



**Guidance on
the referral
of children to
the Children's
Convenor**

Introduction

1. This guidance is intended for everyone who is working in a professional or voluntary capacity directly or indirectly with children and families (e.g. those delivering services to parents).
2. The purpose of this guidance is to give practical advice to anyone who is considering making a referral to the Children's Convenor and to assist them to;
 - identify when the question of compulsory intervention may arise.
 - decide whether or not to refer a child to the Children's Convenor; and
 - identify the appropriate information to provide.
3. Where voluntary engagement with professionals and services is not sufficiently addressing a child's needs or behaviour or is thought unlikely to be able to do so, a referral to the Children's Convenor should always be considered.
4. This guidance has been issued by the Children's Convenor under section 13 of the First Schedule to The Children (Miscellaneous Provisions) (Guernsey and Alderney) Ordinance, 2009.

Context

5. The Bailiwick's legal framework for compulsory intervention in the family life of a child differs from those in other parts of the UK. The Children (Guernsey and Alderney) Law, 2008 (the "Children Law") implemented in January 2010 introduced an approach that is designed to be uniquely suited to the Bailiwick's island communities.
6. Although parts of the Children Law will look familiar to those with knowledge of the child welfare systems in England and Scotland there are fundamental differences and in many instances it is inappropriate to try and draw direct parallels. A short guide to the Children Law can be accessed at <http://iscp.gg/The-Short-Guide>.
7. The Children's Convenor (the "Convenor") and the Child, Youth and Community Tribunal (the "CYCT") are key parts of this legal framework replacing the Court in the majority of cases where some form of compulsory intervention is needed to protect a child or to support children and families to change harmful or risky behaviours. The CYCT can make legal decisions placing a child or young person under the supervision of the States of Guernsey (the "States"), creating legal obligations on the Committee for Health and Social Care and others to provide supervision, support and services to the child. The purpose of this supervision is to assist the family to provide the child or young person with adequate care, protection, guidance and control.

8. The CYCT may look familiar to those who have trained or practiced in Scotland as it is broadly based on the Scottish Children's Hearing System however it will be unfamiliar to those professionals who have trained and practiced in other parts of the UK or further afield. Further information on the CYCT system is available at www.convenor.org.gg and the key features of the system are set out in Appendix 8 of this guidance.
9. One of the features of the CYCT system is that concerning behaviour towards a child or young person and concerning behavior by children and young people are dealt with in one forum. In effect criminal justice, care and protection and education attendance concerns are combined to allow the CYCT to consider the child's whole circumstances rather than these being dealt with in isolation within different court proceedings.
10. Children and young people are referred to the CYCT by the Convenor. The Convenor is independent from all other services and has wide powers to investigate a child's circumstances from a legal and welfare perspective. This independence ensures additional protection for children's rights before compulsory intervention is introduced into a child's life by providing impartial scrutiny by an agency that is independent from those agencies who provide service to children and young people. The functions of the Convenor have some similarities to those of a prosecutor in that they assess sufficiency of evidence and legal issues however the legal tests applied are very different with the Convenor's paramount consideration being the child's welfare. The Convenor therefore must be an experienced lawyer and the Office of the Children's Convenor is made up of professionals from a range of backgrounds including law and social work.
11. Any person may refer a child or young person under the age of 18 to the Convenor when the legal criteria are met. Whilst this includes professionals, it also includes members of the wider community and individuals such as parents, carers or children themselves.
12. The Children Law creates a responsibility on services to work with children and families to prevent the need for compulsory intervention. The responsibility of the States to provide services to children in need in the Bailiwick are broadly similar to the responsibilities of local authorities in the UK. Since March 2015, services and individuals have been able to refer to the Multi Agency Support Hub (the "MASH"). The MASH is a single point of entry to multi-agency help and support for families who have additional needs and who require the support of more than one agency or professional. The MASH agencies will share information about children and agree how best to help. (More information on the duties on agencies to investigate and share concerns can be found in the Care and Support Framework).
13. The CYCT system sits alongside the MASH and the child protection system to provide support, protection and invention when necessary and appropriate. Some children and their families may therefore be involved in more than one of these processes at the same time as each serves a distinct purpose (providing multi agency help and support (MASH), managing risk with the cooperation of the family (Child Protection) and providing legal compulsion to support change and/or keep children safe (CYCT)).

Legal Criteria for Referral to the Convenor

14. The legal criteria for referral to the Convenor are set out in sections 35 and 36 of the Children Law.

15. Any person may make a referral to the Convenor when they believe:

- that the question of compulsory intervention arises, and
- that compulsory intervention may be necessary to ensure that adequate care, protection, guidance or control is provided to the child.

16. The Committee for Health and Social Care must refer a child if having concluded an investigation into the child's circumstances it is satisfied that compulsory intervention may be necessary.

17. 'Compulsory intervention' is intervention by a public authority in the family life of a child whether or not the child or family have consented to this.

18. Section 35 of the Children Law states that the question of whether compulsory intervention may be needed arises when:

- there is, or appears to be, no person able and willing to exercise parental responsibility¹ in such a manner as to provide the child with adequate care, protection, guidance or control; and
- at least one of the conditions listed in section 35 (2) of the Children Law is present.

19. The conditions listed in section 35 (2) are

- the child has suffered, or is likely to suffer, significant impairment to his health or development.
- the child has suffered, or is likely to suffer, sexual or physical abuse.
- the child has misused drugs or alcohol, or deliberately inhaled a volatile substance.
- the child is exposed, or is likely to be exposed, to moral danger.
- the child has displayed violent or destructive behaviour and is likely to become a danger, to himself, or others, or is otherwise beyond parental control.
- the child, being of 12 years of age or more, has committed a criminal offence, or what would be a criminal offence if the child had the necessary capacity.
- The child (being under the upper limit of the compulsory school age) is failing to attend school without good reason.

¹ - See Appendix 1 for the list of parental responsibilities

Application of the criteria

20. There are two overarching considerations that apply to all professionals who are acting on behalf of a public authority, for example, social workers, teachers, health visitors and police officers. Firstly the Children Law sets out an overarching principle and a list of welfare principles² that must underpin decision-making and actions taken under the Law. This includes referring a child to the Convenor. When determining any issue concerning the upbringing of a child, or the application of the child welfare principles, they must also have regard to the matters set out in the child welfare checklist³ (Section 3 and 4 of the Children Law). Secondly, referring a child to the Convenor is in itself likely to amount to an interference with an individual's right to respect for private and family life and therefore those professionals acting on behalf of a public authority must not act in a way that would be incompatible with a right under the European Convention on Human Rights (section 6 of Human Rights (Bailiwick of Guernsey) Law, 2000).
21. Before making a referral to the Convenor, the referrer should consider the legal criteria and believe that they apply. They should consider whether support and advice provided on a voluntary basis is likely to meet the child's needs and if not whether referral to the Convenor may be a proportionate response to the concerns for the child or young person.
22. For the referral criteria to be met the referrer has to be satisfied that there is or appears to be no one who is both able and willing to provide the child with adequate care, protection, guidance or control. This part of the criteria will therefore be met when parents or carers are willing but not able; or able but not willing; or neither willing nor able.
23. In many cases support will have been provided or attempts made to provide support before a referral is made to the Convenor. However it is not necessary that this is the case. For some children providing help and support on a voluntary basis will not be sufficient to ensure that their needs are met.
24. In practice, the MASH will play an important role in making decisions to refer to the Convenor. The information shared and collated at the MASH can often provide a clear picture of needs, concerns and risks as well as the ability or willingness of parents to address these and can therefore be used effectively to inform a decision by one or more MASH agency to refer a child to the Convenor.
25. A referral to the MASH however does not prevent a referral to the Convenor and in some cases it may be appropriate to refer to both the MASH and the Convenor. Individuals must not delay making a referral to the Convenor when it is clear that the referral criteria have been met. The need for early action is well recognised for children in need however early action is also equally important

2 - See Appendix 3 for a list of the child welfare principles

3 - See Appendix 4 for the child welfare checklist

when compulsory intervention may be necessary to support and persuade parents, carers or young people to take action to resolve underlying problems and concerns.

26. Any person can discuss a child's situation with the Convenor before making a referral. This may help clarify the issues to consider in making a referral and the information that may assist with any decision. However, the decision to refer or not lies with the referrer.
27. In exceptional circumstances the Convenor may treat information received through any route as a referral, even where no agency has made a decision to refer.
28. Referral to the Convenor of children who are reported for alleged criminal offences are made under the Criminal Justice (Children and Juvenile Court Reform) (Bailiwick of Guernsey) Law, 2008 and are not included within this guidance. The Convenor however deals with referrals based on offending by the child in the same way as any other referral.

Factors to consider

29. All potential referrers should give consideration to what outcome they are seeking for a child based on their assessment and whether additional help or compulsory intervention might assist in the achieving of that outcome. The question in paragraphs 30 and 31 may help in deciding this.
30. These questions may help to determine whether it would be appropriate to make a referral to the MASH (these are based on the National Practice Model in Scotland):
 - What is getting in the way of this child's welfare and development?
 - Do I have all the information I need to help this child or young person?
 - What can I do now to help this child?
 - What additional help may be needed from others?
31. These questions may help to determine whether compulsory intervention may be necessary.
 - How significant are the concerns about the child's welfare or behaviour, taking account of their physical, emotional and education needs and their development and their parents or carers ability to meet their needs?
 - Do the parents or carers acknowledge the causes of concern and the potential impact on the child's health, welfare and development?
 - Is appropriate advice, guidance and support likely to be accessed by the parent or carer on a voluntary basis?
 - What supports from agencies or the wider family are available and what evidence is there that

these supports are achieving improvements in the child's circumstances?

- To what degree are the child and family co-operating with supports and is this co-operation genuine, open and resulting in measurable progress?
- Are there signs of a willingness and ability to change?
- If the concerns relate to a pattern of behaviour of a parent or carer, for example neglect or domestic abuse, how long has that pattern been evident and has there been any evidence of change?

32. Some examples of circumstances where referral to the Convenor may be appropriate are provided at Appendix 5 and some fictitious case examples at Appendix 6. These examples are hypothetical and for illustrative purposes only.

What happens to a referral?

33. If a referral is made, the Convenor will carry out an investigation to decide whether or not to refer the matter to a hearing of the CYCT.

34. The Convenor can make any investigations relating to the child that he/she considers necessary to assess whether:

- there is sufficient evidence of one or more of the 35(2) conditions for referral;
- there is or appears to be no person able and willing to provide the child with adequate care, protection, guidance or control; and
- compulsory intervention may be necessary to ensure that the child receives adequate care, protection, guidance or control.

35. If the Convenor concludes compulsory intervention may be necessary, the Convenor must arrange a hearing of the CYCT.

36. If the Convenor decides that compulsory intervention is not necessary the Convenor will not arrange a hearing of the CYCT, but may, if the child is or may be a child in need, refer the child to the Committee for Health and Social Care or any other persons for advice, guidance and assistance.

37. If the Convenor arranges a hearing of the CYCT, he/she will draft a 'Convenor's Statement' setting out which of the section 35(2) conditions the Convenor believes apply and the facts supporting this.

38. The Convenor will aim to make a decision within 50 working days of receiving the referral. On some occasions the information needed by the Convenor to assess the matters listed at paragraph 34 is not available or accessible within this timeframe and it may therefore take longer for the Convenor to reach a decision.

39. The Convenor will inform the referrer of the Convenor's decision on the referral.

Information to provide in a referral

40. The Children Law gives the Convenor powers to request persons to disclose information that is relevant to an investigation that he/she is carrying out. The more relevant information that can be provided in the referral to the Convenor the better as this will potentially enable the Convenor to make a decision more quickly. By maximising the sufficiency of information at the point of referral, decisions may be able to be taken without the need for further investigation. The ISCP have issued guidance for people working with children and families on when and how to share information legally and professionally and this may assist professionals to make informed decisions about what information to share.
41. The list at Appendix 7 illustrates the information that the Convenor will be looking for to reach a decision. This may not always be available to the referrer and should not delay or prevent a referral. However where the information is available the referrer should provide all information relating to the child that is relevant and proportionate. Where possible this information should be provided in the form of a Child's Plan.
42. Most referrals to the Convenor will be made as soon as the question of compulsory intervention arises and the referrer considers compulsory intervention may be necessary. There will however be some occasions where a referrer believes that compulsory intervention may be necessary immediately (these are likely to be limited to circumstances where the concerns are urgent and the legal threshold for an emergency child protection order are not considered to be met). Where this situation arises the referrer must provide information to support why compulsory intervention may be necessary immediately in addition to the information listed in Appendix 7. The Convenor is still required to carry out an investigation as set out at paragraph 33 above however will give priority to cases where immediate compulsory intervention may be necessary. Where after investigation the Convenor considers that immediate compulsory intervention may be necessary he/she will ask the referrer to complete a report for the CYCT setting out the risks and concerns and the reasons why immediate compulsory intervention may be necessary.
43. A referral form has been created by the Office of the Children's Convenor and can be downloaded at www.convenor.org.gg/content/agency-referral-form.

Informing the family of a referral

44. There is no requirement to obtain the consent of the child or family before making a referral to the Convenor. It is good practice to inform the child and parents and persons with parental responsibility but there may be occasions where that is not appropriate, in particular where it is likely to endanger the child or another person or the child is too young to understand. Unless the Convenor is told otherwise, it is likely that a letter will be sent to the parents and where appropriate the child informing them of the referral, who has made the referral and the reasons for concern.
45. The Convenor should be made aware of any circumstances where a family has not been informed of a referral and the reasons for this as this will have implications for the Convenor's communications to the child and family.

Children already subject to a care requirement

46. Where a child is subject to a care requirement a further referral to the Convenor may be made by any agency or person at any time. A referral is likely to be appropriate where the child's welfare indicates that a new section 35(2) condition should be considered by the CYCT or that the care requirement should be varied because of the information in the referral.

Appendix One

Parental Responsibility (section 5 of the Children Law)

Parental Responsibility consists of seven duties of a parent to a child, these are:

- To safeguard & promote the child's health, education, development & welfare.
- Provide care, direction, guidance & control in a manner appropriate to the child's age & understanding.
- To determine all aspects of the child's upbringing.
- To provide a home, directly or indirectly.
- To maintain relations or regular contact if not living with the child.
- To act as the child's legal representative, and
- To safeguard & deal with the child's property.

Appendix Two

The section 35(2) conditions for compulsory intervention

The conditions stated in section 35(2) of the Law are:

- (a) The child has suffered, or is likely to suffer, significant impairment to his health or development.
- (b) The child has suffered, or is likely to suffer, sexual or physical abuse.
- (c) The child has –
 - (i) misused drugs or alcohol, or
 - (ii) deliberately inhaled a volatile substance.
- (d) The child is exposed, or is likely to be exposed, to moral danger.
- (e) The child –
 - (i) has displayed violent or destructive behaviour and is likely to become a danger, to himself, or others, or
 - (ii) is otherwise beyond parental control.
- (f) The child, being of 12 years of age or more, has committed –
 - (i) a criminal offence, or
 - (ii) what would be a criminal offence if the child had the necessary capacity.
- (g) The child (being under the upper limit of the compulsory school age) is failing to attend school without good reason.

Appendix Two

The Child Welfare Principles (section 3 of the Children Law)

- (a) A child's welfare is normally best served by being brought up within his own family and community.
- (b) Where it is not possible for a child to be brought up within his own family or community, his welfare is normally best served by maintenance of regular contact with his family and community.
- (c) No compulsory intervention shall be made in respect of a child unless it is necessary for the effective provision to the child of care, protection, guidance or control.
- (d) Any delay in determining a question about a child's upbringing is likely to be prejudicial to the child's welfare.
- (e) Irrespective of age, development or ability, a child should be given an opportunity to express his wishes, feelings and views in all matters affecting him.
- (f) Except where it is shown to the contrary, it is presumed that a child is capable of forming a considered view from the age of 12 years.
- (g) A child in the care of the States is entitled to be provided with, and may expect to be subject to, insofar as is reasonably practical, similar levels of care, protection, guidance and control as would be expected to be provided or exercised in respect of a child by reasonable parents.
- (h) In any case involving criminal activity, or the risk of criminal activity, by a child, the primary purpose of any compulsory intervention shall be the prevention of such activity in both the short and long term.
- (i) It is expected that parents and any others responsible for a child's welfare will consult and cooperate with one another, and where possible resolve matters by agreement, in an atmosphere of openness and non-confrontation, with recourse to formal proceedings (whether court or Tribunal) only as a last resort.
- (j) It is normally in the best interests of a child to have ongoing contact with both parents and it is the responsibility of the parents and any public authority to take reasonable steps to promote such contact.
- (k) In determining any issues under this Law there shall be no discrimination by any public authority on the grounds of gender, marital status, ethnic or cultural origin, religion, disability, age or sexual orientation.

Appendix Four

The Child Welfare Checklist (section 4 of the Children Law)

When determining any issue concerning:

- a. the upbringing of the child;
- b. the application of the child welfare principles;

A public authority shall, in particular, have regard to the matters set out in the child welfare checklist:

The Child Welfare Checklist

- (i) The child's wishes and feelings (in the context of his age and understanding).
- (ii) The age, gender, ethnicity, cultural background, language, religion and any other relevant characteristics of the child.
- (iii) Any harm the child has suffered or is at risk of suffering.
- (iv) The child's physical, emotional and educational needs.
- (v) How capable each of the parents (or any other person looking after or having parental responsibility for the child) is of meeting the child's needs.
- (vi) The importance and likely effect of contact between the child and his parents, siblings, relatives and any other significant people.
- (vii) The effect, or likely effect, of any change in the child's circumstances, including the effect of the child's removal from Guernsey or Alderney.

Appendix Five

Examples of circumstances where referral to the Children's Convenor may be appropriate

- A parent or carer's capacity to provide adequate care, protection, guidance or control for the child is or is likely to be compromised due to their misuse of alcohol or drugs and there are concerns about the child's safety, welfare or behaviour;
- A child has been exposed to domestic abuse and their parent or carer is unwilling or unable to take steps to access support to ensure the child is not directly or indirectly exposed to further incidents of domestic abuse (e.g. there have been repeated reports of domestic abuse; the family have been offered support on a voluntary basis in the past and this has been refused; the perpetrator has or is likely to ignore DVIs or legal orders or has little respect for authority) (parent or carer can include both the victim and perpetrator of abuse)⁴;
- A child has contact with an adult who presents a risk of harm to them (sexual, physical, or emotional) and their parent or carer appears to be unwilling or unable to ensure their safety (e.g. the parent or carer does not recognise or agree that the person presents a risk of harm);
- There is evidence to suggest that a child may have been physically or sexually harmed by a parent or carer or someone who they have delegated their parental responsibility to;
- There are concerns regarding the behaviour of a child in the home or within the community which may not constitute a criminal offence and their parent or carer appears to be unable or unwilling to address the behaviour (e.g. there have been repeat reports or repeat visits made to the family home);
- A child is frequently being reported as missing from the care of a parent or carer or from accommodation provided by the Committee for Health and Social Care;

4 - note: there may be a number of reasons why the non-abusive parent is minimising their experiences (cultural norms, language barriers, learning difficulties, high levels of fear of the perpetrator or fear of children being taken away).

- You have concerns about the home conditions for a child which you consider to be detrimental to their welfare and the parent(s) or carer appear to be unwilling or unable to take steps to improve the home conditions (e.g. there is evidence to suggest that the conditions have persisted for a significant period of time; the parent consistently fails to recognise or accept that the home conditions are not adequate; supports have been offered on a voluntary basis and have been refused);
- Young persons aged 16 -18 who are involved in consensual sexual activity that you have concerns may be abusive and the young person wishes to continue the relationship (although the behaviour may not amount to a criminal offence, it may amount to behaviour that could result in the young person experiencing significant impairment to their emotional health and wellbeing);
- You have concerns about a child that you believe are not being responded to by any individual or agency (e.g. supports have been offered to the parent or young person on a voluntary basis and have been refused; services and supports are being provided but are not resulting in any positive change)
- A parent or carer has repeatedly failed to attend medical and/or other appointments and you are concerned that this may have a significant impact on the child or young person's health and/or development.
- A young person has a pattern of poor school attendance without good reason and advice offered to the young person and parents by the Schools Attendance Service has not improved attendance.

Appendix Six

Fictitious case examples of circumstances where it may be appropriate to consider referral to the Convenor.

Tim (aged 2) and Sue (aged 7)

Tim and Sue live with their mother who has a serious alcohol addiction problem. Their father is unknown. The children's mother has been supported by the Community Drug and Alcohol Team for many years. During periods when she is binge drinking the mother is unable to meet the children's basic care needs. Sue looks after Tim during these episodes. Tim and Sue's older half siblings were removed from their mother's care and placed for adoption five years ago.

Tina (aged 15)

Tina and her parents moved to Guernsey 2 years ago. Tina's father is the perpetrator of domestic abuse against her mother. This abuse has been happening for many years. Since moving to Guernsey the police have attended the family home on a number of occasions following reports from neighbours of shouting, screaming and crying coming from the family home. The family have been discussed at the MARAC on 3 occasions. Tina's mother has not taken up the offer of support services. She has stated that Tina's father would never harm Tina and that she has done what she can to make sure Tina does not see or hear the violence. Tina's father has made threats to kill her mother and to burn the house down. Tina has been cutting her arms and legs with a razor blade.

Andrew (aged 3 years)

Andrew has a swollen arm. His father brought him to the emergency department at the PEH. He reports that Andrew fell out of bed during the night. On examination Andrew has a bruise on the top of his left ear and three round bruises on the top of his right arm that appear to be finger marks. An X-ray of his arm confirms that his arm is not broken. The X-ray however shows a healed fracture to his wrist. His parents cannot provide any explanation for this previous injury. Andrew's father gives another version of events saying that Andrew was jumping on the bed and fell off. Andrew is on the child protection register.

Joanne (aged 8)

Joanne has been displaying aggressive behaviour to other children. This has included one incident where Joanne threatened to stab a 7 year old girl with scissors and attempted to cut her hair. She has regular tantrums at school which involve her screaming and kicking. She is often seen out on the estate after 9pm. Joanne's parents do not seem concerned by her behaviour. Joanne's father is known to be a heavy drinker and often smells of alcohol when collecting her from school. Joanne's older siblings also displayed similar behaviour concerns. Social services were involved with the family

previously however this intervention produced limited improvements.

Suzanne (aged 14)

Suzanne has been found drunk at the harbour on four occasions over the past couple of weeks. Her mother has reported her to the police as 'missing' on seven occasions when she failed to come home by 11.30pm. Her mother is desperate for some help and has made contact with the Youth Commission and the Youth Justice Service. Suzanne has refused to meet with anyone.

Carly (aged 16)

During a routine visit to her GP for contraceptive advice Carly shares information about her relationship with her boyfriend Adam (aged 21). She sometimes feels uncomfortable with the sexual requests that Adam makes of her. He tells her that if she loves him she would want to make him happy. She loves Adam and would do anything for him. Adam doesn't like Carly's friends as he thinks they are all childish so she doesn't see much of them now. Carly is on a diet because Adam thinks she is too fat (she is a healthy weight for her height). The school nurse meets with Carly to discuss healthy relationships. The school nurse notices that Carly has lost a lot of weight. She has changed from the bubbly confident young woman that she last saw and seems withdrawn and anxious. Carly loves Adam and is committed to the relationship.

Sharon (aged 4)

Sharon is delayed in her speech and language development. She has a lazy eye and as a result has significantly impaired vision in her left eye. Sharon has been referred to the ophthalmic service. With the appropriate treatment this condition can be remedied. Sharon has been brought by her parents to 2 out of 9 appointments offered with the speech and language therapist. Four appointments have been offered with the ophthalmic service and none have been attended. Reminders have been sent and offers to provide transport however no contact has been made.

Jessica (aged 9)

Jessica is in year 5. Her attendance this term is 80%. Jessica has additional supports in school and this includes speech therapy. Jessica is often not in school on a Wednesday which means that she has missed a number of speech therapy sessions. There have been concerns about Jessica's attendance for a number of years. Numerous meetings have taken place with Jessica's parents and a number of strategies put in place to support her attendance. This has included visits and meetings with the School's Attendance Officer. These have resulted in some improvements in attendance however these improvements are never sustained. Jessica's attendance has never been higher than 85%.

Please remember that in many cases support will have been provided or attempts made to provide support before a referral is made to the Convenor. If supports have not yet been provided consider whether it may be appropriate to refer to the MASH (see paragraphs 29 – 31).

Appendix Seven

Information to provide in a referral to the Convenor

Information that will assist the Convenor includes:

- The name, date of birth, current address and any previous addresses of the child;
- The name, date of birth, address and contact numbers of the child's parents or carers and whether they have parental responsibility for the child;
- Where a father does not have parental responsibility for the child details of any past and present contact between the child and the father where known;
- Where a father does have parental responsibility for the child, details of how he has obtained it
- The name, address, contact numbers and date of birth of any other person (in addition to the child's carers) who has parental responsibility for the child;
- Details of the child's living arrangements;
- Details of the child's contact with any person believed to be a source of concern to the child;
- Details of other agencies (including any contact person within those agencies) who may have information about the child;
- Details of whether or not the child and parents or carers have been made aware of the referral
- The reasons why the referrer considers that the question of compulsory intervention arises and why compulsory intervention may be necessary. In particular:
 - The condition (or conditions) in section 35(2) of the Children Law that the referrer believes may be relevant to the child and any relevant evidence to support this;
 - The referrer's assessment of the parent and/or carer's ability and willingness to provide the child with adequate care, protection, guidance and control;
 - The steps they have taken (either on their own or with another agency) to assess the needs of the child and provide services on a voluntary basis; and
 - Why voluntary provision has not been sufficient, or why there is no reasonable prospect that it will be sufficient, to provide adequate care, protection, guidance or control for the child.
- When the referral is as a result of an incident of sexual or physical abuse
 - The name, date of birth and address of the perpetrator;

- The relationship of the alleged perpetrator to the child;
- The contact between the alleged perpetrator and the child;
- Information regarding any previous sexual or physical abuse by the alleged perpetrator in relation to any victim; and
- Confirmation of whether or not the referrer intends to refer to the Convenor any other child:
 - in the same family unit as the child victim;
 - related to the alleged perpetrator; or
 - whom the alleged perpetrator cares for.

- Where the agency is referring the child and immediate compulsory intervention is considered to be necessary by the referrer, information about why the situation is urgent;
- The child or young person's views of their circumstances (if available); and
- Any assessment which have been completed in respect of the child and his/her family and any child's plan.

Appendix Eight

Key Features of the Child, Youth and Community Tribunal System

Integrated – children and young people who commit offences, children and young people who are in need of care and protection and children who are failing to attend school without good reason are dealt with and supported through the same system as often these children have the same needs.

Welfare-based – the system is based on a concern for the welfare of the child rather than punishment irrespective of the presenting concerns.

Holistic – whilst driven by the child’s needs this does not mean ignoring deeds. The Tribunal considers the child’s whole circumstances in the context of their family and community. Compulsory intervention encompasses care, protection, guidance and control.

Community based – the members the CYCT are trained lay people who represent a cross section of the local community. They consider cases at hearings of the CYCT and sit as a panel of three. They receive professional and procedural advice to inform their decisions and decision making.

Rights based – the principles and ethos of the CYCT system resonate with a number of the rights enshrined in the United Nations Convention on the Rights of the Child (UNCRC). Children, parents and carers have rights throughout the process; these can include the right to accept or deny the reasons for concern, the right to appeal decisions and the right to ask for a review of compulsory intervention. Compulsory intervention can last no longer than is necessary and must be reviewed at least once every year.

Non- adversarial – whilst still observing legal procedures the style and setting of CYCT hearings are relatively informal with participants sitting around a table to encourage full and frank discussions. Legal and court language are set aside in favour of more straight forward terminology that contributes to a supportive atmosphere encouraging children, families and professionals to contribute.

Inquisitorial – the CYCT approach allows a full enquiry into the circumstances of a child or young person in a way that a court cannot resulting in an enhanced understanding of the child’s world. The Tribunal members attempt to engage the child and family in resolving the issues that give rise to concerns recognising that children and parents are experts in their own lives and when encouraged and enabled can in the majority of cases be supported to improve the child’s circumstances.

Participation – the child or young person is at the centre of CYCT proceedings. It is in effect “their hearing” where their voice is heard and views taken into account. Active participation is encouraged with the hearing being a process of two- way communication. CYCT members reach their decisions in

the presence of the child, family and professionals and explain their reasoning for the decisions made.

Flexible – the CYCT has the ability to change or alter the measures initially put in place for a child when this is necessary.

Single gatekeeper – the referral of a child or young person to the CYCT can only be made by the Convenor.

Privacy –CYCT hearings are conducted in private



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Child Youth &
Community Tribunal