



Sullivan Upper Prep After School Club

Safeguarding Children/ Child Protection Policy





The Children (NI) Order 1995 came into force in Northern Ireland on 4 November 1996. It significantly affects the moral and legal responsibilities of all those, both in the statutory and voluntary sectors, who work with children and young people up to the age of 18 years.

The Order embodies five key principles:

- **Paramount** - In childcare law and practice, the welfare of the child is the overriding consideration in any decisions about him or her.
- **Parental responsibility** - parents have responsibilities to their children, rather than rights over them. In some situations, 'significant adults' share this responsibility with one or both parents.
- **Prevention** - this principle means preventing the separation of children from their families.
- **Partnership** - the basis of this principle is that the most effective way of ensuring that a child's needs are met is by working in partnership, especially with parents.
- **Protection** - children should be safe and should be protected by intervention if they are in danger.

In practical terms, this means we have a responsibility to provide a safe environment for children and young people, in which their welfare is of paramount importance. It also means we need to inform and consult parents and carers about any decision affecting their child. Parents also have a responsibility to ensure that their children grow and develop in a safe environment.

Whilst we will discuss with parents any concerns that may relate to Safeguarding/Child Protection, there may, however, be occasions where it is not appropriate to inform/discuss with parents that we are contacting the Gateway Team for advice or to make a referral. This is in relation to the Paramountcy Principal where the need to protect the child's welfare and safety outweighs the parents right to be informed. Following contact with the Gateway team, a UNOCINI referral will be completed as required.

In the event of a concern or referral the Designated Officer would also advise Mrs Ballard, Head of Prep. Department.



The Order was influenced by principles in the United Nations Convention on the Rights of the Child, which was ratified by the British Government on 16 December 1991. The Convention sets minimum standards for children and young people's civil, political, social, cultural and economic rights under three main categories - participation, protection and provision.

Aims of the Policy

We aim to ensure that staff are carefully selected, trained and supervised and that they are familiar with our Child Protection Policy.

We aim to promote an open and child-centred environment in which everyone feels comfortable and free to share information and concerns. A culture of sharing and communicating will enable this environment to develop.

We will endeavour to safeguard children by:

- adopting child protection guidelines through a code of behaviour for staff
- sharing information about child protection and good practice with children, parents, staff
- sharing information about concerns with agencies who need to know, and involving parents and children appropriately
- following carefully the procedures for recruiting and selecting staff
- taking appropriate action to respond to issues of child protection which occur on our premises or involve our workforce
- appointing two Designated Officers to implement our Child Protection Policy.

We are also committed to reviewing our policy and good practice at regular intervals.

We are committed to delivering a service that promotes good practice and protects children from harm.



Awareness of Abuse

Signs and symptoms of abuse

Anyone may abuse or neglect a child by inflicting harm, by knowingly not preventing harm or by failing to provide proper care. Children may be abused in many settings: in family, an institutional setting, or, more rarely by a stranger.

There are different types of abuse, and a child may suffer more than one type.

Physical abuse

Physical abuse is deliberate physical injury to a child, or the wilful or neglectful failure to prevent a child's physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, and drowning or suffocating.

'Munchausen's syndrome by proxy' is an illness whereby a parent or carer feigns the symptoms of, or deliberately causes, ill health in a child, and this too may amount to physical abuse. For children with disabilities, physical abuse may include confinement to a room or cot or giving drugs incorrectly to control behaviour.

Emotional abuse

Emotional abuse is the persistent emotional ill-treatment of a child, having severe and persistent adverse effects on the child's emotional development. It may involve making children feel they are worthless or unloved, inadequate, or only valued for what they can do for another person. Emotional abuse may also involve causing children frequently to feel frightened or in danger or exploiting or corrupting them. For children with disabilities, this type of abuse may include over-protection or, conversely, failing to acknowledge or understand a child's disability and thus having unrealistic expectations. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

Sexual abuse

Sexual abuse involves forcing or enticing a child 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 pornographic material or watching sexual activities or encouraging them to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and psychological needs and is likely to seriously impair the child's health or development. Neglect may involve a parent or carer failing to provide adequate food, shelter or clothing; failing to protect a child from physical harm or danger; failing to ensure that the child receives appropriate medical care or treatment; lack of stimulation; or lack of supervision. It may also include neglecting a child's basic emotional needs.

Indicators and effects of abuse

Even for those experienced in working with child abuse, it is not always easy to recognise a situation where abuse may occur or has already taken place. It is unlikely that our staff will be experts and we should also stress that under the Children (NI) Order 1995, the relevant Health and Social Services Trust has a statutory duty to ensure the welfare of a child.

It is our responsibility to provide a safe environment for children by employing people who are suitable to work with, or to have contact with, children. This is done by having effective and clear procedures for staff to report any suspicions, through our own procedures, to the relevant Health and Social Service Trust.

Indications that a child may be suffering abuse include:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if they are on a part of the body not normally prone to such injuries.
- An injury for which the explanation seems inconsistent.
- The child describing what appears to be an abusive act involving himself or herself.
- Someone else - a child or adult - expressing concern about the welfare of the child.
- Unexplained changes in the child's behaviour over time e.g. becoming very quiet, withdrawn or displaying sudden outbursts of temper.
- The child showing inappropriate sexual awareness for their age.
- Distrust of adults, particularly those with whom the child previously had, or would normally, be expected to have, a close relationship.
- Difficulty in making friends.
- The child being prevented from mixing with other children.
- Displaying changes in their eating patterns, including overeating or loss of appetite.
- Loss of weight for no apparent reason.
- Increasingly dirty or unkempt appearance.



This list is not meant to be complete, and the presence of one or more of these indicators is not proof that abuse is actually taking place. We stress, however, that it is not the responsibility of staff to prove that abuse is taking place. Instead, it is their responsibility to act on any concern by reporting them to the Designated Officer.

Adult/child ratios

Supervision must be adequate. Recommended ratios for children aged between statutory school age children and 12 years are one member of staff to ten children. There should always be at least two members of staff supervising any group of children, regardless of size.

The After School Club is registered for 30 children. There are 4 members of staff.



Code of Behaviour on Child Protection for Staff

We recognise that it is not practical to provide definitive instructions that would apply to every situation when staff come into contact with children, and that would guarantee the protection of children and staff.

However, the following points cover the standards we expect from our staff, so that they can fulfil their roles. This Code of Behaviour should help to protect both children and members of staff.

1. Staff must follow our Child Protection Policy and Procedures at all times.

2. Staff must never:

- engage in rough, inappropriate games including horseplay with children.
- allow, or engage in, inappropriate touching of any kind.

The main principles of touching are:

- It should always be in response to the child's needs
- It should always be appropriate to the child's age and stage of development
- It should always be with the child's permission
- physically restrain a child or young person, unless it is to:
 - prevent physical injury to the child, to other children, to visitors or staff, or to yourself
 - prevent damage to any property
 - prevent or stop the child or young person committing a criminal offence

In all circumstances, physical restraint must be appropriate and reasonable e.g. guiding a pupil to safety by the arm or blocking a pupil's path, particularly if they were in 'flight mode'. If not, your action can be defined as assault.

- make sexually suggestive comments to, or within earshot of, a child.
- do things of a personal nature for children that they can do for themselves, or that their parent can do for them.

3. Staff **must not**, except in exceptional emergencies;

- take a child to the toilet unless another adult is present
- spend time alone with a child on his or her own - if you find yourself in this situation, make sure that they can be clearly seen by others.

Children are encouraged to manage their own self-care; however severe toileting incidents may require staff involvement.



Reporting Procedures

Child makes a disclosure to staff or a member of staff has concerns about a child either as a result of one observation or many observations over a period of time. Staff member does not investigate but

MUST ACT PROMPTLY



Staff member refers matter to Designated Officer, discusses with Designated Officer, make full notes.



Designated Officer reports to Gateway Team/Early Years Team and record Completion of UNOCINI form as required.

In the absence of the Designated Officer, or if the concern is about the Designated Officer, staff will report to the Deputy Designated Officer.

Designated Officer: Mrs R Moroney **ASC Supervisor** 02890425326/07955376905

Deputy Designated Officer: Miss E Dennison **ASC Assistant** (as above)

Early Years Link Social Worker: Deborah Johnston (028 44513807 Ext 88915)

Regional Emergency Social Work Service: 08001979995

Gateway Team: 0300 1000 300:

Reviewed: September 2024

FOR YOUR INFORMATION ONLY – this form may be used by staff as a tool before completing a UNICONI form

Child Protection Report Form
Allegations or suspicions of abuse

Private and Confidential

Please answer all the questions fully
This form **must** be kept in a secure place

Department:

Location:

NAME OF CHILD:

AGE:

PARENT OR CARER'S FULL NAME:

Please complete those sections below that are relevant and mark 'not applicable' in those sections that are not relevant.

1. DISCLOSURE

When was the disclosure made (dates and times)?

What were the immediate circumstances leading to the disclosure?

Were there others present at the time of disclosure?

Yes ☐

No ☐

Don't know ☐

If YES, please state who (name and position) and what role they played:

What feelings did the child express before, during and immediately after the disclosure?

2. Signs

Describe any signs of physical injury evident on the child or young person:

Describe any signs of behavioural changes displayed by the child:

Has the child alleged that any particular person is the abuser? (If so, please record the details below)

3. Signatures

TO BE SIGNED BY THE PERSON REPORTING THE CONCERN

SIGNED: _____

DATE: _____

REFERRED TO LINE MANAGER

DESIGNATED OFFICER: _____

DATE: _____