

## FALKLAND ISLANDS SAFEGUARDING CHILDREN BOARD



# Safeguarding Children and Young People Child Protection Procedures 2023



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

The Children Ordinance 2014 provides a statutory duty on the Crown to make enquiries and take action to safeguard children from significant harm and promote their welfare (Section 69).

### Preface

#### Purpose of the Procedures

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

The procedures support the principles set out in the latest version of **Working Together** that has been ratified by FISCB.

#### Who are the Procedures for?

The Falkland Islands Safeguarding Children and Young People Procedures are for the use of all those whose work involves contact with children and families across departments and agencies, and are relevant to those working in the statutory, voluntary and independent sectors. This could include those working in Social Services, the Police, Health, Education, Probation and the Prison service and others whose work brings them into contact with children, young people and families, such as extra-curricular clubs and sports teams.

These Procedures apply throughout the Falkland Islands, including all MOD Establishments, and apply to all staff working for the British Forces South Atlantic Islands (BFSAI) and their contractors.

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

These Procedures are a public document. Safeguarding is everyone's responsibility. Members of the public have a vital role in alerting Social Services and the Police to concerns about children, and therefore the Procedures should be available for members of the public to read and easily accessible for all to understand.

### How to use the Procedures

**Part 1** provides the context for child protection work, including the key principles that under-pin professionals' work with children and families to promote and safeguard the well-being of all children within the Falkland Islands.

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

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

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

**These Procedures create a framework to enable effective inter-departmental communication within which decisions can be made, implemented and reviewed. Decisions need to be made on the basis of thorough professional assessment and critical analysis.**

## 1. Context for Child Protection Work

### 1.1. Key Principles

The key principles on which to base the work with children and families are found in the UN Convention on the Rights of the Child ([See Appendix 1](#)) to which the Falkland Islands, through the UK, is a signatory. All children deserve the opportunity to achieve their full potential and they should be enabled to:

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

In 2021, the Falkland Islands Safeguarding Board adopted the Signs of Safety Model. This is a strengths-based approach for assessing and managing risk and for working with families.

### 1.2. Definitions of Child Abuse and Neglect

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency Child Protection Plan.

#### 1.2.1. Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation may be described as fabricated or induced illness by a carer.



### 1.2.2. Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another for instance in circumstances of domestic violence or abuse. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is present in all types of ill treatment of a child, though it may occur alone.

### 1.2.3. Sexual abuse

Sexual abuse involves forcing, encouraging 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 encouraging or coercing children to look at, or be involved in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via social media and the internet). Sexual abuse can be perpetrated by anyone of any gender and including other children.

### 1.2.4. Neglect

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

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

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

Neglect may occur due to alcohol or substance misuse, poor mental health or domestic abuse.

#### 1.2.5. Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and experiencing domestic abuse is child abuse. It's important to remember domestic abuse:

- can happen inside and outside the home
- can happen over the phone, on the internet and on social networking sites
- can happen in any relationship and can continue even after the relationship has ended
- both men and women can be abused or abusers.

#### **Types of domestic abuse**

Domestic abuse can be emotional, physical, sexual, financial or psychological, such as:

- kicking, hitting, punching or cutting
- rape (including in a relationship)
- controlling someone's finances by withholding money or stopping someone earning
- controlling behaviour, like telling someone where they can go and what they can wear
- not letting someone leave the house
- reading emails, text messages or letters
- threatening to kill someone or harm them
- threatening to another family member or pet.

### 1.3. Good practice in working with families – Signs of Safety

#### **What is 'Signs of Safety'?**

The Signs of Safety model was adopted by the Falkland Islands Safeguarding Children Board in 2021 as a practice framework for working with children and families. Social Services has a clear vision to empower and enable families to bring about their own change and to require less intrusive levels of intervention. The Signs of Safety Model provides a clear set of skills, values and principles for practitioners and partners to use in their practice with families.

Originally developed in Western Australia during the 1990s, Signs of Safety (SoS) is now being used across the globe. It is considered one of the world's leading models on Child Protection.

At the core of the Signs of Safety approach there are three questions around the child’s safety.

1. What are we worried about?
2. What’s working well?
3. What needs to happen?

**How does Signs of Safety work in the Falkland Islands?**

Signs of Safety enables professionals to work collaboratively with families to conduct assessments and produce plans; focussing on their strengths and resources. The model provides tools for professionals to build effective relationships with families in order that they develop a clearer understanding of what needs to change and how this can be achieved.

Signs of Safety recognises the strengths within families and aims to give them the best chance to bring their own solutions to problems. The approach moves away from the professional adopting the position of ‘expert’ towards a more constructive culture where families and professionals engage together in addressing concerns.

Child participation is central to the Sign of Safety model and specific tools are available to involve and engage children to ensure their views are understood by professionals and their families. The model can be adapted to be used at all stages of work with children and families from early help, child protection through to Children we Care For.



## Principles of Signs of Safety

There are four principles to Signs of Safety to ensure its success.

1. **Partnership:** Building effective relationships with families and other professionals will produce good practice.
2. **Keep an Open Mind:** Thinking critically, maintaining a position of inquiry and resisting the urge to make definitive conclusions will produce good practice.
3. **Sharing Practice Experience:** Sharing what works and what's been difficult will produce good practice.
4. **Child Centred:** Actively engaging children in planning and assessment will help them to understand what is happening in their families.

## Signs of Safety Practice Elements

There are 7 practice elements to Signs of Safety to ensure successful outcomes with families.

1. **Respect:** respect parents/carers as partners in building safety.
2. **Humility:** We don't have all the answers; work with the family to develop a shared understanding of what needs to change and allow parents to bring their own solutions.
3. **Recognising Strengths:** All families have competencies and strengths and keep their children safe some of the time; give these signs of safety careful consideration.
4. **Aspirational:** Practice the belief that families can change and motivate them to identify shared goals.
5. **Offer Choices:** Avoid unnecessary coercion and offer choices to build cooperation.
6. **Intervention:** View your interaction and relationship with the family as the vehicle through which change can be achieved.
7. **Common Language:** Use simple, jargon free language which everyone can understand.

## Signs of Safety Assessment and Mapping Framework

The following framework is used to assess existing strengths, past harm and future danger to create effective safety goals.

**Assessment and Mapping Framework:** What are we worried about, what is working well, what needs to happen.

- a. **Past harm:** Since the best predictor of future harm is a clear understanding of past harm, the first item of business on the left-hand side of the Signs of Safety map is to look at what is known about past harm by the adults under consideration toward any children (including, of course, the children who are the focus of the present case).
- b. **Existing strengths and existing safety:** Mapping what is working well in the middle column of the Signs of Safety map involves analysing:
  - existing strengths and positive aspects of the situation; and
  - existing safety (times when the child was protected in relation to the danger).
- c. **Complicating Factors:** Typical complicating factors are things like poverty, addiction, mental health, isolation, homelessness and immigration status.
- d. **Danger Statements:** clear definitions in everyday language of past harm and future danger.
- e. **Safety Goals:** will be developed with the family which outlines the best hopes for safety in the future and how to achieve it.
- f. **Next steps:** Actions to achieve the safety goals.
- g. **Safety Scale:** Scaling questions are used with both parents and professionals to assess the current situation and to determine what the preferred future would be.

The assessment and mapping framework will be used at regular intervals to review the case, including at Core Groups, Review Conferences and step down / Case Closure.

Examples of this tool will be found as [Appendix 2](#).

A Signs of Safety Information for Parents Booklet can be found at [Appendix 3](#).

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

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

### **1.3.2. Listening to children**

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

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

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

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

This does not mean, for example, that parents should attend all meetings which are held in connection with their family. There are occasions when it is appropriate and necessary for professionals to meet together without parents to reflect on their own practice in a particular case or to deal with a matter which is likely to lead to criminal enquiries. Strategy Meetings, and sometimes Planning Meetings, are examples of this.

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

This needs to be given careful consideration at each stage of these procedures. Some information known to professionals should be treated confidentially and should not be shared with families. Reasons for withholding information need to be made clear, and recorded, the need to safeguard the wellbeing of the child must be the overriding consideration in such situations. The presumption is that parents will be informed, unless there are sufficient grounds to withhold information, considering the

principles of necessity, proportionality and legality. Information will be withheld at this stage if it is likely to put any child, another individual or the investigation at risk. If the intention is to withhold information, this decision must be made by the strategy discussion or meeting.

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

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

#### **1.3.6. Diversity**

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

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

When working with families where English is a second language, professionals will make every effort possible to ensure they communicate with the family in their first language. Translation services should be utilised when necessary.

#### **1.3.8. Human Rights**

When deciding what action to take in a particular situation, consideration will need to be given to the human rights of the child and their family; in particular, both the child's and the parents' right to a private and family life. Sometimes it may be necessary to infringe such rights. Where a course of action suggests that infringement is likely, full written reasons must be given for such infringement.

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



### 1.4.1. Effective measures

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

### 1.4.2. Unmet needs

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



#### 1.4.3. Intervention

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

#### 1.4.4. Identifying families who would benefit from early help

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

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

### 1.5. Professionals working together

#### 1.5.1. Shared responsibility

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

### 1.5.2. Sharing information among professionals

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

### 1.5.3. Public interest

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

- Is the disclosure necessary for the prevention of crime, prevention of disorder, to protect public safety, or protect the rights and freedoms of others?
- Is the disclosure necessary for the protection of young or other vulnerable people?
- What risks to others (if any) are posed by this individual?
- What is the vulnerability of those who may be at risk?
- What will be the impact of the disclosure?
- Is the disclosure proportionate to the intended aim?
- Are there equally effective but less intrusive alternative means of achieving that aim?

### 1.5.4. Keeping records

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

The purpose of written records is:

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

Records should:

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

The reader should be able to track:

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

#### 1.5.5. Training and development

The Falkland Islands Corporate Management Team demonstrated their commitment to safeguarding by making training in the following topics mandatory for anybody who comes into contact with children within their job role:

- Safeguarding Children (Levels 1 – 3 depending on role)
- Safeguarding Adults (Level 1 or Advanced depending on role)
- Safeguarding – Local Context Course
- Understanding Child Sexual Exploitation

The roles that this applies to are clearly laid out in the FISCB Training Prospectus, as are the timescales in which it is expected that training will be updated for individual roles.

It is the responsibility of each directorate to ensure that their relevant staff are trained to the correct level and that this training is kept up to date.

#### 1.5.6. Inter-agency training

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

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

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

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

## 2. Roles and Responsibilities

### 2.1. The responsibilities of all those working with children

#### 2.1.1. What everyone should do

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

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

- Treat the child's welfare as paramount;
- Be alert to the potential indicators of abuse and neglect; be alert to the risks which individual perpetrators, or potential perpetrators, may pose to children;
- Recognise when a parent or carer may have problems which could affect their capacity to care for a child or which could mean they pose a risk of harm to a child;
- Ensure the child's voice is heard;
- Identify and promote the family's strengths and support networks;
- Be aware of the effects of abuse or neglect on children;
- Share information with other professionals and help to analyse that information so that an informed assessment can be made of the child's needs and circumstances;
- Contribute as required to whatever actions are needed to safeguard the child and promote their well-being;
- Contribute as necessary at all stages of the child protection process;
- Contribute to regularly reviewing the outcomes for the child against specific shared objectives as required;
- Work co-operatively with parents/carers unless this is inconsistent with the need to ensure the child's safety; and
- Be committed to full co-operation with other agencies in the interests of safeguarding children.

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

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

Recruitment and selection procedures should be rigorous and create a high threshold of entry to deter people who are motivated to abuse children.

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

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

#### 2.1.3. Confidentiality

Maintaining confidentiality is of the utmost importance. Registered individuals are bound by the expectations of their regulatory body and the importance of confidentiality in a small community cannot be stressed enough. This duty includes administrative and support staff as well as face to face workers and managers.

#### 2.1.4. Making referrals

Referrals should be made to Social Services as soon as a problem, suspicion or concern becomes apparent, and certainly within 24 hours. Referrals may be made by telephone, in person by letter or electronic media. Outside office hours, referrals to Social Services should be made to the duty worker via the Police. All referrals made should then be confirmed in writing within 2 working days using the standard **FISCB inter-agency Referral Form** ([See Appendix 6](#)). Referrals are to be submitted to the Referral inbox, [referrals.social@kemh.gov.fk](mailto:referrals.social@kemh.gov.fk). Advice can be sought by calling Social Services on 27296.

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

- The reason for the concerns;

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

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

People working for any government department cannot remain anonymous when making referrals in their professional role. However, members of the public may remain anonymous if they so wish (including professionals who have concerns about something not relating to their professional role).

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

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

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

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

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

The following section describes the responsibilities of different staff members. For each departmental/agency role please refer also to the responsibilities listed above which apply to all professionals. An awareness and appreciation of the role of others is essential for effective joint

working and collaboration. Without this, and shared responsibility between all professionals, children will not be adequately protected.

#### **2.2.1. Social Services Team**

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

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

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

#### **2.2.2. Police**

The Police have a duty and a responsibility to uphold the law and investigate criminal offences committed against children and such investigations should be carried out sensitively, thoroughly and professionally. The designated Police Officer (Public Protection Officer) will take a lead in tackling the abuse of children and supporting colleagues to investigate all aspects of child abuse allegations. Child protection work is not solely the role of specialised Police Officers and all Police Officers (including senior officers) must understand that it is a fundamental part of their duties.

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



mean that criminal proceedings will result. The FISC Section 69 Protocol should be followed when undertaking relevant investigations.

Section 68 of the Children Ordinance 2014 gives the Police powers to ensure immediate protection of children believed to be suffering from, or at risk of significant harm. A precis of the powers and responsibilities can be found in [Appendix 4](#), the Legal Framework.

Police Officers should be aware of the impact on children of any incident that occurs within their family setting e.g. poor mental health, intoxication. Police Officers must be aware of the impact of domestic abuse on children. They should always check whether there is a child in the home when an incident has taken place and the child's safety and well-being should be ascertained. If the child was not present, but is still a member of the household, a referral still needs to be made.

Officers should be sympathetic to the impact that involvement with the police has on children and families particularly in a small community, and particularly if they are in uniform/marked vehicles.

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

The Police will have particular duty of care for children and young persons in their care or custody and should be aware of the policy on Diverting Children and Young People away from the Criminal Justice System.

The principal aim of the youth justice system in the Falkland Islands is to prevent offending by youths and re-offending by young offenders. An important part of achieving the principal aim of the youth justice system is the diversion of children and young people away from being prosecuted in court and towards supportive measures that will help prevent offending. Criminalising children and young people can have a significant impact on their wellbeing, development and education and employment opportunities. This in turn can increase the risk of re-offending later in life.

The Youth Diversion Scheme is operated by the Probation Service and aims to provide children and young people with early intervention to prevent harm and reduce the risk of offending. It provides a robust alternative to prosecution through the criminal justice system. Where a child or young person is at risk of offending, rather than under active police investigation in relation to an alleged offence, the case will first be referred to the Social Services Department. The Attorney General's Guidance on Diverting Children and Young People away from the Criminal Justice System will be followed.

### 2.2.3. Education

Under these procedures, all Education staff have a responsibility to safeguard students under the age of 18. Currently Education employ staff at the Infant and Junior School and Camp Education, the Falkland Islands Community School, Stanley House and Falkland College (including the SHIELD and apprenticeships). Staff play an important part in the prevention of abuse and neglect through creating and maintaining a safe environment for children and young people and teaching them about staying safe from harm, and how to speak up if they have any worries or concerns.

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

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

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

All schools and educational establishments should have two Designated Safeguarding Leads (DSLs) who are members of staff with responsibility for co-ordinating action on child protection, and to act as a source of expertise and advice. The DSLs at IJS are the DSLs for camp schools and travelling teachers. The DSLs are responsible for ensuring that new and temporary members of staff know of the Child Protection Procedures and where to obtain advice, and are encouraged to share their concerns.

### 2.2.4. Health

The universal nature of health provision means that health professionals are often the first to be aware that parents and carers are experiencing difficulties in looking after their children. All those working in the Health Department have a professional responsibility to protect children, and their participation in inter-agency support to Social Services is essential if the interests of children are to be safeguarded. They should have a good awareness regarding child protection and be alert to all forms of abuse. They

should be aware of the Child Protection Procedures and referral pathways. Health professionals should be alert to the wider picture when working with adults, to consider the impact of the adult's circumstances upon their child/ren.

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

In any case where a medical examination of a child may be required, a strategy meeting must take place and it should be recorded that although there may be no fully trained clinicians to undertake intimate and forensic examinations in the Islands, we will endeavour to undertake the necessary examinations to the best of our ability. Where possible the strategy meeting should include the Chief Medical Officer, and must consider who is the most appropriate medical professional to carry out the examination. Consideration should be given to seeking advice from specialists in the UK. Communication between police and the health service must take place at the earliest opportunity if an examination is being considered.

The health service guidelines should have a system in place for identifying repeat attendees. Where a child or children from the same household attend the health service repeatedly, even with slight injuries, in a way which staff find worrying, the staff member concerned should act on their concerns and make a child protection referral and/or seek advice from the Chief Medical Officer acting as the lead health professional for child protection. It is extremely important that staff record what is said by adults accompanying the child, by way of explanation for the injury.

#### 2.2.5. Leisure Centre

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

The Leisure Centre must have a Designated Safeguarding Lead (qualified at Level 3 DSL) who is a specified member of staff with responsibility for co-ordinating action on child protection, and to act as a source of expertise and advice. The DSL is responsible for ensuring that new and temporary

members of staff know of these Procedures and where to obtain advice, and are obliged to share their concerns.

#### 2.2.6. Nurseries and Child Minders

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

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

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

Nurseries and registered child minders receive support from the Childcare Liaison Team. These are government roles based within the Education Directorate. The roles aim to raise standards of childcare provision, achievement and outcomes by supporting the improvement in the quality of childcare through a balance of development and regulation. A Childcare Liaison Assistant will gather information from a relevant childcare setting in order to attend strategy meetings and child protection conferences on behalf of the setting.

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

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

Carers looking after children away from home may be:

- Foster Carers or residential staff
- Staff at Stanley House
- Families or friends,
- Those who may be Hosting a child
- Those who care for Privately Boarded children

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

Schools have a legal responsibility to maintain a School Boarding List of those children who are not living with parents or persons who have parental responsibility at home. The Children (Hosting and Private Boarding) Regulations (2014) allows for a public officer, acting in their role in promoting a child or children's welfare, to access the list and information contained within it, where necessary. Schools must monitor the welfare of such children, who may be more vulnerable than others.

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

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

#### 2.2.8. Voluntary and private sector organisations

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

Voluntary organisations working with children and families may be:

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

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

#### 2.2.9. YMCA

The YMCA provides affordable accommodation to young people from the age of 16. Young people living away from home are particularly vulnerable to abuse and neglect. Staff and trustees should be alert to the risks to young people in the external environment from adults and other young people

prepared to exploit the additional vulnerability of those living away from home. The YMCA should have a child protection policy that complies with good practice.

#### 2.2.10. MOD establishments

The Children Ordinance 2014 and other Falkland Islands legislation applies as law throughout the Falkland Islands, including at all Ministry of Defence (MOD) Establishments within British Forces South Atlantic (BFSAI) or any visiting MOD unit or personnel.

These Procedures apply to all MOD staff (uniformed and Civil Service), contractors, accompanying dependent(s); and any visitor or attached person. Any member of staff who has concerns about a child should share them with the Falkland Islands Government's Social Services Department.

FIG Social Services and BFSAI have a mutually-supporting relationship in matters relating to the safeguarding of children. Sharing of information between BFSAI and FIG social services is key to ensure the best outcome for any child from the military, civilian or contractor community at Mount Pleasant. BFSAI's primary Point of Contact for safeguarding is the British Forces Social Work Service (BFSWS) of the Falkland Islands.

The FISCB Threshold Document will be used by the BFSWS Social Worker and the FIG Team Manager to determine who takes the lead in working with children and families who are based at Mount Pleasant Complex (MPC).

- Early Help - will be provided by BFSWS.
- Child in Need - Should be discussed and agreed with FIG Social Services and in the main will be managed by BFSWS.
- FIG Social Services will take the lead in cases that meet the threshold for child protection and working together with the BFSWS Social Worker and BFSAI will be paramount.

The British Forces Social Work Service can be contacted by calling:

Telephone: 73331

Mobile: 64202

### 3. Handling Cases

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

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

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

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

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

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

When a professional makes a referral, they do so by completing the FISCBC inter-agency referral form ([Appendix 6](#)) and sending it to Social Services, who check that all the necessary information has been provided. In an emergency, if a telephone referral is made it must be followed up within 2 working days by a completed referral form.

When a member of the public makes a referral, this is done by discussing concerns with a Social Services staff member, who records comprehensive details on the FISCBC inter-agency referral form.

*See 3.2 for detailed information*

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

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

Social Services and the Police share and discuss all information received/gathered and decide on the next course of action within 24 hours, or without delay if there is immediate concern for the child, in which case the discussion may be by telephone.

Social Services make initial checks with Health and Education and any other agency or organisation involved with the child which may be in possession of relevant information. The Social Worker will then decide as to whether the case is a potential child protection issue or not. If it is, then the Social Worker will arrange a Preliminary Strategy Meeting.

There are various courses of action available:

- to make further enquiries on the child's circumstances,
- to hold a Strategy Meeting,
- to conclude that no further child protection action is required
- to take emergency legal action to protect the child

*See 3.3 for detailed information*

### **Stage 3**

#### **Strategy Meeting**

The purpose of this meeting is to discuss all the information held and agree the way forward. Those attending should include Social Services, the Police, Health, Education and other professionals who can assist in the planning process. This meeting should be held as soon as possible and no later than 7 days from the receipt of the referral. The outcome of this meeting may be:

- a formal Child Protection Investigation (S69)
- no further child protection action
- further support could be offered via Early Help or a single assessment which may lead to Child in Need plan where appropriate
- Emergency legal action

*See 3.5 for detailed information*

### **Stage 4**

#### **Child Protection Investigation by Social Services, under Section 69 Children Ordinance 2014**

Any investigation will be carried out in line with the FISCBS Section 69 Protocol (2023).

At the Strategy Meeting a decision will be made about whether the investigation will be undertaken as a single agency by Social Services or jointly with the Police, if a crime is alleged/suspected. The outcome of the investigation may be:



- No further child protection action
- A Child Protection Conference
- Criminal investigation
- Support could be offered via Early Help or a single assessment which may lead to a Child in Need plan where appropriate.

*See 3.6 for detailed information*

### 3.2. Stage One – Dealing with referrals

#### 3.2.1. Receiving the referral

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

Child abuse referrals should be taken by an experienced member of the Social Services Team with knowledge of these Procedures. The Social Services Team Manager should also be informed about the referral without delay. The person taking the referral must complete the FISCIB inter-agency referral form ([Appendix 6](#)) and ensure that all of the following information has been provided by the referrer and note the date, time and method of referral, though recording the following information in full should not delay swift action in an emergency:

- **The name and address of the person reporting the information.** Members of the public may choose to remain anonymous, or to ask for their names not to be used.
- **The relationship of the referrer to the child** and/or the agency employing the referrer.
- Information on whether the parent or carer is aware of the referral being made.
- **The name, age and address of the alleged or suspected perpetrator** and whether he/she is aware of the referral.
- **The name, date of birth and address of the child** alleged to have been abused and of other children in the household and their current location/address.
- **If other children have contact with the alleged perpetrator**, their names, addresses and dates of birth.
- The name, address and age of any **person who has direct knowledge** of the alleged or suspected abuse.

- Details of the **date, time and place** where the abuse is alleged to have occurred and any other **evidence** or information available.
- **The name, age and address of the child's parent/main carer** and the names of all those with parental responsibility.
- Information on whether the child has been recently **medically examined** and if so, by whom.
- The name of any **health professionals** involved with the family.
- **Any other information** which could be relevant, e.g. school the child attends, any involvement with Police, etc.
- Any **previous** child protection concerns
- **Any difficulties the child has with communication or behaviour.**

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

This information must be placed on Azeus without delay.

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

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

### 3.2.2. Out of office hours

In an emergency out of office hours, referrals should be made to the on call Social Services staff member via the Police Tel. 28100. Where a referral is of a serious nature requiring immediate response, then appropriate action in accordance with these Procedures will be carried out without delay.

Non-emergency referrals that are emailed to Social Services out of hours or over a weekend will be dealt with on the next working day. The referral form ([Appendix 6](#)) can be found on the Social Service website and are to be emailed to Referrals.social@kemh.gov.fk.

### 3.2.3. Keeping the referrer informed

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

## 3.3. Stage Two – The Preliminary Strategy Discussion

### 3.3.1. Scope and purpose

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

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

### 3.3.2. Possible outcomes

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

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

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

## 3.4. Immediate Protection

#### 3.4.1. When immediate protection is necessary

Where there is a risk to the life of a child or a likelihood of serious imminent harm, action should be taken quickly to secure the immediate safety of the child. Emergency action might be necessary as soon as a referral is received or at any stage of the process. However, planned emergency action should normally follow immediately on the decision of the Preliminary Strategy Discussion or Strategy Meeting, taking account of legal advice. In exceptional circumstances a single agency may have to act immediately to protect a child. It should be remembered that there is an on-call social worker available who should be consulted.

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

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

#### 3.4.2. The range of options

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

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

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

If the Police exercise their powers of Police Protection, both police and social services have a duty to investigate (S 68(3)(e) and S 69(1) Children Ordinance 2014). Police Protection lasts for a maximum of 72 hours.

#### 3.4.3. Lack of parental cooperation

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

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

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

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

The need to consult with the Chief Medical Officer must not delay any necessary action to secure the safety and well-being of any child believed to be at imminent risk of significant harm.

### 3.5. Stage Three – The Strategy Meeting

#### 3.5.1. Scope and purpose

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

A Strategy Meeting should always take place where there has been or there is a risk of significant harm or where the specific circumstances outlined in Part 4 of these procedures apply.

The meeting will decide who will investigate the referral. The decision will be for a joint investigation or alternatively a single agency investigation. There should never be separate and unrelated child protection investigations.

### 3.5.2. Planning the Strategy Meeting

Those attending the Strategy Meeting should include Social Services, the Police and other professionals who can assist in the planning process. This will usually include Health and Education (for school-age children) and can include any other relevant professional who can positively contribute to the Strategy Meeting.

This meeting should be held as soon as possible and no later than 5 working days from the receipt of the referral and sooner if there is cause to suspect significant harm at an earlier stage.

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

The Strategy Meeting should be used to:

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

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

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

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

More than one Strategy Meeting may be appropriate depending on the circumstances of the case. All decisions reached and the basis for those decisions should be clearly recorded and agreed by the parties to the meeting.

If there is a disagreement on the appropriate response to a referral, the unresolved issues should be reported to senior officers in Social Services and the Police in order to seek a consensus decision. If the issue is still unresolved it should then be taken to the Directors of Health and Social Services and

the Chief of Police. These steps must be taken quickly and must not introduce undue delay into the process.

### 3.6. Stage Four – Child Protection Investigation and further assessments

#### 3.6.1. Scope and purpose

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

Social Services Single Assessments are started within 48 hours of the decision to undertake an assessment and the child is seen as soon as practicable in line with the perceived level of risk (no more than 10 working days in every case). A timescale for completion of the assessment, proportionate to the circumstances of the case, is agreed with the Team Manager. Assessments will only extend beyond 45 days in exceptional circumstances and with the agreement of the Team Manager to be recorded on Azeus and the reasons given.

**The FISCB Section 69 Protocol (2023) should be followed when undertaking child protection investigations.**

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

- Has the child been the victim of a criminal offence?
- Is this child in need of support and services?
- What are the needs of the child?
- Is there reasonable cause to suspect that this child is suffering or is likely to suffer significant harm?
- Are the parents able to respond appropriately to the child's needs within a timescale that is meaningful for the child?
- Is the child being adequately safeguarded from significant harm and are the parents able to promote the child's health and development?



- Is there analysis of the evidence and findings of the assessment to recommend what interventions are likely to be most effective?
- Is action required to address the needs of this child or any other child who may have had contact with the alleged perpetrator to improve their outcomes and to make them safe?

### 3.6.3. Gathering information from other agencies

It is important to have a detailed history of the child and his or her family to ensure accurate decision-making. Detailed information will be available within the records of agencies who know the family. It is the responsibility of each agency or individual professional to contribute all the relevant information held in the records when requested. A chronology should be prepared by each agency involved, to take account of all the background information available, and gaps in the chronology may need to be explored.

### 3.6.4. Interviewing the child

Interviews with children should be planned, and conducted by those specifically trained, qualified and experienced in this specialist area of work. Consideration should be given to who is there to support the child.

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

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

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

Video interviews will ordinarily only take place in conjunction with a criminal investigation. The interviewing team will normally include police and social services, unless a specific agreement has been reached in a strategy discussion or meeting for it to be conducted by a single agency. Where a criminal offence is suspected, any interview of the child must be in accordance with the guidance “The

Attorney General’s Guidance on Achieving Best Evidence in Criminal Proceedings”. It should be borne in mind by the interviewers that visually recorded interview evidence may be used in care proceedings as well as criminal proceedings.

### 3.6.5. The medical examination

Consideration should always be given to the need for a medical examination of each child about whom there are concerns. The person co-ordinating the investigation should discuss the need for a medical examination with a doctor, and agree the timing and location of the examination. Although a medical examination is not a requirement in every investigation, it needs to be considered regardless of whether the child has any apparent or visible injuries or appears neglected. The medical examination should only be dispensed with if those managing the investigation are satisfied that they can achieve the purposes of the investigation without it. **Those reasons will need to be clearly recorded.**

The purpose of any medical examination or assessment is:

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

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

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

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

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

There should be liaison between Social Services and the Police to ensure that a child is not subjected to repeated medical examinations. The investigating team or Social Worker will fully brief the examining doctor if he or she has been unable to attend the Strategy Meeting. The Social Worker/Police Officer will ensure that the appropriate consent for examination has been obtained. A Social Worker and/or Police Officer should be present for the examination, and careful consideration needs to be given to how this is best achieved to limit distress to the child and protects their privacy/dignity. Consideration should be given to who is best placed to provide support to the child and the child's views should be sought regarding the gender of the medical examiner (and within resources available their preference should be accommodated wherever possible).

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

### **Consent**

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

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

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

Young people aged 16 and 17 will usually have capacity to give their own informed consent.

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

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

### 3.6.6. Working with the child and family

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

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

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

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

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

Social Services and Police should explain the purpose of a Child Protection Investigation to the parents and child (having regard to age and understanding) and be prepared to answer questions openly,

unless doing so would affect the safety and well-being of the child or the investigation. It is particularly helpful for families if they are provided with information about the purpose, process and potential outcomes of the investigation. It should include information about how advice, advocacy and support may be obtained from independent sources and how to make a complaint.

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

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

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

*3.6.6.4. Considering other children*

Those making enquiries should always be alert to the potential needs and safety of any siblings, or other children in the household of the child in question. The investigation may also need to cover children in other households with whom the alleged perpetrator may have had contact, and children who the alleged perpetrator comes into contact with in a professional context. The Falkland Islands Designated Officer (FIDO) should be informed under these circumstances. Please see Part 4, Section 7.1 for further information.

*3.6.6.5. When parents / carers refuse to cooperate*

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

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

### 3.6.7. Recording

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

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

#### 3.6.8.1. *Making the decision*

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

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

In the case of the first two options, support and services may be offered and this can be via Child in Need (following a single assessment) or Early Help if the family consent to this support.

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

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

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

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

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

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

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

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

#### *3.6.8.3. Concerns substantiated – no on-going risk*

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

A decision not to hold a Child Protection Conference in such circumstances must be taken especially carefully, analysing the available evidence and the views of other agencies who have been involved in the investigation. The decision must be based on the clear view that there is no continuing risk of significant harm. Examples of when this may apply include where circumstances have changed such

as when an alleged perpetrator has permanently left the household or where significant harm has occurred as a result of an isolated abusive incident (e.g. by a 'stranger').

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

#### *3.6.8.4. Concerns substantiated – continued risk*

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

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

### 3.7. The Initial Child Protection Conference

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

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

- **A Child Protection Investigation** into an incident or suspicion of child abuse or neglect indicates that concerns are substantiated and that further action under the Child Protection Procedures is necessary to safeguard the child's well-being. This includes situations where suspicions of the likelihood of neglect or abuse have developed over time based on a variety of concerns and a decision has been made to move the case into the child protection system.
- Completion of a single assessment – identifies that a child has suffered or is likely to suffer significant harm
- **Before a child is born**, where Child Protection Investigation or a single assessment suggests the likelihood of significant harm occurring
- A child is **found to be living in a household which includes or is visited by a person who has been convicted of committing an offence against a child**, or who is believed to have abused a child.



- A child in a **family moves to the Falkland Islands** and is the subject of registration or is on a Child Protection Plan elsewhere.

### 3.7.2. Scope and purpose

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

### 3.7.3. Planning the Initial Child Protection Conference

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

A professional observer can only attend with the prior consent of the Conference Chair and the family, and must not take part in discussions or decision-making. There will only be one observer at any Conference. It is the responsibility of the professional requesting the attendance of the observer to seek the permission of the family at least 1 day before the Conference.

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

Consideration should be given to inviting the following:

- The child;
- The child's carers and family members, including all those with parental responsibility;
- The Social Worker who has undertaken an assessment of the child and family together with Team Manager;
- A representative of the child's school;
- The child's doctor/the examining doctor;
- Other relevant health professionals, including the Health Visitor for younger children and a mental health professional;
- The Police;
- Crown Counsel (Safeguarding) or another lawyer from the Attorney General's Chambers;

- An interpreter (if required);
- If the child resides at Mount Pleasant appropriate representatives from BFSAl;
- Any other professional, e.g. Probation, Prison, Housing, Customs and Immigration

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

#### 3.7.4. Quorum

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

If key personnel do not attend or provide reports, consideration should be given to postponing the Conference.

#### 3.7.5. Involvement of the child

All professionals who are invited to attend a Child Protection Conference should submit a written report to the Social Services Administrator 2 days prior to the conference. This should be in the standard multi-agency conference report format. Each professional should share their report with the child/parents prior to submitting it to Social Services.

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

#### 3.7.6. Involvement or exclusion of those with PR

The child's voice should always be heard at the Conference, whether they attend in person or have their feelings and wishes presented on their behalf. A parent or a child attending a Conference should be given the opportunity to bring an adult advocate, friend or supporter.

If a child wishes to attend a Conference, the role of the Chair is critical in enabling the child to have a positive experience which is not damaging in any way. The Chair should meet with the child

beforehand before other people arrive to ensure that they understand what will happen at the Conference, and how they can participate. Consideration should be given to the Chair updating the child after the Conference if the child does not attend.

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

#### *3.7.6.1. Purpose of involvement*

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

#### *3.7.6.2. Exclusion*

The Social Worker should discuss the attendance of parents or carers with the Conference Chair at least 24 hours before the Conference, and preferably earlier. The Chair will exercise discretion and may exclude parents or carers from all or part of the Conference where one or more of the following criteria apply:

- There is a strong risk of intimidation of the child or anybody else by a family member at or after the Conference, and their presence may seriously disrupt the conduct of the Conference.
- Children of sufficient age and understanding state that they do not wish their parents/carers to be present.
- There are potential implications for criminal proceedings and an alleged perpetrator/family member may be asked to remove themselves whilst this is discussed.

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

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

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

The Key Worker should inform the parents or carers of the process that will be followed and ensure that they understand the purpose of the Conference and who will attend. Attendance is not the same as participation. Parents should receive adequate preparation prior to the Conference to enable them to participate as fully as possible. Parents should receive a written invitation to the Conference and a leaflet (See [Appendix 9](#)) explaining the purpose of the Conference and the effect of a child's name being placed on the Child Protection Register and made subject to a Child Protection Plan.

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

The role of a supporter is purely to provide emotional support to the parent/carer. At the discretion of the chair, they may be allowed to ask questions on behalf of the parent/carer.

A legal practitioner may attend as a supporter and may speak on behalf of the client upon their instructions, but may not treat the conference as a legal forum for arguing disputed facts.

The solicitor for a parent or child may attend a child protection conference in the role of representative of the child or supporter of the parent to assist their clients to participate. With the independent chair's permission, the solicitor may also speak on their behalf. Legal Practitioners must comply with the Law Society guidance *Attendance of solicitors at local authority Children Act meetings* or other equivalent professional guidance/requirements of the subject.

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

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

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

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

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

Where a supporter, solicitor, other family member or observer has attended a Conference, the minutes will not be distributed to them unless they have a role in the Child Protection Plan and the Conference agrees it appropriate.

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

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

Each agency invited to attend the Conference should provide in advance a written report which summarises their involvement with the family and their knowledge of the child's health and development as well as their view of the parents' capacity to safeguard the child and promote the child's well-being. Written reports should be provided to the Social Services Administrator at least two days before the Conference, and sharing the report with relevant family members prior to the Conference is the responsibility of each individual agency.

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

Any particularly sensitive information should be drawn to the attention of the Chair.

Any professional concerns about the possibility of violence or intimidation should be communicated to the Chair in advance.

#### *3.7.7.1. Social Work report*

The social work report follows the format provided within Azeus (the information system used by Social Services) and is informed by the Signs of Safety approach. It should summarise and analyse the information obtained in the course of the preliminary checks and the formal Child Protection Investigation. The report should include:

- The expressed views, wishes and feelings of the child, parents and other family members.
- Professional involvement including engagement with services, presentation, progress, etc.

This should include:

- The information gathered during the preliminary checks and information from the work that has been done on the Single Assessment so far.
  - A case history of significant events and agency and professional contact with the child and family including a list in date order of the events which brought the case to the Child Protection Conference. Areas where more information is needed should be highlighted.
- What the concerns are
  - What is working well
  - Any complicating factors
  - A Danger Statement detailing who is worried about what
  - The expressed views, wishes and feelings of the child, parents and other family members.
  - Assessment of risk and any child protection action taken.
  - Recommendations for any Safety Goals that should be in place.

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

#### *3.7.7.2. Medical report*

A medical professional will collate all relevant medical information and provide a written report including that pertaining to parents (and carers) as it affects parental capacity to adequately provide for the health, safety and well-being of the child.

The Medical report follows the format provided by Azeus (the information system used by Social Services) and is informed by the Signs of Safety approach.

Where medical advice is crucial to the Conference deliberations, the Conference should be scheduled to ensure that the examining doctor can attend. If due to exceptional circumstances, the doctor cannot attend, they must submit a report and the Chair should read the medical findings in full to the Conference. Any further interpretation of the report should only be undertaken by a medical practitioner. If the Conference is not clear as to the contents or interpretation of the report, arrangements should be made by the Chair to seek clarification. Any delay should not prejudice the safety of a child.

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

#### *3.7.7.3. Other professionals*

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

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

The **Police** will check records of all known adults who have a significant involvement with the child and also check whether there have been reports of domestic abuse. Their report needs to contain all previous convictions. The police should also check if the child or their siblings have come to the attention of the police.

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

Reports from all agencies should include:

- Accurate basic information;
- The expressed views, wishes and feelings of the child, parents and other family members.
- Professional involvement including engagement with services, presentation, progress, etc. This should include a 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.
- What the concerns are
- What is working well
- Any complicating factors
- The expressed views, wishes and feelings of the child, parents and other family members.
- Assessment of risk and any child protection action taken.
- Recommendations regarding the need for a child to be made the subject of a child protection plan, and if so, which category

#### 3.7.8. Chairing the Conference

The Chair must:

- Be a qualified social worker who is experienced in child protection and chairing conferences using the Signs of Safety approach
- Be independent (if possible) of operational and /or line management responsibilities for the case
- Be objective and analyse the evidence on which decisions should be made

The role of the Conference Chair is to:

- Use the Signs of Safety model to consider the family's strengths, support networks, identify risks and develop safety goals that are specific to each child
- Meet the child (where appropriate) and family members in advance, to ensure that they understand the purpose of the Conference and what will happen;
- Decide whether or not there are valid reasons for excluding any family members from attending the Conference or holding a conference in two parts;
- Ensure that the Conference agenda is followed;
- Enable all those present, including children (where appropriate) and family members, to make their full contribution to discussion and decision making;



- Ensure that the Conference makes the decisions required of it in an informed, systematic and explicit way;
- Enable Conference members to share all appropriate information and evaluate risks;
- Ensure that the Conference is conducted in an anti-discriminatory manner and gives proper consideration to issues of race, culture, language, religion, gender, sexuality and disability;
- Clearly differentiate between fact, observation, allegation and opinion;
- Record the decision as to whether each child should be placed on the Child Protection Register;
- Be available after the Conference to explain decisions to parents and children (where appropriate); and
- Take responsibility to review and ensure the accuracy of the Conference minutes.

#### 3.7.9. The Conference Process

The Child Protection Conference will be chaired using the Signs of Safety approach and will follow the agenda which includes:

- The purpose of reasons for the particular Conference and the tasks of the Conference;
- Introductions, apologies, confidentiality, agency roles with the family;
- Confirmation that all reports have been shared and read;
- What are we worried about? - Details of the events leading up to the initial Child Protection Conference;
- What is working well? The existing strengths
- Consideration of any complicating factors and analysis of future danger to the child
- An analysis of the implications of all the information shared for the child's future safety, health and development;
- The child's views
- Analysis of strengths and concerns with the production of a Danger Statement
- Detail what needs to happen next including explicit recommendations for how the risks can be managed; and
- Consideration of the need for legal advice 3

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

In all cases where child abuse is alleged or suspected, there is a duty to share all relevant information. Information obtained through any part of the child protection process must be treated in strict

confidence. Information should be shared in line with the FISC B Guidance on Information Sharing (2017).

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

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

#### 3.7.11.1. *The decision-making process*

The **only decision** which can be made at the Conference is whether or not the child's name should be made subject to a child protection plan because they have suffered or are at risk of suffering significant harm and if so under what category of harm.

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

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

The Conference will use the Risk Matrix in making this determination and will go through the following process of decision making:

- The decision whether or not the child should be made subject to a child protection plan through discussion of the information available and analysis of the strengths and risks
- The Chair will establish a recommendation of each department about whether the child should be made subject to a child protection plan.

- The decision should reflect the consensus view of the Conference. The views of parents and children are important to the Conference, but it is the professionals who make the decision about registration.
- Where consensus cannot be achieved, the Conference should make a decision which reflects the views of the majority of professionals' present (any dissenting opinions should be clearly recorded in the minutes). Where it is decided that a child shall be made subject to a child protection plan, the chair must ensure an outline Child Protection Plan is agreed at the Conference. This will be developed and reviewed at the first core group meeting.

Even when a child is not made subject to a child protection plan, the child may be in need of help to promote their development. The Single Assessment may need to be continued and departments must work together to offer support with the consent of the child and their parents.

#### *3.7.11.2. Making a child subject to a child protection plan*

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

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect
- Domestic Abuse

The category should reflect all the information obtained in the course of the formal Child Protection Investigation.

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

**Where a child is made subject to a child protection plan, the act itself confers no protection on a child. This is the function of the child protection plan.**

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

The outline child protection plan (agreed at Conference) must include:

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

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

In addition to making the decision about whether a child should be made subject to a child protection plan and preparing an outline Child Protection Plan, the Conference should carry out the following tasks:

- Agree arrangements for communicating the decisions and recommendations of the Conference to parents or carers and children, if they are not present at the Conference;
- Appoint a Key Worker and set out their role;
- Identify the membership of a Core Group of professionals and family members who will develop and implement the detailed Child Protection Plan as a working tool;
- Ensure each child and their family are at the centre of the child protection plan;
- Identify the sources of support and advocacy available to each child and their family;
- Set timescales for the meetings of the Core Group and the production of the Child Protection Plan. The Core Group should meet within 2 weeks of the date of the Initial Child Protection Conference and thereafter at no more than 6 weekly intervals;
- Set timescales for Child Protection Review Conferences i.e. 3-monthly as a maximum time from the date of the Initial Child Protection Conference and thereafter at no more than 6 monthly intervals;
- Outline the Child Protection Plan, including agreed safety goals and the arrangements for monitoring the health, development and progress of the child;
- Clarify the different purpose and remit of the Initial Child Protection Conference, the Core Group and the Child Protection Review Conference;

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

### 3.7.12. Minutes of the Child Protection Conference

All Child Protection Conferences should produce minutes of the meeting.

The minutes should include:

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

Minutes should be prepared to a consistent format, in line with the agenda, recording contributions, decisions and recommendations in a clear and concise manner. The Chair should agree the minutes before they are distributed. A copy should be sent as soon as possible, and no later than 10 working days, after the Conference to all those who attended or were invited to attend, including family members, except for the minutes of any part of the Conference from which they were excluded. Any correction of amendments must be sent to the Chair within 10 working days of receiving the minutes.

The minutes are confidential and should not be shared with third parties without the consent of the Conference Chair. Child Protection Conference minutes and their attachments should be retained by the agencies receiving them in accordance with their confidential record retention policies.

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

Children or parents may complain about the functioning of a Conference in terms of process or outcome. Complaints about the functioning of Conferences should be addressed to the Chair. If the Chair cannot resolve the complaint, they will refer the complaint to the Head of Social Services who

will consider whether these procedures have been followed and whether the decision that is being complained about was reasonable.

Complaints about an individual department should be sent to the Chair who may refer to the appropriate department

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

#### **3.8.1. The purpose of registration**

The primary purpose of the Initial Child Protection Conference is to decide whether to make a child subject to a child protection plan. Where a child is made subject to a child protection plan that child's name will be placed on the Child Protection Register.

The key reason for maintaining a Child Protection Register is to ensure that there is a single point of reference of the names of all children subject to child protection plans. This is particularly important for involvement with families out of office hours and for that reason the Register is maintained by the Royal Falkland Islands Police. Following the decision to make a child subject to a child protection plan it is the responsibility of each department attending or invited to attend the Conference to ensure that the decision is recorded appropriately on their electronic records system.

Placing a child's name on the Child Protection Register also means that any department is able to make enquiries with RFIP to establish whether a child is subject to a child protection plan.

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

Children should be recorded as being at risk of significant harm using one of the categories of physical, emotional, sexual abuse, neglect or domestic abuse according to the decision of the Child Protection Conference. Although there may be elements of more than one category, in usual circumstances the primary category should be recorded. Occasionally it will be necessary to note that more than one category applies, in which case the relevant categories can be recorded. The categories selected should reflect all the information obtained in the course of the child protection investigation.

### 3.8.3. The role of the Custodian of the Register

It is the responsibility of the Chief of Police to nominate a named police officer to maintain the Child Protection Register – the Custodian. Usually this will be the Public Protection Officer.

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

The Custodian is also responsible for cancelling the entry when a child is no longer the subject of a Plan as the Child Protection Conference has made the decision to remove a child's name from the Register.

Any enquiries about the Child Protection Register should be directed to the Custodian.

### 3.9. The Key Worker

Each child made subject to a child protection plan must have a named Key Worker, who will be identified by the Chair at the Initial Child Protection Conference, and must be a qualified social worker.

The Key Worker should:

- Ensure that the outline Child Protection Plan is developed and kept under review by the Core Group;
- Ensure that each child and their parents have a clear understanding of the objectives of the plan
- Visit the child as stipulated by the Plan (at least fortnightly) and ensure that the child's views are heard and considered
- Co-ordinate the completion of the Single Assessment of the needs of the child and family;
- Take the lead in inter-departmental work with the child and family;
- Promote the participation of family members and other professionals to the implementation of the Child Protection Plan;
- Measure the progress of the child protection plan against the agreed safety goals and understand any reasons for a lack of progress;
- Promote effective communication between all professionals and family members.

All professionals have a duty to inform the Key Worker of significant events or changes of circumstances relevant to each child. If there is a change of address for the child, the key worker shall inform the Custodian of the Child Protection Register as soon as possible.

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

### 3.10. The Core Group

The Core Group is responsible for developing and implementing the Child Protection Plan as a detailed working tool following the outline plan agreed at the Initial Child Protection Conference. Membership of the Core Group is decided at the time of registration and will include the Key Worker, the family (including the child where appropriate) and any professional or member of the child/family's support network who is required to make the plan effective.

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

The tasks of the Core Group are to:

- Agree objectives and timescales at the first meeting;
- Develop and expand the outline Child Protection Plan;
- Decide what steps need to be taken, by whom, to complete the Single Assessment on time;
- Identify the support network of the child and their family;
- Contribute to the Single Assessment of the child and family;
- Implement the child protection plan;
- Monitor progress against the objectives specified in the plan and refine the plan as needed;
- Ensure that the child (where appropriate) and their family are fully engaged in the implementation of the Child Protection Plan, and understand the expectations and objectives of each department involved; and
- Produce written reports for the Child Protection Review Conference outlining the work which has been undertaken by family members and professionals and with what degree of success, as measured against the safety goals and positive outcomes for the child.



Minutes should be kept of all Core Group meetings, including notes on the action agreed and decisions taken to inform the Child Protection Review Conference. The minutes should be distributed to all members of the Core Group within 10 days.

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

### 3.11. The Child Protection Plan

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

The aims of the Child Protection Plan are to:

- Safeguard the child;
- Promote the child's health and development; and
- Support the family to promote the well-being of the child.

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

The Plan must:

- Describe the identified needs of the child, and the child's view;
- Include specific, achievable, child-focussed objectives intended to safeguard the child and promote their well-being, together with timescales for achieving these objectives;
- Agree how professionals and the family are going to work together in the best interests of the child;
- Include realistic strategies and specific actions to achieve the objectives;
- Clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- State when progress will be reviewed and the means by which progress will be assessed and;

- Set out clearly the roles and responsibilities of those professionals with routine contact with the child as well as any specialist or targeted support to the child and family.

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

### 3.12. The Child Protection Review Conference

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

Any child who has been made the subject to a child protection plan at an Initial Child Protection Conference is required to have reviews at prescribed intervals.

The initial review conference is to be held within 3 months and subsequent reviews should take place at intervals not exceeding 6 months.

The tasks of the Review Child Protection Conference are:

- To review whether the child continues to suffer, or be at risk of suffering, significant harm;
- To review the safety goals in relation to the child's health and development;
- To consider how the family support network has supported the child protection plan;
- To consider whether the child should remain subject to a child protection plan;
- To consider whether departments are working well together to assist the child and their plan;
- and
- To consider the membership of the Core Group.

#### 3.12.2. Planning and running the Child Protection Review

The first Review Child Protection Conference should be held within 3 months of the Initial Child Protection Conference. Further reviews should be held at intervals of not more than 6 months for as long as the child remains subject to a child protection plan. If there is a significant change of

circumstances, the Social Services Team Manager must be informed and will consider whether to bring forward the date of the review Conference.

Participants in the Conference should include ALL members of the Core Group, including family members and the child (if appropriate), and any other relevant departments including those present at the Initial Child Protection Conference. The Key Worker is responsible for ensuring that the appropriate people are invited. Where key professionals are unable to attend a written report must be provided. Consideration may be given to postponing the Review Child Protection Conference to enable key professionals to attend.

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

### **3.12.3. Decision-making**

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

## 4. Child Protection in Specific Circumstances

### 4.1. Introduction

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

### 4.2. Safeguarding in the Falkland Islands Context

Within a small island community, children and families that we work with may also be acquaintances, friends or family members. This poses particular challenges and makes it crucial that safeguarding issues and child protection concerns are managed with scrupulous professionalism and confidentiality. All conflicts of interest (or potential conflicts of interest) should be discussed with the professional's manager, and the outcome recorded.

Occasionally a situation may arise where it would not be appropriate for a named professional to undertake a particular function. An example of this would be if a referral were made about the child/children of the Head of Social Services. In this situation, it would be wholly inappropriate for them to be involved in the process professionally and the matter would need to be discussed with the Director of Health and Social Services (DHSS). As the DHSS is unlikely to be a qualified social worker or have practical experience/knowledge of the child protection processes, they should consult the Crown Counsel for Safeguarding regarding how to proceed. Similar situations may arise with any professional role from any department and the appropriate course of action is to refer to the line manager (and the Falkland Islands Designated Officer if appropriate) and seek advice from the Crown Counsel for Safeguarding. The child's safety and well-being must remain the primary focus.

### 4.3. Future risk of harm to an unborn child

#### 4.3.1. Identifying the risk of harm

Where there are concerns about the future risk of harm to a child not yet born, a referral must be made to Social Services prior to the 20<sup>th</sup> week of pregnancy where possible.

Circumstances in which a referral would be appropriate are where:

- There has been statutory involvement with previous children of the family who have suffered, or were at risk of suffering, significant harm;
- Concerns exist regarding either parent's ability to protect;
- There are concerns regarding parenting capacity, particularly where parents have significant learning difficulties or mental health problems;
- Alcohol or substance abuse is thought to be affecting the health of an unborn baby, or may significantly impair the parents' ability to meet the child's needs;
- Either of the expectant parents are very young and a dual assessment of their needs as well as their ability to meet the baby's needs is required;
- There is a previous history of post-natal depression or psychosis which was sufficiently severe so as adversely to affect the care of the child;
- Other children in the family are subject to Child Protection Plans;
- The expectant mother/father has previously abused or allegedly abused a child;
- There are concerns about female genital mutilation
- The expectant mother/father has a partner, or is in contact with someone who has abused a child;
- There are concerns about domestic abuse within a current or past relationship.

#### 4.3.2. Action to be taken

The allocated Social Worker will conduct preliminary enquiries in line with the procedure outlined in Part 3.

Consideration will then be given to convening an Initial Child Protection Conference before the birth. The decision about whether to convene an Initial Child Protection Conference must be made in line with procedures set out in Part 3. If it is the decision of the conference that the unborn child should be made subject to a child protection plan, the Key Worker and members of the Core Group will review the Child Protection Plan in advance of the birth or immediately after if there is an unplanned/premature delivery. The Core Group must inform the delivery team (prior the arrival of the baby) of the planned response following the birth. In exceptional circumstances, following legal advice, this may include removal of the child either with parents' consent or by order of the court.

The Child Protection Conference should take place between 26 weeks and 32 weeks of the pregnancy in order to ensure an effective and planned response.

#### 4.4. Investigating organised or multiple abuse

##### 4.4.1. Definition

Organised or multiple abuse involves either one perpetrator abusing multiple victims or multiple perpetrators abusing one or more victims. The perpetrators concerned may be acting together to abuse children, or acting in isolation. They may be using an institutional framework, or position of authority, trust or special status to target children for abuse.

Children may have been abused or are groomed into targeting other children for abuse which may compromise their ability to speak openly about the abuse they are suffering or have suffered. (See 4.7 below).

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

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

In planning the response, the need for confidentiality on the part of the investigators must be considered given the serious nature and potential scale of this form of abuse. Any investigation involving children must be joint between RFIP and Social Services.

Given the implications of interventions and the potential media interest, the response to organised and multiple abuses must involve senior managers in both Social Services and the Police from the outset and the advice of the Attorney General's Chambers should be sought at an early stage.

##### 4.4.2. Action to be taken

Suspected organised abuse should be brought immediately to the attention of the Head of Social Services and Chief of Police. These officers will liaise and take responsibility for initiating these Procedures. They will take responsibility for notifying the Director of Health and Social Services and

the Director of Emergency Services without delay, who should ensure that appropriate resources are deployed and that staff members are given the necessary support.

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

During the strategy meeting the following should also be undertaken:

- Appoint one appropriate officer from each of Social Services and the Police to co-ordinate and manage the overall investigation
- Consider whether there are any children involved who need active safeguarding and/or therapeutic help, and how this should be achieved in a way which is consistent with the conduct of criminal investigations.
- Appoint a team from the Police and Social Services.
- Set out clearly the objectives of the team.
- Agree a joint plan in relation to the investigation which identifies roles and tasks of staff involved and resource implications.
- Agree the timing of any actions and possible consequences e.g. not to remove the children during unsocial hours and prioritising the child's well-being in all actions taken.
- Agree the lines of accountability and communication.
- Agree how and with whom information will be shared and emphasise the need for confidentiality.
- Consider carefully the decision about what to share with parents and when.
- Seek legal advice and ensure that the investigation will have ongoing access to legal advice. This is imperative if consideration is being given to removing children from their homes.
- Ensure that records will be safely and securely stored.
- Contact other Territories / Countries if the allegations cross boundaries, to ensure joint planning and consistency.
- Agree the convening of Strategy Meetings and Child Protection Conferences as and when necessary.
- Agree a timetable to include investigation planning meetings at regular intervals.
- Communicate the outcome of the meeting to the Director of Health and Social Services and the Chief Police Officer.
- Agree a media strategy (which may be not to forward any information at all).

- On a case by case basis consideration needs to be given as to whether the Chief Executive and/or the Governor and/or the Commander of the British Forces should be notified; this decision should be made by the relevant Directors following consultation with the investigation team
- Consideration should be given to referring to the FISC B for review following the conclusion of all investigations.

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

#### **4.4.3. Non-Recent Allegations**

If an adult makes a non-recent allegation about harm suffered when they were a child, this would be dealt with by the police as a single agency. The police must consider whether any children may currently be at risk and if it is deemed that this may be the case, a referral should be made as described in Part 3 of these procedures. Information from such an investigation must be continuously reviewed for impact upon any child and these procedures are to be followed as outlined in part 3 above where necessary. Where a single agency police investigation takes place, any ABE interviews will be conducted in accordance with relevant guidance.

#### **4.5. Allegations of harm arising from sexual activity with a child under 16**

Cases of sexual activity with a child under 16 are likely to raise difficult issues and should be handled sensitively. The legislation which applies in the Falkland Islands is the Crimes Ordinance 2014.

A child under the age of 16 is not legally capable of consenting to sexual activity, even though there may appear to have been consent by the child involved. Any allegation of a sexual offence committed against a child under 13 is very serious and should always be dealt with by a joint social services and police investigation in accordance with these procedures, with particular attention to the prompt gathering of medical and forensic evidence where appropriate. Cases involving children under 13 must always be considered at a Strategy Meeting which should, where possible, be held as a matter of urgency, before any criminal investigation or child protection investigation takes place.



Sexual activity with a child aged 13, 14 or 15 is a criminal offence, whether or not it involves penetrative sexual intercourse, regardless of the gender of the victim. The Strategy Meeting must consider whether in cases of sexual activity involving two children aged 13, 14 or 15 there is a need for intervention. Within this age range, the younger the child, the stronger the presumption must be that sexual activity is a matter of concern.

The considerations in the following checklist should be considered when assessing the extent to which a child (or other children) may be suffering or at risk suffering significant harm, and therefore the need for an assessment;

- The age of the child. Sexual activity at a young age is a very strong indicator that there are risks to the well-being of the child (regardless of their gender).
- The level of maturity and understanding of the child.
- Age imbalance, in particular where there is a significant age difference
- Physical or learning disability
- Overt aggression, power imbalance or bullying.
- Coercion or bribery.
- The misuse of substances as a disinhibitor.
- Whether any attempts have been made to secure secrecy.

#### Considerations for Health Workers

Young people should have access to sexual health or pregnancy advice without fear that information will be shared. For further guidance see [Appendix 7](#).

### 4.6. Children living away from home

#### 4.6.1. Circumstances in which children live away from home

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

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

#### **4.6.2. Hosted and privately boarded children**

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

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

Host carers are not the child's parents or relatives, but care for children by private arrangement with parents for a period over 56 days. They do not include those who provide private boarding. Such placements are subject to checks and monitoring by social services in order to ensure that the child's welfare is promoted and that they are safe. Unsuitable persons may be disqualified from being host carers.

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

#### **4.6.3. Allegations of abuse against a foster carer**

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

- Consider the safety and needs of ALL children in the family/placement (including the carer's own children and any other children placed there).
- Consider each child individually and make recommendations as to whether the foster child/children should remain with the carer pending a formal Child Protection Investigation. Well-being and safety considerations as well as the views of the child should be considered.
- Plan additional safeguards if the child is to remain in the placement whilst the enquiries take place.
- Seek approval from the Head of Social Services if the child/children are to remain in placement.

- Identify all children previously placed with the carer and whether there have been any previous allegations or concerns
- Identify what information will be given to the carer, when and by whom, regarding the allegation and the Child Protection Investigation.
- Identify who will support the carer during the process of investigation and how they will be kept informed. If a staff member is given this role by the Strategy Meeting their status must be made clear to all parties to avoid confusion and they must take no part in the investigation.
- Advise the carer that no further placements will be made during the investigation.
- Decide what information should be given to the parents of the child about whom there are safeguarding concerns, and by whom. The disclosure of information to parents of other children in the placement should be carefully considered, particularly when a child has to be moved as the result of an allegation.

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

- Evaluate the information/findings gathered during the investigation and decide whether to convene an Initial Child Protection Conference in respect of the foster carers' own children (if relevant). If required the procedures in Part 3 must be followed.
- Share appropriate information with the relevant parties about the outcome of the investigation.
- Ensure support is available where it is needed.

#### 4.6.4. Approved Foster Carers

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

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

## 4.7. Allegations against a professional, staff member or volunteer in contact with children

### 4.7.1. Responding to referrals

This section applies to all staff (on a paid or voluntary basis) who come into contact with children in the course of their work. Where an allegation is made against a member of staff in situations unconnected with their work, careful consideration needs to be given as to whether the individual presents a risk in the professional context.

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

### 4.7.2. What is the Falkland Islands Designated Officer (FIDO)?

When an allegation is made against an individual who works with children a 'FIDO' will be appointed. This is the Falkland Islands Designated Officer and is equivalent to the LADO (Local Authority Designated Officer) in England. The FIDO is responsible for co-ordinating the response to concerns that an adult who works with children may have caused them or could cause them harm. The FIDO will normally be the Social Services Team Manager or the Head of Social Services – or an appropriately experienced and qualified person that they appoint to the role. The FIDO works within Children's Services and gives advice and guidance to employers, organisations and other individuals who have concerns about the behaviour of an adult who works with children and young people. Included in this group are volunteers, agency staff and foster carers as well as people who are in a position of authority and have regular contact with children, such as religious leaders, members of the legislative assembly or school governors.

What is the FIDO's role?

- To coordinate the safeguarding and investigative process in response to allegations made against people working with children.
- To provide advice/guidance to employers or voluntary organisations.
- To liaise with police and other agencies including any relevant professional bodies such as the General Medical Council and the Teaching Regulatory Agency.
- To monitor the progress of referrals to ensure they are dealt with as quickly as possible, consistent with a thorough and fair process.

- To resolve any inter-agency issues.
- To collect strategic data and maintain a confidential database in relation to allegations.
- To disseminate learning from FIDO enquiries via the Practice Development Sub-Group of the FISC.
- To ensure that measures are in place to prevent further harm or abuse and that where required, referrals are made to the appropriate social care team, including overseas.

**The FIDO does not:**

- undertake any investigation;
- have direct communication with the person who is the subject of the allegation;
- provide advice and support to the person who is the subject of the allegation;
- provide Human Resources advice in respect of suspension or dismissal.

**The FIDO should be alerted to all cases in which it is alleged that a person who works with children has:**

- behaved in a way that has harmed, or may have harmed, a child
- possibly committed a criminal offence against children, or related to a child
- behaved towards a child or children in a way that indicated they may pose a risk of harm to children.

Allegations of non-current abuse should be responded to in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with children and if so, to inform the person's current employer or voluntary organisation or refer their family for assessment.

Any concern that meets the criteria above should be referred within one working day of the concern coming to your attention.

## **What will the FIDO do?**

Following notification, and within one working day, the first step will be to offer a strategy discussion with the Public Protection Officer. This will consider the most appropriate way of managing the allegation and whether the referral meets the criteria for FIDO involvement.

### **If the referral meets the criteria for FIDO involvement, the FIDO will:**

- Arrange a professional strategy, liaising with the police and other agencies as necessary. If the case is complex there may be a series of meetings.
- Ensure that child protection procedures are initiated where the child is considered to be at risk of significant harm.
- Provide advice about sharing information about the individual against whom the allegation has been made, with children and their families and others
- Advise on whether the person should be suspended while investigations are undertaken. This should only be done having sought advice from the Human Resources Department
- Ensure employers are aware of their duty to notify the appropriate regulatory bodies and/or to refer the individual to the Disclosure and Barring Service (DBS).

#### **4.7.3. Information to staff member**

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

#### **4.7.4. Strategy Meeting**

The standard procedures outlined in Part 3 should be followed, with the addition of the following points:

- The Strategy Meeting should take place within 48 hours of the referral.
- The Strategy Meeting should be chaired at a senior level.
- The Strategy Meeting will consider the need for disciplinary proceedings. For example, it may be necessary to ask the employer to suspend the person suspected of abuse. No disciplinary investigation by the employer should begin without the knowledge of Social Services or the Police.
- Consideration should be given to each case as to whether it is appropriate to invite an adviser from the Human Resources Department or the employer
- A Strategy Meeting should always take place at the conclusion of an investigation in order to draw the process to a close.
- The outcome of the Strategy Meeting may be one or more of the following:
  - A formal Child Protection Investigation and preliminary checks
  - Criminal Investigation
  - Disciplinary Proceedings
  - No further action

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

#### 4.8. Abuse by children or young people

##### 4.8.1. Responding to abuse by children and young people

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

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

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

Children and young people who abuse others are likely to have considerable needs themselves as well as posing a significant risk of harm to other children. They may also, themselves, need protection. Therefore, when abuse of a child is alleged to have been carried out by another child or young person within or outside the family, the Child Protection Procedures must be followed in respect of the victim and should also be considered in relation to the alleged perpetrator. The well-being of other children (for example, those living in the same home) should also be considered.

#### **4.8.2. Actions to be taken**

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

In planning the investigation, it is important to ensure that the needs of, and risks to, each child in their own right are assessed, and no child's needs or interests are treated as more important than any other's.

The investigation should also take account of the following factors:

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



#### **4.8.3. Initial Child Protection Conference**

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

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

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

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

#### **4.8.4. Child Sexual Exploitation**

The NSPCC define sexual exploitation of children as:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Any individual who has concerns that a child may be at risk of harm due to sexual exploitation, should contact Social Services or the police and make a referral so the matter can be considered appropriately. The Procedures in Part 3 should be followed.

#### **4.8.5. Child Criminal Exploitation**

The NSPCC define criminal exploitation as child abuse, where children and young people are manipulated and coerced into committing crimes.

The issue of children and young people's involvement in the distribution of drugs or organised crime is not a concern that has been identified in the Falkland Islands, however professionals should be aware of it and understand their duty to refer if they are concerned about a young person in this regard.

When investigating a crime where a young person is suspected to be the perpetrator, police officers should consider whether Child Criminal Exploitation is a factor.

Any individual who has concerns that a child may be at risk of harm due to criminal exploitation, should contact Social Services or the police and make a referral so the matter can be considered appropriately. The Procedures in Part 3 should be followed.

#### **4.8.6. Children from Abroad, Modern Slavery, Trafficking and Exploitation**

This procedure is concerned with children arriving into the Falklands:

- in the care of adults who, whilst they may be their carers, have no parental responsibility for them
- in the care of adults who have no documents to demonstrate a relationship with the child
- alone
- in the care of agents.

Unaccompanied migrant children and child victims of modern slavery, including trafficking, can be incredibly vulnerable children.

Unaccompanied children are alone, in an unfamiliar country and may be surrounded by people unable to speak their first language. Modern slavery includes human trafficking, slavery, servitude and forced or compulsory labour.

Exploitation takes a number of forms, including sexual exploitation, forced labour, forced criminality, begging, organ harvesting and domestic servitude and victims may come from all walks of life.

Any individual who has concerns that a child may be at risk of harm due to modern slavery or trafficking, should contact Social Services or the police and make a referral so the matter can be considered appropriately. The Procedures in Part 3 should be followed.

#### **4.8.7. Children at risk from Radicalisation**

Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme. Radicalisation is the process through which a person comes to support or be involved in extremist ideologies, usually through techniques similar to grooming. It can result in a person becoming drawn into terrorism, as well as espionage and subversion. This is in itself a form of harm.

Extremism is vocal or active opposition to accepted cultural values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. It can include calls for the death of members of the British Armed Forces or relatives of those serving. Radicalisation can occur in person though often occurs online.

Challenging and tackling extremism needs to be a shared effort. All organisations that work with children and young people have a responsibility to protect children from harm. This includes becoming radicalised and/or being exposed to extreme views.

Schools and childcare providers hold a specific responsibility in building pupils' resilience to radicalisation by promoting fundamental British/Falkland Islands values including democracy, the rule of law and mutual respect and tolerance of different faiths enabling them to challenge extremist views. Schools should provide a safe space in which children, young people and staff can understand the risks associated with terrorism and develop the knowledge and skills to be able to challenge extremist arguments.

Any individual who has concerns that a child may be at risk of harm due to radicalisation, should contact Social Services or the police and make a referral so the matter can be considered appropriately. The Procedures in Part 3 should be followed.

#### **4.8.8. Female Genital Mutilation (FGM)**

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice has no health benefits for girls and women and causes severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths.

The practice of FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against girls and women. It is a criminal offence under the Crimes Ordinance 2014.

Any individual who has concerns that a child may have suffered or be at risk of harm due to FGM, should contact Social Services or the police and make a referral so the matter can be considered appropriately. The Procedures in Part 3 should be followed.

## 5. The Falkland Islands Safeguarding Children Board

**These procedures have been issued by the Falkland Islands Safeguarding Children Board.**

### 5.1. Statutory Context

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

It is the role of the Board to coordinate what is done by (and on behalf of) the Crown for the purposes of safeguarding and promoting the welfare of children, and to ensure the effectiveness of what is done for those purposes. (Children Ordinance 2014, Section 83).

### 5.2. Membership

Members of the Board must include the following:

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

Members may also include BFSAI representatives and representatives from other organisations with a role relating to the well-being of children and families and also the Governor or representative.

Appendix 1 A Summary of the UN Convention on the Rights of the Child

# A SUMMARY OF THE UN CONVENTION ON THE RIGHTS OF THE CHILD



**ARTICLE 1** Purpose and scope  
The Convention shall apply to all children within the jurisdiction of the States Parties.

**ARTICLE 2** Non-discrimination  
States Parties shall ensure that all rights set forth in the Convention shall apply to all children within their jurisdiction without any discrimination of any kind.

**ARTICLE 3** Best interests of the child  
In all actions concerning children, the best interests of the child shall be a primary consideration.

**ARTICLE 4** Implementation of the Convention  
States Parties shall take all appropriate measures to give effect to the rights and freedoms set forth in the Convention.

**ARTICLE 5** General principles and a child's best interests  
States Parties shall ensure that the Convention is implemented in a manner that is consistent with the general principles of the Convention and the best interests of the child.

**ARTICLE 6** Life, survival and development  
Every child has the right to life. States Parties shall ensure that all children survive and develop to their full potential.

**ARTICLE 7** Child's name, nationality, registration, etc.  
Every child has the right to a name, to a nationality, to be registered, and to have a legal identity.

**ARTICLE 8** Preservation of identity  
States Parties shall ensure that the child's name, nationality, and other aspects of their identity are preserved.

**ARTICLE 9** Separation from parents  
States Parties shall ensure that a child is not separated from their parents against their will.

**ARTICLE 10** Family reunification  
States Parties shall ensure that a child is reunited with their family.

**ARTICLE 11** Adoption and other forms of placement  
States Parties shall ensure that adoption and other forms of placement are in the best interests of the child.

**ARTICLE 12** Respecting the child's views  
States Parties shall ensure that the child's views are taken into account in all matters affecting them.

**ARTICLE 13** Freedom of expression  
States Parties shall ensure that the child's freedom of expression is protected.

**ARTICLE 14** Freedom of thought, conscience and religion  
States Parties shall ensure that the child's freedom of thought, conscience, and religion is protected.

**ARTICLE 15** Freedom of association  
States Parties shall ensure that the child's freedom of association is protected.

**ARTICLE 16** Right to privacy  
States Parties shall ensure that the child's right to privacy is protected.

**ARTICLE 17** Access to information  
States Parties shall ensure that the child's access to information is protected.

**ARTICLE 18** Parental responsibilities and duties  
States Parties shall ensure that parents and other persons responsible for the child are provided with the necessary support.

**ARTICLE 19** Protection from violence, abuse and neglect  
States Parties shall ensure that the child is protected from violence, abuse, and neglect.

**ARTICLE 20** Children unable to be with their family  
States Parties shall ensure that children unable to be with their family are provided with special care.

**ARTICLE 21** Orphan  
States Parties shall ensure that orphans are provided with special care.

**ARTICLE 22** Refugee children  
States Parties shall ensure that refugee children are provided with special care.

**ARTICLE 23** Children with disabilities  
States Parties shall ensure that children with disabilities are provided with special care.

**ARTICLE 24** Health and health services  
States Parties shall ensure that the child's health and health services are protected.

**ARTICLE 25** Review of placement  
States Parties shall ensure that the child's placement is reviewed regularly.

**ARTICLE 26** Social security  
States Parties shall ensure that the child's social security is protected.

**ARTICLE 27** Standard of living  
States Parties shall ensure that the child's standard of living is protected.

**ARTICLE 28** Right to education  
States Parties shall ensure that the child's right to education is protected.

**ARTICLE 29** Goals of education  
States Parties shall ensure that the child's education is aimed at the development of their personality.

**ARTICLE 30** Children from minority, indigenous groups  
States Parties shall ensure that children from minority and indigenous groups are provided with special care.

**ARTICLE 31** Leisure, recreation and culture  
States Parties shall ensure that the child's leisure, recreation, and culture are protected.

**ARTICLE 32** Child labour  
States Parties shall ensure that the child is protected from child labour.

**ARTICLE 33** Drug abuse  
States Parties shall ensure that the child is protected from drug abuse.

**ARTICLE 34** Sexual exploitation and abuse  
States Parties shall ensure that the child is protected from sexual exploitation and abuse.

**ARTICLE 35** Sale of children  
States Parties shall ensure that the child is protected from sale.

**ARTICLE 36** Other forms of exploitation  
States Parties shall ensure that the child is protected from other forms of exploitation.

**ARTICLE 37** Abuse and neglect  
States Parties shall ensure that the child is protected from abuse and neglect.

**ARTICLE 38** Armed conflict  
States Parties shall ensure that the child is protected from armed conflict.

**ARTICLE 39** Recovery from armed conflict  
States Parties shall ensure that the child is provided with special care after armed conflict.

**ARTICLE 40** Juvenile justice  
States Parties shall ensure that the child's right to juvenile justice is protected.

**ARTICLE 41** Higher standards of protection  
States Parties shall ensure that the child is provided with higher standards of protection.

**ARTICLE 42** Reservations, declarations, and statements  
States Parties shall ensure that the child is provided with special care.

**ARTICLE 43** Implementation  
States Parties shall ensure that the child is provided with special care.

**ARTICLE 44** Reporting  
States Parties shall ensure that the child is provided with special care.

**ARTICLE 45** Review  
States Parties shall ensure that the child is provided with special care.

**ARTICLE 46** Confidentiality  
States Parties shall ensure that the child is provided with special care.

**ARTICLE 47** Final provisions  
States Parties shall ensure that the child is provided with special care.

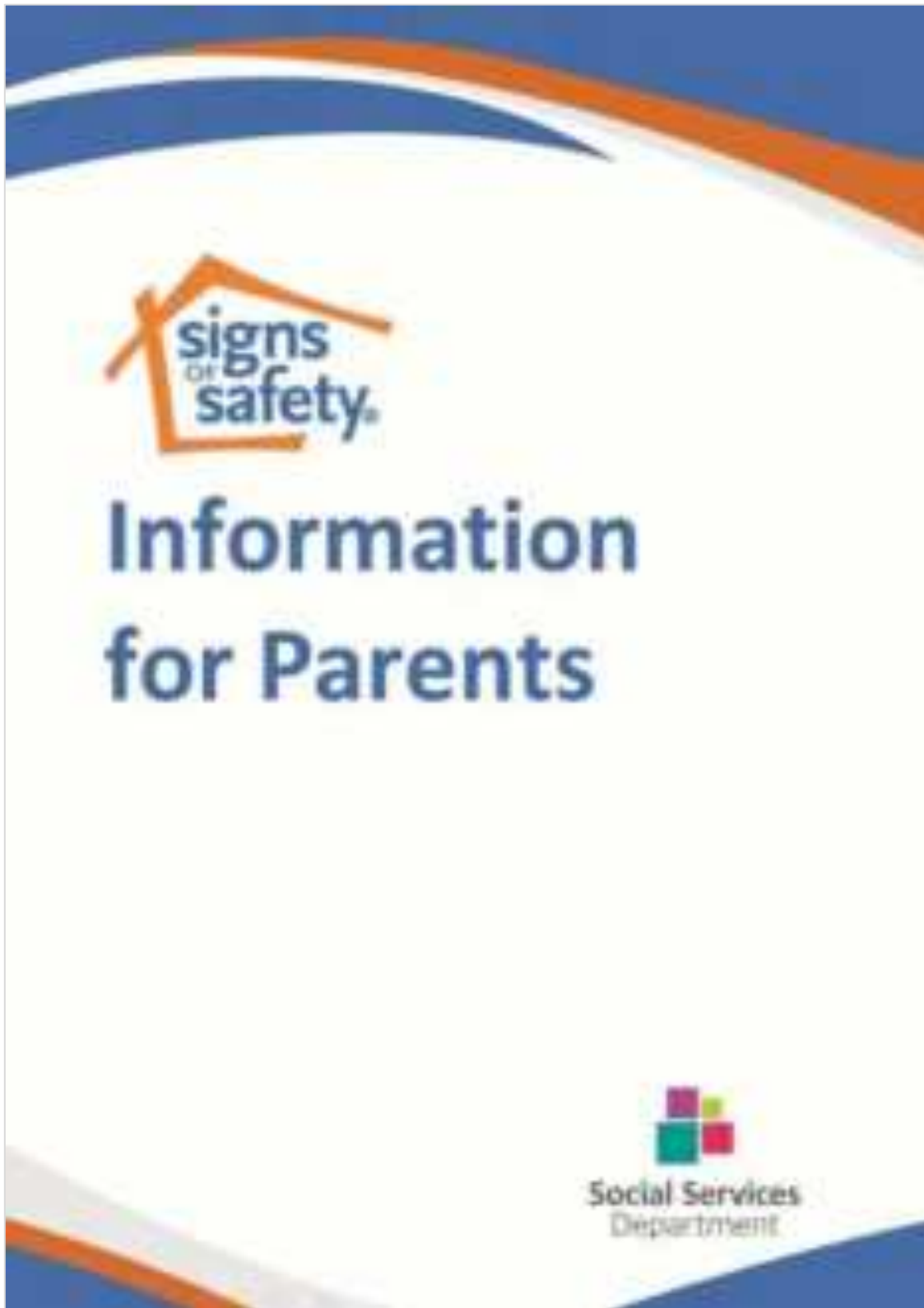
**ARTICLE 48** Signature and ratification  
States Parties shall ensure that the child is provided with special care.

## Appendix 2 Signs of Safety Framework

### Signs of Safety<sup>®</sup> Assessment and Planning Framework

What are we Worried About?	What's Working Well?	What Needs to Happen?
<p><b>Past History</b></p> <p>Merinda and Eddy both say that they have had lots of car fights (CP's been scared about 11 incidents) fights between 10/10/2011 and 1/09/2017 with David. More with Merinda.</p> <p>On the 11/05/17 David submitted Police report that he had been hurt (blamed on Eddy). When Police arrived they found David, Merinda and Eddy crying and talking in the bathroom. Merinda had ring burn and David said he came and got the radio saying he was going to kill David.</p> <p>In the last fight on 22/06/13 Eddy and Merinda were screaming and throwing things at each other. Merinda threw a glass of wine at Eddy when it hit his wall and scattered glass everywhere on the floor on the glass shattering on the floor.</p> <p>Eddy and David talked to David at a friend's on 22/06/2013 David of some time said yes:</p> <ul style="list-style-type: none"> <li>- "When Merinda and Dad are arguing, I take my parents and go into the bathroom"</li> <li>- "Mum and Dad were fighting and I remember glass that hit my face I was really crying I had a big bruise I was scared"</li> <li>- "Mum made really loud noise. I don't want to go to the bathroom because Mum screaming and shouting and throwing things around"</li> <li>- "Mum was in the car and shouting the wrong way. She tried to smash into Dad. He was in the car. I thought he would get injured"</li> </ul>	<p><b>Existing Strengths</b></p> <p>David, Merinda and Eddy all get on the of food and have good relations. David is doing well at school and Merinda loves preschool. She is at back developmentally.</p> <p>David and Merinda say they love playing football at the park with Dad and love playing table and board and building using blocks with Eddy.</p> <p>Merinda says she gets excited when she turns up and is not thinking about other she want to play. She is a very nice and Eddy says that Merinda strongest helped her to do this.</p> <p>Merinda and Eddy have talked to Police and David about what happen that night. Eddy said he they want to make changes Merinda and Eddy would like to get a safe house type what there like the one in Falkland to help them change their ways.</p> <p>David and David have results and help the family a bit looking after the children and can calm both Merinda and Eddy down when they are angry.</p> <p>Eddy and Merinda haven't had much contact with Eddy's parents since up of the West and that say they are best on touch and come what has been happening they are willing to do whatever it takes to help Eddy, Merinda and the family. David and Merinda say they would be good and they want the help.</p>	<p><b>Safety Goals</b></p> <p>Eddy and Merinda from CP's need David to be and become so close with Merinda and Eddy because they are used to being together and there have been so many good times in their family. But they is a danger they need Merinda and Eddy to not only help David and Merinda but also to their family to create a strong bond between David, Merinda and Eddy and CP's. This way they have better about and why they want to be safe with their family.</p> <p>They the young one been treated with the mother Merinda and Eddy and the other women will work with CP's to make a plan that the children can understand and know what they need.</p> <p>When Merinda and Eddy do argue they are not thinking about making a connection and a bond of the past and present. David, Merinda and Eddy only see in the car with Merinda which Eddy and the young one is afraid.</p> <p>Eddy and Merinda have stop of talking to each other without parenting, talking and supporting of them.</p> <p>CP's will show the way when they are able to have more learning for 6 months after the children and the parents.</p>
<p><b>Danger Statements</b></p> <p>Eddy and Merinda from CP's are worried that when Merinda and Eddy fight they are scared about what other things of each other that off dangerously with the safe to be in and David. Merinda says she will be really angry and frightened and get her own on Thursday night when Eddy and her had Eddy in a room that is not safe and Eddy had an accident and die.</p> <p>Eddy and Merinda are worried that Eddy and Merinda will hit the children when they disagree and cause them to be angry.</p> <p>Eddy and Merinda have heard someone that someone that said they will kill it is not to worry because Eddy and Merinda are angry because of Eddy's mother because of Merinda and Eddy because of David (Eddy and Merinda give up being from Eddy because Merinda is now want relationship get into trouble with his father and have his own problems in his family too.</p>	<p><b>Existing Safety</b></p> <p>On Monday 1/09/2011 Eddy submitted report with Merinda and Eddy and they made a plan to send the children to live with David and Eddy as they would not be in a safe environment. David, Merinda and Eddy have been seeing a friend and family since then.</p>	<p><b>Next Steps</b></p> <p>Merinda and Eddy say they will discuss the safety plan and take with the next meeting.</p> <p>At the next meeting on Monday Eddy and Eddy will talk with David and Merinda about making an agreement for the talk about why they can't live with Eddy and Merinda at the moment. Over the next few weeks they will work together to make a full work out between Eddy and the talk.</p> <p>After the work out and before they go back school Eddy and Merinda will help Eddy and Merinda and the safety team with on a long term safety plan.</p>
<p><b>Safety Goals:</b> This is a scale of 0 to 10 where 10 means, even if Merinda and Eddy do get annoyed, angry and drive me back, everyone including the children know what Eddy, Merinda and the support people will do so no one gets frightened at all or scared and the children are safe. David, Merinda and Eddy can call and help when if they are worried and Eddy Merinda there's no plan to keep the talk safe when things start getting bad as for the children I will be doing with Eddy and Merinda. Ask how where would you use the situation today?</p> <p style="text-align: center;">0 ← ————— → 10</p>		

Appendix 3 Signs of Safety Information for Parents Booklet







### What is Signs of Safety?

Signs of Safety is a new way of working with families when concerns about a child's safety or wellbeing are brought to Social Services' attention.

Signs of Safety means Social Services will work with families and other professionals so that together we can help your child feel safe and cared for.

### What difference will Signs of Safety make to the way Social Services works with me and my children?

Signs of Safety makes sure your views and the views of children, young people, carers and extended family (or close family friends) are part of the solution. The approach is about family members and professionals (health nurses, social workers, teachers, doctors, police and Social Services) as well as your wider network of friends and family, working together to meet your child's needs in the best possible way.

The case worker will ask questions such as:

**"What do you think is going well?"**

**"What are you worried about?"**

**"What needs to change?"**



Signs of Safety is a way of making sure that the Social Services case manager, and other people involved have the same understanding about your child's strengths and worries.

It helps everyone involved, including your child, to think of ways to keep them safe, healthy and settled, wherever they are living.

This will mean asking you a lot of questions so that the case worker can understand how satisfied or worried you are about your child's safety, health and wellbeing.

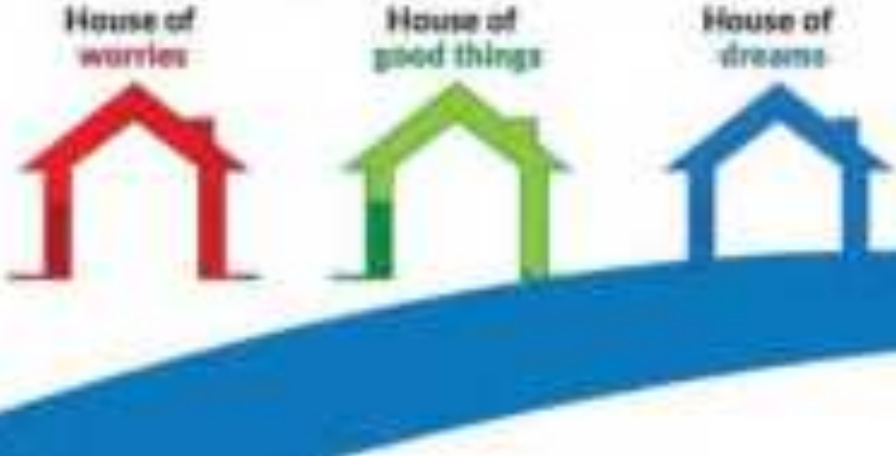
### Talking to Children

Talking to children is at the heart of Signs of Safety.

It is important that children, as well as adults, have an opportunity to talk about the things they are worried about, what makes them happy and what they would like to see happen in their family and community to keep them safe.

The Signs of Safety approach uses a tool called the Three Houses to talk to children and ask them their views:

**House of worries**      **House of good things**      **House of dreams**



**The assessment process**

The Signs of Safety assessment process is called Mapping.

During an assessment four key questions will be asked of you, your child, your wider family and anyone else who helps care for your child.

**What are we worried about for your child?**

What has happened to make us worried and what is the impact on your child, including things that may be happening in your family's life that make problem(s) harder to deal with.

**What is working well for your family?**

Things that are already happening to keep your child safe and protected from harm or abuse and meet their needs.

**What needs to happen to make sure your child is safe and well in the future?**

What family and professionals need to see to be satisfied your child is safe. These are turned into goals and a plan.

**How safe is your child on a scale from 0 to 10?**  
(0 meaning the child is being harmed, 10 meaning the child is safe)

0 1 2 3 4 5 6 7 8 9 10

## The Outcome of the Assessment

If the outcome of the assessment finds there are serious worries about your child's safety, these are written down and called **Danger Statements**. The steps taken to deal with the danger is written down and called **Safety Goals**. These are the goals that need to be reached to make sure that your child is safe and well at all times.

**Words and pictures** are used to communicate with your child in a way they will understand about what has happened and what will keep them safe.

A **Safety Network** is the people in your life that are important to you and to your children like grandparents, aunties, uncles, close friends.

All safety goals need to identify a safety network.

This network of family and friends work with you and Social Services to provide ongoing support after the case is closed.







The name of the social worker that has contacted you is:

---

Their phone number is:

---

If you need to speak to someone urgently please contact:

---

If you are not satisfied with the service please contact  
Social Services.

Phone: 27296  
Email: [advice\\_social@fki.gov.fk](mailto:advice_social@fki.gov.fk)

## Appendix 4 Legal Framework

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

The Children Ordinance outlines a number of general principles:

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

In determining any application under the Children Ordinance (2014), the court shall have regard in particular to a number of factors which together are known as the **welfare checklist**, namely:

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

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

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

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



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

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

## **2. Emergency Protection Order**

### *Section 64, Children Ordinance 2014*

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

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

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

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

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

An emergency protection order lasts for a maximum of 8 days, and may be extended for a maximum of a further 7 days. Irrespective of these limits, the child must be returned to their home as soon as it

is safe to do so. An application for a care order may be made to prevent this, where this is necessary to protect the child from harm.

### **3. Child Assessment Order**

*Section 63, Children Ordinance 2014*

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

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

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

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

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

*Sections 48 and 56, Children Ordinance 2014*

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

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

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

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

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

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

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

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

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

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

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

## **5. Supervision Order**

### *Section 53, Children Ordinance 2014*

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

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

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

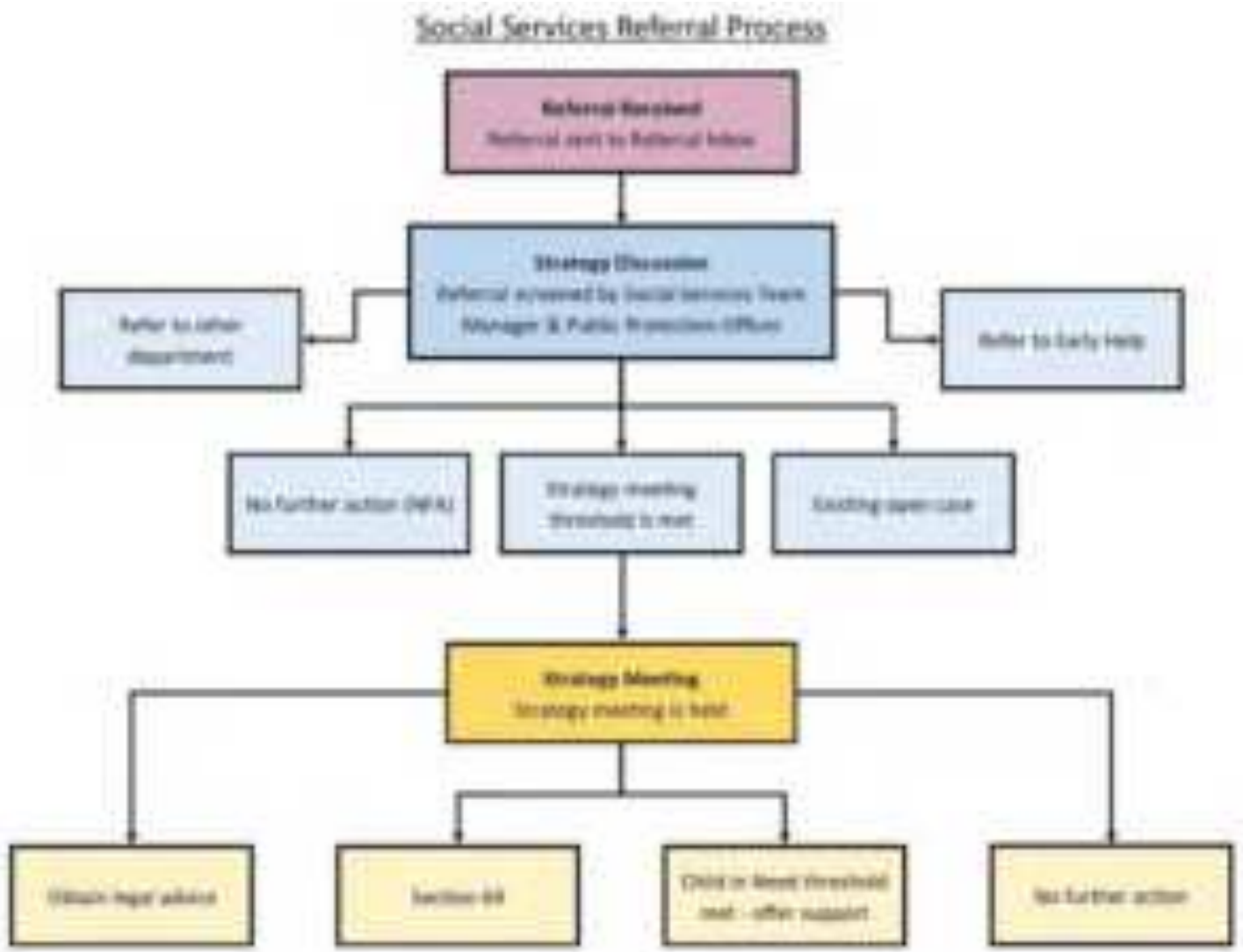
A supervision order cannot be made in respect of a child age 17 (or age 16, if married).

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

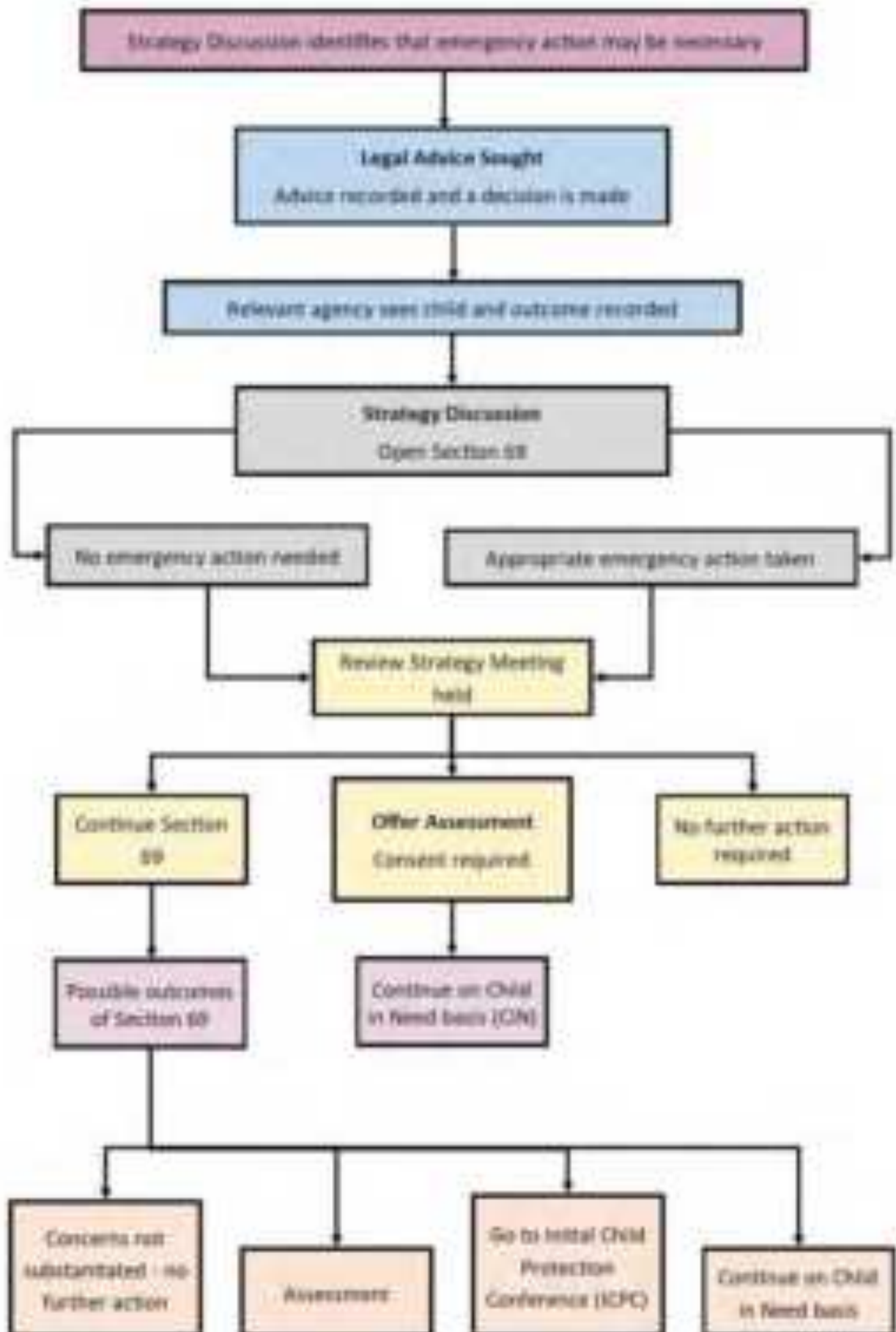
Schedule 3 of the Ordinance contains detailed provisions which can empower a supervisor to give directions to the supervised child or responsible person in relation to certain matters to ensure that the supervised child complies with the obligations imposed under the order.

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

Appendix 5 Flow Charts: Referrals Process and Emergency Action Process



## Emergency Action



Appendix 6 FISC B inter-agency referral form

# Referral Form

Please return to [referrals.social@kemh.gov.fk](mailto:referrals.social@kemh.gov.fk)

For advice, please call 27296

If the highlighted boxes are not completed then the referral form will be returned to be completed and resubmitted. If the information is not known, then mark it as not known.

<b>Is the Client aware of this referral?</b>	Yes		No		
<b>If not, why not?</b>					

<b>Is the carer aware of this referral</b>	Yes		No		
<b>If not, why not?</b>					

<b>Has the client / carer given consent for information to be shared, whether in writing or verbally?</b>	Yes		No		
<b>If not, why not?</b>					

**Client's details**

<b>Client's First Name</b>		<b>Client's Last Name</b>		
<b>Client known as?</b>		<b>Family previously known?</b>		
<b>Date of Birth</b>		<b>Age</b>		
<b>Sex</b>		<b>Ethnic Origin</b>		
<b>First Language</b>		<b>Language issue</b>		
<b>Current Address</b>		<b>Telephone Numbers:</b>	<b>Home</b>	
			<b>Mobile</b>	

<b>Previous addresses (if applicable)</b>	
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Household Members			
Full Name	Date of Birth	Relationship	Has parental responsibility?

Key people to client			
Full name	Date of Birth	Relationship	Address

Your details			
Your name		Your contact Address	
Your Relationship to client			
Reason for referral			
Your contact telephone number(s)		When can we call you back?	
Any alerts / warning signals we should be aware of?			



Known professionals already involved		
Name	Agency	Contact Number

Referral details	
<ul style="list-style-type: none"> <li>• <i>include strengths and difficulties or any specific incidents of concern</i></li> <li>• <i>Are there any issues which affect parent(s) capacity to respond appropriately to child / young person (e.g. physical / mental illness or disability; learning disability; substance / alcohol misuse; domestic abuse, childhood abuse</i></li> <li>• <i>relevant information about family history, social integration &amp; functioning; support in wider family / community; housing, employment, income &amp; financial difficulties</i></li> <li>• <i>What action has referrer already taken</i></li> <li>• <i>What does referrer expect to happen next (be specific about focus for any assessment)</i></li> </ul>	
<b>Form completed by:</b>	
<b>Signature:</b>	
<b>Date:</b>	

## Appendix 7 Guidance to health workers regarding under-aged sexual activity and Fraser Guidelines

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

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

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

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

This document has been designed to ensure that practitioners who are involved in assessing children who have been sexually active are alert to cases where the sexual activity/relationships may be abusive. **It is important to accurately assess the risk of significant harm when a child or young person is engaged in sexual activity and gauge the need to refer the child to the social services department. Ask yourself, is this a child safeguarding issue? Why would I not refer this child for the additional support that other agencies will be able to offer? Do I need to share this information with my line manager and/or other agencies?**

A child **under the age of 13** is not legally capable of consenting to sexual activity and penetrative sex is regarded as rape. In this case, **always discuss with your Designated Safeguarding Lead and refer to social services who will hold a strategy discussion with the Police.**

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

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

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

### **Fraser Guidelines**

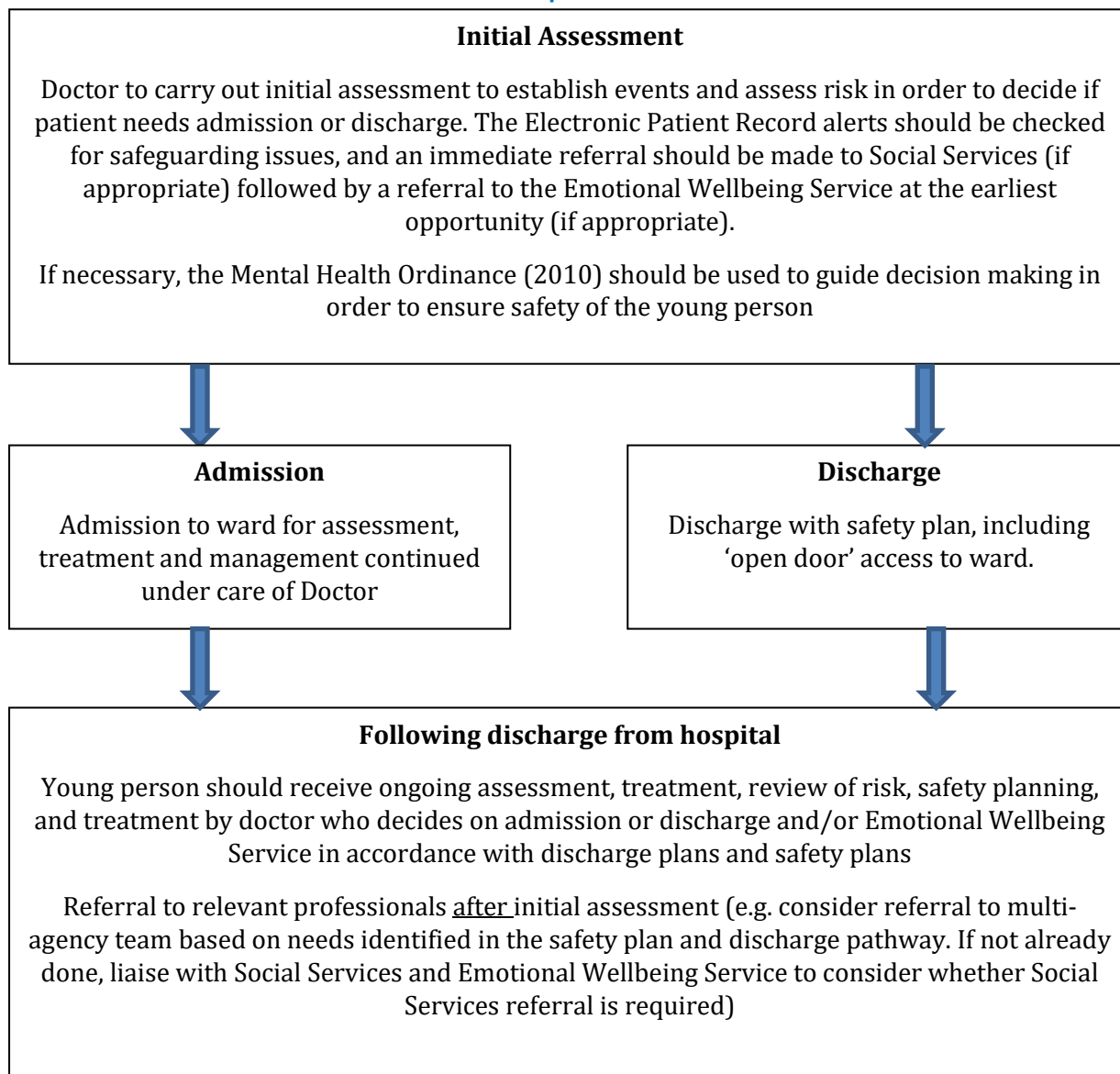
Sexual health services can be offered without parental consent to young people aged 13 and over if:

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

## Appendix 8 Guidance to health workers regarding attempted suicide or self-harm

### Attempted suicide or self-harm

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



## Appendix 9 Child Protection Conference Leaflet




# Child Protection Conferences

An Information Guide for Family Members and Professionals



**This leaflet explains why child protection conferences are held, and what to expect throughout the process.**

**What is a child protection conference?**  
It is a meeting held when professionals are concerned that a child may have been harmed or may be at risk of being harmed.

**Who will attend the Child Protection Conference?**

- An independent panel member will chair the conference.
- The parents or carers of the child.
- The social worker for the family.
- Someone from the health services.
- A representative from the police.
- A teacher may attend if the child is of school age.
- The parents or carers of the child can also have a supporter with them if they wish.
- The child can attend the conference if the local authority agree they are mature enough to participate.

The duty of everyone involved in Child Protection is to ensure the safety and well-being of children who are at risk of harm. It is very important that everyone has the right to view about children's needs.


**Your help and involvement is vital.**

**The conference will...**

- try to understand what has happened by looking at the facts and sharing information.
- give parents and professionals the chance to give their views about the child's situation, and make suggestions about what can be done to help address the risk to the child.
- decide if there is a risk and if so, how serious it is.
- decide if the child needs a safeguarding plan to reduce that risk.
- agree a plan which will aim to protect the child and help everyone that want to help, but any difficulties in the family.

**The role of the Chairperson**  
The Chair person is there to make sure the meeting goes smoothly and that any decisions made are fair. They also measure the degree of risk a child is exposed to and identify the strengths within the family network. The Chair is independent of the Falkland Islands Government.

**Confidentiality**  
Everyone at the conference has to follow strict confidentiality rules. Information will only be shared with those who need to know to keep the child safe.



**What happens at the Child Protection Conference?**

**Before the meeting...**

- The social worker will contact you.
- The conference is arranged at a convenient time and place.
- Everyone who needs to be at the conference is invited.
- A detailed report is written about the concerns for the child.
- The Chairperson will offer to meet with the parents or carers of the child to explain what will happen.

**The Experts**

The invited professionals will write a report sharing their assessments with the family and their concerns. These reports are to be shared with the family before the conference by their professional.

The conference will be confidential. A brief summary of any of the conference has been called will be given.

The Chair will then ask everyone to share what is working well and what they are worried about. The parents and child if present will be encouraged to contribute to this discussion as much as possible.

**Parents have the opportunity to correct any factual errors in reports and statements, and provide comments to professional partners.**

**Confidentiality and protecting existing evidence is paramount** but working together is about the situation for the child.

The professional partners will then decide if there is sufficient concern for the child's safety to be protected by the child protection system and for a safeguarding plan to be written.

### The Conference

- The Chair will refer to most of the parents' views.
- Discussions are made, and everyone will be asked if they are happy to go forward to be asked to help with any risk reduction taking. Everyone attending must agree for the conference to be recorded, and a signed set taken.
- The Chair will ask for confirmation of views received and read the report.
- The parents' views will be made aware of their copies in copies of the child protection plan with the presence of members of the conference.
- A decision about confidentiality will be given.
- The local worker will give a brief summary of the events planned for the conference being held.

- The Chair facilitates discussion that includes all members of the conference including parents' views. The discussion about what is working well and what the concerns are.
- If a concern is given, the other professional team leaders repeat the concern.
- The partners receive a time window for the parents' views, which will be asked to meet the conference needs, including what the concern has been suggested. This only happens when there is an open investigation.
- A larger discussion will be given - this provides the response we are working with the family.
- Everyone involved in writing evidence, including parents' views.
- The professionals are asked for their recommendations and their reasons for that.

If the decision is not to add the child's name to the Child Protection Register:

- The family will be offered support in any form of child in need. The family has the choice whether they engage on the basis of risk.




If the decision is to add the child's name to the Child Protection Register:

- The company will be given a signed copy of the child protection plan, parent views, formally agreed.
- The Safety Plan will be discussed.
- The first group participants will be identified and will be used for the first meeting.
- The Family Conference will be set up if needed from the start, every 6 months or sooner if needed.
- The family will be provided with support.

### The Safeguarding Plan

The decision is made to add a child's name on the child protection register; a plan will be written to protect against for the family and to ensure that risk is addressed by reducing any further risk to the child. Support will be offered to the family to address this risk through:

- The Supporter will visit the child every 2 weeks (at least) and cover all their needs (with communication).
- The Chair should visit every 4 weeks to review the child protection plan to ensure it is working to keep the child safe.
- If the plan is not working it may be changed, more support may be offered, the Family Conference may be brought forward or legal advice may be sought.

The Chair person will ensure an accurate record is made of the discussion part of the conference. The minutes of the meeting will be produced to the family and the professionals. There are many parts to a conference plan.

### Contact Us

If you have further questions regarding Child Protection Conferences please contact the Social Services Team on 01224

