



Scoil Náisiunta Áth an Chóiste

Child Protection Policy

Introduction

This policy document has been drawn up by staff, parents and Board of Management of Coachford N.S. in response to recent changes in legislation. The policy takes account of the provisions of the following legislation:

The Education Act 1998

The Education Welfare Act 2000

The Protection of Persons Reporting Child Abuse Act 1993

Education for Persons with Special Educational Needs Act 2004

Safety, Health at Work Act 2005

In all instances of suspicion or allegations of abuse or neglect, the following guidelines will be referenced.

Children First (Department of Health & Children, 1999)

Child Protection Guidelines and Procedures (Department of Education and Science, 2001)

AIMS OF POLICY

The aims of the Child Protection Policy are to:

- Put in place clear procedures for dealing with and reporting suspected/alleged cases of child neglect or abuse
- Endeavour to safeguard the well being of the child and intervene when necessary to protect their rights
- Help school personnel recognise the signs of neglect or abuse
- Provide a safe environment for our school community

DEFINITION OF ABUSE

Child abuse can be categorised into four different types:

- Neglect
- Emotional abuse
- Physical abuse
- Sexual abuse

DEFINITION OF 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 **(3.2 Children First)**

DEFINITION OF EMOTIONAL ABUSE

Emotional Abuse is normally to be found in the relationship between caregiver and a child rather than in specific events or patterns of events. It occurs when a child's needs 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 **(3.3 Children First)**

DEFINITION OF SEXUAL ABUSE

Sexual Abuse occurs when a child is used by another person for his/her gratification or sexual arousal **(3.5 Children First)**

More details of each type of abuse is contained in **Appendix I, p 125, Children First GUIDELINES FOR RECOGNISING THE SIGNS OF ABUSE (3.9 Children First)**

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 unusual behaviour problems or appears fearful in the company of parents/carers
2. **Observing signs of abuse** - a cluster or 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 carried 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 (2.4 DES Child Protection Guidelines and Procedures)

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 retain 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 form, Appendix I)

This written information should be given to and retained by the DLP

DESIGNATED LIAISON PERSONS (DLP) (2.2 DES Child Protection Guidelines and Procedures)

The Principal, Sharon O'Driscoll will act as DLP . The Deputy Liaison Person is Lynn Dunlea (Lisanne Kelleher acting DDLP from 7/1/13 until further notice). The DLP has specific responsibility for child protection and will represent the school in all dealings with Health Boards, Garda Síochana 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 investigations of alleged child abuse through the Designated Liaison Person (DLP).

ACTION TO BE TAKEN BY THE DESIGNATED LIAISON PERSON (3.2 Child Protection Guidelines and Procedures)

If the school employee and the Designated Liaison Person are satisfied that there are reasonable grounds for the suspicion or allegation, the DLP should report the matter to the relevant Health Board immediately. It may be useful to note:

1. A report should be made to the Health Board in person by phone and writing. Each Health Board has a social worker who is available during certain hours to meet with, or talk on the telephone to persons wishing to report child protection concerns
2. It is generally most helpful if persons wishing to report child abuse concerns make personal contact with the duty social worker. This will facilitate the social

worker in gathering as much information as possible about the child and his parent/carers

3. 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.

It is recommended that all reports should include as much as possible of the information sought in the Standard Reporting Form. Since all information requested may not be available to the person making the report, the form should be completed as comprehensively as possible. When such a report is being made to the health board, the Chairperson of the Board of Management should be informed. The Standard Reporting Form is enclosed in Appendix I attached.

In the case where the school personnel have concerns about a child, but are not sure whether to report the matter to the appropriate health board, they should seek appropriate advice. To do so, the DLP should consult the appropriate health board. In consulting the appropriate health board staff, the DLP would have to give identifying details as are required when a report is being made. If the health board advises that a referral should be made, the DLP should act on that advice.

If following the discussion outlined, the DLP decides that the concerns of the school employee should not be referred to the relevant Health Board, the school employee should be given a clear statement in writing, as to the reason why the 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, the standard reporting form (see template) of these guidelines should be used. Any such report would be covered by the Protection for Persons Reporting Child Abuse Act, 1998.

CONFIDENTIALITY (1.2 DES Child Protection Guidelines and Procedures)

All information regarding concerns of possible child abuse should be only shared on a need to know basis, 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 of 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 (1.3 DES Child Protection Guidelines and Procedures, 2.4 Children First)

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 Síochana. 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 23rd 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 officer of Health Board or any member of an Garda Síochana
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 the statement to be false**. This is a new criminal offence designed to protect innocent persons from malicious reports.

QUALIFIED PRIVILEGE (1.4 DES Child Protection Guidelines and Procedures)

While the legal protection outlined above only applies to reports made to the appropriate authorities (i.e. Health Boards and an Garda Síochana), 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 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. Furthermore, those reporting a child's disclosure are not regarded as making an allegation as a matter of charge, but simply carrying out of their duty in good faith. They are not accusing or bringing a charge.

Freedom of Information Act 1997

1. DES Guidelines
2. Children First

Reports made to Health Boards may be subject to provisions of Freedom of Information Act 1997, which enables members of 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.

STAFF TRAINING

Staff development and in service. The DLP will inform staff of current practices and relevant in service training courses; staff in - service in school on related topics.

PREVENTION OF CHILD ABUSE THROUGH CURRICULAR PROVISION: EXISTING SCHOOL POLICIES

The following school policies, procedures and activities which compliment the Child Protection Policy are already in place in the school:

Policies -

- SPHE (Strand Unit: Safety and Protection)
- RSE
- Substance Misuse Policy
- Code of Behaviour
- Anti Bullying Policy
- Supervision
- Health & Safety Statement

Practices/Procedures:

Record Keeping

Compliance with Welfare Act/Attendance

Parental Involvement

Induction of New Staff: Garda Vetting / Statutory Declaration / Form of Undertaking

Medical Issues & First Aid

Healthy Eating

The Board has ensured that the necessary policies, protocols or practices as appropriate are in place in respect of each of the above listed items.

A list of procedures in relation to school practice is contained in Appendix 1 of this policy.

This policy has been made available to school personnel and the Parents Association through its Chairperson and is readily accessible to parents on request. A copy of this policy will be made available to the Department and the patron if requested.

This policy will be reviewed by the Board of Management once in every school year. The attached Appendix (Appendix 2) is a checklist for such annual review.

This policy was adopted by the Board of Management in September 2012.

Signed: _____

Signed: _____

Chairperson of Board of Management

Principal

Date of Next Review: September 2013

Appendix 1: School Practice

The staff and board of management of this school have identified the following areas of specific concern in relation to child protection. Following discussion and consultation the staff and the board of management have agreed the following practices to be adopted.

Toileting Accidents: Junior and Senior Infants are to have a change of underwear, socks and tracksuit pants to be kept in a labelled bag in school. Parents of child to be rung immediately. Two members of staff to be present. The class teacher and the SNA will assist the child in changing if necessary. The procedure as regards changing will be made known to parents of children in these classes. If a parent wishes to come to school to change their own child, they can inform the school of this and it will be noted in writing. Parents will be informed if their child has a 'toileting accident'.

Classroom Changing for PE: A class teacher will be present at the door of room when children are changing. S/He will have their back to the children. Any child who wishes to, can use the bathroom for changing.

Changing rooms at swimming pools: 6th and if possible 5th class will be allowed single cubicles for changing. A designated area will be requested at swimming pool. Two adults will be present in the dressing room

Cuts: Parents are asked for their permission to allow their children to have plasters if necessary. Permission will be sought by phone if it is necessary to treat any cuts above the knee or on the trunk of the body.

Travelling to events outside of school during the school day: If a bus is not required, parents are asked to arrange their own lifts for children travelling to events during the school day. A note from parents to inform the school of whom the child will be travelling with will be signed by parents and kept in school.

One-to-one teaching: Clear boundaries are put in place regarding physical environment (e.g. vision panel in door) seating arrangements etc. Parents are advised if children need one-to one teaching

Visitor/Guests Speakers: are not left alone with children. The school or board of management checks out the credentials of the visitor or guest speaker and ensures that the content /material in use is appropriate.

Appendix 2

CHILD PROTECTION CONTACT LIST

- Designated Liaison Person: Ms. Sharon O'Driscoll 021-7334542 / 087-6822072
- Deputy Designated Liaison Person: Ms. Lianne Kelleher (Acting) 021 7334542
087 9163315
- Health Service Executive South (South Lee Social Work Dept): 021-4923001
- HSE Lo-Call No: 1850 241850
- Gardaí: 021-4214680
- Chairperson: Jeanette Champion 087-7940011

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