

uplift



CHILD PROTECTION POLICY



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INTRODUCTION

This document is the Child Protection Policy for Uplift Performing Arts (henceforth known as UPA), which will be followed by the founders, directors, staff and volunteers within the organisation. The purpose of the procedures set out in this safeguarding policy is to safeguard and protect our members by ensuring that every adult who works in the organisation has clear guidance on the action that is required where abuse or neglect of a child is suspected.

UPA believe that all children have the right to enjoy the activities of the organisation in a happy, safe and secure environment.

The founders, directors, staff and volunteers of UPA fully recognise the importance of safeguarding children. We recognise that all staff, including volunteers, have an active part in protecting the children and young people from harm.

Our Mission Statement demonstrates our belief that UPA should provide a caring, positive, safe and stimulating environment to encourage each student to pursue their dreams, increase self-confidence and self-esteem, and to explore their artistic talents.

This document is written in accordance with Co-Operating to Safeguard Children (DHSSPS, 2003) and area Child Protection Committees - Regional & Procedures (2005) Safeguarding Board Act (NI) 2011, Criminal Law Act (NI) 1967.

The Children (Northern Ireland) Order 1995 states that **"the welfare of the child must be the paramount consideration in all decisions concerning the child"**. This is also mirrored in Article 3 UN Convention on the rights of the child - **"the best interests of the child shall be the primary consideration"**. The 'paramountcy of the child principle', underpins UPA's, Safeguarding Policy and Procedures.

If any parent or young person/child has any concerns about the conduct of any member of the organisation, this should be raised in the first instance with Ryan Moffett, UPA's designated child protection contact.

PRINCIPLES UPON WHICH THE CHILD PROTECTION POLICY IS BASED

- The welfare of a child or young person will always be paramount.
- The welfare of families will be promoted.
- The rights, wishes and feelings of children, young people and their families will be respected and listened to.
- Those people in positions of responsibility within the organisation, will work in accordance with the interests of children and young people, and follow the policy outlined below.
- Those people in positions of responsibility within the organisation, will ensure that the same opportunities are available to everyone, and that all differences between individuals will be treated with respect.

THE SAFEGUARDING TEAM AT UPA

Mr Ryan Moffett, Co. Founder and Executive Director

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WHAT IS CHILD ABUSE?

“Child abuse occurs when a child is neglected, harmed or not provided with proper care. Children may be abused in many settings; in a family, in an institution or community setting, by those known to them or, more rarely by a stranger.” (ACPC, 2005).

Child abuse is any action by another person – adult or child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. We know that neglect, whatever form it takes, can be just as damaging to a child as physical abuse.

An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. It often happens over a period of time, rather than being a one-off event. And it can increasingly happen online. We estimate that over half a million children are abused in the UK each year.

Definitions of what constitutes child abuse vary among professionals, between social and cultural groups, as well as across time. The terms ‘*abuse*’ and ‘*maltreatment*’ are often used interchangeably in the literature. ‘*Child maltreatment*’ can also be an umbrella term covering all forms of child abuse and child neglect. Defining child maltreatment depends on prevailing cultural values as they relate to children, child development, and parenting. Definitions of child maltreatment can vary across the sectors of society, which deal with the issue, such as child protection agencies, legal and medical communities, public health officials, researchers, practitioners, and child advocates. Since members of these various fields tend to use their own definitions, communication across disciplines can be limited, hampering efforts to identify, assess, track, treat, and prevent child maltreatment.

In general, ‘*abuse*’ refers to (usually deliberate) acts of commission while ‘*neglect*’ refers to acts of omission. ‘*Child maltreatment*’ includes both acts of commission and acts of omission on the part of parents or caregivers that cause actual or threatened harm to a child. Some health professionals and authors consider neglect as part of the definition of *abuse*, while others do not; this is because the harm may have been unintentional, or because the caregivers did not understand the severity of the problem, which may have been the result of cultural beliefs about how to raise a child. Delayed effects of child abuse and neglect, especially emotional neglect, and the diversity of acts that qualify as child abuse, are also factors.

TYPES OF ABUSE: PHYSICAL ABUSE

“Physical abuse is the deliberate physical injury to a child, or the wilful, neglectful failure to prevent physical injury or suffering. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, inappropriately giving drugs to control behaviour or otherwise causing physical harm to a child”. (ACPC 2005) Physical harm 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 commonly described using terms such as, fabricated illness by proxy or Munchausen Syndrome by proxy.

Possible signs or symptoms of physical abuse include:

Unexplained bruises (in places difficult to mark)

Human bite marks, welts or bald spots

Unexplained lacerations, fractures or abrasions

Untreated injuries

Self-destructive tendencies

Chronic runaway

Fear of returning home

Aggressive or withdrawn

EMOTIONAL ABUSE

“Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone”. (ACPC 2005)

Physical and Behavioural Indicators of Emotional Abuse include:

Sudden speech disorders

Wetting and soiling

Frequent vomiting

Signs of mutilation

Fear of change

Chronic runaway

Attention seeking behaviour

Poor peer relations

Rocking, thumb sucking

Bullying of others

Depression

Low self-esteem

SEXUAL ABUSE

“Sexual abuse involves forcing or enticing a child or young person 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 (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material, or watching sexual activities, or encouraging children to behave in sexually inappropriate ways”. (ACPC 2005)

Possible physical and behavioural indicators of sexual abuse include:

Bruised or sore genitals

Infection of genitals

Difficulty in walking or sitting

Inappropriate sexualised language or behaviour

Sexual knowledge, which is beyond their age of developmental level

Saying they have secrets they cannot tell anyone

Suddenly having unexplained sources of money

Acting in a sexually explicit way with adults

NEGLECT

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

Possible physical and behavioural indicators of neglect include:

Constant hunger, sometimes stealing food from other children

Constantly dirty or smelly

Loss of weight or being constantly underweight

Inappropriate dress for the conditions

Complaining of being tired all the time

Mentioning being left alone or unsupervised

Untreated illness

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.

BULLYING

Bullying can be a highly distressing form of abuse and will not be tolerated in our sessions. Staff will be vigilant at all times, to the possibility of bullying occurring, and will take action where necessary and appropriate.

At UPA we recognise that bullying can take many forms including:

Physical (e.g. punching, biting, kicking, pushing, slapping, throwing things or using implements to cause deliberate injury to another person, spitting, damaging or destroying another person's property.)

Verbal (e.g. name calling, sectarian, racial or disability related discriminatory remarks, teasing, insulting or disparaging another person's name)

Emotional (e.g. gossiping, spreading rumours, tormenting, giving looks, excluding)

Cyber bullying (e.g. use of social media networks and mobile phone texting to cause offence, threaten, or harm)

**At UPA all our members are entitled to equal rights,
opportunities, respect and worth.**

ONLINE ABUSE

Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Children and young people may experience cyberbullying, grooming, sexual abuse, sexual exploitation, or emotional abuse.

Children can be at risk of online abuse from people they know, as well as from strangers. Online abuse may be part of abuse that is taking place in the real world (for example bullying or grooming). or it may be that the abuse only happens online (for example persuading children to take part in sexual activity online). Children can feel like there is no escape from online abuse - abusers can contact them at any time of the day or night, the abuse can come into safe places like their bedrooms, and images and videos can be stored and shared with other people.

ONLINE GROOMING

Grooming is when someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be any age. Many children and young people don't understand that they have been groomed or that what has happened is abuse.

Groomers can use social media sites, instant messaging apps including teen dating apps, or online gaming platforms to connect with a young person or child. They can spend time learning about a young person's interests from their online profiles and then use this knowledge to help them build up a relationship.

It's easy for groomers to hide their identity online - they may pretend to be a child and then chat and become 'friends' with children they are targeting.

Groomers may look for:

- * Usernames or comments that are flirtatious or have a sexual meaning
- public comments that suggest a child has low self-esteem or is vulnerable.

Groomers don't always target a particular child. Sometimes they will send messages to hundreds of young people and wait to see who responds.

Groomers no longer need to meet children in real life to abuse them. Increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.

PROCEDURES FOR REPORTING SUSPECTED (OR DISCLOSED) CHILD ABUSE

Individuals within the organisation need to be alert to the potential abuse of children, both within their families and also from other sources, including abuse by members of that organisation.

The organisation should know how to recognise and act promptly upon indicators of abuse or potential abuse involving children. There is an expected responsibility for all members of the organisation to respond to any suspected or actual abuse of a child, in accordance with these procedures.

It is good practice to be as open and honest as possible with parents/carers about any concerns.

However,

You must not discuss your concerns with parents/carers in the following circumstances:

- Where sexual abuse is suspected
- Where organised or multiple abuse is suspected
- Where fictitious illness by proxy (also known as Munchausen Syndrome by proxy) is suspected
- Where contacting parents/carers would place a child, yourself or others at immediate risk.

WHAT TO DO IF CHILDREN TALK TO YOU ABOUT ABUSE OR NEGLECT

The member of staff should not investigate. This is a matter for social services or the PSNI, but should report these concerns immediately to the Child Protection Officer. **If there are concerns that the child may be at risk of significant harm, the organisation is obliged to make a referral to social services.** It is recognised that a child may seek you out, to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations you must:

- Listen carefully to the child. **DO NOT** directly question the child.
- Give the child time and attention.
- Allow the child to give a spontaneous account; do not stop a child who is freely recalling significant events.
- Make an accurate record of the information you have been given, taking care to record the timing, setting and people present, and the child's presentation, as well as what was said. Do not throw this away as it may later be needed as evidence.
- Use the child's own words where possible.
- Explain that you cannot promise not to speak to others about the information they have shared.
- Reassure the child that:
 - You are glad they have told you;
 - They have not done anything wrong;
 - What you are going to do next.
- Explain that you will need to get help to keep the child safe.
- **Do NOT** ask the child to repeat his or her account of events to anyone.

CONSULTING ABOUT YOUR CONCERN

The purpose of consultation is to discuss your concerns in relation to a child and decide what action is necessary.

You may become concerned about a child who has not spoken to you, because of your observations of, or information about, that child.

It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

If you are concerned about a child, you **must** share your concerns. Initially you should talk to one of the people designated as responsible for child protection within your organisation. In this organisation this person is Mr. Ryan Moffett (tel:07840453723). If he is one of those people implicated in the concerns you should discuss your concerns directly with Social Services.

You should consult externally with your local Social Services Department in the following circumstances:

- When you remain unsure after internal consultation as to whether child protection concerns exist.
- When there is disagreement as to whether child protection concerns exist.
- When you are unable to consult promptly or at all with your designated internal contact for child protection.
- When the concerns relate to any member of the organising committee.

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Social Services or the Police should progress.

Concerns should be discussed in the first instance with parents/carers (unless the suspected abuse is by the parent/carer). In situations where the parent/carer is potentially responsible for the abuse, the child might be placed at greater risk were such suspicions discussed. In other situations, it is best for the Health & Social Services to discuss the suspected abuse with the parents as they have the expertise to deal with those situations.

MAKING A REFERRAL

A referral involves giving Social Services or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

In certain cases, the level of concern will lead straight to a referral without external consultation being necessary.

Parents/carers should be informed if a referral is being made except in the circumstances outlined on page 8 of this document.

However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Social Services about how and when the parents should be approached and by whom.

IF YOUR CONCERN IS ABOUT ABUSE OR RISK OF ABUSE FROM SOMEONE NOT KNOWN TO THE CHILD OR CHILD'S FAMILY, YOU SHOULD MAKE A TELEPHONE REFERRAL DIRECTLY TO THE POLICE AND CONSULT WITH THE PARENTS.

If your concern is about abuse or risk of abuse from a family member or someone known to the children, you should make a telephone referral to your local Social Services Office. Contact: **Single Point of Entry Social Service PH 028 94424459**

Information required:

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral.

- Your name, telephone number, and position (request the same of the person to whom you are speaking).
- Childs full name and address, telephone number of family, date of birth of child and siblings.
- Childs gender, ethnicity, first language, any special needs.

- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals known to be involved with the child/family e.g.: GP, Health Visitor, School.
- The nature of the concern; and foundation for them.
- An opinion on whether the child may need urgent action to make them safe.
- Your view of what appears to be the needs of the child and family.
- Whether the consent of a parent with parental responsibility has been given to the referral being made.

Referrals to:

1. Single Point of Entry Team (24 hours) Ph.:- 028 94424459
2. PSNI Child Abuse Investigation Unit Ph.:- 028 90650222
3. NSPCC Child Protection Helpline Ph.:- 028 90236100

ACTION TO BE TAKEN FOLLOWING THE REFERRAL

- Ensure that you keep an accurate record of your concern(s) made at the time. All records should be factual detailing, observations, happenings and events which are significant. Records should be dated and signed and stored in a secure filing system.
- Put your concerns in writing to Social Services following the referral (within 48 hours).
- Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

Confidentiality

The organisation should ensure that any records made in relation to a referral should be kept confidentially and in a secure place.

Information in relation to child protection concerns should be shared on a "need to know" basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child's need for protection. **If in doubt, consult.**

RECRUITMENT OF STAFF, INCLUDING VOLUNTEERS

Access NI supplies criminal history information, upon request, to organisations and individuals, primarily to help them make safer recruitment decisions. Some organisations are required by law to consider the suitability of applicants for certain positions or to ensure that they are not barred from working with vulnerable groups. **At UPA all staff have been vetted by Access NI and hold an enhanced disclosure certificate as our work involves close and regular contact with children.**

Staff may be request to obtain a new Access NI form when they start work in a new school. Some schools are okay with a copy of your latest enhanced disclosure certificate.

Anyone may have the potential to abuse children in some way and it is important that all reasonable steps are taken to ensure that unsuitable people are prevented from working with children. It is essential that the same procedures be used consistently whether staff is paid, unpaid or in part or full-time employment.

Everyone involved in the care of children should know what to do if there are concerns about abuse and where procedures are kept. Documents recording suspicions should be kept secure.

It should be clearly recognised that checks are part of the process to protect children from possible abuse. They must be operated in conjunction with appropriate training so that staff is aware and sensitive to potentially abusive situations. All staff or volunteers should receive suitable and appropriate training to raise awareness of their role in recognising and understanding the procedures for providing child protection.

Managers should be sensitive to any concerns about abuse, and act on them at an early stage. They should also offer appropriate support to those who report concerns

REVIEWING OUR SAFEGUARDING POLICY

This Policy will be reviewed annually and will be put in place any new or changed legislation and guidelines.

Date of next review - 1st September 2018

LIST OF CONTACTS

Police Service of Northern Ireland
Phone 999 - Ask to speak to the Child Protection Unit

North & West Health & Social Services Trust
Early years Team - Cupar Street - 028 90 320 840

Child Protection Team - Antrim Road - phone 02890 779 316 / 90 777 448

NSPCC - Child Protection Helpline - phone 02890 236 100

If you believe a child is in immediate danger - 999 or 0808 800 5000

DISCLAIMER

The information provided in this document is for guidance only and should not be regarded as a complete and authoritative interpretation of the law. It is the recommendation that all members of staff within the organisation including founders, directors, staff and volunteers should undertake child protection training.

APPENDIX 1 - ACTION TO TAKE IF YOU SUSPECT CHILD ABUSE

Are you concerned about abuse by a parent, carer or another person?

PLEASE CIRCLE

YES NO

(If yes, then please do the following):

Report your concerns to the Designated Officer & give a copy of report form. Retain original in a safe place. Record what the child has said or what has been seen on the report form.

Designated Officer to retain copy of report in a safe place.

Refer concerns to Social Services

Do not investigate this yourself or inform parents. Social Services will advise and act accordingly.

Are you concerned about abuse by a member of staff or volunteer?

PLEASE CIRCLE

YES NO

Is it poor practice?

YES

Report concern to line Manager if the poor practice relates to the manager report concerns to one of the other officers.

Report concerns to other officer and contact the social services.
Appropriate (disciplinary) action taken

Is it abuse?

YES

Report concerns to Designated Officer and ensure safety of the child.

Designated officer contacts social Services to advise regarding contact with parents and police

APPENDIX 2 - REPORT FORM

DISCLOSURE OF CHILD ABUSE

PRIVATE AND CONFIDENTIAL

Please ensure questions are fully answered. This form must be kept in a secure place.

Project: _____

Name of Child/Young person: _____

Age: _____ Date of Birth: _____

Parent/Carer name(s): _____

Siblings Names: _____

Home Address: _____

Post code: _____

Phone Number: _____

DISCLOSURE

Please complete the box below if a child has disclosed to you about the abuse.
If the child has not provided any information please state NOT APPLICABLE
Where was the disclosure made (dates and times)?

Where was the disclosure made?

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 did they play?

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

SIGNS

Describe any signs of physical injury evident on the child:

Describe any signs of behaviour changes of the child/young person:

Has anyone been alleged to the abuser (if so please record details)?

Did you and the child/young person agree to any further course of action?

Signed: _____ Date: _____

(Staff or Volunteer present)

Referred to and signed by Line Manager/Designated officer:

Signed: _____ Date: _____