# THE MINISTRY OF SOCIAL DEVELOPMENT AND CULTURE

# SOCIAL DEVELOPMENT DEPARTMENT

# SOCIAL SERVICES

# The Working Together Document for Child Protection

Working Together to Safeguard Children
Inter-Agency Cooperation

**"Children will be children**
**and adults are only really adults when**
**they understand and love them,**
**and provide for them.**
**A nation can only survive and prosper if it does**
**everything possible to invest in**
**its own children".**

*President France Albert Rene*
*Seychelles*
*1989*

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## THE PURPOSE OF THIS DOCUMENT

This document sets out how all agencies should work together to promote children's welfare and protect them from abuse.

It sets out the role and responsibilities of different agencies involved in child protection work.

It also outlines the procedures for joint working arrangements, providing guidance on child protection in specific circumstances. It is intended to provide a national framework within which agencies agree on ways of working together.

# INTRODUCTION

Good practice calls for effective cooperation between agencies.

This guidance document reflects the principles contained in the United Nations Convention on the Rights of the Child, ratified by the Seychelles Government in 1990.
It also takes into account other relevant legislation and is particularly informed by the Children Act 1982.

Those procedures are based on the determination of all agencies to uphold the right of each child to be protected from abuse. They are designed to ensure that, as far as possible, all serious actual or likely harm to children is identified and to prevent further and possibly more serious injury or suffering.

In order to do this, the established procedures for coordination and collaboration must be adhered to.

It should be noted that the protection and overall welfare of the child is of paramount consideration. Where there is a conflict of interest, the needs of the child should take precedence over those of the parent or carer or the interests of an organisation. A child, whatever his/her race, sex, religion, language, cultural background, ability or disability, has the right to be protected by services which are sensitive to the child's individual needs.

The main responsibility for the protection of children rests with the parents or carers. All agencies have a responsibility for the prevention, identification and reporting of child abuse. The Social Services have the main statutory duty to investigate alleged or suspected child abuse, and to provide appropriate support and child care services. The specific duties of other agencies to cooperate in

this work, and the roles of voluntary organisations amongst others, give all these agencies a responsibility for the safety and welfare of children. These, however, in no way diminish the responsibilities of neighbours, relatives, the wider community and all other agencies which have contact with children.

## PRINCIPLES OF CHILD PROTECTION

### Working Together to Support Children and Families

- The welfare of the child is the paramount consideration.
- Wherever possible, children should be brought up and cared for by their own families.
- Parents of children in need should be helped to bring up their children.
- Help should be:
  - provided in a spirit of partnership.
  - responsive to any special needs created by any disability.
  - drawn from effective collaboration between different agencies.
- Children and young people should be consulted and kept informed about what is to happen to them.
- Parents have the prime responsibility for the care and protection of their children.
- Time is a crucial element in child care and there should be no undue delay.
- Children's welfare must be protected by prompt, positive and pro-active attention.
- Issues of confidentiality and access to records need to be addressed by all agencies.
- Registers and records must be accurately maintained and kept up to date.
- Cooperation between organisations, departments and individuals is essential to promote effective communication.
- Patterns of family life vary and there is no one perfect way to bring up children. Good parenting involves caring for children's needs, showing them warmth and love and providing the stimulation needed for their development, within a stable

environment where they experience consistent guidance and boundaries.

Parents must be able to make sure that their children grow up, cared for and safe from harm.

They have to promote their children's health and development and help them to achieve their full potential.

- Parents themselves require support and there are both statutory and voluntary services available to assist them.
- All work with children and families should retain a clear focus on the welfare of the child.

  Safeguarding children's well-being and protecting them from significant harm depends crucially upon effective information sharing, collaboration and understanding between agencies.

  Awareness and appreciation of the role of other agencies are vital for effective collaboration.

## CATEGORIES OF CHILD ABUSE

**PHYSICAL ABUSE**

Physical abuse may involve hitting, 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 who they are looking after. This situation is commonly described using terms such as factitious illness by proxy or Munchausen syndrome by proxy.

**EMOTIONAL ABUSE**

Emotional abuse is the severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar 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.

**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 activity may involve physical contact, including penetrative (e.g. rape or buggery) 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 watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

**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 carer 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.

# INDICATORS OF ABUSE

## PHYSICAL ABUSE

Some signs which are due to physical abuse are:

**(i) BRUISES**

- One or both eyes are bruised.
- Bruises or other injuries to the face of a non-mobile child.
- Bruises or other injuries, including to the frenulum, in or around the mouth (especially in small babies).
- Grasp marks on limbs or finger tip bruises on one or both side of the face.
- Symmetrical bruising.
- Bruising to the ear.
- Outline bruising (e.g. belt marks, hand prints, shoe marks).
- Linear bruising (particularly on the buttocks or back).
- Bruising on soft tissue with no obvious and verifiable explanation.
- Different age bruising (especially in the same area e.g. buttocks).

The following are uncommon sites for accidental bruising:
Mouth, cheeks, behind the ear, neck, abdomen, chest, under the arm, back of legs, buttocks (except occasionally along the bony protuberances of the spine), genital area, rectal area, soles of feet.

**(ii) BITES, BURNS AND SCARS**

- Clear impressions of teeth.
- Oval or crescent shaped bites. Bites more than 3 cm across are likely to have been caused by an adult or older child.
- Burns or scalds with clear outlines.

- Burns of uniform depth over a larger area.
- Splash marks above the main scald area caused by hot liquid being thrown.

A responsible adult checks the temperature of the bath before a child gets in. A mobile child is unlikely to sit down voluntary in too hot a bath and cannot accidentally scald his/her bottom without also scalding the feet.
Also a child getting into too hot water of its own accord will struggle to get out again and there will be splash marks.

Most children have scars. Notice should be taken of:

- An exceptionally large number of differing age scars (especially if coupled with current bruising), or unusual shaped scars.
- Small round burns which may be cigarette burns.
- Large scars that are from burns or lacerations that did not receive medical treatment.

**(iii) FRACTURES**

- Pain, swelling and discoloration over a bone or joint may indicate a fracture (the most common sites for fractures generally are the long bones of the arms, legs, and collar bones – these are also the most common sites of non-accidental fractures).
- Swelling to the side of the head may indicate a fractured skull. Drowsiness may also be, though it is not always, a feature of skull fracture.
- Fractured ribs are common non-accidental injuries but they are unlikely to be easily identified by a person without medical training. They are often only identified on being x-rayed.

Allegedly unnoticed fractures – fractures cause pain and it is difficult for a parent to be unaware that a child has been hurt at

the time of the injury. However, fractures in young children heal quickly and the younger the child the quicker the healing. Babies may be able to use a fractured limb without pain within a few days. The absence of painful symptoms a short time after a report or indication of an injury may mask the existence of a fracture injury.

**(iv) OTHER INJURIES**

- Poisoning, injections, ingestion or other application of damaging substances (including drugs or alcohol) which are inappropriate to the child's needs and age and have been administered by a carer.
- Female genital mutilation, which includes female circumcision, excision and infibulation, is physical abuse and an offence regardless of cultural or other reasons (except medical grounds).
- Intentional lacerations and other bodily harm.

## EMOTIONAL ABUSE

Children suffering emotional abuse may show:

- Abnormally passive, lethargic or attention seeking behavior.
- Specific habit disorders e.g. soiling with faecal smearing, excessive drinking, inappropriate appetite, i.e. persistent eating of inedible substances, self-mutilation.
- Severely delayed social development; poor language and speech development attributable to actions/in-actions of parent/carer.
- Weight and height which is disproportionately low that cannot be explained by medical reasons.
- Nervous behavior e.g. excessive rocking, hair twisting.

- Low self-esteem e.g. excessive self-criticism.

**SEXUAL ABUSE**

Some signs which may be due to sexual abuse are:

- Sexually transmitted diseases.
- Recurrent urinary infections.
- Genital and rectal itching and soreness.
- Unexplained bleeding and discharges.
- Bruising in genital region.
- Sexual play and/or masturbation which are judged to be inappropriate to a child's age, development and circumstances.
- Sexually explicit behavior.
- Young children with inappropriate sexual knowledge.

Accompanying signs (which also occur in non-abused children) are given below. These are general signs which may apply to all types of child abuse but they are particularly important in cases of sexual abuse where overt physical signs of abuse may not be present.

- Sleeping and eating disturbances.
- Recurrent abdominal pains.
- Headaches, sleeping and appetite disorders.
- Social withdrawal.
- Restlessness and aimlessness.
- Sexually abusive behavior towards other children, particularly those younger and/or more vulnerable than themselves.
- Inexplicable school failure.
- Poor trust and secretiveness.
- Unexplained pregnancy.

- Indiscriminate and careless sexual behavior.
- Drug abuse.
- Running away.
- Self mutilation.
- Suicide attempts and other forms of self harm.
- Hysterical fits, faints etc…

**N.B**: However, in many cases a sexually abused child presents no physical symptoms of abuse. The most important indicator is what the child says himself/herself.

Involvement of a child by an adult in unlawful sexual activities is sexual abuse, whether this is apparently forced or apparently willing; and whether this is an abuse of position or paid or rewarded by persons known or by strangers. If there is reason to believe that the child is suffering or is likely to suffer sexual abuse; this requires investigation, action and plans by all relevant agencies.

**NEGLECT**

Children who are:

- Not receiving adequate food consistent with their potential growth.
- Exposed through lack of supervision to injuries, including ingestion of drugs or toxic substances.
- Exposed to an unconducive, dirty, and hot or cold environment.
- Left in circumstances without appropriate adult supervision and which are likely to endanger them. This includes children who are abandoned.
- Whose parents/carers are failing or refusing to seek medical advice or treatment.

- Left alone below the age of 12 years old.

**NEGLECT AND MEDICAL TREATMENT**

Where parents or others refuse, withdraw or actively withhold commonly available food or fluids or fail to cooperate with appropriate medical treatment, such that a child suffers or is likely to suffer significant harm or die, this is neglect.

When a parent/carer is not seeking or following medical advice for a child or is seeking to remove a child from hospital against medical or nursing advice, it is essential to consider whether the child is at risk of significant harm.

Sometimes the reasons given by parents/carers and practioners for the absence of treatment or for alternative treatments may be based on the stated religion of the child or parents, cultural expectations or on the disability which the child may have.

If such reasons prevent the child from receiving appropriate life-saving treatment or endanger the child's life, the duty of Medical, Social Services and other agencies staff is to institute Child Protection Procedures.

# THE IMPACT OF ABUSE

The sustained abuse or neglect of children physically, emotionally or sexually can have major long-term effects on all aspects of a child's health, development and well-being. Sustained abuse is likely to have a deep impact on the child's self-image and self-esteem, and on his or her future life. Difficulties may extend into adulthood: the experience of long-term abuse may lead to difficulties in forming or sustaining close relationships, establishing oneself in the work force, and to extra difficulties in developing the attitudes and skills needed to be an effective parent.

**PHYSICAL ABUSE**

Physical abuse can lead directly to neurological damage, physical injuries, disability or - at the extreme – death. Harm may be caused to children both by the abuse itself, and by the abuse taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behavior in children, emotional and behavioural problems, and educational difficulties.

**EMOTIONAL ABUSE**

There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse. Emotional abuse has an important impact on a developing child's mental health, behavior and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the child. Domestic violence, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

**SEXUAL ABUSE**

Disturbed behavior including self-harm, inappropriate sexualised behavior, sadness, depression and a loss of self-esteem, have all been linked to sexual abuse. Its adverse effects may endure into adulthood. The severity of impact on a child is believed to increase the longer abuse continues, the more extensive the abuse, and the older the child. A number of features of sexual abuse have also been linked with severity of impact, including the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection.

**NEGLECT**

Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long term difficulties with social functioning, relationships and educational progress. Neglect can also result, in extreme cases, in death.

## GENERAL CONSIDERATION

- Child abuse occurs to children of both sexes, at all ages and in all cultures, religions, social classes, and both to children with and without disabilities.

- Identification of child abuse may be difficult. It normally requires both social and medical assessment.

- Previous suspicious or a previous record of abuse or a history of multi-generational abuse are significant indicators of current and future actions and must be taken into account.

- Always listen to the child and take their views into account – pay particular attention to any spontaneous statement. In the case of children without speech, or with limited language, pay attention to their signing or other means of expression, including behaviour and spontaneous play.

- Any delay in seeking medical assistance – or indeed no medical assistance sought at all – could be an indicator of abuse.

- Beware if explanation of an "accident" is vague, lacking detail, inconsistent with the injury or varies with each telling.

- Take note of inappropriate responses from parent or carers.

- Observe the child's interaction with the parents – particularly wariness or fear of "frozen watchfulness" i.e. persistent anxious regard of an adult by a baby or young child.

- Any history or patterns of unexplained injury/illness requires the most careful scrutiny. (The fact that parent/carer appears to be highly attentive and concerned should not divert attention from the assessment of risk).

- Beware if the injury is inconsistent with the child's development and mobility.

- Give particular attention to domestic violence cases for indicators of child abuse.

# ROLES AND RESPONSIBILITIES

## INTER-AGENCY PROCEDURES

### SOCIAL SERVICES

Social Services have statutory responsibility to promote and safeguard the welfare of children under the Children Act. The powers vested in Social Services enable it to assume a coordinating role in the protection of children against all forms of abuse.

The protection of children also requires close working relationship between the Social Services and other agencies. For instance, Police, health workers, schools, voluntary organisations and others who show a common aim to protect children at risk.

**RESPONSE PROCEDURE**

(a) Director Social Services will receive referrals of abuse. In his/her absence he/she will delegate the responsibility to the Principal Social Worker, Child Protection. It should be noted that the Principal Social Worker or any Social Worker may receive referrals regarding abuse of children from various sources (school, police, clinic, member of the public and others).

(b) The Social Worker will complete an initial assessment.

(c) Upon referral the following information will be recorded:
- Full name and date of birth/age of child.
- Reason for concern (that has given rise to referral).
- Names of child's parents and addresses.
- Names of other people living with the child, for example brothers and sisters.

(d) Where further inquiries are required, the social worker will carry out an investigation and submit a detailed report for the organisation.
All investigations of abuse cases should be jointly done with the Police.

(e) In joint investigation, the Social Worker ensures that the Police takes the leading role in the investigation.
This precaution is taken to avoid contamination of evidence.

(f) Where necessary, the child should be medically examined. The Social Worker and the Police must seek the written consent of a parent to subject the child to a medical examination.
Where a parent refuses access to the child, Director Social Services should apply to the Court for an order.

(g) Following investigation by the Police and Social Services, Director Social Services will call an inter-agency consultation meeting to decide on further appropriate action, e.g. referrals for therapy to any appropriate agency.

(h) Following the inter-agency consultation, a case conference will be called in cases where appropriate to determine whether the child is at risk and should be registered. The case conference will also decide on an appropriate Child Protection Plan.

(i) The Social Worker then monitors the case and submits a follow up report periodically.

## EDUCATION DEPARTMENT

### Introduction

This procedure establishes the opportunity for students who feel they have a problem in a sensitive area to confide in a staff member they trust and to receive help. The information will be received by the staff member with sensitivity and discretion.

It is the policy of the Education Department to provide for every student a learning environment free of abuse to assist students victimised by abuse.
Hence the Education Department has a pastoral care system in place to address the above.

**RESPONSE PROCEDURE**

(a) Students who believe that they have been abused should contact the School Counsellor or a Deputy head teacher or the head teacher.

(b) The person attending to the child takes the appropriate information (DOB, parents' names, contacts and child's account) for referral purposes to the Social Services.

(c) The member of staff receiving the complaint will notify the Director Social Services of the reported abuse and or his/her representative as well as the head teacher.

(d) Unless the head teacher is the person complained of or is not readily available, the matter must be reported to the Schools Division, Student Support Services Section.

(e) The head teacher must then report the matter to the Student Support Services Section.

(f) The School Counsellor or the Deputy head teacher or the head teacher may be requested to attend case conferences.

(g) The School Counsellor or the Deputy head teacher or the head teacher will assist in further work for the betterment of the child.

(h) At any stage, the person receiving the information will take steps necessary to secure the safety of the student while in the charge of the school or educational institution.

(i) Other than as required by law, or as set out in this Policy, the persons receiving the information will treat it with utmost discretion.

## HEALTH DEPARTMENT

The Ministry of Health has designated a senior nurse with experience in child health as the Child Protection Health Officer. The person is available at work or on call.

A paediatrician and a gynaecologist have been designated to work, in addition to their normal duties, on all cases of child abuse. They are available to see cases referred to them by other health professionals.

All health workers have a responsibility for promoting the health of children. Any form of child abuse is a threat to the health of the child and the family. Every health worker must be alert to the possibility of child abuse, and must refer each and every case of child abuse or suspected abuse.

A child may present at any point in the health system – health centre, casualty, ward or Special OutPatient Unit. Any health worker who suspects that a child under his/her care is a victim of abuse must immediately inform the senior person on duty. This may be the coordinator in the health centre, the consultant, the person in charge or head of unit. This person must immediately inform the Child Protection Health Officer of the case.

### MANAGEMENT OF A CASE

(a) Except in emergency situations when there is an immediate need for medical intervention, the health worker to whom the first contact is made should report or inform the Child Protection Health Officer, who will then take over the case.

(b) The Child Protection Health Officer will determine the steps that are needed for the initial management of the case. These may include examination of the child in the case of sexual or physical abuse and admission to hospital, if further intervention is required.

(c) If a physician's examination is indicated, the Child Protection Health Officer will take the child to the designated paediatrician or gynaecologist as appropriate. The Child Protection Health Officer will remain present during the procedures and assist the doctor in keeping a full record of all findings. At this stage, no detailed interview will be conducted with the child or parent/guardian. The aim of the examination is to assess the case, collect and record all evidence of possible abuse. History taking should be limited to this purpose.
Further interrogation of the child and parent will be undertaken by the Police and the Social Worker.

(d) Examination of a child requires the permission of the parent/guardian. If permission is refused by the parent/guardian, the Child Protection Health Officer should immediately inform the Director Social Services or his/her representative who will obtain a court order.

**NOTIFICATION OF THE CASE TO THE DIRECTOR SOCIAL SERVICES**

(a) The Child Protection Health Officer will inform the Director Social Services or his/her representative by telephone, as soon as possible, of any cases referred to him/her.

(b) Once the Director Social Services has recorded the case, he/she will assume responsibility for deciding on further investigation and management.

(c) The Child Protection Health Officer will attend all Inter-Agency meetings. Where necessary, he /her will attend case conferences and act as the liaison between the Social Services and the Health Services. He/She will arrange all subsequent medical examination or intervention deemed necessary, and ensure that the medical reports, laboratory tests, etc.. are prepared.

(d) The Child Protection Health Officer will maintain a confidential register of all cases of child abuse. Authority to access the Register must be sought from the Child Protection Health Officer.

## THE POLICE

Whenever a Police Officer, other than a member of the Family Support Squad, receives a complaint, or becomes suspicious of child abuse, he/she will determine whether or not a child is:

(a) In immediate danger of injury, or
(b) In need of immediate medical treatment.

If any of the above factors are present, he/she will do whatever is within his/her power to take the child to the nearest Police Station, or to the nearest medical centre.

Whether or not the Police Officer acts to remove the child, he/she will report the complaint or his/her suspicions and grounds for that to a member of the Family Support Squad.
The member of the Family Support Squad to whom an incident related to child abuse is reported will act as follows:

(a) Consider whether or not the child is in immediate danger of injury and if such danger exist, take immediate steps to protect the child from such, and if necessary remove the child to a Police Station.

(b) Inform the Director Social Services or the officer designated by the Director Social Services.

(c) If circumstances dictate that the child be medically examined for evidence, ensure that the child is not unnecessarily interfered with, that he/she is not washed etc… and take steps to obtain the consent of one of the parents for such examination. Parents or other parties should not interfere.

(d) In the event of the child being ill or injured, take him/her to the nearest clinic or hospital, as appropriate, for treatment without delay, (permission of the parents is not necessary).

(e) Discuss with the Social Worker designated by the Director Social Services as to whether or not the child is to be medically examined for evidence and make the final decision regarding the need and urgency as regard to such examination.

(f) In the event of refusal to the examination of the child by parents, take steps to obtain a magistrate's, or judge's order for such examination.

(g) The Police will request an immediate medical examination even before obtaining a court order.

(h) Present the medical officer who is to examine the child with details of the case.

(i) Assess the need as regard to the medical examination of suspects and take steps for such to take place in accordance to the Laws of Seychelles.

(j) Carry out all interviews of the child jointly with the designated social worker, and as far as possible, carry out the investigation and decide on strategies jointly.

(k) Take the leading role in the investigation.

(l) Give all information about the case to the designated social worker and give copies of statements which could assist the Social Services in their civil court actions, such as action related to the removal of the child from his/her home etc…

(m) Keep the designated social worker informed of the development of the case and discuss the result of the investigation with him/her. The case is also discussed at the Inter-Agency meeting.

(n) On completion of the investigation, submit the case file to senior police officer for his/her examination. The file is then forwarded to the Attorney General's office for further action. The time frame for submission of the case to the Attorney General's office is three months.

(o) The Police Officer monitors the progress of the case and informs the Social Services of the outcome.

## NATIONAL COUNCIL FOR CHILDREN

NCC Intake Officer receives reports of abuse of children from members of the public, different Ministries, private and civil society and religious groups.

(a) The Intake Officer takes the appropriate information on the Intake form:

- Full name and date of birth of child.
- Names of child's parent(s) and other household members.
- Address of the child and parents and contact phone numbers.
- School child is attending.
- Place of work of parent(s).
- Reporting issue.
- Previous help received.

(b) The Intake Officer refers the above information to the Child Protection Team and keeps a written record.

(c) The Intake Officer briefs the NCC Inter-Agency representative. He/she is kept informed by the representative on the outcome of the investigation.

(d) Once reasonable and sufficient steps have been made to ensure that the child is safe, Social Services may refer the child to NCC with request for therapy, in cases where same is appropriate.

(e) Psychology and counselling team assess therapy needs and suitability at Intake meeting held weekly.

(f) If there is sufficient and clear information, the case is allocated to a psychologist/therapist.

(g) Psychologist/therapist is responsible to conduct initial family assessment and goal setting.

(h) A case management with Social Services and other agencies can be requested before starting therapy.

(i) Psychologist/therapist develops treatment plan and offers therapy until discharge of clients. Psychologist/therapist can be requested to prepare the child for Court.

(j) In cases whereby parents are not likely to respond to therapy or have more than two Failed to Attend, the case is referred back to the Social Worker who is the case manager, to follow up with the parents.

(k) Psychologist/therapist is responsible for responding to the social worker's request for feedback about the client's progress in therapy. Psychologist/therapist is responsible for advising the social worker of any new case management issues (e.g. social problems, safety concerns, poor attendance) arising during therapy period which interferes with therapy.

(l) Psychologist/therapist plans and prepares disengagement with the child and family. He/she submits a psychological report on the child to the Director Social Services.

# GUIDELINES FOR INITIAL CASE CONFERENCES

## INTRODUCTION

Case conferences which are central to child protection procedures bring together the family and the professionals concerned with child protection and provide them with the opportunity to exchange information and plan together.

A case conference symbolises the inter-agency nature of assessment, treatment, and the management of child protection. It is therefore important that the work is conducted on an inter-agency basis to ensure that the conference represents a forum for sharing information and concerns, analysing risk and recommending responsibility for action.

The conference should have distinct and clearly defined functions and tasks.

## WHO CONVENES A CASE CONFERENCE

A case conference is convened by the agency with statutory powers following an investigation and indication that a decision has to be made about further action under the child protection procedures. The case conference will agree on a date for a child protection review meeting. A review conference will take place within 3 months after the case conference has placed a child's name on the register.

## AIMS AND PURPOSE OF CASE CONFERENCE

An initial case conference should be called after an investigation has been made into incident or suspicion of abuse which has been referred. The timing of the initial conference after referral will vary according to the needs of each individual case.
The main decisions to be taken at the conference are whether or not to register the child to formulate and agree on a child protection

plan. If registration is agreed a key worker from Social Services is appointed to work with the case.

The main task of the key worker is to act as lead worker for the inter-agency work and provide a focus for communication between professionals involved and will coordinate inter-agency contributions to the assessment, planning and review of the case. The key worker must also ensure that parents and children are fully engaged in the implementation of the child protection plan.

**ORGANISATION OF CASE CONFERENCES**

A conference will be fully effective and useful if it has a defined purpose. For reasons of both efficiency and confidentiality, the number of people involved in a conference should be limited to those who need to know and to those who have a contribution to make. There should be proper administrative arrangements for convening a conference and producing minutes.

**INVOLVEMENT OF CHILDREN/PARENTS/CARERS**

The welfare of the child is the over-riding factor guiding child protection work. It is therefore important to work in partnership with parents and other family members.

In some cases it will be appropriate to work differently with each of the parents, if for example one of them is the alleged abuser or if there is a high level of parental conflict. If a child does not wish to attend, or his/her age and/or understanding makes this inappropriate, the conference should be provided with a clear up-to-date account of the child's views by the professionals who are working with the child.

The key worker should keep the child informed about the decisions and recommendations reached at the conference and any changes in the inter-agency protection plan.

## THE SOCIAL SERVICES CHILD PROTECTION INTERNAL REGISTER

**PURPOSE**

The Social Services Child Protection Internal Register will be maintained by the Social Services. The primary function of the Register is to safeguard and promote the welfare of each child by:

- Providing a record of all children in Seychelles for whom there are unresolved child protection issues and for whom there is in place an inter-agency Child Protection Plan.
- Maintaining a record of enquiries made about children in the last three years in order to alert subsequent enquiring professional staff of previous enquiries.
- Providing a central point for speedy enquiry by professional staff who are worried about a child and who wish to know whether the child is the subject of an inter-agency Protection Plan.
- Facilitating good communication and coordination between agencies and individual workers.
- Providing Management Information on the level of activity of child protection work in Seychelles.

The Register will retain records of registered children up to their 18$^{th}$ birthday. The records will contain personal identifying details including sex and any disability.

**CONTACTING THE REGISTER**

Enquiries can be made of the Register by professional staff designated by the respective agencies.

N.B: The Register is not for public use and information should not be disclosed to the public.

Enquirers will be informed:

- If the child or other children in the family appear currently on the Register and if so, the category of registration and the name of the key worker from whom enquirers can obtain information; or

- If the child or other children in the family are not currently on the Register but there have been previous enquiries/registration.
  If more than one enquiry is made about a child, the enquirer will be advised of the identity of persons making previous enquiries in order to liaise as appropriate.

**CRITERIA/REQUIREMENTS FOR REGISTRATION**

The conference must decide that there may be or is a likelihood of significant harm leading to the need for a child protection plan. One of the following requirements needs to be satisfied:

A. One or more identifiable incidents which can be described as having adversely affected the child. They may be acts of commission or omission. They can be physical, sexual, emotional or neglectful. It is important to identify a specific occasion or occasions where the incident has occurred.

B. Significant harm is expected on the basis of professional judgment of findings of the investigation in this individual case or on research evidence.

# CHILD PROTECTION PLAN

## SOCIAL WORKER AND CHILD PROTECTION PLAN

### Social worker

On the registration of a child, the initial Child Protection Conference will confirm the name of the social worker. The role and responsibilities of the social worker are:

- To coordinate the inter-agency activity of the Child Protection Plan.
- To have regular face to face contact with the child.
- To notify the Register Custodian of any change of circumstances (including any decision to de-register).
- To ensure that appropriate assessment, monitoring, treatment and support is carried out.
- To ensure the contribution of other agencies to the assessment, monitoring treatment and support.
- To seek specialist advice as necessary.
- To complete the written details of the Child Protection Plan, facilitate signatures and distribution.
- To maintain records including all contacts with the child and family.

### Initial Child Protection Plan

The initial case conference will proceed to draw up the initial Child Protection Plan. This Plan is referred to as "initial" as it is the first plan drawn up, within short time scales, and therefore takes account that not all information and assessment will be complete at the time of the Initial conference being held. This plan remains initial in status until the first Child Protection Review Conference.

The Child Protection Plan is a strategy for ensuring that appropriate measure are taken by all relevant services to protect a child from harm. It should also promote their physical, emotional and intellectual health and development.

The Child Protection Plan must be written and copies should be given to the child (if of sufficient age and understanding) and to parents unless they are excluded from involvement in the Plan.
The Plan should set out the following:

- The names, locations and contact numbers of each focal point.
- The objectives and time-scales of the Plan, which must be directly related to the reasons for registration and the risk identified at the Initial Child Protection Conference.
- The details of the Plan must include: day to day protection and contingency plans, monitoring arrangements, further investigations/assessments, medical surveillance, review arrangements.
- The arrangements for review, including dates.
- Arrangements for communication/accountability in the absence of the key worker.

Agreement to and a willingness to work to the Plan by all parties must be recorded. The Plan should be signed by the key worker and other members of the Inter-Agency and the parents/carers/child as appropriate, and countersigned by the Director Social Services.

Parents/carers, the child and other significant persons must be informed of the agencies' complaints arrangement so that they may make a representation or complaint about the Plan or any part of it.

The Child Protection staff will confirm the frequency of the Inter-Agency Group Meetings which will continue to meet between Child Protection Reviews if the risks of the child are to be carefully assessed. The Inter-Agency Group will meet at least once during this time and more regularly as the need may be.

The roles and responsibilities of the Inter-Agency Group between child protection reviews will have a particular emphasis on the appropriateness of the continuing child protection plan and registration of the child.

The Plan will include:
- child protection objectives for the risks identified at the conference.
- day to day protection measures, including actions which the care givers will agree to do or not to do.
- monitoring arrangements (includes seeing the child alone, seeing the living and sleeping arrangements and varying the times for doing this.
- the use of local resources.
- contingency arrangements i.e. for communication/accountability in the absence of the key worker and action needed should any part of the plan break down and or become unmanageable.

**Comprehensive Child Protection Assessment**

The arrangements for the Comprehensive Child Protection Assessment should include:

- The purpose of the assessment (including general agreement about the extent to which sufficient information is already known, how much assessment has already occurred and thus those areas which need particular attention.
- Who will be responsible for each aspect of the assessment.
- The time scale for carrying out the assessment.

The Comprehensive Child Protection Assessment will be undertaken on an inter-disciplinary basis.

The named Key Worker is responsible for coordination of the assessment, with the focal points or inter-agency group members contributing from their specialist perspective. The assessment should involve the child, parents, carers, relatives and others who are significant to the child.

**Purpose**

In general terms the purpose of a comprehensive child protection assessment is to acquire a full understanding of:

- The nature of the child protection concern.
- The parents'/carers' attitude to, and understanding and acceptance of, these concerns.
- The child's needs, wishes and feelings.
- Family patterns of behavior, interaction and roles.
- The level of future risk to the child.

This is necessary to provide a sound basis for future planning and decision making.

The purpose of the assessment is not to determine whether significant harm has occurred or whether risk of harm exists. This will already have been established at the Initial Child Protection Conference.

Although the assessment may have therapeutic side effects, and/or may identify the need for therapeutic work, therapy is not the purpose of the assessment.

The term “Comprehensive Child Protection Assessment” is used for brevity to clarify the expectation in this phase. However, assessment is a continuing process and should always be considered in an inter-disciplinary context.

**Process**

The Initial Child Protection Conference will already have agreed, in general terms, which areas need to be addressed in the assessment and the inter-agency group will need to agree the details.

The Inter-Agency Core Group needs to ensure that information about the following areas is available and taken into account in the assessment.

- Social and family circumstances
- Health and development
- Education
- Environmental circumstances
- The circumstances of other family members if relevant

Agreement should be made about which areas of the assessment should be undertaken by which members of the Inter-Agency Group.

It is not intended that the assessment should follow this manual in a mechanistic way but consideration should be given to the best way to use its guidance and to the parts that may have particular relevance to the assessment of the specific child and family. The Initial Child Protection Conference should specify which parts should be used and how such should be undertaken.

For the purposes of the assessment, arrangements should be made to see the child:

- On their own.
- Interacting with parents/carers and other relevant family members.

Arrangements should also be made to see the parents/carers, relevant family members and any other significant persons on their own and together, as appropriate.

All agency staff need to consider the inter-personal processes of the assessment. In particular they should take account of:

- The need to be explicit with the family about the purpose of the assessment.
- The effectiveness of verbal, written and other forms of communication in achieving that explicitness.
- What barriers there may be to communication.
- The value base of the assessment and the need to be sensitive to cultural and gender issues.
- Whether there is a need for co-working or consultation to address areas of specialist knowledge.
- The need for the assessment to address strengths and positive as well as concerns and weaknesses.
- The need for conflicts in perceptions to be made explicit.

**Recording**

Records must be kept of the assessment, including the observations, views and opinions of the staff undertaking the assessment and those of the child and the family members.

The findings of the assessment and the conclusions which are drawn from those findings must be clearly summarised. Clear recommendations should then specify:

- The child protection concerns.
- Necessary future actions
- Objectives for changes in the family.
- Time scales for achieving the changes.
- Agency support to the family to achieve the changes.
- Resources required to facilitate the changes.
- How any changes might be measured and monitored.
- The feasibility of achieving the above.
- How success will be assessed.
- What further actions will be required should the objectives for change not be met.

## CHILD PROTECTION REVIEWS, PLANS AND DE-REGISTRATION

### Purpose

The purpose of a Child Protection Review is to:

- Review the arrangements for the protection of the child.
- Examine the current levels of risk and ensure adequate protection.
- Consider whether the inter-agency coordination is functioning adequately.
- Review the Initial or any subsequent Child Protection Plan.

A Review Conference should also be arranged whenever an unexpected development occurs which gives rise to concern or there is a significant deviation from the Child Protection Plan by any of the parties.

The responsibility for ensuring that the Child Protection Conference is arranged at such intervals rests with Social Services.

It is also possible for any key professional or family member involved in the Child Protection Plan to request a Review Conference at any time.

A parent/carer who is partner in the Plan will be invited to Child Protection Review Conferences unless exceptional circumstances indicate the need for exclusion. Consideration should also be given, depending on the particular circumstances, to the attendance of the child.

### De-Registration

When the Inter-Agency Group have formed the view that the risks to the registered child have been sufficiently reduced to a minimum or

acceptable level, the child's name may be considered for removal from the Child Protection Register.

A recommendation for de-registration will be made following which a decision will be made to remove the child's name from the Register.

An updated comprehensive assessment will normally have taken place and a detailed analysis of risk should show that registration is no longer required and the child protection is not necessary.

The de-registration of a child should not automatically mean the withdrawal of any agencies' services to the child and family.

The inter-Agency Group must consider whether the child is a child in need and whether assessment/services are appropriate.

**Criteria for De-Registration**

Criteria for de-registration can be grouped under the following four headings.

The original factors which led to registration no longer apply – this would include:

- A child who has remained at home but abuse or the risk of abuse has been reduced by work with the family and through the Child Protection Plan.
- A child who has been placed away from home and there is no longer access to the abusing adult or the access is no longer considered to present a risk to the child.
- Where the abusing adult is no longer a member of the same household as the child and there is no contact or such contact is no longer considered to be a risk to the child.

- The completion of the comprehensive Child Protection assessment and a detailed analysis or risk has shown that registration is no longer required and child protection is not necessary.

The child is no longer a child in the eyes of the law. This includes:

- The child who reaches 18 years of age.
- The child who gets married.
- The child dies.

The Key worker will be responsible for informing the Register Custodian when a decision has been made. Any dissenting views or counter proposals by any Inter-Agency Group Member should be submitted to the Chairperson.

## CONCLUSION

Cooperation and collaboration between different agencies is a difficult and complex process, particularly in an area of work like child protection, where practice is constantly evolving to absorb new ideas acquired through experience and innovative practice.

All agencies concerned with the care of children are aware of the need to adapt and change. They must all share the responsibility for establishing and maintaining close working arrangements for all types of cases involving the protection of children.

Each agency shall identify appropriate individuals within their organisation whose primary responsibilities is to attend to child protection. Close day-to-day contact between these individuals will promote and facilitate cooperation and coordination.

Each agency must take responsibility for establishing and maintaining the inter-agency procedures and should assure themselves from time to time that appropriate procedures are in use.

The protection and development of children have always been and are still a high priority for the Government.
Agencies will continue to strive to protect children for the betterment of society.