

ACE Cardiff Child Protection: Guidelines and Procedures

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1 Introduction

Children who attend The Learning Club run by ACE Cardiff are entrusted into our care by their parents. It is our duty to safeguard those children (i.e. prevent them from coming to harm while in our protection) and also to take note of harm that may have happened to them outside of our sessions. The ACE Child Protection Policy document says what our policy is in regard to the latter of those two situations; this document goes into the next level of detail about how to deal with incidents that may show that a child has been abused. This document has several distinct sections and has a lot of detail - do not try and take it all in at once. The document is divided into:

- Guidance on types of abuse and what signs you might see (sections 3 to 5)
- What to do if you witness abuse, see the signs of abuse or if a child tells you of abuse that has occurred (a disclosure) (sections 6 to 10)

2 Who Should Read This Document

All staff who work for ACE on projects that involve children should have read this document and know how to carry out the reporting procedure.

We do not expect our volunteers to know this procedure off by heart. We do expect them to know that this document exists and understand the contents. We hope that this document will not be needed very often, but if the distressing situation of possible child abuse arises, we must act appropriately and according to this procedure.

3 Definitions, Recognition & Response to Abuse

A child may be abused or neglected by somebody inflicting harm, or failing to act to prevent harm. Children may be abused in a family or in an institutional setting by those known to them or, more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection.

Recognising child abuse is not easy, and it is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk. You do, however, have a responsibility to act if you have a concern.

The signs listed below may or may not be indications that abuse has taken place, but the possibility should be considered.

3.1 Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. It includes fabricated or induced illness by carer.

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child whom they are looking after. This situation is commonly described as fictitious illness, fabricated or induced illness in children (Munchausen Syndrome by proxy – named after the person who first identified this situation). A person might do this because they enjoy or need the attention they get through having a sick child.

Physical abuse, as well as being a result of a deliberate act, can also be caused through omission or the failure to act to protect.

Most children will collect cuts and bruises in their daily life. These are likely to be in places where there are bony parts of the body, like elbows, knees and shins.

Some children, however, will have bruising which can almost only have been caused non-accidentally. An important indicator of physical abuse is where bruises or injuries are unexplained or the explanation does not fit the injury, or when it appears on parts of the body where accidental injuries are unlikely, e.g. on the cheeks or thighs. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern.

Bruising may be more or less noticeable on children with different skin tones or from racial groups and specialist advice may need to be taken.

The physical signs of abuse may include:

- Unexplained bruising, marks or injuries on any part of the body
- Explanations (from the parents) that do not match the injuries
- Bruises which reflect hand marks of fingertips (from slapping or pinching)
- Cigarette burns or scalds
- Bite marks
- Repeated injuries

Changes in behaviour which can also indicate physical abuse:

- Fear of parents being approached for an explanation
- Aggressive behaviour or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example wearing long sleeves in hot weather
- Depressed or withdrawn behaviour
- Running away from home

3.2 Sexual Abuse

Sexual abuse includes forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of, or consents to, what is happening. May involve physical contact, including penetrative acts or non-penetrative acts such as fondling.

They may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Boys and girls can be sexually abused by males and/or females, by adults and by other young people. This includes people from all different walks of life.

Usually, in cases of sexual abuse it is the child's behaviour, which may cause you to become concerned, although physical signs can also be present. In all cases, children who talk about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy
- Pain, itching, bruising or bleeding in the genital/anal areas

Changes in behaviour, which can also indicate sexual abuse, include:

- Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn
- Fear of being left with a specific person or persons or running away from home
- Sexual knowledge which is beyond their age or developmental level
- Having nightmares or bedwetting
- Eating problems such as overeating or anorexia
- Self-harm or mutilation
- Saying they have secrets they cannot tell anyone about
- Suddenly having unexplained sources of money

3.3 Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, leaving a young child home alone or 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.

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

The physical signs of neglect may include:

- Constant hunger, sometimes stealing food from other children
- Constantly dirty or 'smelly'
- Loss of weight, or being consistently underweight
- Inappropriate dress for the conditions

Changes in behaviour that can also indicate neglect may include:

- Complaining of being tired all the time
- Missing school
- Having few friends
- Mentioning their being left alone or unsupervised

The above list is not meant to be definitive but as a guide to assist you. It is important to remember that many children and young people will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring.

Remember - there may be other reasons for changes in behaviour, such as a death or the birth of a new baby in their family, relationship problems between their parents/guardians, etc., so do not automatically assume that the above signs mean that abuse is taking place.

3.4 Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or in 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.

Emotional abuse can be difficult to measure, and often children who appear well cared for may be emotionally abused by being taunted, putdown or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix/play with other children.

The physical signs of emotional abuse may include:

- A failure to thrive or grow, particularly if the child puts on weight in other circumstances, e.g. in hospital or away from their parents' care
- Sudden speech disorders
- Developmental delay, either in terms of physical or emotional progress

Changes in behaviour, which can also indicate emotional abuse, include:

- Neurotic behaviour, e.g. hair twisting, rocking
- Being unable to play
- Fear of making mistakes
- Self-harm
- Fear of parent being approached regarding their behaviour

3.5 Organised or Multiple Abuse

Organised 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 children for abuse.

It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any one time. These four definitions do not minimise other forms of maltreatment.

Recent inter-agency guidance draws attention to other sources of stress for children and families, such as social exclusion, domestic violence, the mental illness of a parent or carer, or drug or alcohol misuse. All these areas may have a negative impact on a child's health and development and may be noticed by an organisation caring for a child. If it is felt that a child's wellbeing is adversely affected by any one of these areas, the same procedures should be followed.

**The definitions listed above are taken from the All Wales Child Protection Procedures and the NSPCC First Check guidelines.*

4 Facts About Abuse

Why is an appreciation of child abuse important? There have been a number of well-publicised occurrences in the UK in the last 30 years (for example, the death of seven year old Maria Colwell in 1973, Victoria Climbié's killing in 2000, the death of Baby "P" in 2008), and a common thread running through these and other similar events is that they could have been prevented if someone had acted. Too often, the various agencies that saw the children and assumed that someone else was dealing with the problem. This has led to a realisation that it is better to report a situation rather than do nothing.

A few further facts about abuse are noted below which you may find surprising, enlightening or just sad.

- At 31 March 2019, 49,570 children in England (41 per 10,000) were looked after by their local authority because of abuse or neglect. A further 4,810 children in Wales (76 per 10,000) were looked after because of abuse or neglect.
- In the year ending March 2019, Childline delivered 19,847 counselling sessions to children in the UK where abuse was the primary concern

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childabuseextentandnatureenglandandwales/yearendingmarch2019>

5 WHAT TO DO IF YOU SUSPECT A CHILD HAS BEEN ABUSED

5.1 What to do if a child tells you that they have suffered abuse (a disclosure)

Listen carefully, gently and patiently to what the person is telling you. Let them tell you what has happened in their own time. Be understanding, but do not ask leading questions – this may lead to complications at a later stage.

- Stay calm and express sympathy with their situation, but do not try to resolve it.
- Let them know that you treat what they say seriously. If they feel ignored, they may not bother mentioning it again.
- Let them know that you must pass the information on but try to put them at ease about this. Only those people who need to know will be informed, but you cannot guarantee confidentiality. Say that you will tell the appropriate person and that steps will be taken to support them.
- Reassure them and let them know they have done the right thing telling you.
- Let them know that they will be informed on what steps are taken.
- If it is a matter of physical or sexual abuse, the police may become involved, so it is important to preserve any evidence.

5.2 What not to do if a child makes a disclosure to you

- Don't show shock or disbelief or respond with emotive comments ("Oh my god that's terrible") as you should remain calm
- Don't judge them
- Don't ask detailed or leading questions
- Don't press for more details
- Don't promise anything you cannot be sure of, i.e. who will or will not be told; that it won't happen again; "everything will be alright".
- If the child is at risk, then it is your duty to report it. Explain that you need to tell someone so that you can help
- Don't interfere with or remove any evidence
- Don't confront the alleged abuser
- Don't tell anyone the information you have been given except for your line manager.

5.3 What to do next

5.3.1 Write down what has happened

You should report all concerns of abuse no matter how small. It is always better to make a report if you are in doubt.

Should you witness any signs of abuse or you receive a disclosure from a child, you must complete an incident form. One will be available at each (physical) session from the Session Supervisor and should be completed as soon as possible. The report must be accurate and concise – distinguish clearly between fact, opinion and hypothesis. Note what was said and also what follow up action occurred. If for some reason an incident form is unavailable, the incident must be recorded temporarily on a piece of paper with all relevant information including your name, the name of the child, any witnesses, and the details of what you saw/were told in as much detail as you can remember.

For online sessions this information should be recorded in an email or a digital incident form (available on request).

5.3.2 Report to Session Supervisor

Completed incident forms should be given to the Session Supervisor who will in turn pass them on to the Designated Safeguarding Lead (DSL; details at the end of this document).

If the disclosure involves sexual abuse or abuse that puts a child in immediate danger, or you witness or observe that abuse, the police have to be informed. If you feel sufficiently sure of the severity of the situation you can call the police yourself. If you wish to discuss the matter first, tell the Session Supervisor. Between you and the Session Supervisor you can then make the decision who should call the police.

5.4 What not to do if you witness abuse or observe signs of abuse.

- Don't interfere with or remove any evidence
- Don't confront the alleged abuser
- Don't tell anyone the information you have been given except for the Session Supervisor or Safeguarding Lead.
- Follow the steps as in para 5.3 above

The incident will then be followed up as per the reporting chain described below.

6 ACTION BY ACE CARDIFF SESSION SUPERVISOR

If the abuse is worrying but not life-threatening or potentially criminal, inform the Safeguarding Lead within 24 hours. They will discuss the case with whoever identified the concern and the child's mentor, if appropriate. The discussion will be recorded in writing, including a note of the date and who took part in the discussion. At the close of the discussion, there should be clear and explicit agreement about who will be taking action, or that no further action will be taken.

If the concerns are allayed, ACE Cardiff will keep a record of the incident for future reference, otherwise the DSL will decide whether or not the case should be referred to Social Services.

If sexual abuse, life-threatening physical abuse, fraud or theft is suspected, contact the police unless the volunteer/member of staff on site has already done so. The Designated Safeguarding Lead must be informed as soon as possible.

7 FOLLOW-UP ACTIONS BY ACE CARDIFF OFFICE STAFF

Once informed of an incident, the ACE Cardiff staff will do the following:

7.1 Keep a record

Make a record of the incident that has been recorded. This includes storing the incident form securely in the ACE Cardiff office, as well as being entered into an incident file stored digitally.

Further follow up actions will depend on the severity of the abuse.

7.2 Monitor the Child

If the abuse is mild, possibly accidental or an observation of something of which the cause is uncertain, the child must be monitored the next time he or she attends a TLC session to see if the situation is repeated. The Office Staff must make the Session Supervisor aware that the child must be monitored and liaise with the Session Supervisor so that all observations can be noted on the ACE Cardiff Incident Form.

7.3 Inform Social Services

If the abuse is worrying but not life-threatening or potentially criminal, determine whether Cardiff Social Services' have already been notified or not. If not, inform the Designated Safeguarding Lead so that a decision can be made. If necessary, they should contact Cardiff Social Services' Children's Access Point on 029 2053 6490 (note – out-of-office hours Emergency Duty Team: 029 2078 8570) and inform them of the situation. The result of that call must be noted on the ACE Incident Form.

The Social Services team will then lead any action unless a criminal action has taken place in which the case the police will lead. All information shared at this point will be on a need to know basis.

7.4 Inform the Police

If sexual abuse, life-threatening physical abuse, fraud or theft is suspected, contact the police unless the volunteer/member of staff on site has already done so. The result of that call must be noted on the ACE Incident Form. The charity Chair of Trustees must be informed as soon as possible.

Under no circumstances should ACE Cardiff staff perform their own investigation of abuse

It is not our role to perform that investigation - Social Services or the Police will (as appropriate) will perform investigations.

8 MANAGEMENT OF REPORTS

All ACE Incident Forms must be kept in a secure location as they contain confidential information.

Once a week, a check of reports must be made and any reports raised in the previous week must be checked to ensure that they have been appropriately followed up.

Once a month, all open cases must be reviewed to see if any repeat reports have been raised (to see if there is pattern of minor abuses which, individually, would not be regarded as serious) or if there has been any further action, either by ACE Cardiff or by external agencies (e.g. Social Services or the police).

Before an incident can be closed, feedback should be given to the person who reported the matter so that he or she knows that their fears have been investigated.

If after 3 months, there have been no repeat reports for an incident or all possible action has been completed, it can be closed. Closed forms must be kept in a secure location for a period of 7 years.

9 WHAT TO DO IF YOU SUSPECT THAT ACE STAFF MAY BE INVOLVED

If the suspicions in any way involves an ACE Cardiff member of staff, a report should be made to the DSL. If the suspicions in any way involve the DSL the report should be made to the Chair of Trustees (details in the next section). If the suspicions in anyway implicate both the DSL and/or Chair, the report should be made to the Social Services or Child Protection Agencies.

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If, however, you feel that DSL has not responded appropriately to your concerns, you should contact the social services or police and make a direct referral. We hope by making his statement that we demonstrate the commitment of ACE Cardiff to effective child protection.

10 CONTACTS

10.1 Cardiff Children's Services:

Information, advice, and assistance: 029 2053 6490

Emergency Duty Team (Out of Hours & Bank Holidays): 029 2078 8570

10.2 Designated Safeguarding Lead (DSL)

Helen Edgeworth

Telephone: 07979 333902

Email: helenedgeworth@aol.com

10.3 Chair of ACE Cardiff Trustee Board

Geoff Hollett

Telephone: 07813 076449

Email: geoff.hollett@acecardiff.org.uk

11 OTHER READING (Bullying and Whistleblowing)

Whistleblowing is a different matter, where an individual may be concerned that ACE Cardiff or members of its staff are behaving in a manner inappropriate to ACE Cardiff's charity status. This covered by the separate Whistleblowing Policy document (available on request)

Finally, the NSPCC has information that covers recognising and reporting child abuse which can be found here <https://learning.nspcc.org.uk/child-abuse-and-neglect/recognising-and-responding-to-abuse>

ACE Cardiff also has a separate Anti-bullying policy document which is available on request.