



INTERAGENCY CHILD PROTECTION PROTOCOL

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The Interagency Child Protection Protocol aims to offer guidance and support on good practices for the identification, reporting, investigation, case management, and prosecution of child abuse cases.

Its primary objective is to help secure and safeguard the general well-being, safety and protection of children in Anguilla. It should be noted however that jurisdictional, logistical or legal conditions may preclude the use of particular procedures contained herein. Additionally it should be noted that this document does not create any legal rights for anyone facing charges or other proceedings arising out of any event covered herein.

TABLE OF CONTENTS

1. PROTOCOL AGREEMENT SHEET (for signatures of participating agencies)	4
2. FOREWORD.....	6
3. ABBREVIATIONS	7
4. INTRODUCTION: Towards a Multidisciplinary Approach to Protecting Children from Abuse	7
5. CHILD PROTECTION LEGISLATIVE FRAMEWORK	9
6. PURPOSE AND OBJECTIVES OF THE PROTOCOL	15
7. GUIDING PRINCIPLES.....	18
8. GUIDELINES FOR REPORTING CHILD ABUSE	20
9. GENERAL ROLES AND RESPONSIBILITIES	36
10. THE INITIAL RESPONSES & INTAKE GUIDELINES: (Obligations and Processes)..	52
11. CHILD FATALITIES & Potentially Fatal Child Abuse Investigations Guidelines	64
12. FOLLOW-UP ACTIONS TO INITIAL RESPONSES: Enquiry Processes and Outcomes Procedures)	68
13. AREAS OF SPECIAL CONCERN: Child Protection in Specific Circumstances.....	85
14. RECORD KEEPING AND MANAGEMENT.....	94
15. PROTOCOL DISSEMINATION/PUBLIC AWARENESS	98
16. PROTOCOL RELATED TRAINING.....	99
17. MONITORING AND EVALUATION OF PROTOCOL.....	102
18. APPENDICES	103
Appendix 1: CHILD ABUSE REPORTING FORM	104
Appendix 2: Expanded List of Indicators of Child Abuse.....	104

1. PROTOCOL AGREEMENT SHEET (for signatures of participating agencies)

Effective collaboration among agencies is essential to the protection of the children of Anguilla and the provision of appropriate services in a timely manner. This is particularly important in instances where children have been abused or are at risk of being abused. The purpose of this agreement is to enhance the ability of agencies, organizations, and professionals to implement integrated responses in working with children and families involved in child abuse, including neglect. The following persons and agencies hereby agree to adopt and adhere to this protocol, and to be directed by its guiding principles. This protocol may be amended as deemed necessary with the approval of the signing agencies:

PARTICIPATING AGENCIES

Agency: _____

Name of Official: _____ Date: _____

Signature: _____

Agency: _____

Name of Official: _____ Date: _____

Signature: _____

Agency: _____

Name of Official: _____ Date: _____

Signature: _____

Agency: _____

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2. FOREWORD



Children are Anguilla's most precious resource. We are therefore obligated to ensure that we provide them with an environment free of abuse where they can flourish and thrive. Abuse in any form has extremely damaging effects on children. In every instance where a child is being abused, swift and effective intervention is required. This Interagency Child Protection Protocol seeks to ensure that all agencies engaged in the protection of children are guided by best practice in identifying, intervening, and managing cases of Child Abuse. While there is a role for all in society to protect children, professionals who interface with children have a special duty to report cases of suspected child abuse. The protocol guides professionals as to their responsibilities in such cases. While the Department of Social Development is the agency with primary responsibility for Child Protection, ensuring that children have the best possible outcomes in cases of abuse requires that all relevant agencies work in concert.

The Interagency Child Protection Protocol provides a framework to which each agency should adhere in dealing with matters of Child Protection. Additionally, it provides guidance on how these important agencies interface with each other in the best interest of the child. In addition to the guidance offered in this document, agencies are expected to develop internal procedures to ensure that they are able to comply with the policy and practices outlined in the protocol.

The Government of Anguilla and more specifically the Ministry and Department of Social Development is grateful for the assistance UNICEF and Dr. Glenford Howe have provided in developing this protocol. Additionally we would like to thank our partner agencies for their valuable input. We trust that our partners will continue to collaborate with us in safeguarding all children in Anguilla.

Our aim is to break the silence that surrounds child abuse and to ensure that those to whom the public has entrusted with the care of children have the knowledge and skills necessary to put safeguarding into action. Moreover, we seek to ensure that in cases where abuse does occur, that future abuse is prevented. The overall goal of this protocol is to guide the implementation of an effective and integrated response to child abuse and to improve case management of abuse cases so that those children who fall victim to abuse are provided with the support they need to recover, develop and thrive.

Evans McNiel Rogers

Honourable Minister of Health, Social Development, Lands and Physical Planning

3. ABBREVIATIONS

ADHD	Attention Deficit/Hyperactivity disorder
AG	Attorney General
CC	Criminal Code
CPCC	Child Protection Case Conference
CPP	Child Protection Plan
CPR	Child Protection Register
DSD	Department of Social Development
A&E	Accident and Emergency
EMT	Emergency Medical Technician
FASD	Fetal Alcohol Spectrum Disorder
GP	General Practitioner
HIV	Human Immunodeficiency Virus
MBP	Munchausen by Proxy
STD	Sexually Transmitted Diseases
VWAP	Victim Witness Assistance Programme

4. INTRODUCTION: Towards a Multidisciplinary Approach to Protecting Children from Abuse

Over the past decade Anguilla has been engaged in major reforms aimed at bringing about improvements to its child protection system. These reforms have been specifically targeted at promoting, protecting and fulfilling children's rights to protection from abuse, neglect, exploitation and violence as expressed in the UN Convention on the Rights of the Child, and other human rights, humanitarian and refugee treaties and conventions, as well as national laws. Through the United Kingdom, Anguilla as a British Overseas Territory is a signatory to the UN Convention on the Rights of the Child, and is obligated to utilize its guidance in bringing about meaningful improvements to the country's child protection system.

While it is well recognized that the state has primary responsibility for leading and directing this effort there is also a recognition that effective child protection is everyone's business. It requires a multi-disciplinary and multi-sectoral approach linking closely, for example, with work in

education, health and criminal justice. This essentially means that protecting and promoting the wellbeing of the children of Anguilla has to be a national effort. Families and communities play an indispensable role in this process and are critical to the welfare and protection of all children and young people.

It is the belief of the Government of Anguilla that all children deserve the opportunity to achieve their full potential and they should be enabled to:

- Be as physically and mentally healthy as possible;
- Gain the maximum benefit possible from good quality educational opportunities;
- Live in a safe environment and be protected from harm;
- 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 situation.

This protocol thus seeks to help create and preserve an enabling environment through which the children of Anguilla can feel protected and safe, and thereby be better able to achieve their goals and aspirations as productive citizens and nation builders. Throughout this document the unequivocal message is conveyed that the safety and well-being of the children of Anguilla is of paramount consideration.

5. CHILD PROTECTION LEGISLATIVE FRAMEWORK

A. International and Regional Legal/Policy Framework

Like the other English speaking Caribbean countries Anguilla has committed itself to protecting the rights of all children as articulated in the United Nations Convention on the Rights of the Child (CRC). Article 1 of the CRC defines a 'child' as a person below the age of 18, unless the laws of a particular country sets the legal age for adulthood younger. Anguilla's definition of the child is in accordance with Article 1 of the CRC.

Together the various articles of the CRC establishes a rights-based, child-centred framework within which countries could develop policies, programmes and services for children. The CRC represents the most comprehensive legally binding international instrument which outlines a variety of fundamental human rights, including economic, political, social, cultural and civil rights to which children are entitled. Within this framework children are not regarded as passive objects in need of protection by parents, families and governments, but as persons whose rights, views and concerns must be respected. Under Article 3 of the CRC agencies providing services to them are required to operate on the basis of adequate standards in provision of services. In addition to reactive measures aimed at curbing child maltreatment, States are required to adopt early intervention measures to prevent and minimize the incidence of maltreatment. Article 19 of CRC for example stipulates that¹:

1. *“States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*
2. *Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement”.*

The CRC's core guiding principles include non-discrimination, the best interest of the child, the child's right to life, survival and development, and respect for the views of the child. Signatories

¹ See for details of the Convention on the Rights of the Child, <http://www2.ohchr.org/english/law/crc.htm>

to the CRC are therefore required to adopt policies, programmes and initiatives which translate these rights into meaningful realities for children.

The central child protection articles in the UN Convention on the Rights of the Child are Articles 9 (family separation), 10 (family reunification across borders), 11 (illicit transfer of children), 16 (right to privacy, honour and reputation), 19 (protection from violence, injury, abuse, neglect, maltreatment or exploitation), 20 (alternative care), 21 (adoption), 22 (refugee children), 23 (disabled children), 24 (harmful practices), 25 (periodic review of alternative care), 32 (economic exploitation), 34 (sexual abuse and exploitation), 35 (abduction, sale or trafficking of children), 36 (other forms of exploitation), 37 (juvenile justice and protection from torture or other cruel, inhuman or degrading treatment or punishment), 38 (protection in armed conflict), 39 (recovery and reintegration) and 40 (children in conflict with the law). There are some articles that are not protection rights but which nevertheless are critical to safeguarding and securing children's protection rights. These include Articles 5 (support for the parent, extended family and community); 7 (birth registration and protection of identity), 18 (parental responsibility), 26 (social security), 27 (adequate standard of living and social protection), 28 & 29 (education), and 31 (play and leisure). Articles 2 (non-discrimination), 3 (the best interests of the child), 4 (accountability), 6 (survival and development) and 12 (children's right to be heard) are also important complements to the above articles. As signatories to the Convention on the Rights of the Child Caribbean countries are all obligated to continually seek new and innovative ways of ensuring that these rights are upheld and given practical meaning and relevance in the lives of children.

Child protection in Anguilla is also influenced by various other binding and non-binding regional and international instruments, conventions and policy declarations including the following:

- ILO Minimum Age Convention 138
- CRC Optional Protocol on the Sale of Children, child prostitution and child pornography
- ILO Convention 182 on the worst forms of child labour
- Optional protocol to prevent, suppress and punish trafficking in persons
- Hague convention on inter-country adoption
- Convention on the Elimination of all forms of discrimination against women
- International covenant on civil and Political Rights

- International covenant on economic, social and cultural rights
- Convention on the Rights of persons with disabilities
- CARICOM Action Plan for Children & various declarations child protection issues

B: National Legislative Provisions

Child protection in Anguilla is however most directly determined by the country's laws and legal doctrines which provide the foundations for an effective child protection system.

Doctrine of Parens Patriae

This is a Latin term that translates into English as “parent of the nation”. This doctrine is a British common law creation whereby the courts have the unfettered decisions concerning people who are not able to take care of themselves. Children are considered to be a vulnerable group in society because of their inexperience and are therefore in need of care and protection and special privileges in the eyes of the law.

Under this doctrine the court considers itself to be the supreme parent according to Lord Esher M.R. *"must exercise that jurisdiction in the manner of which a wise, affectionate and careful parent would act for the welfare of the child"*² Under this doctrine the court has residual powers to craft a remedy to ensure that children are protected. The Supreme Court will not be limited by the absence of statute interest of the child. These powers of the court are generally supplemented by legislative acts that define the scope of child protection in a state.

Criminal Law in Anguilla

Most forms of child abuse are criminal offences which means that various penalties are imposed for offences committed against children by parents, guardian or other adult offenders. Unfortunately the most common offences committed against children are of a sexual nature and therefore under Part 14 of the Criminal Code (CC) there are about 20 different sexual offences against minors:

² R v. Gynall (1893) 2 QB 232 at 241-42

Part 14: Sexual Offences against Minors

142. Sexual intercourse with person under 14 years of age
143. Sexual intercourse with person between 14 and 16 years of age
144. Sexual intercourse with minor suffering from mental disorder
145. Sexual intercourse with dependent child
146. Indecent assault on minor
147. Procurement of minor
148. Living on earnings of prostitution of minor
149. Failure to disclose HIV infection prior to sexual intercourse
150. Causing or encouraging prostitution of minor
151. Householder, etc., permitting defilement of minor on his premises
152. Forcible taking or detention of minor with intent to have sexual intercourse
153. Unlawful detention of minor with intent to have sexual intercourse
154. Abduction of unmarried person under 16 years of age
155. Abduction of unmarried person between 16 and 18 years of age
156. Special provisions as to aiding or abetting in cases of abduction of a minor
157. Special provisions as to abduction of minor
158. Sexual harassment of minor
159. Powers of court where sexual offence committed against minor
160. Mandatory reporting of suspected abuse of minors

Points of law to remember

- Minor means a person under the age of 18 years.
- Definition of Sexual intercourse: it is important to remember that sexual intercourse is widely defined in the CC to include not only vaginal but also: anal penetration, oral sex; the stimulation of the vulva, penis or anus.
- A minor in the eyes of the law cannot consent to sexual intercourse.

Powers of the Court to Protect a Minor against Sexual Offences

Under section 159 a person who has care and custody of a child and who has **perpetrated, caused, encouraged or favoured** the sexual abuse of a minor commits an offence and the court may divest that person of **parental or custodial responsibility**. The court may also order the convicted person to be subjected to psychiatric treatment.

Section 180 - Hearings are conducted *in camera*: this means that the Judge or Magistrate has the power to exclude persons who are not parties to the proceedings from the court.

Section 182 - The court has the power to restrict the publication of matters pertaining to a sexual offence in order to protect **the identity** and thereby the integrity of the complainant.

Cruelty to Children

Parental rights and duties fall largely within the realm of private family dealings (the day to day life of the child) however the subject of care and protection also falls within the arena of public law. Therefore where relevant parties fail to care for or protect a child when they are **duty bound** to do so, the state, through the court has the power to impose sanctions against guilty parties. There is a tension between private rights (family rights) and public interference with those rights (what are the boundaries of the state). The other general type of criminal offences committed against children **is the offence of cruelty to children**. This includes physical abuse and circumstances where duties towards the children by particular individuals have not been fulfilled; this is also called child neglect.

Types of conduct that amounts to cruelty to children

It is an offence for a person (*16 years and over*) who has care and custody of a child (*under 16 years*) to wilfully assault, ill-treat, neglect or expose the child to these types of situations which then causes the child, or is likely to cause the child, unnecessary suffering or injury to health, (including injury to or loss of sight, hearing or organ of the body and any mental derangement). The penalty for such an offence is 5 years imprisonment or a fine of \$5,000 or both.

Child neglect which causes or is likely to cause injury to the health or well being of a child is an offence. Child neglect includes:

- not being provided adequate food, clothing, medical aid or lodging

- the suffocation of an infant (under the age of 3 years) while sleeping in the bed of an adult who is intoxicated (manslaughter charges)
- the scalding burning or death of child due to careless exposure to a stove, coal pot or fireplace;

Ill treatment includes, giving a child (under 10 years) intoxicating liquor or selling to a child intoxicating liquor and the child ingesting the liquor.

Any person who abandons or exposes a child (*under 2 years*) to a situation that endangers the life or health of that child commits an offence - punishment 7 years.

There is a catch all offence which indicates that if you have a duty to perform an act towards a person and you do it carelessly or you fail to do so and the results is that harm occurs to a person you are liable to 1 year imprisonment or to a fine of \$1000 or to both.

The Child Protection Act 2019 (S. 31 Mandatory reporting of harm to a child)

(1) Any person over the age of 18 who has knowledge or reasonable grounds to suspect that a child is being harmed or is otherwise in need of care and protection shall, without delay, make a report to the Commissioner.

(2) Notwithstanding subsection (1) or any other enactment, a person who performs professional or official duties or services with respect to a child, including –

- (a) a physician, nurse, dentist, psychologist or other health care professional;
- (b) a school principal, teacher, guidance counsellor, youth or recreational leader or member of the clergy;
- (c) an owner, operator or employee of a child day care centre or other child care institution;
- (d) a law enforcement officer, probation officer or social worker; or
- (e) any other person who by virtue of his employment or occupation has responsibility to discharge a duty of care towards a child,

who in the course of that person's professional or official duties or services, has knowledge or has reasonable grounds to suspect that a child is in need of care and protection where the child is likely to suffer or is suffering harm that person shall —

- (i) without delay, report or cause to be reported, the circumstances to the Commissioner; and

(ii) provide the Commissioner with such additional information as is known or available to the person.

(3) Subsections (1) and (2) shall apply notwithstanding the confidential nature of the information on which the report is based, but nothing in this section abrogates any attorney-client privilege.

(4) A person who fails to comply with subsection (2) commits an offence and is liable, on summary conviction, to a fine not exceeding \$5,000 or to imprisonment for three months.

6. PURPOSE AND OBJECTIVES OF THE PROTOCOL

The main purpose of this protocol is to provide clear understanding and direction to all child protection related agencies and stakeholders in regard to the universal, effective and sensitive handling of child abuse referrals and investigations in Anguilla. It provides guidance to agencies and professionals involved in child abuse cases such as Police Officers, Principals, Teachers, Social Workers. These professionals will be responsible for a coordinated and integrated approach to child protection. This Protocol sets out procedures for receiving, investigating, prosecuting, case management, and the provision of follow-up care and treatment for child abuse cases.

While differences in the mandate of each agency will be respected, overlapping areas should be acknowledged and harmonized, and partnerships promoted and encouraged to meet the needs of children and their families. It is acknowledged that no single agency can fully address the problem of child abuse and thus effective collaboration is essential to the well-being and protection of children in Anguilla. The importance of the law enforcement and criminal justice roles is emphasized based on the premise that the approach taken by Police Officers, Prosecutors and Judicial Officers should send a strong message to the public that child abuse is a crime which will be severely punished. The overriding philosophy of this protocol is to consider first and foremost *what is best for the child* while ensuring the rights of the accused.

It is intended that the Protocol will provide guidelines for the following:

- a) Reporting suspected child abuse/and treatment or neglect.
- b) Case management of child abuse, including removal to places of safety, treatment or

counselling and follow-up.

- c) The role of School and Teachers.
- d) Information sharing between stakeholders.
- e) Interviews (child, parents, etc).
- f) Medical Intervention
- g) Role and Responsibilities of various proximate agencies.
- h) Court Testimony/Video Recordings/Live Link

The specific objectives of this protocol will therefore be:

- To provide protection for children against harm and to prevent child abuse and neglect.
- To provide a reporting framework to protect children from birth to 18 years who are victims or at risk of abuse.
- To provide minimum standards for prevention, investigation, reporting, judicial intervention, care, treatment and support for each victim of child abuse.
- To promote coordination and cooperation between agencies with respect to prosecution, placement and treatment programs for the child victim and family as well as the perpetrator.
- To prevent gaps in the services response, especially in those cases where information might otherwise remain concealed or unknown.
- To enable the pooling of resources and skills at all stages of intervention, from initial enquiry to assessment and case management, including early identification and prevention.
- To ensure that accurate records are maintained and processes monitored and evaluated.
- To provide for on-going training of all persons, directly involved in child protection; prosecution of child abuse cases and all personnel (stakeholders) whose efforts are directed towards abuse prevention.
- To promote the sensitive handling and prompt investigation by law enforcement personnel of all child abuse cases.
- To ensure that investigation by law enforcement and child protection officers is

coordinated and not duplicated so that victims are not interviewed separately and repeatedly thereby creating further emotional stress.

- To ensure each child is treated with dignity, fairness, and respect and protected from harassment, intimidation, or further abuse following disclosure.
- To encourage vigilance in all cases of death of a child, whether natural or unnatural, to establish whether any possibility of abuse may have existed or could have led to cause of death.
- To encourage investigation by child protection officers of all cases of suspected child abuse and to treat all reports by the general public with equal concern and seriousness and to promote timely intervention.
- To look into instances where neglect or lack of supervision lead to malnutrition, begging, juvenile offending, drug abuse and immersion into ‘gang/block’ culture.
- To ensure there is an integrated approach, coordination, collaboration and cooperation across agencies.
- To ensure proper training for all professionals covered by this protocol
- To establish guidelines and procedures as follows:
 - Who is mandated to report
 - How to report
 - To which competent agencies such reports should be made
 - To ensure that all such reports are received by trained and professional personnel and acted on promptly, and where necessary in a discreet manner.
 - To ensure that reports are investigated, prosecuted and managed, utilizing best practices.
- To mandate specialized attention where alleged perpetrator has a history of violence.

7. GUIDING PRINCIPLES

The protocol is guided by the following guiding principles:

- The well-being, safety, protection and development of the child are of paramount importance, and overrides all other considerations; and constitute the overarching guiding principle of this protocol
- The protection of children from all types of abuse is everyone's concern.
- All allegations and disclosures of physical abuse, sexual abuse, emotional abuse and neglect must be taken seriously and be reported to the Department of Social Development.
- Whenever there is reasonable grounds to believe that a child has been harmed or is at risk of being harmed the matter should immediately be reported to the Department of Social Development.
- Decisions and actions taken to protect a child, including during the investigative process, must never cause the child unnecessary distress or compound any damage or trauma already suffered.
- Every effort should be made to ensure that when all disclosures of abuse are made by children they are immediately provided with the necessary counselling, medical, legal and others forms of support necessary to protect their interests and rights and to facilitate their recovery.
- Families are essential to the well-being of all children and as such the issues of children must be considered in the context of what is best for the family, especially the views and concerns of the parents and caregivers, even though the child's interests are paramount.
- All actions and decisions taken by the agencies which are signatories to this protocol must be always be carefully thought through, well informed, and sensitive to the child's age, gender, stage of development, any disability, religion, culture, language, and sexual orientation.
- All staff and volunteers working for the Department of Social Development and all other child protection related agencies have a duty of care to support and protect the children

with whom they are professionally involved and as such must always act in a manner which ensures that children's needs are responded to in a timely, appropriate, culturally sensitive, child focused and child friendly manner.

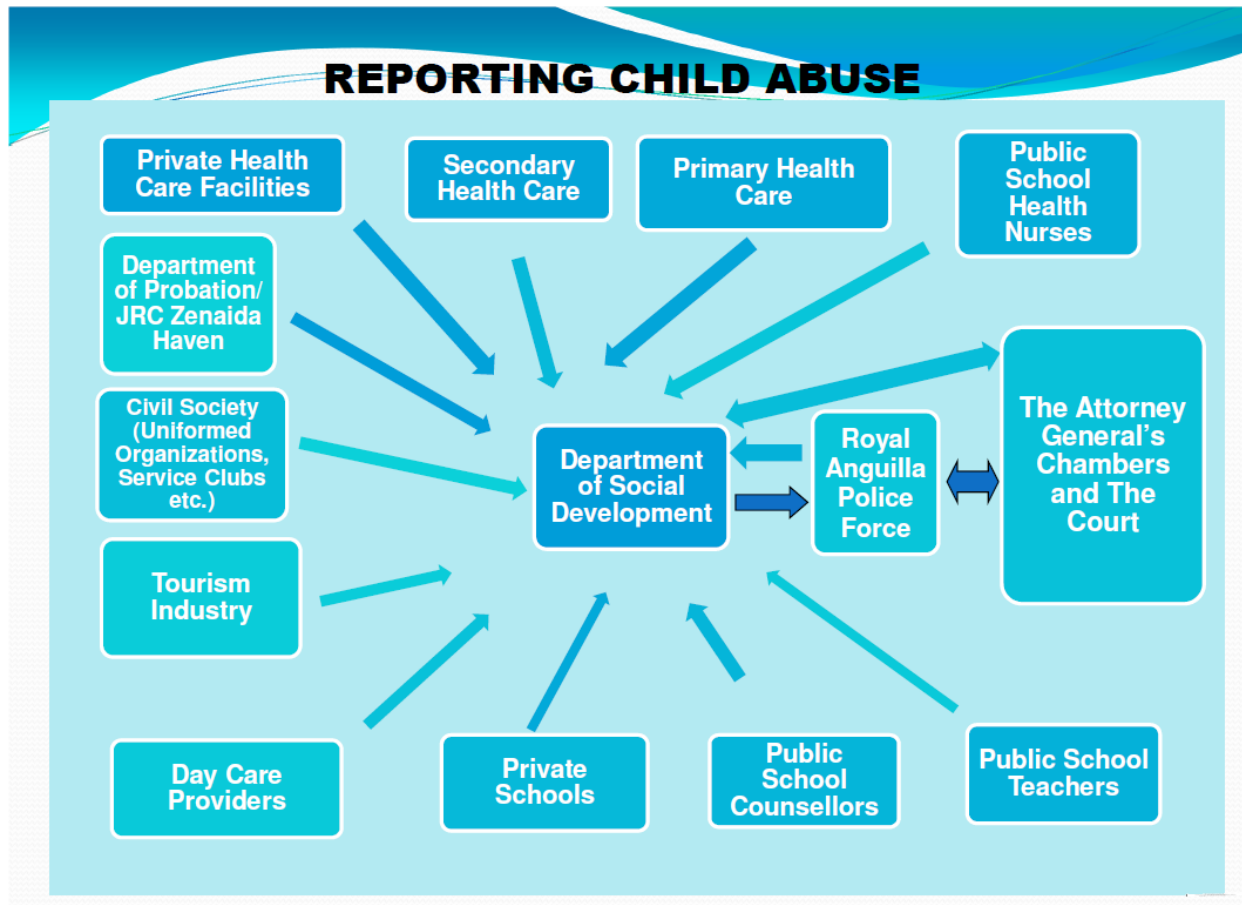
- Every effort must be made to make the child's ongoing safety and well-being the primary focus of the decision-making process.
- Priority must be given to the provision of easily accessible, appropriate, and high-quality services, as required, for abused children, the families or caregivers, and where necessary to the abuser as well.
- Children and their families must never be regarded as passive objects in need of protection and help, but as persons whose rights, views and concerns must be respected and taken into consideration
- All abused children must be afforded the full protection of the law, and the full benefits of services and support facilitated by this protocol, and there should be no discrimination.
- All information relating to cases of abuse must be recorded factually and accurately as soon as possible.
- Effective collaboration and the timely sharing of sound, appropriate information, resources and expertise among the various child protection agencies are indispensable to the protection, treatment, safety, well-being and recovery of the child.
- All agencies which are signatories to this protocol must have a clear and good understanding of each other's professional values and must accept their respective roles, powers and responsibilities.
- The criminal dimension of all cases of abuse must never be ignored and as such abusers must be held responsible, even while other measures including treatment and counselling are being undertaken to prevent further harm to the child

8. GUIDELINES FOR REPORTING CHILD ABUSE

The Mandatory Reporting Requirement

Every citizen has a responsibility to protect those who cannot protect themselves. Though everyone over age 18 *should* report child abuse, there are a number of professionals who because they have frequent contact with children, *must* report abuse or be held liable by law. These reporters represent a crucial link in the system to protect Anguilla's most vulnerable citizens. By law, mandatory reporters must report suspected abuse of a child regardless of whether or not the knowledge of the abuse was gained in the reporter's official capacity. In other words, the mandatory reporting of abuse of children is a 24-hour obligation. Failure to report could result in criminal, civil and/or professional liability. The absence of training does not excuse a mandated reporter from the duty to report. There is no duty to report past incidents of child abuse when the victim has reached the age of 18 years. However, a reporter may, within his or her discretion, report incidents of past abuse that occurred before the child reached the age of 18 years. Such reports are encouraged, particularly when the abuser has current access to children.

When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report. Each mandated reporter is encouraged to confirm that the team member designated to make the report has in fact made the report. No supervisor or administrator may impede or inhibit the reporting duties and no person making a report shall be subject to any sanction for making the report.



Dealing with the Child's Disclosure

It is not the responsibility of the mandated reporter to investigate or attempt to obtain a detailed or extensive history of the abuse. The reporter is simply required to carefully perform all duties required under any and all professional guidelines as they pertain to the child. Beyond that, the reporter should obtain only enough information to report a "reasonable suspicion" and is not required to seek to obtain proof that the alleged abuse did in fact take place. The mandated reporter should provide a quiet, private place in which to listen to and document the child's disclosure, and:

- communicate with the child in the language most comfortable to the child
- use interpreters, where appropriate
- use open-ended questions
- refrain from making promises to the child
- limit questions to those necessary to complete the required reporting form

Once a disclosure of abuse has been made, while the reporter may continue to provide reassurance to the child, further questions about the abuse should not be asked. If the child continues the disclosure without questioning, permit the child to do so and document all statements made by the child.

Mandated reporters should not disclose to the child's parent or guardian that they are making a suspected child abuse report since this disclosure to a parent could interfere with the fact-finding process, compromises the investigation, or endangers the child. If the abuse is familial, the child could be subject to undue influence by the abuser or by another person. The mandated reporter is required to leave the notification of parents, guardians, and the alleged abuser to the Department of Social Development. At all times the safety of the child is the primary concern.

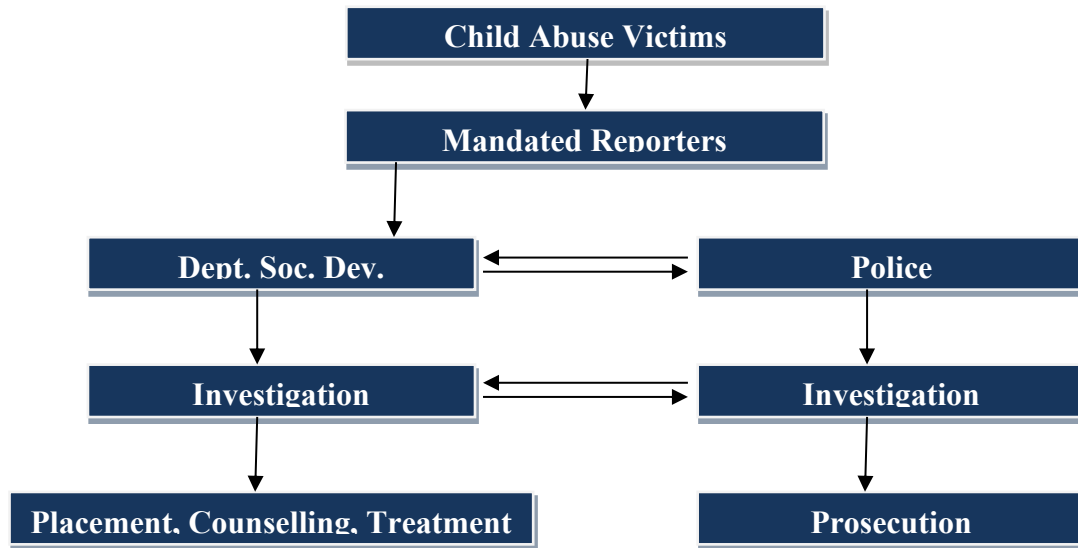
Removal of Child from School

While a school official is usually required to inform a child's parents or guardian of the removal of that child from the school for any reason, in cases of suspected child abuse the school officials are not to inform the parents. The school officials responsibility in this situation is to provide the the Department of Social Development with the address and telephone number of the child's parent or guardian. It is the responsibility of the Department of Social Development to contact the parents or guardians.

Where to Report

Reports of abuse should be made to the Department of Social Development. Contact the Department of Social Development at Tel: 264-497-2317/5917 or Cell: 264-235-2317/476-4528 or and Fax: 264-497-2326

Flow Chart: Mandatory Reporting General Process



Determining Reasonable Suspicion

All mandated Reporters, as well as anyone, who has a *reasonable suspicion* that a child is being abused or neglected, or is likely to be harmed (physically, emotionally, sexually, ill-treated, abused, neglected or deprived, must make a report to the Department of Social Development. Reasonable suspicion of abuse can be regarded as when based on a person's rational observations, professional training, and experience, there is a suspicion that the parent or other person legally responsible for a child is responsible for harming that child or placing that child in imminent danger of harm. Such a suspicion can be as simple as distrusting an explanation for an injury.

In some cases assessing reasonable suspicion can be a tricky matter but a report should nevertheless be made to the Department of Social Development for some degree of investigation. For example, while the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse, such a pregnancy requires a referral to the Department of Social Development for an assessment of risk for abuse, especially if the mother is under age 16.

Signs of Child Abuse

There are a variety of physical and behavioural indicators suggesting possible abuse. While one indicator may not provide sufficient proof, a pattern or manifestation of co-occurring indicators increases the likelihood that child abuse is taking place. Rarely is any one indicator conclusive proof that a child has been harmed. In most instances, neglect or abuse is indicated when children present a cluster of behavioural and physical indicators, some of which may manifest differently depending on the age and maturity of the child. (See Appendix 4 for expanded list of abuse Indicators)

Abbreviated List of Indicators of Child Abuse

	Physical Indicators	Behavioural Indicators
Physical Abuse	<ul style="list-style-type: none">• injuries (bruises, cuts, burns, bite marks, fractures, etc.) that are not consistent with explanation offered (e.g., extensive bruising to one area)• the presence of several injuries that are in various stages of healing• the presence of various injuries over a period of time• facial injuries in infants and preschool children (e.g., cuts, bruises, sores, etc.) injuries not consistent with the child's age and development	<ul style="list-style-type: none">• cannot recall how injuries occurred, or offers inconsistent explanation• wary of adults or reluctant to go home, absences from school• may cringe or flinch if touched unexpectedly• may display a vacant stare, or frozen watchfulness,• extremely aggressive or extremely withdrawn• wears long sleeves to hide injury• extremely compliant and/or eager to please• sad, cries frequently
Emotional Abuse	<ul style="list-style-type: none">• bedwetting and/or diarrhoea that is non-medical in origin• frequent psychosomatic complaints: headaches, nausea, abdominal pain• child fails to thrive	<ul style="list-style-type: none">• extreme withdrawal or aggressiveness, mood swings• overly compliant, too well-mannered; too neat and clean• extreme attention-seeking behaviours• displays extreme inhibition in play• poor peer relationships• severe depression, often suicidal• running away from home• constantly apologizes

	Physical Indicators	Behavioural Indicators
Sexual Abuse	<ul style="list-style-type: none"> • unusual or excessive itching in the genital or anal area • torn, stained or bloody underwear (observed if the child requires bathroom assistance) • pregnancy or venereal disease • injuries to the vaginal or anal areas (e.g. bruising, swelling or infection) <p>While the above are not conclusive indicators of sexual abuse, one or more could be a sign that a child needs help</p>	<ul style="list-style-type: none"> • Age-inappropriate sexual play with toys, self, others (e.g. replication of explicit sexual acts) • age inappropriate, sexually explicit drawings and/or descriptions • bizarre, sophisticated or unusual sexual knowledge • promiscuity • prostitution • seductive behaviours • fear of home, excessive fear of men or women • depression
Neglect	<ul style="list-style-type: none"> • abandonment • unattended medical and dental needs • consistent lack of supervision • consistent hunger, inappropriate dress, poor hygiene • persistent conditions (e.g., scabies, head lice, diaper rash or other skin disorders) • developmental delays (e.g., language, weight) 	<ul style="list-style-type: none"> • regularly displays fatigue or listlessness, falls asleep in class • steals food, begs from classmates • reports that no caretaker is at home • frequently absent or late • self-destructive • school dropouts (adolescents)
Child Sexual Exploitation	<ul style="list-style-type: none"> • Physical symptoms • Chronic fatigue • Recurring or multiple STI'S • Pregnancy and/or Termination • Substance misuse • Sexually risky behaviour • changing appearance • leaving home setting in unusual clothing • returning after missing incidents looking well cared for in spite of having no known home base • new clothes, possessions & money etc 	<ul style="list-style-type: none"> • volatile behaviour • extreme array of mood swings • abusive language • involvement in petty crime e.g. shoplifting, secretive behaviour • Getting into cars driven by unknown adults

Who Are Mandated Reporters

All adults are Mandated Reporters and will include, but not be limited to the following:

- Parents and Guardians
- Principals
- All Teachers and other School Personnel.
- Administrative officers or supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school; Welfare Officers, Truancy Officers. Social workers and Probation Officers
- Administrators of any public or private day camp
- Administrators or employees of a public or private youth centre, youth recreation programme or youth organization
- Administrators or employees of a public or private organization whose duties require direct contact and supervision of children.
- Licensee, administrator, or employee of a licensed community care or child day care facility
- Licensing workers or licensing evaluators
- Lawyers (subject to lawyer/client privilege)
- Employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of a residential care facility
- Employees of a school security department
- Administrators and counsellors in a child abuse prevention program in any public or private school
- All employees of the Government of Anguilla
- All permanent, temporary, full-time, part-time, or casual staff of the Department of Social Development
- The Attorney General and all members of the Attorney General's Chambers
- Child Support Agency Caseworkers
- All Fire Fighters including voluntary fire fighters

- Public and Private Health Professionals/Personnel but not limited to physicians, surgeons, psychiatrists, psychologists, dentists, residents, intern, podiatrist, chiropractors, licensed nurses, dental hygienists, Emergency medical technicians or paramedics, optometrists, marriage, family and child counsellors, clinical social workers
- Any other professional person including but not limited to, research psychoanalyst, speech pathologist and audiologists, opticians, occupational therapists, dieticians, physical therapist, vocational nurses, hearing aid dispensers, physician assistants, osteopaths, respiratory therapists, pharmacists, veterinarians, acupuncturists
- Marriage, family and child counsellor trainees or interns
- Any public health employees who treats a minor for venereal disease or any other condition
- Coroners
- Medical Examiners or any other person who performs autopsies
- Commercial film and photographic print processor, which means a person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, for compensation, including any employee of such a person; it does not include a person who develops film or makes prints for a public agency
- Any person who, for financial compensation, acts as a monitor of a visit between a child and any other person when the monitoring of that visit has been ordered by a court of law
- Animal Control Officer, which means any person employed for the purpose of enforcing animal control laws or regulations
- Clergy Member, which means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple or recognized religious denomination or organization
- Any custodian of records of a Clergy Member
- Employees of any Police Department, Probation Department, or Department of Social Development
- An employee or volunteer of a court-appointed special advocate program
- Anyone providing services to a minor
- Drug and Alcohol Counsellors

- Personnel in voluntary organisations, NGOs who deal with families and children
- Youth Centre Managers and Staff
- Coaches and Instructors
- The Media
- Sunday School Teachers
- Prosecutors, Court Officials, Judiciary

There is a duty to report in spite of a claim of confidentiality or professional privilege, except lawyer/client privilege. The reporting person may request anonymity. However, in cases where legal action is taken, then that person will be expected to give evidence. All reports are to be treated with absolute confidentiality and the name of author of the report must be at all times guarded unless and until this is needed in the event of court action. None of the professionals who receive reports of child abuse or investigate child abuse may disclose the identity of the reporter, except to authorized personnel by court order. Failure to maintain confidentiality can result in criminal liability.

Protection of Persons who make Reports (section 33 of The Child Protection Act 2019)

- (1) If a person makes a report under section 31 of the Child Protection Act 2019, in good faith to the Commissioner—
 - (a) the making of the report shall not constitute a breach of any professional etiquette or ethics or a departure from any accepted standards of professional conduct;
 - (b) no liability shall be incurred for defamation as a consequence of the report; and
 - (c) the making of the report shall not constitute a ground for civil proceeding for malicious prosecution or for conspiracy.
- (2) A report made under section 31 that is certified by the Commissioner is admissible in any proceedings relating to the care and protection of a child.
- (3) A report to which this section applies shall be taken to be an exempt document for the purposes of any law in force in Anguilla relating to the freedom of information.
- (4) Subsection (1) shall not apply where a person knowingly makes a report or provides information which is false or misleading.

Types of Abuse to be Reported

1. **Physical Abuse:** Non-accidental injury to a child by parent, guardian, caregiver or anyone working with or around children. Manifestations of physical abuse including bruises, welts, burns, scalds, fractures, broken bones, bites, shaking, strangulation or any act which creates or tend to create a substantial risk of physical injury to the child.
 - a) Medical practitioners should always report injuries to a child if abusive treatment is suspected.
 - b) A formal forensic evaluation should be coordinated thereafter in conjunction with the reporting physician.
 - c) Similar procedures as listed below for sexual abuse should follow.
 - d) Examination of siblings of victim of abuse should also be undertaken.
2. **Emotional Abuse:** Means a pattern of behaviour that impairs a child's emotional development or sense of self worth e.g. constant criticism, threats, rejection, name calling, withholding love and affection, support and guidance. This abuse may be verbal, mental or psychological.
3. **Sexual Abuse:**
 - a) Physical contact leading to actual or apparent sexual stimulation or gratification with any persons' genitals, pubic area, buttock, a females' clothed or unclothed breasts, defecation or urination for the purpose of sexual stimulation.
 - b) Molestation: engaging, persuading, inducing, enticing, coercing or involvement of any kind of a child in any sexual act. This includes indecent exposure, prostituting of children, pornography, masturbation.
 - c) Sexual intercourse in any form: Genital/genital; oral/genital; anal/genital or oral/oral whether between persons of same or opposite sex. Penetration of the vagina or rectum by any object except when done as part of a medical procedure. It is important to reiterate that no child under the age of 16 can give consent.

- d) Sexually explicit behaviour including encouraging a child to pose in a sexually explicit manner for the purpose of photography, videotaping, in order to produce audio visual or print medium depicting such conduct.
- e) **Child Sexual Exploitation (CSE):** A type of sexual abuse. Children receive any type of reward including gifts, money, affection, status, protection, drugs/alcohol food, shelter and other basics of life in exchange for performing sexual acts or having sexual acts performed on them (knowingly and unknowingly). It includes creating pornography.
- f) Sex trafficking: The recruitment, transportation, procurement, harbouring a child for the purpose of transactional sex.
- g) Trafficking: The unlawful transportation of a child within or across borders with or without force for the purpose of exploitation.

If a child who is reported to have been sexually abused presents to medical facility, screening should be conducted to verify the existence of sexual contact. Where this is confirmed, the matter should be reported to the Department of Social Development, and the Police Department notified. Even where the sexual contact cannot be confirmed, the suspicion should be reported to the Department of Social Development. Thereafter, the Department of Social Development should coordinate the conduct of a formal forensic evaluation in conjunction with the reporting or other physician. A complete physical and laboratory examination should be done (Rape kit evaluation if deemed necessary). Acute medical problems and /or injuries should be identified and documented with photographs, drawings of location and extent of injuries. Testing and treatment for HIV/STD/pregnancy, should be done and follow-up treatment arranged. This documented evidence should be copied and forwarded to Police/Prosecution and necessary treatment arranged.

- 4. **Neglect:** Defined as failure to thrive in a child under the age of 5 years and other indications of neglect in older children. Failure of a person responsible for a child's care and custody to provide adequate food, shelter, medical care, clothing and supervision; failure to ensure the child attends school; leaving the child alone for an excessive period

of time, and having little or no regard for the child's age and cognitive abilities; making a child responsible for the care of other children beyond the capacity of the child; failure to provide consistent care for a child.

- a) Where neglect is suspected by those mandated to report, this should be communicated to the Department of Social Development with urgency, with details of the indications of neglect.
- b) The Department of Social Development should arrange for an evaluation of this child by a paediatrician. This should include a review of the child's medical history where available. Such evaluation should be conducted in the absence of the parent or guardian.
- c) An examination of siblings should also be conducted.
- d) A record should be kept by the physician and the Department of Social Development.

5. Paediatric Condition Falsification (Munchausen by Proxy)

Munchausen by Proxy (MBP) is a form of child abuse in which a parent/guardian/caregiver deliberately produces or feigns physical or psychological symptoms in a child who is under their care. The child is presented for medical treatment and the parent or caregiver fails to acknowledge the deception. MBP often involves physical abuse, neglect, and emotional abuse, and may represent an attempt to gain attention and to meet self-serving psychological needs.

- a) Can only be diagnosed by a competent physician.
- b) If the diagnosis is confirmed, the Department of Social Development should proceed to act on such a report by conducting a complete evaluation in the absence of parent/guardian.
- c) A review of medical history should be undertaken along with a complete physical.
- d) If necessary further medical care and treatment should be provided and follow-up management arranged.
- e) Sibling examination should be undertaken to determine if they are at similar risk.

- f) Short and long term treatment plans should be devised – Protection, and legal action – if there is evidence that this is necessary, with the Department of Social Development supplying to the police all available documentary evidence.

Children and Suicide

There are many reasons why children commit suicide or have suicidal thoughts. The following behaviours and situations are among those factors that could indicate risk of suicide in children and young people. They point to the fact that something is wrong and suicidal thoughts might be a possibility, although not the only issue:

- change in sleeping or eating habits
- violent or rebellious behaviour, or running away
- drinking to excess or misusing drugs
- feelings of boredom, restlessness, self hatred
- failing to take care of personal appearance
- withdrawal from friends, family and usual interests
- complaints about headaches, stomach aches, tiredness or other physical symptoms
- unresolved feelings of grief following the loss of an important person or pet (including idols such as pop stars and other 'heroes')
- self-harm
- talking about methods of suicide
- dwelling on insoluble problems
- giving away possessions
- hints that 'I won't be around' or 'I won't cause you any more trouble'
- becoming over-cheerful after a time of depression.

Certain situations likewise increase the risk of suicide among children and young people. These include:

- loss, bereavement or the break-up of a relationship
- living in an isolated rural area
- going to prison

- the experience of racism or a culture clash
- struggling with sexual identity
- a history of suicide in the family
- parent or carer experiencing mental health problems
- illness or disablement
- previous suicide attempts
- unhappy circumstances at work, school or home, including bullying
- fear of underachievement
- a combination of any of the above.

Whenever it comes to the notice or knowledge of mandated reporters that a child is expressing suicidal ideation or inflicting self-harm, this should be treated as a crisis situation and with seriousness and expedition.

Guidelines for Intervention

- a) Any school personnel who becomes aware of suicidal or self-harm ideation by a child should immediately report same to the Principal, Guidance Counsellor or senior school personnel.
- b) The child should be interviewed by School Personnel in a private area. Parents/Guardians will be contacted unless it becomes evident that the thoughts of self-harm/suicide have developed because of abuse by parent/guardian.
- c) A report should be made to the Department of Social Development immediately, where such abuse is indicated and/or where the parental response to the communication from school personnel appears to be inadequate, uncaring or apparently unlikely to meet the child's safety needs. In any event a referral should be made to the Department of Social development to ascertain whether or not the child is known to the Department.
- d) The Department of Social Development should enlist the aid and support of mental health professionals or the appropriate health clinic in dealing with the case.

- e) Along with both Mental Health professionals and School personnel the Department of Social Development should ensure a full investigation into all referred cases.
- f) The Department of Social Development and Mental Health Professionals should visit the school immediately, within two hours maximum of the report and Mental Health Professionals should proceed to make a determination as to what interventions are necessary to address the child's immediate needs and ensure the child's safety.
- g) The Department of Social Development should determine whether the child should be removed to a place of safety in circumstances where thoughts of suicide have been triggered by abuse at home. Consideration should also be given to whether it is appropriate to remove the perpetrator from the home.

Other Mental Health Issues

- a) Where a child reveals or displays signs of abuse during psychotherapy or counselling, the doctor/nurse/counsellor/therapist should report this to the Department of Social Development immediately.
- b) The Mental Health Professional should assist in preparing the child psychologically for the forensic interview to be conducted by a third party.
- c) Any member of staff of a mental health facility who becomes aware of child abuse should report the instance to a supervisor who should immediately report to the Department of Social Development.
- d) This report may be made by telephone and followed up with the completed Child Abuse Reporting Form within twenty four hours.

Responding to abuse of children by other children and young people

It is not normally necessary to report a mild mutual conflict between minors. Nevertheless, abuse committed by children and young people should be treated seriously and should always be subject to a referral. Some young people will enter this process through the criminal justice system because their allegedly abusive behaviour will have initially been investigated directly by the police who must always inform social services. This information should always be regarded

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

Children and young people who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others. Children and young people who abuse others are likely to have considerable needs themselves as well posing a significant risk of harm to other children. They may also, themselves, be in need of protection. Therefore when abuse of a child is alleged to have been carried out by another child or young person within or outside the family, the child protection procedures must be followed in respect of the victim and considered in relation to the alleged abuse. The welfare of other children (for example, those living in the same residential home) should also be considered.

Action to be taken

Following the referral, the child protection procedures as set out in this protocol will be followed with the following variations:

In planning the investigation it is important to ensure that:

- information relevant to evaluating the needs of both victim and abuser is collected only once and shared.
- The investigations are sufficiently separate to ensure that the needs of and risks to each child in his or her own right are assessed, and neither child's needs or interests are treated as more important than the other's.
- Account has been taken of any learning disability the child may have.

The investigation should also take account of the following factors:

- The power difference between the alleged abuser and his or her victim, which may relate to age, physical size, intellectual status or social status.
- The sophistication and age-appropriateness of the activity given the age and understanding of the young person.

- Any evidence of overt violence, sexual bullying or exploitation.
- Whether any form of consent was given.
- Whether there was secrecy or denial of the activity.
- The possible immediate risk posed by the alleged abuser to his or her current alleged victims and other potential victims.
- Whether the alleged abuser is a child in need of protection who has in the past suffered or may be suffering continued abuse.
- Abuse by children and young people and learning disability/difficulty

Any learning difficulties/disability should be assessed at the outset and appropriate advocacy should be provided during the investigation. Although a learning disabled child may not be culpable, the child may nevertheless remain a risk. Treatment will need to take account of the child's abilities and address the child's needs in a holistic way.

9. GENERAL ROLES AND RESPONSIBILITIES

A: Child Protection: Its Everyone's Responsibility

If any person has knowledge, concerns or suspicions that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that the concerns are referred to the Department of Social Development, who have statutory duties and powers to investigate and intervene when necessary. In addition to the duty to make referrals, there are other ways in which all those who work with children and families can contribute to safeguarding children and the child protection process. The following is a list of what everyone should do:

- Treat the child's welfare as paramount
- Be alert to the potential indicators of abuse
- Be alert to the risks which abusers, or potential abusers, may pose to children
- Recognize when a parent or carer has problems which may affect his/her capacity to care for a child or which may mean they pose a risk of harm to a child
- Be aware of the effects of abuse on children

- Share and help to analyse information so that an informed assessment can be made of the child's needs and circumstances.
- Contribute as required to whatever actions are needed to safeguard the child and promote his or her welfare
- Contribute as necessary at all stages of the child protection process
- Contribute to regularly reviewing the outcomes for the child against specific shared objectives as required
- Work co-operatively with parents/carers unless this is inconsistent with the need to ensure the child's safety
- Be committed to full co-operation with other agencies in the interests of safeguarding children.

Every agency which works with children has responsibility for their protection and there is a duty placed on all people working for those agencies to report concerns. Suspected abuse must be reported to the Department of Social Development. Agencies must not conduct their own internal enquiries, but must refer as described below. Agencies must not make their own decisions about whether a concern that involves a particular member of their own staff is a disciplinary issue or a child protection matter. Such considerations should only take place with the involvement of the Department of Social Development. Recruitment and selection procedures should be rigorous and create a high threshold of entry to deter abusers.

B: Roles & Responsibilities: Designated Safeguarding Lead

1. **All organisations that work with children must have a named Designated Safeguarding Lead, who has received appropriate safeguarding training.**
2. **All organisations working with children must have a safeguarding policy in place.** The roles and responsibilities of the Designated Safeguarding Lead must be set out in organisational safeguarding policy. All staff must receive a copy of the safeguarding policy and be trained in their specific roles and responsibilities.
3. **DSD will maintain an up to date Designated Safeguarding Lead contact list. Organisations must notify DSD of any changes (name or contact details) within 24 hours of any change.**

4. Designated safeguarding leads will take a lead role in establishing and maintaining best safeguarding practices within their organisation. Their role includes activities such as:
 - i. developing and implementing safeguarding policies and procedures,
 - ii. building a good working relationship with the DSD service,
 - iii. supporting staff to make referrals to DSD when they are concerned about their safety or wellbeing (Designated Safeguarding Leads should not make referrals on behalf of other professionals but should guide them through the process);
 - iv. respond to DSD information requests in accordance with the terms of this agreement;
 - v. ensure staff are up to date with safeguarding training and are aware of their responsibilities; and
 - vi. trigger escalation procedures where mandatory reporters are unwilling to meet their responsibilities.
5. Where an information request is made, the Designated Safeguarding Lead (DSL) will:
 1. *Acknowledge receipt of the information request*: the DSL will acknowledge receipt of the information request
 2. *Collate information*: collate information from files and liaise with other staff who have direct contact with the parent or child to gather information;
 3. *Best practice principles*: the DSL should share information in accordance with terms of this agreement
 4. *Timeliness*: The DSL will respond to information request in full within the timescale set by DSD In instances where, the DSL is unable to respond in full to the information request within the specified timescale, they will respond in part and provide a written estimate of when the remaining information will become available. Where the organisation does not have the requested information, the DSL will advise DSD within the prescribed timescale with an explanation of why the information is not available.

Roles & Responsibilities: Heads of Organisations

6. The Designated Safeguarding Lead should work closely with the head of their organisation to develop and implement safeguarding policy and procedure. The head of the organisation has the following responsibilities:
 - i. identify a Designated Safeguarding Lead and ensure they are suitably trained and skilled to fulfil their role;
 - ii. role model and reinforce best safeguarding practices;
 - iii. co-develop, sign-off and annually review safeguarding policy and procedures with the DSL;
 - iv. monitor the efficacy of the DSL in fulfilling their role; and
 - v. where escalation policies are triggered, the head of the organisation must then take responsibility for following up with the identified staff member and report the breach to DSD

C: The Child Safeguarding Board

An effective implementation mechanism is required to ensure that the protocol actually works and can be monitored and evaluated. Also to facilitate and encourage coordination and collaboration among all participating agencies and stakeholders. The Child Safeguarding Board (CSB) will be responsible for the following:

- Coordinating the efforts of all agencies responsible for investigating, reviewing, treating and managing cases of alleged child abuse
- Monitoring and evaluating the effectiveness, applicability and cost effectiveness of the protocol, and making recommendation to enhance the effectiveness of the protocol
- Investigating and reviewing all cases of unexplained child fatalities, serious injuries or trauma
- Undertake periodic campaigns to stakeholders and the public of child protection issues, including advocacy on parenting matters
- Identifying and adopting measures to improve efficiency of reporting and investigating processes in order to reduce the incidence of child abuse, and minimize the potential trauma to child victims which may be caused by the legal and investigatory processes

- Engaging in fuller discussions and strategic planning with individual child protection member organizations (which may or may not be represented on the CSB)
- Facilitating and supporting agencies, organizations and individuals whose work is geared towards reducing child abuse
- Providing oversight to ensure that perpetrators, victims, and their families are being offered treatment and rehabilitative services by the various child protection agencies.
- Ensuring that the annual report from the Department of Social Development include an update on the standardized Child Abuse Reporting process, any observations on adherence to the Interagency Child Protection Protocol, and any recommendations for improving the working of the protocol.

Child Safeguarding Board Meetings

The CSB is expected to meet every six weeks, and more often if required by special circumstances. Full participation in these meetings is essential to the effectiveness of the protocol.

The meetings of the CSB in the exercise of its duties shall be closed to the public. Members of the CSB shall not disclose what transpires at any meeting nor disclose any information. A person who presents information to the CSB who is a member of any such body shall not be questioned in any civil or criminal proceeding regarding such presentation or regarding opinions formed on the basis of confidential information obtained by such person as a result of serving as a member of any such body. However, such a person shall not be prohibited from testifying regarding information obtained independently of the committee or subcommittee. In any proceeding in which testimony of such a member is offered, the court shall first determine the source of such witness's knowledge. Except as otherwise provided, information acquired by, and records of the CSB shall be confidential, shall not be disclosed.

D: Department of Social Development (DSD)

The Department of Social Development as the legally mandated child protection agency in Anguilla is required to assume lead responsibility for ensuring the protocol enhances the well-

being and protection of children and their families. In this regard it is expected to adopt a multi-disciplinary approach utilizing specific interagency guidelines and strategies. The Department of Social Development is therefore required to play a key role on the ~~Protocol Monitoring Committee~~ Child Safeguarding Board, chaired by the Ministry of Social Development. DSD is also responsible for undertaking the following duties, among others:

1. Maintain 24 hour access to the Department of Social Development.
2. Open a case file **after some investigation has taken place and create a group file for unsubstantiated reports which can be labelled ‘no further action’** for each report received.
3. Assign a Social Worker to each case who must commence investigation immediately.
4. Communicate and collaborate with Police **and the Health Authority of Anguilla** when warranted, conduct joint interviews with Police and evaluate exposure to risk for each victim or potential victim **whether or not the interview process is a joint effort.**
5. If the child is found to be in danger, placement must be arranged and the child removed **regardless to whether or not there is Court consent and** with Police assistance if necessary.
6. Immediately report the following cases to the Police: Child fatalities, serious injury; incidents of abuse in foster homes; suspected sexual abuse.
7. Interact with family of victims to provide counselling, home visits and any other form of assistance indicated including referral for Financial Assistance where the family was economically dependent on the perpetrator.
8. Establish and maintain a Child Protection Register.
9. Ensure that there is effective case management and case conferencing among the agencies.
10. Ensure that investigations are completed within 30 days, depending on the circumstances, and that cases are reviewed every two months.
11. Advocate for any legislative changes required to support the effectiveness of the protocol and enhance child protection in Anguilla.
12. Coordinate the development of training modules for protocol stakeholders, including all mandated reporters.
13. Ensure that all critical child protection stakeholders are signatories to the protocol.

E: Role of the Police

The Police have a duty and a responsibility to investigate criminal offences committed against children and such investigations should be carried out sensitively, thoroughly and professionally. There should be designated officers to tackle the abuse of children. Ideally, specialist child protection police officers should investigate all aspects of child abuse allegations within the family, or committed by a carer, where the victim is under 8 years of age. Child protection work should not be seen solely as the role of specialized officers and all police officers should understand that it is a fundamental part of their duties. In addition to their duty to investigate crime, the Police should also recognize the importance of inter-agency working in combating child abuse and there are well established procedures for undertaking joint investigations and for sharing information. The fact that the police are involved does not necessarily mean that criminal proceedings will result. *The Police have powers to ensure immediate protection of children believed to be suffering from, or at risk of significant harm.*

Police officers may come across cases of possible child abuse (including emotional abuse) when they are called to incidents of domestic abuse. Officers should always ascertain whether there are children in a house where there is domestic abuse, and they should follow their policy in reporting the matter.

The police have a fundamental role in the child protection process and should whenever possible attend and contribute to Child Protection Conferences and the subsequent review conferences. It is unlikely that the police would contribute directly in developing and implementing the Child Protection Plan. Police should accept reports verbally by letter, fax or electronically. Where the report is made directly to the Police, they should immediately share this information with the Department of Social Development

Police are required to check files and criminal histories of suspected perpetrators when a report is made. The Department of Social Development should be notified if police records contain history of child abuse or domestic violence and agencies should act in concert on the information provided to protect children at risk. All reports should be shared within twenty four hours between the Department of Social Development and the Police and vice versa. If conveyed by telephone, reports should be produced in writing within a further twenty four hours using the Child Abuse Reporting Form.

There must be clearly defined and separate roles for the civil authority (the Department of Social Development) in child protection and the criminal authority (the Police) who will undertake criminal proceedings where warranted. One (i.e. civil protection procedures) may not necessarily lead to the other but in any event the two should actually converge and cooperate to ensure that the child abuser is both treated and prosecuted. One is not an alternative to the other and can operate together to protect a child and deter and/or prosecute the abuser.

Guidelines Regarding Police Involvement in Child Abuse Cases

1. Police should be actively involved in the Protocol Monitoring Committee along with other stakeholders.
2. Police should respond expeditiously to all complaints of child abuse and meet with the complainant to establish the nature of the allegation. Police should also immediately notify the Department of Social Development of the report.
3. A file should be developed and active consideration given, if the allegation is well founded, to proceeding with a charge. Witnesses and parents of the victim should be speedily interviewed. Histories should be checked in police records.
4. A single detailed forensic interview should be scheduled for joint investigation with the Department of Social Development within twenty four hours. The decision to have a single interview should however also take into consideration the child's state of mind and physical condition at the time. Interviews should be guided by the guidelines outlined in section 12 of this protocol.
5. Evidence (photographic, etc.) should be gathered and recorded evidence including documentary evidence from medical personnel, hospital and school.
6. Search and arrest warrants should be obtained and executed as required.
7. The case file should then be forwarded to the Principal Crown Counsel (Criminal) to determine prosecution where warranted.
8. The Department of Social Development should be consulted as to whether the circumstances dictate that the child should be taken into protective custody.

The following matters should always involve the Police.

1. Cases of sexual abuse of a child.
2. Physical assaults by parent, step parent or other guardian or caretaker causing injury to a child.
3. Children who exhibit signs of inexplicable injury such as fractures, broken bones, burns where physical abuse is suspected.
4. Cases of reported severe neglect.
5. Cases where the family refuses to let the Department of Social Development personnel see a child where it has been reported that the child is a suspected victim of abuse.
6. Any evidence of physical abuse of a child where there have been previous confirmed reports.
7. Any case of serious abuse diagnosed by a doctor or dentist.
8. Cases of Munchausen/paediatric condition falsification, etc.
9. Cases of suspicious death of a child.

F: Public and Private Health Care Providers

Because of the universal nature of health provision, health professionals are often the first to be aware that families are experiencing difficulties in looking after their children. All those working in the field of health have a professional responsibility to protect children, and their participation in inter-agency support to the Department of Social Development is essential if the interests of children are to be safeguarded. They should have basic awareness regarding child protection and be alert to physical abuse, sexual abuse (including children who abuse), emotional abuse and neglect of children and young people. They should be aware of the child protection procedures and referral pathways. Health professionals should also be alert to indicators of harm to dependent children when working with adults.

In addition, all health professionals must be aware of and understand current guidance from their professional bodies, defence societies and employers in respect of child protection and the sharing of information and the limits of confidentiality. Each health professional has an individual responsibility to protect children, in addition to their agency role. Health professionals

should co-operate with other agencies and contribute fully and effectively in planning services for vulnerable children and their families, to promote their welfare.

Medical examinations

The diagnosis of child abuse has both civil protective and criminal ramifications. Whenever possible, when there is a suspicion of abuse, medical examination of the child should be performed by Health Care Providers with expertise in the area of detecting and diagnosing abuse. Health Care Providers who perform these examinations must be prepared to cooperate with the Police and the Department of Social Development in the investigation of the case and with court proceedings, whether criminal or civil.

Health Care Providers should take an appropriate history and complete the Child Abuse Reporting Form. However, complete investigative interviews should be conducted by the Department of Social Development, the Royal Anguilla Police Force, and/or a trained forensic interview specialist whenever possible. It is appropriate for the Health Care Provider to obtain information necessary to diagnose, make any mandated reports, or complete forensic medical documents. While it is necessary for the Health Care Provider to obtain a medical history, the goal is to avoid leading or suggestive questions. The Health Care Provider should explain to the child why the exam is necessary and observe interaction between the child and caretaker.

If a child or guardian discloses allegations of abuse in the course of an evaluation for other medical problems, **the Department of Social Development should be notified immediately.** The Child Abuse Reporting Form should be completed. In addition to the necessary medical treatment for the child, sufficient medical information should be obtained in order to assist the Police and the Department of Social Development to determine if further action, such as removing the child from the home, is required.

When doctors are asked to undertake a medical examination where there may be child protection issues, and they are unfamiliar with the forensic requirements, they should consult with the lead doctor who has expertise in child protection. The examination of children in whom sexual abuse is alleged/suspected should only be undertaken by appropriately trained and skilled medical practitioners. This will need to be arranged urgently in conjunction with the police and Department of Social Development if the alleged abuse is recent.

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

Mental Health Services have a clear role to play in safeguarding children, and will be involved in the child protection process. This will require sharing of information where this is necessary to safeguard a child from harm. Mental Health Professionals will play an important role in the assessment process when problems may have an impact on parents' capacity to respond appropriately to their children's needs.

Summary of Medical Personnel Responses

- a) If medical personnel have reason to suspect child abuse, this should be immediately reported to the Medical Officer of Health in charge of the hospital, polyclinic or Head official at the respective health care facility, and immediately inform the Department of Social Development. This report should be produced in writing within 24 hours by the personnel reporting and confirmed by the supervisor by completing the Child Abuse Reporting Form.
- b) The report should also be included in the child's medical history.
- c) The details of the report should be communicated by the Department of Social Development to parent/guardian/legal custodians and not by the health agency. The identity of the author of the report should not be communicated to the parents and any communication to parents should be tactfully and sensitively handled.
- d) All aspects should be treated as confidential including details conveyed by the child to the health personnel. Information should be shared only as necessary.
- e) In this connection, there should be full disclosure of the abuse report to the child's personal physician if he/she is not one and the same as the Medical Officer of Health at the health facility.
- f) All medical personnel reporting suspected abuse to the Department of Social Development in good faith are immune from civil or criminal liability.

G: The Role of the School

All schools have a pastoral responsibility towards their students. They play an important part in the prevention of abuse through creating and maintaining a safe environment for students and teaching them about staying safe from harm, and how to speak up if they have any worries or concerns. Teachers and all non-teaching staff have a crucial role to play in noticing indicators of possible abuse, and in referring concerns to the Department of Social Development. In addition to referring concerns, education staff may contribute to child protection work by:

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

While it is desirable that the Department of Education should initiate its own detailed protocol and guidelines in this regard, it is vital that the Department of Social Development ensures that educational institutions sign on to this Interagency Child Protection Protocol. All schools should have a designated member of staff with responsibility for co-ordinating action on child protection within the school and to act as a source of expertise and advice. The designated member of staff is responsible for ensuring that new and temporary members of staff know the procedures and where to obtain advice and are encouraged to share their concerns. A co-ordinated response from education will be of particular importance where there are concerns about a number of children from the same family who may attend different schools.

School personnel are not required to determine whether a child is being abused in order to make a report. They are being mandated to report any cases where they suspect that there is abuse. If they are undecided that such suspicions are valid, they should be encouraged to discuss the case with other teachers at that school who have contact with the child and with the guidance counsellor. They may wish to informally consult with the Department of Social Development who may have knowledge of the circumstances in which the child lives. Where personnel feel

the suspicion is well founded they must in turn immediately report to the Department of Social Development. The Child Abuse Reporting Form should be completed as directed. These forms should be made available electronically but a stock should be kept in the respective offices in hard copy for completion as needed.

The Department of Social Development may interview a child at school, even if the report does not originate from the school in the event that this is the only setting in which the child can be privately interviewed. This can be done without parental consent, with the Principal acting 'in loco parentis'. *(In loco parentis is a legal doctrine describing a relationship similar to that of a parent to a child. It refers to an individual who assumes parental status and responsibilities for another individual, usually a young person, without formally adopting that person.)* School principals are to allow the Department of Social Development officials direct access to such children for interviews.

It is required that school officials do not contact the child's family, the alleged abuser or other individuals outside the school nor are they required to interview the child nor investigate the allegation. It is the responsibility of the investigators to contact the parents.

Follow-up

The school should work closely with the Department of Social Development to assist with the child's treatment.

- a) Teachers should observe the child's academic progress, behaviour, emotional and physical well-being.
- b) Share this and any other relevant information with the Department of Social Development.
- c) Participate in the treatment plan.
- d) If the child is to be transferred, in the event of placement away from parental home, the Principal is required to assist with the transfer of files and documentation to the new school.

To summarise:

1. All principals, teachers, guidance counsellors and all other school officials/personnel are mandated to report suspected child abuse by this protocol.
2. It shall be their duty to report even where the abuse is merely suspected and report all such suspicions. It is the duty of the Department of Social Development to investigate and confirm the suspected abuse.
3. The report should be fully documented and kept as part of the school records including name, address of child and parent/guardian. The child's age, the notice of suspected child abuse and any other relevant information should be included in that record.
4. The parent/guardian of the child of suspected abuse should not be contacted by school. This is the responsibility of the Department of Social Development if the evaluation indicates this as necessary.
5. Representatives of the Department of Social Development should be summoned to the school, and permitted to do an initial assessment of the alleged abuse on the school premises and in privacy. The guidance counsellor and principal of the school should be present.
6. The principal is mandated to provide the Department of Social Development investigative team access to the child for purposes of evaluation; the Principal acting in loco parentis and therefore not requiring the consent of parent/guardian or anyone exercising parental responsibility over the child.
7. Follow-up and monitoring of the child would require that school officials contribute to the design of a treatment plan for the child. The school should embark on careful monitoring of the child's attendance, deportment and academic performance and such information should be shared with the child care team of the Department of Social Development dealing with the case. The school should continue to participate and be involved in any case conferences and should assist where possible with transfer of the child to another school if such a transfer becomes necessary in the best interest of the child.

H: The Role of the Department of Youth and Culture

The Department of Youth and Culture (DYC) aims to serve children through a range of programmes and activities and with the use of facilities where they will feel welcomed and safe, and where children can benefit from learning, socialising and developing their potential. The Department of Youth and Culture is committed to providing systems for recognition and referral in child protection and safeguarding issues for all staff including Youth Officers, Culture Officers, Mentors, Centre Managers, Volunteers, Sessional Workers, and Boards of Directors within Youth and Community Development Centres.

The Department of Youth and Culture believes that it is unacceptable for children to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children by a commitment to child protection policy and practice.

The Department of Youth and Culture (DYC) and its satellite agencies recognise that:

- the wellbeing of children is paramount
- all children have the right to equal protection from all types of harm or abuse
- working in partnership with children, their parents, caregivers, or guardians and other agencies is essential to promoting children's well being
- staff, volunteers, and mentors alike need guidance on procedures, should they suspect that a child may be experiencing abuse or may be at risk of harm/abuse
- implementation of codes of conduct is vital.

The DYC:

1. Will strive to create environments where children are valued, listened to, and respected.
2. Will ensure that staff, volunteers, and mentors are recruited safely ensuring all necessary background checks are made.
3. Will ensure that a Safeguarding Lead Network is established and maintained between the main office and all outposts.
4. Will ensure the sharing of information about child protection with children, parents, staff and volunteers where it is appropriate to do so.

5. Will ensure that information about child protection concerns is shared with stakeholder agencies and management structures (e.g. Boards) that may be required to respond.
6. Commits to being a resource in the execution of child protection care plans.
7. Will encourage and follow up with all youth organisations working with children that are registered and accredited at the Department to develop a child protection policy.

DYC is committed to reviewing our policy and good practice a maximum of every three years.

I: The Role of the Department of Sports

The Department of Sports (DOS) believes that as an organisation working on the frontline with children it is essential that its policy and practice seek to protect children from abuse and harm. There must be guidance on the acceptable behaviour of staff towards children.

The DOS Sports Coaches who conduct PE Sessions during the school term with Kindergarten and Grade One within all public school settings and the Summer Camp Coaches must participate in child protection training and build on their knowledge with refresher opportunities as they become available.

The culture at DOS must reflect an atmosphere where children are listened to and respected.

The DOS strives to maintain preventative systems and procedures to safeguard children from being abused by those in a position of trust. Safeguarding children in sport is a fundamental part of operating a sports association/club. All sports associations/clubs will be required to demonstrate their commitment to safeguarding children from abuse by establishing of codes of conduct that set out what is required in relation to the protection of children. These codes should consider children, parents, staff/volunteers and coaches.

The DOS is committed to ensuring that all sporting associations and clubs are registered and their officers participate in Child Protection Training at the appropriate level for their role in the association/club. Additionally, the registration or accreditation process with the DOS with require that the association/clubs have a child protection policy in place.

The DOS will work internally and with all sporting organisations to institute a clear child protection policy:

- that outlines what is required in relation to child protection in terms of an aim; good practice guidelines

- that fosters a safe and positive environment for children taking its duty to care seriously
- that designates an officer as the Safeguarding Lead within the organisation
- that is written and approved by the management structure, publicized and promoted throughout the association/club and is made compulsory for all staff including volunteers
- that is kept up to date and takes into account any changes in legislation in order to ensure best practice

The DOS will ensure that a network of Safeguarding Leads is established, trained and communication between the DOS and this network is maintained.

J: Judiciary

Where it comes to the notice of any court official/judicial officer (including the Coroner) that a child is being abused, a report should be made to the Department of Social Development, and the Child Abuse Reporting Form completed.

10. THE INITIAL RESPONSES & INTAKE GUIDELINES: (Obligations and Processes)

A: Mandatory Response by the Department of Social Development

The Intake Office of the Department of Social Development receives the calls reporting that a child is endangered by abuse, neglect, or exploitation and determines whether the referral warrants an immediate response. Certain calls from the police will however be given an expedited response. An immediate response is necessary in the following situations where the caller alleges:

- the child is a victim of severe abuse or exploitation, or is at substantial risk of harm
- the child is in imminent danger due to physical pain, injury, disability, severe emotional harm or death
- the child/victim is under the age 5 and the alleged perpetrator has access to the child
- the child is in need of an immediate medical evaluation, and the child's caregiver is not willing to seek medical care for the child
- the child or the family may flee, making the child unavailable for an in-person assessment of the allegations

- the child is ten years of age or younger and is alone or without adequate supervision at the time of the report
- the child is ready for discharge from a hospital, and there is no appropriate caretaker and the child has significant injuries due to severe physical abuse
- the child's living conditions are immediately hazardous to his or her health or safety [e.g., unlocked or unsecured weapons within the child's reach, accessible drugs/paraphernalia, insect or rodent infestation, human or animal waste within the living area]
- the caller is a Police with a child in custody and/or requests an immediate response
- the child is an alleged victim of sexual abuse and is likely to have contact with the alleged perpetrator
- the child is living in a household where domestic violence is actually taking place at the home at the time of the report
- the child is reported to be suicidal, and the caregiver is not taking appropriate action to protect the child
- the child has died as a result of abuse and also there are other children who remain in the home
- reports of abuse of a disabled child whose disability prevents self-protection, and the alleged perpetrator has continued access to the child.

The Department of Social Development's Intake Officer or On Call Officer who initially responds should ensure that there is a cross report to the police. Additionally, the Intake Officer/On Call Officer should request that the police respond if the situation warrants such a response and/or Intake/On Call Officer believes that there is an emergency or that a crime has occurred.

If a Case Worker is denied entry into a location where child abuse is suspected, the Case Worker should determine whether extreme circumstances exist for entry; if not, a search warrant is necessary to enter the home.

Mandated Response by the Police

Police Officers receive child abuse reports either directly from a citizen complaint or through a cross report from the Department of Social Development. In response, a police officer should conduct an initial assessment to determine the immediacy of the response required. Police officers should be vigilant to situations, conditions, or incidents that suggest that a child's safety or wellbeing may be in danger, that the basic necessities of life are not being provided by a parent or caretaker, or that a crime may have occurred. By providing high priority to calls for service involving child abuse, the police will help ensure that its efforts are maximized in gathering evidence and preserving the critical testimony required for a successful prosecution.

Priority status should be assigned to incidents of Suspected Child Abuse when:

- a child is dead
- the child is hospitalized or receiving emergency medical treatment
- physical evidence or bodily fluids and material can be preserved
- a crime scene requires processing
- head injuries, burns, fractures, or severe neglect is alleged or uncovered
- the Department of Social Development, school personnel, or other mandated reporter requests police intervention
- the suspect is a flight risk, may influence the child's testimony, may confess to the crime, or poses a significant risk of harm to the child

Police officers who respond to take the first report should:

- determine whether a crime may have occurred. If so, conduct an investigation regardless of the action taken by the Department of Social Development.
- request that a Child Social Worker respond if investigating an incident with potential placement issues
- collect all physical evidence relevant to the case including, but not limited to
 - clothing
 - bedding

- photographs
 - computer hardware and software
 - cellular phones
 - videotapes
 - sex toys
 - condoms
 - blood or bodily fluids
 - weapons
 - other items which corroborate the child's allegations
- document the crime scene and injuries of the child and the suspect by photographs or videotape when appropriate

If the initial responding officer is not experienced in Child Abuse Investigation, the officer should obtain only basic information, gather evidence, make independent observations, and make notifications. Pursuant to agency protocol and the circumstances of the incident, more detailed information should be obtained by an experienced Child Abuse Investigator at a later time. Traumatized, uncooperative, or non-conversant suspected child abuse victims should be interviewed by an experienced Child Abuse Investigator.

When suspected child victims are in police facilities in connection with a criminal or dependency matter, the police should strive to provide a physical environment that is conducive to effective interviewing. It should be comfortable, adequately furnished, well lit, and not within sight or hearing distance of the accused offender, prisoners, or jail inmates. Investigators should evaluate each case to determine which are appropriate for early involvement by a prosecutor.

If allegations involving child abuse are reported, law enforcement is encouraged to visually examine the child. Thoroughness requires that disrobing the child may be necessary, particularly with pre-verbal children. Health Authorities, The Department of Social Development and the Royal Anguilla Police Force should develop a shared policy with suggested practices for the disrobing of children that provides for the least intrusive means to conduct the examination while maintaining privacy and preserving the dignity of the child. Protocols should address issues such as

- the appropriate age at which the examination should be conducted only by a same-sex officer
- how to address visual examinations of pre-verbal and non-verbal children where reasonable cause exists to believe that there may be injuries not readily visible
- how to address examinations and/or interviews for other children residing in the home of a child believed to be a victim of abuse

When a child who is the victim of child abuse is removed from school by a law enforcement officer, the officer should direct the school official not to disclose the child's removal to the parent or guardian. This is an exception to the school official's general obligation to inform a child's parent or guardian when a child is removed from school by a peace officer under circumstances other than child abuse or neglect. The officer removing the child from the school environment shall obtain the parent or guardian's address and telephone number and shall take immediate steps to notify the parent, guardian, or responsible relative of the child that the child is in custody in a facility authorized by law.

The officer must disclose the location of the child unless the officer has a reasonable belief that the child would be endangered by such a disclosure or the custody of the child is likely to be disturbed. The officer may refuse to disclose the place where the child is being held for a period not to exceed 24 hours. However, in all cases where a child is taken into custody, the police officer or social worker must take immediate steps to notify the child's parent, guardian, or a responsible relative that the child is in custody and that the child has been placed in a facility authorized by law to care for the child and shall provide a telephone number at the authorized facility. The confidentiality of the address of any licensed foster family home in which the child has been placed shall be maintained until the dispositional hearing. However visitation may be arranged in the presence of a Social Worker at a location away from the place of safety and approved as appropriate by the Department of Social Development.

Crime Scene Preservation & Medical Needs

All professionals must avoid disturbing potential forensic evidence and are directed to communicate the existence and any location of potential forensic evidence to the police.

Potential forensic evidence may include but is not limited to

- clothing
- bedding
- photographs
- computer hardware and software
- cellular phones
- videotapes
- sex toys
- condoms
- blood or bodily fluids
- weapons
- other items which corroborate the child's allegations

When appropriate, victims of sexual abuse, physical abuse, or neglect should be examined by a medical expert with specialized training as soon as possible. If sexual abuse is believed to have occurred within the last 72 hours, the examination should be immediate.

Outline of the Intake & Initial Enquiry process

In dealing with a report of abuse the Intake officer at the Department of Social Development will require certain specific information from the mandated Reporter. Some of this information will be provided by the mandated reporter who is required to complete and submit a Child Abuse Reporting Form. However, the DSD Intake officer will also seek to collect information on a broader set of areas and issues including those listed below, even though the reporter is not likely to have all the information readily available.

Questions and issues for which Information will be sought

1. General Questions

- Who was involved?
- What happened?
- Where did it occur?
- When? How often?

- Number of incidents?
- Degree of current risk?
- Child's need for medical attention?
- Is domestic violence a factor in the home?
- How do you know?

2. Information on the Child

- What is the child's full name, date of birth, gender?
- Where is the child now?
- How long will the child be at that location?
- With whom does the child live?
- Is the child in school or other daytime program?
- School, grade, name and address of the program or school?
- What is the child's home address and phone number?
- What is the child's relationship to offender?
- Any disabilities (physical, mental, etc.) or special needs?
- What is the child's level of maturity?
- Are there family/friends/religious institutions available as supports?

3. Information on the Alleged Abuser

- Full name, date of birth, gender?
- Where can he/she be reached now?
- Place of employment and phone number?
- Home address and phone number?
- Current relationship to child/subject of the report?
- When and how does he/she have access to the child?
- Does he or she have access to other children?
- Personal history and personality?
- Is there a history of mental or emotional disabilities or drug or alcohol abuse?
- Any history of violent or criminal behaviour?
- Is he/she aware of the referral?
- Who else can provide information on this person?

4. Information on the Non-offending Parent/Caregiver

- Full name, date of birth, gender?
- Place of employment/phone number?
- Where can he/she be contacted now?
- Current relationship to the offender?
- Any knowledge of abusive occurrences?
- Actions or lack of actions (if aware of abusive incidents)?
- Does parent demonstrate the ability to protect child from offender (reporter's opinion)?
- Are there extended family/friends/religious institutions available as support?

5. Information on Siblings & other children in the household

- Names, dates of birth, genders?
- School (grade) or day programs being attended?
- Current whereabouts?
- Have siblings been involved also?
- Are siblings aware of the abuse?
- Is there anything else about this child that concerns the reporter (e.g., unusual behaviour observed)?

6. Information on other household members

- Names, ages, genders, relationships, involvement in or knowledge of alleged abuse and/or neglect?

7. Information source of the Referral (report may be made anonymously)

- Name, address, and telephone number?
- Relationship to family?
- How does source know of the abuse?
- Was it observed directly?
- How does source think family will react to the assessment?
- Does referrer have any recommendations on how to proceed with the assessment?
- Why was referral made now?
- Any other individuals who know of the situation? How to contact?
- Can referrer add additional insights concerning family relationships and interactions?

Stages of the Intake and Initial enquiry processes

The enquiry process can be broadly divided into five stages. At any stage in the process, it may be stopped if it seems that no further action is necessary. Alternatively, the process may move on to the next stage. At every stage of these procedures consideration must be given to whether a child is at imminent risk of harm and whether emergency protective action needs to be taken.

Stage 1

Receipt of Report – The report is received by a member of Social Services staff. The person receiving the referral records comprehensive details on the appropriate form and seeks further information.

Stage 2

Initial Assessment – The department of Social Development undertakes an Initial Assessment to establish whether the child is in need and also in need of protection. This may involve gathering more information from other agencies and should be completed as soon as possible. An interagency strategy discussion may be required following this assessment.

Stage 3

Strategy Discussion – Following the completion of the Initial Assessment, it may be decided that a Strategy Discussion needs to take place. Information should be shared and discussed to be able to decide on the next course of action within 24 hours, or without delay if there is immediate concern for the child.

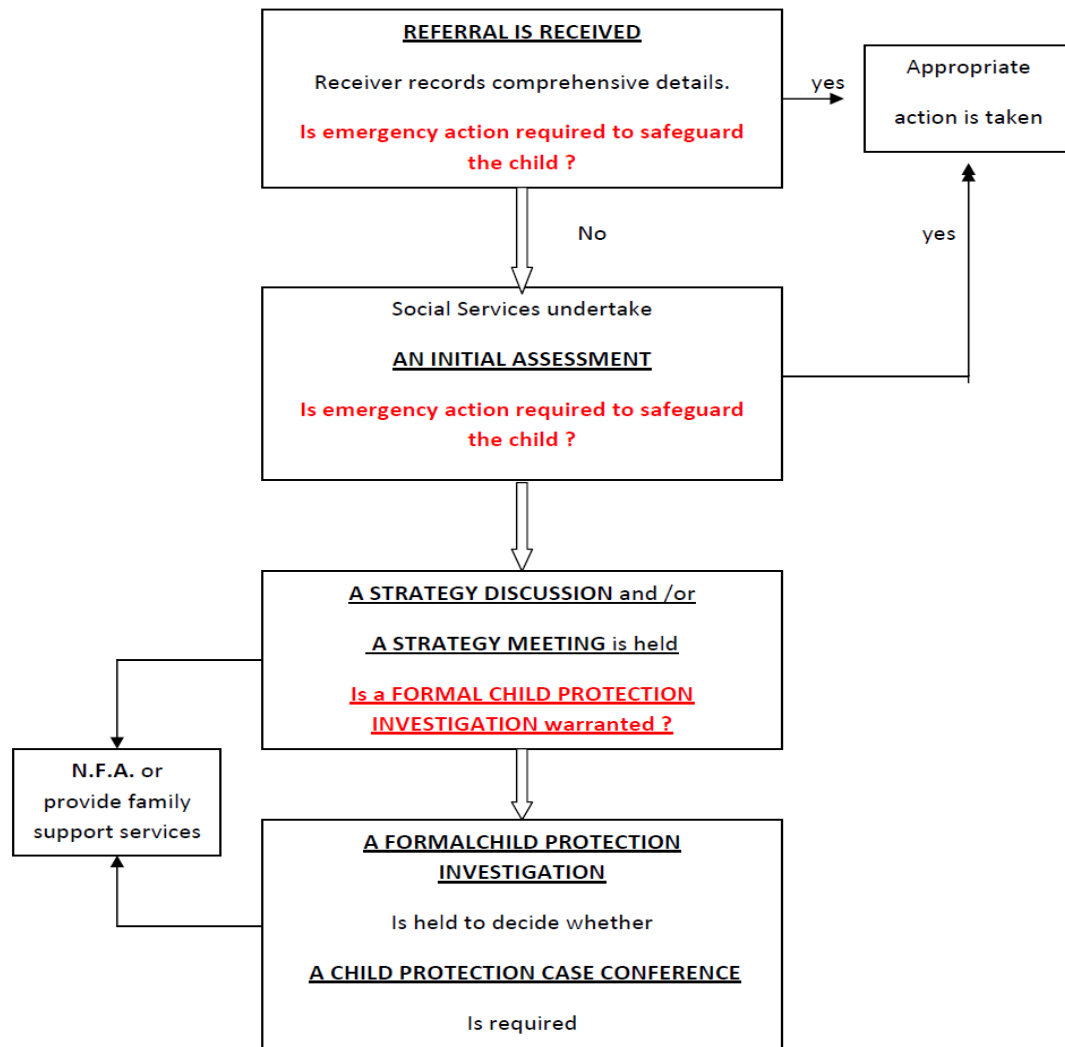
Stage 4

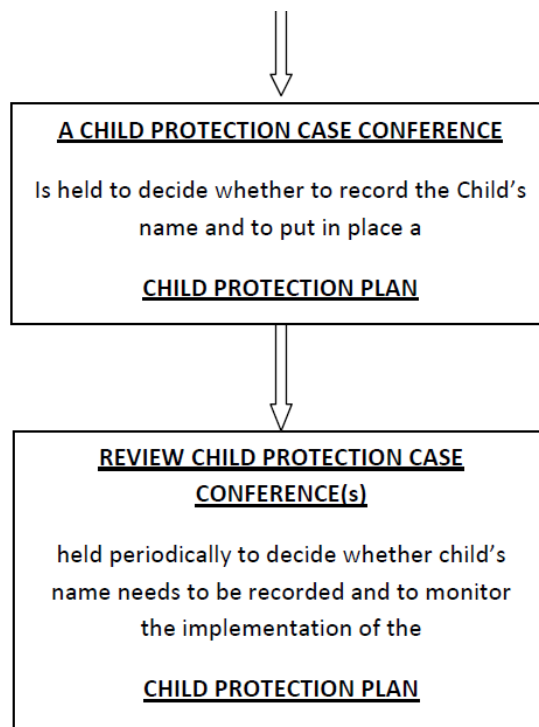
Strategy Meeting (where appropriate) - It may be agreed that a Strategy Meeting should be held. Those attending should include both police and social work division staff, together with other professionals or persons who can assist in the planning process of the investigation. This meeting should be held as soon as possible and no later than 8 working days from the receipt of the referral.

Stage 5

Formal Child Protection Investigation by the Department of Social Development and/or Police -
At the Strategy Discussion/Meeting, a decision will be made on whether the enquiries will be undertaken as a single agency or jointly depending on the seriousness and type of abuse alleged/suspected. The enquiry process may be followed by an interagency Child Protection Conference and the preparation and implementation of a Child Protection Plan.

Child Protection Post Referral Action Flow Chart





Out of Office Hours

Out of office hours, referrals maybe made to the Social Worker on call. Where a referral is of a serious nature requiring immediate response, then appropriate action in accordance with these procedures will be carried out without delay.

Keeping the Mandated Reporter informed

Any professional making a report of child abuse should be made aware that any subsequent enquiries might be conducted jointly by the Police and the Department of Social Development. The Mandated Reporter should also be informed that he or she will be given information about the outcome of the report in a way that is consistent with respecting the confidentiality of the child and family.

11. CHILD FATALITIES & Potentially Fatal Child Abuse Investigations

Guidelines

All child deaths, i.e. death of children aged birth to 18 years, natural and unnatural, should be **considered** for investigation by the Department of Social Development and the Police. These include:

- a) Sudden Infant Death Syndrome (cot deaths).
- b) Death from injuries, accidental and non-accidental.

Medical Practitioners are mandated to report child deaths and provide as much information as possible, including post mortem reports, where applicable.

Cases involving potentially fatal or fatal child abuse are handled in the same manner as nonfatal instances of abuse. Frequently these cases are identified by medical personnel.

Considerations When There Are Surviving Siblings

Special consideration should be given to support services for surviving siblings. Professionals should ensure that surviving siblings were not victimized. In addition, surviving siblings benefit from referrals for grief and mourning counselling. Finally, surviving siblings should be allowed to attend the funeral of the deceased child, as appropriate.

Medical Personnel

In cases of a fatal or potentially life-threatening injury, where child abuse is known or suspected, paramedics or other medical professionals should:

- immediately contact the Police and the Social Worker on call/Department of Social Development
- take note of the child's demeanour and emotional state [if applicable], physical appearance, and clothing
- document all medical intervention given the child by including a full description of all visible injuries, any complaints of pain, all examinations conducted and the location of

the examination [i.e., Accident and Emergency (A & E) or crime scene], photographs, charts, test results, and diagnosis or prognosis

- document all statements made by parents, caretakers, or relatives regarding the child's medical history and any explanation for the child's condition including who was responsible for watching the child at the time of the injury, anyone present at the time the injury occurred, and the demeanour of the person making the statement
- document any objects or clothing removed from the child or the immediate area of the scene that may be related to the child's condition or injuries
- document the identity, condition, and current location of any siblings if known
- document the name, identification number of the Police Officer and the Department of Social Development contact person.
- Obtain a legible copy of any reports from the Paramedics/ Emergency Medical Technicians (EMTs)

If the initial exam is done at a potential crime scene, care should be exercised to document:

- the position of the child upon first observation
- any immediately visible injuries
- the condition of the child's clothing
- the immediate surroundings [including any objects or unusual smells, sounds, sights] presence of drug paraphernalia, signs of alcohol use
- the behaviour of the child
- any physical contact initiated by the examiner for treatment purposes
- any relevant measurements [water or air temperature, distance, heights, ventilation system, presence of space heater]
- condition of the sleep surface in cases involving co-sleeping or overlay as contributing causes to the death or injury

- the reasons for immediate transportation of the child by paramedics or EMTs from the potential crime scene and immediate notification to the police of the need to dispatch officers to maintain the integrity of the potential crime scene for evidence collection purposes.

The Coroner

Where the circumstances indicate unnatural death, this should also be reported to the Coroner. Investigation of a child abuse case should ideally take priority over the investigation of any other homicide. In order to ensure that a comprehensive investigation is completed, an investigator with special training and experience in child abuse cases should be assigned lead responsibility for the investigation. The assigned investigator is responsible for

- initiating a Child Death Report to the Department of Social Development
- locating birth and medical records if immediately available and forwarding them to the Medical Examiner
- providing follow-up information to families in referred cases
- providing follow-up investigation for the Medical Examiner

It is preferable that before the autopsy be conducted a complete set of photographs and full-body x-rays are taken. The x-rays are referred to the radiologist for an evaluation.

Police (First Responders)

Responding officers are responsible for investigating and securing all possible crime scenes for subsequent forensic examination [photographs, collection of biological samples, or fingerprints]. The location of the child upon first observation may not be the location of the abuse. Initial identifying information interviews with parents, caretakers, relatives, or siblings at the scene, and emergency treatment personnel should be conducted expeditiously. Officers should secure and recover any objects, clothing, furniture, weapons, or other instrumentality potentially related to the crime. When siblings are present, notify the Social Worker On Call/Department of Social Development for investigation of possible risk to the siblings. Ideally, the investigating officer will be experienced in both child abuse and homicide investigations. The following elements should be covered during the investigation:

- determine whether prior contacts concerning the child exist involving current or prior abuse of the child or any siblings
- determine whether there are any prior contacts alleging domestic violence in the home, other crimes of violence, weapons offenses, drug offenses, or dependency intervention
- follow-up interviews with medical personnel including EMTs, paramedics, nurses, physicians, social worker, and coroner
- interview the parent(s), caretakers, siblings, other relatives, neighbours, school officials, the family physician, and any mandated reporter regarding the child's history as well as the causes of the child's current injuries
- thoroughly examine all potential crime scenes to ensure proper documentation through forensic crime scene collection including photographs, collection of samples for scientific analysis, and retrieval of all instrumentalities related to the child's current injuries
- obtain current medical records documenting treatment for the presenting injuries, a complete medical history of the child, a recent photo of the child prior to the current injury, Department of Social Development records, dependency court records, and medical records on any siblings and or other children living in the household who have also suffered prior abuse
- consult Medical/Paediatric experts regarding allegations of accidental injury, shaken baby syndrome/abusive head trauma, sudden infant death, birth defects, severe neglect, starvation, failure to thrive, or any special needs of the child [developmental disabilities, visual impairment, hearing deficiency, motor impairment] and obtain opinions from them in writing
- consider using polygraph examinations (if or when the technology is available) as an investigative tool to eliminate suspects and elicit additional evidence because any statements made during the course of the exam may be admissible in court
- create a battered-child timeline to reflect when, where, and how previous injuries occurred; the suspect's statements as to how the injuries occurred; who had control of the child and when each person had control; and the medical evidence as to the injuries

- consider whether to request a skeletal trauma series of an injured child for the purpose of revealing old fractures
- locate all previous medical records documenting the child's medical history and the location of treatment

12. FOLLOW-UP ACTIONS TO INITIAL RESPONSES: Enquiry Processes and Outcomes Procedures)

A: Interviewing and Investigations (Police & Social Workers)

Whether a report originates from the school or from another source, it may be necessary for the child to be interviewed in the school setting without parental consent. In cases of suspected abuse, a Social Worker or Police Officer may jointly conduct the investigation, and would likely come to the school together to conduct the interview. The interview of a child without parental consent is done routinely in cases of physical or sexual abuse. It is critical to the child's safety that the child be interviewed before parents are notified, and receive protection from his or her parent, if that is required. In cases of suspected neglect, a Department of Social Development caseworker may not be accompanied by a police officer. When an interview is requested by a Social Worker or Police Officer, direct access to the child in the school is to be allowed.

School staff shall not investigate the allegations and shall not contact the child's **family**, the alleged abuser or other individuals either to inform or further investigate the cause or circumstance of the suspected abuse. This is the role and responsibility of the Social Worker and the Police. The Social Worker and Police will usually interview the child alone. This procedure must be observed because of the sensitive nature of some investigations and to ensure that individuals who may not be comfortable with the subject matter do not hinder the effort to provide protection services to the child. The Social Worker or Police may request that a Teacher, Principal or someone from the school be present to support the child during the interview. A staff member may ask to be present at the interview; however, by being present at the interview, there is a possibility that the staff member may be subpoenaed to give testimony at a child protection hearing or any criminal proceedings.

Procedure

A Social Worker or Police Officer wishing to interview a child at school should direct the request to the Principal. The Social Worker will provide written confirmation of the request as soon as possible. The written confirmation should confirm the meeting arrangements, acknowledge the assistance of the Principal, and indicate the general outcome of the investigation with respect to the child in the school setting. The Principal should make the necessary arrangements for such confidential interviews and shall retain written confirmation in school files.

Interviews with Children

Interviews are one of the tools used in child abuse investigations. In many cases, the information gathered from interviewing the child(ren) is critical to the subsequent investigation, and affects the outcome of the case. In many cases of alleged sexual abuse, the child's statement may be the primary source of evidence. Children are interviewed for the purpose of gathering information. Information is gathered to determine if there is enough evidence to lay criminal charges, to assess child safety, and to formulate an intervention plan for the child and her/his family. Investigators who interview children require specific knowledge, skills, and abilities. This includes the ability to create a trusting atmosphere in which rapport with the child can be established. The following principles and guidelines can help the Police and Social Worker to conduct successful interviews with children.

General Guidelines

1. Members of the investigative team will plan the interviews.
2. The most suitable team member will conduct the interviews.
3. Interviews will be conducted in a safe environment.
4. Wherever possible, interviews will be conducted in a "child friendly" room.
5. Whenever possible, only one videotaped interview will be conducted.

Goals of the Interview

A well conducted interview:

- minimizes trauma to the child;
- minimizes contamination of evidence;

- maintains the integrity of the investigation; and,
- provides sufficient information to assess the child protection issues.

Preparing the interview is critical to gathering information in a consistent and standardized fashion. The interview facilitates in-depth discussion of events.

The interview is a fact-finding process. Although an investigator may have some theories in mind about events, the interview is not the forum to prove or disprove a particular assumption. Some considerations to keep in mind before starting an interview are:

- Each child and each case is unique.
- Consideration must be given to any special needs or age related factors.

Preparing for the Interview

Preparing for an interview includes gathering background information, selecting the person who will conduct the interview, and selecting the setting in which to conduct the interview.

1. Interviewers: Decide who will take the lead role in the interview before starting the interview.
2. Planning questions: Investigators must make every effort to avoid asking questions that could be deemed as “leading” in the court hearing. Leading questions are questions that suggest the answer. The interviewer can prepare by planning the sequence of questioning and planning how to phrase questions. A general rule to follow regarding the sequencing of questions is to start with general questions and move to specific questions.
3. Setting: If possible and when you are aware of where the alleged abuse has occurred, conduct the interview in a location other than where the alleged abuse occurred.
 - Reduce the risk of distraction during the interview. Toys and interview aids should be kept out of sight until needed.
 - Furniture should be comfortable and suited to the needs of a child. Avoid furniture on wheels or furniture that is over-sized, etc.
 - Video and audio recording equipment should be as unobtrusive as possible. If the child inquires about equipment being used, answer his/her questions honestly.

Guidelines for Conducting Interviews with Children

These guidelines will assist in conducting the interview:

- The interviewer should ensure that the child understands why he/she is being interviewed.
- The interviewer should reassure the child of his or her safety and the importance of the exercise
- The interviewer should proceed slowly and build trust carefully
- Questions should be based only on the information provided by the child and should use the child's own terminology. Children may not use terminology in an informed way. Interviewers should clarify what the child means by certain terms.
- Questions must not be leading.
- Questions should be phrased in such a way that an inability to recall or a lack of knowledge is acceptable ("You said ...Can you tell me anything more about that?").
- It may be helpful to ask if the child wishes to share any concerns.
- If the child raises the topic of secrets, discuss when it is and when it is not appropriate to tell and ask the child if he/she has any secrets.
- Children may ask if the perpetrator will go to jail because of the child's disclosure. If this occurs, the child should be informed about what is possible.
- Encourage the child to provide a free narrative account of the event(s) by asking the child to describe each event from the beginning and tell everything that he/she can remember.
- Do not interrupt, correct, or challenge the child's report. Rather, make written or mental notes to re-check necessary points.
- Show understanding but not surprise. Bridge to the next step by explaining that clarifying points will help you to understand more clearly.
- Remember that this is a process rather than an event. Allow the child to proceed at his/her own pace. It may take more than one interview to get a statement from a child.

- Pauses in the narrative may be followed with gentle prompts (“Then what happened?” or “Tell me about that ...”).
- If the allegations concern repeated abuse, try to determine the general pattern of abuse. Let the child describe the patterns as best she/he can. For some children, this may mean describing specific incidents of abuse before talking about the general pattern. Asking the child about exceptions to the general pattern (whether the abuse occurred at different times, places etc.) can help fill in needed detail about the pattern of abuse.
- Often, the child will specifically remember departures from general patterns of abuse. If multiple incidents are alleged, the incidents should be labelled (“you said it happened in the kitchen? ...Let’s call it the ‘kitchen time’ “). The child may take part in the labeling process. This is very useful for helping the child organize his/her recall and for ensuring that the interviewer can clarify which incident is being discussed at any given time.
- At some stage in the interview process, it may be necessary to abandon the criminal investigation process (if the police determine that the child cannot provide enough information to substantiate a Criminal offence) and move into the area of assessing whether the child is in need of protection.
- The child’s reluctance to talk about certain aspects of the event might indicate a lack of memory/knowledge. It could be suggested that the child use a signal (raise a hand) to indicate when he/she knows something but is not ready to talk about it. The topic can be raised at a later point in the interview or at another time.
- If the child becomes distressed about a topic, the focus should be shifted to aspects of the child’s recall that are less stressful. When the child has regained composure, an attempt should be made to return to the distressing topic. It may be necessary to shift back and forth to a difficult topic several times before the child is ready to discuss it. Be patient.

Recording of Interviews

Video recording should be used whenever possible. The DSD and Police, under the guidance of the Protocol Monitoring Committee, should develop specific requirements regarding how video recorded interviews are conducted.

In circumstances where an interview will not be video recorded, the following guidelines should be followed:

- Interviewing in teams is preferred. When an investigative team is involved, either a Social Worker or Police Officer will take lead responsibility for conducting the interview.
- If possible, audiotape the interview from the beginning.
- The preferred option is to have both members of the investigation team present. One member should serve as active interviewer and the other as active recorder. The recorder takes notes of significant developments during the interview and questions to be pursued but does not verbally participate until the active interviewer has finished. The active interviewer then invites the recorder to present any additional questions to the child. This allows both agency mandates to be fulfilled and the professionals to support and assist each other. Sequential questioning (active interviewer first, recorder later) reduces the chance the child will be interrupted or confused.
- The active interviewer should sit facing or beside the child at a close but comfortable distance with no objects (e.g., tables) between them. The person monitoring should sit out of the child's view, such as behind the child.
- The presence of other concerned adults (parents, school personnel, therapists, and guardians) may compromise the integrity of the interview and impede the child's open disclosure.

Interview Results as Evidence

The Department of Social Development and the Police should both be aware that certain court proceedings may permit the admissibility of statements and disclosures made by young victims in child abuse cases. Therefore, all statements should be carefully documented. Teachers, counsellors, school nurses, and others at the child's school can be important sources of

information when investigating allegations of possible child abuse. Interviewing the mandated reporter can reveal first-hand information about the child's behaviour, appearance, attendance, health [physical and emotional], and interaction between school personnel and the child's parents. This information can provide the Social Worker and the Police with insights into the school employee's concerns and perceptions, allowing a more accurate and objective assessment of the child's actual situation.

Interviewing the Child at School

An interview may be conducted on the child's school premises during school hours. Children interviewed at school have a right to be interviewed discreetly, but in the presence of the Guidance Counsellor and the Principal. The child may also be allowed to select any adult who is a school staff member to be present at the interview for support. In any case it is important that the Social Worker inform the child of the right to a support person before the interview. The child should be asked outside the presence of any school staff member whether or not he or she would like a staff member to be present. It is up to the child, subject to age and maturity considerations, whether or not a support person will be present.

The staff member's presence is only to lend support to the child and to allow the child to be comfortable during the interview. The staff member may not participate in the interview and shall not discuss the facts of the case with the child. The staff member will be subject to a confidentiality requirement. The selected staff member may decline to be present at the interview.

If a support person attends the interview he or she should be cautioned that:

- Their role is to support the child, through provision of comfort and re-assurance
- They cannot participate in the interview (for example, by answering questions put to the child)
- They will be seated out of the line of the child's vision and should be prepared to move if the need arises.
- They must control their facial expressions and avoid conveying any emotions or intentions towards the child

The interview must **never** be conducted in the presence of the alleged abuser. If a language interpreter is required this must not be a member of the child's family.

Interviewing Children with Disabilities

One of the key guiding principles of this protocol is that decisions and actions taken to protect a child, including during the investigative process, must never cause the child unnecessary distress or compound any damage or trauma already suffered. Children constitute a highly vulnerable group within any society but those with disabilities are at heightened risk and vulnerability to abuse.

Staff from the Department of Social Development and the Police are from time to time required to interview children who are affected by a wide range of physical, mental disabilities and medical conditions. Disabilities may include children who are deaf or hard of hearing, have intellectual and development problems, Autism, Attention Deficit/ Hyperactivity Disorder (ADHD), speech and language disorders, learning disabilities, and other problems which may adversely affect their ability to communicate effectively. Medical problems which could compromise the communication may include Fetal Alcohol Spectrum Disorder (FASD), diabetes, depression, schizophrenia, anxiety disorders, and substance abuse. The following general guidelines are recommended in order to minimize challenges posed by these disabilities and conditions, when interviewing abused children affected by these disabilities.

General Guidelines

- Identify the disability or condition (i.e., hearing impairment, comprehension level, speech impairment, physical disability).
- When preparing for the interview, consult with the adults in the child's world who understand the nature of his/her disability and are familiar with how the child communicates. Teachers and other professionals or support staff who have had experience in communicating with the child can be an invaluable resource to the interview team. This may include Speech/Language Pathologists, Educational Psychologists, Counsellors, Teaching Assistants, Clinical Psychologists, Social Workers,

Nurses, Child and Adolescent Psychiatrists, Paediatricians, and Alcohol and Drug Counsellors.

- In some situations, depending on the level of development of the child, a standard interview may not be successful. In other situations, it may be possible to proceed with the normal interview protocol, adapting it to the level of understanding of the individual. Familiar adults, such as the teacher or speech and language pathologist, may be able to help in making appropriate adaptations. Be prepared to take extra time as needed.
- Remember to use vocabulary and sentences that are at the child's level of cognitive and language development. It may be helpful to ask a few non-critical sample questions to determine how simple or complex the questions can be.
- Ask one question at a time and avoid lengthy complex questions.
- Speak slowly and pause to allow the child to process what has been said. It will often take the child with a disability longer to process the question, formulate and express his/her answer. It is important to provide sufficient "wait time" between the question and the child's response.
- It may be helpful to repeat questions in simpler forms, as the child may have problems processing complex questions and sentences.
- Some children, such as those with autism and Fetal Alcohol Spectrum Disorder (FASD), may be very literal in their interpretation of speech. It is best to avoid words with double meanings, and to use clear concrete vocabulary.
- Some children may have difficulty with verb tenses. For example, they might use the present tense to describe a past event.
- The child may experience difficulty with the concept of time, such as the concept of before and after, and being able to sequence events. The child may not be able to accurately define when something happened. It may be helpful to link events with major activities in the child's life, school events, or routines such as mealtimes.

- Some children, such as those with ADHD, FASD and autism, may have difficulty remaining on task and attending for long periods of time. It may be necessary to allow time for the child to take a break from the interview to do other things.
- The use of visual prompts and gestures may help the child to understand. This is particularly helpful with children who are deaf or hard of hearing and children with autism. These techniques can also be helpful for children with FASD, ADHD and intellectual disabilities.
- Give consideration to the environment in which the interview is being conducted. Room temperature levels, type of lighting or background noise may affect the way a child with a disability responds.

The Outcomes of a Formal Child Protection Investigation

A Social Worker will make the decision about future action after taking into consideration the views of other agencies involved in the investigative process. Reasons for this decision must be clearly recorded. The following decisions are possible:

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

In the case of the first two options, support may be needed and this should be co-ordinated by an interagency meeting, including the family. The original referrer should be notified of the outcome of enquires in line with respecting the confidentiality of the family. The family will be kept informed throughout the process. The outcome of a formal Care and Protection Investigation must be recorded and a copy given to the parents and to the referring agency. All agencies who have been involved in the investigation should be informed of the outcome.

Concerns are not substantiated

When enquiries do not substantiate the original concerns about the child suffering significant harm or being at risk of significant harm there is no need for further action under the child protection procedures. A decision that no action is required should be recorded.

The Department of Social Development and other agencies should however, consider with the family whether there is a need for support and/or services. This decision should ideally be made at an interagency meeting and will be informed by the outcome of the assessment so far.

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

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

Concerns are Substantiated: but Child Not at Risk of Significant Harm

In cases where there are substantiated concerns that a child has suffered significant harm but it is clear from enquiries that there is not continuing risk of significant harm, it may be agreed that there is no need for Child Protection Conference or a Child Protection Plan even though there may be still a need for a criminal investigation. In these circumstances, all those involved need to be sure that any plan for ensuring the child's future safety and well-being can be developed and implemented outside child protection procedures. It will always be important to seek children's views before making this decision, in a way that is commensurate with their age and level of understanding.

A decision not to hold a Child Protection Conference in such circumstances must be taken carefully, analysing the available evidence and the views of other agencies who have been

involved in the investigation. The decision must be based on the clear view that there is no continuing risk of significant harm. Examples of when this may apply include where circumstances have changed such as when an alleged abuser has permanently left the household or where significant harm has occurred as a result of an isolated abusive incident (e.g. by a 'stranger').

The Department of Social Development should consider carefully any decision not to proceed to a Child Protection Conference where it is known that a child has suffered significant harm. A suitable qualified and designated person within the department should endorse the decision. The professional and agencies who are most involved with the child and family, and those who have taken part in enquiries, have the right to request that the Department of Social Development convene a Child Protection Conference if they have serious concerns that a child may not otherwise be adequately safeguarded.

Concerns are substantiated: Child at Risk of Significant Harm

In these circumstances a Child Protection Conference should be convened by the Department of Social Development within 15 working days of the Strategy Discussion which initiated the formal Child Protection Investigation. A Child Protection Conference is needed to make a decision about further action under the child protection procedures. If, prior to the child protection conference it is thought that the child may require immediate protection, such action must not be delayed because a Child Protection Conference is pending.

The Child Protection Conference

The initial Child Protection Conference brings together family members, the child where appropriate, and those professionals most involved with the child and family.

The purpose of the Initial Child Protection Conference is:

- To objectively analyse, in an interagency setting, all the concerns and the information which has been obtained about the case to date
- To make judgements about the likelihood of a child or any other connected children suffering significant harm in the future i.e. the level of continuing risk

- To decide what future action is needed to safeguard the child and promote his or her welfare and how to take this forward with intended outcomes (the need for a Child Protection Plan and registration).

Involvement of the child in the Child Protection Conference

The Child's voice should always be heard at the conference, whether they attend in person or have their feelings and wishes presented on their behalf. Children should be encouraged to attend conference provided they have to the capacity to benefit from the attendance, and will not be harmed by it. A child attending a conference should be given the opportunity to bring an advocate, friend or supporter. Any decision to exclude a child from whole or part of the conference must be recorded in the minutes, with reasons.

Reports for the conference

Each agency invited to attend the conference should provide a written report as soon as possible which summarizes their involvement with the family and their knowledge of the child's health and development as well as their view of the parents' capacity to safeguard the child and promote the child's welfare. Written reports should be given to the Chair before the conference, and the authors need to discuss the contents with family members prior to the conference.

Report writers should address the needs of each child within the family separately even though only one report is produced. Any particularly sensitive information should be drawn to the attention of the Chair. Similarly any professional concerns about the possibility of violence or intimidation should be communicated to the Chair in advance.

Outcomes of the Initial Child Protection Conference

The Decision Making Process

The **only decision** which can be made at the conference is whether or not the child's name should be recorded as having been significantly harmed or being at risk of significant harm and if so, under what category. Discussion at the conference can contribute to making this decision as well as providing a basis for future planning for the child. The conference needs to establish as

far as is possible the cause of the significant harm or the likelihood of significant harm to the child.

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

- The child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional, sexual abuse or neglect, and in professional judgement is that further ill-treatment or impairment likely; or
- Professional judgement, substantiated by the findings of enquiries in this individual case or by research evidence, is that the child is likely to suffer ill-treatment or the impairment of health or development as a result of physical, emotional, or sexual abuse or neglect.

Where a child is considered to be at continuing risk or significant harm and his/her name is to be recorded as such, safeguarding the child will require interagency help and intervention delivered through a formal Child Protection Plan, to be outlined in the conference.

Even when a child is not considered to be at continuing risk or significant harm, the child may be in need of help to promote his or her development.

The Child Protection Plan

Where a child's name is placed on the register, the act of registration itself confers no protection on a child and registration should always be accompanied by a Child Protection Plan. The outline plan will be agreed at the initial Child Protection Conference but a detailed Child Protection Plan will be produced later. The initial Child Protection Conference should discuss and agree the following elements of the Child Protection Plan:

- The risks of significant harm to the child and the way in which an interagency plan can protect the child
- Shorter and longer term outcomes to be achieved, clearly linking them to reduction in the risks of harm to the child and promotion of the child's welfare

- Who will have responsibility for what actions, within what specified timescales
- How to monitor and evaluate progress against the plan
- Which professionals will monitor the child's progress, development, welfare and safety, and how

Temporary Custody and Placement of Children

Both the Department of Social Development and the Police have authority to investigate cases of suspected child abuse and to place children into temporary custody when required. DSD staff and the Police shall however work cooperatively in the investigation of suspected child abuse and neglect cases. DSD Social Workers should call the Police for assistance in placing a child into temporary custody if the situation warrants. If Police assistance is required, both the DSD Social Worker and the Police Officer should be particularly sensitive to any concerns or needs of the child.

While the Police and DSD are encouraged to take a collaborative approach to minimize further trauma to the child, each agency must adhere to its separate mandates. The Police has the authority to determine whether a criminal violation has occurred. DSD has authority to determine whether the child requires protective services. *The Police **should be able**, without a warrant, to remove a child under any of the following circumstances:*

- when the officer reasonably believes that the child has been abused, and the child has immediate need for medical care, or is in immediate danger of physical or sexual abuse, or the physical environment poses an immediate threat to the child's health and safety. If the child is unattended, the Police officer should first attempt to contact the child's parent or guardian to determine if the parent or guardian is able to assume custody of the child. If the parent or guardian cannot be located, the Police Officer shall notify the DSD to assume custody of the child:
- when the child is in the hospital and the release of the child to a parent poses an immediate danger to the child's health or safety

- when the child is a dependent of the Court or Probation Department, or if the officer reasonably believes the child has left court-ordered placement or has violated other court orders
- when a child is found in any street or public place suffering from any sickness or injury which requires care, medical treatment, hospitalization, or other remedial care.

A Police Officer who removes a child must notify the Department of Social Development. In determining the appropriate disposition of the child, the officer shall give preference to the alternative which least interferes with the parents' or guardians' custody of the child, *if this alternative is compatible with the safety of the child*. The officer shall also consider the needs of the child for the least restrictive environment and the protective needs of the community. If the child is referred to the Department of Social Development for placement; this placement should continue while the investigation is pending.

The Department of Social Development is authorized to **remove and** place a child into temporary custody if there is a reasonable belief that the child is at risk of serious physical harm or illness as a result of lack of adequate supervision, protection, or provision, or lack of care and support and the DSD has reasonable cause to believe that the child has an immediate need for medical care, or is in immediate danger of physical or sexual abuse, or the physical environment poses an immediate threat to the child's health or safety. The decision to place a child into custody should be based on the level of endangerment, not on the category of the allegation.

Before removing the child from the home, the Social Worker must consider whether there are any reasonable services available to the child's family which would eliminate the need to remove the child from the custody of the parent or guardian. When a child is temporarily placed by DSD the case worker must immediately investigate the circumstances of the child and the facts surrounding the need for change in custody status. DSD must release the child to the custody of the child's parents unless:

- the child has no parent, guardian, or responsible relative; or, the child's parent, guardian, or responsible relative is not willing to provide for the child.

- continued detention of the child is a matter of immediate and urgent necessity for the child and there are no reasonable means by which the child may be protected in his or her home.
- there is substantial evidence that a parent, guardian, or custodian of the child is likely to flee the jurisdiction of the court with the child
- the child has left a placement that was ordered by the court

If an able and willing relative, non-relative or extended family member is available and requests temporary custody of the child, the DSD should initiate an emergency assessment of the relative's suitability.

Every effort should be made to minimize the confusing and sometimes traumatic effect of detention. Any Police Officer or Social Worker who removes a child from his or her home is required to:

- notify the child's parent, guardian, or responsible relative that the minor is in custody and provide a phone number where the child may be contacted if appropriate
- use diligent and reasonable effort to ensure regular telephonic contact between the parent and child of any age, prior to the detention hearing, unless the contact would be detrimental to the child

In addition, whenever possible, the Social Worker or Police Officer should:

- ensure that the child's medication or medical equipment is collected for the child.
- make every effort to allow the child to bring along a toy or other transitional object, preferably labeled with the child's name.
- explain to the child, using simple, understandable language, what placement decision is being made and the reasons for the decision.

Procedures for Transporting a Child

Although it is usually the responding Social Worker who assumes physical control of a child and provides for any subsequent placements often in furtherance of the investigation or to assist DSD, a Police Officer may transport a child to a police station, hospital, foster care facility, family relative, court, place of safety/shelter, or other location specified by the Social Worker. Whenever a child is to be transported, the transporting agency should provide the legally required seating equipment and seat belt restraints for each passenger. Victims and witnesses should never be transported with the suspected offender, jail inmates, or persons who would have a negative effect on the outcome of any legal proceeding. Efforts should be made to avoid inconvenience to the child victim, confinement, or unnecessary exposure to police activities

AREAS OF SPECIAL CONCERN: Child protection in Specific Circumstances

Dealing with high risk parents

Children are at a high risk of abuse in situations where their parents/guardians are mentally impaired, alcoholics, drug addicts, drug traffickers, prostitutes or proprietors of brothels. These are considered high risk parents. The following are guidelines for possible responses, but these are not exhaustive.

- a) Where a physician or health care provider becomes aware that an expectant mother is an abuser of drugs; tests positive or has delivered a child who is diagnosed with drug toxicity and withdrawal symptoms; or the child has tested positive for alcohol or illegal drugs, the physician or health care provider should make a report to the Department of Social Development.
- b) An investigation should be initiated by the Department of Social Development, the matter should be reported to the Police. The assigned case-worker should immediately go to the health facility to interview the mandated reporter and the parents/guardians.
- c) The Social Worker should determine the level of treatment and support required in order to reduce the continued risk to the child; assess the mother's level of acceptance and responsibility as well as her willingness to undertake treatment and rehabilitation.
- d) A case file should be developed containing all medical information regarding the condition of the infant and mother; the level and type of intoxicant used by the mother and the level

of toxicity found in the child when delivered; necessary medical follow-up for care of the child.

- e) Where indicated, the Department of Social Development may need to pursue temporary custody or provide a place of safety for the infant, depending on the severity of the parent's drug abuse.

After Care: Dealing with Non-Engaging/Non-Compliant Families

At every stage consideration must be given to whether a child is at imminent risk of harm and whether emergency protective action needs to be taken. This may be because parents/carers refuse to co-operate with the investigation, or they may take particular action, such as removing a child from hospital. Non-compliance may also manifest itself in such behaviours and attitudes as:

- Missing appointments or refusing to allow access to the child or to the home
- Active non-compliance with the actions set out in the Child Protection Plan
- Disguised non-compliance, where the parents/carer appears to co-operate without actually carrying out actions or enabling them to be effective
- Threats of violence or other intimidation towards practitioners

Where there is a risk to the life of a child or a likelihood of serious immediate harm, action should be taken quickly to secure immediate safety of the child. Emergency action might be necessary as soon as a referral is received or at any stage of the process. A *Care and Protection Order* should also be considered when access to a child is refused and should be applied for when there is an urgent need for protective action. Reasons for decisions to apply for the order should be clearly recorded.

Only the Police have statutory authority to use reasonable force in order to gain entry to premises. The police must therefore be involved in discussion about any case where access to the child has been refused.

Also, a further report should be made to the Department of Social Development if after investigation and treatment/counselling has commenced, the parent or family refuses to

cooperate or refuses further treatment and as a result the child is endangered or remains at risk. In addition, if during counselling or psychotherapy the child reveals that he or she is abused beyond and above the abuse already known to the Department of Social Development, this should trigger further investigation and involvement of law enforcement.

Child Abduction Cases

Child abduction cases involve cross-jurisdictional issues. The lawful custodian of the child as well as the child, are the victims in a child abduction case. The Police in particular, should respond quickly in child abduction situations. Allegations made by one parent that the other parent has abducted, concealed, or withheld their child is sufficient for reporting a crime. There is no requirement under the law that a custody order regarding the child be obtained before this crime can be reported or investigated. All parents have a specific legal and inherent right of access to children. When this right is violated -- even by the other parent -- a crime has been committed. The Police and the Department of Social Development should therefore be contacted immediately once it is discovered that a dependent child has been removed or withheld from the lawful custody of those responsible for him/her. In cases where the child is taken from Anguilla to another country the Police and relevant State Child Protection Agencies in that country should be immediately notified by their counterparts in Anguilla.

Future risk of harm to an unborn child

Where professionals have concerns about the future risks to a child not yet born, a referral must be made to the Department of Social Development.

Circumstances in which a referral would be appropriate are where:

- Previous children in the family have been removed because they have suffered harm.
- Concerns exist regarding either parent's ability to protect.
- There are concerns regarding parenting capacity, particularly where parents have significant learning difficulties or mental health problems.
- Alcohol or substance abuse is thought to be affecting the health of an unborn baby, or may significantly impair parenting skills.
- The expectant parent is very young and a dual assessment of her/his needs as well as her/his ability to meet the baby's needs is required.

- There is a previous history of post natal psychosis.
- Other children in the family have their names on record as being at risk of significant harm and therefore have Child Protection Plans.
- There is concern about the new parents' capacity and it is believed that any child of the family might suffer significant harm.
- The expectant mother/father has previously abused or allegedly abused a child.
- The expectant mother/father has a partner, or is in contact with someone who has abused a child.
- There are known to have been incidents of domestic abuse within the relationship.
- The lifestyle of the expectant mother and/or the people she is in contact with is such that the child may be at risk at birth.

Action to be taken

Consideration should be given to convening an initial Child Protection Conference before the birth to plan co-ordinated action and services for the protection of the child at the time of the birth. The decision about whether to convene an initial Child Protection Conference must be made in line with procedures set out in this protocol. If it is agreed to record the unborn child as **'at risk of significant harm'**, the appointed lead case worker and members of the agency core group will devise a Child Protection Plan in advance of the birth. The named nurse must inform the delivery team of the planned response following the birth. The Child Protection Conference should take place in sufficient time to plan for the infant. The conference can decide to record the unborn child's name at birth without need for a further conference. The same criteria for registration apply as for any other child.

Investigating organized or multiple abuse

Organized or multiple abuse is abuse involving one or more abusers and a number of related or non-related abused children and young people. The abusers concerned may be acting together to abuse children, or acting in isolation, or may be using an institutional framework, or position of authority to recruit or abuse children. Generally organized or multiple abuse networks will have developed sophisticated mechanisms to avoid detection. Breaking into such networks will require careful considerations of the risks to be associated with:

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

In planning the response, the need for confidentiality on the part of the investigators must be considered given the serious nature and potential scale of this form of abuse. Given the above, the implications of unplanned interventions and the potential media interest, the response to organized and multiple abuse must involve at least Senior Managers in the Departments of Social Development, Health, Education, and the Police from the outset.

Action to be taken

Suspected organized abuse should be brought immediately to the attention of the Social Worker and Police Inspector with responsibility for child protection. These officers will liaise and take responsibility for initiating these procedures. They will take responsibility for notifying the Commissioner of the Department of Social Development and the Commissioner of Police without delay. They should ensure that appropriate resources are deployed and that staff are given the necessary support.

The following should also be undertaken:

- Appoint one senior officer from each of the Department of Social Development and the Police to co-ordinate and manage the overall investigation.
- Consider whether there are any children involved who need active safeguarding and/or therapeutic help, and how this should be achieved in a way which is consistent with the conduct of criminal investigations.
- Appoint a team from Police and the Department of Social Development.
- Set out clearly the objectives of the team.
- Agree a joint plan in relation to the investigation which identifies roles and tasks of staff involved and resource implications.
- Agree the timing of any actions and possible consequences e.g. not to remove the children during unsocial hours.
- Agree the lines of accountability and communication.

- Agree how and with whom information will be shared and emphasise the need for confidentiality.
- Consider carefully the decision about what to share with parents and when. Parents are usually entitled to the fullest possible information, but in these circumstances the decision is more complex.
- Seek legal advice and ensure that the investigation will have ongoing access to legal advice.
- Make arrangements to ensure that records will be safely and securely stored.
- Contact other Territories/Countries if the allegations cross boundaries, to ensure joint planning and consistency.
- Agree the convening of Child Protection Conferences as and when necessary
- Agree a timetable.
- Communicate the outcome of the meeting to the Department of Social Development

The single most important consideration is the safety and wellbeing of the child/children. Their protection should always be the first priority, but the knowledge that in cases of organised abuse the risk to children will escalate if abusers avoid detection must be considered. Where children are to be removed from their homes, the timing of removal will be agreed following consultation with all appropriate professionals, except where they are in acute physical danger. The welfare of the individual child or children will be the first consideration.

Children living away from Home

These procedures should be applied in every situation where there are concerns about a child's welfare and this includes children living away from home. Children are classified as living away from home in the following circumstances:

- Care arrangements when parents are overseas
- Children's Home or Residential Unit
- Foster Care
- Private Fostering
- Hospital
- Prison

Essential Safeguards

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

Allegations of abuse against a Carer

All allegations should be reported to the Department of Social Development. The procedures outlined previously will be followed. The Strategy Meeting will need to:

- Consider the safety and needs of ALL children in the family/placement (including carer's own children).
- Consider each child individually and make recommendations as to whether the foster child/children should remain with the carers pending a formal Child Protection Investigation. Welfare and safety considerations as well as the views of the child should be taken into account.
- Plan additional safeguards if the child is to remain in placement whilst the enquiries take place.
- Seek management approval for the children to remain in placement.
- Identify all children previously placed and whether there may be issues in relation to them.
- Identify what information will be given to the carers, when and by whom, regarding the allegation and the Child Protection Investigation. The Chair of the Strategy Meeting to confirm this information in writing to the carers.
- Identify who will support the carers during the process of investigation and how they will be kept informed. If a staff member is given this role by the Strategy Meeting their status must be made clear to all parties to avoid confusion.
- Make arrangements to advise the carer that no further placements will be made during the investigation.
- Decide what information should be given to the parents of the child about whom there are concerns, and by whom. The disclosure of information to parents of other children in the

placement should be carefully considered, particularly when a child has to be moved as the result of an allegation.

- Arrange for the carer(s) to be interviewed.

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

- Evaluate the information/findings gathered during the investigation and decide whether to convene an initial Child Protection Conference.
- Decide on the balance of probability whether further action is needed in the light of the information gathered.
- Consider what information should be given to the affected parties about the outcome, whether substantiated or not.
- Ensure support is available where it is needed.

Within five days of this meeting, the carers should receive a written statement from the Chair of the Strategy Meeting giving details of:

- The nature of the allegation
- The result of the investigation
- The decisions of the Strategy Meeting.

If a Child Protection Conference is convened, the carers should normally be invited to attend, with the extent of their involvement determined by the Chair, following consultation with the child concerned and other professionals attending the meeting.

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

ALLEGATIONS OF ABUSE AGAINST A PROFESSIONAL, SUPPORT STAFF MEMBER OR VOLUNTEER IN CONTACT WITH CHILDREN

A: Responding to referrals about professional abuse

This section applies to all staff (on a paid or voluntary basis) who come into contact with children in the course of their work. This section also applies to professionals who abuse in their private capacity and, in such circumstances, careful consideration needs to be given to whether the employee presents a risk in the professional context.

As well as following the procedures laid out previously, any allegation of professional abuse should be referred to the Department of Social Development, and the relevant Department Heads. In all cases where abuse is alleged, the child's parents/carers should be informed at an early stage by the Department of Social Development of details of the allegations and procedures to be followed unless to do so may further endanger the child, or compromise any investigation.

Information to staff member

At the earliest opportunity, after consultation with the police and provided it does not prejudice the criminal investigation, the member of staff should be informed by their line manager and in writing that an allegation of abuse has been made. However, the allegation should not be discussed and direct questioning should be avoided as the Police will interview the member of staff. The staff member should be informed that the investigation will be carried out in accordance with the child protection procedures, and that they have a right to be accompanied at all meetings by a friend or solicitor and to receive minutes of such meetings.

Strategy Meeting

The standard procedures should be followed, with the addition of the following points:

- The Strategy Meeting should take place within 48 hours of the referral.
- The Strategy Meeting should be chaired at a senior level.
- The Strategy Meeting will consider the need for disciplinary proceedings, e.g. it may be necessary to ask the employer to suspend the person suspected of abuse. No disciplinary investigation by the employer should begin without the knowledge of the Department of Social Development.

A Strategy Meeting should always take place at the conclusion of an investigation in order to draw the process to a close. The outcome of the Strategy Meeting may be one or more of the following:

- a) A formal Child Protection Investigation and Initial Assessment – these may in turn lead to either an Initial Child Protection Conference, or no further action. A conference may be convened on other children who have contact with the alleged perpetrator, including his or her own children, in addition to the conference on the child or children identified in the allegation.
- b) Criminal Investigation – this may in turn lead to the police deciding to pass the case to the Principal Crown Counsel (Criminal) for prosecution, or to no further action.
- c) Disciplinary Proceedings – these may in turn lead to temporary or permanent suspension, a disciplinary hearing, or to no further action. Child protection agencies should assist with any disciplinary process (e.g. by providing relevant evidence) to the extent that this may be done without breaching other duties. If the outcome of the Strategy Meeting is no further action, the reasons for this decision should be recorded.

13. RECORD KEEPING AND MANAGEMENT

It is critical that accurate and complete records are kept given that investigations are likely to be subject to various types of reviews including for judicial, strategy planning, public policy purposes, or to facilitate the transfer of cases among agencies and between professionals from different fields. Without accurate records which can be accessed in a timely manner the ability of child protection agencies will be severely compromised. Case notes are therefore required to be kept in order to:

- Record details of referral, investigation and assessments of child care concerns
- Record essential details concerning the child and his or her parents/carers
- Record the nature and level of services offered, as well as those that are required
- Establish a record that may be accessed by a number of professionals and agencies
- Record and review developments in a case
- Provide a tool for use in the supervision of professional work
- Establish a measure of accountability between practitioners and their line managers

- Facilitate case transfers or the transfer of information between key professionals from different areas.

The At-Risk Register or Child Protection Register

As a priority, an *At-risk Register/Child Protection Register* should be established, managed and maintained by the Department of Social Development. All reported cases of child abuse and neglect must be registered in the official child protection register which should then form the basis for the annual review of the nature and extent of child abuse in Anguilla undertaken by the Department of Social Development as chair of the Protocol Monitoring Committee.

In making the entries, there must be cross referencing to check whether this is a repeat instance of abuse. If this is so then there must be an investigation as to the circumstances in which the child victim was once again exposed to abuse. An entry on the register should indicate the frequency of reports and possible pattern of abuse.

The register should contain a copy of the completed Child Abuse Reporting Form. The register of reported cases of child abuse is to be maintained by the Department of Social Development. This register should be the primary source of information regarding the extent and nature of child abuse. It must also serve as an indicator to the Department of Social Development of where the potential of child abuse exists with respect to families or communities. The register should be routinely vetted in order to expunge those cases which are unproven or have proved invalid.

The records of the Register in addition to the completed Child Abuse Reporting Form will include for example:

- Referral information to the Police and the Department of Social Development
- Contacts with children and families, and summary of their details
- A record of all enquires made about the case and the response obtained
- The nature and level of services offered, as well as those that were required
- Medical examinations
- Interviews with victims, witnesses, and perpetrators
- Case management strategies, and any child protection plan prepared

- The child's views and emotional well-being
- Actions and decisions and the rationale behind them, as well as outcomes of interventions, and assessments of outcomes
- A chronology of significant events involving the child

It is critical that these records are accurate, factual, legible and are signed and dated after each entry. These records must be accessible at all times even when the worker responsible for that case is absent, and good record keeping should be practiced at all times.

Sharing of Records and Information

The sharing of information is a critical part of achieving best outcomes for children, including their effective care and protection. Member organizations of the Protocol Monitoring Committee will therefore, through the Department of Social Development have timely access to the records of clients of the Department of Social Development (DSD) in order to carry out searches and investigations to inform the work of the Committee. However, important decisions will need to be made about how much information to share, what to do with the information, and with whom the information is to be shared not only among the various agencies but within the respective agencies. This requires that the Monitoring Committee and the Department of Social Development must jointly decide on clear and appropriate procedures for member organizations to access and share the files of children and their families. Such procedures will be informed by the following principles:

- The reasons for the sharing of data in relation to each case will always be communicated openly and honestly with the child and where appropriate with the child's family or guardian.
- At all times the information being shared must be directly relevant, necessary and proportionate to the circumstances of the child, and limited to those who need to know.
- Generally, information will normally only be shared with the consent of the child, depending on age and maturity, or from the guardian. However, where agencies are acting in fulfillment of their statutory duties, it may not be necessary or appropriate to seek consent. Also, where there are concerns that seeking consent would increase the risk

to a child or others or prejudice any subsequent investigation, information may be shared without consent.

- Public Interest: If informed consent has not been sought or sought and withheld the agency must consider if there is an overriding public interest of justification for the disclosure. In making this decision the following questions should be considered;
 - a) Is the disclosure necessary for the prevention of crime, prevention of disorder, to protect public safety, or protect the rights and freedoms of others?
 - b) Is the disclosure necessary for the protection of young or other vulnerable people?
 - c) What risks to others are posed by this individual?
 - d) What is the vulnerability of those who may be at risk?
 - e) What will be the impact of the disclosure on the offender?
 - f) Is the disclosure proportionate to the intended aim?
 - g) Are there equally effective but less intrusive alternative means of achieving that aim?
- A record should always be made of when particular information is shared, with whom, for what purpose, in what form and whether it was disclosed with or without informed consent, Similarly, any decision not to share information should also be recorded.
- There should be clear guidance for the sharing of information about adults who may pose a risk to children, dealing with disputes over information sharing, as well as on whistle-blowing.

14. PROTOCOL DISSEMINATION/PUBLIC AWARENESS

This Interagency Child Protection Protocol and the procedures contained therein are for the use of all those whose work involves contact with children and families across departments and agencies, and are relevant to those working in the statutory, voluntary and independent sectors. This includes those working in Health, Education, Police, the Department of Social Development and others whose work brings them into contact with children and families. It is the responsibility of each agency to inform and train their staff on the content of these procedures. Individual agencies should also have detailed procedures that compliment this document. This is a public document. Members of the public can have a vital role in alerting the Department of Social Development to concerns about children, and therefore the procedures should be available for members of the public to read.

It is therefore recommended that:

- Stakeholders should be brought together to familiarize them with the proposed Protocol, to educate them to detect signs of child abuse, to sensitize them to the problem and campaign for their support for the Protocol, to encourage them to buy-in to the terms of the Protocol. Adjustments could be made to the Protocol if such recommendations are made.
- There should be public awareness raising thereafter by way of town hall meetings or public service announcements.
- The Protocol should be posted online on the Websites (where these exist) of all agencies which are signatories to the protocol.

15. PROTOCOL RELATED TRAINING

Interagency cooperation is clearly vital to the successful implementation of this protocol and achieving the best possible outcomes for children. Training, including online orientation and refresher courses, is critical to both cooperation among agencies and attaining best outcomes for children. The purpose of interagency training should therefore be to help develop and foster the following in order to achieve better outcomes for children;

- The minimizing of those factors and conditions which could undermine the protocol's effective functioning. This includes building common trust among agencies and developing strategies to minimize the potential for rivalries, distrust, defensiveness, and tensions.
- The reduction of emotional stress among victims and their families and provision of protection and support to victims and their families. For example, there should also be training regarding how to interview and/or interact with the child and what not to do so as to avoid further pain and suffering to the child.
- Enhancing the ability of mandated reporters to recognize child abuse in its many forms, and know how to respond. This entails developing among Social Workers, Police and other critical persons a clear understanding of the various procedures and principles articulated in the protocol. This training should encompass both short term professional type training, as well as, certificate and degree level training. Officers who are not able to attain the level of degree standard but are deemed suitable for the work should benefit from in-house training on child protection. The Department of Social Development should identify suitable experienced and qualified workers as supervisors/consultants for child abuse cases. There should be interagency cooperation for comprehensive in-house training on all relevant factors pertaining to child protection. There should be specialized training for workers in residential child care homes as well as training for family support workers to provide support and preventative work in the community.
- Equipping staff with the skills and insights to identify and manage risks to children. Risk is the **likelihood** or **probability** of a particular outcome given the presence of adverse factors in a child's life. From a child protection perspective, it is the risk of "significant harm that is central: where concerns are raised about the potential significant harm to a

child, they should be considered **child protection** concerns. Staff must have the training, tools and confidence to apply their professional judgment in a highly uncertain, complex and rapidly changing environment. Identifying concerns that require child protection actions in a timely fashion is central to effective action to support children. The failure to properly identify risk can lead to serious, and even fatal, outcomes for children.

- Developing a shared understanding among agencies of the tasks, processes, principles, roles and responsibilities and local arrangements for safeguarding children and promoting their welfare;
- Co-ordination of services at both the strategic and individual case level;
- Improving communications between professionals including a common understanding of key terms, definitions and thresholds for action;
- Building effective working relationships based on respect and an understanding of the role and contribution of different disciplines;

At the point of initial employment all staff classified as mandated reporters must be notified of their role and responsibilities as mandated reporters, and provide them with a written copy of what this means, including data on recognizing signs of the different types of child abuse. All employees should be required to sign a form acknowledging what this duty means and that they are willing to comply.

Consequently all agencies, both public and private, are required to provide training on a regular basis on all areas related to the protocol. Any agency which is not able to provide such training is required to contact the Department of Social Development or the Protocol Monitoring Committee to request assistance in accessing this training. It is the responsibility of the Department of Social Development, on behalf of the Protocol Monitoring Committee, to make the training available to all agencies which are signatories to the protocol. However, training may be extended to other child protection-related stakeholders such as non-governmental organizations and community-based organizations, as well as to the general public.

The Protocol Monitoring Committee should circulate guidelines for mandated reporters as well as frequent updates for their information. For example, it is recommended that the Protocol Monitoring Committee issue information on indicators of emotional/verbal abuse to be found in child victims, since these are not as easily detectable as signs of sexual or physical abuse or neglect.

The Protocol Monitoring Committee should also frequently update mandated reporters on further learning and developments in the field. They should be encouraged to note that the following condition can predispose a child to abuse:

- a) Where parents were themselves victims of child abuse.
- b) Where parents are experiencing marital breakdown.
- c) Single parent with no extended family or other support.
- d) Drug/alcohol abuse.
- e) Lack of parenting skills, generally.
- f) Low mental functioning.
- g) Dysfunctional family, prone to violence.

There should be regular training workshops/seminars for:

- a) Nurses, especially those on maternity and children's wards.
- b) All accident and emergency personnel, including paramedics
- c) Police Officers.
- d) Public Health Nurses; all Health Officials at polyclinics.
- e) Social Workers.
- f) Teachers, Guidance Counsellors.

16. MONITORING AND EVALUATION OF PROTOCOL

The Department of Social Development should ensure that every 3 to 5 years there is review of the functioning and appropriateness of the protocol by the CSB, with recommendations for its improvement. The report of the review should be forwarded to all the agencies which are signatories requesting comments and suggestions for improving the Protocol's efficiency and effectiveness

17. APPENDICES

**Appendix 1: CHILD ABUSE REPORTING FORM (note this is a representation
of the actual form)**



REPORT OF SUSPECTED CHILD ABUSE

For Official Use Only



Report Date	Case ID	
Time <input type="checkbox"/> AM : <input type="checkbox"/> PM		

SUBJECTS OF REPORT (See Table of Codes Overleaf)

List all persons in household/relevant persons in institution and alleged perpetrator (s). Line #	Last Name	First Name	Aliases	Sex (M, F, Unk)	Birthday or Age Mth/Day/ Yr	Race	Nationality	Relation Code	Role Code	Preferred Language Communication
1.									AB	
2.										
3.										
4.										
5.										
6.										
7.										

List Addresses and Telephone Numbers (Using Line Numbers From Above)	(Area Code) Telephone No.

BASIS OF SUSPICIONS

Alleged suspicions of child abuse. Give child(ren)'s line number(s). If all children, write "ALL".

_____ DOA/Fatality	_____ Child's Drug/Alcohol Use	_____ Swelling/Dislocation/Sprains
_____ Fractures	_____ Poisoning/Noxious Substances	_____ Educational Neglect
_____ Internal Injuries (e.g., Subdural Hematoma)	_____ Choking/Twisting/Shaking	_____ Emotional Abuse
_____ Lacerations/Bruises/Welts	_____ Lack of Medical Care	_____ Inadequate Food/Clothing/Shelter
_____ Burns/Scalding	_____ Malnutrition/Failure to Thrive	_____ Lack of Supervision
_____ Excessive Corporal Punishment	_____ Sexual Abuse	_____ Abandonment
_____ Inappropriate Isolation/Restraint (Institutional Abuse Only)	_____ Inadequate Guardianship	_____ Parent's Drug/Alcohol Misuse
_____ Inappropriate Custodial Conduct (Institutional Abuse Only)	_____ Neglect	_____ Other (specify)

State **reasons for suspicion**, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behaviour contributing to the problem. (If known, give time/date of alleged incident)

DAY _____
MTH _____
YR _____

☐ Additional sheet attached with more explanation. The Reporter Requests Findings of Investigation ☐ YES ☐ NO

CONFIDENTIAL

SOURCE(S) OF REPORT

CONFIDENTIAL

NAME	(Area Code) TELEPHONE	NAME	(Area Code) TELEPHONE
ADDRESS		ADDRESS	
AGENCY/INSTITUTION		AGENCY/INSTITUTION	

RELATIONSHIP

☐ Med. Exam/Coroner ☐ Physician ☐ Hosp. Staff ☐ RAPF ☐ Neighbour ☐ Relative ☐ Instit. Staff
☐ Dept. of Soc. Dev. ☐ Public Health ☐ Mental Health ☐ School Staff ☐ Other (Specify)

**For Use By
Physicians
Only**

Medical Diagnosis on Child	NAME and Signature of Physician who examined/treated child	(Area Code) Telephone No.
Hospitalization Required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks		

Actions Taken Or ☐ Medical Exam ☐ X-Ray ☐ Notify. Med Exam/Coroner
 About To Be Taken ☐ Photographs ☐ Returning Home

Name & Signature of Person Making This Report:	Name & Signature of Person Completing This Form:	Title	Date Submitted Day Mth. Yr.
_____ x	_____ x		

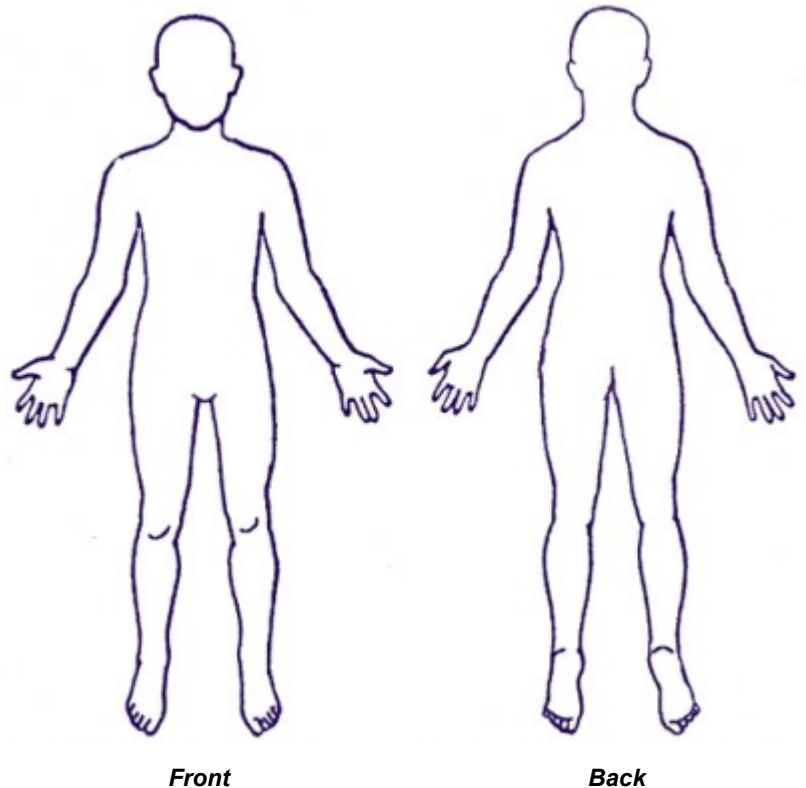
REPORT OF SUSPECTED CHILD ABUSE

(Use only if the space under “Reasons for Suspicion” is not enough to accommodate your information)

Report Date	Time
	am pm

Print clearly if filling out hard copy

Continued: State reasons for suspicion, including the nature and extent of each child's injuries, abuse, past and present, and any evidence or suspicions of parental behaviour contributing to the problem. List all persons outside of the household with parental responsibility and their relationship to child. If labeling the front and back view diagrams below to illustrate injury or injuries please use arrows and if necessary use the space provided above, below and on the left of the diagrams to record information. If there is no need to label the diagrams you may write or type over the same. Any additional sheets may be attached.



NB//Additional sheets may be attached

Department of Social Development

RACE CODE	RELATION CODES FAMILIAL REPORTS (Choose One)		ROLE CODE (Choose One)
B: Black	AU: Aunt/Uncle	XX: Other	AB: Abused Child
H: Hispanic	CH: Child	PA: Parent	
AS: Asian	GP: Grandparent	PS: Parent Substitute	AP: Alleged Perpetrator
WH: White	FM: Other Family Member	UH: Unrelated Home Member	
	FP: Foster Parent	UK: Unknown	NO: No Role
			UK: Unknown
XX: Other	INSTITUTIONAL ABUSE REPORTS ONLY		
UNK: Unknown	AR: Administrator	IN: Instit. Non-Prof	
	CW: Child Care Worker	IP: Instit. Pers/Vol.	
	DO: Director/Operator	PI: Psychiatric Staff	

Reporting Procedure

This form is for Child Abuse Reporting by Professionals who have responsibility for Children. The form must be completed, signed and faxed to the Department of Social Development (DSD) at 497-2326. Immediately after faxing the form, phone contact must be made with the DSD on any of the following numbers 497-2317, 497-3245, or 497-5917. If the report is being made outside of normal office hours the form should be faxed to the DSD and contact must be made with the on-call Social Worker on 235-2317/476-4528. In all cases the original, signed reporting form should be sent to the DSD within 48 hours. Once received by the DSD this form must not be amended.

Definitions of Child Abuse

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 caregiver 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 caregiver.

Emotional Abuse

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

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 the production or pornographic material or in 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 caregiver failing to provide adequate food, shelter and clothing, failure 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: Expanded List of Indicators of Child Abuse

A. Child

1. Physical indicators:
 - a) Chronic hunger or tiredness
 - b) Chronic health problems (i.e., skin, respiratory, digestive)
 - c) Medical problems left unattended
 - d) Inadequate hygiene (i.e., dirty and unwashed)
 - e) Developmentally delayed (i.e., speech disorder, failure to thrive)
 - f) Has been abandoned
 - g) Without adult supervision for extended periods of time
2. Behavioural indicators:
 - a) Begging or stealing food
 - b) Chronic fatigue (i.e., falling asleep in school, dull/apathetic appearance, listlessness)
 - c) Poor school attendance or chronic lateness
 - d) Coming to school early and leaving late
 - e) Functions below grade/aptitude level in school
 - f) Delinquent/antisocial/destructive behaviour (i.e., vandalism, inappropriate affection seeking, sucking/ biting/rocking)
 - g) Use of drugs/alcohol

B. Parent/Caretaker

1. Behavioural Risk Factors:
 - a) Apathetic
 - b) Craving for excitement/change
 - c) Desire to be rid of the demands of the child (i.e., isolates child for long periods of time, not listening or talking to child, leaves child alone or unattended)
 - d) Lack of interest in child's activities (i.e., fails to provide supervision and guidance, severely criticizes child, name-calling, scaring, lack of affection)
 - e) Lack of cooperation with agency
2. Environmental Risk Factors:
 - a) Lack of parenting skills
 - b) Financial pressures
 - c) Marital problems
 - d) Inconsistent employment
 - e) Mental health problems

- f) Drug/alcohol abuse
- g) Long term illness
- h) Chaotic family life
- i) Neglected as a child
- j) Poverty (i.e., low income, poor housing, isolation, large family)

PHYSICAL ABUSE

Physical abuse may be suspected if the injuries listed below are not associated with accidental injuries or if the explanation does not fit the pattern of the injury.

A. Child

1. Physical indicators:

- a) Bruises (i.e., occurring in unusual patterns; occurring on posterior side of body; occurring in clusters; occurring on an infant, especially on the face; in various stages of healing)
- b) Burns (i.e., immersion burns, cigarette-type burns, restraint burns, appliance related burns etc.)
- c) Unexpected missing or loosened teeth
- d) Unexplained lacerations and abrasions
- e) Inflicted marks (i.e., human bite marks, choke marks)
- f) Skeletal injuries
- g) Head injuries (i.e., absence of hair, nasal or jaw fractures, sub-dural hematomas, other more serious injuries)
- h) Internal injuries

2. Behavioural indicators:

- a) Wary of adults
- b) Extreme behaviours (i.e., aggressive or withdrawn, frightened of sudden movements, apprehensive when other children cry)
- c) Reports injuries by parents (i.e., frightened of parents, afraid to go home)
- d) Wear long sleeves or other concealing clothing
- e) Child's explanation of injury is inconsistent with nature of injury
- f) Aggressive behaviour to other children/animals
- g) Indiscriminately seeks affection

B. Parent/Caretaker

1. Behavioural Risk Factors

- a) Unrealistic expectations of child
- b) Uses discipline which is inappropriate or extreme for child's age or behaviour
- c) Discipline is often cruel

- d) Failed appointments (i.e., lack of cooperation with agency regarding child's health/injuries, reluctant to share information about child)
- e) Discourages social contacts
- f) Uses different medical facilities (i.e., refuses consent for medical exam/diagnostic testing)
- g) Fails to obtain medical care for child
- h) Believes in/defends corporal punishment
- i) Religious practices that pose the risk of child abuse
- j) Parent cannot be located
- k) Parent conceals child's injuries
- l) Parent confines child for extended periods of time

2. Environmental Risk Factors

- a) Parental history of child abuse
- b) Lack of parenting skills
- c) Marital problems
- d) Mental/physical illness
- e) Drug/alcohol problems
- f) Social isolation
- g) Financial pressures
- h) Unemployment
- i) Inadequate housing
- j) Target child in home (i.e., physically or emotionally handicapped, developmentally disabled, unwanted)

SEXUAL ABUSE

A. Child

1. Physical indicators:

- a) Difficulty in walking or sitting
- b) Complaints of pain or discomfort in genital area
- c) Torn/stained/bloody underclothing
- d) Unusual or offensive odours
- e) Poor sphincter control in previously toilet trained child
- f) Self-Mutilation, disfigurement
- g) Medical indicators (i.e., bruises/bleeding/laceration in genitalia or anus; genital or rectal pain, itching, or swelling; venereal disease; discharge; pregnancy; extreme passivity in a pelvic exam)

2. Behavioural indicators:

- a) Sophisticated or unusual sexual knowledge and/or behaviour (i.e., preoccupation with sexual organs of self/parent/other children, seductive behaviour, sexual promiscuity, excessive masturbatory behaviour, poor physical boundaries, perpetration to other children)
- b) Wearing many layers of clothing, regardless of weather
- c) Reluctance to go to a particular place or to be with a particular person
- d) Recurrent nightmares or disturbed sleep patterns and fear of dark
- e) Withdrawal/fantasy
- f) Infantile behaviour
- g) Overly affectionate/indiscriminately seeks affection

B. Parent/Caretaker

1. Risk Factors

- a) Marked role reversal between mother and child
- b) Extreme over protectiveness of the child
- c) Isolation of child from peer contact and community systems
- d) Domineering/rigid disciplinarian
- e) History of sexual abuse for either parent
- f) Extreme reaction to sex education or prevention education in the schools
- g) Physical and/or psychological unavailability of mother
- h) Marital dysfunction
- i) Presence of unrelated male in the home

EMOTIONAL/ VERBAL ABUSE

A. Child

1. Physical indicators:

- a) Regressive habits, such as rocking, or thumb sucking in an older child
- b) Poor peer relations
- c) Daytime anxiety and unrealistic fears
- d) Behavioural extremes: either aggressive/antisocial or passive/withdrawn
- e) Problems sleeping at night, may fall asleep during day
- f) Speech disorders
- g) Learning difficulties
- h) Displays low self-confidence/self-esteem
- i) Sadomasochistic behaviour (displays cruelty towards other children or animals, or seems to derive satisfaction from being mistreated)
- j) Lack of concern for personal safety, oblivious to hazards and risks

B. Parent/Caretaker

1. Behavioural Risk Factors

- a) Unrealistic expectations of child
- b) Uses extreme discipline, overreacts when child misbehaves or does not meet parents expectations
- c) Consistently displays ridicule and shame towards child
- d) Does not reward, praise or acknowledge child's positive qualities or achievements
- e) Blames and punishes child for things over which the child has no control
- f) May use bizarre and inappropriate forms of punishment, such as isolating a child in a closet or humiliating a child in public
- g) Threatens the child with abandonment or placement in an institution

2. Environmental Risk Factors

- a) Parents were victims of some form of child abuse: physical, sexual, emotional
- b) Marital problems
- c) Isolated, no support system
- d) Low self-esteem
- e) Drug/alcohol problems
- f) Does not understand normal developmental stages of children
- g) Mentally/physically ill
- h) Financial/employment problems
- i) Child unwanted
- j) Family violence

CHILD SEXUAL EXPLOITATION (CSE)

A. Child

Identity

- a) Low self-image
- b) Low self-esteem
- c) Self-harming behaviour

Education

- a) truancy or disengagement
- b) considerable change in performance at school

Family and Social Relationships

- a) hostility with parents/ carers
- b) physical aggression towards parents/teacher/pet
- c) placement breakdown
- d) reports from reliable sources
- e) detachment from age appropriate activities
- f) associating with other children who are known to be experiencing CSE
- g) unexplained relationship with older adults
- h) adults & older youths outside residences
- i) missing from home