

# SWANSEA WOMEN'S AID

## Safeguarding Children and Young People

### Policy and Procedures

*Related Policies:*

*2.09 Confidentiality, Data Protection and Sharing Information Policy*

*1.08 Confidential Reporting - Whistleblowing Policy*

*1.05 Disciplinary Policy*

*2.12 Health & Safety Policy*

#### **1. Introduction**

1.1 Swansea Women's Aid provides services and support to Women, Children and Young People who are experiencing Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

Working with Welsh Women's Aid we endeavour to represent the interests of Children and Young People by raising awareness of the situation of women<sup>1</sup> and children<sup>2</sup> experiencing VAWDASV, to inform their campaigning and lobbying and to bring about positive change in policy, practice and service delivery.

1.2 We are committed to the highest standards and achieve this through clear policies, procedures, training, recruitment and best practice guidelines addressing a comprehensive range of safeguarding measures.

#### **2. Legislation**

The Wales Safeguarding Procedures 2019

Social Services and Wellbeing (Wales) Act 2014

Children Act 1989

See Appendix 4 for legislation, guidance and further reading.

#### **3. WHAT IS VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE?**

3.1 Swansea Women's Aid defines Domestic Abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. Domestic abuse essentially involves the misuse of power and the exercise of control by one person over another with whom there is or has been a close relationship.

3.2 We also recognise that many young people under the age of 18 years' experience VAWDASV within their own intimate relationships.

3.3 Violence against Women includes 'honour based' violence and forced marriage. We make a clear distinction between 'arranged' marriage between consenting adults following a cultural tradition and forced marriage. A forced marriage is a marriage in which one or both spouses do not (or in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure<sup>5</sup>. Many forced marriages involve young people under the age of 18 years.

3.4 Sexual Violence is defined by law as the act of sexual touching of another person without their consent, with any part of the body or with anything else. This includes unwanted kissing or touching, or being forced to perform sexual acts. It could also include the touching of someone's clothing.

Sexual Violence can also occur in both domestic abuse and violence against women situations.

3.5 Parent and elder abuse can also be included within domestic abuse. This is any act of a child that is intended to cause physical, psychological or financial damage to gain power and control over a parent. It is however difficult to define because it is not always clear when certain behaviours are normal and when they are abusive.

3.6 VAWDASV occurs irrespective of gender, race, class, age, religion, sexuality, mental ability, physical ability, income, lifestyle or geographical area of residence.

In addition to SWA recognising that VAWDASV occurs in all communities and affects all genders, it also affects people from all backgrounds but particularly women. This includes female, same-sex relationships.

## **SAFEGUARDING CHILDREN AND YOUNG PEOPLE**

### **4. POLICY STATEMENT**

4.1 The aim of the policy and corresponding procedures is to create an ethos and environment within Swansea Women's Aid that promotes best practice by:

- valuing and respecting children and young people
- upholding children's fundamental right to feel and be safe
- seeking to repair and/or strengthen the mother-child relationship as one of the strongest resilience factors for children
- ensuring that children are consulted and involved in decisions that affect them
- allowing all staff to make informed confident and appropriate responses to specific child protection issues,
- supporting and guiding staff taking necessary action to safeguard and promote the welfare of children in our service
- working together with other agencies, including statutory agencies
- ensuring our support and services are designed and staff are trained appropriately in delivering a safe environment for children and young people;

4.2 Swansea Women's Aid is committed to the safety of all women and children who use our services. However, we recognise the additional vulnerability of children, and particularly those who have been exposed to VAWDASV. Therefore, the safety and welfare of a child or children will be our paramount consideration in all safeguarding decisions and actions. The term 'child' in this document applies to all children and young people under the age of 18 years.

4.3 The principles enshrined in the United Nations Convention on the Rights of the Child<sup>6</sup> underpin our approach to children and young people and we support the Welsh Government's seven core aims for children in Wales particularly their right to a safe home and community and to be free from abuse and neglect<sup>7</sup>. This policy document accords with guidance from the Welsh Government, and the Local Safeguarding Children Boards across Wales and takes account of the relevant legislation (detailed in Appendix 4).

4.4 Children and young people are service users in their own right and should receive the same quality and level of service as their mothers. Swansea Women's Aid is committed to working pro-actively with young people to meet their needs and address the issues arising from their experiences of VAWDASV.

4.5 Swansea Women's Aid takes seriously its duty of care to all children using its services and we will not discriminate against any child on the grounds of gender, race (including ethnic or national origins, colour, and nationality), age, disability, sexuality, religion and belief (including no belief), marital and/or civil partnership status, pregnancy and maternity, gender reassignment, intellect, responsibility for dependants / carer role, medical conditions, membership of trade union, or political belief.

We recognise that some children may have additional vulnerability due, for example, to physical impairment or learning disability, language or cultural differences, immigration status or other such circumstances. We will always endeavour to access additional assistance or services to support the specific needs of individual children.

4.6 Provide information and training to assist all staff and volunteers to recognise the signs of abuse, to understand the scope of their responsibilities towards the child /young person, how to respond appropriately and what action to take according to the circumstance. This policy and the procedures contained within this manual apply to all projects and services managed by Swansea Women's Aid. All paid staff and volunteers are expected to comply with all relevant procedures and failure to do so may result in disciplinary or other measures. Each service should incorporate its own internal and external contact details where indicated to ensure the direct applicability of the procedures.

## **5. PREVENTION**

Wherever possible, abuse must be prevented. We will take steps to reduce the likelihood of abuse occurring. This should include the following:

- Recognising the importance of screening job applicants so that unsuitable workers are less likely to be recruited,
- Training and supporting workers effectively
- Ensuring that services that are provided meet specific high standards and are monitored and supported to maintain these standards.
- Assisting Children to become more aware of their rights and recognise when these are being infringed.

- Discouraging abuse by encouraging workers to be alert and to feel confident about reporting concerns and supporting and protecting workers who “whistleblow”.
- Promoting environments in which abuse is less likely to occur.
- Use of risk assessments.
- Wherever possible avoiding placing workers in 1 to 1 working situations which create opportunities for abuse to occur and which also leave workers open to allegations of abuse.
- Supporting workers and providing services that help them to avoid reaching breaking point.
- Ensuring that occurrences of abuse are monitored and lessons learned.
- Increasing professional and public awareness of abuse
- Achieving prosecution of criminal acts as a deterrent to potential abusers.
- Deterring abuse by ensuring that allegations of abuse are investigated and dealt with in a professional, effective manner.
- In the case of a pandemic or any situation where service could be significantly disrupted. A full organization wide risk assessment will be conducted, as a matter of urgency, all relevant policies including Safeguarding policies will be reviewed and measures established to reduce and control the risk. Given that pandemics are extraordinary events all the risk assessments and measures will be collated and communicated to staff. Staff are required to act on the pandemic measures in conjunction with existing policies and procedures. The Pandemic measures are to be made available for review by funders or any interested party as appropriate.

## CHILD PROTECTION PROCEDURES

### 6. WHAT MIGHT MAKE YOU WORRIED ABOUT A CHILD

6.1 Children living with VAWDASV can suffer harm from the trauma of seeing or hearing the ill-treatment of a parent or carer<sup>8</sup>. They are also at significant risk of experiencing direct physical violence or sexual abuse<sup>9</sup>. The effects of VAWDASV on the mother can undermine her ability to parent adequately, particularly if she has resorted to alcohol or substance misuse as a coping strategy or has mental health issues of her own. Coupled with often forced homelessness, it is clear that the children using our services can present an increased vulnerability.

6.2 Someone may abuse or neglect a child by inflicting harm, or by knowingly not preventing 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. Or, 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<sup>10</sup>.

6.3 Children experiencing periods of self-isolation or shielding within the family home or refuge/safe house.

6.4 Appendix 1 gives definitions and some signs and indicators. There are four main categories of abuse; physical abuse, emotional abuse, sexual abuse and neglect.

6.5 Child sexual exploitation is the coercion or manipulation of children and young people into taking part in sexual activities that involve an exchange of some form of reward, which can include;

- money, mobile phones and other items
- drugs, alcohol
- a place to stay, ‘protection’, affection.

The vulnerability of the young person and the grooming process employed renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent<sup>11</sup>.

6.6 Sexually harmful behaviour. A significant number of children are sexually abused by other children or young people. This can be within an intimate relationship or by one child sexually abusing another. Where there are concerns that a child may be suffering or at risk of suffering harm as a result of sexual behaviour by another child/young person, a referral *must* be made to social services for *both* young people<sup>12</sup>, following the procedures below (See Appendix 3 definitions).

6.7 Risk of harm to an unborn child. Any concerns about the risk of harm, or future risk of harm to an unborn child *must* be reported to social services<sup>13</sup> following the procedures below.

6.8 Children themselves report that they find bullying by other children or young people extremely hurtful. Bullying takes many forms including via Social Media. The effects of bullying, like abuse, can last into adulthood and affect someone's emotional well-being. For this reason, it is also important that we do all we can to ensure children are not bullied either by their peers or by adults caring for them.

6.9 You may become concerned about actual or possible abuse of a child in a number of ways. These include:

- A child may tell or indicate to you that s/he or another child is being harmed
- Someone else may report that a child has told them or that they strongly believe that a child has been or is being harmed
- A child might show some signs of physical injury for which there appears to be no satisfactory explanation
- A child's behavior may make you concerned that the child may be being harmed
- Something in the behavior of another adult, or young person, or in the way they relate to a child makes you feel uncomfortable and anxious
- ♦ Something about the child's/young person's use of social media might make you concerned
- You may observe a child abusing or bullying another.

IF YOU ARE WORRIED ABOUT A CHILD YOU NEED TO SHARE YOUR CONCERNS AT THE EARLIEST OPPORTUNITY – (see 'How to Respond to Concerns' below).

6.10 **You are not expected to be an expert, and in fact, it is not your responsibility to decide if a child is being harmed.** Social services and the police have the duty to investigate possible child abuse. **However**, if you are worried then **it is your responsibility to pass on any concerns you might have, following these procedures.** The information you have may not seem significant to you, but it may be crucial when put together with information held elsewhere.

## 7. HOW TO RESPOND TO CONCERNS ABOUT A CHILD

7.1 As a member of staff or a volunteer with Swansea Women's Aid you have a duty of care to the children and young people using our services. You should be aware of and alert to, signs that may indicate a child or young person is being subjected to bullying, or may be suffering abuse or neglect. Some of these signs are listed in *Appendix 3*. The safety and welfare of the children and young people who use our services **must be** your first consideration.

7.2 The procedures outlined below are designed to ensure that any concerns about a child's safety or welfare are dealt with promptly and appropriately. **The procedures are mandatory and apply to all staff working for Swansea Women's Aid.**

7.3 Swansea Women's Aid has a designated person and deputies to receive concerns about a child's safety or welfare, make an assessment, taking further advice if required, and decide if a referral to social services is required. (*See below for full role description*). The name and contact details of this person should be included on the contact sheet and kept up-to-date. The details (name, email address, work mobile number) of the Designated Child Protection Officer and her deputies are displayed on the Staff Noticeboard in each SWA office.

7.4 Emergency action It is extremely rare but if you are confronted with a situation where *emergency* action is needed to treat a child who has been intentionally harmed, or to prevent imminent abuse to a child, and it would cause an unacceptable delay to contact a designated person, then **you should contact the emergency services, ambulance or police, immediately by dialling 999**. You should then contact the designated person without delay so that further action can be decided on. It is **not** the role of Swansea Women's Aid to arrange any medical examination of a child who may have been harmed or abused. This will be done by social services in accordance with legal guidance.

7.5 What to do if a child tells you of abuse. There are very many reasons why children do not tell about abuse. It is a difficult thing to do. Therefore, it is important to respond carefully and thoughtfully. The following guidelines should be observed:

- Stay calm and listen carefully to what the child is communicating
- Allow the child to continue at his or her own pace and do not interrupt
- Keep questions to a minimum – only ask questions to help you understand what the child is telling you. Do not ask about explicit details and do not ask questions that imply a particular answer.
- Do not promise to keep the information confidential. Explain that any information that indicates a child may be being harmed needs to be passed on so that something can be done about it. It is not alright that children are hurt by adults, who should be looking after them, or by other children.
- Reassure the child/young person that they have done the right thing in telling you.
- Tell the child what you will do next and who you have to share the information with.
- Check any immediate or short-term safety needs with the child.
- As soon as you can, record in writing what the child has said, using the child's own words and including any significant names. If appropriate, this can be done in the presence of the child so you can check you understand correctly. Sign and date the account.
- Ensure any immediate support for the child/young person is provided

- Share your information as soon as you can with your designated person or deputy. If the designated person is not easily available, contact social services directly, or telephone the NSPCC
- Complete the child protection reporting form (*example in Appendix 2*) and submit this, together with your above record immediately to the designated person.
- The designated person or deputy will make any necessary referral to social services or the police. However, if this role falls to you consult the section below 'How to make a referral'.

7.6 What to do if you are concerned about a child. You may not have any direct communication from a child or young person but may be concerned about physical marks or injuries or a child's physical presentation. Similarly, the child/young person's behaviour may give rise to concerns, or things you overhear the child say, or allude to (*see Appendix 3 for signs and indicators*). If you become concerned about a child,

- share your information as soon as possible with your designated person or deputy.
- Complete the child protection reporting form (*example in Appendix 2*) and submit this immediately to the designated person.
- The designated person or deputy will make any necessary referral to social services or the police. However, if this role falls to you consult the section below 'How to make a referral'.
- If your concern seems relatively minor in itself it could still form an important part of a larger, clearer picture when put together with other concerns. This is especially true where babies or children may be neglected. In these circumstances record your concern on the 'cause for concern' in the child's file. Three 'cause for concern' records should be reported to the designated person (as above) and a referral made to social services.

7.7 If a mother, or other member of the public tells you of concerns they have about a child:

- Do not ask them to make their own referral to social services.
- Take adequate details to be able to identify the child and report the concerns to your designated person or deputy as above.
- Members of the public can remain anonymous when making referrals to social services, or when a referral is made from their information.

7.8 What to do if you are concerned about the behaviour of a *staff member or volunteer*, towards a child.

- do not dismiss your concerns
- do not confront the person about whom you have concern
- contact the designated person or deputy and ask to speak to her in confidence.

Even if your concerns prove to be unfounded you will not be penalised as long as there was no malicious intent. Swansea Women's Aid recognises that safe organisations are open organisations that listen to and take seriously worries about the safety of children and young people. Swansea Women's Aid 'whistleblowing' policy should be consulted for further detail.

7.9 *Any concerns or reports about possible harm to a child must be treated in the strictest confidence and respect for the privacy of the child and family involved and should only be discussed with those who 'need to know' in accordance with these procedures.* Consult the Swansea Women's Aid confidentiality policy for further detail.

7.10 Children on the Child Protection Register – see section 8 on considerations and action regarding children on the child protection register.

7.11 What to do if you feel your concerns are not being taken seriously. If you have reported concerns about a child or about the behaviour of an adult towards a child the designated person or deputy will inform you of the decisions and action taken - including no further action. If you feel your concerns have not been taken seriously, or the action agreed has not been taken quickly enough, *either internally or by social services*, you should, in the first instance, raise this with the designated person to allow her to provide an explanation. If you remain concerned about the safety of the child/young person, you should contact - in this order

- a senior management team member/trustee within Swansea Women’s Aid
- a social services manager, or the local authority child protection officer (child protection co-ordinator), *or*
- the NSPCC (0808 800 5000).

Where there are complaints about the action or inaction of a member of staff that might place or leave a child at risk of harm, these should be reported in line with the Whistleblowing Policy.

## 8. THE ROLE OF THE DESIGNATED PERSON

8.1 The designated person for child protection within Swansea Women’s Aid is there to help and support staff, volunteers and others who may have concerns about a child, as well as ensuring that any necessary correct action is taken to safeguard a child.

8.2 The importance of this role is that:

- it gives confidence to those who may have worries that their concerns can be shared,
- it provides a clear route for action,
- it maintains the confidentiality of the child, family and/or individual,
- it allows thoughtful consideration on further action,
- it safeguards children and young people.

8.3 It is not the role of the designated person to investigate and decide if a child is being abused. Only social services, the police and the NSPCC have the statutory powers to undertake such enquiries<sup>15</sup>. But it is the designated person’s role to ensure that concerns are referred so that any necessary supportive and/or protective action can be taken.

8.4 The designated person or her deputy will:

- ♦ receive information from staff, volunteers, children or parents and carers who may be worried about a child, or the behaviour of an adult towards a child, and record that information
- ♦ assess the information promptly and carefully, clarifying and/or consulting any previous information as appropriate, but not investigating
- ♦ consult initially with social services children’s services or the NSPCC to test out any doubts or uncertainties about the concerns as soon as possible
- ♦ where necessary, make a formal referral to social services or the police without delay, and follow this up in writing within 24 hours
- ♦ liaise with social services or the police, as necessary, following a referral



- ◆ ensure that all written records relating to concerns about a child are completed, signed and dated, and that any report to a child protection conference is completed appropriately
- ◆ Regularly monitor 'cause for concern' recordings for individual children and make a referral to social services when prompted by 3 recordings, or earlier where indicated
- ◆ Be aware of all children whose names are on the child protection register and of any actions needed as part of the child protection plan
- ◆ Ensure that the designated local authority child protection officer (sometimes called the child protection co-ordinator) is informed immediately of any child on the child protection register who moves into or out of the local authority area. A telephone call should be followed up in writing within 2 working days
- ◆ Ensure that the designated local authority child protection officer and/or the police are informed **as a matter of urgency** if a child on the child protection register goes missing. Written confirmation of the notification should be sent within 2 working days
- ◆ Liaise within Swansea Women's Aid and with the statutory services when concerns relate to inappropriate or unprofessional behaviour towards a child by a member of staff or a volunteer (*see How to Make a Referral below*)

#### 8.5 Other duties are to:

- ◆ Advise and support staff or volunteers in relation to child protection concerns.
- ◆ Maintain an over-view of referrals and other safeguarding activity and/or issues and provide statistical reports to Swansea Women's Aid.
- ◆ Identify training and support needs for staff and volunteers and ensure these are met
- ◆ Undertake induction of new staff and volunteers to ensure familiarity with safeguarding responsibilities
- ◆ Monitor the application of wider safeguarding procedures including recruitment, CRB checks and Independent Safeguarding Authority reporting duties.
- ◆ Keep up to date on changes in legislation and guidance.

## 9. HOW TO MAKE A REFERRAL

9.1 A referral can be made to social services for a 'child in need' where a child's health or development may be significantly impaired without the provision of appropriate services<sup>16</sup>. A 'child in need' referral requires the consent of the mother or person with parental responsibility.

9.2 Where there are concerns about the safety or welfare of a child a 'child protection' referral should be made to social services as soon as possible and certainly **within 24 hours**. Outside office hours, referrals should be made to the social services emergency duty service/out of hours' service or the police who will decide on further action and the timescale for this. (*See contact sheet*)

9.3 Where concerns arise about the safety or welfare of a child, or the behaviour of an adult towards a child, **within a school environment**, the concerns should be reported to the designated teacher (or pastoral care teacher) within the school. The school will then decide what further action will be taken. This report should be followed up in writing within **2 working days** to the named teacher and feedback requested on action taken. If concerns

remain and these are not alleviated by further discussion within the school, then a referral directly to social services should be made.

9.4 Wherever possible the parent or guardian should be informed of the referral. However, this **should not be done** if this could pose an increased risk of harm to the child or where the concern or allegation involves possible sexual abuse. Similarly, referrals concerning possible fabricated or induced illness could pose an increased risk to the child and any decision to share information with the parent or guardian should be made by social services<sup>17</sup>.

9.5 When making a referral you should;

- note the name and role/rank of the person you speak to
- provide names, date of birth, address and present whereabouts of the child/children, mother and any alleged abuser
- give concise details on how and why the concerns have arisen
- give details of the child's school, GP and names of any other professionals known to be involved with the child
- record clearly all decisions made on action to be taken, by whom and in what timescale, including feedback information on the outcome of the referral. This should be communicated by social services within 10 working days of the date of referral<sup>18</sup>.
- Obtain and record any undertaking by social services to maintain the confidentiality of a member of the public who has initially reported their concerns to you, if this has been requested.
- Sign and date the record and file securely with the child protection reporting form. Where social services require standard forms to be used the completed form should be photocopied for internal recording purposes
- All telephone referrals or referrals made in person should be confirmed in writing within **two working days** to a named person.

9.6 Staff and volunteers within Swansea Women's Aid will be required to give their name and work contact details to the person taking the referral. Members of the public can remain anonymous when reporting concerns about a child. If you are making a referral following concerns raised by another parent or member of the public, it will be necessary to give their name and contact details for social services to obtain first-hand information if required. However, you should make sure you receive an undertaking from social services that these details will be kept confidential from the family if that has been requested by the person raising the concerns.

9.7 Referrals relating to concerns about a member of staff or a volunteer will always be dealt with by the designated person or a senior manager within Swansea Women's Aid. Such decisions should always be made in consultation with social services and the police<sup>19</sup>. Any disciplinary action will take lower precedence than any police investigation (and therefore may not happen until a criminal investigation is concluded). Referrals should be made to the local authority designated child protection officer (sometimes called the child protection coordinator). A formal strategy meeting with the police will determine what further action needs to be taken – including disciplinary action.

#### 9.8 Follow up actions

Swansea Women's Aid may be required to undertake some or all of the following tasks:

- Contribute to a strategy discussion or strategy meeting;
- Assist in the child protection section 47 enquiries;
- Attend the child protection conference;

- Provide a written report for the child protection conference;
- Contribute to the initial and core assessments.
- Monitoring – need to be explicit about what is being monitored

9.9 All reports and contributions to social services assessments should take account of:

- the child’s developmental needs, including the impact on the child of having been exposed to VAWDASV
- how well the mother is able to meet those needs (parenting capacity)
- what role the extended family plays in supporting and ensuring the child’s safety
- environmental factors that help or hinder in ensuring the safety and welfare of the child<sup>20</sup>.

## **10. CHILDREN ON THE CHILD PROTECTION REGISTER OR SUBJECT TO ‘SECTION 47 ENQUIRIES’**

10.1 Where a local authority is informed that a child who lives, or is found in their area has suffered or is likely to have suffered significant harm, they have a duty to make enquiries to establish what action needs to be taken to safeguard the child. These enquiries are often referred to as Section 47 enquiries<sup>21</sup>.

10.2 A child’s name is placed on the child protection register following a multi-agency decision at a child protection conference that a protection plan needs to be in place to ensure the child’s safety. The child is registered under one or more of the categories of physical or sexual abuse or neglect. Or the child may be registered under the category of emotional abuse. Witnessing VAWDASV falls under the definition of emotional abuse<sup>22</sup> (*see definitions in Appendix 1*).

10.3 Swansea Women’s Aid is not able to make a direct enquiry to the child protection register in relation to a particular child. It is essential that the mother is asked routinely in her intake assessment whether her child’s name is on the child protection register or has been in the last 3 months and/or whether her child is the subject of Section 47 enquiries. This is particularly important when a family is moving into the area from another local authority. If you are concerned about the accuracy of the information you receive from the mother and therefore about the safety of the child, you should report your concerns to your designated person who will contact the ‘originating’ local authority to check the information.

10.4 Where you become aware that a child on the child protection register, or the subject of Section 47 enquiries, has moved **into** the local authority area you should report this to your designated person who will ensure that the local authority designated child protection officer (or custodian of the register) is informed immediately. Social services are required to inform all other agencies and to arrange a ‘transfer in’ child protection conference within 15 days if the move is likely to be long term. If the move is considered to be temporary (normally not exceeding 3 months) supervision arrangements will be made by social services together with the local authority from which the child and family moved. It is important to be clear about which local authority has lead responsibility for the child and to record all necessary contact details.

10.5 Where you become aware that a child on the child protection register is going to move **out of** the local authority area the child’s key worker in social services should be informed via your designated person (as above). The address where the family is moving to will be required and you should establish and supply this information.

10.6 If the family is moving to another refuge then appropriate information should be shared with that refuge, with the mother's permission. If permission is not granted and you are concerned about the child, then the child's key worker should be informed as above.

10.7 Social services should be informed **immediately** if a child on the child protection register, or subject to Section 47 enquiries, goes missing. Social services and the police will then decide what action needs to be taken to locate the child and ensure his/her safety.

10.8 If *at any time* you become concerned about a child whose name is on the child protection register you should report your concerns immediately to your designated person (as above) or deputy who will inform the child's 'key worker' as a matter of urgency.

***The following All Wales procedures should be consulted for further details on the processes for safeguarding children and young people:***

- ***The All Wales Child Protection Procedures***
- ***Promoting the Welfare of Children at Risk of Abuse from Sexual Exploitation***
- ***Safeguarding Children and Young People Affected by Domestic Abuse 2011***

**SWA's addendum to Safeguarding CYP Policy – where face to face contact is not possible.**

- Where face to face contact is not appropriate children and young people are offered contact via alternative methods such as telephone and internet, using media such as Zoom, Skype or WhatsApp.
- If the child is under 16 then consent is first obtained from the parent/carer and the appointment time is arranged via the parent/carer
- A discussion is held with the parent /carer prior to support taking place, ensuring the child or young person (CYP) has a suitable confidential space in which to receive support.
- The boundaries of confidentiality are discussed with each CYP prior to support commencing.
- Online security is discussed with both the CYP and parent and information is provided in relation to staying safe online.
- All support is carried out via the laptop and phone which has been provided to the worker by the organisation.
- All discussions with or regarding a CYP are recorded promptly in a secure database.
- In line with existing Safeguarding procedures, the CHYPS workers promptly discuss any concerns with a Safeguarding lead from the organisation and, where appropriate, discusses with parent and/or other agencies involved with the CYP, e.g. Child & Family Services.
- CHYPS Team to complete NSPCC - Keeping Children Safe Online Training

Resources on Internet Safety:

<https://learning.nspcc.org.uk/safeguarding-child-protection/social-media-and-online-safety>

<https://www.saferinternet.org.uk/>

<https://www.ceop.police.uk/safety-centre/>

<https://ineqe.com/webinars/>

**11.0 Breaches of Policy**

Breaches of Policy will be reviewed as appropriate which may include the Disciplinary Policy or criminal investigation and may lead to dismissal and or criminal prosecution as appropriate as stated in the SWA Disciplinary Policy 1.05.

**12.0 Date of Review**

SWA will review this policy annually as per agreed deadlines or should there be a cause for concern with its implementation, or impact or change in legislation.

## Appendix 1

### CHILD PROTECTION CONTACT SHEET FOR SWANSEA WOMEN'S AID

#### Internal:

**Designated Person:** Lynne Sanders, Chief Executive

Contact details: [lsanders@swanseawa.org.uk](mailto:lsanders@swanseawa.org.uk) Tel: 07970 278308

**Deputies:** Donna Davies, Supported Housing Team Leader

Contact details: [ddavies@swanseawa.org.uk](mailto:ddavies@swanseawa.org.uk) Tel: 07770 761373

Lisa Conte , Community Services Manager

Contact details: [lconte@swanseawa.org.uk](mailto:lconte@swanseawa.org.uk) Tel: 07970 264235

#### External:

Children's Services Intake and Assessment team/s for the City and County of Swansea

Tel: 01792 635700

Email: [access.information@swansea.gov.uk](mailto:access.information@swansea.gov.uk)

Emergency Duty Team (outside normal office hours)

Tel: 01792 775501

Email: [edt@swansea.gov.uk](mailto:edt@swansea.gov.uk)

**Appendix 2**

**Child Protection Reporting Form**

1. Full Name of Child.....
2. Age & Date of Birth ..... Ethnicity .....
3. First Language .....Religion.....
4. Any health or disability factors .....
5. Parents /carer's name(s) & relationship .....  
D.O.B.....
6. Home address and tel number .....
7. Names & D.O.B of any other adult(s) living in the household.....
8. Names (inc. those known by) / addresses / D.O.B of family members.....
9. Name of other professionals involved with family (including school / GP)  
Name/Organisation..... tel.....  
School ..... tel.....  
Name of GP ..... tel .....
10. Are you reporting your own concerns or passing on those of someone else? Give details.....
11. Brief description of what has prompted the concerns: include dates, times etc of any specific incident/s. Remember to record conversations with child reporting their words, any physical signs, behavioural signs, other:  
.....  
.....  
.....
12. Have you spoken to the child? If so what was said?  
.....  
.....
13. Have you spoken to the parent(s)? If so what was said?  
.....  
.....
14. Has anybody been alleged to be the abuser? If so give details

.....  
.....  
.....

15.Action taken: include who you have spoken to (formal/informal, date & times), what you have decided to do, the timescales and who is responsible for undertaking the action/s

.....  
.....  
.....

16. 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 and environment

.....  
.....

17. Any information affecting the safety of staff

.....  
.....

Please attach extra sheet if required

To whom reported.....

Date & Time reported.....

Date:  
Name:  
Role:

Time:  
Signature:



## Appendix 3

### Safeguarding Children and Young People Definitions and Indicators

#### Definitions of abuse

**Physical abuse** - may involve hitting, shaking, throwing, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child

Fabricated or Induced illness - Physical harm may also happen when a parent or carer feigns the symptoms of or deliberately causes ill health to a child they are looking after.

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

**Neglect** - Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

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

**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, for example by witnessing VAWDASV 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.

**Bullying** is not defined as a separate category by the authorities but the following definition is useful:

Bullying is deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can be:

- Physical ~ hitting, kicking, theft
- Verbal ~ racist or homophobic remarks, threats, name calling
- Emotional ~ isolating an individual from the activities and social acceptance of their peer group.
- The inappropriate use of mobile phones and other social media to emotionally harm another.

- **Sexual Exploitation:** is the coercion or manipulation of children and young people into taking part in sexual activities involving an exchange of some form of reward. The vulnerability of the child or young person and the grooming process employed renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent. Sexual exploitation includes:
  - Abuse through prostitution
  - Abuse through using children to produce child sexual abuse images and material
  - Abuse through grooming whether via direct contact or the use of technologies such as mobile phone or the internet
  - Abuse through trafficking for sexual purposes.

(see All Wales Protocol for assessment matrix for sexual exploitation<sup>23</sup>)

**Sexually harmful behaviour:** Children can be sexually abused by other children or young people. This may involve secrecy, coercion, threats, imbalances of power, physical size or age. Where this situation is identified or concerns raised, it is necessary for a referral to be made to social services so that the needs of the victim and the child allegedly exhibiting sexually harmful behaviour can be assessed. Where you become aware that a young person under the age of **18** years old is in a sexual relationship it is necessary to assess whether that relationship is entirely consensual or based on coercion, exploitation and/or imbalances of power. It is particularly important to establish whether there is any risk of domestic abuse within the relationship.

**Consent to sexual activity<sup>24</sup>:**

- The age of consent for sexual activity is 16 years.
- A child under 13 years old cannot consent under any circumstances
- A young person under the age of **18** years cannot consent to sexual activity with a person in a position of trust towards them

**Risk of harm to an unborn child** Circumstances that might raise the risk of harm, or future risk of harm to an unborn child can include:

- Previous children in family have been removed due to suffering harm
- Other children in the family have their names on the child protection register
- Expectant mother/father has previously abused or allegedly abused a child
- Expectant mother has partner or is in contact with someone who has abused a child
- Concerns exist regarding either parent's ability to protect
- Known incidents of domestic abuse within the relationship
- Alcohol or substance abuse is thought to be affecting health of unborn child, or where it may significantly impair parenting skills
- Expectant parent is very young and a dual assessment of their needs as-well as their ability to meet the child's needs is required
- Previous history of postnatal psychosis, or other mental health problems that appear to compromise parenting capacity
- Concern about new parents' capacity to parent and it is believed any child of family may suffer significant harm
- Lifestyle of expectant mother and/or people she is in contact with is such that child may be at risk.

**Some indicators that might lead you to become concerned about a child/young person:**

**Physical indicators;**

Bruising or marks ~ bruising is strongly associated with mobility and any bruising to a non-mobile child/baby should be reported quickly (as above). Mobile children will inevitably acquire bruises. The following can help to distinguish accidental from non-accidental bruises:

- Accidental bruises are usually on bony parts of the body like shins, knees, elbows or the lower palm of the hand. Accidental bruising to the forehead is not uncommon among toddlers and a black eye is also not uncommon in older children especially if they are active in sports. Accidental bruises are usually on the front of the body.
- Non-accidental bruising or marks are more likely on the soft parts of the body and may be in clusters or show different colours possibly indicating bruising of different ages. The bruise or mark may show the outline of an implement or hand or small round regularly spaced bruises may be 'fingertip bruises'. Bruising to the face, back, abdomen, arms, buttocks, ears and hands need to be taken seriously and reported for proper assessment.
- Other marks might indicate a child has been physically harmed such as burn or scald marks especially if of regular appearance e.g., 'glove' or 'stocking' effect.
- Any bruising or marks which do not seem to match the explanation given.

Child/young person poorly clothed, often hungry, frequently unwell, not getting medical or dental attention

Unexplained gifts or money, mysterious 'friends'

**Behavioural Indicators;**

It is important to remember that all behaviour is a communication and this is particularly true for young children and those who due to age or impairment do not have speech. However, it is not always easy to correctly interpret behaviour. If a child's or young person's behaviour is causing you concern, then it is important that you share that concern as above so that careful consideration can be made.

Children and young people who are being harmed may present behaviour that is:

- Aggressive and/or angry
- Sexualised
- Withdrawn and watchful
- Very self-critical or indicates low self esteem
- Mistrustful
- Dishonest or covert e.g., stealing, using blatant exaggerations to bolster self-esteem

These indicators are examples only and do not form an exhaustive list. Any marks or behaviour that causes you to be concerned about a child should be reported to the designated person.

## Appendix 4

## LEGISLATION, GUIDANCE AND FURTHER READING

1. Home Office Statistical Bulletin, *Crime in England and Wales 2007-08*:  
<http://www.homeoffice.gov.uk/rds/index.html>
2. *ibid*
3. 'Tackling Domestic Abuse: The All Wales National Strategy. A joint agency approach' (2005) Welsh Assembly Government  
<http://wales.gov.uk/dsjlg/publications/communitysafety/domesticabusestrategy/strategieye.pdf;jsessionid=Ym8hPv8DgfrMIQK4hLMTQ>
4. 'Consultation Response to Cross-Government Definition of Domestic Violence' (March 2012) NSPCC  
[http://www.nspcc.org.uk/Inform/policyandpublicaffairs/consultations/2011/domestic-violence-definition\\_wdf88607.pdf](http://www.nspcc.org.uk/Inform/policyandpublicaffairs/consultations/2011/domestic-violence-definition_wdf88607.pdf)
5. 'The Definition of Honour Based Violence and Forced Marriage Offences'  
[http://www.cps.gov.uk/legal/h\\_to\\_k/honour\\_based\\_violence\\_and\\_forced\\_marriage/#a22](http://www.cps.gov.uk/legal/h_to_k/honour_based_violence_and_forced_marriage/#a22)
6. 'The Convention on the Rights of the Child, adopted by the General Assembly of the United Nations 20 November 1989'. (1989) United Nations Geneva.
7. 'Children and Young People; Rights to Action' (2004) Welsh Assembly Government
8. Adoption and Children Act 2004 [www.legislation.gov.uk/ukpga/2002/38/contents](http://www.legislation.gov.uk/ukpga/2002/38/contents)
9. Humphreys, C. (2006) *Domestic violence and child abuse. Research and Practice Briefing: Children and Families. No 14.* Department for Education and Skills.
10. *Safeguarding Children: Working Together under the Children Act 2004* (2006) Welsh Assembly Government
11. All Wales Protocol 'Safeguarding and Promoting the Welfare of Children who are at Risk of Abuse through Sexual Exploitation' The Wales Safeguarding Procedures 2019  
[https://www.safeguarding.wales/All Wales Protocol 'Safeguarding and Promoting the Welfare of Sexually Active Young People'](https://www.safeguarding.wales/All%20Wales%20Protocol%20'Safeguarding%20and%20Promoting%20the%20Welfare%20of%20Sexually%20Active%20Young%20People') (2008) The Wales Safeguarding Procedures 2019  
[https://www.safeguarding.wales/The Wales Safeguarding Procedures 2019](https://www.safeguarding.wales/The%20Wales%20Safeguarding%20Procedures%202019)  
<https://www.safeguarding.wales/>
12. *Safeguarding Children and Young People affected by Domestic Abuse; All Wales Practice Guidance* (2011) All Wales Child Protection Procedures Review Group The Wales Safeguarding Procedures 2019  
[https://www.safeguarding.wales/Children Act 1989 Section 47](https://www.safeguarding.wales/Children%20Act%201989%20Section%2047)
13. Children Act 1989 Section 17
14. All Wales Protocol 'Safeguarding Children in whom Illness is Fabricated or Induced', (2008) The Wales Safeguarding Procedures 2019  
<https://www.safeguarding.wales/>
15. The Wales Safeguarding Procedures 2019  
<https://www.safeguarding.wales/> (as above) paragraph 3.2.3
16. as above paragraph 2.1.1
17. *Safeguarding Children; Working Together under the Children Act 2004: Appendix A* Welsh Assembly Government
18. Children Act 1989 Section 47  
The Wales Safeguarding Procedures 2019  
[https://www.safeguarding.wales/para 1.1.2](https://www.safeguarding.wales/para%201.1.2)
19. All Wales Protocol; *Safeguarding and Protecting the Welfare of Children and Young People who are at risk of abuse through Sexual Exploitation* The Wales Safeguarding Procedures 2019  
[https://www.safeguarding.wales/Sexual Offences Act 2003](https://www.safeguarding.wales/Sexual%20Offences%20Act%202003)
20. *Social Services and Wellbeing (Wales) Act 2014.*