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Outstanding 2022



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## SAFEGUARDING POLICY

**The Parachute Club believes that children have the right to be completely secure from both the fear and reality of abuse, and we are committed to safeguarding all the children in our care from harm.**

Nicola Coxon, Eileen Eaton, Jennifer Berry and Zoe Butler have been appointed Child Protection Officers. These officers have undertaken appropriate training, and have relevant experience and expertise. The designated child protection officers will be responsible for liaising with Social Care, the Local Children's Safeguarding Board and Ofsted regarding any child protection matter.

The Parachute Club's child protection procedures comply with all relevant legislation and other guidance or advice

The Club is committed to reviewing its Safeguarding policy and procedures at regular intervals. The policy and its procedures will be shared with parents/carers during their child's settling in period.

Bolton's local authority brings together representatives of each of the main agencies and professionals responsible for helping to protect children from abuse and neglect in a given area. The LSCB is a multi-agency forum set up to agree how the different services and professional groups should co-operate to safeguard children in that area, and for making sure that arrangements work effectively to bring about good outcomes for children.

### **Recognising Child Abuse**

Child abuse can manifest itself in a variety of different ways, some overt and others much less so. A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family, an institution or community setting; by those known to them or, more rarely by a stranger.

**Physical Abuse:** Involves hitting, shaking, throwing, burning, suffocating or any other physical harm. Deliberately causing a child's ill health also constitutes physical abuse.

**Sexual Abuse:** Involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. Showing children pornographic materials, sexual activities, or encouraging children to behave in sexually inappropriate ways also constitutes sexual abuse.

**Emotional abuse:** Varying degrees of emotional abuse are present in virtually all child protection incidents, but can also constitute abuse in its own right. Emotional abuse involves persistent or severe emotional ill treatment or torture causing, or likely to cause, severe adverse effects on the emotional stability of a child. Such behaviour may involve conveying to a child that they are worthless, unloved, or inadequate, or making them feel unnecessarily frightened or vulnerable.

**Neglect:** Neglect is the persistent failure to meet a child's basic physical, emotional or psychological needs, such as is likely to have a severe impact on their health, development or emotional stability. Neglect may involve failing to provide adequate food, shelter or clothing for a child, or failing to adequately protect them from physical harm or ill health. Neglect can also manifest itself in a failure to meet the basic emotional needs of child.

### **Recognising abuse for children with s.e.n,deaf and disabled children**

S.E.N ,Deaf and disabled children can experience abuse in the same ways as all children and in ways additional to non-disabled children. Sometimes actions or inactions may not immediately be recognised as abuse. However, if persistent, they may have a cumulative and substantial effect over time and constitute abuse.

Children and young people often find it difficult to talk about abuse, and some deaf or disabled children may not be able to do so in a direct way; so, it is vital to be aware of possible indicators of abuse. Efforts should be made to seek to understand any underlying issues that may relate to a child's mood or behaviour, in order to promote their well-being. When a child is unable to communicate directly then other sources of information, such as tracking mood or behaviour against, for example, time of day, routines, activities, presence of other people, diet or medication, may be considered. It is important to try to identify possible triggers for changes in mood or behaviour. Depending on the nature of the concerns or new information, it may be appropriate

to involve other agencies, including social care.

Indicators of abuse should be considered in the light of the child's development and context. It is important to note that indicators only serve as a guide, and the presence of one or more should not be taken as proof that abuse is occurring. If you have concerns, or you are not sure, it is essential that you seek advice and/or follow your agency's child protection procedures.

Indicators of possible abuse should be available within child protection policies and procedures but are also available on NSPCC's website (see below). Some of these are:

- **Physical abuse:** bruises or injuries that are either unexplained or inconsistent with the explanation given or visible on the soft parts of the body where accidental injuries are unlikely. Delay in seeking medical treatment, multiple bruises in clusters, scalds with upward splash marks, cigarette burns and human bite marks. There may also be changes in a child's behaviour, such as fear of parents being approached for an explanation, aggressive behaviour, flinching when approached or touched, reluctance to get changed or withdrawn behaviour. Disabled children may experience other forms of abuse such as the failure to provide medication or treatment for a child, forcing of treatment that is painful for the child or inappropriate use of physical restraint
- **Emotional abuse:** This can show itself through developmental delay due to a failure to thrive and grow. However, children who appear well cared for may still be emotionally abused by being taunted, put down or belittled. They may lack love, affection or attention and be denied opportunities for play and social interaction. Indicators can include sulking, hair twisting, rocking, being unable to play, fear of making mistakes, speech disorders and self-harm. For deaf or disabled children, emotional abuse could also include lack of communication, consistent failure to seek their views, unrealistic expectations and blaming the child for their impairment and for related difficulties
- **Sexual abuse:** Usually, it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. It is not easy for children to tell about abuse and, if they do, it is important they are listened to and taken seriously. Physical signs of sexual abuse can include pain or itching in the genital area, bruising or bleeding near the genital area, sexually transmitted infection, vaginal discharge or infection, stomach pains, discomfort when walking or sitting down. Abuse can also show itself in sudden and unexplained changes in behaviour, fear of being left with a specific person or persons, nightmares, running away from home, sexual knowledge beyond the child's developmental level, bed-wetting, eating problems, self-harm, talking about secrets and acting in a sexually explicit way
- **Neglect:** This can have lasting and damaging effects on children. Signs may include, constant hunger, being constantly dirty or "smelly", loss of weight or being constantly underweight, and inappropriate clothing for the conditions. The child may complain of being tired all the time, have few friends, talk about being left alone or unsupervised or the parent/carer may fail to seek medical assistance/appointments

Neglect of a deaf or disabled child can include, failure to respond to the child's treatment, dietary or care needs or to provide adequate supervision or stimulation, failure to adapt to a child's communication method and failure to remove potential hazards which a child may not be aware of or may not be able to avoid.

### **Empowering s.e.n deaf and disabled children**

A commitment to safeguarding requires an approach that values and empowers children and young people, promotes a culture of respect for others and addresses concerns at an early stage.

#### **Involving children and young people**

Involving children and young people in the development of policies, practices and activities will help ensure that these are inclusive, effective and responsive to all issues of concern. Providing opportunities for children and young people to have a say over matters affecting them and other young people will help promote an inclusive and respectful culture, in which they will be more aware of the needs of others and school staff will be more aware of their needs and experiences. School councils, peer support groups, "Have Your Say" days and other extra curricula activities can all make a contribution.

### **Personal safety skills**

Personal safety skills work undertaken by the NSPCC with deaf children (Safe 2009) has highlighted the common lack of awareness and vocabulary around very basic areas such as feelings, relationships and safety. A recent consultation undertaken by Triangle for the NSPCC with 22 children and young people with learning difficulties found that, although most children could say something about rules of staying safe, most were preoccupied with strangers. Most could talk about safe places and people they knew, but they mostly viewed these as either always or never safe. They had difficulty knowing how to deal with unfamiliar places and people who are not always safe/unsafe.

It is essential that deaf and disabled children receive personal safety skills training and learn how to seek help if they need to. Materials and methods should respond to the specific learning needs of individual children, and learning should be continually reinforced. Deaf children and children with learning disabilities are likely to require a range of visual materials that they can relate to, including information delivered by deaf or disabled young people, and learning methods may include role plays and exercises using a range of examples. Deaf and disabled children also need accessible information to support their learning, through mediums such as audio, easy read with illustrations or British Sign Language.

### **Opportunities for seeking help**

Many deaf and disabled children have talked about communication as a barrier to seeking help and have sometimes told us of their fears of the possible repercussions if they say something. Comments have included: "Information is often not accessible or is in places that are too public, so you can be seen looking at it". "It can be difficult to say something in private [e.g.] if you need someone to help you to communicate".

Fear of possible repercussions for speaking out is very real for some deaf and disabled children, and can be particularly so for children in residential schools. A safe environment should provide confidential access to a range of sources of help. Opportunities to communicate with a range of school staff and others such as counsellors and advocates will increase opportunities for seeking help.

Barriers to seeking help can be emotional, practical and attitudinal. Adults need to take time to communicate effectively and to listen without making assumptions. Disabled children have told us that they are more likely to go to someone for help if they believe that person will listen and do something about it.

### **What to do if a child discloses**

Not all child protection information results in a referral, but small pieces of information may be significant on their own to create a wider picture. All information should be recorded including:

- Date of the disclosure / concern,
- Date and time of the record being made,
- Name and date of birth of the child or children,
- A factual report of what happened **use the child's own words and the language they used.**
- Make a note of any other people involved,
- Printed name of the person making the record and job title,
- Signature.

The Child Protection Officers should be informed and given the record. They will then decide if they need to contact Social Care or make a referral. If other members of staff feel that the incident has not been adequately followed up, they have a right to call Social Care themselves.

If the child protection concern is with regards to a staff member, the club procedure should be followed.

### **Third Party Information**

This is information passed on by anyone other than staff or management of the Club, who expresses their concerns. Information from a third party regarding suspicions of child abuse cannot be ignored. If the person imparting the information has concerns, they should be encouraged to contact Social Care. If they do not wish to do so, it should be explained to them that the club is obliged to. The concerns should be logged and any action taken recorded fully.

### **Allegations against staff members and volunteers**

If an allegation of any form of child abuse is made against a member of staff or volunteer the matter must be reported to the Local Authority Designated Officer and Ofsted. The LADO will advise if other external/internal agencies (e.g. police) should be informed, and the Club will act upon the advice given to ensure that any investigation is not jeopardised.

If an allegation is made against a member of staff, it will be factually recorded in the Incident Book stating the actions taken. All witnesses to the incident should sign and date the entry to confirm it.

It may be necessary for the club to refer to its staff disciplinary procedure regarding suspensions and exclusions following advice sought from the LADO. The management also has the right to seek professional advice from Employment Law specialists.

### **Staff Support and Training**

The Parachute Club is committed to fulfilling its responsibilities in respect of child protection through the provision of support and training to staff. Therefore, the Club will ensure that:

- All staff has child protection training and will be vigilant to signs and evidence of physical, sexual and emotional abuse or neglect.
- We implement safe recruitment practices for all staff, students and volunteers, including verified references and full up to date DBS (formally CRB) checks.
- All staff and volunteers are given a copy of the child protection policy during their induction, and have its implications explained to them.
- All staff and volunteers receive regular training and supervision in child protection issues and are provided with any relevant information and guidance.
- All staff and volunteers are provided with supervision and management support to commensurate with their responsibilities in relation to child protection and their requirement to maintain caring and safe relationships with children.
- All staff are aware of the main indicators of child abuse
- All staff are aware of the statutory requirements in respect of the disclosure or discovers of abuse to the manager.
- The club will take appropriate action in relation to the findings of any investigation into allegations of abuse, consistent with its duties to protect the safety of children and uphold fair processes for staff, students and volunteers.
- Any member of staff, student or volunteer under investigation for the alleged abuse of a child, will be subject to the provisions of the staff disciplinary policy
- The Parachute Club will follow the child protection handbook.

### **Safe Caring**

All staff understands the Afterschool Club's child protection procedures and has had appropriate training and guidance in the principles of safe caring. To this end:

- Every effort will be made to avoid or minimise time when members of staff, students or volunteers are left alone with a child. If staff is left alone with a child, the door of the room should be kept open and another member of staff should be informed.
- If a child makes inappropriate physical contact with a member of staff, students or volunteer, this will be recorded fully on the Incident Records.
- Staff will never carry out a personal task for children that they can do for themselves. Where this is essential, staff will help a child whilst being accompanied by a colleague. Unless a child has a particular need, staff should not accompany children into the toilet. Staffs are aware that this and other similar activities could be misconstrued.
- Staff will be mindful of how and where they touch children, given their age and emotional understanding. Unnecessary or potentially inappropriate physical contact will be avoided at all times.

Bolton's framework for action provides all these working with children and their families across the town of Bolton, with a process to help identify and respond to children's needs and supports them to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing.

The framework for action handbook is available in club.

### **Useful Numbers**

Ofsted: 0300 123 1231

LADO (Local Authority Designated Officer) Paula Williams: 01204 337474

Police: 101

NSPCC: 0800 800 5000

### **Ofsted Registration no:**

EY355950

### **CONTACT NUMBERS**

Nicola Coxon is available on:

07725846241, 24/7

07928938906, Club hours.

If you are worried that a child may be being abused or neglected then please take action. In an emergency call 999 or you can contact your local Multi-agency screening and safe guarding service on the numbers below:

Bolton Multi-agency screening and safe guarding service 01204 331500  
Bolton emergency duty team (emergency out of hours) 01204 337777  
Police 999 (emergency only) 101 (non-emergency)  
NSPCC 0800 800 5000  
Child line 0800 1111

Westhoughton area team 01942 634625

The above numbers for the referral and assessment team are office hours only – 9am-5pm.

If you have a concern outside these times you can contact Bolton Emergency Duty Team – 01204 337777

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