Child Protection & Welfare Policy
St John Bosco Junior Boys' School

Section 1: Introduction:

This Child Protection & Welfare Policy was formulated by the staff, parents and Board of Management on 30th September 2006. (Updated September 2016)

This document is for the direction and guidance of school personnel and management in relation to Child Protection issues and is based on the **"Child Protection – Guidelines and Procedures"** issued by DES April 2001. In it, recognition of abuse, preventative strategies, specific roles for school personnel/management and reporting procedures are addressed.

Confidentiality:

All information regarding concerns of possible abuse should only be shared on a need to know basis in the interests of the child.

Protection for Persons Reporting Child Abuse Act, 1998.

This Act provides for immunity from civil liability to any person who reports child abuse 'reasonably and in good faith' to designated officers.

Qualified Privilege:

This arises where a person making the communication has a duty to do so, a right, or interest to protect the child and where the communication is made to a person with a similar duty, right or interest.

Freedom of Information Act, 1997.

Any reports made to Health Boards may be subject to the 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.

Section 2: Responsibilities of School Personnel.

General:

There is on obligation on schools to provide pupils with the highest standard of care in order to promote their well-being and protect them from harm.

Designated Liaison Person (DLP):

The Board of Management must designate a senior member of staff to have specific responsibility for child protection. All matters pertaining to processing or investigation of alleged child abuse should be conducted through the DLP. The nominated DLP for Scoil Eoin Bosco (Naí) is Clodagh Farrell (Principal).

Where the DLP is unavailable, for whatever reason, arrangements should be in place for another nominated person to assume the responsibility. The nominated person for Scoil Eoin Bosco (Naí) is Louise Tighe.

The DLP (or nominated replacement) should inform the Chair of the BOM as soon as a report concerning a pupil in the school, has been submitted to the Health Board.

Recognition of Child Abuse:

Details are included in Appendix 1 of this document. All school personnel should familiarise themselves with the contents of this appendix. The DLP will provide any personnel with the full text '**Child Protection – Guidelines and Procedures'** where a concern is raised.

Health Board must always be notified where there is reasonable suspicion or reasonable grounds for concern:

- Specific information from the child.
- Account by person who witnessed the child being abused.
- Evidence, such as injury or behaviour, which is consistent with abuse.
- An injury or behaviour which is consistent with abuse but has innocent explanation but also corroborative indicators supporting the concern.
- Consistent evidence over time of emotional or physical neglect.

Handling Disclosures:

An abused child may be under severe stress and a staff member may be the only person they trust. Great care should be taken not to damage that trust.

Tact and sensitivity is needed in handling a disclosure. It is important to reassure the child that everything will be done to protect and support them.

Advice to person handling disclosure:

- Listen to the child.
- Do not ask leading questions nor make suggestions.
- Offer reassurance but do not make promises.
- Remain calm.
- Don't stop a child recalling significant facts.
- Explain that further help may need to be sought.
- Record the discussion and retain record of same.
- Report information to the DLP.

Record Keeping:

A copy of all information available in relation to a suspected case should be kept in a secure place.
Record carefully what was observed and when.
Signs of physical injury should be described accurately or, if appropriate, a sketch drawn.
Comments by child, or observer should be written down (verbatim if possible).

Child Protection Conference:

School personnel may subsequently be invited to a child protection conference by the appropriate health board.

Section 3: Reporting Procedures.

Action by School Personnel:

All allegations or suspicions should be reported directly to the DLP. There is a need for confidentiality at all times.

Action by DLP:

If the employee making the report and the DLP are satisfied that there are reasonable grounds for the suspicion or allegation, the DLP should report the matter to the relevant Health Board immediately.

- Report to Social Worker on duty in local health Board by phone or in writing.
- Personal contact with social worker is recommended.
- In the event of the non-availability of social worker a report can be made be made to any Garda station.
- The Chair of the BOM must be made aware of the report.
- Standard Reporting Form (Appendix 2) will be completed with as much of the information requested as possible.
- Decision as to whether parents/guardians of the child be told.

If there are concerns about a child but uncertainty as to whether it should be reported advice should be sought from the health board by the DLP.

- Contact Health Board.
- Advise that you are seeking advice (not making a report)
- Explicit details may be requested from DLP but identifying details would not generally be required unless a report was being made.
- If advised by Health Board to make a report, then the steps in the paragraph above will be followed.
- If, following discussion with Health Board, the DLP decides that a report is not necessary, a written statement will be provided to the employee who raised the concern, outlining reasons why action is not being taken.

Role of Health Boards & Child Protection Conferences:

Information in respect of the role of the Health Board and on Child Protection Conferences is in the booklet 'Child Protection – Guidelines and Procedures. 2001'. A copy of this is available from the DLP.

Section 4: Recognising Child Abuse

The ability to recognise child abuse depends as much on a person's willingness to accept the possibility of its existence as it does on knowledge and information. It is important to note that child abuse is not always readily visible, and may not be clearly observable as the "text book" scenarios outlined in these guidelines suggest. Recognition of abuse normally runs through three stages.

1. Considering the possibility:

   If a child appears to have suffered an inexplicable and suspicious looking injury, seems distressed without obviously reason, displays unusual behavioural 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 out by the Health Board or An Garda). Play situations such as drawing or storytelling may reveal significant information. Indications of harm must always 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 detailed information as possible. Observations should be recorded and should include dates, times, names, locations and any other information which could be considered relevant or which might facilitate further assessment / investigation.

Appendix 1. Categories of Child Abuse.

Neglect:

Neglect is normally defined in terms of an omission, where a 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, or medical care. Neglect generally becomes apparent in different ways over a period of time rather than at one specific point.

Emotional Abuse:

Emotional abuse is normally to be found in the relationship between a caregiver and a child rather than in a specific pattern 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. Examples of emotional abuse include:

- Persistent criticism, sarcasm, hostility or blaming.
- Conditional parenting, in which the level of care shown to a child is made contingent on his or her behaviours or actions.
- Emotional unavailability by the child's parent / carer.
- Unresponsiveness, inconsistent or inappropriate expectations of a child.
- Premature imposition of responsibility on a child.
- Unrealistic or inappropriate expectations of a child's capacity to understand something or to behave and control himself in a certain way.
- Under or over-protection of a child.
- Failure to show interest in, or provide age appropriate opportunities for a child's cognitive and emotional development.
- Use of unreasonable or over harsh disciplinary measures.
- Exposure to domestic violence.

Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. Examples of this include anxious attachment, non-organic failure to thrive, low esteem, unhappiness, educational and developmental underachievement and oppositional behaviour. 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 Abuse:

Physical abuse is any form of non-accidental injury or injury from wilful or neglectful failure to protect a child. Examples of physical injury include the following:

- Shaking
- Use of excessive force in handling
- Deliberate poisoning.
- Munchausen's Syndrome by Proxy.

Sexual Abuse:

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

- Exposure of sexual organs or any sexual act intentionally performed in the presence of a child.
- Intentionally touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification.
- Masturbation in the presence of a child or the involvement of the child in the act of masturbation.
- Sexual intercourse with the child whether oral, vaginal or anal.
- Sexual exploitation of a child includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the purpose of sexual arousal, gratification or a sexual act, including it's recording on film, videotape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children which is often a feature of the "grooming" process by perpetrators of abuse.
- Consensual sexual activity involving an adult and an-underage person.

Peer abuse:

In some cases of child abuse, the alleged perpetrator will be a child. In these situations, the child protection procedures should be adhered to for both the victim and the alleged abuser, that is, it should be considered a child protection issue for both children. Work must be done to ensure that perpetrators of abuse, even when they are children themselves, take responsibility for their behaviour and acknowledge that their behaviour is unacceptable. It is important that clarity exists in respect of which behaviours constitute peer abuse, particularly child sexual abuse. Consultation with the Health Board should help to clarify the nature of any sexual behaviour by children which gives rise to concern.

Bullying:

Bullying can be defined as repeated verbal, psychological or physical aggression conducted by an individual or group against others. It is behaviour which is intentionally aggravating and intimidating, and occurs mainly in social environments such as schools, clubs and other organizations working with children. It includes behaviours such as:

- Teasing.
- Taunting.
- Threatening.
- Hitting.
- Extortion.

While the more extreme forms of bullying would be regarded as physical or emotional abuse and are reportable to Health Board or An Garda, dealing with bullying behaviour is normally the responsibility of the school or organization where it is taking place.

Appendix 2: Health Board Details for Area 6 – Eastern Health Board

Regional Director, Childcare and Family Support Services.

Dr. Steevan's Hospital,
Dublin 8.

Phone: 01-6790700
Fax: 01-6771523

Area Child Care Manager:

Rathdown Raod,
Dublin 7.

Phone: 01-8680444
Fax: 01-8821208

Appendix 3: Prevention Strategies.

Staff Training:

CAPP every 3 years

Stay Safe Programme:

This programme is taught in Senior Infants & First Classes

Anti-Bullying Policy

In line with government guidelines our Anti-Bullying Policy was reviewed and updated in April 2014.

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