Carnalea Golf Club

Child Protection Policy

Carnalea Golf Club has considered its responsibilities to the children participating in golf at our premises and within our club very carefully, and has produced the following Safeguarding and Child Protection Policy and underpinning procedures in order to set out the standards we wish to uphold in providing activities for children and safeguarding the welfare of children in our care.

Carnalea Golf Club affiliates to the Golf Union of Ireland, and our professional coaching staff are members of the Professional Golfers' Association.

The Club recognises the policies of these Governing Bodies, as set in out in Guidelines for Safeguarding Children in Golf (CiG).

Policy Statement

Carnalea Golf Club acknowledges its duty of care to safeguard the welfare of all children (defined as those under 18) involved in golf within the club. All children have a right to protection, and have their particular needs taken into account.

Carnalea Golf Club will therefore endeavour to ensure the safety and protection of all children involved with the club through the Child Protection guidelines adopted by the Council of the club. It is the responsibility of all adults within the club to assist the Council in this endeavour.

Policy Aims

- To provide children with appropriate safety and protection whilst in the care of the club and also help them to enjoy their experience of the sport.
- To reassure parents that their children will receive the best practicable care possible whilst participating in activities within the club.
- To provide support to staff and volunteers to make informed and confident responses to specific child protection issues and to fulfil their role effectively.

Principles

- The welfare of children is paramount.
- All children, whatever their age, culture, disability, gender, language, ethnic origin and religious beliefs have the right to protection from abuse.
- All suspicions and allegations of abuse and poor practice will be taken seriously and responded to swiftly and appropriately.
- All staff and volunteers working in golf have a responsibility to report concerns to the Club Welfare Officer.
- Adults – staff, volunteers, coaches, referees and members will be supported to understand their role and responsibility with regard to the duty of care and protection of children and young people.
- Individuals will receive support through education and training to be aware of and understand best practice and how to manage any welfare or child protection issues that may come to light.
- Carnalea Golf Club will work in partnership with parents to review and implement child protection and welfare procedures.

Carnalea Golf Club's policy and procedures are based on the above principles and UK and international legislation and government guidance and take the following into consideration:

Code of Ethics & Good practice for Golf for Young People – compiled by GUI / IGLU / PGA

- The Children Act 1989 and 2004.
- The Child Care Act 1991(NI).
- The Data Protection Act 1994 & 1998.
- The Police Act 1997.
- The Human Rights Act 1998.
- The Protection of Children Act 1999.
- Caring for the young and vulnerable – Home Office Guidance for preventing the abuse of trust 1999.
- Children First 1999 (ROI).
- The Criminal and Court ServicesAct 2000.
- Co-Operating to Safeguard Children 2003 (NI).
- What to do if you are worried a child is being abused 2005.
- Working Together to Safeguard Children 2006). • The UN Convention on the Rights of the Child.
- Any subsequent legislation relating to child protection would implicitly be incorporated into this document.

Responsibilities & Communication

- Carnalea Golf Club's Child Protection Policy will be available to all members, parents, staff, volunteers and participants.
- The Policy will be reviewed every three years by the Council, and amended as appropriate. Guidance from golf's governing bodies will be sought as part of the review process.
- The Council has responsibility for ensuring that the policy and procedures are implemented, including taking any appropriate disciplinary action necessary.

- The Club Welfare Officer has responsibility for responding to any allegations, concerns or child protection incidents, passing information to the appropriate National Governing Body Lead Child Protection Officer and informing the appropriate club staff.
- Parents have a responsibility to work together with the club in implementing procedures and providing their children with the necessary information to safeguard themselves.
- Details of all juniors will be kept on file in the club administration records and will not be shared with a third party without parent/guardian consent. Access to this information will be granted to Secretary CWO, the Junior Organiser(s) and the PGA Golf Professional(s). Details will be passed onto the Golfing Union of Ireland.

Carnalea Golf Club
Code of conduct for children

You should:

- Help create and maintain an environment free of fear and harassment.
- Demonstrate fair play and apply golf's standards both on and off the course.
- Understand that you have the right to be treated as an individual.
- Respect the advice that you receive that promotes the concept of a balanced attitude.
- Treat others as you would wish to be treated yourself.
- Respect physical, cultural and racial differences.
- Challenge or report if you observe any form of discrimination and prejudice.
- Look out for yourself and for the welfare of others.
- Speak out if you consider that you or others have been poorly treated.
- Report behaviour that appears to fall below the expected standards of the club.
- Be organised and on time.
- Tell someone in authority if you are leaving a venue or competition.
- Accept that these guidelines are in place for the well-being of all concerned.
- Treat organisers and coaches with respect.
- Observe instructions or restrictions required by appropriate members of staff.
- You should not take part in any irresponsible, abusive, inappropriate or illegal behaviour which includes:
    - Consuming alcohol or illegal or performance-enhancing drugs or stimulants.
    - Smoking.
    - Using foul language.
    - Publicly using critical or disrespectful descriptions of others.

Carnalea Golf Club

Code of Conduct for Coaches, Staff and Volunteers

Rights

- Respect the rights, dignity and worth of every person.
- Help create an environment where all children have an equal opportunity to participate.
- Help create and maintain an environment free of fear and harassment.
- Recognise the rights of all children to be treated as individuals.
- Recognise the rights of parents and children to confer with other coaches and experts.
- Promote the concept of a balanced attitude, supporting the well-being of the child both in and out of golf.
- Do not discriminate on the grounds of sex, marital status, race, colour, disability, sexuality, age, religion or political opinion.
- Do not condone or allow to go unchallenged any form of discrimination or prejudice.
- Do not publicly criticise or engage in demeaning descriptions of others.
- Communicate with children in a manner that reflects respect and care.

Relationships

- Develop relationships with parents and children based on openness, honesty, mutual trust and respect.
- Do not engage in any behaviour that constitutes any form of abuse (physical, sexual, emotional abuse, neglect or bullying).
- Be aware of the physical limits of children and ensure that training loads and intensities are appropriate.
- Ensure that physical contact is appropriate and necessary and is carried out within recommended guidelines
- Always try to work in an open environment (e.g. avoid private or unobserved situations).
- Do not engage in any form of sexually-related contact with children. Sexual innuendo, flirting or inappropriate gestures and terms are also unacceptable.
- Promote the welfare and best interests of children. • Explain to parents, as appropriate, the potential impact of the coaching programme on the child.
- Arrange to transfer a child to another personal coach if it is clear that an inappropriate relationship is developing.
- Be familiar with the organisations child protection policies and procedures

Carnalea Golf Club

Golf Welfare Officer (Children's Officer) – Roles and Responsibilities

Core Tasks

- Assist the organisation in establishing a Safeguarding and Child Protection Policy and Procedures.
- Assist the organisation to implement child protection plans.
- Be the first point of contact for staff, members, volunteers, children and parents for any issue concerning safeguarding children, poor practice, potential or alleged abuse.
- Ensure that all incidents and concerns are dealt with in accordance with policy guidelines.
- Ensure that all relevant members, volunteers and staff have the opportunity to access appropriate child protection training.
- Ensure that appropriate procedures for recruitment of staff and volunteers are in place and all existing staff or volunteers working with children have an up to date CRB disclosure/ self disclosure.
- Maintain contact details for Child Social Care (CSC) (previously Social Services), the Police and NGB CPO.
- Ensure that Codes of Conduct are in place for staff, volunteers, PGA Professionals, coaches, and children and that there are guidelines for parents and members and they are communicated to the relevant parties.
- Advise on child protection issues or be in attendance as necessary on Club or County Councils.
- Maintain confidentiality.
- Organize the tee on a Sunday morning; the junior organizers pairings are final.
- Any disputes or disagreements must be given to the Welfare Officer in writing and he will then pass this onto the main committee.

Core Skills

• Basic administration and record maintenance.
• Communication skills.
• Confidence to refer cases externally.
• Ability to implement effectively a Child Protection Policy and Procedures.

Recommended Training

• Child Protection awareness, Safeguarding and Protecting Children training. (Contact your NGB for details).
NSPCC "Time to Listen" Workshop specifically designed for GWOs (Contact your NGB CPO for details).

Child Protection Definitions

Definition of Harm

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 be recognisable 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.

Harm from abuse is not always straightforward to identify and a child or young person may experience more than one type of harm.

Harm can be caused by:

Sexual abuse

Emotional abuse

Physical abuse

Neglect

Exploitation

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.

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.

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, and 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.

Although ‘exploitation’ is not included in the categories of registration for the Child Protection Register, professionals should recognise that the abuse resulting from or caused by the exploitation of children and young people can be categorised within the existing CPR categories as children who have been exploited will have suffered from physical abuse, neglect, emotional abuse, sexual abuse or a combination of these forms of abuse.

Signs and Symptoms of Abuse

The first indication that a child is being abused may not necessarily be the presence of a severe injury. Concerns may become apparent in a number of ways e.g.

· by bruises or marks on a child's body

· by remarks made by a child, his parents or friends

· by overhearing conversation by the child, or his parents

· by observing that the child is either being made a scapegoat by or has a poor relationship/bond with his parents

· by a child having sexual knowledge or exhibiting sexualised behaviour which is unusual given his age and/or level of understanding

· by a child not thriving or developing at a rate which one would expect for his age and stage of development

· by the observation of a child's behaviour and changes in his behaviour

· by indications that the family is under stress and needs support in caring for their children

· by repeat visits to a general practitioner or hospital.

There may be a series of events which in themselves do not necessarily cause concern but are significant, if viewed together. Initially the incident may not seem serious but it should be remembered that prompt help to a family under stress may prevent minor abuse escalating into something more serious.

It is important to remember that abused children do not necessarily show fear or anxiety and may appear to have established a sound relationship with their abuser(s). Staff should familiarise

themselves on 'attachment theory' and its implications for assessing the bond between parents and their children.

Suspicions should be raised by e.g.

· discrepancy between an injury and the explanation

· conflicting explanation, or no explanation, for an injury

· delay in seeking treatment for any health problem

· injuries of different ages

· history of previous concerns or injuries

· faltering growth (failure to thrive)

· parents show little, or no, concern about the child's condition or show little warmth or empathy with the child

· evidence of domestic violence

· parents with mental health difficulties, particularly of a psychotic nature

· evidence of parental substance abuse.

Signs and symptoms are indicators and simply highlight the need for further investigation and assessment.

Parents' responses to allegations of abuse of their child are very varied. The following types of response are of concern:

· there may be an unequivocal denial of abuse and possible non-compliance with enquiries

· parents may over-react, either aggressively or defensively, to a suggestion that they may be responsible for harm to their child

· there may be reluctance to give information, or the explanation given may be incompatible with the harm caused to the child, or explanations may change over time

· parents may display a lack of awareness that the child has suffered harm, or that their actions, or the actions of others, may have caused harm

· parents may fail to engage with professionals

· blame or responsibility for the harm may be inappropriately placed on the child or an unnamed third party

· parents may seek help on matters unrelated to the abuse or its causes (this may be to deflect attention away from the child and his injuries)

- the parents and/or child may go missing.

Parents may seek to minimise the severity of the abuse, or not accept that their actions constitute abuse.

Signs and Symptoms of Physical Abuse

Children receive bumps and bruises as a result of the rough and tumble of normal play. Most children will have bruises or other injuries, therefore, from time to time. These will be accidental and can be easily explained.

It is not necessary to establish intent to cause harm to the child to conclude that the child has been subject to abuse. Physical abuse can occur through acts of both commission and/or omission.

Insignificant but repeated injuries, however minor, may be symptomatic of a family in crisis and, if no action is taken, the child may be further injured. All injuries should be noted and collated in the child's records and analysed to assess if the child requires to be safeguarded.

If on initial examination the injury is not felt to be compatible with the explanation given or suggests abuse, it should be discussed with a senior paediatrician.

A small number of children suffer from rare conditions, e.g. haemophilia or brittle bone disease, which makes them susceptible to bruising and fractures. It is important to remain aware, however, that in such children some injuries may have a non-accidental cause. A "clotting screen" only excludes the common conditions which may cause spontaneous bleeding. If the history suggests a bleeding disorder, referral to a haematologist will be required.

Recognition of Physical Abuse

a) Bruises + Soft Tissue Injuries

Common sites for accidental bruising depend on the developmental stage of the child. They include:

- forehead
- crown of head
- bony spinal protuberances
- elbows and below
- hips
- hands
- shins.

Less common sites for accidental bruising include:

- eyes
- ears
- cheeks
- mouth
- neck
- shoulders
- chest
- upper and inner arms
- stomach
- genitals
- upper and inner thighs
- lower back and buttocks
- upper lip and frenulum
- back of the hands.

Non-accidental bruises may be:

· frequent

· patterned, e.g. finger and thumb marks

· in unusual positions, (note developmental level and activity of the child).

Research on aging of bruises (from photographs) has shown that it is impossible to accurately age bruises although it can be concluded that a bruise with a yellow colour is more than 18 hours old. Tender or swollen bruises are more likely to be fresh. It is not possible to conclude definitely that bruises of different colours were sustained at different times. The following should give rise to concern e.g.

· bruising in a non-mobile child, in the absence of an adequate explanation

· bruises other than at the common sites of accidental injury for a child of that developmental stage

· facial bruising, particularly around the eyes, cheeks, mouth or ears, especially in very young children

· soft tissue bruising, on e.g. cheeks, arms and inner surface of thighs, with no adequate explanation

· a torn upper lip frenulum (skin which joins the lip and gum)

· patterned bruising e.g. linear or outline bruising, hand marks (due to grab, slap or pinch — may be petechial), strap marks particularly on the buttocks or back

· ligature marks caused by tying up or strangulation.

Most falls or accidents produce one bruise on a single surface, usually a bony protuberance. A child who falls downstairs would generally only have one or two bruises. Children usually fall forwards and therefore bruising is most usually found on the front of the body. In addition there may be marks on their hands if they have tried to break their fall.

Bruising may be difficult to see on a dark skinned child. Mongolian blue spots are natural pigmentation to the skin, which may be mistaken for bruising. These purplish-blue skin markings are most commonly found on the backs of children whose parents are darker skinned.

b) Eye Injuries

Injuries which should give cause for concern:

· black eyes can occur from any direct injury, both accidental and non-accidental. Determining how the injury occurred is vital, therefore; bilateral "black eyes" can occur accidentally as a result of blood tracking from a very hard blow to the central forehead (Injury should be evident on mid-forehead, bridge of nose). It is rare for both eyes to be bruised separately, accidentally however and at the same time

· subconjunctival haemorrhage

· retinal haemorrhage.

C) Burns and Scalds

Accidental scalds often:

· are on the upper part of the body

· are on a convex (curved) surface

· are irregular

· are superficial

· leave a recognisable pattern.

It can be difficult to distinguish between accidental and non-accidental burns. Any burn or scald with a clear outline should be regarded with suspicion e.g.

· circular burns

· linear burns

· burns of uniform depth over a large area

· friction burns

· scalds that have a line which could indicate immersion or poured liquid

· splash marks

· old scars indicating previous burns or scalds.

When a child presents with a burn or scald it is important to remember:

· a responsible adult checks the temperature of the bath before a child gets in to it

· a child is unlikely to sit down voluntarily in too hot water and cannot accidentally scald his bottom without also scalding his feet

· "doughnut" shaped burns to the buttocks often indicate that a child has been held down in hot water, with the buttocks held against the water container e.g. bath, sink etc.

· a child getting into too hot water of its own accord will struggle to get out and there are likely to be splash marks

- small round burns may be cigarette burns, but can often be confused with skin conditions. Where there is doubt, a medical/dermatology opinion should be sought.

d) Fractures

The potential for a fracture should be considered if there is pain, swelling and discoloration over a bone or joint or a child is not using a limb, especially in younger children. The majority of fractures normally cause pain and it is very difficult for a parent to be unaware that a child has been hurt. In infants, rib and metaphyseal limb fractures may produce no detectable ongoing pain however. Caution is required, therefore, before concluding that a reasonable carer should have known that something was wrong with an infant who has such fractures.

It is very rare for a child aged under one year to sustain a fracture accidentally, but there may be some underlying medical condition, e.g. brittle bone disease, which can cause fractures in babies.

The most common non-accidental fractures are to the long bones in the arms and legs and to the ribs. The following should give cause for concern and further investigation may be necessary:

· any fracture in a child under one year of age

· any skull fracture in children under three years of age

- a history of previous skeletal injuries which may suggest abuse

- skeletal injuries at different stages of healing

e) Scars

Children may have scars from previous injuries. Particular note should be taken if there is a large number of scars of different ages, or of unusual shapes or large scars from burns or lacerations that have not received medical treatment.

f) Bites

Bites are always non-accidental in origin; they can be caused by animals or human beings (adult/child); a dental surgeon with forensic experience may be needed to secure detailed evidence in such cases.

g) Other Types of Physical Injuries

- poisoning, either through acts of omission or commission
- ingestion of other damaging substances, e.g. bleach
- administration of drugs to children where they are not medically indicated or prescribed
- female genital mutilation, which is an offence, regardless of cultural reasons
- unexplained neurological signs and symptoms, e.g. subdural haematoma.

h) Fabricated or Induced Illness

Fabricated or induced illness, previously known as Munchausen's Syndrome by Proxy, is a condition where a child suffers harm through the deliberate action of the main carer, in most cases the mother, but which is attributed to another medical cause.

It is important not to confuse this deliberate activity with the behaviour and actions of over-anxious parents who constantly seek advice from doctors, health visitors and other health professionals about their child's wellbeing.

There is a need to exercise caution about attributing a child's illness, in the absence of a medical diagnosis, to deliberate activity on the part of a parent or carer to a fabricated or induced illness, as stated in the Court of Appeal judgement in the case of Angela Cannings. (R v Cannings (2004) EWCA Crim1 (19 January 2004)).

The following behaviours exhibited by parents can be associated with fabricated or induced illness:

· deliberately inducing symptoms in children by administering medication or other substances, or by means of intentional suffocation

· interfering with treatments by over-dosing, not administering them or interfering with medical equipment such as infusion lines or not complying with professional advice, resulting in significant harm

· claiming the child has symptoms which may be unverifiable unless observed directly, such as pain, frequency of passing urine, vomiting or fits

· exaggerating symptoms, causing professionals to undertake investigations and treatments which may be invasive, unnecessary and, therefore, are harmful and possibly dangerous

· obtaining specialist treatments or equipment for children who do not require them

· alleging psychological illness in a child.

There are a number of presentations in which fabricated or induced illness may be a possibility. These are:

· failure to thrive/growth faltering (sometimes through deliberate withholding of food)

· fabrication of medical symptoms especially where there is no independent witness

· convulsions

· pyrexia (high temperature)

· cyanotic episode (reported blue tinge to the skin due to lack of oxygen)

· apnoea (stops breathing)

· allergies

· asthmatic attacks

· unexplained bleeding (especially anal or genital or bleeding from the ears)

· frequent unsubstantiated allegations of sexual abuse, especially when accompanied by demands for medical examinations

· frequent 'accidental' overdoses (especially in very young children).

Concerns may arise when:

· reported symptoms and signs found on examinations are not explained by any medical condition from which the child may be suffering

· physical examination and results of medical investigations do not explain reported symptoms and signs

· there is an inexplicably poor response to prescribed medication and other treatment

· new symptoms are reported on resolution of previous ones

· reported symptoms and/or clinical signs do not occur when the carers are absent

· over time the child is repeatedly presented to health professionals with a range of signs and symptoms

· the child's normal, daily life activities are being curtailed beyond that which might be expected for any medical disorder or disability from which the child is known to suffer.

It is important to note that the child may also have an illness that has been diagnosed and needs regular treatment. This may make the diagnosis of fabricated or induced illness difficult, as the presenting symptoms may be similar to those of the diagnosed illness.

Recognition of Sexual Abuse

Sexual Abuse

Most child victims are sexually abused by someone they know, either a family member or someone well known to them or their family. In recent years there has been an increasing recognition that both male and female children and older children are sexually abused to a greater extent than had previously been realised.

There are no 'typical' sexually abusing families. Children who have been sexually abused are likely to have been put under considerable pressure not to reveal what has been happening to them. Sexual abuse is damaging to children, both in the short and long term.

Both boys and girls of all ages are abused and the abuse may continue for many years before it is disclosed. Abusers may be both male and female.

It is important to note that children and young people may also abuse other children sexually.

Children disclosing sexual abuse have the right to be listened to and to have their allegations taken seriously. Research shows it is rare for children to invent allegations of sexual abuse and that in fact they are more likely to claim they are not being abused when they are.

It is important that the indicators listed below are assessed in terms of significance and in the context of the child's life, before concluding that the child is, or has been, sexually abused. Some indicators take on a greater, or lesser, importance depending upon the child's age.

Recognition of Sexual Abuse

Sexual abuse often presents in an obscure way. Whilst some child victims have obvious genital injuries, a sexually transmitted infection or are pregnant, relatively few children are so easily diagnosed. The majority of children subjected to sexual abuse, even when penetration has occurred, have on medical examination no evidence of the abuse having occurred.

The following indicators of sexual abuse may be observed in a child. There may be occasions when no symptoms are present but it is still thought that a child may be, or has been, sexually abused. Suspicions increase where several features are present together. The following list is not exhaustive and should not be used as a check list:

Pre-School Child (0-4 years)

Possible physical indicators in the pre-school aged child include:

- bruises, scratches, bite marks or other injuries to buttocks, lower abdomen or thighs
- itching, soreness, discharge or unexplained bleeding
- physical damage to genital area or mouth
- signs of sexually transmitted infections
- pain on urination
- semen in vagina, anus, external genitalia

· difficulty in walking or sitting

· torn, stained or bloody underclothes or evidence of clothing having been removed and replaced

· psychosomatic symptoms such as recurrent abdominal pain or headache.

Possible behavioural indicators include:

· unusual behaviour associated with the changing of nappy/underwear, e.g. fear of being touched/hurt, holding legs rigid and stiff or verbalisation like "stop hurting me"

· heightened genital awareness - touching, looking, verbal references to genitals, interest in other children's or adults' genitals

· using objects for masturbation - dolls, toys with phallic-like projections

· rubbing genital area on an adult - wanting to smell genital area of an adult, asking adult to touch or smell their genitals

· simulated sexual activity with another child e.g. replaying the sexually abusive event or wanting to touch other children etc

· simulated sexual activity with dolls, cuddly toys

· fear of being alone with adult persons of a specific sex, especially that of the suspected abuser

· self-mutilation e.g. picking at sores, sticking sharp objects in the vagina, head banging etc.

· social isolation - the child plays alone and withdraws into a private world

· inappropriate displays of affections between parent and child who behave more like lovers

· fear of going to bed and/or overdressing for bed

· child takes over 'the mothering role' in the family whether or not the mother is present.

Primary School Age Children

In addition to the above there may be other behaviour especially noticeable in school:

· poor peer group relationships and inability to make friends

· inability to concentrate, learning difficulties or a sudden drop in school performance

· reluctance to participate in physical activity or to change clothes for physical education, games or swimming

· unusual or bizarre sexual themes in child's art work or stories

· frequent absences from school that are justified by one parent only, apparently without regard for its implications for the child's school performance unusual reluctance or fear of going home after school.

The Adolescent

In addition to the physical indicators previously outlined in the pre- school and pre-adolescent child, the following indicators relate specifically to the adolescent:

· recurrent urinary tract infections

· pregnancy, especially where the information about or the identity of the father is vague or secret or where there is complete denial of the pregnancy by the girl and her family

- sexually transmitted infections

Possible behavioural indicators include:

· repeated running away from home

· sleep problems - insomnia, recurrent nightmares, fear of going to bed or overdressing for bed

· dependence on alcohol or drugs

· suicide attempts and self-mutilation

· hysterical behaviour, depression, withdrawal, mood swings;

· vulnerability to sexual and emotional exploitation, fear of intimate relationships, promiscuity

· eating disorders — e.g. anorexia nervosa and bulimia

· low self-esteem and low expectation of others

· persistent stealing and /or lying

· sudden school problems - taunting, lack of concentration, falling standard or work etc

- fear or abhorrence of one particular individual.

Recognition of Emotional Abuse

Emotional abuse is as damaging as other, visible, forms of abuse in terms of its impact on the child. There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to emotional abuse. Emotional abuse has an impact on a child's physical health, mental health, behaviour and self-esteem. It can be particularly damaging for children aged 0 to 3 years.

Emotional abuse may take the form of under-protection, and/or over-protection, of the child, which has a significant negative impact on a child's development.

The parents' physical care of the child, and his environment, may appear to meet the child's needs, but it is important to remain aware of the interactions and relationship which occur between the child and his parents to determine if they are nurturing and appropriate.

An emotionally abused child may be subject to constant criticism and being made a scapegoat, the continuous withholding of approval and affection, severe discipline or a total lack of appropriate boundaries and control. A child may be used to fulfil a parent's emotional needs.

The potential of emotional abuse should always be considered in referrals where instances of domestic violence have been reported.

Recognition of Emotional Abuse

Whilst emotional abuse can occur in the absence of other types of abuse, it is important to recognise that it does often co-exist with them, to a greater or lesser extent.

Child Behaviours associated with Emotional Abuse

Some of the symptoms and signs seen in children who are emotionally abused are presented below. It is the degree and persistence of such symptoms that should result in the consideration of emotional abuse as a possibility. Importantly, it should be remembered that whilst these symptoms

may suggest emotional abuse they are not necessarily pathognomic of this since they often can be seen in other conditions.

Possible behaviours that may indicate emotional abuse include:

· serious emotional reactions, characterised by withdrawal, anxiety, social and home fears etc

· marked behavioural and conduct difficulties, e.g. opposition and aggression, stealing, running away, promiscuity, lying

· persistent relationship difficulties, e.g. extreme clinginess, intense separation reaction

· physical problems such as repeated illnesses, severe eating problems, severe toileting problems

· extremes of self-stimulatory behaviours, e.g. head banging, comfort seeking, masturbation etc.

· very low self-esteem, often unable to accept praise or to trust and lack of self-pride

· lack of any sense of pleasure in achievement, over-serious or apathetic

· over anxiety, e.g. constantly checking or over anxious to please

· developmental delay in young children, and failure to reach potential in learning.

Parental Behaviour Associated with Emotional Abuse

Behaviour shown by parents which, if persistent, may indicate emotionally abusive behaviour includes:

· extreme emotions and behaviours towards their child including criticism, negativity, rejecting attitudes, hostility etc

· fostering extreme dependency in the child

· harsh disciplining, inconsistent disciplining and the use of emotional sanctions such as withdrawal of love

· expectations and demands which are not appropriate for the developmental stage of the child, e.g. too high or too low

· exposure of the child to family violence and abuse

· inconsistent and unpredictable responses to the child

· contradictory, confusing or misleading messages in communicating with the child

· serious physical or psychiatric illness of a parent where the emotional needs of the child are not capable of being considered and/or appropriately met

· induction of the child into bizarre parental belief systems

· break-down in parental relationship with chronic, bitter conflict over contact or residence arrangements for the child

· major and repeated familial change, e.g. separations and reconstitution of families and/or changes of address

· making a child a scapegoat within the family.

Recognition of Neglect

Neglect and failure to thrive / growth faltering for non-organic reason requires medical diagnosis. Non-organic failure to thrive is where there is a poor growth for which no medical cause is found, especially when there is a dramatic improvement in growth on a nutritional diet away from the parent's care. Failure to thrive tends to be associated with young children but neglect can also cause difficulties for older children.

There is a tendency to associate neglect with poverty and social disadvantage. Persistent neglect over long periods of time is likely to have causes other than poverty, however. There has to be a distinction made between financial poverty and emotional poverty.

There are a number of types of neglect that can occur separately or together, for example:

· medical neglect

· educational neglect

· stimulative neglect

· environmental neglect

· failure to provide adequate supervision and a safe environment.

Recognition of Neglect

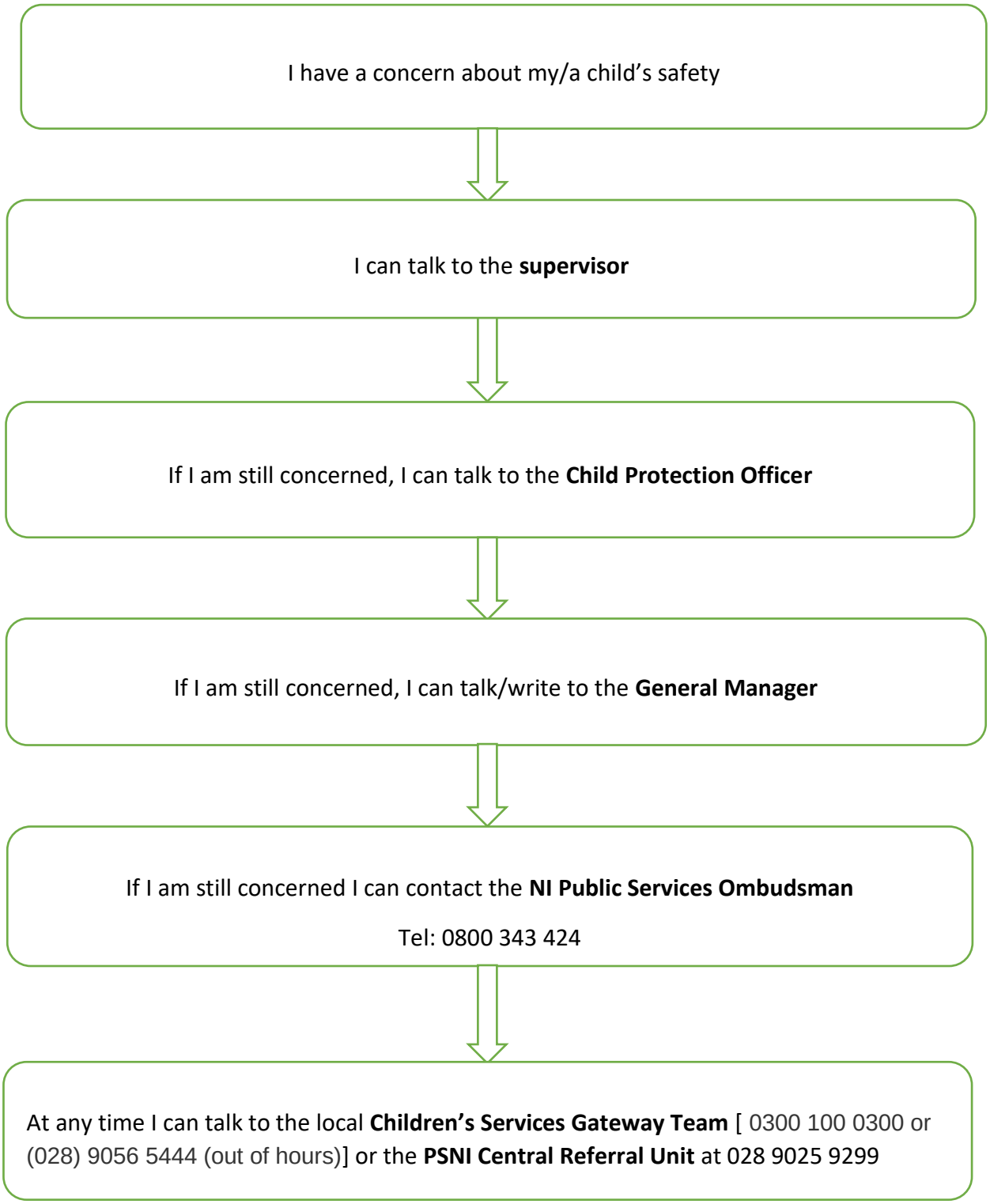
Neglect is a chronic, persistent problem. The concerns about the parents not providing "good enough" care for their child will develop over time. It is the accumulation of such concerns which will trigger the need to invoke the Child Protection Process. In cases of neglect it is important that details about the standard of care of the child are recorded and there is regular inter-agency sharing of this information.

It is important to remember that the degree of neglect can fluctuate, sometimes rapidly, therefore ongoing inter-agency assessment and monitoring is essential.

The assessment of neglect should take account of the child's age and stage of development, whether the neglect is severe in nature and whether it is resulting in, or likely to result in, significant impairment to the child's health and development.

How a Parent can make a Complaint

If a parent has a potential child protection concern:



Junior Player Profile Form

The safety and welfare of juniors in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential. It is the responsibility of the junior and their parent to notify the Golf Welfare Officer (GWO) if any of the details change at any time.

Junior Details	
Name	
Date Of Birth	
Address	
Telephone Number	
Parents Details	
Parents names	

Address (If different to above)	
Home Telephone Number	

Mobile Telephone Number	
Work Telephone Number	
Email address	
Emergency Contacts	
Contact 1	
Name	
Relationship to Child	
Home Telephone Number	
Mobile Telephone Number	
Work Telephone Number	
Contact 2	
Name	
Relationship to Child	
Home Telephone Number	
Mobile Telephone Number	

Work Telephone Number	
Medical Information	
Childs Doctors Name	
Doctors Surgery Address	
Telephone Number	
Does your child experience any conditions requiring medical treatment? If yes please give details, including medication, dose and	
frequency.	
Does your child have any allergies? If yes please give details.	
Does your child have any specific dietary requirements? If yes please give details.	

What additional needs if any does your child have? E.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?	
The disability discrimination act 1995 defines a disabled person as “anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities”. Do you consider your child to have a disability?	
If yes what is the nature of the disability? 1. Hearing impairment 2. Learning disability 3. Multiple disabilities 4. Physical disability 5. Other (Please Specify)	

All of the details entered above will be securely stored at Carnalea Golf Club. By signing below you show your understanding that if any of the above details change it is your responsibility to inform us.

Details of all juniors will be kept on file in the club administration records and will not be shared with a third party without parent/guardian consent. Access to this information will be granted to Secretary CWO, the Junior Organiser(s) and the PGA Golf Professional(s). Details will be passed onto the Golfing Union of Ireland.

Parent Name _____

Date _____

Parent Signature _____

Parental Responsibilities

How You Can Help

Some Do's

***Do** get to know your child's golf professional – after all he or she can play an important role in your child's general development.*

***Do** respect the Pro's opinion – he/she should be more knowledgeable than you, both about golf and the development of young golfers.*

***Do** assess your child's progress – don't be afraid to ask the pro what plans or objectives he/she may have for your child (so that you can assess progress, perhaps every few months or so). Ask the pro to explain to you the reasons for any decisions you don't understand or agree with.*

***Do** talk to other parents – it is often a good idea to get to know other parents so that you can share problems, car-taking duties, etc.*

***Do** establish clear lines of communication – in case you need to speak with the club pro, club junior organiser, county or national officials regarding practice or competition. Find out when it is convenient and appropriate to contact them, and the best way of doing so. Don't ever address a criticism to or of your child, the pro or officials in front of other parents or players.*

***Do** encourage effort as well as results – don't assess your child's progress solely by how many competitions they may win. It is important to recognise and reward effort.*

Some Don'ts

***Don't** respond to a bad result or mistake with punishment or criticism – give your child time to work out for themselves why things went wrong. If they ask your advice, first compliment them for something he or she did right, then give the advice, emphasising the positive results if the instruction is followed rather than the negative consequences of a mistake. It is VITAL for a parent to give encouragement even after a poor performance.*

***Don't** turn a blind eye to any bad behaviour, cheating or bad manners by your child – in such instances reasonably prompt action is appropriate. To do otherwise will infer that you condone such behaviour or at least do not consider personal standards and respect of people and rules important.*

***Don't** forget that your child is still growing – training which may be appropriate for an adult (e.g. prolonged repetitive activities and work with heavy weights) can have adverse long terms effects on the growth and development of a young child.*

Don't *coach from the side-lines – try to encourage your child to think for him or herself. A constant stream of instruction from you may only confuse the child, particularly if it is contrary to that of the pro.*

Don't *ignore aches and pains – children are often reticent to describe sports-related injuries, especially if it means missing coaching, practice, training or competition, so keep an eye on persistent grumbles about health; it is important to take injuries seriously.*

Don't *ignore other children in the family – sometimes brothers and sisters may feel left out o bored if the whole household revolves around the needs of the young golfer. It is important to try to keep a balance between golf and the interests of other members of your family.*
Don't *allow the situation to develop where your child is frightened of playing poorly because of the way you respond – a fear of failure can often result in children feigning injury, avoiding certain competitions or playing with unnecessary caution.*

Don't *force a young child to specialise entirely on golf – children should be allowed to develop their own preferences. In any case up to the age of 15 or 16 a concentrated diet of playing just one game to the exclusion of all other physical activities can well produce a declining enthusiasm for that game.*

Don't *always greet your child with "Did you play well?" or "Did you play to your handicap?" – Why not start with "Did you enjoy it?"*

Don't *attend throughout every lesson and every competition – it is important for your child's future development in sport that he or she is trusted to make the correct decisions during either practice or competition. This is the first stage in the development of self-motivation and self-reliance. Constant supervision by the parent can easily result in the young golfer becoming emotionally, and otherwise over-dependent on your presence and advice.*

Don't *say "we" won or "we" lost – it is important that you don't become so involved in your child's golf that you find yourself saying "we played well" or "we played badly". Remember it is your child who is participating – you are there to support and encourage, not to compete. The progress of many junior golfers has been hindered by excessive parental development.*

PARENTAL/CARER PERMISSION FORM FOR THE USE OF PHOTOGRAPHS AND RECORDED IMAGES

This form is to be signed by the legal guardian of a child or young person under the age of 18, together with the child or young person. Please note that if you have more than one child under the age of 18 registered with Carnalea Golf Club you will need to complete separate forms for each young person.

Carnalea Golf Club recognises the need to ensure the welfare and safety of all young people in golf. As part of our commitment to ensure the safety of young people we will not permit photographs, video images or other images of young people to be taken or used without the consent of the parents/carers and the young person.

Carnalea Golf Club will take steps to ensure these images are used solely for the purpose they are intended which is the promotion and celebration of the activities of Carnalea Golf Club e.g via the website, Carnalea app, social media or 'Breezes on the Lea'

If you become aware that these images are being used inappropriately you should inform the club welfare officer immediately by mailing Manager@carnaleagolfclub.com.

If at any time either the parent/carer or the young person wishes the data to be removed from the website, 7 days' notice must be given to Carnalea Golf Club Welfare Officer after which the data will be removed.

YOUNG PERSON PERMISSION FORM FOR THE USE OF PHOTOGRAPHS AND RECORDED IMAGES

To be completed by parent/carer

I _____(parent/carer full name) consent to Carnalea Golf Club
Photographing or videoing _____ (name of young person)
Under the stated rules and conditions and I confirm I have legal parental responsibility for this child and am entitles to give this consent. I also confirm that there are no restrictions related to taking photos.

Signature _____

Date _____

To be completed by Young Person _____ (name of young person) consent to Carnalea Golf Club photographing or videoing my involvement in golf under the stated rules and conditions

Signature _____

Date _____