

**Information & Guidance for Childcare
Providers & Voluntary Organisations
in the City & County of Swansea**



Gwasanaeth Gwybodaeth i Deuluoedd Abertawe
Swansea Family Information Service



Llywodraeth Cymru
Welsh Government

City and County of Swansea
Dinas a Sir Abertawe





This booklet developed by Swansea Family Information Service (Prevention and Early Intervention Team) incorporates the All Wales Child Protection Procedures 2008.

The complete version of the All Wales Child Protection Procedures can be viewed and downloaded from www.awcpp.org.uk

Children have the right to be protected from all forms of violence, they must be kept safe from harm. They must be given proper care from those looking after them.

**Article 19 - UN Convention
'Right of a Child'**

Contents

- Introduction
- Effect of harm on children
- Confidentiality
- Key principles
- Definition of child abuse and neglect
 - Physical
 - Emotional
 - Sexual
 - Neglect
 - Linked to Spirit Possession
 - Trafficked Children
 - Female Genital Mutilation
- Fabricated Illness
- Identifying Significant Harm
- Recognising Child Abuse
- Child abuse indicators
- What should you do?
- Abuse by colleagues, adults
- Making the Referral
- Record Keeping
- Following the investigation
- Protecting yourself from allegations
- Useful contacts

Introduction

This guide, which is based on the current All Wales Child Protection Procedures 2008 is produced to assist all childcare providers and voluntary organisations within the City & County of Swansea to have a clear understanding of child protection issues and to familiarise themselves with the action which they need to take in cases of alleged or suspected neglect and / or abuse.

This booklet is not intended to take the place of the full version of the All Wales Child Protection Procedures 2008 which can be viewed and downloaded from www.awcpp.org.uk and we would strongly advise all providers to familiarise themselves with the document in full.

In order to afford the best possible protection from harm to children, it is necessary that you as carers feel empowered to take action, and knowledge is seen as the key to that empowerment.

All CIW registered providers must ensure staff have attended Child Protection training and they regularly review and update this training. Non registered settings should also ensure staff have attended a level 2/3 Child Protection Course.

Relevant training courses for childcare providers can be accessed via Swansea Family Information Service on 01792 517222.

Please familiarise yourself with the contents of this handbook and refer to it on a regular basis. New employees should, as a matter of course, be made aware of its contents.

Effect of Harm on Children

Child abuse and neglect undermines the individual's sense of security, confidence and self esteem. Specifically it can result in:

- Death or permanent injury
- Failure to fulfil potential
- Serious behavioural problems

The effect can be long lasting and devastating not only for the child but for society as a whole.

Confidentiality

In all cases where a child is believed to have been abused or suffered neglect, or is at risk of being so, there is a legal duty on you to share relevant information with relevant professionals and agencies. In all such situations the protection of the child must take precedence over all other considerations.

We recognise that this may put you in a difficult position but do not delay in sharing your concerns with others, referrals should be made as soon as a problem, suspicion or concern about a child becomes apparent, and certainly within 24 hours, since this information may be the vital piece of the jigsaw. Sharing of concerns with Child & Family Services and/or Police does not usually result in the removal of a child. In most cases parents will receive advice and support to help reduce the risk of harm to their children, whilst maintaining the family unit.

You are advised to inform parents and children who you work with at the start of your relationship with them, that any information which has a relevance to child protection will be shared with professionals. It is important not to promise a child complete confidentiality in the hope of encouraging the child to make a disclosure. Such a pledge cannot be kept and you will eventually have to break your word to the child.

Key Principles

The key principles that underpin work with children and families are found in the Children Act 1989 and 2004 and the UN Convention on the Rights of the Child, which the Welsh Government adopted as the basis for its work with all children and families in Wales, they have established 7 core aims through which they will work to ensure all children:

1. Have a flying start in life;
2. Have a comprehensive range of education and learning opportunities;
3. Enjoy the best possible health and are free from abuse, victimisation and exploitation;
4. Have access to play, leisure, sporting and cultural activities;
5. Are listened to, treated with respect, and have their race and cultural identity recognised;
6. Have a safe home and community which supports physical and emotional wellbeing; and
7. Are not disadvantaged by poverty.

Definitions of Child Abuse and Neglect

A child is abused or neglected when somebody inflicts harm, or fails to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them, or more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency child protection plan. The child may be unborn and still be at risk of future harm.

• 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 fabricates or induces illness in a child whom they are looking after.

- **Emotional Abuse**

Is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, for example by witnessing domestic abuse within the home or being bullied, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

- **Sexual Abuse**

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 looking at, or in the production of pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways.

- **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, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

In addition, neglect may occur during pregnancy as a result of maternal substance misuse.

- **Child abuse linked to a belief in spirit possession**

The term 'belief in spirit possession' is defined as the belief that an evil force has entered a child and is controlling him or her. Terms used for this evil force include: black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah, demons and child sorcerers, and a child may be described as a 'witch', meaning that they utilise evil forces to harm others.

Families and the children accused of possession may feel extremely threatened by the alleged evil spirit and abuse may occur as part of an attempt to 'exorcise' or 'deliver' the child.

The following may be present:

Signs of physical abuse, isolation within a group, deterioration in personal care, noticeable lack of parental care/bond, irregular attendance/removal from setting without warning, accused of being 'evil' and /or having the 'devil being beaten out of them'.

- **Trafficked Children**

Trafficked victims are coerced or deceived by the person arranging their location. Where the victim is a child neither coercion nor deception need to be present for the child to be considered trafficked. On arrival in the country of destination the trafficked child or person is denied their human rights and is forced into exploitation by the trafficker or person into whose control they are delivered or sold. Children are trafficked for a number of reasons however the most common are being forced to take part in the sex industry, domestic servitude, begging or pickpocketing and for tending illegal cannabis plantations.

Some common indicators that a child may have been trafficked into this country are; they have no means of ID, the child is unable to confirm or remember their address, they are withdrawn or refuse to talk or the child is being cared for by adults who are not their parents.

- **Female Genital Mutilation (FGM)**

All procedures that involve the partial or total removal of the extended genitalia or injury to the female genital organs whether for cultural or any other non therapeutic reasons.

The most common ages when this procedure is likely to take place will be when the female is between 4 – 14 years.

Indicators that FGM is being planned or about to take place

- The family is from practising community
- The child is to be taken out of the country for a prolonged period
- The child will be taken on an extended holiday to a country where the practice is prevalent
- The child is going to 'become a woman' or have a special celebration.

Fabricated Illness Spectrum

(also known as Munchausen Syndrome by proxy or Paediatric Falsification)

What to take in to account

This is where a child is presented for medical care with an illness created by an adult carer. The adult allows or seeks out unnecessary medical investigation and treatment.

When the child is cared for away from the adult carer e.g. in hospital, the signs of the illness are not seen.

The reason for this abuse is generally thought to be the carer gaining a feeling of importance or self-worth gained from the attention to the child's illness.

The following may be present:

- Exaggerating real illness and symptoms;
- Fabrication of symptoms e.g. sleep apnoea, seizures, asthma attacks, allergies;
- Falsifying signs, tests and records, for example addition of blood or sugar to urine, false temperature records;
- Inducing physical illness e.g. poisoning, suffocation, starvation or inappropriate diet;
- Sudden unexpected death of infant or child;
- False allegations of abuse;
- Encouraging or requiring the child to appear disabled, including learning disability and / or obtaining unnecessary specialist treatments or equipment for the child.

In the case of suspected fabricated illness, a referral should be made to Social Services.

Identifying Significant Harm

The Children Act 1989 introduces the concept of significant harm as the threshold that justifies compulsory intervention in family life in order to protect children. Significant harm is defined in the legislation as ill treatment or the impairment of health and development. It describes the effect of sexual, physical, emotional abuse or neglect, or a combination of different types. Local Authorities have a statutory duty under the Children Act 1989 section 47 (1) (b) to make enquiries, or cause enquiries to be made, where they have reasonable cause to suspect that a child who lives, or is found in their area is suffering, or likely to suffer, significant harm.

There are no absolute criteria on which to rely when judging what constitutes significant harm. A single, serious event of abuse, such as an incident of sexual abuse or violent assault, might be the cause of significant harm to a child. However, more frequently significant harm occurs as a result of a long standing compilation of events, which interrupt, change or damage a child's physical and psychological development. The significant harm resulting from the corrosive effect of long-term abuse is likely to have a profound impact on the future outcomes of the child.

Recognising Child Abuse

Child abuse may be the result of direct action towards a child or alternatively a failure by those who have responsibility for a child to provide reasonable care, or it may be both.

Child abusers may be parents, other family members, carers, neighbours, professionals working with children, or any other adult known to the child or family. Remember it is rare for child abusers to be a stranger to the child. A child may also be the victim of abuse where the abuser is another child.

It should be remembered that the first indication that a child is being abused is not necessarily the presence of a severe injury. Suspicions may be aroused by overheard remarks made by a child, family members or friends, or by noticing changes in a child's behaviour or reactions. Adults need to be alert to the possibility a child may be being abused, no matter how remote that may seem.

- **Child Abuse Indicators**

The following are some general points which give indicators of possible child abuse and neglect:

- Failure to thrive and meet developmental milestones.
- An adult who has very noticeable, unrealistic expectations of a child.
- Fearful, withdrawn behaviour or aggressive tendencies.
- A delay in seeking medical advice and treatment which is obviously necessary.
- Conflicting accounts and explanations of how an injury occurred given by the child and carers.
- A lack of awareness or denial of an injury or incident by carers.
- A history or other evidence of repeated injuries.
- A repeated attendance at a clinic or hospital, or frequent hospital admissions.
- A very low self esteem.
- Care giver displays low warmth high criticism towards the child.

Be aware that sometimes families close themselves off from everything around them and try to hide possible evidence of abuse. This is particularly worrying if there has been open contact previously.

What should you do?

Do not delay. This is not a matter for individual choice. If you suspect that a child has suffered abuse / neglect or if someone tells you that they or another child / young person is being abused / suffering neglect -

- Show that you have heard what they are saying and that you take their allegations seriously;
- Encourage the child to talk but do not prompt or ask leading questions;
- Avoid making the child tell their story several times to different people;
- Explain what actions you must take, following agreed procedures;
- Do not promise to keep what you have been told a secret or confidential. You have a responsibility to disclose information to the relevant people / organisations. Reporting concerns is not a betrayal of trust;
- Write down, using the exact words, what you have been told - this must be done immediately and within 24 hours;
- Make a note of the date, time, place and people present in the discussion;
- Don't confront the alleged abuser;
- Report your concerns to your Line Manager or (if appropriate) the member of staff in your organisation with designated responsibility for child protection;
- If you are a Childminder or the staff member with responsibility for child protection in your organisation then you must ensure that your concerns are immediately reported to the Duty Social Worker at the local Office. **DO NOT DELAY;**
- Don't worry that you may be mistaken. It's better to discuss your concerns with someone who has the experience to deal with the situation.

All the above is highly relevant advice regardless of who the alleged abuser is; however if the behaviour of a colleague causes you concern, the procedures implemented are slightly different.

Behaviour of any colleague, adult (including members of the public) towards children or young people that causes you concern

Vigilance must be maintained when recruiting staff or volunteers since recent cases have shown that children may be harmed by those who act in the role of carer.

Before staff can work with children they must have a valid clear DBS form.

In such circumstances, it is critical that suspicions / allegations of child abuse and / or neglect are investigated in strict confidence thus enabling information to be given freely and fully, to reduce any fears of victimisation and protect the rights of the suspected person.

It will also be necessary to consider what action should be taken with regard to other children whom the suspected person has ongoing or unsupervised contact. This must include -

- The person's own children and family
- Any community activities undertaken by that person in light of the suspicion / allegation of child abuse / neglect.

If you consider that insufficient action has been taken by your manager in response to the concerns expressed, then suspicions should be directed to the Swansea Safeguarding Children's Coordinator. This should most certainly happen when you suspect that the manager / person in charge is involved with or colluding with the abuse.

Childcare settings are governed by the Care Inspectorate Wales (CIW) and consideration will have to be given, early in the investigation, to the possible suspension of registration and what information will need to be shared with parents.

The removal / suspension of staff should not be automatic and will depend upon the nature and seriousness of the suspicion / allegation and the need to protect children.

Making the Referral

Referrals should be made to Social Services as soon as a problem, suspicion or concern about a child becomes apparent, and certainly **within 24 hours**. Outside office hours, referrals should be made to the Social Services Emergency Duty Team or the Police. The Duty Social Worker taking the referral should be given as much of the following information as possible by you the referrer:

- The nature of the concerns;
- How and why those concerns have arisen;
- The full name, address and date of birth (or age) of the child;
- The names, addresses and dates of birth / ages of family members, along with any other names which they use or are known by;
- The names and relationship of all those with parental responsibility, where known;
- Information on any other adults living in the household;
- Information relating to other professionals involved with the family, including the name of the child's school and GP;
- Any information you have on the child's developmental needs and his / her parents or caregivers ability to respond to these needs within the context of the wider family environment;
- Any information affecting the safety of staff.

It is the responsibility of individual employees and professionals to ensure that their child protection concerns are taken seriously and followed through. You are accountable for your own role in the child protection process, and if you remain concerned about a child you should re-refer the child and / or bring the matter to the immediate attention of the Social Services Senior Manager or in their absence the Social Services Team Manager responsible for the child's case. In all such situations you must ensure that your Line Manager and the named professional responsible for child protection should be informed.

Record Keeping

Accurate, concise and clear record keeping in straightforward language is an essential part of your accountability towards the people using your service, and underpins good child protection practice.

Everyone involved in safeguarding and promoting the welfare of children must have policies and procedures specifying arrangements for the retention, storage and destruction of electronic and paper records.

Records should:

- Use clear, straightforward language;
- Be signed, dated and timed;
- Be concise, legible and comply with professional standards and requirements;
- Be accurate in fact and distinguish between fact, opinion, judgement and hypothesis;
- Be organised and include detailed recording and chronologies and summaries including all contacts;
- Be comprehensive;
- Clearly record judgements made and actions and decisions taken;
- Clarify where decisions have been taken jointly across agencies, or endorsed by a manager;
- Record both formal and informal supervision discussions;
- Record directions given and agreements or disagreements made in consultation with Supervisors or Managers.

Following the Investigation

Where child protection investigations have been conducted and there are concerns about continuing harm, it is common for a Child Protection Case Conference to be convened. This is a meeting to enable all relevant information in respect of a child and his / her family to be pooled. As the referrer you may be asked to attend a child protection conference and prepare a report which should be sent to the Conference Chair. This will represent your views if you are personally unable to attend.

Reports should be based on factual evidence and should include both concerns and positive features about the child and family.

To conclude, remember every child has the right to be protected from any neglect, physical, sexual and emotional harm and it is everyone's responsibility to share concerns they have about a child.

Protecting Yourself From Allegations

Adults have a duty to minimise the risk of harm to children in their care. Opportunities for abuse may be reduced by avoiding situations of isolation, e.g. leaving doors open so your actions can be viewed, remaining in the company of others etc.

Physical horseplay may be misinterpreted by a child who has previously been abused as an attempt to abuse them.

When you employ, or use voluntary staff, be stringent in your selection process. Staff must have a clear DBS check before they can work with children, Gain at least one reference and explore people's experience of working with children. The number of people who deliberately seek to harm children are few, but the damage they can cause is immeasurable. Be aware and alert to the possibility. For further information on employing staff etc, please refer to www.ccwales.org.uk.

Useful Contact Numbers

For all Social Services referrals contact:

**Child and Family Information, Advice
and Assistance Services**

access.information@swansea.gov.uk

01792 635700

Child & Family Services

**East, West, Townhill, Penderry & Valley PO Box 603,
Swansea, SA1 9HT**

Tel: 01792 635180

www.swansea.gov.uk/childandfamilywhatwedo

Social Services

Child & Family

Tel: 01792 635180

Child & Family Support Services

Tel: 01792 633888

**Swansea Prevention &
Early Intervention Team**

**Floor 3, Alexandra House
1 Alexandra Road, Swansea, SA1 5ED**

Tel: 01792 635400

Useful Contact Numbers

Western Bay Safeguarding Board
Covering Swansea, Neath Port Talbot and Bridgend
www.wbsb.co.uk
Tel: 01639 763021

Police

Child Protection Western Referral Unit Tel: 01792 562866
Tel: 01792 562791
Central Police Station Tel: 101

Hospitals

Morrison Hospital Tel: 01792 702222
Singleton Hospital Tel: 01792 205666

Freephone

NSPCC Child Protection Line - help@nspcc.org.uk Tel: 0808800 5000
Childline - www.childline.org.uk Tel: 0800 1111

Care Inspectorate for Wales
(CIW) Tel: 0300 790 0126

Swansea Family Information Service
Tel: 01792 517222