



# **Ganaway Activity Centre**

## **Safeguarding and Child Protection Policy**

## **Safeguarding Children and Young People Policy Statement**

Staff and volunteers at The Ganaway Training and Activity Centre are committed to practice that promotes the welfare of children and young people and protects them from harm.

We wish to ensure that all children and young people can participate in enjoyable and safe environment in which they can have fun and feel valued.

Staff and volunteers at The Ganaway Training and Activity Centre accept and recognise their responsibilities to develop awareness of the issues which can cause harm to children and young people, and to establish and maintain a safe environment for them. We are committed to reviewing our policy, procedures and practice at regular intervals, at least every three years.

We will endeavour to safeguard children and young people by:

- Following carefully the procedures laid down for recruitment and selection of staff and volunteers;
- Provide effective management of staff and volunteers through supervision, support and training;
- Reporting concerns to statutory agencies who need to know and involving parents and children appropriately;
- Adopting safeguarding guidelines and good practice with children, parents, staff and volunteers;
- Sharing information about safeguarding children and good practice with children, parents, staff and volunteers;
- Ensuring safety procedures are adhered to.

We will review our policy, procedures, codes of behaviour and practice at regular intervals, at least once every three years.

### **1. Child Protection Ethos**

The Ganaway Training and Activity Centre has a responsibility for the general welfare and safety of the children and young people in our care and we will carry out this duty by providing a caring, supportive and safe environment, where each child is valued for his or her unique talents and abilities, and in which all our young people can learn and develop to their full potential. All staff should be alert to the signs of possible abuse and should know the procedures to be followed. This Policy sets out guidance on the action, which is required where abuse or neglect of a child is suspected and outlines referral procedures within our centre

### **2. Principles**

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, the Department of Education (Northern Ireland) guidance 'Safeguarding & Child Protection in Schools 2017', the Department of Health's 'Co-operating to Safeguard Children and Young People in Northern Ireland 2016' and the Area Child Protection Committees' Regional Policy and Procedures (2005).

The following principles form the basis of our Child Protection Policy: -

- It is a child's right to feel safe at all times, to be heard, listened to and taken seriously.
- We have a pastoral responsibility towards the children in our care and should take all reasonable steps to ensure their welfare is safeguarded and their safety is preserved.
- In any incident the child's welfare must be paramount and this overrides all other considerations.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents and families; but where there is conflict the child's welfare must always come first.

### **3. Other Relevant Policies**

The Centre has a duty to ensure that safeguarding permeates all activities and functions. This policy therefore complements and supports a range of other centre policies including:

- Behaviour Policy
- First Aid and the Administration of Medicines
- Health and Safety Policy

### **4. Centre Safeguarding Team**

The following are members of the Centres Safeguarding Team

- Designated Officers
  1. Chief Executive Paul McCarroll
  2. Centre Manager Gareth Shields
  3. Activity Director Norman Rodgers

### **5. Roles and Responsibilities**

#### **5.1 The Designated Officers :**

The Designated Officer must:

- Avail of training so that they are aware of duties, responsibilities and role.
- Organise training for all staff
- Lead in the development of the centres Child Protection Policy
- Act as a point of contact for staff in Child Protection matters
- Assist in the drafting and issuing of the summary of our Child Protection arrangements

- Make referrals to Social Services Gateway team or PSNI Central Referral unit where appropriate
- Maintain and store securely records of all child protection concerns

## 5.2 The Chief Executive must ensure that: -

- All staff receive child protection training;
- All necessary referrals are taken forward in the appropriate manner;
- The finance and property committee is kept informed;
- Child protection activities feature on the agenda of the finance and property committee meetings and termly updates & annual report are provided;
- The Safeguarding and Child Protection Policy is reviewed annually and that staff receive a copy/summary of this policy every 3 years;
- Confidentiality is paramount. Information should only be passed to The Trustees of The Boys' Brigade Belfast Battalion on a need to know basis.

## 5.3 Other Members of Staff

Staff at The Centre are likely to see children over long periods and can notice physical, behavioural and emotional indicators and hear allegations of abuse.

They should remember the 5 R s: Receive, Reassure, Respond, Record and Refer.

The member of staff must:

- **Refer** concerns to the Designated officer for Child Protection;
- Listen to what is being said without displaying shock or disbelief and support the child
- Act promptly;
- Make a concise written **Record** of a child's disclosure using the actual words of the child;
- Avail of whole Centre training and relevant other training regarding the safeguarding of children and young people;
- Not give children a guarantee of total confidentiality regarding their disclosures;
- Not investigate;
- Not ask leading questions.

We will take seriously any concerns which are raised about a child in our Centre who has self-harmed and/or has expressed suicidal thoughts. The Designated officer will immediately follow the Centres Safeguarding procedures.

## **6. What is Child Abuse?**

### **6.1 Definition of Abuse Child**

Child abuse occurs when a child is neglected, harmed or not provided with proper care. Those known to them or more rarely by a stranger, may abuse children in many settings, in a family, in an institutional or community setting. There are different types of abuse and a child may suffer more than one form of abuse. The procedures outlined in this document are intended to safeguard children who are at risk of significant harm because of abuse or neglect by a parent, carer or other person with a duty of care towards a child. The following definitions of child abuse are taken from 'Co-operating to Safeguard Children and Young People in Northern Ireland 2016'.

### **6.2 Types of Abuse**

#### **Physical Abuse**

is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.

#### **Emotional Abuse**

is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

#### **Neglect**

is the failure to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.

#### **Sexual Abuse**

occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.

#### **Exploitation**

is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It Page 7 of 20 extends to the

recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature.

### **6.3 Sexual Exploitation of Children and Young People**

Child sexual exploitation is a form of sexual abuse where children are sexually exploited for money, power or status. It can involve violent, humiliating and degrading sexual assaults. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Consent cannot be given, even where a child may believe they are voluntarily engaging in sexual activity with the person who is exploiting them. Child sexual exploitation doesn't always involve physical contact and can happen online. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

### **6.4 Domestic Violence and Abuse**

Domestic violence and abuse is: 'Threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member.' DHSSPS/DOJ "Stopping domestic and sexual violence and abuse in NI", March 2016 Symptoms which young people may display and which are indicators only include:

- |  |                                   |
|--|-----------------------------------|
| • Nervousness                          | • Physiological – stress / nerves |
| • Low self-worth                       | • Stomach pain                    |
| • Disturbed sleep patterns             | • Bed wetting                     |
| • Nightmares / flashbacks              | • Immature / needy behaviour      |
| • Temper tantrums                      | • Aggression                      |
| • Internalising distress or withdrawal | • Truancy                         |
| • Alcohol and/or drugs use             | • Bullying                        |

These symptoms can lead to a child/ young person being misdiagnosed as having an illness, learning difficulties, or being naughty or disruptive. If it comes to the attention of staff that domestic abuse is or may be a factor for a child/young person this must be passed to the Designated officer who has an obligation to share the information with Social Services.

**A child may suffer or be at risk of suffering from one or more types of abuse and abuse may take place on a single occasion or may occur repeatedly over time.**

## 6.5 Signs and symptoms of abuse and possible indicators

### Physical Abuse

Physical Indicators	Behavioural Indicators
Unexplained bruises – in various stages of healing – grip marks on arms; slap marks; human bite marks; welts; bald spots; unexplained/untreated burns; especially cigarette burns (glove like); unexplained fractures; lacerations; or abrasions; untreated injuries; bruising on both sides of the ear – symmetrical bruising should be treated with suspicion; injuries occurring in a time pattern e.g. every Monday	Self-destructive tendencies; aggressive to other children; behavioural extremes (withdrawn or aggressive); appears frightened or cowed in presence of adults; improbable excuses to explain injuries; chronic runaway; uncomfortable with physical contact; come to school early or stays last as if afraid to be at home; clothing inappropriate to weather – to hide part of body; violent themes in art work or stories

### Emotional Abuse

Physical Indicators	Behavioural Indicators
Well below average in height and weight; “failing to thrive”; poor hair and skin; alopecia; swollen extremities i.e. icy cold and swollen hands and feet; recurrent diarrhoea, wetting and soiling; sudden speech disorders; signs of self-mutilation; signs of solvent abuse (e.g. mouth sores, smell of glue, drowsiness); extremes of physical, mental and emotional development (e.g. anorexia, vomiting, stooping).	Apathy and dejection; inappropriate emotional responses to painful situations; rocking/head banging; inability to play; indifference to separation from family indiscriminate attachment; reluctance for parental liaison; fear of new situation; chronic runaway; attention seeking/needing behaviour; poor peer relationships

### Neglect

Physical Indicators	Behavioural Indicators
Looks very thin, poorly and sad; constant hunger; lack of energy; untreated medical problems; special needs of child not being met; constant tiredness; inappropriate dress; poor hygiene; repeatedly unwashed; smelly; repeated accidents, especially burns.	Tired or listless (falls asleep in class); steals food; compulsive eating; begging from class friends; withdrawn; lacks concentration; misses school medicals; reports that no carer is at home; low self-esteem; persistent non-attendance at school; exposure to violence including unsuitable videos

## **Sexual Abuse**

Physical Indicators	Behavioural Indicators
Bruises, scratches, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs; bruises or bleeding in genital or anal areas; chronic ailments such as recurrent abdominal pains or headaches; difficulty in walking or sitting; frequent urinary infections; avoidance of lessons especially PE, games, showers; unexplained pregnancies where the identity of the father is vague; anorexia/gross over eating.	What the child tells you withdrawn; chronic depression; excessive sexual precociousness; seductiveness; children having knowledge beyond their usual frame of reference e.g. young child who can describe details of adult sexuality; parent/child role reversal; over concerned for siblings; poor self-esteem; self-devaluation; lack of confidence; peer problems; lack of involvement; massive weight change; suicide attempts (especially adolescents); hysterical/angry outbursts; lack of emotional control; sudden school difficulties e.g. deterioration in school work or behaviour; inappropriate sex play; repeated attempts to run away from home; unusual or bizarre sexual themes in children's art work or stories; vulnerability to sexual and emotional exploitation; promiscuity; exposure to pornographic material.

**The following are guidelines for use by staff should a child disclose concerns of a child protection nature**

Do:	Do not:
Listen to what the child says Assure the child they are not at fault Explain to the child that you cannot keep it a secret Document exactly what the child says using his/her exact words Remember not to promise the child confidentiality Stay calm Listen Accept Reassure Explain what you are going to do Keep the child informed as appropriate Record accurately Seek support for yourself	Ask leading questions. Put words into the child's mouth. Ignore the child's behaviour. Remove any clothing. Photograph alleged injuries Panic Promise to keep secrets Make the child repeat the story unnecessarily Delay Start to investigate Do Nothing



## **7. Procedures for making complaints in relation to child abuse**

### **7.1 Where the centre has concerns or has been given information about possible abuse by someone other than a member of the including volunteers.**

Where staff become aware of concerns or are approached by a child they should not investigate as this is the responsibility of Social Services and/or PSNI.

Staff should report these concerns immediately to the Designated officer and a note of concern should be completed. These notes of concern should be factual, objective and include what was seen, said, heard or reported. They should include details of the place and time and who was present and should be given to the Designated Officer.

The person who reports the incident must treat the matter in confidence. The Designated officer will decide whether in the best interest of the child the matter needs to be referred to Social Services. If there are concerns that the child may be at risk, the centre is obliged to make a referral. Unless there are concerns that a parent may be the possible abuser, the parent will be informed immediately. The Designated officer may consult with members of the Social Services Gateway Team before a referral is made.

During consultation with the Designated Officer the child's details will be shared. No decision to refer a case to Social Services will be made without the fullest consideration and on appropriate advice. The safety of the child is our priority. Where there are concerns about possible abuse and a referral needs to be made the Designated Officer will telephone Social Services Gateway Team.

A UNOCINI (Understanding the Needs of Children in Northern Ireland) referral form will also be completed and forwarded to the Gateway team and a copy will be kept in the centres child protection file. If the Centre Manager has concerns that a child may be at immediate risk from a volunteer, the services of the volunteer will be terminated immediately and appropriate steps taken to address the alleged inappropriate/harmful behaviours of the volunteer. This procedure with names and contact numbers is shown in Appendix 2.

### **7.2 Where a complaint has been made about possible abuse by a member of the centre staff If a complaint about possible child abuse is made against a member of staff, the Centre Manager {or Designated officer if the Centre Manager is not available) must be informed immediately. The above procedures will apply (unless the complaint is about the Centre Manager/Designated Officer) If a complaint is made against the Centre Manager/Designated Officer, the CEO who will ensure that necessary action is taken.**

The member of staff may be removed from duties involving direct contact with children or may be suspended from duty as a precautionary measure pending investigation by the appropriate authorities. The property and finance committee will be informed immediately. All complaints of abuse against a member of staff will be appropriately recorded in the Record of Child Abuse Complaints Against Staff book which is held by the Centre Manager. Child protection procedures as outlined in Appendix 3 will be followed in keeping with current guidance.

## **8. Confidentiality and Information Sharing**

Information given to members of staff about possible child abuse cannot be held “in confidence”. In the interests of the child, staff have a responsibility to share relevant information about the protection of children with other professionals particularly the investigative agencies. Where abuse is suspected the centre has a legal duty to refer to the Statutory Agencies. In keeping with the principle of confidentiality, the sharing of information with staff will be on a ‘need to know’ basis.

## **9. Record Keeping**

All child protection records, information and confidential notes are kept in separate files in a locked drawer. These records are kept separate from any other file that is held on the child or young person and are only accessible by Designated Officer of the safeguarding team.

## **10. Vetting Procedures**

All staff paid or unpaid who are appointed to positions in the centre are vetted / supervised in accordance with relevant legislation and Departmental guidance.

## **11. Code of Conduct for all Staff Paid or Unpaid**

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. Staff must always be mindful of the fact that they hold a position of trust and that their behaviour towards the child and young people in their charge must be above reproach.

## **12. Staff Training**

Ganaway Activity Centre is committed to training for its entire staff. Each member of staff will receive general training on Policy and procedures with some members of staff receiving more specialist training in line with their roles and responsibilities. All staff will receive basic child protection awareness training and refresher training. The Designated Officers will also attend relevant child protection training.. When new staff or volunteers start at the centre, they are briefed on the Child Protection Policy and Code of Conduct and given copies of these policies.

## **13. Monitoring and Evaluation**

The Safeguarding Team in Ganaway Activity Centre will update this Policy and Procedures in the light of any further guidance and legislation as necessary and review it annually. On-going evaluation will ensure the effectiveness of the Policy.

Signed: Activity Director      Norman Rodgers *N Rodgers*

Signed: Centre Manager      Gareth Shields *G Shields*

Signed: Chief Executive Officer      Paul McCarroll *P McCarroll*

Date Policy Updated : **28 July 2023**

**(CONFIDENTIAL)**  
**GANAWAY ACTIVITY CENTRE**  
**NOTE OF CONCERN**

**Child Protection Record – Reports to Designated Officer**

<b>Name of Child:-</b>
<b>School/ Youth Group:-</b>
<b>Date/Time of incident/Disclosure:-</b>
<b>Circumstances of incident/Disclosure:-</b>
<b>Nature and Description of Concern:-</b>
<b>Parties involved, including and witnesses to an event and what was said or done and by whom:-</b>
<b>Action taken at the time:-</b>

Details of any advice sought, from whom and when:-

Any further action taken:-

Written report passed to Designated Officer:-

No	
yes	

If 'No' State reason

Date and time reported to Designated Officer:-

Written note from staff member placed on child's protection file:-

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If 'No' state reason

Name of Staff member making the report:- -----

Signature of Staff member:- -----

Signature of Designated Officer:- -----

## Dealing with Allegations of Abuse against a Member of Staff

Key Points Lead Individual learns of an allegation against a member of staff and informs the Centre Manager.



Guidance on next steps Lead Individual then: Establishes the facts, seeks advice from the key agencies as appropriate, usually through informal discussion



Possible Outcomes  
Following on from establishing the facts, seeking advice from Key Agencies and discussion with the Designated Officer to agree way forward from the options below



Precautionary suspension is not appropriate and the matter is concluded	Allegation addressed through relevant Disciplinary Procedures	Precautionary suspension under Child Protection Procedures imposed	Alternatives to Precautionary Suspension imposed
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**CONTACT NUMBERS**

Health & Social Care Trust: 0300 1234 333

PSNI Central Referral Unit

Tel: 02890 259299 (or 101 extension 30299)