

Islands Child Protection Committee



Working Together for the Children of Guernsey and Alderney

Safeguarding Children and Young People



Ground rules

- Confidentiality
- Respecting others views
- Chance to have your say
- Challenging in a safe way
- Discussing sensitive, emotive material
- Timekeeping
- Unsafe practice

Safeguarding Tier 1 Aim



To demonstrate knowledge and skills in applying safeguarding principles in practice and to appraise implications for professional practice when working with families



Safeguarding - Outcomes

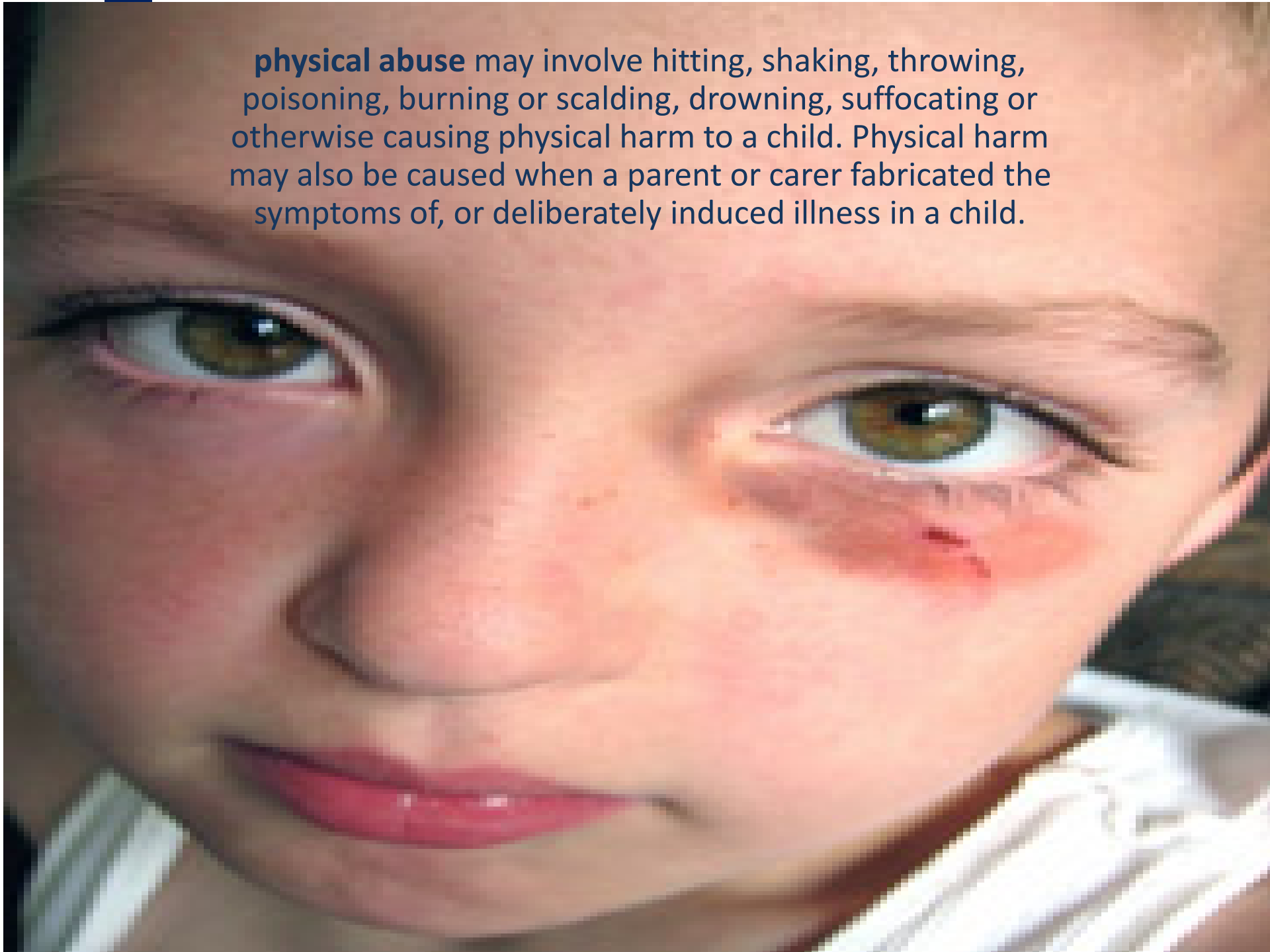


- Define the categories of child abuse, signs and indicators
- Recognise and know how to respond to concerns
- Explain role and responsibility
- Locate and refer to relevant guidelines

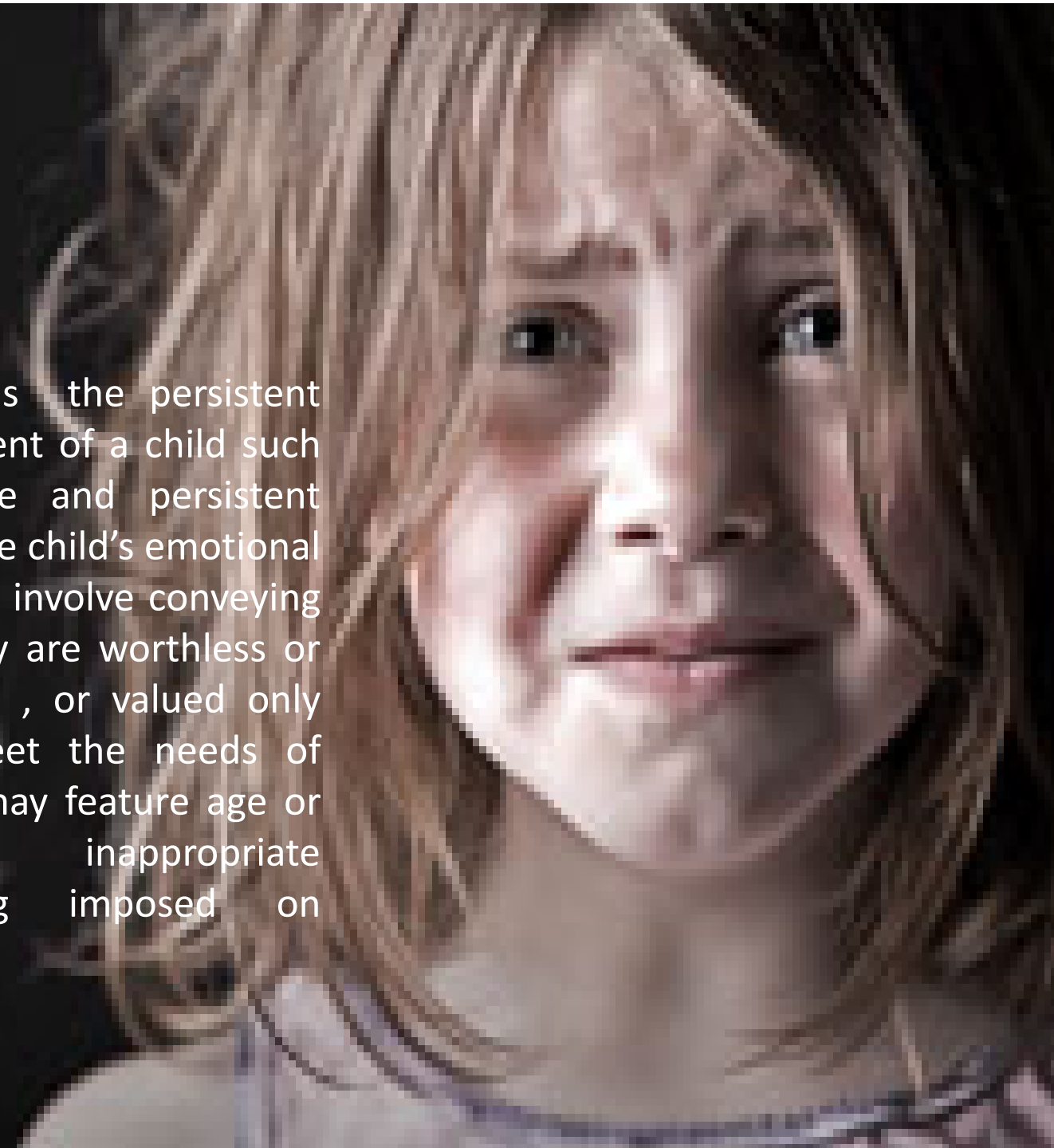


Signs and indicators of abuse exercise

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 carer fabricated the symptoms of, or deliberately induced illness in a child.



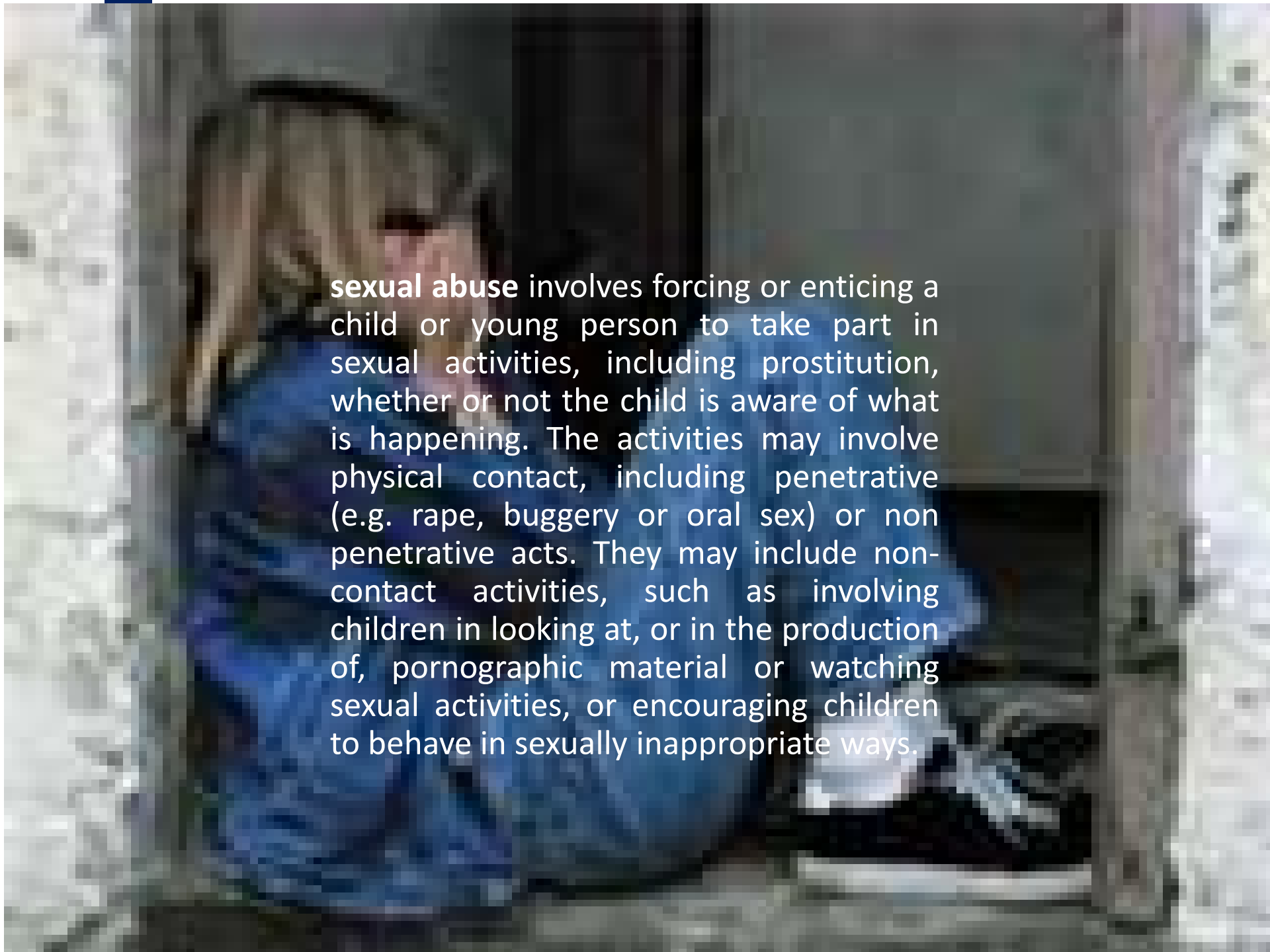
emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children.





emotional abuse may include interactions that are beyond the child's developmental capability, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care takers, 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.

A young girl with long blonde hair, wearing a blue dress, is looking down with a sad expression. The background is dark and blurry, suggesting an indoor setting. The text is overlaid on the right side of the image.

sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) 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.

Child in Need (new category)



- A child is in need if he/she:
- Needs additional services to achieve a reasonable standard of health or development or prevent significant impairment of...
- Is disabled
- Is adversely affected by the disability or illness of a family member

(Children Law Guernsey and Alderney 2008)

Children in need of protection (at risk)



children may be in need of protection where their basic needs are not being met in a manner which is appropriate to their individual needs and stage of development and the child is, or will be, at risk through avoidable acts of commission or omission on the part of those holding parental responsibilities



Sources of Stress for Children and Families



- Social exclusion
- Domestic violence/ abuse
- Mental health condition/illness of a parent or carer
- Drug and alcohol misuse
- Disabled Children

Establishing the Threshold



- Is the child suffering or likely to suffer from significant harm?
- Is it significant in relation to what would be expected of a similar child?
- Is the harm or likelihood of harm attributable to the care given?



Scenario exercise



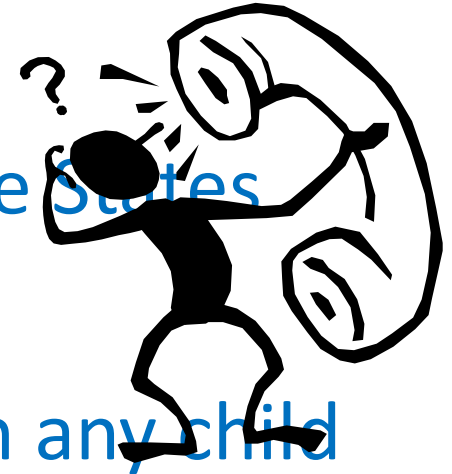
Break



Duty to work together and share information



- Duty of each employee of the States and all other persons:
‘whilst they are working with any child whom they reasonably believe is in need or at risk, to take actions to protect and promote the child’s welfare and share information’

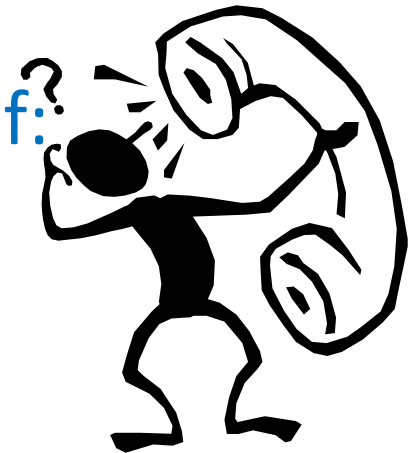


(Children Law Guernsey and Alderney 2008)



Sharing information

- Child in Need:
- May share information for a child in need **but** need consent
- Child at Risk:
- Specific duty to share information if:
 - a. believe a child to be at risk
 - b. act in good faith
 - **and**
 - c. sharing is in accordance with procedures
(Children Law Guernsey and Alderney 2008)





Passing on concerns

- Discuss with your line manager/ child protection officer
- They should pass on concerns, however if they do not or do not share your concerns you can refer to the duty social worker or discuss with duty social worker.
- Record what your concerns are and who you reported them to
- Professionally accountable as an autonomous practitioner

What gets in the way of worries being shared?



- Confidentiality
- Fear of people involved (family/agency)
- Lack of knowledge/confidence to act
- Complacency
- Loss of trust
- 'Make things worse'



Continued.....

- Increase in workload
- Past negative experience
- Being wrong
- Fearful of outcome i.e. children taken away
- Differences of opinion within team
- Personal involvement with family

Referral Pathway

Concerns for a Child Identified Within the Community.

All Referrals to the Assessment and Intervention Team
Referrals received from members of the public, School, GP, Health Visitors, Midwives, School Nurses, Police, CAMHS, Probation, Adult Mental Health Services.

Enquiry to Duty

Referral

No Further Action

Strategy Meeting

Convened with the Police
Information is received of a child at risk of significant harm or where an injury has occurred.
A decision is made regarding a paediatric medical and ABE Interview.

Home Visit

The content of the referral is discussed with the family and services are identified that can be provided and support given

No Further Action

Initial Assessment

Looks at Child Protection/ Child in Need, any concerns within the family and addresses the domains of the Framework of Assessment and how each child's needs are being met



Why refer?

- Welfare of children is paramount (Children Law Guernsey and Alderney 2008)
- Children and families have a right to services that support them to safeguard and promote welfare of their children
- Safeguarding is everyone's responsibility
- Your information may help to complete the 'jigsaw' of that child's life
- Abuse and neglect impact on children's lives and beyond into adulthood

All too common impact of maltreatment and abuse

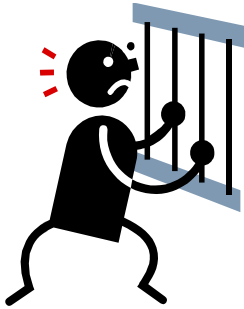
(Immediate and long term)

- Anxiety
- Depression
- Substance misuse
- Eating disorders
- Self destructive behaviours
- Difficult relationships with family/friends/partner

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- Adult survivors of abuse are more likely to have relationship problems, mental health problems or turn to alcohol, drugs or crime. In a study conducted among a population of psychiatric patients, 49% of respondents reported having been sexually abused as children (Metcalfe 1994)
- Locally in an informal study of 186 mental health service users 78% reported having had traumatic or abusive experiences in their childhood (2007).

Some messages from Inquiries into the deaths of children



- The same messages emerge again and again....
- In the last 10 months of Victoria Climbié's life there were 12 occasions when individual professionals had the opportunity to protect her and failed to do so...
- Baby Peter had been seen 60 times by health and social care professionals in his short life, many had failed to recognise signs and indicators of abuse.
- Research has shown repeatedly that it is only when information from a number of sources is shared that it becomes clear that a child is at risk of being harmed
- Serious case review being undertaken – Philpott family.....numerous people had concerns



Local register statistics 2012

- Emotional – 32%
- Neglect -41%
- Sexual - 3%
- Physical - 4%
- Dual registrations - 20%
- Comparable with increase UK statistics – approx 45 children and young people actually on the register at any one time (many more families not ‘quite meeting threshold’).

New Child Protection procedures:

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- On States of Guernsey website www.gov.gg *Guernsey and Alderney Child Protection Procedures (google!)*
- These bring the procedures up to date and in line with new children's laws (Children Law Guernsey and Alderney 2008)



Useful contact numbers

- Assessment and Intervention Team
Tel: 723182 (Out of hours PEH – Tel 725241)
- Police, Public Protection Unit, Tel: 725111



Other essential training

- **E learning** (for all SOG employees and need to do before accessing tier 1 /tier 2)
- **Tier 1 – 2.5 hrs** for all people who have contact with children/young people and/or who have direct contact with adults who are parents/carers
- **Tier 2 (2 days)** – for all people who may be involved in attending case reviews, monitoring/participating in child’s plan
- **Tier 3**– x 2 topical day conferences per year for people with a specialist interest in working with families

<http://learning.gov.gg>

Don’t forget - Options (domestic abuse) training too



To Summarise.....



- Define the categories of child abuse, signs and indicators
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