



# Child Protection in Saint Ultans

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## Introduction

St Ultans Campus incorporates a primary school and a care facility, (a nursery, early education unit, an afterschool for children at risk). The campus supports and implements the Children First policy and the policy outlined below is fully in support and agreement with this national policy. In the event of any misunderstanding the children first guidelines as published by the Department of Children and Youth Affairs will take precedent.

This policy aims to support the welfare and safety of children at all times. This policy will outline the forms of abuse and definitions of same and the procedure to be followed in the event of suspected abuse or alleged abuse.

There is a dedicated Liaison Person (DLP) and a deputy for each service.

St. Ultan's Primary School	Saint Ultans Care Service
DLP: Ena Morley	DLP Susan Menton
Deputy DLP: Aoife Slacke	Deputy DLP (afterschool) Louise Connolly
	Deputy DLP (Nursery and Early Years) Sandra Kilbride

In its policies, practices and activities, Saint Ultans will adhere to the following principles of best practice in child protection and welfare:

- recognise that the protection and welfare of children is of paramount importance, regardless of all other considerations;
- fully co-operate with the relevant statutory authorities in relation to child protection and welfare matters
- adopt safe practices to minimise the possibility of harm or accidents happening to children and protect workers from the necessity to take unnecessary risks that may leave themselves open to accusations of abuse or neglect;
- develop a practice of openness with parents and encourage parental involvement in the education of their children;
- fully respect confidentiality requirements in dealing with child protection matters
- Will also adhere to the above principles in relation to any adult pupil with a special vulnerability.

Our Child Protection Policy correlates with other policies in both School and Care including recruitment policies.

A copy of this policy has been made available to all campus personnel (including those on work placement and volunteers) and the Parents' Association and is readily accessible to parents on request. A copy of this policy will be made available to the DES and DCYA and the school patron if requested.

Every section has a copy of Children First (2011) and in the school, the DES Child Protection Procedures for Primary and Post-Primary Schools (2011)

This policy will be reviewed by the Boards once every year.



## GUIDELINES FOR RECOGNISING THE SIGNS OF ABUSE

The recognition of abuse normally runs along three stages:

1. Considering the possibility – if a child appears to have suffered an inexplicable and suspicious injury, seems distressed without obvious reason, display usual behaviour problems or appears fearful in the company of parents/carers
2. Observing signs of abuse a cluster of pattern of signs is the most reliable indicator of abuse. Children may make direct or indirect disclosures, which should always be taken seriously. Less obvious disclosures may be gently explored with a child, without direct questioning (which may be more usefully be carried out by the Health Board or Garda). Play situations such as drawing or story telling may reveal significant information which could be considered in relation to the child's social and family context, and it is important to always be open to alternative explanations.
3. Recording of Information. It is important to establish the grounds for concern, by obtaining as much information as possible. Observations should be recorded and should include dates, times, names, locations context and any information which could be considered relevant or which might facilitate further assessment/investigation.

## HANDLING DISCLOSURES FROM CHILDREN

An abused child is likely to be under severe emotional stress and staff members may be the only adult whom the child is prepared to trust. Great care should be taken not to damage that trust. When information is offered in confidence, the member of staff will need tact and sensitivity in responding to the disclosure. The member of staff will need to reassure the child and retains his/her trust while explaining the need for action and the possible consequence, which will necessarily involve other adults being informed. It is important to tell the child that everything possible will be done to protect and support him/her, but not to make promises that cannot be kept e.g. promising not to tell anyone else. While the basis for concern must be established as comprehensively as possible, the following advice is offered to school personnel to whom a child makes a disclosure of abuse.

- Listen to the child
- Do not ask leading questions nor make suggestions to the child
- Offer reassurance but do not make promises
- Do not stop a child recalling significant events
- Do not react
- Explain that further help may have to be sought
- Record the discussion accurately and retain the record.( see staff reporting from)

## PROCEDURE IF ABUSE IS SUSPECTED

1. Report to Manager.
2. Record concerns on Incident Form.
3. Report to designated Liaison Person/Child Protection Person.
4. Record Meeting (minutes of meeting should be agreed and signed by all present at the meeting).
5. Agree procedure (e.g. to meet with parents etc...).



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6. Report to H.S.E.
7. Record reporting procedure (including time, date and names of Social Workers etc..).
8. In the event of an emergency, or the non availability of health board staff, the report should be made to the Garda. This may be done at any Garda Station.
9. File all reports on procedure.
10. Maintain confidentiality

### PROCEDURE TO BE FOLLOWED IF A STAFF MEMBER IS ACCUSED OR SUSPECTED OF ABUSE

If a staff member is accused or suspected of any form of abuse the following procedure must be followed:

1. The procedure in respect of the child must be followed.
2. The procedure for dealing with the employee.

### PROCEDURE FOR EMPLOYEE

The allegation should be made known immediately to the DLP who will in turn inform the Chairperson of the Board of Management.

- The Allegation must be recorded and signed by the person reporting the allegation and the person who receives the report.

The employee will be informed of the following:

1. The fact that an allegation has been made against him/her.
2. The nature of the allegation.
3. The employee will then be afforded an opportunity to respond and this information will be used in making a formal report to the Health Board if deemed necessary.
4. The minutes of this meeting will be recorded and signed by all present.
5. It will be decided whether a formal report should be made to the Health Board. This decision should be based on reasonable grounds for concern as outlined in chapter 5 "Children First".
6. All measures taken will be in proportion to the level of risk.
7. Where it is deemed necessary for the protection of the children the employee will be suspended on full pay while a thorough investigation takes place.
8. The outcome of this investigation will be given to the employee as soon as is reasonably possible.
9. If an allegation is proven to be true the employees employment will be terminated immediately and the reason for the termination will be recorded on their file.

### CONFIDENTIALITY

All information regarding concerns of possible child abuse should be only shared on a need to know basis,



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in the interest of the child. The test is whether or not the person has any legitimate involvement or role in dealing with the issue.

Giving information to those who need to have that information for the protection of the child who may have been or has been abused, is not a breach of confidentiality.

The DLP who is submitting a report to the Health Board or Garda Síochána should inform a parent/guardian, unless doing so is likely to endanger the child or place that child at further risk. A decision not to inform a parent/guardian should be briefly recorded together with the reason for not doing so.

In emergency situations, where the health board cannot be contacted, and the child appears at immediate and serious risk, an Garda Síochána should be contacted immediately.

Under no circumstances should a child be left in a dangerous situation pending health board intervention.

### PROTECTION FOR PERSONS REPORTING CHILD ABUSE

The protection for persons Reporting Child Abuse Act 1998, provides immunity from civil liability to any person who reports suspicions of child abuse reasonably and in good faith to designated officers of Health Boards, or any member of an Garda Síochána. This means that even if a reported suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the reporter had not acted reasonably and in good faith making the report.

The Act provides significant protection for employees who report child abuse. These protections cover all employees and all forms of discrimination up to and including dismissal.

The Protection for Persons Reporting Child Abuse Act, 1998 came into operation on 23<sup>rd</sup> January 1999. Its main provisions are:

1. The provision of immunity from civil liability to any person who reports child abuse reasonably and in good faith to designated officers of Health Board or any member of the Garda Síochána
2. The provision of significant protections for employees who report child abuse. These protections cover all employees and all forms of discrimination up to and including dismissal
3. The creation of a new offence of false reporting of child abuse where a person makes a report of child abuse to the appropriate authorities knowing that statement to be false. This is a new criminal offence designed to protect innocent persons from malicious reports.

### QUALIFIED PRIVILEGE

While the legal protection outlined above only applies to reports made to the appropriate authorities (i.e., Health Boards and an Garda Síochána), Common Law qualified privilege continues to apply as heretofore. Consequently, should a Board of Management member or school personnel furnish information with regard to suspicions of child abuse to the DLP or Chairperson of the Board of Management, such communication would be regarded under common law as having qualified privilege.

Qualified privilege arises where the person making the communication has a duty to do so, or a right, or interest to protect the child and where the communication is made to a person with a similar duty, right or interest. The person making the report, acting in loco parentis, would be expected to act in the child's



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best interests and in making the report would be regarded as acting in such a manner. Privilege can be displaced only where it can be established that the person making the report acted maliciously.

### TYPES OF ABUSE

NEGLECT Neglect can be defined in terms of an omission where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, medical care.

The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well being and/or development are severely affected.

EMOTIONAL ABUSE Normally found in the relationship between parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms.

It can take the form of:

- Criticism, sarcasm or blame
- Conditional parenting
- Emotional unavailability of parent/carer
- Unresponsiveness of the parent/carer and/or Inconsistent, inappropriate expectations of the child
- Premature imposition of responsibility on the child
- Unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself in a certain way.
- Under or over protection of the child
- Failure to show interest in, or provide age appropriate opportunities for, the child's cognitive and emotional development.
- Use of unreasonable or over-harsh disciplinary measures.
- Exposure to domestic violence
- Exposure to inappropriate or abusive material through new technology

The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and the parent/carer.

PHYSICAL Is that which results in actual or potential physical harm from an interaction or lack of interaction, which is reasonably within the control of the parent or person in a position of responsibility, power or trust. There may be single or repeated incidents. Physical Abuse can involve

- Severe physical punishment
- Beating, slapping, hitting or kicking
- Pushing, shaking or throwing
- Pinching, biting, choking or hair pulling



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- Terrorizing with threats
- Observing violence
- Use of excessive force in handling
- Deliberate poisoning
- Suffocation
- Fabricated/induced illness
- Allowing or creating a substantial risk of significant harm to the child.

SEXUAL Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal or for that of others. Examples of child sexual abuse include:

- Exposure of sexual organs or any act intentionally performed in the presence of a child
- Intentional touching or molesting of the body of a child for the purpose of sexual gratification
- Masturbation in the presence of the child, or the involvement of the child in the act
- Sexual intercourse with the child
- Sexual exploitation of the a child, including inciting, encouraging, propositioning, requiring or permitting a child to solicit for or engage in, prostitution or other sexual acts.
- Consensual sexual activity involving an adult and an underage person.

### PEER ABUSE

The alleged abuser is a child. In this situation the child protection procedures should be adhered to for both the victim and the alleged abuser.

### BULLYING

Defined as repeated verbal, psychological or physical aggression conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating, and occurs mainly among children in social environments such as schools.

Bullying can be carried out by one of more individuals and examples would include

- Teasing
- Taunting
- Threatening
- Hitting or extortion
- Racial abuse
- Non contact bullying via mobile phones, internet and other personal devices.

While extreme forms of bullying would be regarded as physical or emotional abuse and reportable to the HSE/Gardai it is normally the responsibility of the organisation where it is taking place.

### OTHER ABUSIVE BEHAVIOUR



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Apart from the already mentioned forms of abuse, all staff should be on the alert for other forms of abuse. Some of these may actually arise from poor work practise which they or others might inflict either consciously or unconsciously on another, for example:

- Sarcasm
- Abusive language and gestures
- Name calling
- Making reference to some physical characteristic, manner of dress or perhaps family background in a way intended to hurt.
- Rejecting a person because of some negative family circumstance.
- Constant criticism resulting in poor self-image with consequent withdrawn or disruptive behaviour.

### POSSIBLE SIGNS OF ABUSE

#### PHYSICAL

1. Frequent bruising, cuts, burns and other injuries.
2. Torn clothing.
3. Signs of neglect e.g. dirty, underfed inappropriate clothing.
4. Genital injuries or soreness.
5. Sexually transmitted diseases.
6. Self-mutilation.
7. Pregnancy.

#### EMOTIONAL

1. Unreasonable mood and/or behaviour changes.
2. Aggression, withdrawal or an "I don't care" attitude
3. Depression or suicide attempts.
4. Persistent nightmares, disturbed sleep, bedwetting, reluctance to go to bed.
5. Fear of or the idealisation of a parent, family member or friend.
6. Fear of the dark.

#### BEHAVIOURAL

1. Sexual
2. Over affectionate or inappropriate sexual behaviour or knowledge given the child's age often demonstrated in language, play or drawings.
3. Fondling and exposure of genital areas, open masturbation.
4. Overly compliant and submissive.
5. Strong dislike of physical contact.
6. Prostitution – giving sexual favours in return for gifts or money.



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### CHANGES IN NORMAL BEHAVIOUR

1. Unwillingness to participate in certain activities or go to particular places that once may have been liked. E.G. school, youth group, swimming etc..
2. Running away from home or avoiding school.
3. Tiredness and poor concentration.
4. Unexplained display of wealth or gifts or a constant shortage of money and loss of good equipment/clothes/shoes (taken by bullies).

This policy was adopted by the School Board of Management and the Care Board at their respective first meetings of the 2015-16 academic year

Signed: \_\_\_\_\_ School Principal Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Chairperson of St Ultans Date: \_\_\_\_\_

This policy was adopted by the Care Board of Management on

Signed: \_\_\_\_\_ Care Manager Date: \_\_\_\_\_

Date of next review: June Board Meeting 2016

Ballyfermot Garda Station: 01-6667200

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