likely to result in a breakdown of care arrangements. Persistent and serious offending. Unaccompanied asylum seekers. Children who are persistently going missing from home. Children with a significant and/or behavioural disorder. Young carers. Children with chronic absence from school. Children with chronic ill health/terminal illness. Children involved in

substance misuse. Child in household where parenting is compromised as a consequence of parental discord, mental health, substance misuse or domestic abuse, although child's needs are not at a high level. Children and young people involved in acrimonious contact/residence disputes. Children who are experiencing adverse effects from bullying.

Level 2

Disadvantage children who would benefit from extra help – to make the best life chances. Services operating at a preventative level.

Children in families without stable/permanent accommodation or in unsatisfactory accommodation. Parents unable to meet some aspects of health or development; poor health; poor school attendance. Inappropriate age related behaviour, which is difficult to handle. Inhibited/restricted opportunities in own home and community. Demands of caring for another person undermining aspects of health and development. Poor standard of physical care or health causing concern; unhealthy diet. Absence or insufficient stimulation to achieve full potential; no opportunities to play with other children; experiencing difficulties in relationship with peers. Scape-goating or victimisation causing emotional harm including continual/regular periods of stress, conflict, tension causing instability and insecurity in relationships. Relationships strained; normal health and development constrained by environmental circumstances and/or limited play opportunities.

Level 1

All children within St Helena and who are routinely in receipt of community services.

Appendix 2 - Adult Social Care Threshold

Level 1	Level 2	Level 3	Level 4
Universal	**Vulnerable**	**Complex**	**Acute**
All Adults within St Helena and who are routinely in receipt of community services.	Involvement in several aspects of work, education, or learning, cannot be sustained. Social support system and relationships, cannot or will not be sustained. Domestic and personal care might be affected.	Several social support system, or relationships cannot or will not be sustained. Inability to carry out several personal care or domestic routines	Adults at risk of significant harm/or has suffered abuse and for whom there is continued risk.

- The Threshold is the framework setting out the eligibility for receiving social care support from adult social care.
- An individual is entitled to an assessment, if they *appear* to be in need of community care services.
- Determine eligibility by considering the risks to a person's independence in the absence of support being provided

Universal

Managed by the individual and/or family possibly with involvement of other agencies. Needs no or low-level support to access activities and opportunities to engage in the community.

Vulnerable

Some support may be needed to manage own health and medication. Assistance with appointments, daily treatments etc.
Support needed with preparation of meals. May need prompting to complete tasks such as washing, cleaning, preparing meals etc.

Maybe able to undertake daily tasks without assistance but takes significantly longer than would normally be expected.

Complex

Significant long-lasting physical health needs which have a significant impact of the individual. Support needed with medication and health management.
Lack of stimulation or opportunities to engage in social and leisure activities without significant support to do so.
May experience cognitive impairment and require support with money management such as Lasting Power of Attorney or Deputyship.

Acute

The way you live, your actions or how you look after yourself, is causing extreme concern about your immediate safety.
Individual may need immediate support, to avoid critical risk their safety, life of that of others.
Significant health problems have developed and you need help to avoid risk to your safety, or that of others or admission to hospital.
You need a short period of intensive support, to avoid admission to hospital or residential care.
You need help immediately because you have experienced or believe to have experience serious abuse or neglect or you are at immediate risk of physical or sexual abuse.

Level 4

Life is or will be, threatened and/or significant health problems have developed or will develop;
and/or
There is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or serious abuse or neglect has occurred or will occur;
and/or
There is, or will be an inability to carry out vital personal care or domestic routines;
and/or
Vital involvement in work, education, or learning cannot or will not be sustained;
and/or
Vital social support system and relationships cannot or will not be sustained;
and/or
Vital family and other social roles and responsibilities cannot or will not be undertaken.

Level 3

There is or will be, only partial choice and control over the immediate environment; and/or
Abuse or neglect has occurred or will occur;
and/or
There is or will be, an inability to carry out the majority or personal care or domestic routines and/or
Involvement in many aspects or work, education or learning or will not be sustained; and/or
The majority of social support system and relationships cannot or will not be sustained; and/or
The majority of family and other social roles and responsibilities cannot or will not be undertaken.

Level 2

There is, or will be, an inability to carry out several personal care or domestic routines; and/or
Involvement in several aspects of work, education or learning, cannot or will not be sustained;
and/or
Several family and other social roles and responsibilities cannot or will not be undertaken.

Level 1

There is, or will be, an inability to carry out one or two personal care or domestic routines;
and/or
Involvement in one or two aspects of work, education or learning cannot or will not be sustained;
and/or
One or two social support systems and relationships cannot or will not be sustained; and/or
One or two family and other social roles and responsibilities cannot or will not be undertaken.