

St. Augustine's College

Child Protection Policy

The school recognises that it has an explicit duty to

- Provide a safe environment for students to learn in.
- Foster a school environment in which every student feels valued and able to articulate their wishes and feelings in their preferred method of communication in an atmosphere of acceptance and trust.
- Identify and respond to students in need of support and/or protection.

School Commitment

- (i) Establish and maintain an ethos where students feel secure and are encouraged to talk, and are listened to.
- (ii) To make known a clear model of management of suspected or disclosed abuse.

Definition and Recognition of Child Abuse

All school personnel should be familiar with signs and behaviours that may be indicative 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 one or more forms of abuse at any given time.

Child 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, and medical care.
- Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by his/her health

and development 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. For example, a child who suffers a series of minor injuries may not be having his or her needs met for supervision and safety. A child whose ongoing failure to gain weight or whose height is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation. The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her wellbeing and/or development are severely affected.

Emotional Abuse

- Emotional abuse is normally to be found in the relationship between an adult and a child rather than in a specific event or pattern of events. It occurs when a child's need for affection, approval, consistency and security is not met. It is rarely manifested in terms of physical symptoms. For children with disabilities it may include over-protection or conversely failure to acknowledge or understand a child's disability.
- Examples of emotional abuse include:
 - (i) Persistent criticism, sarcasm, hostility or blaming;
 - (ii) Where the level of care is conditional on his or her behaviour;
 - (iii) Unresponsiveness, inconsistent or inappropriate expectations of a child;
 - (iv) Premature imposition of responsibility on the child;
 - (v) Over or under protection of the child;
 - (vi) Failure to provide opportunities for the child's education and development;
 - (vii) Use of unrealistic or over-harsh disciplinary measures.
 - (viii) Exposure to domestic violence.
- Children show signs of emotional abuse by their behaviour (e.g. excessive clinginess to or avoidance of the parent/carer), by their emotional state (e.g. low self-esteem, unhappiness), or by their development (e.g. non-organic failure to thrive). 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 which results from willful neglectful failure to protect a child, including:
 - (i) Shaking;
 - (ii) Use of excessive force in handling;
 - (iii) Deliberate poisoning;
 - (iv) Suffocation;
 - (v) Munchausen's Syndrome by Proxy (where parents/carers fabricate stories of illness about their child or cause physical signs of illness);
 - (vi) Allowing or creating a substantial risk of significant harm to a child.

Sexual Abuse

- Sexual abuse occurs when a child is used by another person for his/her gratification or sexual arousal, or for that of others. Examples of child sexual abuse include:
 - (i) Exposure of the sexual organs or any sexual act intentionally performed in the presence of the child.
 - (ii) Intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification.
 - (iii) Masturbation in the presence of the child or the involvement of the child in an act of masturbation.
 - (iv) Sexual intercourse with the child whether oral, vaginal or anal.
 - (v) Sexual activity involving an underage person. For the purposes of the criminal law, the age of consent for sexual intercourse varies according to the people involved, e.g. sexual intercourse between a 16 year old girl and her 17 year old boyfriend is illegal, although it might not be regarded as constituting child sexual abuse. In all cases where the school becomes aware of underage sexual intercourse, the school should take appropriate steps to inform the child's parents.

Signs and Symptoms of Child Abuse

Physical Indicators	Behavioural/Developmental Indicators
Unexplained bruising in soft tissue areas	Unexplained changes in behaviour – becoming withdrawn or aggressive
Repeated injury	Regressive behaviour
Black eye(s)	Difficulty in making friends
Injuries to mouth	Distrustful of adults or excessive attachment to adults
Torn or blood-stained clothing	Sudden drop in performance
Burns or scalds	Inappropriate sexual awareness, behaviour or language
Bites	Unusual reluctance to remove clothing
Fractures	Reluctance to go home
Marks from implements	Change in attendance pattern
Inconsistent stories, excuses relating to injuries	

Children with special vulnerabilities

As society has become more aware of child protection issues, various studies have been conducted to ascertain the types of children most at risk of abuse. According to O'Hagan & Smith (1993), the following list (in order of risk) indicated the children most at risk of abuse or neglect:

- Premature babies
- Child separated from mother following birth
- Child with disability
- A child who cries a lot
- Stepchildren

The same categories of abuse – neglect, emotional abuse, physical abuse, sexual abuse – may be applicable, but may take a slightly different form. For example, abuse may take the form of deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medications or physical restraints.

Responsibilities of all School Personnel

The school is obliged to provide students with the highest possible standard of care to promote their well being and protect them from harm. All school personnel are well placed to observe changes in behaviour, failure to develop or outward signs of abuse in students. In situations where school personnel suspect that a student may have been abused, is being abused, or is at risk of abuse, they should ensure that such concerns are reported.

Designated Liaison Person

Ailbhe Ní Neachtain (Principal) is the Designated Liaison Person for the school. She will act as liaison with outside agencies (Health Boards, An Garda Síochána, and other parties) and as a resource person to any staff member or volunteer who has child protection concerns.

Where Ailbhe Ní Neachtain is unavailable for whatever reason, Mr. Jim Power will assume her responsibilities.

The Board of Management of the school should be informed as soon as possible thereafter that a report involving a student in the school has been submitted to the relevant health board. In the interest of protecting the anonymity of the student, no details of the report should be disclosed to the Board of Management, unless there are issues which need to be addressed directly by the Board.

Recognition of possible signs of abuse

Teachers should familiarise themselves with the indicators of possible abuse as already outlined. No one indicator should be seen as conclusive in itself and may indicate conditions other than child abuse. All school personnel should consult the relevant sections of *Children First* and liaise with the DLP where they have concerns that a student may have been abused, or is being abused, or is at risk of abuse.

The health board should always be notified where a person has a reasonable suspicion or reasonable grounds for concern that a student may have been abused, or is being abused, or is at risk of abuse. The following constitute reasonable grounds for concern:

- (i) Specific indication from the student that he/she was abused.
- (ii) An account by a person who saw the student being abused.

- (iii) Evidence, such as injury or behaviour, which is consistent with abuse and unlikely to be caused another way.
- (iv) An injury or behaviour which is consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it is a case of abuse.
- (v) Consistent indication, over a period of time, that a student is suffering from emotional or physical neglect.

In cases where school personnel have concerns about a student, but the DLP is not sure whether to report the matter to the health board, the DLP should seek advice from the Duty Social Worker in the health board. In consulting, the DLP should be explicit that he is requesting advice and consultation and not making a report.

Identifying details are not necessary at this stage. If a health board advises that a referral should be made, the DLP should act on that advice.

Dealing with disclosures from students

An abused child is likely to be under severe emotional stress and a member of staff may be the only adult whom the student 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 student, and endeavour to retain his or her trust, while explaining the need for action which will necessarily involve other adults being informed. It is important to tell the student 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 guidelines should be observed by school personnel to whom a student makes a disclosure of abuse:

- It is important to stay calm and not to show any extreme reaction to what the student is saying. Listen compassionately and take what the student is saying seriously.

- It should be understood that the student has decided to tell about something very important and has taken a risk to do so. The experience of telling should be a positive one so that the student will not mind talking to those involved.
- The student should understand that it is not possible that any information will be kept a secret.
- No judgmental statement should be made about the person against whom the allegation is made.
- The student should not be questioned unless the nature of what he/she is saying is unclear. Leading questions should be avoided. Open, non-specific questions should be used such as “Can you explain to me what you mean by that?”;
- The student should be given some indication of what would happen next, such as informing the DLP, parents/carers, health board or possibly An Garda Síochána. It should be kept in mind that the student may have been threatened and may feel vulnerable at this stage.
- Record the disclosure immediately afterwards using, as far as possible, the student’s own words.

Record Keeping

When child abuse is suspected, it is essential to have a written record of all the information available. Personnel should note carefully what they have observed and when they observed it. Signs of physical injury should be described in detail and, if appropriate, sketched. Any comment by the student concerned, or by any other person, about how an injury occurred should be recorded, preferably quoting words actually used, as soon as possible after the comment has been made. The record of the discussion should be signed, dated, given to and retained by the DLP.

Reporting of Concerns

Action to be taken by school personnel

If a member of staff receives an allegation or has a suspicion that a student may have been abused, or is being abused, or is at risk of abuse, he/she should, without delay report the matter to the DLP. A written record of the report should be made and placed in a secure location by the DLP. The need for confidentiality at all times as previously mentioned should be borne in mind. The supports of the school should continue to be made available to the student.

Action to be taken by DLP

- A report should be made to the health board either in person, by phone or in writing. If a report is made by phone, the Reporting Form (see attached) should subsequently be forwarded to the health board.
- Parents/carers should be informed if the DLP is submitting a report to the health board, unless doing so is likely to endanger the child or place the child at further risk. A record should be made of the information communicated to the parent/carer. A decision not to inform a parent/carer should be briefly recorded together with the reasons for not doing so.
- Contact should be made with the duty social worker to facilitate the gathering of as much information as possible about the student and his/her parents/carers.
- In the event of an emergency or the non-availability of health board staff, the report should be made to An Garda Síochána.

Allegations or Suspicions of Child Abuse by School Employees

- In the context of allegations or suspicions of child abuse by school employees, the primary goal is to protect the children within the school. However, school employees may be subject to erroneous or malicious allegations. Therefore any allegation of abuse should be dealt with sensitively and support provided for staff including counselling where necessary.
- At all stages, it should be remembered that the first priority is to ensure that no student is exposed to unnecessary risk. The Board of Management should as a matter of urgency ensure that any necessary protective measures are taken. These measures should be proportionate to the level of risk and should not unreasonably penalise the employee, financially or otherwise, unless necessary to protect students.

Reporting Procedure

- Where an allegation of abuse is made against a school employee, the DLP should immediately act in accordance with procedures outlined above.
- Once a disclosure is made by a student, a written record of the disclosure should be made as soon as possible by the person receiving it. If a student wished to make a written statement it should be allowed.
- Where an allegation of abuse is made by an adult, a written statement should be sought from this person.
- Whether or not the matter is being reported to the health board, the DLP should always inform the BOM of the allegation.
- School employees who form suspicions regarding the conduct of another school employee should consult with the DLP, who may wish to consult with the health board.

Action to be taken by the Board of Management (BOM)

- If the BOM becomes aware of an allegation of abuse against a school employee, the BOM should arrange to privately inform the employee of the following:
 - (i) The fact that an allegation has been made against him/her.
 - (ii) The nature of the allegation
 - (iii) Whether or not the matter has been reported to the health board by the DLP.

- The BOM should be given a copy of the written record and/or allegation and any other related documentation while ensuring that appropriate measures are in place to protect the student.
- Once the matter has been reported to the health board, the employee should be offered the opportunity to respond to the allegation in writing to the BOM within a specific period of time. The employee should also be told that his/her explanation to the BOM would also have to be passed on to the health board.
- Where the BOM has directed an employee to absent him/herself from the school, such an absence would not imply any degree of guilt on the part of the school employee. Where such an absence is directed, the Department of Education and Science should immediately be contacted with regard to
 - (i) Formal approval for the payment or remuneration or ex-gratia payments in lieu of remuneration as appropriate, and
 - (ii) Departmental sanction for the employment of a substitute teacher where necessary.

<p style="text-align: center;">SUMMARY: ROLE OF SCHOOL EMPLOYEE WHO SUSPECTS CHILD ABUSE OR WHO RECEIVES A REPORT OF A CHILD PROTECTION ISSUE</p>
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You should:

- Listen compassionately;
- Use open, non-specific questions when what is being reported is unclear;
- Make careful record of the report, using the student's own words as much as possible;
- If the person reporting is an adult, invite him/her to provide a written account of the matter;
- Indicate what will happen next;
- Report the matter immediately to the DLP;
- Keep the matter strictly confidential;

You should not:

- Question the person reporting, other than to seek clarification;
- Make any judgmental statements;
- Give any undertaking of secrecy;
- Start to investigate;

HEALTH BOARD CONTACT DETAILS
SOUTH EASTERN HEALTH BOARD

Regional Director, Child Care and Family Support Services

Lacken, Dublin Road, Kilkenny Ph: 056-7784198 Fax: 056-7784389

Area Child Care Manager

Community Care Centre, Cork Road, Waterford Ph: 051-842914 Fax: 051-842811

Area Social Work Manager

Community Care Centre, Cork Road, Waterford Ph: 051-842884 Fax: 051-842811