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## SAFEGUARDING CHILDREN IN ANGUILLA AN ABBREVIATED GUIDE

### 1. INTRODUCTION

#### **You are required to follow these Guidelines**

These guidelines are an abbreviated form of the Safeguarding and Child Protection Protocols and Procedures agreed by the Government of Anguilla through consultation with all stakeholders (agencies and departments in the public and private sector) who work with children.

The guidelines are intended for civil society and all staff and volunteers, in Health, Police, Education, Social Development, Tourism and other organisations, who work with children. Front-line staff to senior management are **required to follow them scrupulously.**

Across the world, inquiries into the deaths, serious injury and harm to children and young people resulting from abuse have repeatedly reached two major findings regarding the failures of professionals which might have prevented these tragedies:

- An ignorance of and /or failure to follow agreed procedures
- Breakdowns and failures in communication between different departments/agencies

By following these guidelines it should be possible to ensure that these failures do not occur on Anguilla.

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### 2. DEFINITION OF THE CHILD

According to the United Nations Convention on the Rights of the Child (CRC) a child is a person who is under 18, unless national laws recognize the age of majority earlier. In Anguilla the age of majority is 18. Therefore, **in Anguilla a child is any person who is under the age of 18.**

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## 3. RECOGNITION OF CHILD ABUSE

Someone may abuse or neglect a child by inflicting harm, or failing to prevent harm. Children may be abused in a family or an institutional setting, by those known to them. It is more rare for a child to be abused by a stranger.

The possible signs of abuse given below are not exhaustive, and obviously many of them will have causes other than abuse, but they are indicators that all staff and volunteers working with children should keep in mind.

**3.1 Physical Abuse:** Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, suffocating or otherwise causing physical harm to a child. A parent or caregiver may sometimes feign or deliberately cause ill health to a child whom they are looking after. This is known as fabricated or induced illness by a caregiver.

*Possible signs of Physical Abuse: Unexplained injuries, especially if recurrent. - Improbable excuses / inconsistent explanations of injuries. - Refusal to discuss injuries - Untreated Injuries - Fear of parents being contacted - Withdrawal from physical contact / flinching - Arms and legs kept covered in hot weather - Fear of returning home - Fear of medical help - Self-damaging behaviour - Chronic running away.*

**3.2 Emotional Abuse:** Emotional abuse may involve conveying to a child that they are worthless or unloved, inadequate or valued only in as far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed upon children. It may involve causing children to feel frightened or in danger. Some level of emotional abuse is present in all types of ill treatment of a child, though it may occur alone.

*Possible signs of Emotional Abuse: Delays in physical, mental and emotional development - Over reaction to mistakes. - Sudden speech disorders - Fear of new situations - Inappropriate emotional responses to painful situations - Neurotic behaviour ( rocking, hair-twisting, thumb-sucking) - Self-harming - Fear of parents being contacted - Extremes of passivity or aggression - Drug abuse - Chronic running away - Compulsive stealing - Scavenging for food or clothes.*

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**3.3 Sexual Abuse:** Sexual abuse involves forcing or enticing a child take part in sexual activities whether or not the child is aware what is happening. The activities may involve physical contact including penetrative or non-penetrative acts or non-contact activities such as involving a child in viewing pornography, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

**Possible signs of Sexual Abuse:**

**Younger children ( 0-12):** *Become insecure and cling to parent - show extreme fear of a particular person - Become hysterical when clothes, especially underclothes or diaper/pamper is removed - Have soreness or bleeding in the throat, anal or genital areas - Regress to a younger behavioural pattern - Show obsession with sexual matters and behave in a sexual way inappropriate to their age (e.g. sexual play with dolls, drawings of sex organs etc) -Repeat obscene words said by the abuser - Become withdrawn and fearful - Hint at secrets they cannot tell. - Start wetting the bed / themselves - Show discomfort when walking - Show low self-image - Attempt to sexually abuse other children.*

**Older Children ( 12+):** *Be depressed / suicidal -Alcohol / drug abuse - Self-harm - Find excuses not to go home or to a particular place - Not be allowed to go out or have friends visit - Talk about a ' friend' who has a problem - Show a sudden change in schoolwork / habits - be fearful of undressing for gym - Soreness / bleeding in the throat, anal or genital areas - Unexplained pregnancies -Run away frequently - Have unexplained sums of money - Become withdrawn, isolated, worried - Be fearful of specific people ( relatives or friends). - Have nightmares - Become anorexic or bulimic.*

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

**Possible Signs of Neglect:** *Constant Hunger - Poor personal hygiene - Constant tiredness - Poor state of clothing - Emaciation - Frequent lateness and non-attendance at school - Untreated medical problems - Destructive tendencies - Low self-esteem - Neurotic behaviour*

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*(rocking, hair-twisting, thumb-sucking) – Lack of social relationships - Chronic running away - Compulsive stealing - Scavenging for food or clothes.*

## **4. REPORTING A CONCERN OR A SUSPICION**

*If any person has knowledge, concerns, or a suspicion that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that the concerns are referred to The Department of Social Development who have statutory duties and powers to investigate and intervene when necessary.*

4.1 Anyone who has concerns about a child's or children's welfare should write down their concerns whether or not further action is taken (see section 5 of these guidelines). If possible the person raising the concern should seek advice from co-workers, colleagues, supervisors, managers, a designated or named member of staff/a volunteer within their department, agency, organization, or establishment first – then if necessary outside colleagues, **but this discussion should never delay emergency action to protect the child or be used as a substitute for a referral where a concern exists.**

4.2 “Concerns” rather than “facts” can be shared with The Department of Social Development, and this should be done via a referral. While concerns may not trigger an investigation in themselves, they may help to build a picture, along with concerns from other sources, which suggests that a child may be suffering harm.

In many serious child abuse cases, subsequent investigations have shown that a number of different agencies had concerns about a child's welfare which they did not share with other agencies or refer Social Services. Earlier referral and sharing of information might have prevented a child's suffering.

4.3 Every agency, organisation, or establishment that works with children has a responsibility for the protection of children and all staff members/volunteers have a duty to report concerns. **Suspected abuse must be reported to the Department of Social Development.** The Department of Social Development can work closely with the Royal Anguilla Police Force if necessary as they are the only agencies with the statutory duty to investigate suspected abuse. **Departments, Agencies,**

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## **Organisations, or Establishments must not conduct their own internal enquiries, but must make a referral as described above.**

They **must not** make their own decisions about whether a concern that involves a particular member of their own staff (employees or volunteers) is a disciplinary issue or a child protection matter. Such considerations should only take place with the involvement of the Department of Social Development and The Royal Anguilla Police Force should the latter be part of the particular investigation.

4.4 **Confidentiality** is of great importance in handling child protection concerns and cases. Lack of confidence in the confidentiality of the system and the professionals responsible for running it can form a powerful disincentive to referring legitimate concerns, with consequent dangers for children. The need for strict confidentiality needs to be understood by all those involved – administrative staff, clerical staff, front-line workers and volunteers. The observance of confidentiality is a condition of employment or voluntary service.

### **4.5 If a child tells you that they or another child is being abused:**

- 1) Show that you have heard what they are saying and that you take their allegations seriously.
- 2) Encourage the child to talk, but do not prompt or ask leading questions. Don't interrupt when the child is recalling significant events. Don't make the child repeat their account.
- 3) Explain what actions you must take, in a way that is appropriate to their age and understanding.
- 4) Do not promise to keep what you have been told secret, as you have a responsibility to disclose information to those who need to know. **Reporting concerns is not a betrayal of trust.**
- 5) Write down what you have been told, using the exact words if possible.
- 6) Make a note of the date, time, place and people who were present at the discussion.
- 7) Report your concerns to your line manager or if appropriate, the person in your organisation with the designated responsibility for child protection.
- 8) Ensure that your concerns are immediately reported to The Department of Social Development (during working hours) or the

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On Call Social Worker (if at a time when the office is closed). Do not delay.

- 9) Do not confront the alleged abuser.
- 10) Do not worry that you may be mistaken. **You will always be taken seriously by the Department of Social Development.** It is better to have discussed it with somebody with the experience and responsibility to make an assessment.

## **4.6 If the behaviour of an adult (including colleagues and members of the public) towards children causes you concern.**

- Do not dismiss your concerns
- Do not confront the person about whom you have concerns
- If it is a person with responsibility for children raise your concerns with that person's line manager. If you feel that this is inappropriate, or you are not satisfied with the response that you get, contact a more senior person in your agency or organization. It is very important that you do not ignore or dismiss suspicions about another professional, fellow employee or volunteer.

## **5. KEEPING RECORDS**

5.1 All child protection work depends on clear, accurate and complete record-keeping. Anyone with concerns about a child should make a written record of their concerns and what they do about them, using the guidance below. This guidance should also be followed by those taking a lead in child protection enquiries and action following on from any enquiries.

### **Records should:**

- Use clear, straightforward language
- Be concise
- Be accurate in fact and in distinguishing between opinion, judgements and hypothesis
- Be accessible to relevant persons
- Be comprehensive
- Clearly record judgements and decisions made and action taken

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- Clarify where decisions have been taken jointly across organizations/agencies, or endorsed by a supervisor/manager

## **The reader should be able to track:**

- The relevant history of the child and family which led to the intervention
- The nature of interventions, including intended outcomes
- The means by which change is to be achieved
- The progress which is being made
- The author, accountable officer and date

## **6. SUMMARY**

- ❖ The welfare and safety of the child is the paramount consideration
- ❖ All front line staff and volunteers working with children should be aware of the signs and indicators of possible abuse
- ❖ All frontline staff and volunteers have a duty to record concerns, consult with others and make referrals to the Department of Social Development
- ❖ All Front Line Staff and Volunteers should know how to respond to disclosures of abuse
- ❖ A clear, accurate, and concise record should be kept of all concerns
- ❖ All departments, agencies, organizations, and establishments in Anguilla must co-operate and share information on matters of Safeguarding Children and Child Protection.

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## DO's and DON'T's Chart

*If you are concerned that a child is suffering significant harm, or may be at risk of significant harm*

### What you should do

- Members of the public should contact The Department of Social Development
- If someone tells you that they or another child is being abused, encourage them to talk, show that you've heard what they're saying and that you take their allegations seriously
- Professional staff should:
  - ✓ Write down what they have noticed or been told, making a note of the date, time, place and people present
  - ✓ Report their concerns to their line manager or, if appropriate, the person in their agency or organization with designated responsibility for child protection
  - ✓ Ensure that their concerns are reported without delay to the Department of Social Development

### What you should not do

- Do not worry that you may be mistaken. You will always be taken seriously by The Department of Social Development. Sometimes a number of minor concerns from different sources can reveal an abusive situation that would otherwise have been missed.
- If a child tells you that they or another child is being abused, don't interrupt, ask leading questions or make a child repeat their account
- Do not promise to keep what you have been told secret. You have a responsibility and a duty to disclose information to those who need to know. Reporting concerns is not a betrayal of trust
- Do not confront the alleged or suspected abuser.
- Do not attempt to investigate the allegations yourself
- Do not discuss the situation outside the process of consultation and referral ( e.g. with family or friends).