



**Omagh**  
GOLF CLUB

## ***CHILD PROTECTION/SAFEGUARDING POLICY*** **2019/2020**

### **1. CHILD PROTECTION ETHOS**

We in **Omagh Golf Club** have a responsibility for the care, general welfare and safety of the children in our care and we will carry out this duty by providing a supportive and safe environment, where each child and young person is valued for his or her unique talents and abilities, and in which all our young people can learn and develop their chosen sport to their full potential. Members should be alert to the signs of possible abuse and should know the procedures to be followed. This Policy sets out guidance on the action which is required where abuse or neglect of a child is suspected and outlines referral procedures within Omagh Golf Club.

### **2. PRINCIPLES**

The general principles, which underpin our work, are those set out in the UN Convention on the Rights of the Child and are enshrined in the Children (Northern Ireland) Order 1995, “Co-Operating to Safeguard Children and Young People in Northern Ireland” (DOH, 2017) and the Safeguarding Board for NI Core Child Protection Policy and Procedures (2017).

The following principles form the basis of our Child Protection Policy.

- It is a child and young person’s right to feel safe at all times, to be heard, listened to and taken seriously.
- We have a pastoral responsibility towards the children and young people in our care and should take all reasonable steps to ensure their welfare is safeguarded and their safety is preserved.
- In any incident the child or young person’s welfare must be paramount; this overrides all other considerations.
- responses should be proportionate to the circumstances;
- A proper balance must be struck between protecting children and respecting the rights and needs of parents and families; but where there is conflict the child’s interest must always come first.

### 3. OTHER RELEVANT POLICIES

Omagh Golf Club has a duty to ensure that safeguarding permeates all activities and functions. This policy therefore complements and supports other Omagh Golf Club policies and regional guidelines including:

- Health and Safety Policy
- Disability Discrimination Act

These policies are available on request

### 4. OMAGH GOLF CLUB'S SAFEGUARDING TEAM

The following are members of the Omagh Golf Club's Safeguarding Team:

- Child Protection Officer ([Anthony Bradley](#))
- Deputy Child Protection Officer ([Alison McGrath](#))

### 5. ROLES AND RESPONSIBILITIES

#### 5.1 Child Protection Officer

The Child Protection Officer must:

- Ensure that a safeguarding ethos is maintained within the Omagh Golf Club's work and environment
- Ensure that the Omagh Golf Club has a Child Protection Policy in place and that members implement the policy;
- Ensure that Committee members undertake appropriate child protection training (and maintain a record of attendees).
- Assume lead responsibility for managing any complaint/allegation of a child protection nature

#### 5.2 Deputy Child Protection Officer

- Duties as above in the absence of the Child Protection Officer

### 6. 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 institutional or community setting, by those known to them or more rarely, by a stranger. There are different types of abuse and a child may suffer more than one of them. The procedures outlined in this document are intended to safeguard children who are at risk of significant harm because of abuse or neglect by a parent, carer or other with a duty of care towards a child.

"Co-Operating to Safeguard Children and Young People in Northern Ireland" (DOH, 2017)

In Omagh Golf Club we use the following definitions:

**Neglect** is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. 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, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive (faltering growth).

**Physical Abuse** is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

**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 a child that he is worthless or unloved, inadequate, or valued only insofar as he meets the needs of the other person. It may involve causing a child to frequently feel frightened or in danger, or the exploitation or corruption of a child. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose a child to emotional abuse.

**Sexual Abuse** involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative 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.

**Exploitation** is the intentional ill-treatment 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, which can also be sexual in nature.

**Child Sexual Exploitation** is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person, under the age of 18, into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial status or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

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.

*(Area Child Protection Policies and Procedures - 2005)*

## Signs and symptoms of abuse – see Appendix 1

### 7. PROCEDURES FOR MAKING COMPLAINTS IN RELATION TO CHILD ABUSE

#### 7.1 How a Parent/Carer can make a Complaint

The Committee and members of Omagh Golf Club aim to work closely with parents/guardians in supporting all aspects of their child's well-being. Any concerns a parent may have will be taken seriously and dealt with in a professional manner. If a parent has a concern they can talk to either of The Captains and/or Child Protection Officer. If they are still concerned they may talk to the Chair of the Juvenile Committee. At any time a parent may talk to a Social Worker in the local Gateway team or to the PSNI Public Protection Unit. Details of who to contact are shown in the **flowchart in Appendix 2**

#### 7.2 Where the Omagh Golf Club has concerns or has been given information about possible abuse by someone other than a member of the Omagh Golf Club

*Where a member becomes aware of concerns or is approached by a child they should not investigate* (this is a matter for the Social Services) *but should report these concerns immediately to the Child Protection Officer or either of the Captains*, discuss the matter with him and make full notes. These notes or records should be factual, objective in nature and include what was seen, said, heard or reported, the place and time of who was present and should be given to the Child Protection Officer. The person who reports the incident must treat the matter in confidence.

The Child Protection Officer may need to seek discreet preliminary clarification from the person making the complaint or giving the information or from others who may have relevant information. The Child Protection Officer may also consult with the Social Services (Gateway Team) before a referral is made. No decision to refer a case to Social Services will be made without the fullest consideration and on appropriate advice.

The consent of the parent/carers and/or the young person (if they are competent to give this) will normally be sought prior to making a referral to Social Services. The exception to this is where to seek such consent would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or it would undermine the prevention, detection or prosecution of a serious crime including where seeking consent might lead to interference with any potential investigation.

Where consent of the parent/carers and/or the young person is sought to make a referral to Social Services we will explain at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement to making the referral. In circumstances where the consent of the parent/carers and/or the young person is withheld we will consider and where possible respect their wishes. However our primary consideration must be the safety and welfare of the child/young person and we will make a referral in cases where consent is withheld if we believe on the basis of the information available that it is in the best interests of the child/young person to do so.

Where there are concerns about possible abuse and a referral needs to be made, the Child Protection Officer or Deputy CPO will contact the Western Health & Social Services Gateway Team. He/She will also notify the Management Committee.

The following are guidelines for use by members should a child disclose concerns of a child protection nature.

Do's	Don'ts
Do listen to what the child says.	Don't ask leading questions.
Do assure the child they are not at fault.	Don't put words into the child's mouth.
Do explain to the child that you cannot keep it a secret.	<u>Don't ignore the child's behaviour.</u>
Do <b>document exactly</b> what the child says, using his/her exact words.	Don't remove any clothing.
Do remember not to promise the child confidentiality.	

### **7.3 Where a complaint has been made about possible abuse by a member of Omagh Golf Club**

If a complaint about possible child abuse is made against a member, the Child Protection Officer (or the deputy if he is not available) must be informed immediately. The above procedures (7.2) will apply.

If a complaint is made against the Child Protection Officer the Chair of the Management Committee will be informed and he will ensure that necessary action is taken.

Where the matter is referred to Social Services the member of staff may be removed from duties involving direct contact with children/young people (and may be suspended from duty as a precautionary measure pending investigation by the appropriate authorities).

### **7.4 Where a complaint has been made about possible abuse by a volunteer**

Any complaint about the conduct of a person working voluntarily for Omagh Golf Club should be treated in the same manner as complaints against a person who is a member of Omagh Golf Club, and the above procedures followed. If the Committee has any concern that a child may be at risk, the services of the volunteer should be terminated immediately.

## 8. CODE OF CONDUCT FOR ALL MEMBERS

All actions concerning children and young people must uphold the best interests of the young person as a primary consideration. **Members must always be mindful of the fact that they hold a position of trust, and that their behaviour towards the children and young people in their charge must be above reproach.** Omagh Golf Club has a code of conduct for members which is intended to assist them in respect of the complex issue of child abuse, by drawing attention to the areas of risk for members and by offering guidance on prudent and proper conduct. It is not intended to detract from the enriching experiences children and young people gain from positive interaction with members in playing Golf and learning the skills of the game.

## 9. MONITORING AND EVALUATION

**Omagh Golf Club** will update this Policy and procedures in the light of any further guidance and legislation as necessary and will monitor and review it annually to ensure the effectiveness of the Policy.

Date Policy Reviewed: \_\_\_\_\_

Signed:

\_\_\_\_\_ (The Captain) Date: \_\_\_\_\_

\_\_\_\_\_ (The Lady Captain) Date: \_\_\_\_\_

\_\_\_\_\_ (Child Protection Officer) Date: \_\_\_\_\_

\_\_\_\_\_ (Deputy Child Protection Officer) Date: \_\_\_\_\_

## Appendix 1 Signs and Symptoms of abuse – possible indicators

### Physical Abuse

Physical Indicators	Behavioural Indicators
<p>Unexplained bruises – in various stages of healing – grip marks on arms; slap marks; human bite marks; welts; bald spots; unexplained/untreated burns; especially cigarette burns (glove like); unexplained fractures; lacerations; or abrasions; untreated injuries; bruising on both sides of the ear – symmetrical bruising should be treated with suspicion; injuries occurring in a time pattern e.g. every Monday</p>	<p>Self-destructive tendencies; aggressive to other children; behavioural extremes (withdrawn or aggressive); appears frightened or cowed in presence of adults; improbable excuses to explain injuries; chronic runaway; uncomfortable with physical contact; come to school early or stays last as if afraid to be at home; clothing inappropriate to weather – to hide part of body; violent themes in art work or stories</p>

### Neglect

Physical Indicators	Behavioural Indicators
<p>Looks very thin, poorly and sad; constant hunger; lack of energy; untreated medical problems; special needs of child not being met; constant tiredness; inappropriate dress; poor hygiene; repeatedly unwashed; smelly; repeated accidents, especially burns.</p>	<p>Tired or listless (falls asleep in class); steals food; compulsive eating; begging from class friends; withdrawn; lacks concentration; misses school medicals; reports that no carer is at home; low self-esteem; persistent non-attendance at school; exposure to violence including unsuitable videos.</p>

## Emotional Abuse

Physical Indicators	Behavioural Indicators
<p><b>Well below average in height and weight; “failing to thrive”;</b>            poor hair and skin; alopecia;            swollen extremities i.e. icy cold and swollen hands and feet;            recurrent diarrhoea, wetting and soiling;            sudden speech disorders;            signs of self-mutilation;            signs of solvent abuse (e.g. mouth sores, smell of glue, drowsiness);            extremes of physical, mental and emotional development (e.g. anorexia, vomiting, stooping).</p>	<p>Apathy and dejection;            inappropriate emotional responses to painful situations;            rocking/head banging;            inability to play;            indifference to separation from family            indiscriminate attachment;            reluctance for parental liaison;            fear of new situation;            chronic runaway;            attention seeking/needing behaviour;            poor peer relationships.</p>

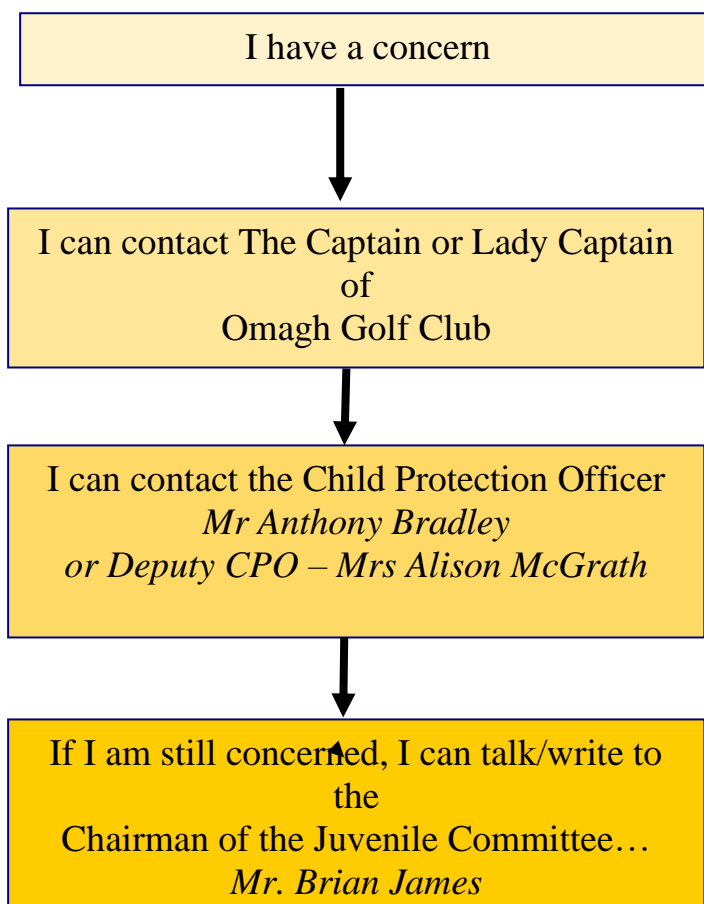
## Sexual Abuse

Physical Indicators	Behavioural Indicators
<p>Bruises, scratches, bite marks or other injuries to breasts, buttocks, lower abdomen or thighs;            bruises or bleeding in genital or anal areas;            torn, stained or bloody underclothes;            chronic ailments such as recurrent abdominal pains or headaches;            difficulty in walking or sitting;            frequent urinary infections;            avoidance of lessons especially PE, games, showers;            unexplained pregnancies where the identity of the father is vague;            anorexia/gross over-eating.</p>	<p>What the child tells you;            Withdrawn; chronic depression;            excessive sexual precociousness;            seductiveness;            children having knowledge beyond their usual frame of reference e.g. young child who can describe details of adult sexuality;            parent/child role reversal;            over concerned for siblings;            poor self-esteem; self-devaluation;            lack of confidence; peer problems;            lack of involvement;            massive weight change;            suicide attempts (especially adolescents);            hysterical/angry outbursts;            lack of emotional control;            sudden school difficulties e.g. deterioration in school work or behaviour;            inappropriate sex play;            repeated attempts to run away from home;            unusual or bizarre sexual themes in children’s art work or stories;            vulnerability to sexual and emotional exploitation; promiscuity;            exposure to pornographic material.</p>



Appendix 2

**How a junior member/parent/carer, senior member or staff can raise a CONCERN or make a COMPLAINT**



***At any time, a parent/carer or anyone else with a concern, can talk to a Social Worker at the Gateway Team (Western Trust) Tel: 028 71314 090 or to PSNI at the Public Protection Unit Tel: 0845 600 8000***



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**Appendix 3**

**CHILD PROTECTION/ SAFEGUARDING RECORD - REPORT TO/BY DESIGNATED OFFICER**

**NOTE OF CONCERN**

***CONFIDENTIAL***

Name of Child/Young Person:
Age:
Date, time of incident disclosure:
Circumstances of incident / disclosure:
Nature and description of concern:
Parties involved, including any witnesses to an event and what was said or done and by whom:

Action taken at the time:

Details of any advice sought, from whom and when:

Any further action taken:

Written report passed to Designated Officer:                      Yes:                      No:  
If 'No' state reason:

Print Name of member making the report: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Omagh GC Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Designated or Deputy Designated CPO: \_\_\_\_\_ Date: \_\_\_\_\_