



Inclusion, Acceptance & Understanding

COS Safeguarding Children & Young People Policy and Procedure

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| Revised by | Peter Nixon & David Campbell |
| Policy Lead(s) | Peter Nixon |

Introduction

The fundamental principle in childcare law and practice is that the welfare of the child must always be the paramount consideration. The 5 key principles of the Children's Order 1995 are known as the 5 P's: **Prevention, Paramourncy, Partnership, Protection and Parental Responsibility**. All of the above are self-explanatory – 'Paramourncy' refers to the 'needs of the **child**' to always come first. This policy has been drawn up within the Children NI Order 1995 and takes into account the UN Convention on the Rights of the Child 1991, in particular Article 19 the right for protection from harm. The policy is reviewed annually and will be updated pending legislative or policy change. It includes a list of definitions of abuse allowing Committee Members and volunteers to be aware of the broad spectrum of abuse.

COS for Autism Families Ltd (here after COS) values children and young people with disabilities and through good practice the organisation aims to promote their development and build their self- esteem and confidence in a safe environment, which ensures their right to be heard.

The following policy sets out a framework of sound principles and good practice guidelines to protect and prevent children and young people from situations of neglect and abuse and ensure their overall safety and general wellbeing. It provides clear guidelines to volunteers to address and communicate concerns, allowing them to work to agreed policies and procedures in full partnership with other local agencies.

This policy is drawn up not only to ensure the safety of children and young people but also to protect volunteers from allegations of abuse. Volunteers working with children on a regular basis may be able to provide an important link in identifying a child who has been or is at risk of harm.

The Safeguarding Children and Young People Policy is overseen by the Child Protection Officers. The Child Protection Officer is the person who is responsible for acting as a source of advice on child protection matters, for coordinating action within the organisation and for liaising with Health and Social Care Trusts and other agencies in suspected and actual cases of child abuse. The Child Protection Officers for COS are Mr Peter Nixon and Mrs Denise Geary.

Purpose

The purpose is to create awareness amongst volunteers (including committee members) and families of children's safeguarding issues and to outline procedures when responding to an incident, allegation or concern of abuse involving children in our care.

In addition, all service providers for children and young people must produce a protocol of child protection, including contact details the numbers of the relevant Designated Safeguarding Leads.

Safeguarding Children

Everyone who comes into contact with children and families has a role to play. Effective safeguarding arrangements should be underpinned by two key principles:

- safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

Autistic children share the right of all children to protection from abuse. We know that autistic children are potentially more vulnerable, because they may find it difficult to communicate with others, struggle with social interaction or have difficulties understanding people's motives, they may be less able to report abuse and thus be more vulnerable to it. This necessitates greater vigilance in recognising, reporting and investigating potential signs of

abuse as well as ensuring that safeguarding issues remain on the agenda when working with autistic children and young people.

Identifying safeguarding issues for autistic children and knowing what should be investigated can be complex as many traits of autism can be confused with signs of abuse and neglect.

The Procedures to be undertaken by COS with regards to Safeguarding Children and Young People

COS will adhere to the following procedures in relation to child protection, these are outlined in detail in the policy.

- We will take account of guidance issued by the appropriate government department or regulatory body
- Ensure that COS has a nominated Designated Safeguarding Lead(s) who will undertake regular, appropriate training and support for this role
- Ensure that there is a member of staff who will act in the absence of the Designated Safeguarding Leads (the Chair)
- Ensure every volunteer (and the) knows the name of the appropriate Designated Safeguarding Lead(s) and the contact details of the Safeguarding Lead(s) and understands their role in safeguarding
- Ensure all volunteers understand their responsibilities in being alert to the signs of abuse and neglect

- - Ensure all volunteers understand their responsibility for referring any concerns to the Designated Safeguarding Lead and are aware that they may raise concerns directly with Children's Social Care Services if they believe their concerns have not been listened to or acted upon
- Ensure that parents and carers have an understanding of the responsibility placed on COS for safeguarding children
- Operate a vetting policy which ensures the suitability of adults working with children at all times, if required
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding safeguarding matters
- Ensure that the duty of care towards the children and young people supported by the COS Committee is promoted behaviour and assist volunteers/families/Committee members to monitor their own standards and practice;
- Keep written records of concerns about children, even where there is no need to refer the matter immediately;
- Ensure all child protection records are kept securely, separate from the main file, and in locked locations;
- Ensure that the appropriate training in Safeguarding is provided to the Committee
- Ensure a review of the safeguarding children policies and procedures is undertaken and monitor the efficiency with which the related duties have been discharged in accordance with current legislation.
- Ensure that rights and views are recognised and respected ensuring all children and young people, without exception, have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs.
- Providing ready access to the Safeguarding Children and Young People Policy and Complaints Procedure/Policy for all service users.
- Arranging for Risk Assessments to be carried out where necessary

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- Ensuring good links with relevant organisations to prevent the possibility of abuse going undetected
Ensuring all Children and young people attending events are accompanied by a responsible adult
- Planning and organising all activities and events taking cognisance of associated procedures within health and safety, E-safety policy and agreed practice in the use of images.
- The policy will be reviewed and updated on an annual basis

Understanding and Identifying Abuse

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another. The warning signs and symptoms of child abuse and neglect can vary from child to child. Autistic children may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child.

Parental behaviours may also indicate child abuse or neglect, so volunteers should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health.

By understanding the warning signs, we can respond to problems as early as possible and ensure that the right support and services are provided for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed;
- Children with clothes which are ill-fitting and/or dirty;
- Children with consistently poor hygiene;

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- Children who make strong efforts to avoid specific family members or friends, without an obvious reason;
Children who don't want to change clothes in front of others or participate in physical activities;
- Children who have sudden lack of concentration or they appear to be tired and hungry;
- Children who talk about being left home alone, with inappropriate carers or with strangers;
- Parents who collect their children when drunk, or under the influence of drugs;
- Children who drink alcohol regularly from an early age;
- Children who are concerned for younger siblings without explaining why;
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

There are four main categories of abuse and neglect: **physical abuse, emotional abuse, sexual abuse and neglect**. The following definitions show some of the ways in which abuse may be experienced by a child but are not exhaustive, as the individual circumstances of abuse will vary from child to child.

Physical abuse - Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

Emotional abuse – Actual or likely persistent or significant emotional ill treatment or rejection resulting in severe adverse effects on the emotional, physical and/or behavioural development of a child. All abuse involves some emotional ill treatment. This is where it is the main or only form of abuse. Bullying can be defined as 'the repeated use of power by one or more persons to harm, hurt or adversely affect the rights and needs of another or others (NI Anti-Bullying Forum). This can include a range of abuse including cyber-bullying.

Sexual abuse - involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening or whether or not it is claimed that the child either consented or assented. The activities 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 of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- **Neglect** – The actual or likely persistent or significant neglect of a child, or failure to protect a child from exposure to any kind of danger, including cold and starvation, or persistent failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including failure to thrive.

In addition, children with special needs are more likely to be subject to forms of abusive practice such as:

- physical interventions (including restraint) which are not carried out in line with the accepted policy, procedures and guidance
- inappropriate behaviour modification including the deprivation of liquid, medication, food or clothing
- misuse of medication, sedation, heavy tranquilisation
- invasive procedures, which are unnecessary or carried out against the child's will, or by people without the right skills or support
- being denied access to medical treatment and deliberate failure to follow medically recommended regimes
- misappropriation or misuse of a child's finances – Financial abuse
- being denied mobility, communication, equipment, education, play and/or leisure opportunities

Disclosure

Concerns of abuse - concerns about a child being abused may arise through various factors. These include:

- a child may tell them
- someone else might report that a child has told them or that they strongly believe that a child has been or is being abused
- a child might show signs of physical injury or neglect for which there appears to be no satisfactory explanation
- a child's behaviour may indicate to them that it is likely that he/she is being/has been abused
- observing one child abusing another
- a child having contact with a person who may pose a risk to them

Victim needs:

- to be believed

- to talk or communicate at their own pace
- to be heard
- to be supported

When a child or young person discloses that he or she has been abused or is at risk of abuse, volunteers must provide immediate support and comfort and to assist in protecting the child from further abuse.

- Find a place to talk where there are no physical barriers between you and the child.
 - Be on the same eye level as the child.
 - **Don't interrogate or interview the child.**
 - Be tactful. Choose your words carefully, do not be judgmental about the child or the alleged abuser. Listen to the child. Do not project or assume anything. Let the child tell his/her own story.
 - Find out what the child wants from you. A child may ask you to promise not to tell anyone. Be honest about what you are able to do for the child.
 - Be calm; reactions of disgust, fear, anger, etc., may confuse or scare a child.
 - Assess the urgency of the situation. Is the child in immediate danger? Safety needs may make a difference in your response.
 - Confirm the child's feelings. Let them know that it is okay to be scared, confused, sad, or however he / she is feeling. Believe the child and be supportive.
 - Assure the child that you care. Some children will think you may not like them anymore if they tell you what happened. Let them know that he/ she is not to blame.
 - Tell the child it is not their fault. Many children will think that the abuse happened because of something they did or did not do. Do not over dramatise.
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- Tell the child you are glad she/he told you and that you will try to get some help.
 - Let the child know what you will do. This will help build a sense of trust, and she/he will not be surprised when she/he finds out that you told someone.
 - Tell the child you need to tell someone whose job it is to help with these kinds of problem

Recording events

It is important that an accurate record of all events surrounding the disclosure or suspected abuse is kept, stating the facts, times, explanations and action taken. All safeguarding records are kept securely, separate from the main file, and in a locked location.

Support provided to the individual disclosing

In the event of disclosure of alleged abuse the individual disclosing will be protected from any retaliation or unnecessary stress and will be supported through the process. Where

appropriate and as necessary, support will be accessed from outside agencies such as Childline/ NSPCC and counselling services.

Confidentiality

Confidentiality cannot be assured, as depending on the disclosure and individual concerned, information may need to be shared internally, with the Designated Safeguarding Lead and with other agencies. This could include the Police and Local Authority. However, information will only be shared on a need to know basis, and the person making the disclosure should be reassured that the information they have given will be treated within best practice codes of conduct for confidentiality.

Referral

The Designated Safeguarding Lead(s) has a duty to share any concerns raised about a child with the relevant person within the Children's Social Services Team/PSNI. All information will be shared confidentially.

Allegations made against Committee Members or Volunteers

Any allegation should be reported immediately to the Chair. The Local Social Services should also be informed within one working day of all allegations that come to COS's attention or that are made directly to the police.

Suspension of a volunteer should take place without delay if it is indicated that:

- They have behaved in a way that may have or has harmed a child;
- An offence against a child has possibly been committed

Volunteers against whom an allegation is made are owed a duty of care and should be treated fairly, honestly and without discrimination. They should be provided with support throughout the process.

The police and other relevant agencies should always agree jointly when to inform the subject of allegations which may be subject to criminal procedures.

Use of Technology

It is essential that children are safeguarded from potentially harmful and inappropriate online material. COS will ensure appropriate filters and appropriate monitoring systems are in place.

Mobile phones/video: under no circumstances are photographs or videos to be taken of the children and young people without parental or the individual's consent. Volunteers are not permitted to show any images from their phone to the children and young people.

Under no circumstances should volunteers take devices home/off site that contain images of the children and young people.

Equal Opportunities

COS shall not discriminate against any person on the grounds of race, nationality, age, religious or similar philosophical beliefs, sexual orientation, or social standing and shall work in such a way as to give equal opportunity for each person we support to achieve the maximum benefit and potential consistent with respecting the dignity and value of fellow human beings.

Conclusion

This policy does not operate independently of other COS policies and procedures. Policies and procedures such as the Complaints and Equality policies should be implemented concurrently in order to secure the protection of vulnerable children and young people.

Address: 17a Springtown Avenue, Springtown Industrial Estate, derry/Londonderry, BT48 0LY

Northern Ireland.

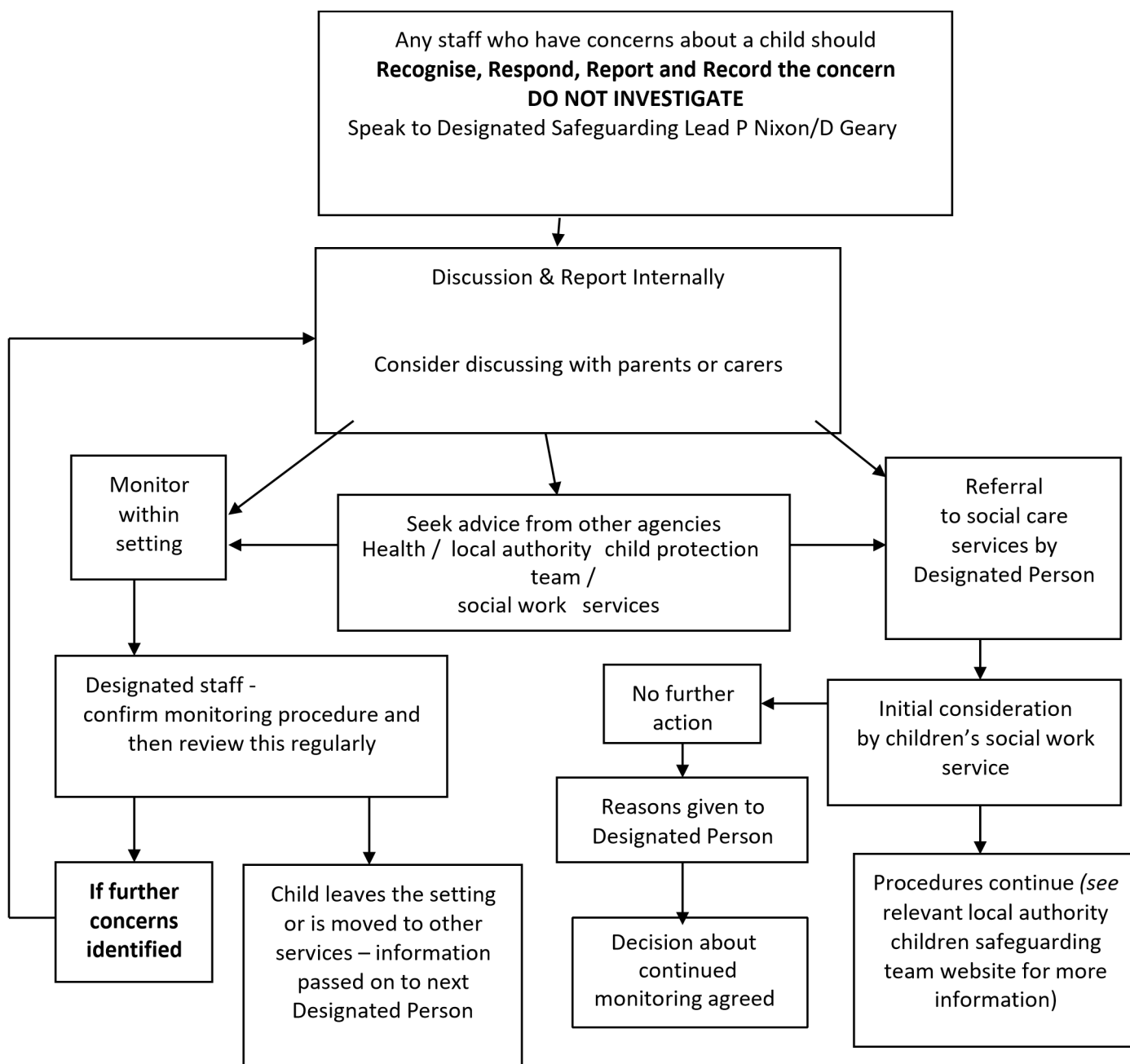
Landline: 028 7136 9224

Mobile: 075 3279 1958

Email: info@circleofsupport.org.uk

Web: www.circleofsupport.co.uk

Reg Charity: NIC100511



Appendix 1

Safeguarding Children & CP Incident Reporting Form

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|--------------------------|-----------|
| Name of child: | D.O.B: |
| Date & time of incident: | Location: |

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|-----------------------|--------------------------------|
| Person making report: | Date & time of writing report: |
|-----------------------|--------------------------------|

Record the following factually: Who? What (if recording a verbal disclosure by a child use their words)? Where? When (date and time of incident)? Any witnesses?

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|-----------------------|-------------------------|
| Incident reported to: | Date and time received: |
|-----------------------|-------------------------|

| | |
|--|-------|
| Signature of person making the report: | Date: |
|--|-------|

Summary of intended action:

| | |
|-------------------------------------|--------------|
| Signed: (Designated Officer) | Date & time: |
|-------------------------------------|--------------|

| | |
|----------------------|-------|
| Signature of Parent: | Date: |
|----------------------|-------|

Part 2 for use by DSL

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|--|--------------------|
| Time and date information received, and from whom. | |
| Any advice sought – if required (date, time, name, role, organisation and advice given). | |
| <u>Action taken</u> (referral to children’s social care/monitoring advice given with reasons. Note time, date, names, who information shared with and when etc. | |
| <u>Parent’s informed?</u> Y/N and reasons. | |
| <u>Outcome</u> Record names of individuals/agencies who have given information regarding outcome of any referral (if made). | |
| Should a concern/ confidential file be commenced if there is not already one? | |
| Signed: | Print Name: |

Body Maps should be used to document and illustrate visible signs of harm and physical injuries.

Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

At no time should a volunteer take photographic evidence of any injuries or marks to a child's person, the body map (below) should be used. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, e.g. Social Services.

When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

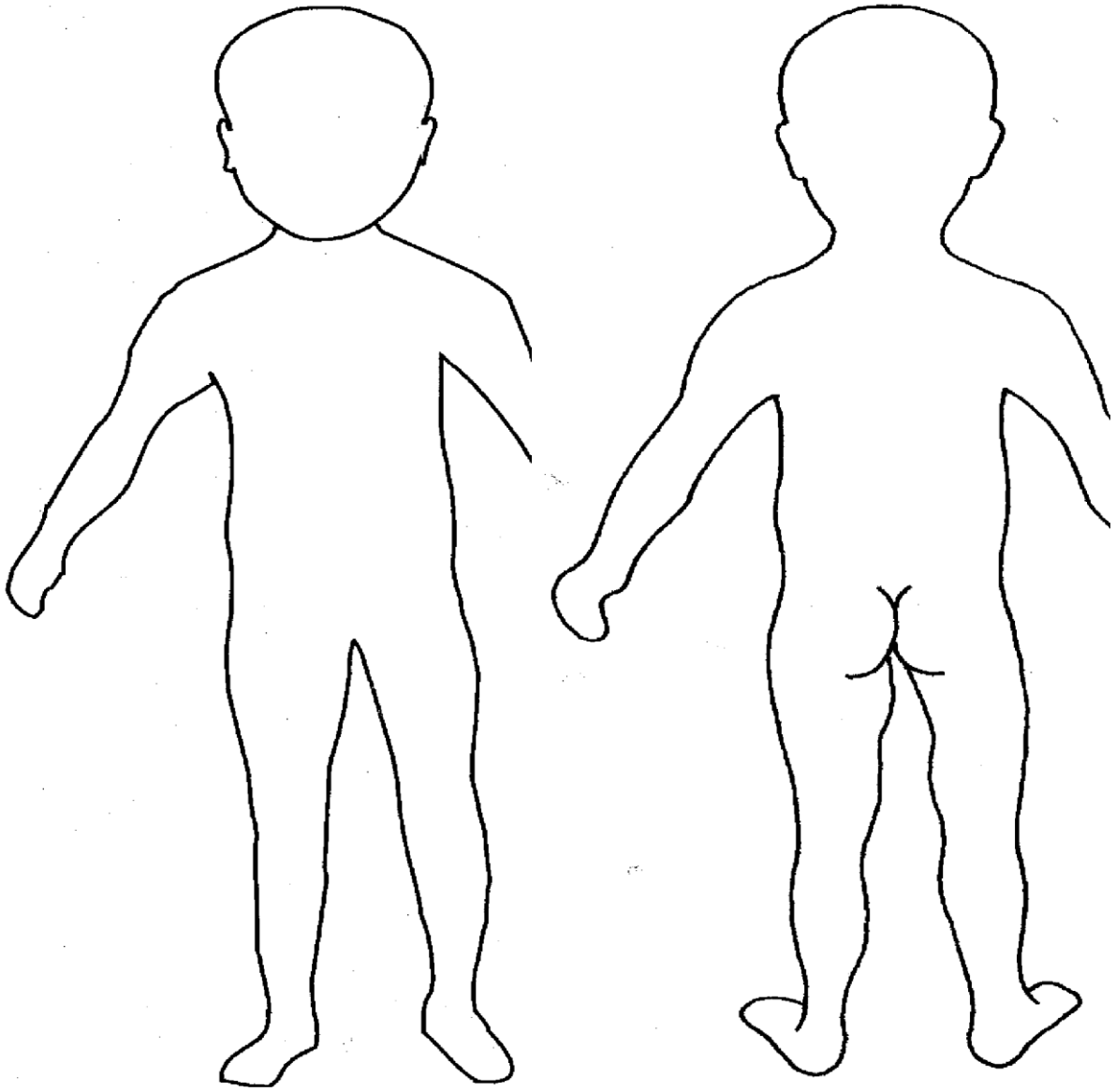
- Exact site of injury on the body e.g. upper outer arm/left cheek
- Size of injury - in appropriate centimetres or inches
- Approximate shape of injury, eg round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

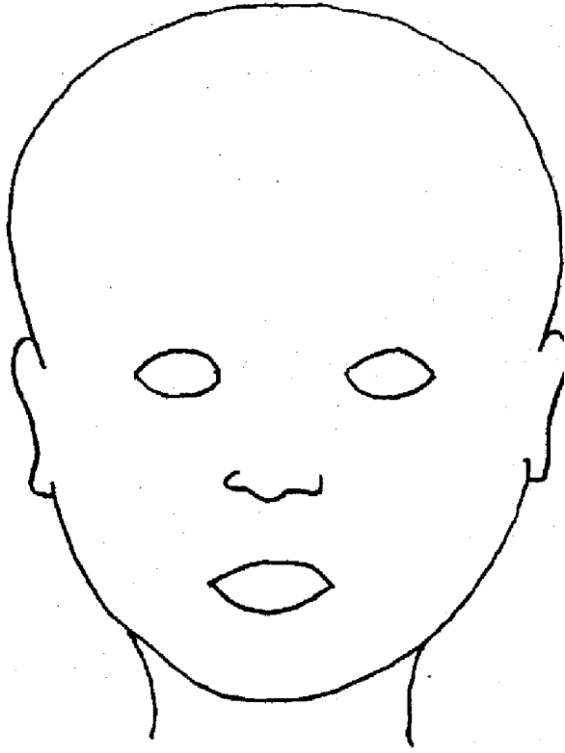
BODY MAP (This must be completed at time of observation)

Name of Pupil: _____ DOB: _____

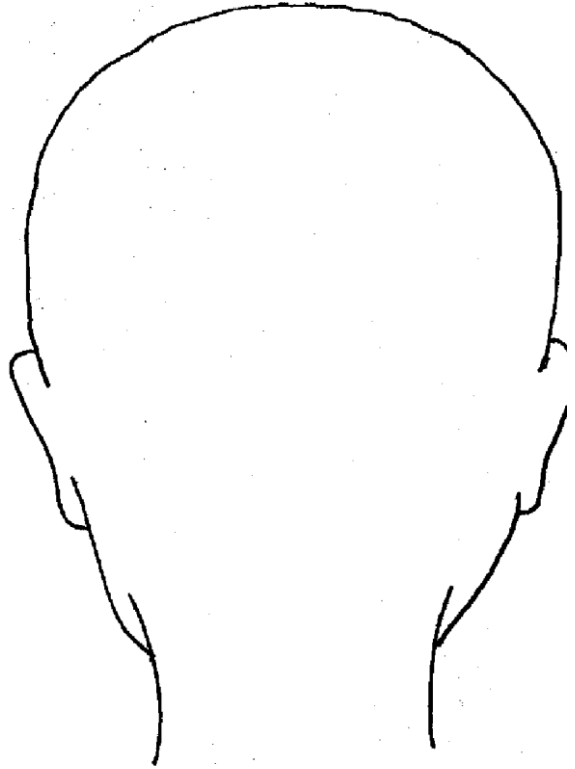
Name of Volunteer:

Date and time of
observation: _____

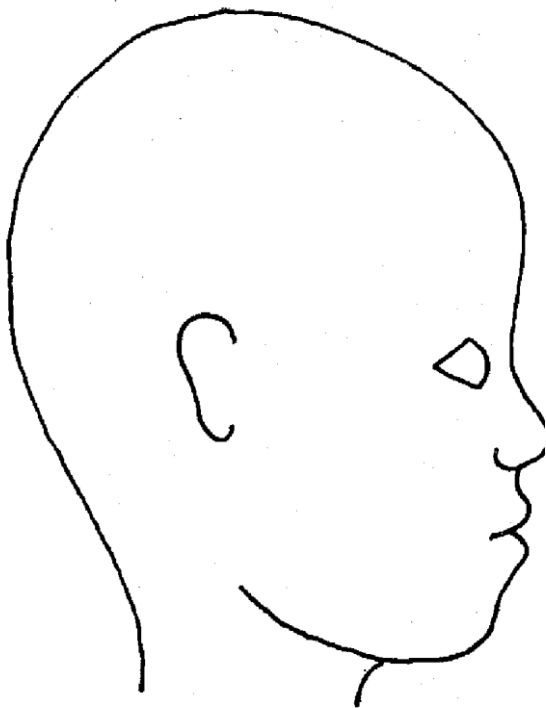




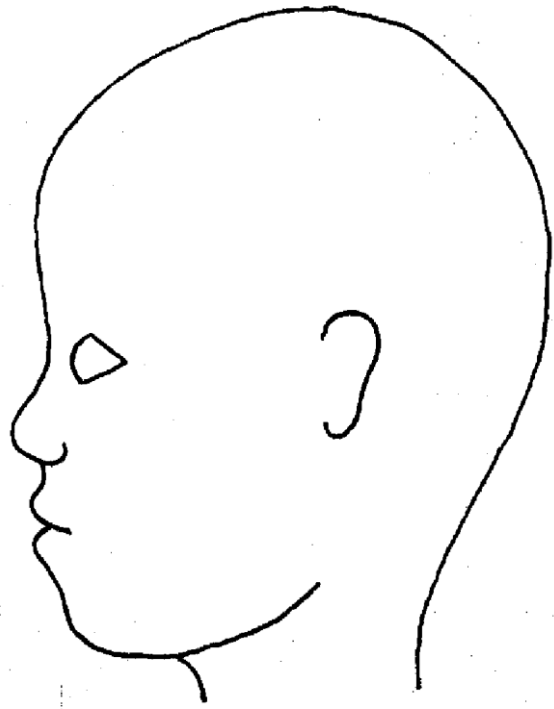
FRONT



BACK



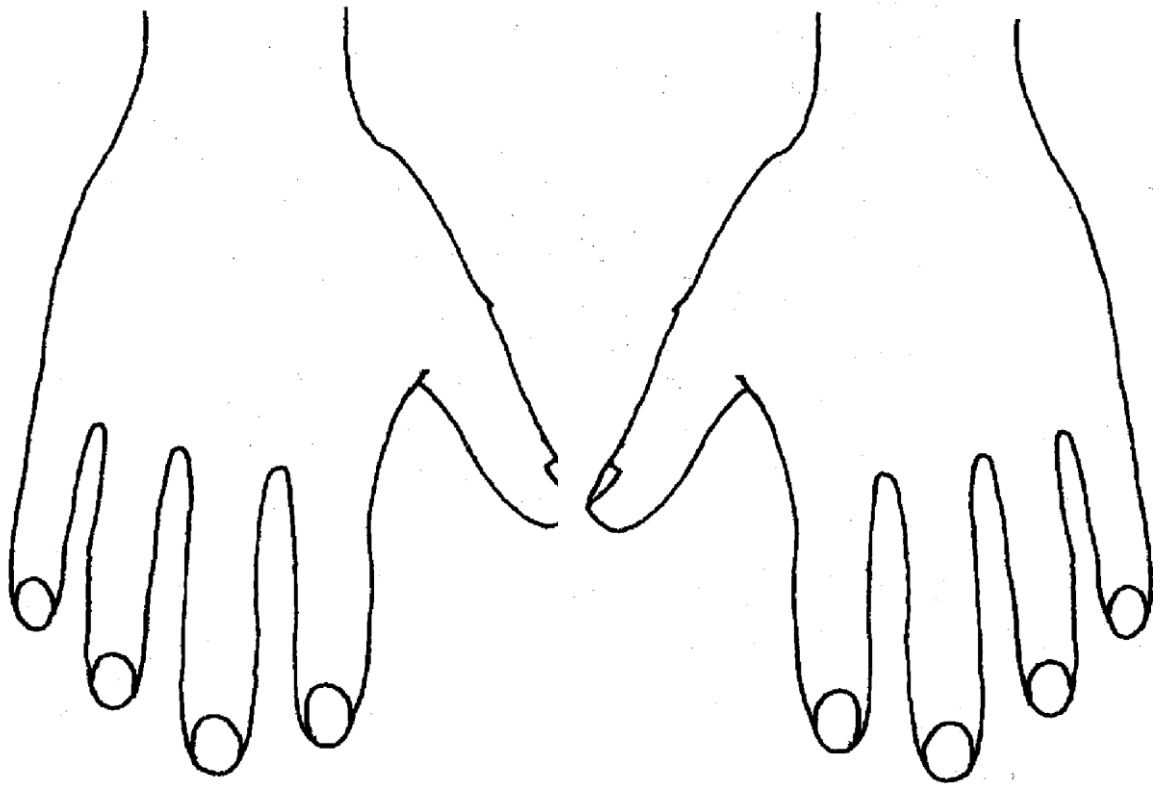
RIGHT



LEFT

Name of pupil:

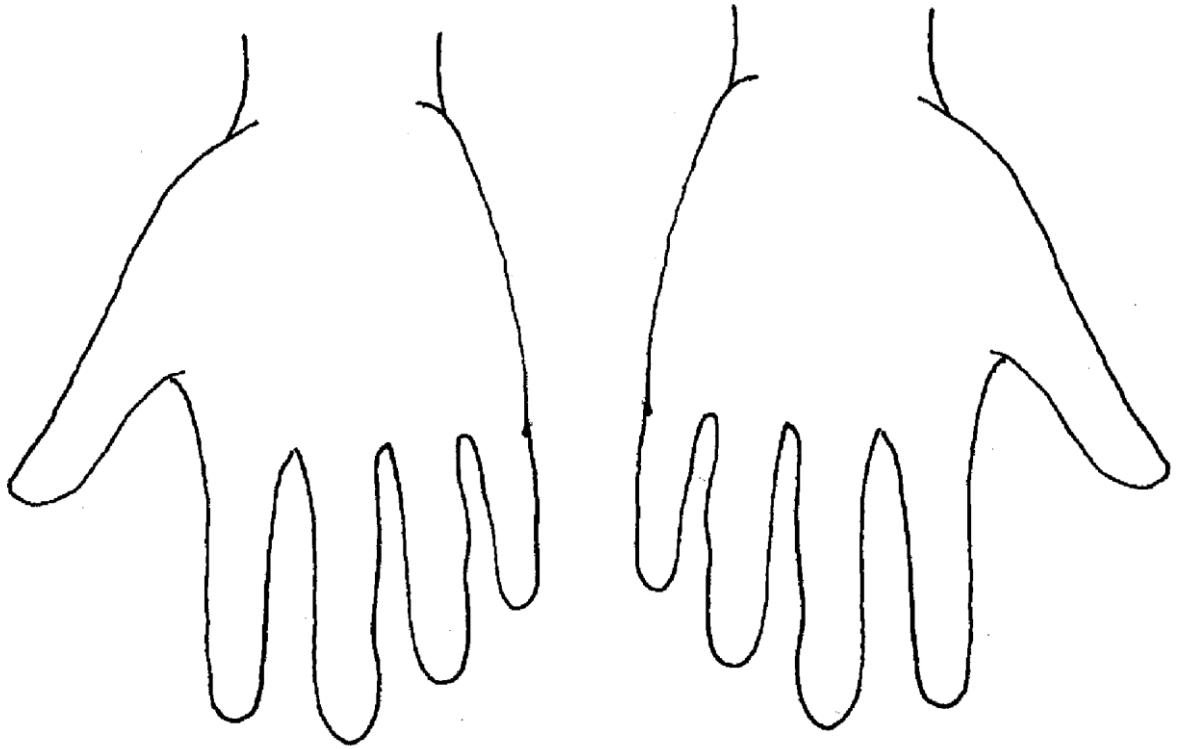
Date and time of
observation:



R

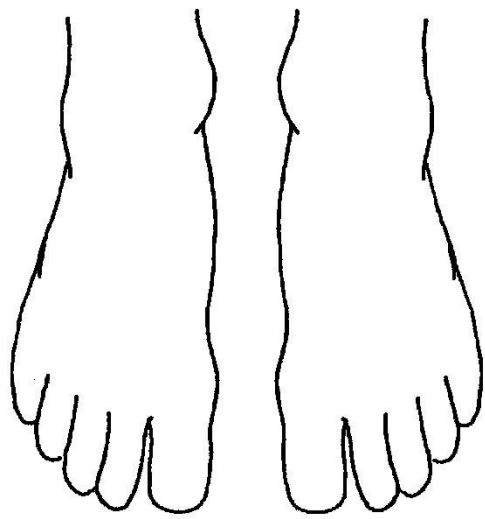
L

BACK

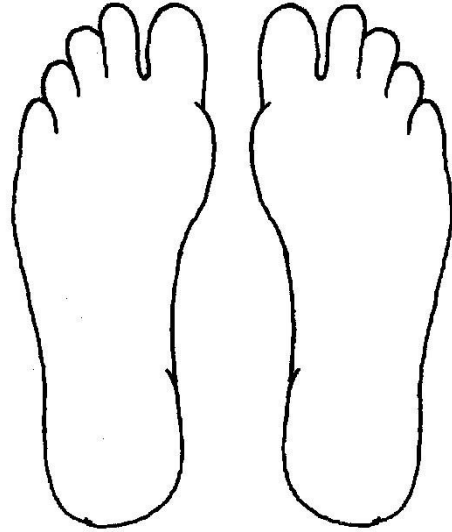


Date and time of Name of observation:

Pupil:



R TOP L



R BOTTOM L



R



L

INNER



NB No photographs should be taken. The above body mapping process must be used only.

A copy of the body map should be kept on the child's concern/confidential file.

Ensure First Aid is provided where required and record actions taken.

All head injuries must lead to the child being taken to Accident and Emergency and the parents or carers informed.