

Scoil Mhuire Gan Smál

Creagh,

Ballinasloe.



Child Protection Policy

Reviewed June 2017

The Board of management has formally adopted a child protection policy and statement in accordance with the *Child Protection Procedures for Primary and Post Primary Schools*.

These guidelines have been approved by our Board of Management and ratified as School Policy.

This policy and statement has been agreed by all parties in our school - Board of Management, Staff, Parents' Association.

All staff members have a copy of the school's Child Protection Policy and Statement. School personnel are made aware of their responsibilities under the *Child Protection Procedures for Primary and Post Primary Schools*.

The school's child protection policy is reviewed annually in accordance with the checklist appended to the *Child Protection Procedures for Primary and Post Primary Schools (Appendix 2)*

AIM:

To provide our pupils with the highest possible standard of care in order to promote their well being, protect them from harm and create a safe and supportive school environment in keeping with the characteristic spirit of our school.

The most important consideration to be taken into account is the protection and safety of our children.

Designated Liaison Person

The Board of Management has appointed the Principal, **Stephanie Keating** as D.L.P. In her absence the Board of Management has appointed the Deputy Principal, **Noel Lohan**, as Deputy D.L.P.

1. The DLP has specific responsibility for child protection and will represent the school in all dealings with Health Boards, An Garda Síochána and other parties in connection with allegations of abuse. All matters pertaining to the processing or investigation of child abuse should be processed through the DLP. Further information on the responsibilities of the DLP is included in Chapter 3 of *Child Protection Procedures for Primary and Post Primary Schools*.

2. Confidentiality

All information regarding concerns of possible child abuse should only be shared on a need to know basis in the interests 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 a 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 An 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 reasons for not doing so.

In emergency situations, where the Health Board cannot be contacted, and the child appears to be at immediate and serious risk, An Garda Síochána will be contacted immediately.

A child should not be left in a dangerous situation pending Health Board intervention.

3. 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 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.

4. Qualified Privilege

While the legal protection outlined above only applies to reports made to the appropriate authorities (i.e. The 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 the Board of Management chairman, such communication would be regarded under common law as having qualified privilege.

Refer to: *Child Protection Procedures for Primary and Post Primary Schools*-Chapter 1/Section 1.11

5. Freedom of Information Act 1997 and 2003

Reports made to Health Boards may be subject to provisions of the Freedom of Information Act 1997, which enables members of the public to obtain access to personal information relating to them which is in the possession of public bodies. However the Act also provides that public bodies may refuse access to information obtained by them in confidence.

Refer to: *Child Protection Procedures for Primary and Post Primary Schools*-Chapter 1/Section 1.12

6. Definition and Recognition of Child Abuse

Child abuse can be categorised into four different types.

- neglect
- emotional abuse
- physical abuse
- sexual abuse

A child may be subjected to more than one form of abuse at any given time. Definitions for each form of abuse are detailed in 'Children First: National Guidance for the Protection and Welfare of Children' - Part 2 Section 2: *Definition and Recognition of Child Abuse and in Child Protection Procedures for Primary and Post Primary Schools* Chapter 2

7. Guidelines for Recognition of Child Abuse

It is important to stress that, no one indicator should be seen as conclusive in itself of abuse; it may indicate conditions other than child abuse. All signs and symptoms must be examined in the total context of the child's situation and family circumstances.

Refer to: Appendix 1: Signs and symptoms of child abuse: (Children First: National Guidance for the Protection and Welfare of Children)

There are commonly three stages in the identification of child abuse.

These are: -

- i. Considering the possibility
- ii. Looking out for signs of abuse
- iii. Recording of information

8. Handling Disclosures From Children

Refer to: *Child Protection Procedures for Primary and Post Primary Schools*- Chapter 3: Section 3.5: Dealing with disclosures from children.

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 retain his/her trust, while explaining the need for action and the possible consequences, 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.

The following advice is offered to school personnel to whom a child makes a disclosure of abuse.

- Listen to the child
- Take all disclosures seriously
- Do not ask leading questions or make suggestions to the child
- Offer reassurance but do not make promises.
- Do not stop a child recalling significant events
- Do not over react
- Explain that further help may have to be sought
- Record the discussion accurately and retain the record

This information should then be passed onto the DLP.

If the reporting person or member of the school staff and the DLP are satisfied that there are reasonable grounds for the suspicion/allegation, the procedures for reporting as laid out in *Child Protection Procedures for Primary and Post Primary Schools-Chapter 4* are followed.

The Chairman of the Board of Management will be informed before the DLP makes contact with the relevant authorities unless the situation demands that more immediate action to be taken for the safety of the child in which case the Chairman may be informed after the report has been submitted.

Standard Report Form will be used as specified by the HSE

Any professional who suspects child abuse should inform parents/carers if a report is to be submitted to the Health Board (H.S.E.) or an Garda Síochána unless doing so is likely to endanger the child.

In cases of emergency, where a child appears to be at immediate and serious risk, and a duty social worker is unavailable, Garda Síochána should be contacted. Under no circumstances should a child be left in a dangerous situation pending Health Board intervention.

9. Allegations or Suspicions Re: School Employees

The most important consideration for the Chairperson, Board of Management or the DLP is the safety and protection of the child. However Employees also have a right to protection against claims, which are false or malicious.

As employers, the Board of Management should always seek legal advice as the circumstances can vary from one case to another.

- i. The reporting Procedure
- ii. The Procedure for dealing with the Employee.

The DLP has responsibility for reporting the matter to the Health Board. The Chairperson, Board of Management has responsibility, acting in consultation with his/her Board, for addressing the employment issues.

If the allegation is against the DLP, the Board of Management Chairperson will assume the responsibility for reporting the matter to the Health Board.

10 Reporting

When an allegation of abuse is made against a school employee, the DLP should immediately act in accordance with the procedures outlined in: *Child Protection Procedures for Primary and Post Primary Schools-Chapter 5*

A written statement of the allegation should be sought from the person/agency making the report. The DLP should always inform the Chairperson of the Board of Management.

School employees, other than the DLP who receive allegations against another school employee, should immediately report the matter to the DLP. School employees who form suspicions regarding conduct of another school employee should consult with the DLP.

The employee, the Chairperson and DLP should make the employee aware privately

- a) An allegation has been made against him/her
- b) The nature of the allegation
- c) Whether or not the Health Board or Gardaí has been/will be/must be/should be informed.

The employee should be given a copy of the written allegation and any other relevant documentation. The employee should be requested to respond to the allegation in writing to the Board of Management within a specified period and told that this may be passed to the Gardaí, Health Board, and legal advisers.

The priority in all cases is that no child be exposed to unnecessary risk. Therefore, as a matter of urgency, the Chairman should take any necessary protective measures. These measures should be proportionate to the level of risk and should not unreasonably penalise the employee in any way unless to protect the child.

If the nature of the allegations warrant immediate action in the Chairperson's opinion, the Board of Management should be convened to consider the matter. This may result in the Board of Management directing that the employee absent him/herself from the school forthwith while the matter is being investigated (administrative leave).

When the Board of Management is unsure as to whether this should occur, advice should be sought from the Gardaí and/or the Child Care Manager of the Health Board and the legal advisers of the Board of Management and the Board should have regard for this advice.

10A Recording-

Staff should record accurate information regarding any disclosure or suspicion. Those records should be given to the DLP. The DLP will keep records of advice received, reports made etc. All records created will be regarded as highly confidential and retained in a secure location.

In consultation with the DLP, if teachers are required to record observations, these should be recorded on the Sample Record Sheet (Appendix 4). Teachers will be given a Monitoring Suggestions sheet (Appendix 5) which outlines headings under which observations could be made. Recording of physical marks on a child should be recorded on the Body Outline (Appendix 6).

11 Administrative Leave

Should the Board of Management direct that the employee absent him/herself as above, such absence of the employee would be regarded as administrative leave of absence with pay and not suspension and would not imply any degree of guilt. The DES should be immediately informed.

12 Board of Management

The Chairperson should inform the Board of Management of all the details and remind the members of their serious responsibility to maintain strict confidentiality on all matters relating to the issue and the principles of due process and natural justice.

13 Staff Training

The Principal (D.L.P.) and the Deputy Principal (Deputy D.L.P.) have attended information seminars and in-service training and all staff attended school briefing sessions every two years since this policy was ratified.

14 Safegaurds

In order to create and maintain a safe and supportive school environment the following strategies and procedures will apply in our school

- Support Teachers/Staff may work with children on a one-to-one basis in appropriate accommodation, where teacher and student are both visible.
- In the event of a pupil having to be taken home or elsewhere due to illness, injury or other reason by a teacher they should be accompanied by another staff member. This will only apply when efforts to contact parents have failed.
- Parents/Guardians should inform the school in writing if their child is to be collected by a person other than themselves.
- When applying First Aid at least two members of staff will be present.
- Children will not normally be allowed take phone calls during the school day. The school will pass on to pupils any relevant messages. The school has every right to inquire as to the identity of the caller and the motive of the call.
- No information re. pupils will be given over the phone. This does not prohibit school personnel discussing pupil profiles with known child care/relevant professionals i.e. speech & language therapists, psychologists, doctors, nurses, social workers etc.
- Children leaving their own classroom to go to the office/other rooms will go in pairs.
- Children who leave the school grounds to serve mass must have written parental consent. At no time should a child leave to serve mass on their own and at least two adults must be present in the sacristy. The school does not have the resources to provide supervision for servers.
- The following will apply when children leave the school grounds to engage in other activities such as swimming lessons, boot camp, football blitz:
 - Adequate and appropriate teacher supervision
 - In pairs to toilet
 - Children leaving the main area of activity to go to toilet during the lesson.activity must go in pairs.

- Coaches are invited into the school at the invitation of class teachers. Such coaches will have cleared the necessary vetting procedures. The class teacher will be present for the full duration of each coaching session and will be responsible for bringing pupils to and from each session.
- When a student teacher is on teaching placement in a class, the class teacher will remain present at all times. The student teacher is never given sole responsibility for the pupils in the class.
- All visitors to the school must report to the secretary's office. A notice indicating this will be displayed at the school entrance. All visitors will be required to sign in and sign out in the visitors' book which is placed at the main entrance.
- Access to the school outside of the official opening and closing times is through the main entrance only. All other external doors are locked during the day.
- Pupils should not be on school grounds after the official closing times unless Board of Management permission has been given.
- Parents collecting their children should do so on time.
- Parents collecting children during the school day must go the secretary's office from where their child will be called on the intercom system. Parents are not allowed to go directly to the classrooms.
- Children travelling on buses must remain seated and use the seat belts provided.
- Administration of medicine as per school policy
- Children leaving yard at break time to re-enter the school for toilet facilities/first aid should use the designated entrances, go in pairs and always report back to the supervising teacher.

Responsibility:

B.O.M. - has overall responsibility to ensure this policy will be implemented in our school.

Principal - Will have specific responsibility for child protection in our school and is the appointed D.L.P. In her absence, the Deputy Principal, who is the Deputy Designated Person assumes responsibility.

Staff: - Responsibility to follow the guidelines and procedures as outlined in Refer to: *Child Protection Procedures for Primary and Post Primary Schools* and *Children First: National Guidance for the Protection and Welfare of Children*.

Parents - Parents' Association will be encouraged to support this policy by providing information to its members.

Implementation Date : With immediate effect, upon ratification by the BOM.

Review:

The Child Protection Policy and Statement is reviewed on an annual basis. Any changes as a result of circulars issued by the Department of Education and Skills and/or legislation will be implemented.

Reviewed June 2017.

Ratification:

The reviewed statement and policy were ratified by the Board of Management at its meeting on June 20th 2017. The appendices have been added as recommended following a review of our policy by the PDST in February 2017.

Signed: **Frank Gallagher, Acting Chairperson**

Signed: **Stephanie Keating Principal**

Date: June 20th 2017

Appendix 1: Recognising Abuse

There are four categories of child abuse:

- Neglect
- Emotional abuse
- Physical abuse
- Sexual abuse

Definitions

Neglect: Neglect is 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.

Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Significance is determined by health and development of child as compared to that which could reasonably be expected of a child of similar age.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. The threshold of significant harm is reached when the child's needs are neglected to the extent that his/her well-being or development is severely affected.

Emotional Abuse: This is normally found in a relationship between care-giver and child rather than in a specific event or pattern of events. It occurs when a child's need for affection, approval, consistency and security are not met. It is rarely manifested in terms of physical signs. Examples

- Imposition of negative attributes on children
- Conditional parenting - level of care shown is dependant on child's behaviour
- Emotional unavailability of carer/parent
- Inconsistent or inappropriate expectations of child
- Premature imposition of responsibility on child
- Under or over protection of child
- Failure to show interest in, or provide age-appropriate opportunities for child's cognitive and emotional development
- Use of unreasonable or over harsh disciplinary measures
- Exposure to domestic violence

It can be manifested in terms of child's behavioural, cognitive, affective or physical functioning - anxiousness, unhappiness, low self esteem, underachievement. The threshold of significant harm is reached when abusive interactions dominate and become typical of relationship between child and parent/carer.

Physical Abuse: Any form of non-accidental injury or injury which results from wilful or neglectful failure to protect a child. Examples:

- Shaking
- Poisoning
- Excessive force in handling
- Suffocation
- Allowing risk of significant harm
- Munchausen's Syndrome by Proxy i.e. fabricating stories about child's illness - secretly administering dangerous drugs.

Sexual Abuse: Occurs when a child is used by another person for his/her gratification or sexual arousal or for that of others. Examples:

- Exposure of sexual organs or any sexual act intentionally performed in presence of child
- Intentional touching or molesting of body of child for purpose of sexual arousal or gratification
- Masturbation in presence of child or involvement of child in act of masturbation
- Sexual intercourse (oral, vaginal, anal) with child
- Sexual exploitation of child. As well as requiring or permitting a child to engage in prostitution or other sexual acts, or pose for purpose of sexual arousal this also includes showing sexually explicit material to children. Child pornography
- Consensual sexual activity involving adult and under age person i.e. under 17
- Non-contact sex abuse Offensive sexual remarks, obscene phone calls

Signs and Symptoms of Abuse

Neglect

- Abandonment or desertion
- Persistently being left alone without adequate care or supervision
- Malnourishment - lacking food, inappropriate food or erratic feeding
- Lack of warmth
- Lack of adequate clothing
- Lack of protection and exposure to danger including moral danger
- Persistent failure to attend school
- Failure to thrive not alone due to malnutrition but also due to emotional deprivation
- Failure to provide adequate care for child's medical problems
- Exploited, overworked

Note: Distinction can be made between wilful and circumstantial neglect. Wilful neglect generally is deliberate deprivation of child's most basic needs while circumstantial neglect may be due to stress/inability to cope by carer/parent. Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations and is also related to parent incapacity due to learning disability or psychological disturbance.

Emotional Abuse: Can be defined in reference to following indices. No one indicator is conclusive to emotional abuse.

- Rejection
- Lack of praise and encouragement
- Lack of comfort and love
- Lack of attachment
- Lack of proper stimulation
- Lack of continuity of care
- Serious over protectiveness
- Inappropriate non-physical punishment
- Family conflicts or violence
- Every child who is abused sexually, physically or neglected is emotionally abused
- Inappropriate expectations of child's behaviour

Physical Abuse

- Bruises*
- Fractures
- Swollen joints
- Burns/scalds *
- Abrasions/lacerations
- Haemorrhages
- Damage to body organs
- Poisonings
- Failure to thrive
- Coma/unconsciousness
- Death
- *More detail on these on page 127-128 Children First

Sexual Abuse: Rarely involves one incident and usually occurs over number of years. Cases usually come to light through disclosure by child or siblings/friends, suspicions of an adult, due to physical symptoms. Physical signs may not be evident due to nature of abuse and fact that disclosure was made some time after abuse took place.

Physical and behavioural signs

- Bleeding from vagina/anus
- Difficulty/pain in passing urine/faeces
- Infection, vaginal discharge, warts/rash in genital area
- Noticeable and uncharacteristic change of behaviour
- Hints about sexual activity
- Age inappropriate understanding of sexual behaviour
- Inappropriate seductive behaviour
- Sexually aggressive behaviour with others
- Uncharacteristic sexual play with peers/toys
- Unusual reluctance to join in normal activities which involve undressing - games/swimming

Particular signs in young children (0-10)

- Mood change
- Lack of concentration - change in school performance
- Bed wetting/soiling
- Psychosomatic complaints: pains, headaches
- Skin disorders
- Nightmares, change in sleep pattern
- School refusal
- Separation anxiety
- Loss of appetite
- Isolation

Particular signs in older children (10+)

- Mood change
- Running away
- Drug, alcohol, solvent abuse
- Self mutilation
- Suicide attempts
- Delinquency
- Truancy
- Eating disorders
- Isolation

All signs need careful assessment to child's circumstances.

Appendix 2: How to Handle Disclosures from a Pupil

An abused child is likely to be under severe emotional stress and a staff member may be the only adult whom the child is prepared to trust. Great care should be taken not to damage that trust.

Staff members need to respond to disclosure using tact and sensitivity. Need to reassure child, retain trust while explaining need for action and possible consequences. 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. not to tell anyone.

The following action should be taken:

- Listen to the child
- Don't ask leading questions nor make suggestions to child
- Offer reassurance but do not make promises
- Don't stop a child recalling significant events
- Don't over react
- Explain that further help may have to be sought
- Record discussion accurately and retain the record
- Report information to DLP
- Give record of discussion to DLP who should retain this

- It is very important that staff notes carefully what they saw and when. Any comment by a child of how an injury occurred should be recorded. All records so created should be regarded as highly confidential and retained in a secure location by the DLP.

Appendix 3: Child Protection Meetings/Case Conferences

The child protection conference is an essential mechanism in health boards in the effective operation of the child protection services under the Child Care Act 1991. It is a forum for the co-ordination of information from all relevant sources including where necessary school employees. The child protection conference plays a pivotal role in making recommendations and planning for the welfare of children who may be at serious risk.

The procedure undertaken should a staff member be requested to attend care conferences are as follows:

- A child request will be made by the Health Board for a school employee to attend a child protection conference to the DLP
- Board of Management Chairperson may through the DLP request appropriate authorities to clarify why the attendance of the school employee at the child protection conference is necessary and who else will be present
- Substitute costs will be met by the DES in respect of teachers attending during school hours. A letter from the health board confirming attendance of teacher to be submitted to DES together with application for payment
- The person attending a child protection conference should provide a report to the conference on a form provided by the Health Board. Different health boards may have different reports
- The professional, according to Children First Guidelines, should always be informed when children and/or parents/guardians are going to be present at child protection conferences. Any school personnel who may have a concern about parent/guardian involvement should contact chairperson of child protection conference in advance for guidance
- The conference may recommend that agencies provide resources and services to the family. Participants may provide undertakings regarding actions that they agree to take. Recommendations may include the board taking legal advice with respect to an application for a Court Order to protect the child
- The school employee may be requested to keep the child's behaviour under closer observation, in a manner that is not inconsistent with the school employee's existing duties to his/her class as a whole. This may include observing a child's behaviour in terms of peer interactions, school progress, informal conversation
- In all cases, individuals who refer or discuss their concerns about the care and protection of children with Health Board staff should be informed of the steps to be taken by the professionals involved. Wherever appropriate and within the limits of confidentiality, Health Board staff have a responsibility to inform persons reporting the alleged child abuse and other professionals about the outcomes of any enquiry or investigation into that reported concern.

Roles and Responsibilities of Child Protection Participants

Notwithstanding the pivotal role of the chairperson, the quality and effectiveness of a child protection conference will depend on the willingness and commitment of all participants, particularly with regard to the following factors:

- Adequate preparation

- Provision of written reports which cover information about the child and parents/carers, past and present concerns, own current involvement and factually based assessment of the current situation and recommendations
- Open mindedness and willingness to constructively debate conflicting views, always keeping the welfare of the child paramount
- Respect for the contribution of all participants, irrespective of status or previous disagreement
- Sensitivity to the feeling of the family members present
- Acceptance of individual responsibilities and tasks and commitment to carry them out.

Appendix 4 - Sample Observation Sheet

Sample record		
Code		
Date	Observation	Signed

Appendix 5 – Monitoring Suggestions Sheet

Monitoring Suggestions

Teachers are the only professionals who are in regular day to day contact with school-aged children and, because of that, we have a key role in situations where there are suspicions that a child is being abused. When there are such concerns, it is essential to keep an objective and factual record of all the information available (*DES Procedures, p. 21/22, paragraph 3.6*). We may also be requested, following a child protection conference, to keep a child under observation in a manner that is not inconsistent with our existing duties (*DES Guidelines, p. 28, paragraph 4.5.7*). This hand-out has been created to assist teachers in this regard.

Useful Hint: Enter your observations under the various headings as appropriate. This will help to categorise your observations and enable you to note an emerging pattern or a deteriorating situation.

Possible Areas for Monitoring	Best Practice Suggestions
<p>Name of School <i>Using agreed record form ensure school standard is applied</i></p>	<ul style="list-style-type: none"> Record observations using code to protect anonymity of child Keep in secure place Strictly confidential
<p>Attendance and Punctuality <i>Dates and times are important, since patterns or absence or lateness can be very revealing. If late, note if brought to school by parent/carer/older sibling and record any explanation offered.</i></p>	<ul style="list-style-type: none"> Remember to sign and date each entry
<p>Appearance, Hygiene and Care <i>Record observations of the child's appearance, for example, poor hygiene, inappropriate clothing, no lunch.</i></p>	<ul style="list-style-type: none"> Record observations in chronological order
<p>Physical Injury <i>Give detailed description including, in the child's or carer's own words, if any explanation is offered.</i></p>	<ul style="list-style-type: none"> Include sketch of injury, if appropriate
<p>Child's Behaviour <i>A child may become increasingly aggressive, tense, unresponsive or show other signs of distress. Any</i></p>	<ul style="list-style-type: none"> Describe what you have observed factually

<i>sexualised behaviour should be noted.</i>	
<p>Child's Language <i>The child may not have the language/be afraid to verbalise clearly what is happening. They may however drop hints or refer to what is happening obliquely.</i></p>	<ul style="list-style-type: none"> Record child's exact words, not the adult equivalents
<p>Child's Drawings, Writing or Play <i>A young child may show few signs of abuse when he/she experiences a sense of security in a busy, structured classroom setting therefore careful observation of the child in less formal or unstructured settings are important. Always include the context in your record eg "when returning from the PE Room", "during small break", "when lining up for home time."</i></p>	<ul style="list-style-type: none"> Remember context can be very important
<p>Mood Changes <i>Child may, for example, become quiet and tense towards end of day or if collected by a certain adult. This might also happen on certain days or before or after certain activities. Again, remember to include the context in your recording.</i></p>	<ul style="list-style-type: none"> Note time, context and situation - facts only

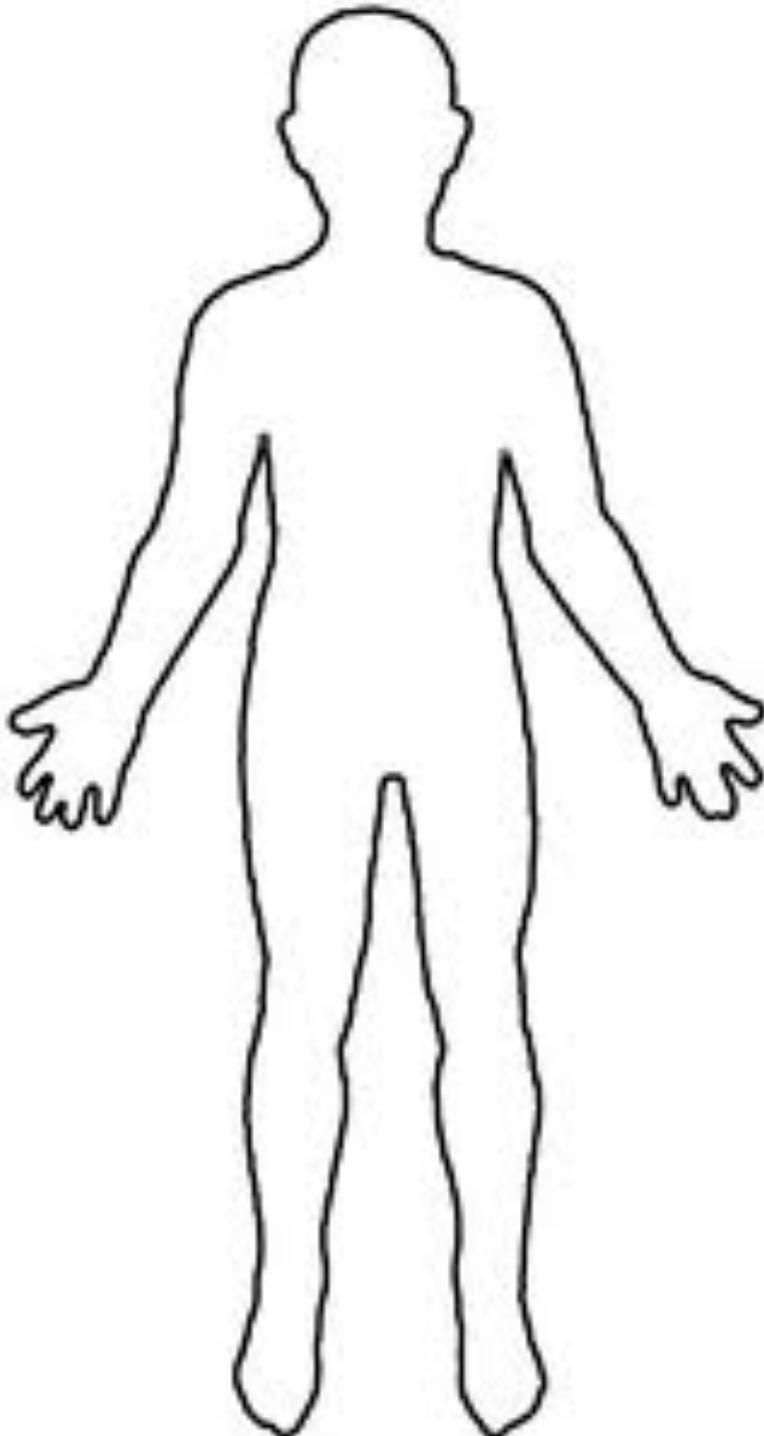
Remember monitoring should be systematic, continuous and requires perseverance

Appendix 6 – Body Outline

Code:

Date:

Indicate signs of injury, if necessary, on outline below:



Signed: