

Child Protection 2024 Learning Outcomes

In accordance with SBNI Child Safeguarding Learning and Development Strategy and Framework 2020–2023

Knowledge of:

- Signs and indicators of child abuse and contributory factors
- Agency/staff policy and procedures
- Reporting procedures/processes
- Record keeping
- Importance of early intervention
- Values and principles of safeguarding children and young people
- Signs and indicators of child abuse and contributory factors of ACE's particularly domestic abuse, neglect and mental ill health in the family
- How social issues such as poverty and discrimination impact upon children's wellbeing
- Importance of using a trauma lens as a means of understanding behaviour and informing practice
- Agency/staff policy and procedures
- Reporting procedures
- Code of behaviour
- Recording skills
- Relevant legislation
- Services provided by other support agencies
- Confidentiality/ information sharing
- Referral process including UNOCINI
- Awareness of process model of Signs of Safety for safeguarding
- Awareness of best practice models & approaches such as Think Family NI and Building Better Futures.

Ability to:

- Recognise and respond appropriately to child safeguarding issues using agreed policy and procedures.
- Understand own role and the role of others within their organisation using their safeguarding policies and procedures
- Understand context for the child and family in terms of culture, race, gender, disability and history
- Recognise and respond to children's and young people's safeguarding issues using a trauma informed lens
- Understand own role and the role of others
- Contribute to the assessment and management of risk
- Assist in safeguarding and promoting the welfare of children and young people
- Understand the importance of own behaviour and boundaries.
- Recognise social contributory factors –adverse and positive

Definition of Abuse

Single or repeated act or lack of appropriate action occurring where there is an expectation of trust. The Children Order defines 'harm' as ill-

treatment or the impairment of health or development. The Order states that 'ill-treatment' includes sexual abuse, forms of ill-treatment which are physical and forms of ill-treatment which are not physical; 'health' means physical and / or mental health; and 'development' means physical, intellectual, emotional, social or behavioural development.

Types of Abuse

Harm can be suffered by a child or young person by acts of abuse perpetrated upon them by others. Abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health, or if they live in a home where domestic abuse happens. Abuse can also occur outside of the family environment.

Evidence shows that babies and children with disabilities can be more vulnerable to suffering abuse.

Although the harm from the abuse might take a long time to recognise in the child or young person, professionals may be in a position to observe its indicators earlier, for example, in the way that a parent interacts with their child.

Effective and ongoing information sharing is key between professionals.

- **Physical Abuse** is deliberately physically hurting a child. It might take a variety of different forms, including hitting, biting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child.
- **Sexual Abuse** occurs when others use and exploit children sexually for their own gratification or gain or the gratification of others. Sexual abuse may involve physical contact, including assault by penetration (for example, rape, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via e-technology). Sexual abuse is not solely perpetrated by adult males. Women can commit acts of sexual abuse, as can other children.
- **Emotional Abuse** is the persistent emotional maltreatment of a child. It is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a child's emotional development. Emotional abuse may involve deliberately telling a child that they are worthless, or unloved and inadequate. It may include not giving a child opportunities to express their views, deliberately silencing them, or 'making fun' of what they say or how they communicate. Emotional abuse may involve bullying – including online bullying through social networks, online games or mobile phones – by a child's peers.

- **Neglect** is the failure to provide for a child's basic needs, whether it be adequate food, clothing, hygiene, supervision or shelter that is likely to result in the serious impairment of a child's health or development. Children who are neglected often also suffer from other types of abuse.
- **Exploitation** is the intentional ill-treatment, manipulation or abuse of power and control over a child or young person; to take selfish or unfair advantage of a child or young person or situation, for personal gain. It may manifest itself in many forms such as child labour, slavery, servitude, engagement in criminal activity, begging, benefit or other financial fraud or child trafficking. It extends to the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. Exploitation can be sexual in nature.

Bullying is reported under the heading of Emotional abuse.

- Emotional – excluding, being unfriendly.
- Physical – hitting, kicking, theft.
- Racist – racial taunts, graffiti, gestures.
- Sexual – unwanted physical contact or sexually abusive comments.
- Homophobic – because of or focusing on the issue of sexuality.
- Verbal – name calling, sarcasm. Spreading rumours, teasing;
- Cyber-bullying (e.g. text message, picture/video-clip and phone call bullying via mobile phones; email, website bullying).

Child Protection Legislation

The United Nations Convention on the Rights of the Child 1989

Most Relevant Laws

The Children (Northern Ireland) Order 1995

Criminal Law (NI) 1967

Children (Northern Ireland) Order 1995

Safeguarding Vulnerable Groups (NI) Order 2007

Family Homes and Domestic Violence (Northern Ireland) Order 1998

Safeguarding Board Act (Northern Ireland) 2007

Children's Services Co-operation Act (Northern Ireland) 2015

Addressing Bullying in Schools Act (Northern Ireland) 2016

The Domestic Abuse Information-sharing with Schools etc. Regulations (Northern Ireland) 2022 -Operation Encompass NI May 2023

Domestic Abuse and Civil Proceedings Act (Northern Ireland) 2021

Guidance

Co-operating to safeguard children and Young People (DHSSPS), 2017.

<https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland>

Regional Core Child Protection Policies and Procedures for NI 2017

<http://www.proceduresonline.com/sbni/>

Policies and Procedures should be living, working documents in a setting. They must be discussed and reviewed by everyone concerned.

Responding to a Child's Disclosure

Be as calm and natural as possible. Do not panic.

Remember that you have been approached because you are trusted and possibly liked.

Be aware that disclosures can be very difficult for the child. Remember, the child may initially be testing your reactions and may only fully open up over a period of time.

Listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and wish to.

Do not pressurise the child. Allow him or her to disclose at their own pace and in their own language.

Conceal any signs of disgust, anger or disbelief.

Accept what the child has to say – false disclosures are very rare.

It is important to differentiate between the person who carried out the abuse and the act of abuse itself. The child quite possibly may love or strongly like the alleged abuser while also disliking what was done to them. It is important therefore to avoid expressing any judgment on, or anger towards, the alleged perpetrator.

It may be necessary to reassure the child that your feelings towards him or her have not been affected as a result of what they have disclosed.

When asking questions they should be supportive and for the purpose of clarification only. Avoid leading questions, such as asking whether a specific person carried out the abuse. Also, avoid asking about intimate details or suggesting that something else may have happened other than what you have been told. Such questions and suggestions could complicate the official investigation.

Do not promise to keep secrets —Acknowledge that you will be sharing this information only with people who understand and who can help.

It is better to do this than to tell a lie and ruin the child's confidence in yet another adult. By being honest, it is more likely that the child will return to you at another time.

At the earliest possible opportunity

Inform your Designated Officer immediately and agree measures to protect the child.

Record in writing, in factual manner, what the child has said, including, as far as possible, the exact words used by the child.

Maintain appropriate confidentiality.

Follow your organisation's procedures for child protection issues.

Where necessary, immediate action should be taken to ensure the child's safety.

Staff will continue in a supportive relationship with the child and their family, keeping lines of communication open by listening carefully to the child and continuing to include the child in the usual activities.

Any further disclosure should be treated as a new disclosure.

A verbal disclosure by a child must always be reported and taken seriously.

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. Other staff must not be consulted.

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

Seek social services advice on who should be kept informed.

Recording Information

Make a clear distinction between what is fact, opinion or hearsay.

A description of any visible bruising or other injuries.

Also any indirect signs, such as Behavioural changes.

Details of witnesses to the incidents.

Information about suspected abuse must be accurate and a detailed record should always be made at the time of the disclosure/concern.

Where possible, a referral to the police or social services should be confirmed in writing within 24 hours and the name of the contact who took the referral, date and time should be recorded.

Outside of work If you think a child or young person under the age of 18 years is being abused or neglected, please contact the Gateway team in your local Health and Social Care Trust or NSPCC helpline (contact numbers below). Do this immediately and before the situation gets any worse.

If you believe that a child or young person is at immediate risk, this should be reported without delay to the police service as a 999 emergency and contact should also be made to your local Health and Social Care (HSC) Trust:

Gateway Teams

- Belfast HSC Trust - 028 9050 7000
- Northern HSC Trust - 0300 1234 333
- South Eastern HSC Trust - 0300 1000 300
- Southern HSC Trust - 0800 7837 745
- Western HSC Trust - 028 7131 4090

Regional Emergency Social Work Service (RESWS)

Out of hours social work service provide an emergency social work response across Northern Ireland. Tel: ~~028 95 049 999~~

New Number July 2023- 0800 197 9995

resws1@belfasttrust.hscni.net

5pm to 9am weekdays & 24 hours at weekends and bank holidays.

You can talk with an **NSPCC** counsellor for free,
24 hours a day by Calling **0808 800 5000**.

POLICY ON DISCLOSURE OF ABUSE AND BAD PRACTICE

The Public Interest Disclosure (NI) Order 1998 introduced a policy to provide strong protection from dismissal or other sanctions for workers who report wrongdoings that they believe in good faith to be true.

Whistle blowing describes an action whereby a member staff makes a disclosure to a third party about some wrongdoing of the management or some other member of staff in the organisation such as malpractice, abuse, fraud, negligence or covered up. Act in accordance of the legislation, guidance & advice from the Local Health Trusts and Boards and the DHSS/PSNI.

Protecting Yourself

Training

Knowing policies and Procedures

Reporting and recording all concerns

Attend Meetings and discussions

Awareness and Responsibility

Blow the Whistle if necessary

Codes of Conduct.

USEFUL LINKS

SBNI. <https://www.proceduresonline.com/sbni/#>

<https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland>

<https://proceduresonline.com/trixcms/media/1248/signs-and-symptoms-of-child-abuse-and-neglect.pdf>

<http://www.cypsp.hscni.net/regional-subgroups/think-family/>

<http://www.cypsp.hscni.net/family-support-hubs/>

<https://www.early-years.org/sure-starts>

<https://www.familysupportni.gov.uk/>

<https://nexusni.org/get-support/>

For Adults abused in Childhood

<https://napac.org.uk/other-support/>

64 signs of emotional abuse

<https://www.healthline.com/health/signs-of-mental-abuse#humiliation-and-criticism>

Relate. <https://www.relate.org.uk/get-help/emotional-abuse>

Young people <https://www.macsnri.org/resources/get-help/>

<https://www.mind.org.uk/information-support/guides-to-support-and-services/abuse/>