

GPI: Safeguarding Children

Policy Number: 016

Status: Approved by Council

Edition: 1

Originating Date:

Last Review:

Ratification Date:

Next Review Date:

Documents Controlled:

Signed:
Policy and Procedures Portfolio Holder



GOVERNMENT OF PITCAIRN ISLAND

**POLICIES AND
PROCEDURES FOR
SAFEGUARDING
CHILDREN
On Pitcairn Island**

CONTENTS

<i>SECTION 1</i>	<i>INTRODUCTION</i>	<i>Page 1</i>
	<i>THE PITCAIRN ISLAND</i>	
	<i>Review Group-</i>	
	<i>TERMS OF REFERENCE</i>	<i>Page 3</i>
<i>SECTION 3</i>	<i>MANAGING INDIVIDUAL CASES</i>	
	<i>The Crisis Group</i>	<i>Page 6</i>
<i>Flowcharts</i>	<i>2,3 and 4</i>	<i>Pages 10-12</i>

APPENDICES: For use by Pitcairn Island Review Group and Crisis Group if required

<i>Appendix 1</i>	<i>Definitions of Child Abuse and Neglect</i>	<i>Page 13</i>
<i>Appendix 2</i>	<i>Immediate Action to Safeguard the Welfare of a Child</i>	<i>Page 14</i>
<i>Appendix 3</i>	<i>The Initial Assessment</i>	<i>Page 15</i>
<i>Appendix 4</i>	<i>Allegations of Harm Arising from Under Age Sexual Activity</i>	<i>Page 18</i>
<i>Appendix 5</i>	<i>The Formal Enquiry</i>	<i>Page 20</i>
<i>Appendix 6</i>	<i>The Child Protection Case Conference, the Child Protection Plan and Review Case Conferences</i>	<i>Page 22</i>
<i>Appendix 7</i>	<i>Support and Supervision</i>	<i>Page 28</i>
<i>Appendix 8</i>	<i>The Legal Context</i>	<i>Page 29</i>
<i>Appendix 9</i>	<i>Job Descriptions</i>	<i>Pages 30-33</i>

POLICY AND PROCEDURES FOR SAFEGUARDING CHILDREN on Pitcairn Island

1. Introduction.

1.1. This document sets out how organisations and individuals should work together to safeguard and promote the welfare of children on Pitcairn Island.

1.2 The terms of reference for the Pitcairn Island Review Group are set out in section 2. The procedures for managing individual cases, The Crisis Group are described in section 3 and summarised in flowchart form at the end of this section. More detailed information on aspects of the Safeguarding process are contained in appendices.

1.3 Key Principles.

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

All children deserve the opportunity to achieve their full potential. They should be enabled to:

- be as physically and mentally healthy as possible;
- gain maximum benefit possible from good quality educational opportunities;
- live in a safe environment and be protected from harm;
- experience emotional wellbeing;
- feel loved and valued, and be supported by a network of reliable and affectionate relationships;
- become competent in looking after themselves and coping with everyday living;
- have a positive image of themselves and a secure sense of identity;
- develop good inter-personal skills and confidence in social situations

1.4 It is important to recognise Pitcairn's unique situation, and these policies and procedures are designed to reflect the context in which they will be applied. The key features of Pitcairn Island in relation to safeguarding children are:

- a. Being such a small and remote community, it is inevitable that the children and families dealt with by professionals on the Island as patients, pupils and members of the public, are also frequently friends and/or family. This poses particular dilemmas for professionals, and makes it crucial that safeguarding issues and child protection concerns are managed with professionalism and confidentiality.

- b. On Pitcairn Island functions and services which in a larger society would be delivered by a department of government are frequently vested in an individual. Policies and procedures need to ensure that key decisions are made on the basis of discussion and joint working rather than the subjective view of one person.
- c. In the past cases of concern involving the safety of children have been dealt with in an ad hoc and reactive way that have not been inclusive of the families concerned or clear about the processes used. These guidelines, when adopted by the Island Council and made known to all Islanders, are meant to address those issues.

The Pitcairn Island Review Group – Terms of reference.

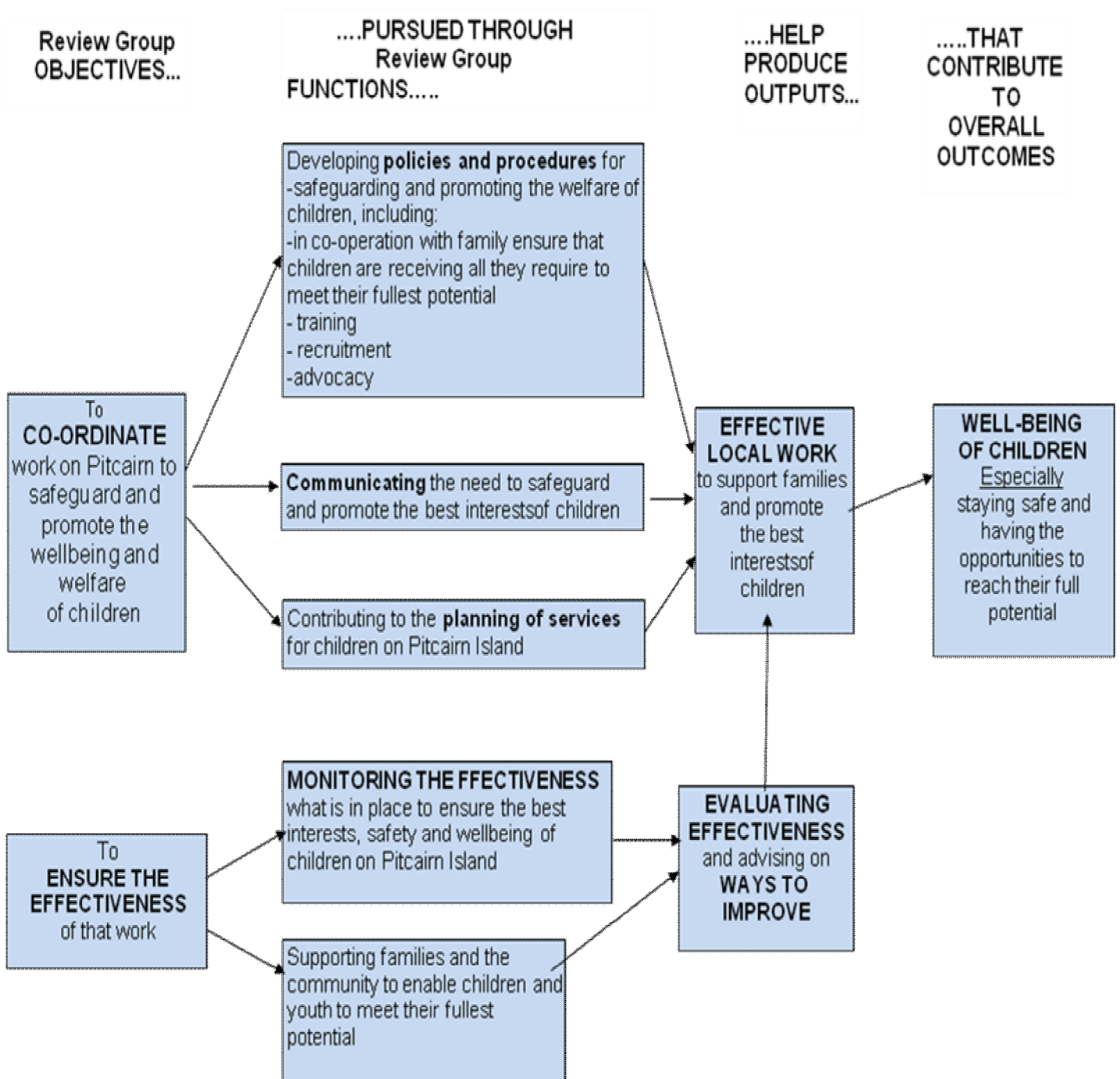
- 2.1. The **Pitcairn Island Review Group** is the mechanism with the responsibility to safeguard and promote the welfare and wellbeing of each child, encouraging them to achieve their fullest potential and for ensuring the effectiveness of the work associated with the wellbeing and development of children.
- 2.2. The scope and terms of reference of the Review Group fall into four categories.
 - a. It will engage in activities that safeguard and promote the welfare, wellbeing and best interests of all children on the Island and will aim to identify and prevent any situations and factors which might impair their health and development. (This might include drug and alcohol policy, issues arising from the internet, potential risks to children from cruise ships and other visitors, accessing and supporting individually appropriate education options – on island and off island. etc).
 - b. It will lead and coordinate pro-active work aimed at increasing the levels of awareness and understanding of the Island's population in relation to children's safety and welfare generally.
 - c. It will work co-operatively with the Crisis Group in arrangements for responsive work to protect children who are suffering, or at risk of suffering, maltreatment.
 - d. To facilitate the oversight of the childrens' development, physically, socially and emotionally by undertaking six monthly reviews of their health, milestones, educational and social progress. This is to be carried out in consultation with parents, family or significant people to the child.
- 2.3. The Review Group will report to the Community Division Manager with the Island Welfare portfolio who will report to the Island Council.
- 2.4. The Community Worker for Children will convene and chair the Review Group (unless it is agreed by them and/or the Island Council to delegate this task to another member of the Review Group).
- 2.5. The Review Group must be able to form a view of the quality of local activity in relation to the best interests and wellbeing of children and their families. It should challenge Off-Island professionals and other Council members as necessary (in regard to issues relating to the overall wellbeing of children), and speak with an independent voice. The Review Group will operate in **full consultation with families**.
- 2.6. Membership of the Review Group should include representatives of those agencies, departments and organisations providing or concerned with services to children and families. The core membership will be:

The Community Worker for Children
The Doctor
The Head Teacher
The Family and Community Advisor

This list is not exclusive and others may be co-opted or asked to join for particular issues.

2.7. The core objectives of the **Review Group** are:

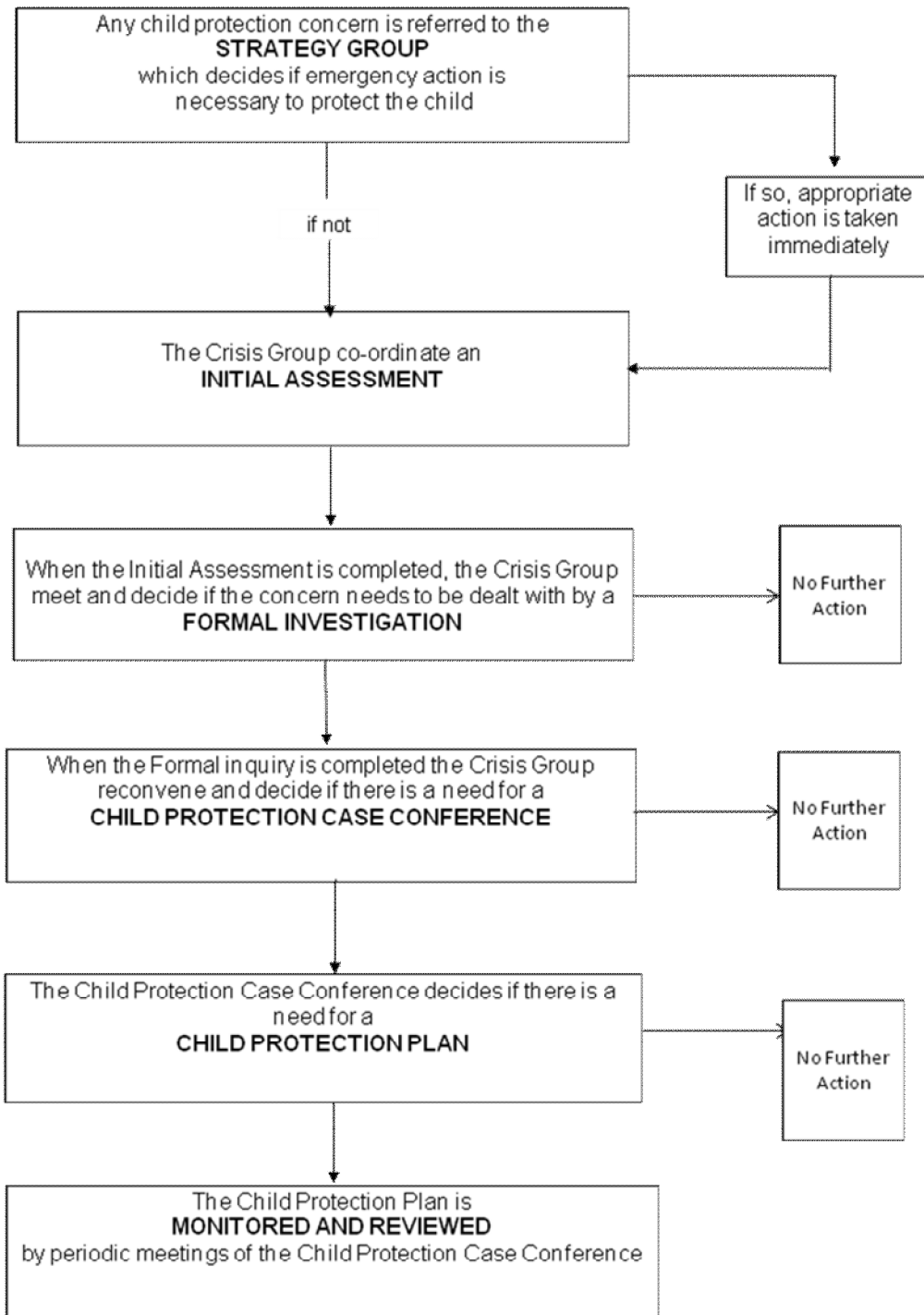
- a. To co-ordinate what is done by each person or body represented on the Review Group for the purposes of promoting the welfare and wellbeing of children allowing them to have the best quality of life possible as Pitcairn Islanders.
- b. To ensure the effectiveness of what is done by each such person or body for that purpose.



3. Procedures for Managing Individual Cases – Crisis Group

PITCAIRN CHILD PROTECTION PROCEDURES

SUMMARY FLOWCHART



- 3.1. Those on Pitcairn who deal with children in a professional capacity, i.e. teachers, nurses and members of the police, who have a concern over the safety and well-being of a child, or to whom a child or a member of the public raise a concern, must communicate that concern to a member of the Crisis Group.
- 3.2. When a concern is discussed with a member of the Crisis Group it should always be recorded in writing, including whether or not further action is to be taken. There should be a clear and explicit agreement about who will be taking what action.
- 3.3. All staff involved in safeguarding should be aware that they have a strict duty of confidentiality in relation to Child Protection concerns and that these should not be discussed outside the professional framework. This is of particular importance in the small, close-knit community of Pitcairn, where a lack of confidence in the confidentiality of the process may influence people against reporting a concern.
- 3.4. If, following the discussion with the member of the Crisis Group, it is decided to make a formal referral, it should lead to a meeting of the Crisis Group to decide what further action – if any is required.
- 3.5. The Crisis Group
Because of Pitcairn's size key functions and responsibilities are often vested in individuals rather than departments and agencies. In order to enable a balanced decision to be reached in relation to child protection concerns, all referrals will be considered by a small group of key individuals. This group will be known as "The Crisis Group" and will consist of:
 - The Doctor
 - The Teacher
 - Island Police
 - The Community Policeperson
 - The Family and Community Advisor
 - Children's Officer

If any of these persons are not currently on the Island, their place may be taken by the *person deputising for them*. (In the absence of the Governor's rep a nominee Children's officer should be appointed)
- 3.6. In general staff should discuss their concerns with the family if appropriate and seek their agreement and cooperation in making a referral. The process should be seen as that of deciding on and enabling the provision of appropriate support and assistance, rather than one of criticism or accusation.

However, the welfare of the child must be the over-riding consideration, and discussion and agreement with the family should not take place if this could place a child at increased risk of significant harm.

- 3.7. It is the duty of the Crisis Group member is to clarify with the referrer the nature of the concerns, whether there are concerns about maltreatment, what their foundation is and whether any urgent action may be necessary. The group will decide if it is necessary to take any **immediate action to safeguard the child**. (See Appendix 2).
- 3.8. When this has been decided they will co-ordinate an **initial assessment**. (see Appendix 3). Parents' permission should be sought before discussing the referral more widely with other professionals unless permission-seeking may itself put a child at increased risk of harm.
- 3.9. Following the initial assessment which should be completed within three working days the Crisis Group will decide what course of action to follow.

This could be:

- To undertake a **Formal Enquiry** ;
 - To carry out a further assessment;
 - To provide support and assistance, but not proceed with the matter as a child protection concern;
 - To take no further action.
- 3.10. The Crisis Group may consult and seek advice and guidance from suitably experienced and qualified persons not living on the Island (e.g. The Child Protection Co-ordinator of the Child Protection Programme in the British Overseas Territories or a senior social worker in New Zealand), but they are not obliged to do so or bound by the advice that they receive.
 - 3.11. These procedures should also be followed where there are concerns about the welfare of an unborn child.
 - 3.12. Allegations of harm arising from underage sexual activity
Cases of underage sexual activity which present cause for concern are likely to raise difficult issues and should be handled particularly sensitively. The legislation which applies is the UK's Sexual Offences Act 2003, the relevant parts of which are summarised in Appendix 4.

In brief, a child under the age of 13 is not legally capable of consenting to sexual activity, and any allegation of a sexual offence committed against a child under 13 is very serious and should be dealt with by a formal enquiry and a criminal investigation.

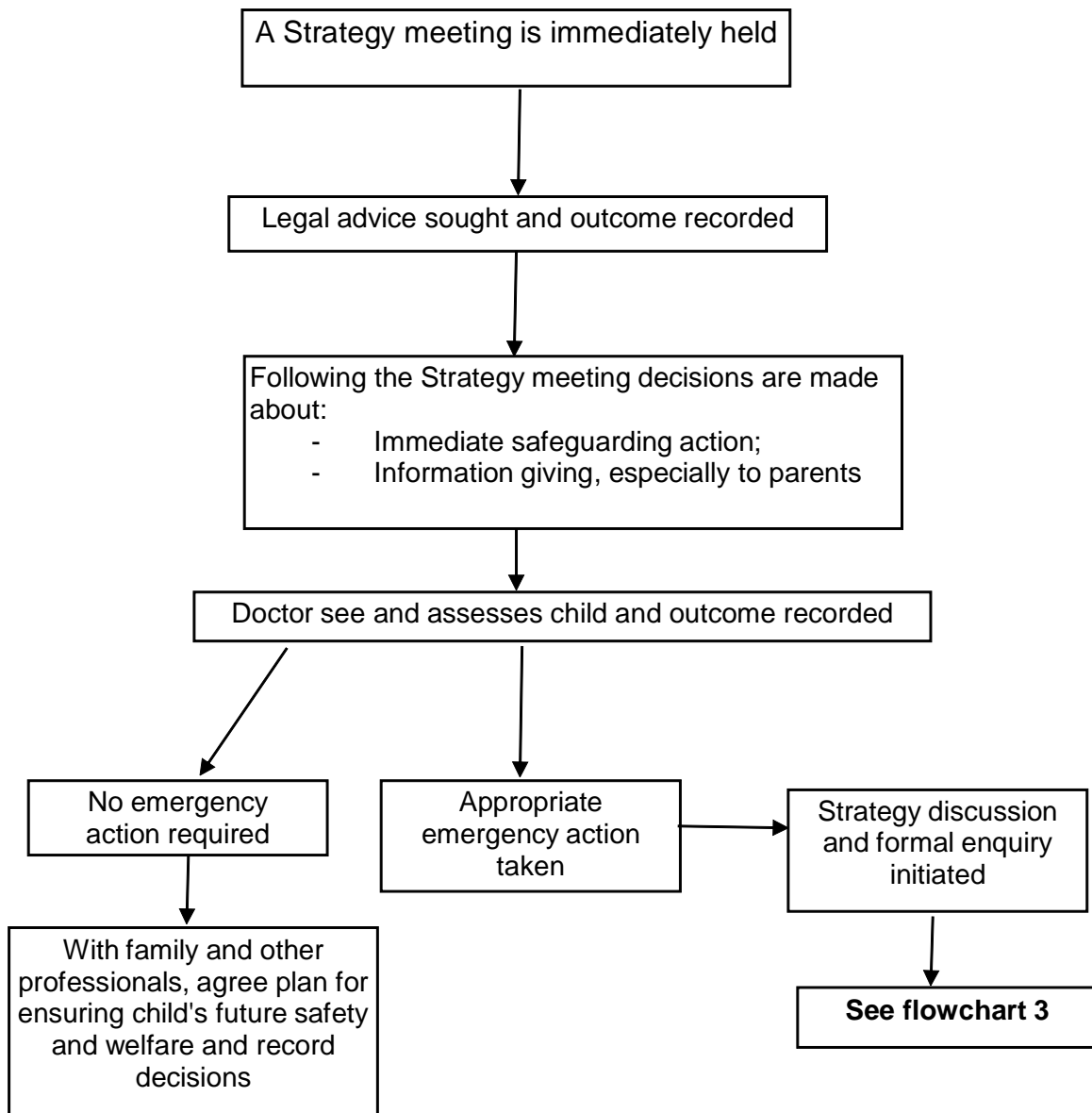
Sexual activity with a child under 16 is also an offence and cases of sexual activity involving a child aged 13-15 should be referred to the Crisis Group. The

Crisis Group should make an assessment using the considerations set out in Appendix 4. Within this age range, the younger the child, the greater the presumption must be that sexual activity will be a matter of concern.

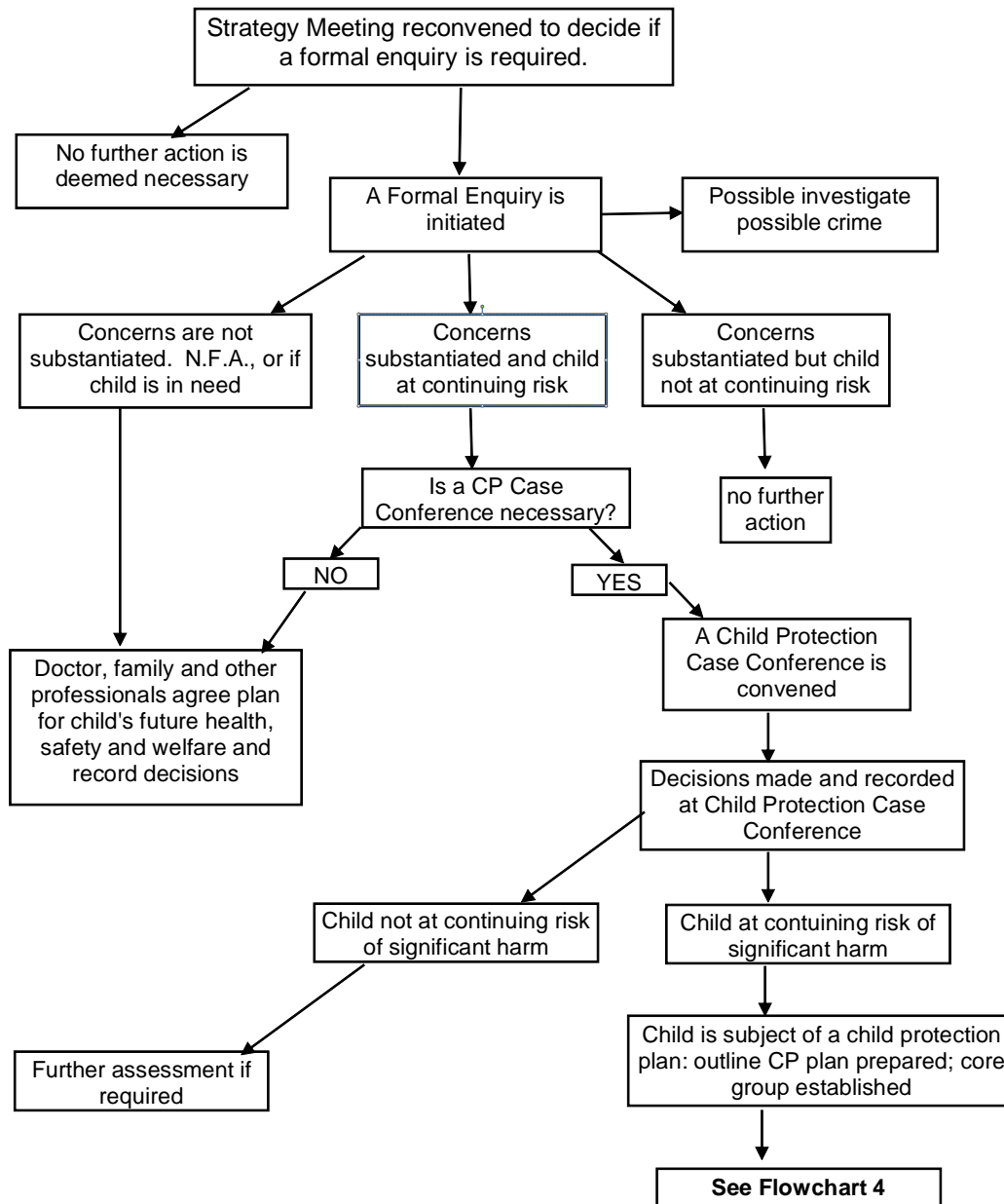
- 3.13. If the referral originates from a member of the public, details of the referrer should not be disclosed to third parties (including subject families) without the consent of the referrer.
- 3.14. Where the Crisis Group decides to take no further action, this should be recorded in writing with the reasons for the decision, and feedback should be provided to the referrer, but in a manner which respects the confidentiality of the child and family concerned.
- 3.15. Where the Crisis Group meeting decides that a **Formal Enquiry** (see Appendix 5) should be undertaken, a lead person will be appointed and the enquiry will be completed within 7 working days.
- 3.16. Where the Formal Enquiry substantiates the concerns and the child is judged to be at continuing risk of harm, the Governors Representative or the Family and Community Advisor should convene a **Child Protection Case Conference** (see Appendix 6). This should be held within 12 working days of the referral to the Crisis Group.
- 3.17. The Child Protection Case Conference must decide if the child is at continuing risk of significant harm. If this is the case, then the Conference will agree a Child Protection plan which will set out the interventions and services required. A key worker will be appointed by the Crisis Group. The Child Protection plan will be recorded in writing and held on the child's medical file. The plan should be made known to the child's parents.
- 3.18. The Crisis Group will provide the key worker with terms of reference
- 3.19. Where the initial Child Protection Case Conference makes a child protection plan it will agree a date to reconvene to review the progress made and to consider if there is a continuing need for intervention. Any decisions made will be recorded in writing and held on the child's medical file.

FLOWCHART 2 - URGENT ACTION TO SAFEGUARD CHILDREN

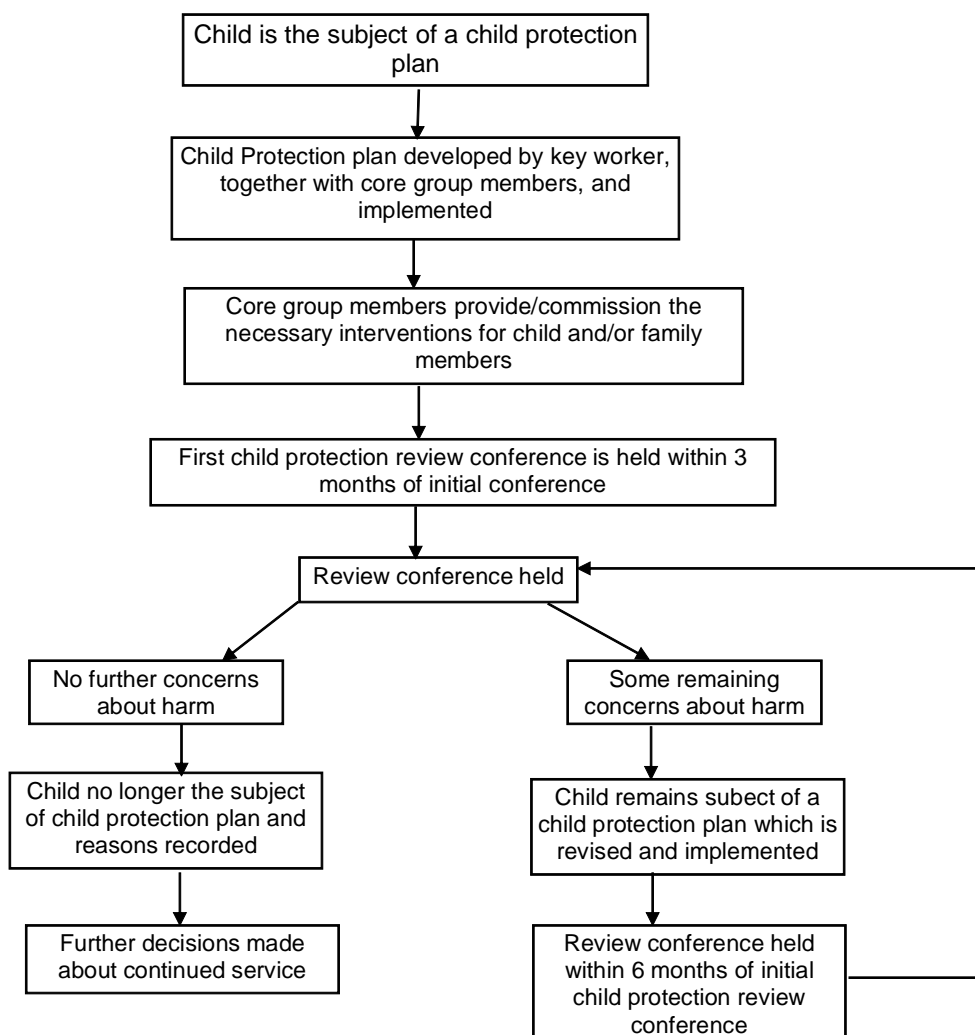
DECISION MADE THAT EMERGENCY ACTION MAY BE NECESSARY TO SAFEGUARD A CHILD



FLOWCHART 3 - WHAT HAPPENS WHEN THE STRATEGY MEETING IS RECONVENED AFTER THE INITIAL ASSESSMENT INDICATES A FORMAL ENQUIRY IS REQUIRED



FLOWCHART 4 - WHAT HAPPENS AFTER THE CHILD PROTECTION CONFERENCE, INCLUDING THE REVIEW PROCESS?



APPENDIX 1

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 can suffer abuse or neglect and require protection via a Child Protection Plan.

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 carer.

2. Emotional Abuse

Emotional abuse is the persistent emotional ill treatment 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 in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

3. Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, or encouraging children to act in sexually inappropriate ways.

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. It may involve a parent or a carer in failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

APPENDIX 2

Immediate Action to Safeguard the Welfare of the Child - (Detention in a Place of Safety)

1. Wherever possible children and young people should remain with their own parents with appropriate support and supervision. Where it is judged that a child would not be safe in this situation, it is preferable that arrangements should be made for the child to stay with their extended family or other suitable fit persons, and appropriate arrangements be made to ensure their safety.
2. Where compulsory powers are required, the Pitcairn Children's Ordinance 2006 (Part 2 Section 12) empowers a Police Officer to remove a child to a place of safety until such time as the child (ren) or young person(s) situation can be legally examined. This should be done as soon as possible.
3. There being no Family Court on Pitcairn the child or young person would have to be brought before the Island Magistrate and the situation considered by him or her.
4. Should the Island Magistrate agree that the child needed to be detained in a place of safety, he/ she could direct that the child should reside with a specified fit person.
5. The advice of the Governor of Pitcairn should be sought when their use is being considered or when compulsory powers are used.

APPENDIX 3

The Initial Assessment

1. Overview

- 1.1. The initial assessment is a brief assessment of a child to determine whether the child is in need of support, assistance or protection, the nature of any services required and whether a further more detailed assessment should be undertaken.

The initial assessment may be very brief where the circumstances are clearly serious and a Formal Enquiry is required, but in all events it should be completed within three days of the referral.

- 1.2. The aim of the initial assessment is to gain a broad, holistic picture of a child's situation. Information should be gathered and analysed within three domains:
- a. the child's developmental needs;
 - b. the parents' or caregivers' capacity to respond appropriately to those needs;
 - c. the wider family and environmental factors.

2. Questions.

The initial assessment should address the following questions:

- a. What are the developmental needs of the child?
- b. Are the parents able to respond appropriately to the child's identified needs? Is the child being adequately safeguarded from harm, and are the parents able to promote the child's health and development?
- c. What impact are family functioning and history, the wider family and environmental factors having on the parents' capacity to respond to their child's needs and the child's developmental progress?
- d. Is action required to safeguard and promote the welfare of the child?

3. Process.

- 3.1. The initial assessment should be led by the Family and Community Advisor or the Doctor. The process should involve: seeing and speaking to the child (according to age and understanding) and family members as appropriate; drawing together and analysing available information from a range of sources including historical information, existing records and information from professionals and others in contact with the child and family.

- 3.2. This includes observing and communicating with the child in a manner appropriate to his or her age and understanding to ascertain the child's wishes and feelings about the provision of services and to give them due consideration before determining what (if any) services to provide.
- 3.3. It will not necessarily be clear if a criminal offence has been committed, which means that even initial discussions with the child should be undertaken in a way that minimises distress and maximises the likelihood that he or she will provide accurate and complete information, avoiding leading or suggestive questions.
- 3.4. The focus of the initial assessment should be the welfare of the child. It is important to remember that even if the reason for a referral was a concern about abuse or neglect that is not subsequently substantiated, a family may still benefit from support and practical help to promote a child's health and development.
- 3.5. The assessment should focus on signs of safety for the child as well as signs of risk. It should also identify where possible support persons who can alleviate/mitigate signs of risk
- 3.6. The initial assessment provides the basis for the Crisis Group's decision on the next course of action. Whatever decisions are made, they should be recorded on the child's medical record. The reasons for the decision(s) and any future action to be taken should also be recorded.

4. Initial assessment and enquiries: Some pitfalls and how to avoid them

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

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

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

Ask yourself: Would I react differently if these reports had come from a different source? How can I check whether or not they have substance? Even if they are not accurate, could they be a sign that the family is in need of some help or support?

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

Ask yourself: Have I been given appropriate access to all the children in the family?

If I have not been able to see any child, is there a good reason, and have I made arrangements to see him/her as soon as possible? What is the child's account of events? And what evidence is there to support or refute a child or young person's account?

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

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

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

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

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

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

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

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

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

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

APPENDIX 4

Allegations of Harm Arising From Underage Sexual Activity

1. Cases of under age sexual activity which present cause for concern are likely to raise difficult issues and should be handled particularly sensitively.
2. The legislation which applies is the UK's Sexual Offences Act 2003. A child under the age of 13 is not legally capable of consenting to sexual activity. Any sexual offence against a child under the age of 13 is very serious and should be taken to indicate a risk of significant harm.
3. Cases involving under 13's should always be discussed by the Crisis Group. Under the Sexual Offences Act, penetrative sex with a child under 13 is classed as rape. All cases involving children under the age of 13 should be fully documented, including detailed reasons where a decision is made not to share information more widely.
4. Sexual activity with a child under 16 is also an offence. Where it is consensual it may be less serious than if the child were under 13, but may nevertheless have serious consequences for the welfare of the young person. The Crisis Group should consider whether in cases of sexual activity involving a child aged 13-15 there is a need for intervention. Within this age range, the younger the child, the stronger the presumption must be that sexual activity will be a matter of concern. Again, all cases should be carefully documented, including where a decision is taken not to share information more widely.
5. The considerations in the following checklist should be taken into account when assessing the extent to which a child (or other children) may be suffering or at risk of harm, and therefore the need to take further action.
 - a. the age of the child. Sexual activity at a young age is a very strong indicator that there are risks to the welfare of the child (whether boy or girl) and, possibly, others;
 - b. the level of maturity and understanding of the child;
 - c. what is known about the child's living circumstances or background;
 - d. age imbalance, in particular where there is a significant age difference;
 - e. overt aggression or power imbalance;
 - f. coercion or bribery;
 - g. behaviour of the child i.e. withdrawn, anxious;
 - h. the misuse of substances as a disinhibitor

- i. whether any attempts to secure secrecy have been made by the sexual partner, beyond what would be considered normal in a teenage relationship;
 - j. whether the child denies, minimises or accepts concerns;
 - k. where there are any relevant concerns from any of the agencies regarding the sexual partner;
6. Sexual activity involving a 16 or 17 year old, though unlikely to involve an offence, may still involve harm or the risk of harm. Professionals should bear in mind the considerations outlined in this guidance in assessing that risk and taking any appropriate action. It is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them.

APPENDIX 5

The Formal Enquiry

1. Where the Initial Assessment suggests that a child is suspected to be suffering, or likely to suffer, significant harm a Formal Enquiry should be carried out. The objective is to ascertain whether action is required to safeguard and promote the welfare of the child or children who are the subject of the investigation. The enquiry should always be carried out in a way that minimises distress to the child, and to ensure that families are treated sensitively and with respect.
2. The Formal Enquiry should begin by focusing primarily on the information identified during the initial assessment, but it should where possible go into greater depth. Those conducting the enquiry should always be alert to the potential needs and safety of any siblings, or other children in the household of the child in question. At the same time, the police will have to establish (where relevant) the facts about any offence that may have been committed against a child and collect evidence.
 - a. The enquiry should always involve separate interviews with the child who is the object of concern and, in the great majority of cases, interviews with parents and observations of the interactions between parents and child(ren). Enquiries may also include interviews with those who are personally and professionally connected with the child; specific examinations or assessments of the child, (such as medical, or developmental checks, assessment of emotional or psychological state); and interviews with those who are personally and professionally connected with the parents. The aim is to build up a broad picture of the child's situation based on information from a range of sources.
 - b. It is important that even initial discussions with children are conducted in a way that minimises any distress caused to them, and maximises the likelihood that they will provide accurate and complete information. Leading or suggestive communication should always be avoided. Children may need time, and more than one opportunity, in order to develop sufficient trust to communicate any concerns they may have.
 - c. Exceptionally, a Formal Enquiry may need to speak to a suspected child victim without the knowledge of a parent, but the presumption should always be towards keeping parents fully informed and involved. Relevant circumstances would include the possibility that a child would be threatened or coerced into silence; a strong likelihood that important evidence would be destroyed; or that the child in question did not wish the parents to be involved at that stage, and is competent to take that decision. In cases where the police are involved, the decision about when to inform the caregiver will have a bearing on the conduct of the police investigation, and the Crisis Group should decide on the most appropriate timing of parental participation.

- d. Such joint interviews should preferably be conducted by those with skill and experience in communicating with children. Consideration should be given to the gender of interviewers, particularly in cases of alleged sexual abuse.
- e. The Formal Enquiry should be handled in a way that allows for future constructive working with families. The way in which a case is handled initially can affect the entire subsequent process. Where handled well and sensitively, there can be a positive effect on the eventual outcome for the child.
- f. The Crisis Group should decide how to proceed following the Formal Enquiry. The information gathered should be recorded, and parents and children of sufficient age and appropriate level of understanding should receive a copy, in particular in advance the convening of a Child Protection Case Conference. This information should be conveyed in an appropriate format for younger children.
- g. Where the Formal Enquiry has not substantiated the original concerns, or where the concerns are substantiated, but the child is not judged to be at continuing risk of harm, the Crisis Group may decide that no further action is necessary, or , in conjunction with the child and family, to agree a plan for appropriate support and assistance.
- h. Where the concerns are substantiated and the child is judged to be at continuing risk of harm, the Group should convene a Child Protection Case Conference. (see Appendix 6).

APPENDIX 6

The Child Protection Case Conference, the Child Protection Plan and Review Case Conferences.

1. Purpose.

The Child Protection Case Conference brings together family members, the child where appropriate and those professionals most involved with the Formal Enquiry. Its purpose is:

- To bring together and analyse the information which has been obtained about the child's developmental needs, and the parents' capacity to respond to these needs to ensure the child's safety and promote the child's health and development within the context of their wider family and community.
- To consider the evidence presented to the conference, make judgements about the child suffering harm in future and to decide if the child is at continuing risk of harm; and;
- To decide what future action is required to safeguard and promote the welfare of the child, and how that action shall be taken forward, and with what intended outcomes.

2. Timing

The timing of the initial Child Protection Case Conference will depend on the urgency of the case and the time required to obtain relevant information. While there needs to be adequate time to assemble the evidence needed to reach well-informed decisions, cases where children may be at risk should not be allowed to drift. Consequently the initial Child protection Case Conference should take place within 10 working days of the referral to the Crisis Group.

3. Attendance

Those attending the Conference should be there because they have a significant contribution to make arising from professional expertise, knowledge of the child or family, or both. These may include:

- The child, and/or his or her representative;
- Family members, and/or their advocate or representative
- Members of the Crisis Group
- Professionals involved with the child

The Crisis Group members constitute the minimum required quorum.

4. Involving the child and family members

Before a conference is held, the purpose of the conference, who will attend and the way in which it will operate, should always be explained to the child of sufficient understanding, and to the parents and other involved family

members. The child, subject to age and understanding, should be invited to attend and to bring an advocate, friend or supporter if s/he wishes. Where the child's attendance is neither desired by him/her nor appropriate, the professional who is working most closely with the child should ascertain his/her wishes and make them known to the conference.

It may not always be possible to involve all family members at all times in the conference. Adults and children who wish to make representations to the conference may not wish to speak in front of one another. Exceptionally, it may be necessary to exclude one or more family members from a conference in whole or in part.

The guiding principle should be that conference is primarily about the child, and that those attending should be able to share information in a safe and non-threatening environment. Any concerns should be communicated in advance to the conference chair, whose decision it is to exclude a parent from the conference. A person excluded from the conference should be enabled to communicate their views to the conference by another means.

5. Chairing the Conference.

The chair's responsibilities include:

- meeting the child and family members in advance so that they understand the purpose of the Conference and what will happen;
- setting out the purpose of the conference to all present, setting the agenda and emphasizing the importance of confidentiality;
- enabling all present (and absent contributors) to make their contribution towards discussion and decision-making;
- ensuring the conference makes the decisions required of it, in an informed, systematic and explicit way.

6. Information for the Conference.

The member of the Crisis Group who led the Formal Enquiry (usually the Doctor) should provide the conference with a report which should include:

- chronology of significant events;
- information on the child's current and past state of developmental needs;
- information on the capacity of parents and other family members to ensure the child is safe from harm, and to respond to the child's developmental needs within the context of their wider family and environment;

- the expressed views wishes and feelings of the child, parents and other family members; and;
- an analysis of the implications of the information obtained for the child's future safety and meeting of his or her developmental needs.
Where relevant the parents and child should each be provided with a copy of the report in advance of the conference.

Those providing information should take care to distinguish between fact, observation, allegation and opinion. When information is provided from another source, i.e. it is second or third hand, this should be made clear.

7. Actions and Decisions for the Conference

The question the Conference needs to consider when deciding if the child should be the subject of a child protection plan is:

Is the child at continuing risk of significant harm?

If the child is at continuing risk of harm then, safeguarding the child will require a formal child protection plan. The initial child protection case conference should formulate this plan in as much detail as possible.

If a decision is taken that the child is at risk of continuing harm and hence in need of a child protection plan, the chair should determine which category of abuse or neglect the child has suffered or is at risk of suffering (see Appendix 1), the name of the key worker and others involved in delivering the plan. These details should be recorded and circulated to all those invited to the conference in one working day.

A child may not be the subject of a child protection plan, but he or she may nonetheless require support services. Where appropriate a plan should be drawn up and reviewed periodically, at intervals no less frequent than six months.

Where a child is to be the subject of a child protection plan it is the task of the conference to ensure that both professionals and the family understand clearly what is expected of them and what they can expect from others. This should include the following:

- appointing the key worker;
- identifying the core group of professionals and family members who will implement the plan;
- establishing how the child, the parents and wider family members will be involved in the ongoing process;

- identifying what needs to change in order to achieve the planned outcomes to safeguard and promote the welfare of the child;
- agreeing a date for the first child protection review conference.

8. The Outline Child Protection Plan

The outline Child Protection Plan should:

- identify factors associated with the likelihood of the child suffering harm , and ways in which the child can be protected;
- establishing short-term and longer term objectives
- be clear about who will have responsibility for what actions- including actions by family members - within what specified timescales;
- outline ways of monitoring and evaluating progress;
- be clear about who is responsible for ensuring that the required changes have taken place an what will happen if they have not;
- include specific child-centred outcomes;
- include realistic strategies and specific strategies to achieve those outcomes;
- lay down points at which progress will be reviewed.

The plan should also take into consideration the wishes and feelings of the child, and the views of parents insofar as they are consistent with the child's welfare.

The plan should be explained to the child in a manner which is in accordance with their age and understanding and the child should be given a copy of the plan written at a level appropriate to his or her understanding.

Parents should be clear about the evidence that has resulted in their child becoming the subject of a child protection plan, what needs to change and what is expected of them. They too should be given a written copy of the plan so they are clear about who is doing what.

9. The Child Protection Review Conference.

The first child protection review conference should be held within three months of the initial conference, and further reviews held at intervals of not more than six months as long as a child remains the subject of a child protection plan.

The purpose of the review is to check the progress in attaining the specified outcomes in the child protection plan; to ensure that the child continues to be

safeguarded from harm; to consider whether the plan should continue to be in place or needs to be changed.

The review conference should include those who attended the initial conference and requires the same commitment and rigour as the initial conference.

10. Discontinuing the Child Protection Plan

A child should no longer be the subject of a child protection plan if:

- it is judged that the child is no longer at continuing risk of harm requiring safeguarding by a child protection plan;
- The child and family have moved permanently off the Island. In this case the key worker should make formal notification to the relevant authorities of the country/territory to which the child and family have moved;
- The child has reached the age of 18.

When a child is no longer the subject of a child protection plan, notification should be sent to all those agencies which attended the initial conference which led to the plan.

A child who is no longer subject to a child protection plan may still require assistance and support, and the withdrawal of the plan should never lead to the automatic withdrawal of help. This should be discussed with the child and parents and if necessary a re-assessment should be made to determine the services required.

APPENDIX 7

Support and Supervision

Working in situations where children may be at risk of harm can be distressing and stressful. This may be especially so in a small, close-knit community like Pitcairn Island, where the professionals who may first encounter a child protection concern will inevitably know personally the child and family concerned.

It is important that those involved should have access to support and advice from, for example, peers, managers, and designated professionals.

Given the experience of recorded child maltreatment on the Island, it is unrealistic to expect managers and staff to have the experience and expertise to deal with the support and supervision of staff without assistance. The Family and Community Advisor or Doctor should be the principal source of expertise and support on the Island, but advice and support may be accessed through the NCH/ DFID/ FCO Child Protection programme.

Supervisors should record on the child's medical file key decisions made in supervision about specific cases where there is a child protection concern.

The Doctor and the Head teacher have a particular responsibility to ensure that the staff they manage fully understand their roles, responsibilities and the scope of professional discretion and authority. In the absence of a formal social care department nurses and teachers are the most likely professional groups to identify a child protection concern and it is important that they recognise their duty to report any concerns in accordance with these procedures.

The Legal Context

1. General

The Children's ordinances 2005 are the legal basis for all actions requiring care and protection legal action on Pitcairn.

2. Relevant Pitcairn Children's Ordinance sections

The relevant Pitcairn Ordinance in relation to safeguarding children is the Children Ordinance originally passed in 1965, but revised *w.e.f. 1st January 2001*. This is available through the Administration on Pitcairn Island.

Part 1, section 4, gives the Governor of Pitcairn Island the power to designate a Place of Safety for a child or young person.

Part II, Section 6, makes cruelty to children and young people against the law, defines the meaning of cruelty and specifies the penalties that may be imposed on those who commit it.

Part III, section 11 gives the Island Magistrate the power to issue a warrant entitling police to search for and remove to a place of safety a child or young person who has been, or may have been, subject to cruel treatment.

Part III, section 14 allows for the detention of a child in a place of safety.

3. Relevant UK Law

The UK's Sexual Offences Act 2003 applies on Pitcairn Island. This is relevant to safeguarding concerns arising from sexual activity of children under the age of 16. See Appendix 4 for a summary of the relevant parts of this Act.

4. Legal Guidance and Advice

In any case of a child protection concern where consideration is being given to the use of legal powers, the advice of the Pitcairn magistrate, who in turn will seek legal advice from NZ, should be sought through the Governor's representative on Pitcairn Island. This should not delay taking any immediate action necessary to safeguard a child.

APPENDIX 9

Job Descriptions

GOVERNMENT OF PITCAIRN ISLANDS

Job Description Form p.1



Division/Department		Social Welfare
Location		Pitcairn Island
Job Title		Community Worker – Elderly Care
Reports to Community Division Manager		Appointed by Interview Panel
Salary		
Level/Grade	Type of position: 1 year Renewable Contract <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/> Contractor <input type="checkbox"/> Trainee	Minimum Hours per month: 8
GENERAL DESCRIPTION		
<ul style="list-style-type: none"> To ensure that safe holistic care is available to all elderly persons on Pitcairn Island, with the aid of all available resources and elderly care practices that currently exist on Pitcairn Island, maintaining their dignity and confidentiality at all times. 		
EDUCATION & SKILL REQUIREMENTS/WORK EXPERIENCE		
Proven interpersonal skills Police check Training from Family and Community Advisor Must be a permanent Pitcairn Island Resident		

Serving the community equally and without favour



GOVERNMENT OF PITCAIRN ISLANDS

Job Description Form p.2

Job Title

Community Worker – Elderly Care

SPECIFIC DUTIES

- Visit elderly persons within the community and/or their families where appropriate, to develop relationships and to discuss any specific needs that may arise, i.e. physical, emotional, spiritual, ensuring therapeutic holistic health.
- Ensure that all elderly persons' specific needs are being met safely, as above, to ensure good holistic health.
- Discuss/formulate a realistic care plan to assist each elderly person in their activities of daily living according to their specific needs.
- Preserve as much independence as possible within activities of daily living of elderly persons within the Pitcairn Island community, being available to assist whenever needed.
- Assist in the coordination of care for the elderly should the need arise; with the consent of the involved person and/or their family, i.e. firewood collection, lawn mowing, personal/household hygiene, supply of adequate food, safe administration of medication, access to public services, i.e. health clinic, treasury, post office, store.
- If necessary, assess and improve safe living within an elderly person's home, with the consent of the involved person and/or their family, i.e. hand rails, ramps, access to bathroom/Duncan, installing commode.
- To be an advocate for the elderly and/or their families whenever the need arises.
- Liaise with other members of the medical team to ensure a multidisciplinary approach to the care of elderly persons on Pitcairn Island and arrange home visits and long term care, as needed, i.e. doctor, nurse aide, Family and Community Advisor, family members.
- Maintain confidentiality at all times within role, as long as no one is at risk of harm or injury. Should there be risk of harm or injury to any person this should be discussed with the appropriate person or persons.
- Be aware that elderly persons are adults, regardless of their state of mind, where some issues may be of a sensitive nature, ensuring that their dignity is maintained at all times.
- If issues arise that are unsolvable within this role, be aware of available resources/help, seeking assistance from the community and/or government services, using one's discretion at all times.
- Provide safety talks to the elderly community as and when required, incorporating falls and the prevention thereof, what to do in emergency situations, and any needs that may arise.
- Arrange social outings for the elderly community where appropriate.
- To attend training provided with a focus on the needs of the elderly.
- Keep up to date with latest issues/technology/aids which may be beneficial to the elderly and/or their families.
- Provide a monthly report to council, maintaining confidentiality at all times.

KEY
PERFORMANCE
INDICATOR 1

KEY
PERFORMANCE
INDICATOR 2

KEY
PERFORMANCE
INDICATOR 3

Serving the community equally and without favour

EMPLOYEE
NAME

Date

EMPLOYEE
SIGNATURE

SIGNATURE ON
BEHALF OF
GOVERNMENT
OF PITCAIRN
ISLANDS

DATE POSITION
STARTED



GOVERNMENT OF PITCAIRN ISLANDS

Job Description Form p.1

Division/Department		Social Welfare
Location		Pitcairn Island
Job Title		Community Worker – Children & Youth
Reports to Community Division Manager		Appointed by Interview Panel
Salary		
Level/Grade	Type of position: 1 year Renewable Contract <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/> Contractor <input type="checkbox"/> Trainee	Minimum Hours per month: 8
GENERAL DESCRIPTION		
<ul style="list-style-type: none"> To promote and support positive wellbeing and welfare for children and youth on Pitcairn Island. 		
EDUCATION & SKILL REQUIREMENTS/WORK EXPERIENCE		
<p>Proven interpersonal skills</p> <p>Police check</p> <p>Training from Family and Community Advisor</p> <p>Must be a Permanent Pitcairn Island Resident</p>		

Serving the community equally and without favour



GOVERNMENT OF PITCAIRN ISLANDS

Job Description Form p.2

Job Title

Community Worker – Children & Youth

SPECIFIC DUTIES

- Facilitate school holiday and after school programs for the children and youth.
- To arrange or be involved in other activities or programs provided for children and/or youth in the community.
- To act in the role of an advocate for a child or youth if a need arises.
- To provide education about safe usage of the internet for children and youth.
- To provide parenting information or assist parents or caregivers to access parenting information.
- To provide a confidential service should parents or children/youth require someone to talk with.

KEY
PERFORMANCE
INDICATOR 1

KEY
PERFORMANCE
INDICATOR 2

KEY
PERFORMANCE
INDICATOR 3

Serving the community equally and without favour

EMPLOYEE
NAME

Date

EMPLOYEE
SIGNATURE

SIGNATURE ON
BEHALF OF
GOVERNMENT
OF PITCAIRN
ISLANDS

DATE POSITION
STARTED