

The Galleon Centre Child Protection Policy



*99 Titchfield Street
Kilmarnock KA1 1QY*

*Telephone (01563) 524014
Fax (01563) 572395*

E-Mail: adminoffice@galleoncentre.com

Web: www.galleoncentre.com

Scottish Charity Number: SC 00 8314

Trust Established 1985

Child Protection Policy

Introduction

1. Policy statement
2. Policy aims
3. Promoting good practice
4. Good practice guidelines
 - (i) Positive Behaviour
 - (ii) Restraint
 - (iii) Interaction with Children
5. Incidents that must be reported
6. Recruitment and training of staff
7. What is child abuse
8. Signs of abuse
9. Responding to allegations or suspicions
10. Action
11. Prevention, Identification & Investigation of Abuse
12. Identifying and managing bullying
13. Negative discrimination
14. How to listen and react to a child
15. Concerns outside our environment
16. Recording the information
17. Sharing concerns with parents, guardians and carers
18. Allegations/Suspicious made against an employee
19. Further Information

Child Protection Policy

Introduction

The Kilmarnock Leisure Centre Trust (KLCT) recognises the need to make provisions for children and young persons, and acknowledges its moral and legal responsibility to ensure that:

The welfare of the child is paramount and that children should have the right to express their views on any issues or decisions affecting them.

In line with the United Nations Convention on the Rights of the Child, children, whatever their age, culture, ability, gender, language, racial origin, religious beliefs and/or sexual identity, have the right to protection from abuse. In addition to this, the Children (Scotland) Act 1995 states that anyone aged 16 or over who has the care or control of a child has a duty to do whatever is reasonable in all the circumstances to safeguard the child's health, development and welfare. All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately.

All staff (paid/unpaid) working in the Centre have a responsibility to report concerns to the Duty Manager.

1. Policy statement

KLCT has a duty of care to safeguard all children involved in any activity within the Centre from harm. All children have a right to protection, and the needs of disabled children and others who may be particularly vulnerable must be taken into account.

KLCT will strive to ensure the safety and protection of all children involved in Galleon Centre activities through adherence to Child Protection legislation and recommendations made by the Scottish Executive, the Care Inspectorate, the Scottish Social Services Council and the Scottish Sports Council.

The welfare of children is everyone's responsibility, particularly when ensuring their safety and protecting them from abuse. Children have a lot to gain from sport and activity. Their natural sense of fun and spontaneity can blossom in a positive environment created by sports organisations. It provides an excellent opportunity for them to learn new skills, become more confident and maximise their own unique potential.

Leading an active lifestyle can and does have a very powerful and positive influence on people, especially young people. Not only can it provide opportunities for enjoyment and achievement; it helps to develop and enhance valuable qualities such as self-esteem, leadership and teamwork. We have to ensure that for those positive experiences to take place that activity sessions are in the hands of those who have the welfare of young people uppermost in their

mind and that we have proper procedures and practices to support and empower them.

A child is defined as a person under the age of 18 (The Children Act 1989).

2. Policy aims

The aim of the KLCT Child Protection Policy is to promote good practice:

Providing children and young people with appropriate safety and protection whilst in the care of our staff.

Allow all staff to make informed and confident responses to specific child protection issues.

Ensure that all incidents of poor practice and allegations of abuse are taken seriously and responded to swiftly and appropriately.

3. Promoting good practice

Child abuse, particularly sexual abuse, can arouse strong emotions in those facing such a situation. It is important to understand these feelings and not allow them to interfere with your judgement about the appropriate action to take.

Abuse can occur within many situations including the home, school and the sporting environment. Some individuals will actively seek employment or voluntary work with young people in order to harm them. A coach, instructor, teacher, official or volunteer will have regular contact with young people and be an important link in identifying cases where they need protection. All suspicious cases of poor practice should be reported following the guidelines detailed in this document.

When a child enters the Galleon Centre having been subjected to child abuse outside our environment, activity and games can play a crucial role in improving the child's self-esteem. In such instances we must work with the appropriate agencies to ensure the child receives the required support.

4. Good practice guidelines

All personnel should be encouraged to demonstrate exemplary behaviour in order to protect themselves from false allegations. The following are common sense examples of how to create a positive culture and climate.

(i) Good practice means:

- Always working in an open environment avoiding private or unobserved situations and encouraging open communication.
- Treating all young people/disabled adults equally with respect and dignity.

- Always putting the welfare of each young person first before winning or achieving performance goals.
- Building balanced relationships based on mutual trust and empowering children to share in decision making.
- Making activities fun, enjoyable and promoting fair play.
- Be aware of the language used in context with the age of the child and the language you allow the children to use.
- Involve parents, guardians and carers where possible
- Ensuring that if any form of manual/physical support is required, it should be provided openly and according to guidelines provided. If it is difficult to maintain hand positions when the child is constantly moving, young people should always be consulted and their agreement gained. Some parents are becoming increasingly sensitive about manual support and their views should always be carefully considered.
- Keeping up to date with technical skills, qualifications and insurance.
- Being an excellent role model – this includes not smoking or drinking alcohol in the company of young people.
- Giving enthusiastic and constructive feedback rather than negative criticism.
- Recognising the developmental needs and capacity of young people and disabled adults – avoiding excessive training or competition and not pushing them against their will.
- Keeping a written record of any injury that occurs, along with the details of any treatment given.

(ii) Practices to be avoided

The following should be **avoided** except in emergencies. If a case arises where these situations are unavoidable (e.g. the child sustains an injury and needs to go to hospital, or a parent fails to arrive to pick a child up at the end of a session), it should be with the full knowledge and consent of the Duty Manager or the child's parents.

Otherwise, avoid:

- Spending excessive amounts of time alone with children away from others.

(iii) Practices never to be sanctioned

The following should **never** be sanctioned. You should **never**:

- Engage in rough physical or sexually provocative games, including horseplay.
- Allow or engage in any form of inappropriate touching.
- Allow children to use inappropriate language unchallenged.
- Make sexually suggestive comments to a child, even in fun.
- Reduce a child to tears as a form of control.
- Allow allegations made by a child to go unchallenged, unrecorded or not acted upon.

- Do things of a personal nature for children or disabled adults that they can do for themselves.

NB It may sometimes be necessary for staff or volunteers to do things of a personal nature for children, particularly if they are young or are disabled. These tasks should only be carried out with the full understanding and consent of parents and the children involved. There is a need to be responsive to a person's reactions. If a person is fully dependent on you, talk with him/her about what you are doing and give choices where possible. This is particularly so if you are involved in any dressing or undressing of outer clothing, or where there is physical contact, lifting or assisting a child to carry out particular activities. Avoid taking on the responsibility for tasks for which you are not appropriately trained.

PROMOTING POSITIVE BEHAVIOUR POLICY STATEMENT

The Galleon Centre aims to promote positive behaviour by treating all participants in the Crèche and Kids Clubs and parents of participating children with dignity, respect, equality and fairness at all times; by creating a safe and secure environment free from bullying, harassment and discrimination; by ensuring that users are free from exploitation and abuse.

We will achieve this by:

Valuing each child and young person as an individual

Ensuring that staff interaction with children and young people builds confidence, encourages learning new skills and values the contributions of children and young people.

Working with parents to promote positive behaviour and deal with difficult behaviour.

Encouraging the participation of children and young people in the life and work of the club.

Ensuring that staff are trained in recognising harm, abuse, neglect, bullying and discrimination and that they actively challenge and respond to such behaviour.

Encouraging children and young people to take responsibility for their own behaviour.

Having a Child Protection Policy.

Having a Code of Behaviour that is consistently applied to include that all staff are aware and have signed our Staff Interaction Code of Practice.

Having a safe environment that meets all relevant legislation and by carrying out regular risk assessments.

Having a non-smoking environment.

Preventing any children being treated in an unfair, inconsistent or irrational manner.

Ensuring that children understand expectations.

Promoting positive behaviour.

CODE OF BEHAVIOUR

Galleon Centre staff will act continually in a manner which demonstrates excellent standards of customer service and in accordance with the agreed Customer Commitment Policy.

Staff:

- Will be trained and appropriately qualified.
- Will be easily identifiable by wearing uniforms and name badges at all times.
- Will be polite, helpful, approachable and informative at all times with a desire to attain excellent standards of customer service.
- Will be receptive to comments and complaints and able to act upon them with a view to ensuring customer satisfaction.
- Will adopt an attitude which demonstrates care, attention and friendliness at all times.

In addition Crèche staff and Kids Club Staff will encourage children using our service to comply with the following Do's and Don't's.

DO'S	DON'T'S
Show respect to all users	Swear or use abusive language
Listen to each other points of view	Bully or threaten others
Value each other	Use or threaten physical violence

DISRUPTIVE OR UNACCEPTABLE BEHAVIOUR

Disruptive or unacceptable behaviour comes in many shapes and forms. Therefore it is expected that Crèche staff and Kids Club Leaders show judgement when dealing with individual cases. The following types of behaviour are unacceptable.

- A child being aggressive towards other children/adults.
- A child using abusive language.
- A child abusing toys/furniture.
- A child refusing to accept the rules set out by the parent/guardian.

- In general a child who refuses to accept the “rules” i.e. unacceptable social behaviour.

RESPONDING TO UNACCEPTABLE BEHAVIOUR

It must be noted that Crèche staff and Kids Club Leaders will acknowledge any form of complaint and ensure action will be taken relevant to the case. All reports and files are confidential.

Parent/Guardian should hopefully advise staff of any circumstances in the home or school, which may affect the child’s behaviour. If unacceptable behaviour occurs then the following steps should be taken:

- | | | |
|-------------------|---|--|
| Step One | - | Speak to child to try to resolve the behaviour |
| Step Two | - | Speak to parent/guardian if step one fails. |
| Step Three | - | Arrange a consultation meeting with the Duty Manager and the Parent/Guardian to try and resolve situation. |

Should these steps fail then, at the discretion of the Duty Manager the Parent/Guardian will be asked to attend a meeting with the Operations Manager or Deputy General Manager to discuss issues and try to reach a solution. This meeting will be completely confidential.

Please note: All actions and records are treated confidentially.

WHAT IS ACCEPTABLE STAFF RESPONSE?

All steps should be carried out in a positive manner.

Staff should make sure that the children understand the “rules” and regulations of the service.

Staff should be assertive, clear and specific in all communications as well as being a good listener.

IN THE EVENT OF A CHILD SHOWING DISRUPTIVE BEHAVIOUR:

In the case of a continuous pattern of disruptive behaviour, staff will explain the matter to the child that their behaviour is unacceptable. Their parents will be informed.

- Staff should have an understanding of acceptable and unacceptable behaviour and be able to manage unwanted behaviour.
- Staff should make sure that the child/ren are given adequate supervision.
- Staff are expected to have a basic understanding of child development.
- Staff should understand their role, with ways in which they can contribute positively to children’s behaviour.
- It is an objective of all staff to work as a responsive team in the care and development of children while promoting positive behaviour at all times.

RESTRAINT

The Galleon Centre aims to ensure all children and vulnerable adults are protected and kept from harming themselves or others.

When a child is seen to be a danger to themselves or others, staff will try and distract the child to another activity. If the child does not respond to any distraction, and is still seen to be a danger, kicking, hitting, toy throwing, knocking furniture over etc. staff will intervene by hugging them gently to control limb movements and talking to them in a quiet manner to calm the child down. If the child continues in this manner another staff member will contact parent/guardian immediately to come and collect the child.

Staff, volunteers or parents/carers will not use any physical force against a child. Parents are not allowed to smack their own child at any time within the establishment.

Full details of the incident and of any restraint and how it was resolved will be recorded on an Incident Records Sheet.

Full details of what happened, and how it was resolved will be reported to parent/carer when returning for child.

Parents will be asked to read and sign Incident Record Sheet. This will be conducted in a confidential manner in a private room. All incident records are confidential and all staff are responsible for assuring confidentiality.

STAFF INTERACTION WITH CHILDREN

The Galleon Centre aims to provide an environment in which there are caring and safe relationships between staff and children. For such relationships to develop, informed common sense and sound professional practice must be evident.

All staff should adopt the following principles:

- Treat everyone with respect.
- Always respect a child's right to personal privacy.
- It may be important and appropriate for you to be alone with a child. In these circumstances, try to ensure that others are within earshot, and preferably within vision. Never have the door locked. Where possible, maintain a gap/barrier between you and the child.
- Never make salacious, suggestive or demeaning remarks/gestures towards a child.
- Avoid any physical horseplay with a child, or any other actions another adult might misinterpret, no matter how innocent or well intentioned your actions may be.
- Always encourage children to feel comfortable and confident to point out to you attitudes or behaviour they do not like (including your own).

- 'Hands on' instructions/support should only be used when verbal or demonstration is inappropriate or it is necessary for health and safety reasons. When doing so verbalise your action/intention and where possible it should be done in earshot, and preferably within vision of others.
- The use of physical restraint on a child should involve the absolute minimum force necessary and is only permissible when you are certain that a child is at risk of endangering themselves, yourself, others or property. Where possible, summon a colleague to witness the situation and give you appropriate help.
- If another member of staff is seen to behave inappropriately with a child then you must not ignore it but share it with a senior member of staff.
- Do not believe 'it could never happen to me'.
- If you suspect that a child is becoming inappropriately attracted to you, you are strongly advised to share your concerns with a senior member of staff.
- Remember: That no matter how innocent or well intentioned your actions might be, other people may misinterpret them.

5. Incidents that must be reported/recorded

If any of the following occur you should report this immediately to the Duty Manager and record the incident. The Duty Manager should also ensure the parents of the child are informed:

- If you accidentally hurt a child.
- If he/she seems distressed in any manner.
- If a child appears to be sexually aroused by your actions.
- If a child misunderstands or misinterprets something you have done.
- If a child is behaving in a sexually inappropriate manner on their own or in the company of other children or adults.

6. Recruitment and training of staff and volunteers

(i) Recruitment

KLCT recognises that anyone may have the potential to abuse children in some way and will take all reasonable steps to ensure unsuitable people are prevented from working with children through compliance with the Recruitment and Selection Policy which has been drafted to the appropriate standard as recommended by the Care Inspectorate.

(ii) Training

In addition to pre-selection checks, the safeguarding process includes training after recruitment to help staff and volunteers to:

- Analyse their own practice against established good practice, and to ensure their practice is likely to protect them from false allegations.

- Recognise their responsibilities and report any concerns about suspected poor practice or possible abuse.
- Respond to concerns expressed by a child or young person.
- Work safely and effectively with children.

For further information on Recruitment and Selection, Induction, Training & Development please refer to the appropriate policies.

7. What is child abuse?

It is generally accepted that there are four forms of abuse. However, in some cases bullying and negative discrimination can have severe effects on a child. The four forms of abuse are as follows:

Emotional abuse

Emotional abuse is the persistent, emotional ill treatment of a child such as to cause severe and adverse effects on their emotional development. It may involve conveying 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. It may also involve causing a child to frequently feel frightened or in danger, or the corruption or exploitation of a child.

Examples of emotional abuse in sport

This may feature age or developmentally inappropriate expectations being imposed on children. It may also involve causing a child to frequently feel frightened or in danger, or the corruption or exploitation of a child:

- Exposure to humiliating or aggressive behaviour or tone.
- Failure to intervene where self-confidence and worth are challenged or undermined.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs. It may involve a parent or carer failing to provide adequate food, shelter, warmth, clothing and cleanliness. It may also include leaving a child home alone, exposure in a manner likely to cause unnecessary suffering or injury or the failure to ensure that appropriate medical care or treatment is received.

Examples of neglect

This could include the lack of care, guidance, supervision or protection that may be caused by:

- Exposure to unnecessary cold or heat.
- Exposure to unhygienic conditions, lack of food, water or medical care.

- Non-intervention in bullying or taunting.

Physical abuse

Physical abuse may involve the actual or attempted physical injury to a child including hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise harming them. Physical abuse may also be caused when a parent or carer feigns the symptoms of or deliberately causes ill health to a child whom they are looking after. This situation is described as Munchausen's Syndrome by Proxy. A person may do this because they need or enjoy the attention they receive through having a sick child. Physical abuse may also be a deliberate act, omission or failure to protect.

Sexual abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities whether or not they are aware of or consent to what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. This may include non-contact activities such as forcing children to look at or be involved in the production of pornographic material, to watch sexual activities or encouraging them to behave in sexually inappropriate ways.

Boys and girls can be sexually abused by males and/or females, including persons to whom they are not related and by other young people. This includes people from all walks of life.

Examples of sexual abuse in sport

Sexual abuse can happen in all sports and may be caused by:

- Exposure to sexually explicit inappropriate language, jokes or pornographic material.
- Inappropriate touching.
- Having any sexual activity or relationship.
- Creating opportunities to access children's bodies.
- Use of cameras or mobile phone cameras to take inappropriate pictures.

Non-organic failure to thrive

Non-organic failure to thrive is when children do not reach normal growth and developmental milestones such as physical growth, weight, motor, social and intellectual development. Non organic failure to thrive is only established when physical and genetic reasons have been medically eliminated. Factors affecting a diagnosis may include inappropriate relationships between the parent/guardian and child, especially at meal times, for instance the persistent withholding of food as punishment and the sufficiency and/or suitability of the food for the child.

Non-organic failure is not normally found in sport as clubs and coaches do not have a responsibility for children for a prolonged period of time where they feed and nurture children.

8. Signs of abuse

It is not always easy to recognise a situation where abuse may occur or has already taken place. The presence of one or more of the following signs should alert volunteers/staff to the possibility of a child being abused. It is not your job to decide whether a child is being abused, however, it is your job to report any concerns to the appropriate professional agencies, the Police and East Ayrshire Social Work Services but first of all the Duty Manager.

The presence of one or more of the following signs or symptoms does not always mean that abuse is taking place as they are possible indicators. The recognition of abuse is a multi-disciplinary affair with, for example, health professionals diagnosing medical problems; social workers interpreting family dynamics; school staff identifying change behaviour. No individual should ever feel the burden rests solely with him/her.

POSSIBLE INDICATORS OF EMOTIONAL ABUSE AND NEGLECT

Child neglect is a serious condition which can result in delayed physical and emotional development. A child's development is highly sensitive to both physical and psychological stress. Where insufficient care or protection leads to actual or potential impairment then child abuse can be said to have occurred. Diagnosis is difficult because these effects are not as dramatic as bruises and lacerations. However, the effects of physical and emotional neglect can be very damaging. Therefore any situation suggesting that neglect is present must be treated seriously.

POSSIBLE INDICATORS OF PHYSICAL ABUSE

Falls and accidents can often produce only a single bruise- usually a bony prominence. Multiple bruises can also occur from a child running and falling forwards, leading to bruises on the front of the body and marks on the forehead, knees, shins as well as on the hands if the fall is broken. Bruises sustained accidentally are usually on outer surfaces or limbs.

Those working with children should be alert to the following:

- An explanation of injury not consistent or compatible with the findings.
- No explanation of the injury.
- Delay in reporting the injury or in seeking treatment.
- Bruising on the young infant or less mobile child.
- Reports of recurrent injuries which only occur in one situation with one carer in particular.

POSSIBLE INDICATORS OF SEXUAL ABUSE

Traditionally there has been great suspicion of children who allege that they have been sexually abused and a tendency to describe such claims as fantasy. However, experience suggests that children rarely fabricate such statements. The child should always be listened to and what they say should be treated very

seriously and investigated.

The majority of sexually abused children have no physical symptoms but usually exhibit behavioural or emotional symptoms. These symptoms are not specific to sexually abused children and, therefore, present problems with diagnosis. Sexual abuse presents in numerous ways, but should be considered when there is evidence of vaginal or anal injuries, oversexualised behaviour, some recurrent abdominal pains and excessive masturbation.

The important point to remember is that if a child is showing signs of emotional or behaviour stress, then the possibility of sexual abuse must be considered, particularly when there are sudden changes in mood or behaviour with no apparent explanation.

AS ALREADY STATED, IT IS IMPORTANT THAT ALL THE ABOVE POSSIBLE INDICATORS OF ABUSE ARE LOOKED AT IN THE CONTEXT OF THE INDIVIDUAL CHILD AND HIS/HER FAMILY. A COMPREHENSIVE MULTI-DISCIPLINARY ASSESSMENT SHOULD BE CARRIED OUT WHICH GIVES THE CHILD THE OPPORTUNITY TO EXPRESS HIS/HER VIEWS.

9. Responding to allegations or suspicions

It is not the responsibility of any KLCT employee in a paid or unpaid capacity, to decide whether or not child abuse has taken place. However, there is a responsibility to act on any concerns through contact with the appropriate authorities.

KLCT will assure all staff/volunteers that it will fully support and protect anyone who in good faith reports his/her concern that a colleague is, or may be, abusing a child.

Where there is a complaint against a member of staff there may be three types of investigation:

- A criminal investigation.
- A child protection investigation.
- A disciplinary or misconduct investigation.

The results of the police and child protection investigation may well influence the disciplinary investigation, but not necessarily.

10. Action

(i) Concerns about poor practice:

- If, following consideration, the allegation is clearly about poor practice, The Duty Manager will deal with it as a disciplinary issue.
- If the allegation is about poor practice by the Duty Manager, or if the matter has been handled inadequately and concerns remain, it should be

reported to a senior manager who will decide how to deal with the allegation and whether or not to initiate disciplinary proceedings.

(ii) Concerns about suspected abuse:

- Any suspicion that a child has been abused by a member of staff should be reported to the Duty Manager, who will take such steps as considered necessary to ensure the safety of the child in question and any other child who may be at risk.
- The Duty Manager will refer the allegation to a senior manager who in turn will contact the social services department which may involve the police, or go directly to the police if out-of-hours.
- The parents or carers of the child will be contacted as soon as possible following advice from the social services department.

(iii) Confidentiality

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only.

This includes the following people:

- The Duty Manager
- The parents of the person who is alleged to have been abused
- The person making the allegation
- Social services/police
- The alleged abuser (and parents if the alleged abuser is a child).

Seek social services advice on who should approach the alleged abuser.

Information should be stored in a secure place with limited access to designated people, in line with data protection laws (e.g. that information is accurate, regularly updated, relevant and secure).

(iv) Internal enquiries and suspension

- A senior manager will make an immediate decision about whether any individual accused of abuse should be temporarily suspended pending further police and social services inquiries.
- Irrespective of the findings of the social services or police inquiries the disciplinary process will be invoked and a senior manager will assess all individual cases to decide whether a member of staff can be reinstated and how this can be sensitively handled. This may be a difficult decision, particularly where there is insufficient evidence to uphold any action by the police. In such cases KLCT must reach a decision based upon the available information, which could suggest that on a balance of probability, it is more likely than not that the allegation is true. The welfare of the child should remain of paramount importance throughout.

(v) Support to deal with the aftermath of abuse

- Consideration should be given to the kind of support that children, parents and members of staff may need. Use of helplines, support groups and open meetings will maintain an open culture and help the healing process. The British Association for Counselling Directory is available from The British Association for Counselling, 1 Regent Place, Rugby CV21 2PJ, Tel: 01788 550899, Fax: 01788 562189
- Consideration should be given to what kind of support may be appropriate for the alleged perpetrator.

(vi) Allegations of previous abuse

Allegations of abuse may be made some time after the event (e.g. by an adult who was abused as a child or by a member of staff who is still currently working with children).

Where such an allegation is made, the Galleon Centre will follow the procedures as detailed above and report the matter to the social services or the police. This is because other children, either within or outside our environment, may be at risk from this person. Anyone who has a previous criminal conviction for offences related to abuse is automatically excluded from working with children. This is reinforced by the details of the Protection of Children Act 1999.

11. POLICY ON THE PREVENTION, IDENTIFICATION & INVESTIGATION OF ABUSE

CHILD ABUSE

(a) Role of the Nursery Nurse or Kids Club Leader/Swim Teacher/ Crèche Attendant

While it is the statutory duty of the Director of Social Work to investigate cases of child abuse, any staff working with children in a day care or sessional basis have a major responsibility to assist the social work department in identifying cases of child abuse.

It is important to note that child abuse can affect children of all ages regardless of background.

(b) Forms of Child Abuse

Physical Abuse: is the most common form of child abuse and is the most easy to identify. The usual indicators are bruises, lacerations, cuts, fractures, scalds, burns and bite marks for which there are inconsistent or unsatisfactory explanations.

Severe Physical Neglect: can lead to children being obviously under-fed, badly clothed and excessively tired.

Failure to Thrive: often associated with emotional abuse, can lead children to be

noticeably behind the physical and emotional development of their peers.

Sexual Abuse: while child abuse coupled with violence can usually be fairly easily identified, where sexual abuse may be occurring the signs are not so obvious. Children can be identified and processed through the system as truants, but the suspected root of the problem may be sexual abuse.

Children can show this by their behaviour or by an attempt at telling a trusted person, that sexual abuse is occurring and all staff should be alert to any such attempts to pass on this information. They should be aware of children's own language for sexual acts and parts of the body. Evidence suggests that any suggestion that a child is being sexually abused should be taken seriously and warrants careful investigation.

Behaviour clues include running away from home, hysterical behaviour, sudden onset learning difficulties, psychosomatic complaints such as persistent abdominal pains, cystitis, infections and pregnancy. Other clues include a child's drawings, promiscuous actions, depression, anorexia nervosa and bulimia, imitation acts of young children of sexual activity etc. Many behavioural clues could be caused by other problems but when the above signs are present the question as to whether sexual abuse has occurred should consider as one of a number of possibilities.

(c) **Physical Indicators**

All of you will remember having minor accidents as children - falling off a bicycle, tripping up a step - and will recall the numerous bumps and scratches you got from them. Some of you will have had more serious accidents which led to fractures or burns, perhaps requiring medical attention, hospital treatment or admission. Children frequently injure themselves as they grow up and certain ages in particular are very accident-prone.

There are some injuries, however, which are less likely to be caused by accident. It is essential to realise that the child's age and developmental stage is of great importance in determining whether or not an injury is likely to have been accidental.

Even the most elaborate scratch mitt will not always prevent a small baby from scratching her own face, but we would not expect a child not yet able to walk or crawl to have the bumped and bruised knees common to a toddler or older child. Certain types or locations or marks should also make us suspicious. Knocking against a burning cigarette would leave only a slight, irregular shaped mark; a round red cigarette burn is not likely to have been caused accidentally.

Similarly, it is difficult, even for an older child, to bruise the centre of his back unless he falls directly onto the sharp edge of something, a toy for example. So utmost care must be taken when attempting to determine what has caused the physical accident.

(d) **Common Indicators of Child Abuse**

Hand slap marks.

Grip marks, often visible if a child has been shaken and sometimes the only physical indicator of sexual abuse if a child has been forcibly held by the abuser.

Bruising in unusual positions including the genital area if sexual abuse has occurred.

Black eyes, often caused by a direct blow, although they may also result from an accidental bang to the nose or forehead.

Burns and scalds in unusual positions or in a definite shape; accidental burns usually leave splash marks (dipping scalds are more likely to have been caused deliberately).

Bite marks, often evident as bruising, and teeth marks (a doctor would be able to tell whether the bite was inflicted by an adult or another child).

A torn frenulum (piece of skin inside the upper lip) may be the result of direct blow or of an object, such as a feeding bottle, being forced into the mouth.

Multiple fractures or fractures of varying ages (X –rays may reveal past fractures or spiral fractures caused by twisting of the limb).

Poisoning, such as making a child drink bleach for swearing, or take alcohol or medicine to sleep or be quite.

Injuries to the genital or rectal area, including unexplained soreness or bleeding, sexually transmitted diseases and pregnancy, may be indicators of sexual abuse.

Poor physical care, including inadequate hygiene, inappropriate dress, constant hunger and lack of attention to medical needs, may indicate neglect.

Restricted growth and development may be the result of non-organic failure to thrive.

Remember that all of the above indicate the possibility of abuse, they should not be taken on their own absolute proof that abuse has occurred.

(e) **Behavioural Indicators**

There are certain physical indicators which should alert us to the possibility of child abuse, but there may also be changes in a child's behaviour which suggests that all is not well. Sometimes it is only through

these behavioural indicators that we come to realise a child is in difficulty; in sexual abuse, for example, there is often no physical evidence of what has been happening to a child. A Child who is being abused is likely to be a child who is unhappy so we shall begin by considering how a child might let us know there is a problem.

Once again it is important to remember that children show signs of distress for reasons other than abuse. Perhaps there has been a death in the family. The child's parents may be in the process of separation or divorce. Even normal events, such as a change of school, can be very difficult for a child and may lead to unsettled behaviour for a time. Nevertheless, any evidence of unhappiness should prompt us to look more closely at a child's circumstances and we must always remember that child abuse is one possible explanation for what we have observed.

f) **Behavioural Examples of Child Abuse**

A fear of adults generally or of certain adults in particular.

Poor peer relationships with other children and an inability to make friends.

Aggression and acting-out behaviour.

Social isolation and withdrawal.

Pseudo-maturity (that is, false maturity).

'Frozen awareness' (a combination of lack of expression and watchfulness).

Detachment.

Sleep disturbance.

Running away.

Eating disorders.

Delinquency.

Psychological problems (that is, affecting the mind).

Psychosomatic complaint (that is, illness caused by a hidden fear or anxiety).

Low attainment of a sudden drop in school performance.

Self-destructive behaviour, including substance abuse and suicide.

(g) The Response of Nursery Nurse Staff/Shipmates Leader/Swim Teacher

Wherever there is evidence that a child has been abused or there is strong suspicion of abuse, this must be reported to the Duty Manager immediately.

Following reporting the incident a full report should be submitted by the personnel involved in the incident. Following completion of this report it should be handed immediately to the Duty Manager.

The information about the incident should not be discussed with anyone at any time as this will have direct bearing if the incident is relayed to the courts.

(h) Following Reporting the Incident

- (i) The Duty Manager (Dryside) responsible for the Crèche and Youth Activity clubs will obtain information in relation to the child's personal details from the relevant Registration forms.
- (ii) The Police/Social Work Department should be contacted to gain advice on how to progress with the issue.
- (iii) It may be necessary to arrange meetings between those involved in reporting the issue and the Police/Social Work Department in an effort to establish the facts.
- (iv) Care should be taken to ensure we report to the correct authorities including the Care Inspectorate if the child is in the Crèche & Kids Clubs.

To conclude we have a duty of care for every child within the activity they are participating and part of this duty of care involves reporting any incidents which you may determine as being a form of abuse. We can never be too careful in attempting to preserve the wellbeing of a child, no matter what difficulties that could possibly occur from reporting such an incident.

All staff must be aware of these responsibilities in line with our Staff Interaction with Children Code of Practice.

12. Identifying and Managing Bullying

The lives of many people are made miserable by bullying. Victims of bullying can feel lonely, isolated and deeply unhappy. It can have a devastating effect on a child's self-esteem and destroy their self-confidence and concentration. They may become withdrawn and insecure, more cautious and less willing to take any sort of risk. They may feel it is somehow their fault or that there is something wrong with them and at worst cause depression and/or feelings of worthlessness

that lead to suicide.

Bullying may be seen as particularly hurtful behaviour usually repeated over a period of time, where it is difficult for those bullied to defend themselves. Bullying can take many forms including:

Physical e.g. hitting, kicking, theft.

Verbal (including teasing) e.g. racist remarks, spreading rumours, threats or name-calling.

- Emotional e.g. isolating a child from the activities or social acceptance of the peer group.
- Harassment e.g. using abusive or insulting behaviour in a manner intended to cause alarm or distress.

Children may be bullied by adults, their peers and in some cases by their families.

IDENTIFYING BULLYING

Bullying can be difficult to pick up because, it often happens away from others and victims do not tend to tell. However, you can watch for signs that may indicate the presence of bullying. The following lists common bully victim behaviour.

If a child:

Hesitates to come to training/programme session.

Is often the last one picked for a team or group activity for no apparent reason, or gets picked on when they think your back is turned.

- Is reluctant to go to certain places or work with a certain individual.
- Has clothing or personal possessions go missing or are damaged.
- Has bruising or some other injury.
- Keeps 'losing' their pocket money.
- Is quite nervous, withdraws from everybody else and becomes quiet and shy, especially in the case of those who are normally noisy and loud.
- A usually quiet person becomes suddenly prone to lashing out at people, either physically or verbally.

ACTION TO HELP THE VICTIM AND PREVENT BULLYING

- Take all signs of bullying very seriously.
- Encourage all children to speak and share their concerns.
- Help the victim to speak out and tell the person in charge or the Protection Representative. Create an open environment.
- Take all allegations seriously and take action to ensure the victim is safe.
- Speak with the victim and the bully separately.

- Reassure the victim that you can be trusted and will help them, although you cannot promise to tell no-one else.
- Keep records of what is said i.e. what happened, by whom and when.
- Report any concerns to the Youth Activity Co-ordinator and the Duty Manager.

ACTION TOWARDS THE BULLY

- Talk with the bully, explain the situation and try to get the bully to understand the consequences of their behaviour.
- Seek an apology from the bully to the victim.
- Inform the bullies parents, guardians or carer.
- If appropriate, insist on the return of 'borrowed' items and that the bully compensates the victim.
- Impose sanctions as necessary.
- Encourage and support the bully to change behaviour.
- Keep a written record of action taken.

13. Negative discrimination

Children may experience harassment or negative discrimination because of their race or ethnic origin, socioeconomic status, culture, age, disability, gender, sexuality or religious beliefs. It is necessary to recognise that negative discriminatory behaviour could be categorised as emotional abuse.

All organisations working with children including those operating where black and ethnic communities are numerically small, should address institutional racism, defined in the MacPherson Inquiry report on Stephen Lawrence as:

"The collective failure by an organisation to provide appropriate and professional service to people on account of their race, culture and/or religion".

14. How to listen and react to a child

It is important to listen carefully to the information a child tells you. When listening to the information, the following good practice is required:

- Ensure the child's immediate safety.
- Seek advice from relevant statutory bodies.
- Find a safe place, especially if the child is distressed or upset.
- Allow the child time to speak and really listen to them.
- React calmly so as not to frighten the child.
- Do not show disbelief, anger or disgust.
- Reassure the child that they are not to blame and were right to tell.
- Take what the child says seriously, recognising the difficulties in interpreting what a child says; especially if they have a speech disability and / or differences in language.
- Be honest, tell the child that you cannot keep it a secret; you have to talk to someone else who can help.
- Do not pre-suppose that the experience was bad or painful - it may have

- been neutral or even pleasurable. Always avoid projecting your own reactions onto the child.
- If you need to clarify, keep questions to the absolute minimum to ensure a clear and accurate understanding of what has been said; use open-ended and non-leading questions.
 - Do not introduce personal information from either your own experiences or those of other children.
 - As soon as practical write down everything the child has told you using their own words. You must not discuss the information with anyone other than the Protection Representative within your organisation or the statutory organisations i.e. Police or Social Work Services. You should sign, date and note the time and keep the original notes.
 - Please do not be afraid to make contact with Social Work Services or the Police to get advice or guidance.

15. Concerns outside our environment

- Report your concerns to the Duty Manager, who should contact social services or the police as soon as possible.
- See section 15 below for the information social services or the police will need.
- Social services and the Duty Manager will decide how to involve the parents/carers.
- The Duty Manager should also report the incident to a senior manager who will act accordingly.
- Maintain confidentiality on a need to know basis only.

16. Recording the information

As previously highlighted, it is your responsibility to report concerns. The full written record of information must be made as soon as possible using the child's own words. Use the appropriate Notification of Incident Form (see back page) to record all details and include:

- Name of the child.
- Age, date of birth of the child.
- Home address and telephone number of the child.
- The nature of the concern in the child's own words.
- Any times, dates or other relevant information.
- Whether the person making the report is expressing their own concern or the concerns of another person.
- The child's account, if it can be given, of what has happened and how injuries occurred.
- The nature of the concern (include all of the information obtained during the initial account e.g. time, date, location of alleged incident).
- A description of any visible (when normally dressed) injuries or bruising, behavioural signs, indirect signs do not examine the child).
- Details of any witnesses to the incident and any other relevant information.
- Speak to Social Work Services or the Police first to identify whether the child's parents, guardians or carers should be contacted and record if they

- have been contacted.
- Details of anyone else who has been consulted and the information obtained from them.
- If it is not the child making the report, whether the child has been spoken to, if so what was said.

17. Sharing concerns with Parents, Guardians and Carers

Where it is not abuse:

There is always a commitment to work in partnership with parents, guardians and carers where there are concerns about a child. Therefore in most situations, not involving the possibility of the abuse of a child, it would be important to talk to parents, guardians and carers to help clarify any initial concerns. For example, if a child seems withdrawn, they may have experienced an upset in the family, such as a parental separation, divorce or bereavement. Common sense is advised in these situations; however advice should be sought from the Protection Representative at your organisation or directly from the Police/Social Work Services if there is any uncertainty about the appropriate course of action.

Allegations of abuse:

There are circumstances in which a child may be placed at even greater risk if concerns are shared e.g. where a parent, guardian or carer may be responsible for the abuse or not able to respond to the situation appropriately.

In all cases of suspected or alleged abuse, advice and guidance must first be sought from East Ayrshire Council's Social Work Services or the Police as to who contacts the parents, guardian or carer.

18. Allegations/suspicions made against an employee

The feelings caused by the discovery of potential abuse by a member of staff will raise different issues, e.g. disbelief that a member would act in this way. The member who has been made aware of the allegation or suspicion against another member should not take the responsibility or decide whether or not a child has been abused. However, it is the responsibility of the individual to act on any concerns.

Any information that raises concern about the behaviour of a member of staff towards a child must be passed on as soon as possible that day. No member of staff in receipt of such information shall keep that information to himself/herself or attempt to deal with the matter on their own. Record information and follow the chain of reporting as with all other concerns or recognition of abuse.

Action taken against the member of staff where a concern has been made may involve precautionary suspension until investigations are completed by Social Work Services and/or the Police. These statutory organisations will be able to advise the Centre what to do following an investigation.

19. Further Information

Useful National Contacts

- (i) Sportscotland
Gill Bennett – Ethics Manager
Tel: 0131 317 7200

 - (ii) Child Protection in Sport
Children 1st
Kathleen McInulty –
Child Protection in Sport Development Worker
Tel: 0141 418 5674
- | | |
|---------------------------------|---------------|
| ParentLine Scotland | 0808 800 2222 |
| ChildLine | 0800 1111 |
| NSPCC Child Protection Helpline | 0808 800 5000 |

Useful Local Contacts

- (i) Department of Educational & Social Services, East Ayrshire Council
25 Ayr Road, Cumnock Tel: 01563 555422 Fax: 01563 555447

- (ii) Strathclyde Police, Female & Child Unit
1 King Street, Ayr KA8 0BU Tel: 01292 664014 Fax: 01292 664030

- (iii) Care Inspectorate
Renfrewshire House, Cotton Street, Paisley, PA1 1BF
Tel: 0345 6009527
www.careinspectorate.com

Legal Framework

The information contained within this booklet is based on the following legislation and guidance:

- Children (Scotland) Act 1995
- Protection of Children (Scotland) Act 2003
- Human Rights Act 1998
- Rehabilitation of Offenders Act 1974
- Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975
- Criminal Procedure (Scotland) Act 1995
- Protecting Children 'A Code of Practice for Voluntary Organisations in Scotland Working with Children and Young People' 1995
- Sex Offenders Act 1997
- Sexual Offences (Amendments) Act 2000
- Data Protection Act 1998
- Police Act 1997
- Disclosure Scotland Code of Conduct 'Making Scotland Safer' (2002)

- Disclosure Scotland Code of Conduct 'Protecting the Vulnerable by Safer Recruitment' (2002)
- Protecting Children – A Shared Responsibility: Guidance on interagency co-operation, The Scottish Office 1998
- UN Convention of the Rights of the child 1989
- Exclusions and Exemptions (Scotland) Order 2003

NOTIFICATION OF INCIDENT FORM

This form must be completed where staff are concerned about an incident involving a child as soon as possible after the incident that causes concern and must be passed to the Duty Manager.

NOTE Confidentiality must be maintained at all times. Information must only be shared on a need to know basis i.e. only if it will protect the child. Do not discuss this incident with anyone other than those who need to know.

Continue on a separate sheet of paper if required and attach securely to this form.

Details of person making report

Name: _____ Position: _____
Contact Tel No (Including STD): _____

Details of child

Name: _____ Date of Birth: _____
Address: _____
Town: _____ Postcode: _____
Contact Tel No (Including STD): _____

Details of parents/guardians/carers

Name: _____
Address: _____
Town: _____ Postcode: _____
Contact Tel No (Including STD): _____

If you are reporting concerns on behalf of someone else, please provide details of that person

Name: _____ Position: _____
Contact Tel No (Including STD): _____
Address: _____
Town: _____ Postcode: _____
Date this person advised you of their concerns/incident: _____

Details of the incident/concerns

Date of incident/concern arose: _____ Time: _____ Place: _____

Name and addresses of other people who may have information about the concerns/incident.

Describe in detail what happened: _____

Describe in detail visible injuries, bruises and concerning behaviour of the child/vulnerable adult, if any (use diagrams if this helps you to describe): _____

Was the child asked about the incident: YES/NO

If yes, record exactly what the child has said in their words and any questions asked if the situation needed clarified: _____

Details of actions taken – Detail what action, if any, has been taken following receipt of this information:

Other information – record any other information you have about this matter (it is important that all information is passed on even that which you think is not important or helpful)

Signed: _____

Print Name: _____

Date: _____