



October 2013

# Child Protection Policy

## **Introduction and Rationale:**

The staff of the Glebe National School compiled this document as a response to recent changes in legislation. It was updated in December 2011, in response to the publication of the following documents:

- Circular 65/2011 - 'Child Protection Procedures for Primary and Post Primary Schools' (DES)
- 'Children First: National Guidance for the Protection and Welfare of Children' (Dept of Children and Youth Affairs)
- Child Protection Guidelines for Primary and Post Primary Schools (DES)

This document further develops previous policy in this area and takes account of the provisions of the following pieces of legislation:

- The Education Act 1998
- The Education Welfare Act 2000
- The Protection for Persons Reporting Child Abuse Act 1998
- Data Protection Acts 1998 and 2003
- Freedom of Information Acts 1997 and 2003

A copy of the school's child protection policy which includes the names of the Designated Liaison Person (DLP) and Deputy DLP has been made available to all school personnel and the Parents' Association and will be readily accessible to parents on request.

## **Relationship to Characteristic Spirit of the School**

Our school ethos is one, which promotes a positive, supportive and secure environment where all pupils feel valued. This document strengthens and protects that ethos.

## **Aims:**

- To establish and maintain an environment where children feel safe and secure, are encouraged to talk and are listened to
- To ensure that all staff members understand their responsibilities in being alert to signs of abuse and that they know the correct procedures for reporting and recording any such incidences
- To ensure that parents have an understanding of the legal obligations placed on the school and staff to report incidences of child abuse
- To ensure that children know that there are adults in the school that they can approach if they are worried

## **Confidentiality**

All information regarding concerns of possible 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 risk, An Garda Síochána should be contacted immediately. A child should not 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 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. (Child Protection DES Book page 6).

### **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 DPL or the Board of Management chairman, such communication would be regarded under common law as having qualified privilege.

A further definition of qualified privilege is outlined in Section 1.4.2 and 1.4.3, page 6 of Child Protection – Guidelines & Procedures.

### **Freedom of Information Act 1997:**

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.

## **Curricular Implications**

**The Stay Safe Programme** is an integral part of the SPHE curriculum in our school which addresses personal safety. All five topics in 'Stay Safe' are done over a two year period. Each topic is introduced and worked on in year one and built upon in year two. Lessons are undertaken with this programme for a two month period.

Other resources are the RSE Programme and the Walk Tall Programme.

## **Role of Designated Liaison Person**

### **Appointment of the Designated Liaison Person**

The Board of Management has designated the Principal, Sandra Bryan, as the person who has specific responsibility for Child Protection. She will be the Designated Liaison Person for the school and all dealings with health boards, An Garda Síochána and other parties, in connection with allegations of abuse. Those other parties should be advised that they should conduct all matters pertaining to the processing or investigation of alleged child abuse through the Designated Liaison Person.

Where the Designated Liaison Person is unavailable, the Deputy Principal, Orla Gregan, will be nominated to assume her responsibilities, as the Deputy Designated liaison Person.

The Designated Liaison Person or her nominated replacement, shall immediately inform the Chairperson of the Board of Management of the school that a report involving a pupil in the school has been submitted to the relevant Health Board or the Gardai.

The DLP shall also inform the school authority of the number of cases where the DLP submitted a report to the HSE or Gardai or sought advice from the HSE and as a result of this advice, no report was made. At each Board of Management meeting, the Principal's report shall include the number of all such cases and this shall be recorded in the minutes of the board meeting.

### **Actions to be taken by the DLP**

If a school employee receives an allegation or has a suspicion that a pupil is being abused, he/she should report the matter to the DLP. The need for confidentiality is essential. Therefore the child concerned will be identified on any written reports, only by their number on the school register.

- If the school employee and the DLP are satisfied that there are reasonable grounds for suspicion or allegation, the DLP should report the matter immediately to the relevant Health Board
- A report should be made in person, by phone or in writing to the social worker on duty. Personal contact with the social worker is preferable, to allow for the transfer of as much information as possible
- In the event of an emergency or the non-availability of Health Board staff, the report should be made to An Garda Siochanna
- The report should include as much information as possible on the Standard Reporting form
- The Chairperson of the Board of Management should be informed at this point
- The parents/guardians of the child will be informed also, unless doing so is likely to endanger the child or place the child at further risk. A decision not to inform the parents/guardians should be recorded briefly along with the reason for not doing so
- Where school personnel have concerns about a child, but are unsure whether to report the matter, the DLP shall seek appropriate advice, by consulting with Health Board staff. She shall be explicit that she is not making a report but is requesting advice. It would not be envisaged that the DLP would supply identifying details at this informal stage, as are required when making a report. If a Health Board advises that a referral should be made, then the DLP should act on that advice
- If, following discussions, the DLP decides that the matter should not be formally referred to the Health Board, then she should give a clear statement, in writing to the school employee, as to the reasons why action is not being taken. The school employee should be advised that if he/she remains concerned, about the situation, he/she is free to consult with or report to the Health Board again.
- It is essential that at all time these matters be treated in the strictest confidence and not discussed except among those mentioned above.

## **The Role of the Board of Management**

The most important consideration to be taken into account by a Board of Management is the protection of children, and their safety and well-being must be a priority. However, because of the involvement of school employees, the BoM has duties in respect of them as well.

As employers, Boards of Management should note that legal advice should always be sought in these cases.

There are two procedures to be followed:

- The reporting procedure in respect of the allegation
- The procedures for dealing with the employee

In the case of primary schools, the DLP is responsible for reporting the matter to the appropriate Health Board, while the Chairperson of the BoM, acting in consultation with his/her Board, is responsible for addressing the employment issues. However, where the allegation of abuse is against the DLP, the Chairperson of the BoM will assume responsibility for reporting the matter to the Health Board.

The primary aim of the BoM is to protect the children within the school to whom they have a duty of care. However, school employees may be subject to erroneous or malicious allegations and therefore any threat of abuse should be dealt with sensitively, and the employee fairly treated.

### **Reporting Procedure**

Where an allegation of abuse is made against a school employee, the DLP within the school should immediately act in accordance with the procedures outlined in Chapter 3, paragraph 3.2 of the DES Guidelines. A written statement of the allegations should be sought from the person/agency making the allegation.

School employees, other than the DLP, who receive allegations of abuse against another school employee, should report the matter without delay to the DLP as outlined in Paragraph 3.1.1 of the DES Guidelines.

School employees who form suspicions regarding the conduct of another school employee should consult with the DLP. The DLP may wish to consult with the appropriate Health Board. If the DLP and the school employee are satisfied that there are reasonable grounds for the suspicion, the DLP should report the matter to the relevant Health Board immediately. The DLP should also report the matter to the Chairperson of the BoM.

### **Action to be taken by Chairperson**

When a BoM Chairperson becomes aware of an allegation of abuse against a school employee, the chairperson should privately inform the employee of the following:

- The fact that an allegation has been made against him/her
- The nature of the allegation
- Whether or not the matter has been reported to the appropriate Health Board by the DLP

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 BoM within a specified period of time. The employee should be told that

his/her explanation to the BoM would also have to be passed on to the Health Board. At this stage, it should be remembered that the first priority is to make sure that no child is exposed to unnecessary risk. The BoM Chairperson should as a matter of urgency take any necessary protective measures. These measures should be proportionate to the level of risk and should not unreasonably penalise the employee, financially or otherwise, unless necessary to protect children.

If, in the Chairperson's opinion, the nature of the allegations warrants immediate action, the Chairperson, on behalf of the BoM, should direct that the employee absent him/her from the school with immediate effect. When the Chairperson is unsure as to whether the nature of the allegations warrants the absence of the employee from school while the matter is being investigated, s/he should consult with the Childcare Manager of the local Health Board, and/or Garda Siochanna for advice as to the action that those authorities might consider necessary. Following these consultations, the Chairperson should have due regard for the advice offered.

Any absence by a school employee would be regarded as administrative leave of absence with pay, and not a suspension. Such a leave of absence would not imply any degree of guilt on the part of the school employee. Where such leave of absence is invoked, the DES should be contacted with regard to:

1. Formal approval for the paid leave of absence of the school employee
2. Departmental sanction for the employment of a substitute teacher.

### **Role of Staff Member (teachers, caretakers, SNA's, secretary)**

It is the role of all staff members to be observant of all pupils in their care and to report any suspicion of abuse or disclosure immediately to the DLP or in her absence, the Deputy DLP

When recording any information in writing, it is vital that this is totally factual and quotes the child exactly

It is also a requirement that all matters pertaining to suspicions of abuse or actual abuse be treated with the strictest confidence. The child must only be identified by their number on the school register.

**Recognition of Abuse:** Child abuse can often be difficult to identify and may be present in many forms. Concerns about child protection and welfare should be shared by teachers with senior management.

There are commonly three stages in identification of child abuse:

- Consider possibility
- Look out for signs of abuse
- Record information

**Consider possibility:** Possibility of child abuse should be considered if a child appears to have suffered suspicious injury for which no reasonable explanation can be offered. Also if a child is distressed without obvious reason or displays persistent or new behavioural problems. Also if a child displays unusual or fearful response to carers/parents.

**Look for signs of abuse:** Signs of abuse can be physical, behavioural or development. Pattern of signs is likely to be more indicative of abuse. Children may hint they are being harmed and may make disclosures. **Disclosures should always be believed.** Less

obvious signs could be gently explored with the child without direct questioning. Play situations and drawing may reveal information. It is important to always be open to alternative explanations for physical or behavioural signs of abuse.

**Record Information:** If abuse is suspected, it is important to establish ground for concern by obtaining as much detailed information as possible. Observations should be accurately recorded and should include dates, times, names, locations, context and any relevant information. They should be given to the DLP and will be stored in a secure, private area.

### **Reasonable Grounds for Concern**

- Specific indication from child that she/he was abused
- Account by person who saw child being abused
- Evidence such as injury or behaviour which is consistent with abuse and unlikely to be caused another way
- Injury or behaviour consistent with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse
- Consistent indication over period of time that child is suffering from emotional or physical neglect

It is important that persons reporting suspected child abuse to a Health Board should establish basis for their concerns. A suspicion which is not supported by any objective indication of abuse or neglect would not constitute a reasonable suspicion or reasonable grounds for concern. They should not interview a child or child's parents/carers without first consulting with the Health Board.

**Impediments to Reporting of Child Abuse:** Abuse is difficult and to some a distasteful subject. The belief that parents or persons in charge of children would hurt or neglect them is hard to sustain. Therefore it is easy to deny, minimise or explain away any signs that a child is being harmed even when evidence exists. At times it is hard to distinguish between abusive situations and those where other social problems are present. Sympathy for families in difficult circumstance can sometimes dilute personal or professional concerns about safety and welfare of children.

Reluctance to act on suspicions can often stem from uncertainty and fear. Professionals may be afraid of repercussions, afraid of breaking confidence, afraid of being disloyal, afraid of being thought insensitive.

It is most important that we do not let any of the above impede us in reporting child abuse. The Protection for Persons Reporting Child Abuse Act 1998 provides immunity from civil liability to persons who report reasonably and in good faith to designated officers of the Health Board or any member of An Garda Síochána.

### **Other Considerations**

**Staff Cars:** As far as possible, children will be brought back to the school, and should be collected promptly by the parent at pre-arranged time. Staff will not deliver children to their homes. If a child is ill, parents will have to provide an alternative phone number for someone who will collect the child from school.

**Special Needs:** The Stay Safe Programme will be taught each year. Where there are children with limited academic ability, the content and activities of the lesson will be differentiated to help them to understand the message of the lesson.

**Supervision:** During breaks, all pupils are supervised by teachers in the school yard. To access toilets children must have permission of the supervising teacher. A buzzer

system to admit visitors is in operation on the front door. It is proposed to lock back doors during class for security.

### Peer Abuse

Where there are allegations or suspicions of peer abuse, the DLP will follow the same procedures:

- Parents of all parties will be notified and the DLP will inform the BoM Chairperson
- Principal and class teachers will make arrangements to meet separately with all parents, to resolve the matter
- The school will make arrangements to minimise the possibility of the abusive behaviour recurring

**Bullying:** Bullying behaviour will be addressed under our Anti-Bullying policy. If the behaviour involved is of a sexualised nature or regarded as being particularly abusive then the matter will be referred to the DLP.

### Implementation and Review

The guidelines outlined in this policy are implemented with immediate effect and will be reviewed on an annual basis, following the check-list for review as outlined in Circular 2011. The school shall put in place an action plan to address any areas for improvement identified by the review. The BoM shall make arrangements to inform school personnel that the review has been undertaken. Written notification, that the review has been undertaken shall be provided to the Parents' Association.

Signed : \_\_\_\_\_

Chairperson, Board of Management

Date : \_\_\_\_\_

### 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.