



Ascension Island Child Protection Procedures

PREFACE

1. Purpose of the procedures

The procedures set out clear standards to make clear how agencies should work together, and to make sure that practice is consistent and of high quality.

The Ascension Island Safe Guarding Children Board (hereafter referred to as AISCB) has agreed to use the procedures as the basis for child protection. This means that the agencies which make up each part of the AISCB are in turn committed to using the procedures within their own organisation.

These procedures are regularly reviewed by the AISCB in light of current multi agency child protection practice and legislation. These procedures take into account the UK guidelines set out in *“Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, March 2015”*

2. Introduction

2.1 Safeguarding children - the action we take to promote the welfare of children and protect them from harm - is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play.

2.2 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.

- Local agencies, including the police and health services, have a duty to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions

2.3 For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future.

2.4 Children are best protected when professionals are clear about what is required of them individually, and how they need to work together.

2.5 This guidance aims to help professionals understand what they need to do, and what they can expect of one another, to safeguard children. It focuses on core legal requirements, making it clear what individuals and organisations should do to keep children safe. In doing so, it seeks to emphasise that effective safeguarding systems are those where:

- the child's needs are paramount, and the needs and wishes of each child, be they a baby or infant, or an older child, should be put first, so that every child receives the support they need before a problem escalates;
- all professionals who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children;
- all professionals share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's social care;
- high quality professionals are able to use their expert judgement to put the child's needs at the heart of the safeguarding system so that the right solution can be found for each individual child;
- all professionals contribute to whatever actions are needed to safeguard and promote a child's welfare and take part in regularly reviewing the outcomes for the child against specific plans and outcomes;
- AISCB coordinates the work to safeguard children and monitors the effectiveness of arrangements in order to ensure local agencies work together and any difficulties are addressed in a timely way;

2.6 Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.

3. Who are the procedures for

3.1 The Ascension Island Child Protection Procedures are for use by all those whose work involves contact with children and families. These might be people working in health, education, and police, along with others whose work brings them into contact with children and families such as leaders of the youth organisations (guides, scouts etc.) and clergy.

It is the responsibility of each agency to bring these procedures to the attention of all staff that has contact with children.

3.2 These procedures are a public document. Members of the public can have a vital role in alerting a member of the Safe Guarding Board or the police to concerns about children.

4. Procedures specific to Ascension Island

4.1 It is also important to recognise that Ascension Island is in a unique situation compared to anywhere else in the world and therefore these policies and procedures are designed to reflect the context in which they will be applied.

Being a small and remote community it is inevitable that the children and families dealt with by professionals on the Island as pupils, patients or members of the public are also possibly friends, family or at the very least, acquaintances. This makes it crucial that child protection and safeguarding issues are managed with scrupulous professionalism and confidentiality must be paramount

4.2 Also on Ascension Island functions and services which in a larger society 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 view of one person.

4.3 To date on Ascension Island there have been few recorded instances of maltreatment of children. There is therefore the potential danger that this could lead to complacency and a failure to recognise and deal with child protection concerns when they should arise.

4.4 All individuals working with children should remember that “it could happen here”, be prepared to act on what they see in front of them rather than seeking palatable explanations to avoid difficult action, and treat everybody with “respectful uncertainty”. The latter is especially important in a small community where everybody knows everybody.

5 A CHILD-CENTRED AND COORDINATED APPROACH TO SAFEGUARDING

5.1 Key principles

Effective safeguarding arrangements should be underpinned by two key principles:

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

5.2 Safeguarding is everyone’s responsibility

Everyone who works with children - including teachers, GPs, nurses, midwives, voluntary and community workers and social workers - has a responsibility for keeping them safe.

5.3 No single professional can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into

contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

5.4 In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families is aware of the role that they have to play and the role of other professionals. In addition, effective safeguarding requires clear collaboration between professionals and agencies.

5.5 These procedures set out key roles for individual organisations and key elements of effective safeguarding.

6 A child-centred approach

Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children.

6.1 Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals. 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.

6.2 A child-centred approach is supported by:

- the Child Welfare Ordinance 2011 which states at Section 3;
 - (1) Whenever the Government, a court, a competent authority, a voluntary organisation or any other person makes a decision with respect to—
 - (a) the custody, care, maintenance, health, education, development or any other matter relating to the upbringing of a particular child or children in general; or
 - (b) the administration of a child's property or the application of any income arising from it,
 - the child's welfare shall be the paramount consideration;
- Section (6) of the Child Welfare Ordinance also provides that; Regard shall be had to all the circumstances of the case including, in particular— (a) the ascertainable wishes and feelings of the child, considered in the light of his age and understanding;
- the Constitution of Ascension 2009 which puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. 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 agreement 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 extended it to Ascension, by doing so, recognises children's rights to expression on Ascension.

7 What is child abuse and child neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional 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.

7.1 Physical abuse

Physical abuse is a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or 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 to a child.

7.2 Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age- or developmentally inappropriate expectations being imposed on children. It 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 cyberbullying), causing children to feel frightened or in danger, or the exploitation or corruption of a child, though it may occur alone.

Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

7.3 Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

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

7.4 Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once 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 harm 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.

In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature.

With young children in particular, the consequences may be life-threatening within a relatively short period of time.

8 GOOD PRACTICE IN WORKING WITH FAMILIES

8.1 Focusing on outcomes for the child

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

8.2 Listening to children

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

8.3 Working in partnership with families

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

8.4 Sharing information with families

This needs to be given careful consideration at each stage of the procedures. Some information known to professionals should be treated confidentially and should not be shared with families. Reasons for withholding information need to be made clear but the need to safeguard the wellbeing of the child must be the overriding consideration in such situations.

8.5 Providing support and advice to families

This is an essential part of working in partnership. Many families perceive professional involvement in their lives as painful and intrusive, particularly if they feel that their care of their children is being called into question. Professionals can make the child protection process less stressful for families by the way in which they approach working in partnership.

8.6 Human rights

When deciding what action to take in a particular situation, consideration will need to be given to the human rights of the child and their family; in particular, both the child's and the parents' right to a private and family life. Always remember that the rights to life and to protection from torture, which relate to child protection, are absolute rights, and will always supersede the parents' qualified right to privacy where a child's safety is at stake. Sometimes it may be necessary to infringe parents' rights to privacy. Where a course of action suggests that infringement is likely, full written reasons must be recorded for such infringement.

9 PROFESSIONALS WORKING TOGETHER

9.1 Ascension Island Safeguarding Children's Board

The Ascension Island Safeguarding Children's Board (AISCB) was ratified by the Island Council in Feb 2013. The membership of the AISCB shall be as follows:

The Administrator, who shall be Chairman of the AISCB

The Senior Medical Officer

The Senior Police Officer

The Head Teacher

The Social worker

One member appointed by the Administrator from a Voluntary Organisation which is involved in children's activities on Ascension

The Solicitor General

9.2 The specific responsibilities of the AISCB are:

Policy work of the Whole Board

- to develop and agree local policies and procedures for inter-agency work to protect children, within the framework provided by statute and this policy as supported by Working Together To Safeguard Children 2015(UK);
- to encourage and help develop effective working relationships between different services and professional groups, based on trust and mutual understanding;
- to support information sharing between and within organisations and address any barriers to information sharing
- to communicate clearly to individual services and professional groups their shared responsibility for protecting children, and to explain how each can contribute;

- to help improve the quality of child protection work and of inter-agency work through specifying needs for inter-agency training and development, and ensuring that training is delivered;
- to raise awareness within the wider community of the need to safeguard children and promote their welfare and to explain how the wider community can contribute to these objectives;
- to examine complaints or concerns expressed by any professional with regard to the handling of individual cases.

Case work of the Case Management Team

The AISCB has agreed to manage individual child protection cases through case management meetings involving those members of the Case Management Team as required. The Case management team of the AISCB includes, as required:

- The Social Worker
- The Senior Medical Officer
- The Senior Police Officer
- The Head Teacher.

9.3 Sharing information among professionals

As outlined in *Working Together To Safeguard Children 2015*, effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.

Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. In the UK Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children.

9.4 Processes for Sharing of information

Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements:

- all organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the AISCB
- If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with the Social Worker and the Police. No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe.

9.5 Information-sharing for child protection: general principles

- The safety, welfare and well-being of a child are of central importance when making decisions to lawfully share information with or about them.

- Children have a right to express their views and have them taken into account when decisions are made about what should happen to them.
- The reasons why information needs to be shared and particular actions taken should be communicated openly and honestly with children and, where appropriate, their parents/carers unless this would increase risk to the child.
- In general, information will normally only be shared with the consent of the child (depending on age and maturity). However, where there are concerns that seeking consent would increase the risk to a child or others or prejudice any subsequent investigation, information may need to be **shared without consent**.
- At all times, information shared should be relevant, necessary and proportionate to the circumstances of the child, and limited to those who need to know.
- When gathering information about possible risks to a child, information should be sought from all relevant sources, including services that may be involved with other family members. Relevant historical information should also be taken into account.
- When information is shared, a record should be made of when it was shared, with whom, for what purpose, in what form and whether it was disclosed with or without informed consent. Similarly, any decision not to share information should also be recorded.
- Agencies should provide clear guidance for practitioners on sharing information. This should include advice on sharing information about adults who may pose a risk to children, dealing with disputes over information sharing and clear policies on whistle-blowing.

10 ROLES AND RESPONSIBILITIES

10.1 Collective responsibilities for child protection

All agencies, professional bodies and services that deliver adult and/or child services and work with children and their families have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement. They are expected to identify and consider the child's needs, share information and concerns with other agencies and work collaboratively with other services

10.2 Personal Knowledge

If any person has knowledge, concerns or suspicions that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that the concerns are referred to a member of the AISCB or the police, who have duties and powers to investigate and intervene when necessary.

10.3 Additional Duties

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

- treat the child's welfare as paramount;
- be alert to potential indicators of abuse and neglect;

- be alert to the risks which individual abusers, or potential abusers, may pose to children;
- recognise when a parent or carer has problems which may affect their capacity as a parent or carer or which may mean they pose a risk of harm to a child;
- be aware of the effects of abuse and neglect on children.
- share and help to analyse information so that an informed assessment can be made of the child's needs and circumstances,
- contribute as required to whatever actions are needed to safeguard the child and promote his or her welfare;

11 Identifying and acting on concerns or suspicion of abuse

Anyone who has concerns about a child's or children's welfare should write down their concerns, whether or not further action is taken. If possible, the person planning to make the referral should seek advice about their concerns from colleagues, supervisors or manager **but this discussion should never delay emergency action to protect a child.** Any discussion about a child's welfare should be recorded in writing, including a note of the date and who took part in the discussion. At the close of a discussion, there should be clear and explicit agreement about who will be taking what action, or that no further action will be taken. This agreement should be recorded in writing and ratified by a member of the AISCB Case Management Team.

A suspicion of abuse may take the form of 'concerns' rather than 'known facts'.

11.1 Concerns can and should be shared with the AISCB Case Management Team through a referral. While concerns will not necessarily trigger an investigation in themselves, they may help to build up a picture, along with concerns from other sources, which suggests that a child may be suffering harm.

12 Making referrals

12.1 If the child is at risk of immediate harm then first contact should be with the police by calling 999 and the child must be made safe. A referral must then be made to the Social Worker.

12.2 If the child is suffering from a serious injury, the professional must seek medical attention immediately from the hospital and must inform the Social Worker who will inform the AISCB Case Management Team.

12.3 Referrals should be made to Social Worker as soon as a problem, suspicion or concern becomes apparent, and certainly within 24 hours. Referrals may be made by telephone, in person, by letter, email or by fax. Outside office hours, referrals should be made to the police.

12.4 All telephone referrals or referrals made in person should then be confirmed in writing within two working days, using a standard form where possible. The person taking the referral should be given the following information:

- the reason for the concerns
the full name, address and date of birth (or age) of the child

- the names, addresses and dates of birth/ages of family members, along with any other names which they use or are known by
- the names of all those with parental responsibility
- any information affecting the safety of staff.
- People working for an organisation as an employee, volunteer or management committee member cannot remain anonymous when making referrals. However, members of the public may remain anonymous, if they wish to.

13 After the referral has been made

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

- contribute to a strategy meeting
- assist with any follow on enquiries
- write a report for the Initial Child Protection Conference
- attend the Initial Child Protection Conference.

13.2 It is the responsibility of each individual professional to ensure that their child protection concerns are taken seriously and followed through. Each individual is accountable for his or her own role in the child protection process and if the professional person remains concerned about a child he or she should re-refer the child and/or bring the matter to the immediate attention of the Chair of the Ascension Island Safeguarding Children Board and the Social Worker. In all such situations, the professional's own line manager should also be informed.

14 Keeping records

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

14.2 The purpose of written records is:

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

14.3 Records should:

- use clear, straightforward language
- be concise
- be accurate in fact and in distinguishing between opinion, judgements and hypothesis

- be accessible
- be comprehensive
- clearly record judgements made and action and decisions taken
- clarify where decisions have been taken jointly across agencies, or endorsed by a manager.
- be dated and signed legibly

14.4 The reader should be able to track:

- the relevant history of the child and family which led to the intervention
- the nature of interventions, including intended outcomes
- the means by which change is to be achieved
- the progress which is being made
- the author and date.

15. The roles of the various agencies

15.1 The following section describes agency roles within child protection. It covers the responsibilities of all staff members. An awareness and appreciation of the role of others is essential for effective collaboration. Without this, and shared responsibility between all professionals, children will not be adequately protected.

15.2 Workers from all agencies involved in child protection require adequate supervision. Each agency should have formal procedures in place to make sure that this happens. Supervision should help to ensure that practice is soundly based and is consistent with the Ascension Island Child Protection Procedures. Supervision should also ensure that key decisions are clearly recorded.

16 Social Work on Ascension Island

Ascension Island has a Social Worker who can be contacted by telephone on 4691 or social.worker@ascension.gov.uk. In the absence of the Social Worker a referral should be made to the Police Inspector who will inform the AISCB who will then take advice from an appropriate agency in either St Helena or the UK.

17 Education

17.1 Two Boats School has a pastoral responsibility towards their pupils. They play an important part in the prevention of abuse and neglect through creating and maintaining a safe environment for children and young people and teaching them about staying safe from harm, and how to speak up if they have worries or concerns. Teachers and all non-teaching staff have a crucial role to play in providing early help, noticing indicators of possible abuse or neglect, and in referring concerns to the Social Worker.

17.2 The school should have a designated member of staff with responsibility for coordinating action on child protection to act as a source of expertise and advice. The

designated member of staff is responsible for ensuring that new and temporary members of staff know the procedures and where to obtain advice and are encouraged to share their concerns.

17.3 All staff should receive regular training in Safeguarding Children, and be given a copy of Part One of Keeping Children Safe in Education March 2015, as well as the school's child protection policy and Staff Behaviour requirements.

The school has its own Safe Recruitment Policy which must be followed when appointing new staff. All staff working at school should have completed a Criminal Records Check.

17.4 All school governors must be the subject to a Criminal Records Check. School governors should exercise their child protection responsibilities by ensuring that there are school child protection policies in place and that they are readily accessible to all staff.

18 Youth and Voluntary Services

18.1 On Ascension Island there are youth groups such as Guides, Scouts, Rainbows, Beavers etc. and a parent and toddler group (Ladybirds) which is run by a volunteer committee. The leaders and volunteers in these groups work closely and supportively with children and are well placed to know when a young person may be at risk.

18.2 Children may not confide in adults, but will share concerns with their friends, so that concerns may reach adults caring for them indirectly. Children more often confide in those who are in a position of trust but not seen as authority figures. Staff should be aware that they may be the only person in whom the child has placed their trust. Youth leaders may also be able to assist the AISCB with an assessment by providing background information based on their knowledge of the child or young person.

18.3 All members of the community working with children should be subject to a Criminal Records Check and be on the "suitable to work with children" register as outlined in the AIG policy for those working with children. They should also undertake regular training in Safeguarding Children.

18.4 The leader of each organisation is responsible for producing a clear Child Protection Policy for their organisation and making sure volunteers are aware of what it entails. All volunteers must refer any concerns to their designated Child Protection lead who will then make an appropriate referral to the Social Worker.

19 Police

19.1 The police have a duty and a responsibility to investigate criminal offences committed against children and such investigations should be carried out sensitively, thoroughly and professionally. All officers should have had foundation training on child protection and should feel confident in investigating child abuse should it occur.

In addition to their duty to investigate crime, the police recognise the importance of inter-agency working and for sharing information as appropriate. The fact that the police are involved does not necessarily mean that criminal proceedings will result.

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

19.2 Police officers may come across cases of child abuse (including emotional harm) when they are called to incidents of domestic abuse. Police officers should always ascertain whether there are children in the house where there is domestic abuse and they should report this incident in writing to the Social Worker within 24 hours of being called to domestic incident.

20 Health

20.1 Health professionals are often the first to be aware that parents are experiencing difficulties in looking after their children. All those working in the field of health have a professional responsibility to protect children. They should have basic awareness regarding child protection and be alert to the signs of physical, sexual and emotional abuse in addition to the signs of neglect in children. If this is not the case then the Senior Medical Officer should ensure that relevant training is sought.

20.2 With regard to confidentiality health professionals should be aware of current guidance from their professional bodies and employers in respect of child protection and the sharing of information and the limits of confidentiality in child protection cases. The sharing of information should be on a need to know basis only and should not be shared beyond the AISCB or to those who have been delegated to investigate the concern if not a member of the AISCB. Information should not be withheld by health professionals if it is relevant to the matter under investigation.

20.3 Medical examination of children where sexual abuse is suspected would in the UK only be undertaken by appropriately trained medical practitioners, however on Ascension Island, because delay would be worse, then the medical officer available will need to take responsibility for such examinations but should undergo the appropriate training where possible. Sexual abuse examinations should be proportionate to the reported concern, and never more intrusive than is necessary.

20.4 The hospital should have a system in place for identifying repeat attenders. Where a child or children from the same household attend repeatedly, even with slight injuries, in a way in which health staff find worrying, they should act on their concerns and make a child protection referral to the Social Worker.

21 Midwife

21.1 The midwife provides care to all prospective mothers from early pregnancy through delivery and has continuing responsibility for mother and baby up until 28 days post-delivery. Midwives are, therefore, able to identify potential problems pre-birth and make the

appropriate referrals to AISCB if there are any concerns in order that family support can be concerned. In addition the medical practitioner should always be informed of concerns.

22 Day care services

22.1 There are no formal day care services on Ascension Island. The Ladybird pre-school nursery is open two mornings a week and is run by volunteers who are mostly parents or relatives of the children cared for. However the Ladybird centre can potentially recognise problems at an early stage and should refer any concerns to a member of the AISCB in this case.

22.2 There are a number of adults who care for pre-school children and children after school. All carers should also have a Criminal Record Check as outlined in the AIG policy. They should also undertake some basic Safeguarding Children training when this is available.

23 HANDLING CASES

The enquiry process

23.1 At any stage in the process, the enquiry may be stopped if it seems that no further action is necessary; alternatively, the enquiry process may move on to the next stage. At every stage, consideration must be given to whether a child is at imminent risk of harm and whether emergency protective action needs to be taken.

23.2 Receipt of Referral

Professionals in all agencies have a responsibility to refer a child to the Social Worker when it is believed or suspected that the child:

- Has suffered significant harm
- Is likely to suffer significant harm
- Has a disability, developmental and welfare needs which are likely only to be met through provision of social work led family support services (with agreement of the child's parent)
- Is a Child in Need whose development would be likely to be impaired without provision of services and support.

23.3 Referrals should include:

- **the name and address of the person reporting the information** which is leading to the referral and whether they are an adult or a child. Professionals making referrals cannot choose to remain anonymous, though members of the public may, if they wish to;
- **the relationship of the referrer to the child** and/or the agency employing the referrer.
- information on **whether the parent or carer is aware** of the referral being made;

- the **name, age and address of the alleged or suspected abuser** and whether he/she is aware of the referral;
- details of the **nature of the alleged abuse**, suspected abuse or general concerns;
- the **name, date of birth and address of the child** alleged to have been abused and of other children in the household and their current location/ address;
- if **other children may have had contact with the alleged abuser**, their names, addresses and dates of birth;
- the name, age and address of the **person who has direct knowledge** of the alleged or suspected abuse;
- details of the **date, time and place** where the abuse is alleged to have occurred;
- the **name, age and address of the child's parent/main carers** and the names of all those with Parental Responsibility;
- the names and ages of **all other members of the household**, both adults and children;
- details of **significant family members** who are not members of the child's household;
- the name, age and address of **any other person known to have information** on the alleged or suspected abuse;
- information on whether the child has been recently **medically examined** and, if so, by whom;
- **any other information** which could be relevant

23.4 It is essential that information regarding allegations or suspicions of abuse is recorded as fully and as accurately as possible in accordance with these procedures, as this also forms the first phase of assessment.

23.5 Out of usual office hours, referrals should be made to the police. In taking the referral the police officer must be alert to any indications of an immediate risk to the child or other children's safety and must be prepared to take urgent action to ensure this child's or other children's safety, including necessary medical attention. Where a referral is of a serious nature requiring an immediate response, then appropriate action in accordance with these procedures will be carried out without delay. In all serious cases the Chair of the AISCB must be notified immediately, or his deputy in his absence.

24 Seeking parental consent

24.1 Any person making a referral of child abuse should be made aware that any subsequent enquiries might be conducted jointly by the Police and an appropriate person designated for this purpose by the AISCB.

24.2 A parent's consent should normally be obtained before discussing a referral concerning their child or children with other agencies. However, where there are child protection issues which may put the child at increased risk, the police and/or AISCB may wish to conduct enquiries and speak to a suspected child victim without the knowledge of a parent or carer. Other circumstances where enquiries can take place without the knowledge of the parent include the possibility of threats or coercion, the loss of important evidence, and the child's wishes that the parent was not aware, providing the child is competent to take that decision. The social worker can be consulted on this matter if required in order that a decision is made whether to inform the parents at this stage. The overriding concern must be the welfare of the child. Where there are any doubts about seeking permission from parents, then they should not be approached. The reasons for this decision should be fully recorded.

25 Outcome of referrals

25.1 The immediate response to referrals may be:

- No further action at this stage;
- Signposting to other agencies and services;
- Provision of services;
- An assessment of needs with a stated timescale and plan including regular reviews under section 29 of the Child Welfare Ordinance 2011;
- Emergency action to protect a child under section 28 of the Child Welfare Ordinance 2011;

26 Immediate Protection

26.1 Where there is a risk to the life of a child or the possibility of serious immediate harm, an agency with statutory child protection powers (the police and the Social Worker) should act quickly to secure the immediate safety of the child.

26.2 Emergency action may be necessary as soon as the referral is received from a member of the public or from any agency involved with children or parents. Alternatively, the need for emergency action may become apparent only over time as more is learned about a child or adult carer's circumstances. Neglect, as well as abuse, can pose such a risk of significant harm to a child that urgent protective action is needed.

26.3 When considering whether emergency action is required, an agency should always consider whether action is also required to safeguard and promote the welfare of other children in the same household (e.g. siblings), the household of an alleged perpetrator, or elsewhere.

26.4 Planned emergency action will normally take place following an immediate strategy meeting / discussion between police, Social Worker, and other agencies as appropriate.

26.5 Immediate protection may be achieved by:

- A parent taking action to remove an alleged abuser;
- An alleged abuser agreeing to leave the home;
- The child not returning to the home;

- The child being removed either on a voluntary basis or by obtaining an emergency protection order (EPO);
- Removal of the child/ren or prevention of removal from a place of safety under police powers of protection;
- Gaining entry to the household under police powers and to assess the situation.

26.6 If the police do have to use their Powers of Protection, a Strategy Meeting must be held by the AISCB Case Management Team as soon as practicable and in any event within 72 hours, and a decision made as to whether or not to apply for an EPO. The court may also be asked to add a requirement for a medical examination as an EPO does not include this automatically. Legal advice should be available and the decisions taken, together with their reasons, should be carefully recorded. All available information from the current enquiry as well as any historical information should be considered.

27 Strategy Meeting / Discussion

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy meeting / discussion.

27.1 A strategy meeting / discussion should be used to:

- Share available information;
- Agree the conduct and timing of any criminal investigation;
- Decide whether an assessment under section 29 of the Child Welfare Ordinance 2011 should be initiated, or continued if it has already begun;
- Consider the assessment and the action points, if already in place;
- Plan how the enquiry should be undertaken (if one is to be initiated), including the need for medical treatment, and who will carry out what actions, by when and for what purpose;
- Agree what action is required immediately to safeguard and promote the welfare of the child, and / or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child;
- Determine what information from the strategy meeting / discussion will be shared with the family, unless such information sharing may place a child at increased risk of significant harm or jeopardise police investigations into any alleged offence/s;
- Determine if legal action is required.

27.2 The strategy meeting / discussion should be co-ordinated and chaired by a member of the Case Management Team of the AISCB.

27.3 The strategy meeting / discussion must involve the Social Worker, the police and relevant health professionals. The referring agency may need to be included, as may other agencies which are likely to include Two Boats School.

27.4 Professionals participating in strategy meetings / discussions must have all their agency's information relating to the child to be able to contribute it to the meeting / discussion, and must be sufficiently senior to make decisions on behalf of their agencies.

27.5 A professional may need to be included in the strategy meeting / discussion who is not involved with the child, but who can contribute expertise relevant to the particular form of abuse or neglect in the case.

28 Strategy meeting / discussion record

28.1 It is the responsibility of the chair of the strategy meeting / discussion to ensure that the decisions and agreed actions are fully recorded using an appropriate form. All agencies attending should take notes of the actions agreed at the time of the meeting/discussion.

28.2 A copy of the record should be made available for all those, who had been invited, as soon as practicable by the Social Worker.

28.3 For telephone strategy discussions, all agencies should make a record of the outcome of the telephone discussion and actions agreed at the time. The record of the notes and decisions should be circulated as soon as practicable to all parties to the discussion.

29 Timing of strategy meeting / discussion

29.1 Strategy meetings / discussions should be convened within three working days of child protection concerns being identified, except in the following circumstances:

- For allegations / concerns indicating a serious risk of harm to the child (e.g. serious physical injury or serious neglect) the strategy meeting / discussion should be held on the same day as the receipt of the referral;
- For allegations of penetrative sexual abuse, the strategy meeting / discussion should be held on the same day as the receipt of the referral if this is required to ensure forensic evidence;
- Where immediate action was required by either agency, the strategy meeting / discussion must be held within one working day;
- Where the concerns are particularly complex (e.g. organised abuse / allegations against staff) the strategy meeting / discussion must be held within a maximum of five working days, but sooner if there is a need to provide immediate protection to a child.

29.2 The plan made at the strategy meeting / discussion should reflect the requirement to convene an initial child protection conference within 15 working days of the strategy meeting / discussion at which it was decided to initiate the enquiry (if there were more than one strategy meetings). In exceptional circumstances, such as Fabricated and induced illness for example, enquiries will be more complicated and may require more than one strategy discussion. If the strategy meeting / discussion concludes that a further strategy meeting / discussion is required, then a clear timescale should be set and be subject to regular review by the social work manager bearing in mind the safety of the child at all times.

29.3 If the conclusion of the strategy discussion is that there is no cause to pursue child protection investigations then consideration should be given to the needs of the child for any support services or services as a child in need.

30 Assessment

Under section 29 of the Child Welfare Ordinance 2011, the AISCB has a duty to investigate where the AISCB

- (a) is informed that a child is in police protection; or
- (b) has reasonable cause to believe that a child is suffering, or likely to suffer, significant harm,

30.1 The social worker should lead on an assessment and complete it within an agreed time scale by:

- Discussion with the referrer;
- Consideration of any existing records for the child and for any other members of the household;
- Involving other agencies as appropriate (including the police if an offence has been or is suspected to have been committed).

30.2 This assessment should establish:

- The nature of the concern;
- How and why it has arisen;
- What the child's and the family's needs appear to be;
- Whether the concern involves abuse or neglect; and
- Whether there is any need for any urgent action to protect the child or any other children in the household or community

30.3 The parents' permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm. The Social Worker should make it clear to families (where appropriate) and other agencies that the information provided for this assessment may be shared with other agencies.

30.4 The police must be informed at the earliest opportunity if a crime may have been committed. The police must decide whether to commence a criminal investigation and a discussion should take place to plan how parents are to be informed of concerns without jeopardising police investigations.

30.5 The Police should assist other agencies to carry out their responsibilities, where there are concerns about the child's welfare, whether or not a crime has been committed.

30.6 The focus of the multi-agency assessment is to gather important information about the child and family, to analyse their needs, and the level and nature of any risk and harm, and to provide support services in order to improve the outcomes for the child. In the course of the assessment, the Social Worker should ascertain:

- Is this a child in need? if so, is there a need for further social work support or provision of support?
- Is there reasonable cause to suspect that this child is suffering, or is likely to suffer, significant harm?
- Is this a child in need of, or requesting, accommodation?

30.7 The outcome of the enquiries may reflect that the original concerns are:

- Not substantiated; although consideration should be given to whether the child may need services as a child in need;
- Substantiated and the child is judged to be suffering, or likely to suffer, significant harm and an initial child protection conference should be called.

31 Seeking parental consent

31.1 Child Protection enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect. The Social Worker should explain the purpose and outcome of enquiries to the parents and child/ren (having regard to age and understanding) and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child.

31.2 The social worker has the prime responsibility to engage with family members. Parents and those with parental responsibility should be informed at the earliest opportunity of concerns, unless to do so would place the child at risk of significant harm, or undermine a criminal investigation.

32 Visually Recorded Interviews/ABE

32.1 Visually recorded interviews must be planned and conducted jointly by trained police officers and social workers in accordance with the Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable and intimidated witnesses (Home Office 2011).

32.2 All events up to the time of the video interview must be fully recorded.

32.3 Visually recorded interviews serve two primary purposes:

- Evidence gathering for criminal proceedings;
- Examination in chief of a child witness.
- Relevant information from this process can also be used to inform child protection enquiries, subsequent civil childcare proceedings or disciplinary proceedings against adult carers.

33 Sharing information

33.1 Professionals who work with, or have contact with children, parents or adults in contact with children should always share information with the Social Worker where they have reasonable cause to suspect that a child may have suffered, or is likely to suffer, significant harm.

33.2 While, in general, professionals should seek to discuss any concerns with the family and, where possible, seek their agreement to making referrals to children's social care, there will be some circumstances where professional should not seek consent e.g. where to do so would:

- Place a child at increased risk of significant harm;
- Place an adult at risk of serious harm;
- Prejudice the prevention or detection of a serious crime;

- Lead to unjustified delay in making enquiries about allegations of significant harm.

33.3 In some situations there may be a concern that a child may have suffered, or is likely to suffer, significant harm or of causing serious harm to others, but professionals may be unsure whether what has given rise to concern constitutes 'a reasonable cause to believe'. In these situations, the concern must not be ignored.

33.4 Significant harm to children can arise from a number of circumstances; it is not restricted to cases of deliberate abuse or gross neglect. A baby who is severely failing to thrive for no known reason could be suffering significant harm but equally could have an undiagnosed medical condition. If the parents refuse consent to further medical investigation or an assessment, professionals are still justified in sharing information for the purposes of helping ensure that the causes of the failure to thrive are correctly identified.

33.5 Similarly, serious harm to adults is not restricted to cases of extreme physical violence. The cumulative effect of repeated abuse or threatening behaviour or the theft of a car for joyriding may well constitute a risk of serious harm. A professional is likely to be justified to share information without consent for the purposes of identifying a child for whom preventative interventions in relation to such behaviour are appropriate.

33.6 The safety of the child takes precedence over the need to maintain professional confidentiality. It is the responsibility of each agency or individual professional to contribute all the relevant information when requested and not just edited highlights.

34 Concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm

Where concerns are substantiated and the child is assessed to be at risk of significant harm, there must be an Initial Child Protection Conference within 15 working days of the strategy discussion, or the strategy discussion at which child protection enquiries were initiated, if more than one has been held; Suitable multi-agency arrangements must be put in place to safeguard the child until such time as the Initial Child Protection Conference has taken place.

35 INITIAL CHILD PROTECTION CONFERENCE

35.1 A child protection conference brings together family members (and the child/ren where appropriate), supporters / advocates and those professionals most involved with the child and family to make decisions about the child's future safety, health and development. If concerns relate to an unborn child, consideration should be given as to whether to hold a child protection conference prior to the child's birth.

35.2 The tasks for all conferences are to:

- Bring together and analyse, in an inter-agency setting the information which has been obtained about the child's developmental needs, and the parents' capacity to respond to these needs to ensure the child's safety and promote the child's health and development within the context of their wider family and environment;

- Consider the evidence presented to the conference and taking into account the child's present situation and information about his or her family history and present and past family functioning, to decide whether the child has suffered, or is likely to suffer, significant harm;
- Recommend what future action is required in order to safeguard and promote the welfare of the child, including the child becoming the subject of a child protection plan, what the planned developmental outcomes are for the child and how best to intervene to achieve these;
- Given the lack of support services on Ascension Island, what action is needed to ensure the child's future safety on the island
- If the child cannot continue to live on Ascension Island due to lack of support services, where the child will go.
- Who will make appropriate referrals if the child is to leave Ascension Island
- Put in place a contingency plan if the agreed actions are not completed and/or circumstances change impacting on the child's safety and welfare.

36 Timing of an Initial Child Protection Conference

36.1 An initial child protection conference must be convened when the outcome of the child protection enquiry confirms that the child is suffering, or is likely to suffer, significant harm.

- The initial child protection conference should take place within 15 working days of:
- The first strategy meeting / discussion when the child protection enquiries were initiated;
- If there is an emergency protection order (EPO) and it is decided to hold a child protection conference, the conference should, whenever possible, be held before the EPO expires.
- Where a child assessment order has been made, the conference should be held immediately on conclusion of examinations and assessments.
- Where there is delay, this must be reported to the AISCB (including reasons for the delay) and the Social Worker must ensure risks of harm to the child are monitored and action taken to safeguard the child.

37 Pre-birth conference

37.1 A pre-birth conference is an initial child protection conference concerning an unborn child. Such a conference has the same status and must be conducted in a comparable manner to an initial child protection conference. The timing of the conference should be carefully considered bearing in mind the need for early action to allow time to plan for the birth.

37.2 Pre-birth conferences should always be convened where there is a need to consider if a multi-agency child protection plan is required. This decision will usually follow from a pre-birth assessment.

37.3 A pre-birth conference should be held where:

- A pre-birth assessment gives rise to concerns that an unborn child may have suffered, or is likely to suffer, significant harm;

- A previous child has died or been removed from parent/s as a result of significant harm;
- An adult or child who is a risk to children resides in the household or is known to be a regular visitor.

37.4 Other risk factors to be considered are:

- The impact of parental risk factors such as mental ill health, learning disabilities, substance misuse and domestic violence. See Part B for Guidance.
- A mother under 18 years of age about whom there are concerns regarding her ability to self-care and / or to care for the child.

37.5 All agencies involved with pregnant women, where there are concerns about the unborn, should consider whether there is the need for an early referral to the Social Worker so that assessments are undertaken as early as possible in the pregnancy.

37.6 The pre-birth conference should take place as soon as practical and at least ten weeks before the due date of delivery, so as to allow as much time as possible for planning support for the baby and family. Where there is a known likelihood of a premature birth, the conference should be held earlier.

38 Membership of the Initial Child Protection Conference

38.1 A conference should consist of only those people who have a significant contribution to make due to their knowledge of the child and family or their expertise relevant to the case. This is likely to include:

- The child or their representative;
- Parents and those with parental responsibility;
- The Social Worker
- Family members (including the wider family);
- Other carers (current or former);
- Professionals involved with the child (e.g. nurse, GP, school staff)
- Those involved in investigations (e.g. the police);
- Involved third sector organisations;
- The status of the Chair should be sufficient to ensure multi-agency commitment to the conference and the child protection plan;

38.2 Conference quorum

As a minimum quorum, at every conference there should be attendance by the Social worker and at least two other professional groups or agencies, which have had direct contact with each child who is the subject of the conference. In addition, attendees may also include those whose contribution relates to their professional expertise or responsibility for relevant services. In exceptional cases, where a child has not had relevant contact with three agencies (that is, the Social Worker and two others), this minimum quorum may be breached.

38.3 In exceptional circumstances, the Chair may decide to proceed with the conference despite lack of agency representation. This would be relevant where:

- A child has not had relevant contact with three agencies (e.g. pre-birth conferences);
- Sufficient information is available; and
- A delay will be detrimental to the child.

38.4 Involving Children and Family Members

It is important that the principles of partnership with children and parents are maintained in the child protection process. The following are minimum requirements for all attendees of the conference and the responsibility of the Chair of the conference to uphold:

- Parents must be invited and encouraged to participate in all child protection meetings unless it is likely to prejudice the welfare of the child.
- Parents should be supported to enable them to participate by timely preparation and information being provided about the process and their role.
- Advocates should be facilitated to support parents.
- A meeting with the Chair prior to the meeting should take place.

38.5 Exceptionally, it may be necessary to exclude one or more family members from a conference, in whole or in part. Where a parent attends only part of a conference as a result of exclusion, they must receive the record of the conference. The Chair should decide if the entire record is provided or only that part attended by the excluded parent (see Exclusion of family members from a conference).

39 Criteria for presence of a child at a conference

39.1 The primary questions to be addressed are:

- Does the child have sufficient understanding of the process?
- Have they expressed an explicit or implicit wish to be involved?
- What are the parents' views about the child's proposed presence?
- Is inclusion assessed to be of benefit to the child?

39.2 The test of 'sufficient understanding' is partly a function of age and partly the child's capacity to understand. The following approach is recommended:

- A (rebuttable) presumption that a child of less than twelve years of age is unlikely to be able to be a direct and/or full participant in a forum such as a child protection conference;
- A presumption (also rebuttable by evidence to the contrary) that from the age of twelve and over, a child should be offered such an opportunity.
- A declared wish not to attend a conference must be respected.
- Consideration should be given to the views of and impact on parent/s of their child's proposed attendance.

39.3 Consideration must be given to the impact of the conference on the child (e.g. if they have a significant learning difficulty or where it will be impossible to ensure they are kept

apart from a parent who may be hostile and / or attribute responsibility onto them). Consideration must be given in particular to the extent to which it is appropriate for a child to hear details of a parent's personal difficulties and a parent's view about this must be respected.

39.3 In such cases, energy and resources should be directed toward ensuring that, by means of an advocate and / or preparatory work by a social worker, the child's wishes and feelings are effectively represented.

40 Exclusion of family members from a conference

40.1 The conference Chair, or other participants, must be notified as soon as possible by the social worker if it is considered necessary to exclude one or both parents for all or part of a conference. The Chair should make a decision according to the following criteria:

- Indications that the presence of the parent may seriously prejudice the welfare of the child;
- Sufficient evidence that a parent may behave in such a way as to interfere seriously with the work of the conference such as violence, threats of violence, racist or other forms of discriminatory or oppressive behaviour, or being in an unfit state (e.g. through drug, alcohol consumption or acute mental health difficulty). In their absence, a friend or advocate may represent them at the conference;
- A child requests that the parent / person with parental responsibility is not present while they are present;
- The presence of one or both parents would prevent a professional from making their proper contribution through concerns about violence or intimidation (which should be communicated in advance to the conference Chair).
- The need (agreed in advance with the conference Chair) for members to receive confidential information that would otherwise be unavailable, such as legal advice or information about a criminal investigation;
- Conflicts between different family members who may not be able to attend at the same time (e.g. in situations of domestic violence)

41 The absence of parents and/or children

41.1 If parents and / or children do not wish to attend the conference they must be provided with full opportunities to contribute their views. The social worker must facilitate this by:

- The use of an advocate or supporter to attend on behalf of the parent or child;
- Enabling the child or parent to write or tape or use drawings to represent their views;
- Agreeing that the social worker, or any other professional, expresses their views.

42 Information for the conference

42.1 In order for the conference to reach well-informed decisions based on evidence, it needs adequate preparation and sharing of information on the child/ren's needs and circumstances

by all agencies that have had significant involvement with the child and family, including those who were involved in the assessment and child protection enquiry. All reports must be clear and distinguish between facts, allegations and opinions.

42.2 Reports by agencies

Information by all agencies about their involvement with the family should be submitted in a written, legible and signed report for the conference. The report should be available to the conference Chair and other attendees two working days in advance of the conference and five working days for a review conference. The report should be discussed with the child, if appropriate and the family prior to the conference (to the extent that it is believed to be in their interests).

42.3 Each agency invited to attend the conference should provide, in advance, a written report which summarises

- their involvement with the family
- their knowledge of the child's health and development
- their view of the parents' capacity to safeguard the child and promote the child's welfare.

Written reports should be given to the conference Chair before the conference. Each of the authors of the reports should arrange to explain and discuss them with families at least 24 hours before the conference. Agency representatives must come to the conference expecting to read the report they have prepared and highlight all important points.

42.4 Report writers should address the needs of each child within the family separately even though only one report is produced. They should check their records for factual data such as immunisation history, clinic attendance, school attendance etc. Relevant adult records should also be scrutinised.

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

42.6 The investigating person's report

The investigating person's report summarises and analyses the information obtained in the course of the Assessment and Child Protection Enquiries, guided by the *Framework for the Assessment of Children in Need and their Families*. The report should include:

- the assessment, including any strengths as well as areas of concern
- a case history of significant events and agency and professional contact with the child and family, including a list in date order of the events which brought the case to the Child Protection Conference. Areas where more information is needed should be highlighted;
- significant aspects of the child's current and past state of health and development;
- report of the child protection enquiry and brief description of events;
- information on the capacity of the parents and other family members to ensure the child's safety from harm, and to promote the child's health and development;
- the expressed views wishes and feelings of the child, parents and other family members;

- assessment of risk and any child protection action taken;
- an analysis of the implications of the information obtained for the child's future safety, health and development;
- recommendations for future work with the child and family.
- The report should distinguish between fact, observation, allegation and opinion.

43 Information from children and families

43.1 Children and family members should be helped in advance to consider what they wish to convey to the conference, how they wish to do so and what help and support they will require (e.g. they may choose to communicate in writing, by tape or with the help of an advocate).

43.2 Families may need to be reminded that submissions need to be sufficiently succinct to allow proper consideration within the time constraints of the child protection conference.

44 Confidentiality and the sharing of information at the conference

44.1 In all cases where child abuse is alleged or suspected, there is a duty to share all relevant information. In all such situations the protection of the child must take precedence. It is vital to the decision-making process that professionals contribute all the relevant information held on their records.

44.2 Information obtained through any part of the child protection process must be treated in strict confidence. Anyone obtaining information through the child protection process should not disclose it for any purpose other than the protection of children without the express consent of the professionals or any family member who provided it. If there is any doubt about sharing information this should be discussed with the Chair before the conference.

45 CHAIRING THE CONFERENCE

Conference Chair

The Chair of a child protection conference will be the Administrator or Chair of the AISC or an independent Chair. They must not have or have had operational or line management responsibility for the case. Consideration must be given to the chair being fully independent and may need to be brought in from elsewhere or other professions. The chair may need to take advice prior to the meeting, from an appropriate professional in St Helena, the UK or the Falklands if they have not chaired an Initial Child Protection Conference previously.

46 Outcome of the Child Protection Conference

46.1 If a decision is made that a child requires a protection plan to safeguard their welfare, the Chair should ensure that:

- The risks to the child are stated and what is needed to change is specified if the child is to remain on Ascension Island
- The social worker to develop, co-ordinate and implement the child protection plan.
- The outline child protection plan is formulated and clearly understood by all concerned including the parents and, where appropriate, the child.
- If the child is to leave Ascension Island, how the child's safety is to be ensured until this time.
- Who will make appropriate referrals if the child is to leave Ascension Island.

46.2 If the conference determines that a child does not need the specific assistance of a protection plan but does need help to promote their welfare, the Chair must ensure that:

- The conference draws up a child in need plan or makes appropriate recommendations for a plan.
- an analysis of the implications of all the information shared for the child's future safety,

47 ALLEGATIONS AGAINST STAFF OR VOLUNTEERS, WHO WORK WITH CHILDREN

47.1 The management of allegations against staff or volunteers who work with children

These procedures should be applied when there is an allegation or concern that any person who works with children, in connection with their employment or voluntary activity, has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

47.2 These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include concerns relating to inappropriate relationships between members of staff and children or young people, for example:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if apparently consensual (see ss16-19 Sexual Offences Act 2003);
- 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence (see s15 Sexual Offences Act 2003);
- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text / e-mail messages or images, gifts, socializing etc.);
- Possession of indecent photographs / pseudo-photographs of children.

47.3 All references in this document to 'members of staff' should be interpreted as meaning all paid or unpaid staff and volunteers, including foster carers and approved adopters. This

chapter also applies to any person, who manages or facilitates access to an establishment where children are present.

47.4 Ascension Island has a Local Authority Designated Officer Sue Herbert (LADO) to:

- Be involved in the management and oversight of individual cases;
- Provide advice and guidance to employers and voluntary organisations;
- Liaise with the police and other agencies;
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

48 GENERAL CONSIDERATIONS RELATING TO ALLEGATIONS AGAINST STAFF

48.1 Persons to be notified

The employer must inform the local authority designated officer (LADO) within one working day when an allegation is made and prior to any further investigation taking place.

48.2 The Social Worker will advise the employer whether or not informing the parents of the child/ren involved will impede the disciplinary or investigative processes. Acting on this advice, if it is agreed that the information can be fully or partially shared, the employer should inform the parent/s. In some circumstances, however, the parent/s may need to be told straight away (e.g. if a child is injured and requires medical treatment).

48.3 The parent/s and the child, if sufficiently mature, should be helped to understand the processes involved and be kept informed about the progress of the case and of the outcome where there is no criminal prosecution. This will include the outcome of any disciplinary process, but not the deliberations of, or the information used in, a hearing.

48.4 The employer should seek advice from the LADO, the police and / or the social worker about how much information should be disclosed to the accused person.

48.5 Subject to restrictions on the information that can be shared, the employer should, as soon as possible, inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome (e.g. disciplinary action, and dismissal)

49 The accused member of staff should:

- Be treated fairly and honestly and helped to understand the concerns expressed and processes involved;
- Be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process;
- If suspended, be kept up to date about events in the workplace.

50 Confidentiality

50.1 Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated or considered. Apart from keeping the child, parents and accused person (where this would not place the child at further risk) up to date with progress of the case, information should be restricted to those who have a need to know in order to protect children, facilitate enquiries, manage related disciplinary or suitability processes.

50.2 The police should not provide identifying information to the press or media, unless and until a person is charged, except in exceptional circumstances (e.g. an appeal to trace a suspect). In such cases, the reasons should be documented and partner agencies consulted beforehand.

51 Support

51.1 The organisation, together with the Social Worker and / or police, where they are involved, should consider the impact on the child concerned and provide support as appropriate. Liaison between the agencies should take place in order to ensure that the child's needs are addressed.

51.2 As soon as possible after an allegation has been received, the accused member of staff should be advised to contact their union or professional association. Human resources should be consulted at the earliest opportunity in order that appropriate support can be provided via the organisation's occupational health or employee welfare arrangements.

52 Suspension

52.1 Suspension is a neutral act and it should not be automatic. It should be considered in any case where:

- There is cause to suspect a child has suffered, or is likely to suffer significant harm; or
- The allegation warrants investigation by the police; or
- The allegation is so serious that it might be grounds for dismissal.

52.2 The possible risk of harm to children should be evaluated and managed in respect of the child/ren involved and any other children in the accused member of staff's home, work or community life.

52.3 If a strategy meeting / discussion is to be held or if the Social Worker or the police are to make enquiries, the LADO should canvass their views on suspension and inform the employer. Only the employer, however, has the power to suspend an accused employee and they cannot be required to do so by a local authority or police.

52.4 If a suspended person is to return to work, the employer should consider what help and support might be appropriate (e.g. a phased return to work and/or provision of a mentor), and

also how best to manage the member of staff's contact with the child concerned, if still in the workplace.

53 Resignations and 'compromise agreements'

53.1 Every effort should be made to reach a conclusion in all cases even if:

- The individual refuses to cooperate, having been given a full opportunity to answer the allegation and make representations;
- It may not be possible to apply any disciplinary sanctions if a person's period of notice expires before the process is complete.

53.2 Compromise agreements' must not be used (i.e. where a member of staff agrees to resign provided that disciplinary action is not taken and that a future reference is agreed).

54 Organised and historical abuse

54.1 Investigators should be alert to signs of organised or widespread abuse and/or the involvement of other perpetrators or institutions.

54.2 Historical allegations should be responded to in the same way as contemporary concerns. It will be important to ascertain if the person is currently working with children and if that is the case, to consider whether the current employer should be informed.

55 Whistle-blowing

55.1 All staff should be made aware of the organisation's whistle-blowing policy and feel confident to voice concerns about the attitude or actions of colleagues.

55.2 If a member of staff believes that a reported allegation or concern is not being dealt with appropriately by their organisation, they should report the matter to the LADO.

56 Timescales

It is in everyone's interest for cases to be dealt with expeditiously, fairly and thoroughly and for unnecessary delays to be avoided.

57 Initial response to an allegation or concern

An allegation against a member of staff may arise from a number of sources (e.g. a report from a child, a concern raised by another adult in the organisation, or a complaint by a parent).

58 Initial action by person receiving or identifying an allegation or concern

The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind.

58.1 They should not:

- Investigate or ask leading questions if seeking clarification;
- Make assumptions or offer alternative explanations;
- Promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.

58.2 They should:

- Make a written record of the information (where possible in the child / adult's own words), including the time, date and place of incident/s, persons present and what was said;
- Sign and date the written record;
- Immediately report the matter to the designated senior manager, or the deputy in their absence or; where the designated senior manager is the subject of the allegation report to the deputy or other appropriate senior manager.
- Initial action by the designated senior manager

58.3 When informed of a concern or allegation, the designated senior manager should not investigate the matter or interview the member of staff, child concerned or potential witnesses. They should:

- Obtain written details of the concern / allegation, signed and dated by the person receiving (not the child / adult making the allegation);
- Approve and date the written details;
- Record any information about times, dates and location of incident/s and names of any potential witnesses;
- Record discussions about the child and/or member of staff, any decisions made, and the reasons for those decisions.

58.4 The designated senior manager should report the allegation to the LADO and discuss the decision in relation to the agreed threshold criteria in the management of allegations against staff or volunteers who work with children within one working day. Referrals should not be delayed in order to gather information and a failure to report an allegation or concern in accordance with procedures is a potential disciplinary matter.

59 Initial consideration by the designated senior manager and the LADO

59.1 There are up to three strands in the consideration of an allegation:

- A police investigation of a possible criminal offence;
- Social work enquiries and/or assessment about whether a child is in need of protection or services;

- Consideration by an employer of disciplinary action.

59.2 The LADO and the designated senior manager should consider first whether further details are needed and whether there is evidence or information that establishes that the allegation is false or unfounded. Care should be taken to ensure that the child is not confused as to dates, times, locations or identity of the member of staff.

59.3 If the allegation is not demonstrably false and there is cause to suspect that a child is suffering or is likely to suffer significant harm, the LADO should refer to the Social Worker and ask them to convene an immediate strategy meeting / discussion.

59.4 The police must be consulted about any case in which a criminal offence may have been committed. If the threshold for significant harm is not reached, but a police investigation might be needed, the LADO should immediately inform the police and convene an initial evaluation (similar to strategy meeting / discussion), to include the police, employer and other agencies involved with the child.

59.5 References in this document to 'strategy meetings / discussions' should be read to include 'Initial evaluations' where appropriate.

60 Strategy meeting / discussion

60.1 Wherever possible, a strategy meeting / discussion / initial evaluation should take the form of a meeting. However, on occasions a telephone discussion may be justified. The following is a list of possible participants:

- LADO;
- Social Worker
- Police Inspector
- Senior Medical Officer
- Designated senior manager for the employer concerned;
- Human resources representative;
- Legal adviser where appropriate;
- Senior representative of the employment agency or voluntary organisation if applicable;

60.2 The strategy meeting / discussion / initial evaluation should:

- Decide whether there should be a child protection enquiry and / or police investigation and consider the implications;
- Consider whether any parallel disciplinary process can take place and agree protocols for sharing information;
- Consider the current allegation in the context of any previous allegations or concerns;
- Where appropriate, take account of any entitlement by staff to use reasonable force to control or restrain children;
- Plan enquiries if needed, allocate tasks and set timescales;
- Decide what information can be shared, with whom and when.

60.3 The strategy meeting / discussion / initial evaluation should also:

- Ensure that arrangements are made to protect the child/ren involved and any other child/ren affected, including taking emergency action where needed;
- Consider what support should be provided to all children who may be affected;
- Consider what support should be provided to the member of staff and others who may be affected and how they will be kept up to date with the progress of the investigation;
- Ensure that investigations are sufficiently independent;
- Make recommendations where appropriate regarding suspension, or alternatives to suspension;
- Identify a lead contact manager within each agency;
- Agree protocols for reviewing investigations and monitoring progress by the LADO, having regard to the target timescales;
- Consider issues for the attention of senior management (e.g. media interest, resource implications);
- Consider reports for consideration of barring;
- Consider risk assessments to inform the employer's safeguarding arrangements;
- Agree dates for future strategy meetings / discussions.

60.4 A final strategy meeting / discussion / initial evaluation should be held to ensure that all tasks have been completed, and, where appropriate, agree an action plan for future practice based on lessons learnt.

60.5 The strategy meeting / discussion / initial evaluation should take into account the following definitions when determining the outcome of allegation investigations:

- Substantiated: there is sufficient identifiable evidence to prove the allegation;
- False: there is sufficient evidence to disprove the allegation;
- Malicious: there is clear evidence to disprove the allegation and there has been a deliberate act to deceive and the allegation is entirely false;
- Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation; the term therefore does not imply guilt or innocence.
- Unfounded: there is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively they may not have been aware of all the circumstances;

61 Allegations against staff in their personal lives

61.1 If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk of harm to child/ren for which the member of staff is responsible, the general principles outlined in these procedures will still apply.

61.2 The strategy meeting / discussion should decide whether the concern justifies:

- Approaching the member of staff's employer for further information, in order to assess the level of risk of harm; and / or

- Inviting the employer to a further strategy meeting / discussion about dealing with the possible risk of harm.

61.3 In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to child/ren for whom the member of staff is responsible. In these circumstances, a strategy meeting / discussion should be convened to consider:

61.4 The ability and/or willingness of the member of staff to adequately protect the child/ren; Whether measures need to be put in place to ensure their protection; Whether the role of the member of staff is compromised. Relating to allegations against staff

62 On conclusion of a case

If the allegation is substantiated and the person is dismissed has already resigned, or the employer ceases to use their services, a report should be made to that person's professional registration body where appropriate and for a person returning to the UK, a referral made to the Disclosure and Barring Service DBS for consideration for barring from future work with children. Settlement or compromise agreements must not be used in these circumstances.

Where it has been decided that a person may return to work, support must be given to them to achieve this. In respect of any request for a reference for a person who has been subject to an allegation, cases in which an allegation was proven to be false, unsubstantiated or malicious should not be included, nor should a history of repeated such allegations.

63 Record Keeping

Details of allegations found to have been malicious should be removed from personnel records. **For all other allegations, a clear summary should be prepared, the person concerned invited to add their own comments, and a copy of the final summary kept on the personnel file and a copy given to the person concerned.**

The record should be retained until the accused has reached normal retirement age or for a period of 10 years from the date of the allegation if that is longer.

64 UNSUBSTANTIATED AND FALSE ALLEGATIONS

64.1 Where it is concluded that there is insufficient evidence to substantiate an allegation, the Chair of the strategy meeting / discussion or initial evaluation should prepare a separate report of the enquiry and forward this to the designated senior manager of the employer to enable them to consider what further action, if any, should be taken.

64.2 False allegations are rare and may be an indicator of abuse elsewhere which requires further exploration. If an allegation is demonstrably false, the employer, in consultation with the LADO, should refer the matter to the Social Worker to determine whether the child is in need of services, or might have been abused by someone else.

64.3 If it is established that an allegation has been deliberately invented, the police should be asked to consider what action may be appropriate.

65 Further development

65.1 The AISCB recognises the need to develop additional procedures to cover Safeguarding Training, Serious Case Reviews and Child Death investigation procedures.

65.2 In the event that these procedures should be required before they are fully developed and approved, the AISCB will refer to, adapting as appropriate to the circumstances on Ascension Island, procedures from St Helena in the first instance or UK procedures.

65.3 Training requirements should be covered in police, school, hospital and voluntary organisation policies. The Social Worker will undertake training as required to maintain professional registration as a social worker in the UK.

66 Review

These procedures will be reviewed every 2 years or when there has been significant change in Ascension, St Helena and UK legislation.

Ascension Island Safeguarding Children Board

June 2015