

St. Brigid's Family and Community Centre's Child Protection Policy and Code of Behaviour

May 2016



Child Protection Statement

St. Brigids Children Centre and St Brigids Family and Community Centre aims to provide a safe, happy and stimulating environment for all of the children in our care and individuals or families using our services. We will listen to children and families providing them with an open door policy.

St. Brigids believes that child protection should promote the overall development and protection of the child, contributing to the growth and self-esteem and personal autonomy of each child.

It is our policy to create an environment where trust, respect, equity and, in particular, a real willingness to listen to children is established, and where the best interests of the child is the guiding principle.

Our policy on child protection has been developed in accordance with Children First: National Guidance for the Protection and Welfare of Children (Department of Health and Children, 2011).

Child Protection Procedure

- 1. St. Brigids Family and Community Centre will equip staff with the knowledge and skills to respond effectively where there is a concern about the welfare of a child.
- 2. Child Protection, and in particular our policy on child protection, will form part of the induction training for all new members of staff.
- 3. The designated person for St. Brigids Children Centre is: Gerardine Lanigan, Children Centre Manager.
- 4. The designated persons for St Brigids Family and Community Centre are Anne Goodwin, General Manger.
- 5. Anne Goodwin, General Manager and Gerardine Lanigan, Children Centre Manager, will deputise for each other in each other's absence.
- 6. Designated Statutory Child Protection Officers can be contacted as follows; Duty Social Workers: Tel 051-842800 Or local Gardai Tel 305300 as appropriate

Definitions of Abuse

The definitions and signs of abuse, as outlined in Children First will be followed.

These broadly divide into four categories:

- 1. **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, medical care. (**Children First, 2.2.1**)
- 2. Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. (Children First, 2.3.1)
- 3. **Physical abuse** Is that which results in actual or potential physical harm from an interaction or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. (**Children First, paragraph:** 2.4.1)
- 4. **Sexual abuse** when a child is used by another person for his or her gratification or sexual arousal or for that of others. **(Children First, 2.5.1)**

Definition of Confidentiality

Staff/volunteers in St. Brigids FCC should understand the need for, and importance of maintaining confidentiality, as well as the limits of confidentiality within the context of child protection. Confidential information should only be shared on a need to know basis. Staff and volunteers, therefore, need to know with whom to discuss their concerns, i.e. the reporting procedures for the organisation. It should be made clear to a child/adult that secrets between a worker/volunteer and child cannot be kept. Children need to be told that any information they share will be dealt with in a sensitive way by the appropriate people. The provision of information to the statutory agencies for the protection of a child is not a breach of Confidentiality or of Data Protection legislation. /adult

Recording Process

Staff / Volunteers should record any observations or concerns they may have about a child's welfare. These records should include dates, times, names, locations and any other information considered relevant. Any observations and recorded information should be passed to the designated officer having consulted with the relevant Line Manager of the Section. Information should not be discussed by staff / volunteers with any third party. Staff members or volunteers should not discuss child protection issues or concerns with parents or carers without the sanction of the designated officer. This is of utmost importance.

Questions that may help staff when concerned about a child's welfare

- 1. Is the child behaving normally for his age/stage of development?
- 2. Has the child's behaviour changed?
- 3. For how long has the behaviour been observed?
- 4. How often does it occur?
- 5. Is the child showing signs of distress?
- 6. Does the behaviour interfere with the child's development?

Child Protection Roles and Responsibilities

The role of the Designated Person is:

- 1. To keep accurate records of concerns received from staff/volunteers
- 2. To be aware of the signs and symptoms of abuse
- 3. To provide information on child protection for all staff / volunteers
- 4. To facilitate a supportive environment for all staff / volunteers
- 5. To ensure all procedures in relation to child protection are followed
- 6. To report any concerns in relation to child protection to the Sub-group of the Board of Directors
- 7. To provide direct support to any staff member or volunteer involved in a child protection issue

The role of the Child Protection Subgroup is:

- 1. To ensure professional childcare standards are maintained.
- 2. To ensure clear policies and procedures are in place.
- 3. To develop a good working relationship with TUSLA personnel.
- 4. To appoint a designated person

It is the responsibility of the Child Protection Subgroup and heads of services to ensure that all staff / volunteers understand their roles and responsibilities. It is not the responsibility of staff members or volunteers to investigate cases of abuse. This is the responsibility of the TUSLA social workers and the Gardai.

Reporting Procedure

Staff / volunteers should report any child protection concerns to the designated child protection person having consulted with the relevant Line Manager of the Section.

- 1. The Designated person will make initial telephone contact with the TUSLA Duty Social Work Department regarding the child protection concern.
- 2. If a decision is made to report the concern, this will be made by the Designated person to the TUSLA using the standard report form from (Children First) if necessary.
- 3. The Designated person will then keep a record of the report sent for their own files
- 4. Appropriate confidentiality is maintained at all times.
- 5. The Child Protection subgroup is made aware of the referral situation as appropriate.

Reporting Procedures for Counselling & Resource and Referral

- The Counsellor will contact their line manager before making initial telephone contact with the TUSLA Duty Social Work Department regarding the child protection concern.
- If a decision is made to report the concern, this will be made by the Counsellor and Line Manager to the TUSLA using the standard report form from (Children First) if necessary.
- 3. The Line Manager will then keep a record of the report sent for their own files
- 4. Appropriate confidentiality is maintained at all times.

Co-operation with parents / carers:

Parents have a right to be informed, consulted and involved in matters concerning their family. It is our policy to inform parents if a report is being made to the TUSLA unless advised by TUSLA or Gardai not to do so. The relevant designated person together with a designated member of the sub-group of the Board of Directors will carry out this consultation.

Child Protection Disclosure Procedure for all staff / volunteers

- 1. Stay as calm as possible. Do not panic.
- 2. Be aware that disclosure is very difficult for a child/individual.
- 3. Listen to the child/ individual and give him/ her time and opportunity to tell as much as they wish. Do not pressurise the child. Allow him/her to disclose at his/her own pace.
- 4. Do not show any signs of disgust or anger.
- 5. Be careful when asking questions questions should be supportive and for the purpose of clarification. Do not ask about intimate details and do not prompt the child /individual.
- 6. Do not accuse or jump to conclusions.
- 7. Assure the child that you believe them.
- 8. Do not promise to keep secrets.
- 9. Record in writing the content of the disclosure including the exact words used by the child/individual.
- 10. Inform your Line Manager and the Designated Person immediately.
- 11. Maintain confidentiality. Do not discuss the case with any third parties.

Staff / volunteers will continue to maintain a supportive relationship with a child / individual, following a disclosure. This will involve promoting open communication and ensuring the child / individual is included in all activities.

Keeping of Records

All records/reports in relation to child protection will be kept in a locked filing cabinet on the premises. The relevant designated people will hold the keys.

LIST OF APPENDICES

Appendix 1:

Parental/Guardian consent form

Appendix 2:

Standard form for reporting child protection and/or welfare concerns

Appendix 3:

Incident/accident report form

Appendix 4:

Information on Protection of Persons Reporting Child Abuse Act

Parental/Guardian Consent Form

For Participation	n in the				of	
St. Brigid's Fam	nily and Community	Centre.				
This parental	consent covers			for	the duration	of the
(event/activity/p	orogramme). Any	exceptional	travel or	residential	trips will re	equire an
additional form	to be completed by	the parent/gu	ardian.			
Name of Child	/ Young Person:					
Address:						
Date of Birth:						
Gender (circle a	s appropriate):	Male		Female		
Contact Phone N	Number(s):					
Name of School	/ Organisation:					
Other Relevant	Information					
(Please mention	any medical condit	ions, special	needs or di	etary requi	rements)	
Contact details j	for parent/guardian	<u>;</u>				
1. Name						
Relation	ship to Child/Young	g Person:				
Daytime	phone number:					
Home pl	none number:					

	Email:		
2.	Name		_
	Relationship to Child/Your	g Person:	
	Daytime phone number:		
	Home phone number:		
	Email:		
In o	ase of a Medical Emergency:		
III C	ase of a Medical Emergency.		
In th	e event of illness or accident,	I give permission for medical treatment to be administer	ed
whe	re considered necessary by a	suitably qualified medical practitioner and/or hospital.	. I
unde	erstand that every effort will be	e made to contact me as soon as possible. In an emergen-	су
I car	be contacted at the following	telephone numbers:	
I agı	ree to allow the child named	above to attend for the duration of t	he
even	t/activity/programme. I unde	rstand that there will be suitable supervision while the	he
your	ng people are in the care of St.	Brigid's Family and Community Centre. I understand the	ıat
the p	proceedings may be photograph	ned/videoed and used for promotional purposes.	
Sign	ed:		
Nam	ne (block letters)		
Date	::		

SAMPLE ONLY (Copies of official form available from the Designated Person)
Standard Form for Reporting Child Protection and/or Welfare Concerns to the Health
Service Executive (HSE)

Private and Confidential:

In case of emergency or outside HSE hours, contact should be made with An Garda Síochána.

A. To Principal Social Worker/De	signate:			
This will be printed as relevant to	each Community Care A	rea.		
1. Details of Child:				
Name:		Male \Box	Female	
Address:				
		Age/D.O.B.:		
		School:		
1a. Name of Mother:		Name of Father:		
Address of Mother if different to 0	Child:	Address of Father if different to Child:		
Telephone Number:		Telephone Number	:	
1b. Care and custody arrangement	ts regarding child, if know	vn:		
1c. Household Composition:				
Name	Relationship to Child	Date of Birth	Additional Information eg School/Occupation	

Note: A separate report form must be completed in respect of each child being reported.

lescription of any observed injuries, parent's	view(s), chi	ld's view(s) (if known).
3. Details of person(s) allegedly causing concer	rn in relatio	n to the child:
Name:	Age 🖵	Male Female
Address:		
Relationship to Child:		
Occupation:		
4. Name and Address of other personnel or ag	encies invol	ved with this child:
Carial Washam.		Cabaal
Social Workers:		School:
Public Health Nurse:		
done Headin Parise.		Gaidai.
GP:		Pre-School/Crèche/Youth Club:
Hospital:		
Other, Specify e.g. Youth Groups, After School	Clubs:	
5. Are Parents/Legal Guardians aware of this	referral to	the Social Work Department?
	Yes 🗖 No	
If yes, what is their attitude?		
6. Details of Person Reporting Concerns:		
Name:		Occupation:
Address:		
Telephone Number:		
Nature and extent of contact with Child/Family:		
7. Details of Person completing form:		D.
Name:		Date:
Occupation:		Signed:

Incident/accident report form

Name of event/activity/programme where the incident/accident occurred
Date
Location
Briefly describe what happened
Who was involved
Any injury sustained?
Who dealt with the situation?
How was it resolved/dealt with?
Any follow up required?
Please attach any additional information if required
Signature: Name (block letters):

Protection for Persons Reporting Child Abuse

The Protection for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to persons who report child abuse "reasonably and in good faith" to the HSE or 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 in making the report.

This protection applies to organisations and to individuals. It is considered therefore that organisations should assume full responsibility for reporting suspected child abuse to the appropriate authorities. Reports to the HSE and to the Gardaí should be made by the Child Protection Officer, as per the organisation's policy and guidelines.

Section 3 (1) of the Act states:

- "3. (I) A person who apart from this section, would be so liable shall not be liable in damages in respect of the communication, whether in writing or otherwise, by him or her to an appropriate person of his or her opinion that-
- (a) a child has been or is being assaulted, ill-treated, neglected or sexually abused, or
- (b) a child's health development or welfare has been or is being avoidably impaired or neglected,

unless it is proven that he or she has not acted reasonably and in good faith in forming that opinion and communicating it to the appropriate person".