**Trainer notes – Module 2b – Children and young people – Duty to report**

* PowerPoint for module
* Wales Safeguarding Procedures App on phone or tablet to refer to throughout the module

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| Slide | References | Notes |
| 1 | **Unless otherwise noted, all information is taken from:**  Section 2 The duty to report a child at risk of abuse, neglect and/or harm  Social Services and Well-being (Wales) Act 2014, Section 128  Glossary (app) |  |  |
| 2 | **See also the Definitions module in Section 1** |  |
| 3 |  | Trainer to ensure understanding: A practitioner is anyone who, through their work, has contact with children, including those:   * in paid employment (temporary staff, students, trainees, casual staff, agency staff, personal assistants under the direct payment scheme, etc.) * undertaking unpaid / voluntary work * who are self-employed * who are contracted to work in the provision of services. |
| 4 | Glossary | For the purposes of this guidance a duty to report to the local authority will be taken to mean a referral to social services who, alongside the police, have statutory powers to investigate suspected abuse or neglect. |
| 5 | Glossary | **Examples**  Suspected abuse or neglect of a child: *a member of staff in a family centre notices changes in behaviour in a child that coincides with mother’s new partner moving into the family home.*    Based on information derived from a variety of sources and/or accumulated over time: *suspected abuse or neglect may result from an accumulation of information obtained within a school from the child, family member, class teacher and support staff.*    Reports may be received in isolation, that when considered together suggest the child may be suffering abuse/neglect. Practitioners should remember therefore that their concerns may, in isolation, not be significant. However, alongside those from other agencies and sources, they may build up a picture which suggests that a child may be suffering harm.  **Example**  *A GP sees a child with eczema who does not appear to be responding to treatment. Whilst the parent assures the doctor the prescribed treatments are being followed the GP questions whether the child is being neglected. She consults initially with other health professionals and the information shared indicates the child is at risk of neglect – the GP has a duty to report this information.*    Concerns about abuse and neglect may also be present when a child is already known to social services. **Do not presume because the child is known that there is no need to report.** |
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| 7 |  | If any person has knowledge, concerns or suspicions 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 social services or the police who have statutory duties and powers to make enquiries and intervene when necessary.  **This is not a matter of personal choice.** |
| 8 | Section 2 The duty to report a child at risk of abuse, neglect and/or harm > **The ‘statutory duty to report’ explained** | The Social Services and Well-being (Wales) Act 2014 is the law that sets out the regulations and legal requirements relating to safeguarding children and adults across Wales. |
| 9 | Section 2 The duty to report a child at risk of abuse, neglect and/or harm > **Responsibilities to report** | Trainer may wish to expand: This includes both paid and non-paid practitioners in third sector organisations (this includes voluntary, independent contractors and sub-contractors, independent professionals and private organisations). |
| 10 | Pointers for Practice: Identifying Professional Concerns  Section 5 Allegations against professionals / those in positions of trust | The duty to report professional concerns in private life  **Examples**    *A practitioner is aware that a teacher living on their street is being physically abusive towards their child.*  *A friend tells you they are struggling with their 10-year-old child’s behaviour and the only way to cope is to lock her in her bedroom. Last night she left the child in her room from after school until the following morning.*  *A neighbour who works in the private nursing home up the road tells you, that her children were recently placed on the child protection register for physical abuse. She hasn’t shared this information with her employers.*  *A friend, who is also a social worker, tells you she lets her six and eight-year-old let themselves into the house after school and stay on their own until she gets home from work three hours later.* |
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| 12 |  | **Example**  *A family that is resident in one part of Wales is holidaying in a caravan park in another part of Wales. The child is taken to the local A&E with a fracture to the arm that occurred that day. The paediatrician suspects non-accidental injury and contacts the local social services in which the caravan park is located – the paediatrician has a duty to report this to the local authority in which the caravan park is located.* |
| 13 |  | Trainer to point out: Safeguarding concerns can happen at any time of day or night, any day of the week.  The app’s ‘Regional Safeguarding Boards’ button will take the user to the website of their area, which provides all contact information.  **Example**  *A young person has indicated to a youth worker their father has been sexually abusing them whenever their mother is away. She is away that night and the young person does not want to go home. The father is due to collect the young person at the end of the evening.* ***The practitioner must contact the out of hours service and make the report immediately.*** |
| 14 |  | A decision must be taken by the practitioner as to whether there are immediate concerns about a child’s safety.  **Example**  *Medical staff in a hospital are concerned that the discharge of a child to their parents may put the child at immediate risk of harm.* |
| 15 |  | **Examples**  There is imminent danger to the child – call 999 for the police without delay.  *The parents of a child who is in hospital are threatening to remove the child. Hospital staff believe this would place the child in immediate physical danger.*  Urgent medical attention is needed – call 999 for an ambulance without delay.  Other children or adults may also be in imminent danger – call 999 for police without delay.  **Example**  *An adolescent, during a contact visit, is threatening to attack his mother and young brother with a knife. He is also threatening staff who have entered the room.*  A crime has been committed against a child – call 999 for police without delay.  **Example**  *A health visitor calls at a flat and a child, who says they are four years old, comes to the door and tells the health visitor she is on her own with her baby sister and does not know when mummy and daddy will be back. The health visitor must immediately contact the police.*  If in doubt as to whether an offence has occurred, seek advice from the police. |
| 16 | Please refer to your regional safeguarding board protocols in relation to unborn children.  See also Section 3, Part 2 for details of conferences related to the unborn child. |  |
| 17 |  | Trainer to stress: The need to seek advice should never delay any emergency action needed to protect a child.  Any practitioner who is hesitant or is unsure as to whether a child is at risk of harm, should seek advice, as outlined below, rather than wait for further evidence to confirm or refute these concerns.  Always try and seek advice from within your own agency unless this would mean undue delay and place an individual at risk.  The designated safeguarding person (DSP) is the identified person within the organisation who:   * is available to discuss safeguarding concerns * should be consulted, when possible as to whether to raise a safeguarding concern with the local authority * will manage any immediate actions required to ensure the individual at risk is safe from harm * all practitioners must know who to contact in their agency for advice and they should not hesitate to discuss their concerns no matter how insignificant they may appear. |
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