



GIY and GROW HQ Child Protection Policy

January 2019

Child Protection Liaison Officer

Claire McCabe

This policy will be reviewed by the above named liaison officer and the board of GIY every year or more regularly if required.

This Guidance has been updated in line with Children First National Guidance 2011

Table of contents

- 1. Child Protection Statement**
 - 1.1. Definition of 'Child'**
- 2. Recognising abuse and reporting procedure**
 - 2.1. Guidelines for recognition**
 - 2.1.2. Stage 1: Considering the possibility**
 - 2.1.3. Stage 2: Looking out for signs of neglect or abuse**
 - 2.1.4. Stage 3: Recording of information**
- 3. Dealing with allegations against staff/volunteers**
- 4. Confidentiality and record keeping statement**
 - 4.1. Confidentiality**
 - 4.2. Information to be included when making a report**
- 5. Complaints procedure**
 - 5.1. Procedures for dealing with accidents and complaints**
 - 5.2. Procedures for dealing with suspected child abuse**
 - 5.3. Responsibility to report suspected or actual child abuse**
 - 5.4. The Protections for Persons Reporting Child Abuse Act, 1998,**
 - 5.5. Steps to be taken by a worker who knows about or suspects child abuse**
 - 5.6. Steps to be taken by a designated officer**
- 6. Recruitment procedure**
- 7. Code of behaviour**
- 8. Supervision, support and training**
 - 8.1. Safe Management Practices**
 - 8.1.2. Know the children**
 - 8.1.3. Keep records of**
 - 8.1.4. Know the workers**
 - 8.1.5. Health and safety**
 - 8.1.6. Supervising children in all activities**

- 8.2. Discipline and dealing with challenging behaviour**
- 8.3. Providing training for workers**
- 8.4. Supervision and support of workers**

9. Appendices to child protection policy

9.1. Definitions of abuse

9.1.1. Definition of 'emotional abuse'

9.1.2. Definition of 'sexual abuse'

9.1.3. Definition of 'physical abuse'

9.1.4. Definition of 'neglect'

10. Related Documents: Incident Report Form

10.1 Parent/Guardian Questionnaire

10.2 Kids sign in/Waiver

1. Child Protection Statement

GIY are committed to a child-centred approach to our work with children in all services and activities as operated by the organisation – this includes at GROW HQ, the home of the GIY movement, but also includes work by our employees and/or volunteers outside of GROW HQ. We undertake to provide a safe environment where the welfare of the child is paramount. We will adhere to the Children First National Guidelines for the Protection and Welfare of Children by implementing procedures covering:

- i. Appropriate recruitment and selection of employees and volunteers;
- ii. Implementing the Garda Vetting Procedure for all relevant employees and volunteers.
- iii. Appropriate management, supervision and training of employees;
- iv. The reporting, investigation and recording of incidents and accidents complaints made against GROWHQ, its employees/volunteers;
- v. The reporting of suspected or disclosed abuse confidentiality;
- vi. Circulation of information to employees, volunteers, parents/guardians and participants on our activities and what can be expected of GROWHQ in relation to those activities;
- vii. Allegations of misconduct or abuse by employees.

1.1 Definition of 'Child'

In these guidelines "child" means a person under the age of 18 years, excluding a person who is or has been married.

2. Recognising abuse and reporting procedure

2.1. Guidelines for recognition

The ability to recognise child abuse can depend as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. There are commonly three stages in the identification of child neglect or abuse:

- (i) Considering the possibility;
- (ii) Looking out for signs of neglect or abuse;
- (iii) Recording of information.

2.1.2. Stage 1: Considering the possibility

The possibility of child abuse should be considered if a child appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioural problems. The possibility of child abuse should also be considered if the child displays unusual or fearful responses to parents/carers or older children. A pattern of ongoing neglect should also be considered even when there are short periods of improvement.

2.1.3. Stage 2: Looking out for signs of neglect or abuse

Signs of neglect or abuse can be physical, behavioural or developmental. They can exist in the relationships between children and parents/carers or between children and other family members/other persons. A cluster or pattern of signs is more likely to be indicative of neglect or abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should always be taken very seriously and should be acted upon, for example, by informing the HSE Children and Family Services. The child should not be interviewed in detail about the alleged abuse without first consulting with the HSE Children and Family Services. This may be more appropriately carried out by a social worker or An Garda Síochána. Less obvious signs could be gently explored with the

child, *without direct questioning*. Play situations, such as drawing or story-telling, may reveal information.

Some signs are more indicative of abuse than others. These include:

- (i) Disclosure of abuse by a child or young person;
- (ii) Age-inappropriate or abnormal sexual play or knowledge;
- (iii) Specific injuries or patterns of injuries;
- (iv) Absconding from home or a care situation;
- (v) Attempted suicide;
- (vi) Underage pregnancy or sexually transmitted disease;
- (vii) Signs in one or more categories at the same time. For example, signs of developmental delay, physical injury and behavioural signs may together indicate a pattern of abuse.

Many signs of abuse are non-specific and must be considered in the child's social and family context.

It is important to be open to alternative explanations for physical or behavioural signs of abuse.

2.1.4. Stage 3: Recording of information

If neglect or abuse is suspected and acted upon, for example, by informing the HSE Children and Family Services, it is important to establish the grounds for concern by obtaining as much information as possible.

Observations should be accurately recorded and should include **dates, times, names, locations, context and any other information that may be relevant**. Care should be taken as to how such information is stored and to whom it is made available.

2.2. Reporting Abuse

If there is any concern about the welfare or safety of a child/young person who is involved in this organisation within their home or community context the following procedure will be followed.

For concerns in relation to abuse of children/young people by people employed or volunteering with this organisation the following procedure will also be followed in relation to the protection of the child. However, in addition, the 'allegations' against staff and

volunteers procedure' will also be followed in respect of the rights of the staff member or volunteer.

The employee/Volunteer/Student etc.

(as appropriate to the organisation)

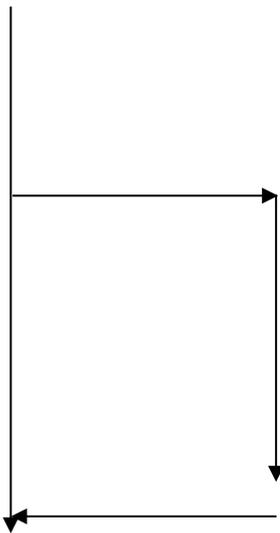
-will inform the designated liaison person,



The Designated Liaison Person

Claire McCabe

-will consider and record the concern



-They may ring the duty social worker for informal advice, i.e. discussing their concerns without identifying the child or family. However, after discussion with the duty social worker and when advised to do so;

-they will make a formal report on the **standard reporting form** and forward it to the-

Social Work Department of the HSE

The local number for the Duty Social Worker is: 051 842880

EMERGENCY SITUATIONS/OUTSIDE OF SOCIAL WORK DEPARTMENT HOURS

Designated Liaison persons and staff should be made aware to contact An Garda Síochana in emergency situations.

The local number for the Gardaí is: 051 305300

When a child protection report is being made to the HSE good practice would indicate that a family should be informed about the report UNLESS DOING SO MAY PUT THE CHILD AT FURTHER RISK. The designated liaison person should seek advice from the social work department in relation to this.

Where there is a voluntary management committee who employ or are responsible for a employee or volunteer, the chairperson of the committee may be informed that a report has been made to the HSE social work department. However, Identifying information would not be passed to the chairperson or any member of the management committee in line with the confidentiality statement.

In the absence of the designated liaison person it should be clear within the service who takes responsibility for concerns regarding children

3. Dealing with allegations against staff/volunteers

When an allegation is made against a Mentor, volunteer or staff member, the following steps will be taken:

- I. Any action will be guided by the agreed procedures, the applicable employment or volunteer contract and the rules of natural justice. The priority will be to ensure that no child is exposed to unnecessary risk.
- II. The Designated Person (unless the allegation is being made against them) and the Chief Executive will be informed as soon as possible.
- III. The Chief Executive will, as a matter of urgency, take any necessary immediate action. This action should be in proportion to the level of risk involved and will be guided by natural justice.
- IV. The follow up on an allegation of abuse against a staff member or representative of Children First will be made in consultation with the Health Service Executive and An Garda Síochána.
- V. The Chief Executive will ensure that actions taken do not undermine or frustrate any investigations being conducted by the Health Service Executive or An Garda Síochána.

4. Confidentiality and record keeping statement

a. Confidentiality

The effective protection of a child often depends on the willingness of the staff in statutory and voluntary organisations involved with children to share and exchange relevant information. It is therefore critical that there is a clear understanding of professional and legal responsibilities with regard to confidentiality and the exchange of information. All information regarding concern or assessment of child abuse or neglect should be shared on 'a need to know' basis in the interests of the child with the relevant statutory authorities. No undertakings regarding secrecy can be given. Those working with a child and family should make this clear to all parties involved, although they can be assured that all information will be handled taking full account of legal requirements.

Ethical and statutory codes concerned with confidentiality and data protection provide general guidance. They are not intended to limit or prevent the exchange of information between different professional staff with a responsibility for ensuring the protection and welfare of children. The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection.

It must be clearly understood that information gathered for one purpose must not be used for another without consulting the person who provided that information. The issue of confidentiality should be part of the training necessary for staff who work in the area of child protection and welfare and the general training of staff in organisations that work with children. Each organisation should have a written policy in this regard.

b. Information to be included when making a report

The ability of the HSE Children and Family Services or An Garda Síochána to assess and investigate suspicions or allegations of child abuse or neglect will depend on the amount and quality of information conveyed to them by the people reporting concerns. As much as possible of the following detail should be provided:

- I. The name, address and age of the child (or children) for whom the report is being made;
- II. The name of the child's school;
- III. The name and contact details of the person reporting concerns;
- IV. Whether the person reporting is a professional, a person working with children or a member of the public;
- V. The relationship to the child of the person making the report;
- VI. A full account of what constitutes the grounds for concern in relation to the protection and welfare of the child or children, e.g. details of the allegation, incident, dates, description of any injuries, etc.;
- VII. The names and addresses of the parents/carers of the child or children;
- VIII. The names of other children in the household;
- IX. The name, address and details of the person allegedly causing concern in relation to the child or children;
- X. The child's and/or parents/carers' own views, if known and relevant;
- XI. The names and addresses of other personnel or agencies involved with the child or children, e.g. GP, social worker, public health nurse, Gardaí, etc;
- XII. Any other relevant information.

5. Complaints procedure

a. Procedures for dealing with accidents and complaints should ensure that:

- I. Emergency numbers are prominently displayed
- II. Everyone knows where the nearest phone is
- III. Someone has knowledge and /or training to deal with foreseeable medical and accidental incidents
- IV. Keeping a first aid box where it is easy to find
- V. Having incident or report forms
- VI. Having a formal complaints procedure for children and parents
- VII. Workers know what information will be needed

b. Procedures for dealing with suspected child abuse should ensure that:

- I. There is a system in place for responding to suspected or actual child abuse, including a designated person

- II. Workers understand their responsibility to prioritise the safety and well-being of children over all other considerations
- III. Workers know where to report their suspicions or evidence
- IV. Workers understand that they are protected under the Protections for Persons Reporting Child Abuse Act 1998
- V. Workers are well informed about the statutory child protection procedures and about their own role in the process
- VI. Workers have a good understanding about the extent and limits of confidentiality

c. Responsibility to report suspected or actual child abuse

The primary responsibility of the person who first suspects or is told of abuse is to report it and to ensure that their concern is taken seriously. The guiding principles in regard to reporting child abuse may be summarised as follows:

- I. The safety and well-being of the child or young person must take priority.
- II. Reports should be made without delay
- III. The principle of natural justice should apply, which means that a person is innocent until proven otherwise
- IV. The principle of confidentiality should apply, whereby only those that need to know should be told of a suspicion/allegation/disclosure of abuse and the number that need to be kept informed should be kept to a minimum.

d. The Protections 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 Health Board 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. The Chief Executive Officers of Health Boards have appointed a wide range of nursing, medical, paramedical and other staff as designated officers for the purposes of this Act, to whom referrals of suspected child abuse can be made (see page 40 of Children First).

5.5 Steps to be taken by a worker who knows about or suspects child abuse

A worker who knows or suspects that a young person has been or is at risk of being harmed has a duty to convey this concern to the designated person in their organisation who will report the information to the health board. The health board will, in turn, notify An Garda Síochána. In an emergency, a report must be made directly to An Garda Síochána. If the suspected abuser is an employee of the organisation/group, the matter should be brought to the attention of the CEO or equivalent senior person in the organisation. When the designated person/CEO has been notified they should refer the matter as soon as possible to the health board, who will in turn notify An Garda Síochána. In this regard the organisation should be sensitive to the fact that those with a need to know should be restricted to a minimum.

It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred.

That is a task for the health board or An Garda Síochána. Under no circumstances should any individual member of staff or volunteer or the organisation itself attempt to deal with the problem of abuse alone.

5.6 Steps to be taken by a designated officer

When a designated officer in an organisation receives a report about suspected or actual child abuse, they should consider whether there are reasonable grounds for reporting it to the health board. It may be helpful to discuss the matter with a professional, such as a Social Worker, Public Health Nurse or staff in a Health Centre, who can assist them in deciding whether or not to formally report their concerns to a health board. The following examples would constitute reasonable grounds for concern and should be reported:

- I. Specific indication from the child that (s)he was abused;
- II. An account by a person who saw the child being abused;
- III. Evidence, such as an 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 may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indicators of abuse, dysfunctional behaviour;
- V. Consistent indication, over a period of time, which a child is suffering from emotional or physical neglect.

This may mean:

- I. Clarifying or getting more information about the matter;
- II. Where there is any doubt or uncertainty, consulting initially with a statutory child protection agency to hear their view of the situation;
- III. Making a formal referral to a statutory child protection agency or An Garda Síochána

6. Recruitment procedure

This section outlines an approach to safe recruitment and selection practices. The actual procedures may vary according to the requirements of different organisations or groups but the following key processes should be included:

- I. Clear definition of the role of employees or volunteers: This means clarifying and agreeing expectations regarding the role of a new worker, and involves identifying the minimum level of personal qualities and skills required to fill the post.
- II. Application Form: An application form, with a clear job description and information about the organisation should be supplied. The form should be designed, as far as possible, to collect all relevant information about the applicant, including past experience of working with children.
- III. Declaration: All applicants should be required to sign a declaration stating that there is no reason why they would be unsuitable to work with young people, and declaring any past criminal convictions or cases pending against them. The organisation must have a clear policy regarding the type of factors that would exclude applicants.
- IV. Interview: All applicants should be interviewed by a panel comprising of at least two representatives of the organisation. Interviewers should explore the information stated on the application form and assess the applicant's suitability for the post. The

information supplied by the applicant and any other information supplied on their behalf should only be seen by persons directly involved in the recruitment procedure.

- V. References: An applicant should be expected to supply the names of two referees (not family members) who will testify as to their character, their suitability to the role of employee/volunteer, or any other issues which may affect their ability to perform the tasks required of them. At least one referee should have first hand knowledge of the applicant's previous work or contact with children. An acceptable reference will indicate that the person is known to the referee and is considered suitable by them to work with young people. All references should be received in writing and later confirmed by telephone, letter or personal visit. Any additional information should be attached to the application form.

7. Code of behaviour

We expect everyone working with children and vulnerable adults in a paid or voluntary capacity for GIY to take every possible precaution to avoid situations that could be misinterpreted and/or a breach of the either the Child and Vulnerable Adult Protection Policy or Health and Safety Policy. By setting out appropriate and inappropriate behaviour, this code will not only help to protect children, but also staff, interns and volunteers at GIY and GROW HQ.

- Do Treat all children and vulnerable adults equally
- Do Listen and hear – and give time to the child or vulnerable adult to say what s/he wants to say. Thoughts and words are important and they deserve respect.
- Do Promote the atmosphere of creativity, openness, acceptance and fun in the centre.
- Do Respect a child or vulnerable adult's right to personal privacy and personal space.
- Do Be aware of situations that present risks and manage these risks appropriately – always ask a member of staff if you are unsure.
- Do Safeguard the best interests and welfare of vulnerable adults where it is recognised that they are unable to make their own decisions and/or protect themselves, their assets or their bodily integrity and ensure appropriate and accountable protection for them.
- Do Use only appropriate language in working with children and vulnerable adults.
- Do Ensure that an appropriate ratio of adults to children is in place not more than 7:1.
- Do Always treat children and vulnerable adults with respect - don't embarrass them. Do not ridicule, insult or make little of anyone during an activity.
- Do Recognise that caution is required, particularly sensitive moments such as dealing with a child or vulnerable adult who becomes upset. Always seek support from staff or a teacher/carer if required.
- Do Ensure, in so far as possible, that the building and/or facilities used for activities with children and vulnerable adults are safe and secure for the people in it. All occupied parts of the building should be monitored and parts not in use should be isolated or secured, e.g. the door to the office should be shut.
- Do Plan activities so that they involve more than one person being present or at least in sight or hearing of others. A minimum of two adults should be present at all times.
- Do Carry identification when attending a school or other location on behalf of GROWHQ.
- Do Make sure that a responsible adult, e.g. a teacher, is always present for group programmes, both at the GROWHQ centre, when visiting a school or conducting programmes in outside venues on behalf of GIY.

- Avoid Doing things of a personal nature that children and vulnerable adults can do for themselves. Staff members and volunteers are not responsible for the personal hygiene needs of children and vulnerable adults. Notify the Manager if a child or vulnerable adult needs assistance.
- Avoid Allowing yourself to be drawn into inappropriate attention-seeking behaviours.
- Do not Physically punish or be in any way verbally abusive to a child or vulnerable adult.
- Do not Give a child or vulnerable adult your personal contact details, e.g. telephone number, social media contact information or email address.
- Do not Use alcohol, tobacco or drugs in the company of children or vulnerable adults. Staff and volunteers must not attend any GIY programmes under the influence of alcohol or drugs.
- Do not Arrange external meetings or contact children or vulnerable adults outside the group or project.
- Do not Take pictures of children or vulnerable adults unless you have prior school, carer or parental consent to do so.
- Do not Permit abusive peer activities such as bullying. Bullying behaviour can be defined as repeated aggression, be it verbal, psychological or physical, which is conducted by an individual or group against others. Report any incidents or suspected incidents of bullying behaviour to the Designated Liaison Person¹ immediately. Bullying will be addressed in accordance with the GROWHQ anti-bullying policy, found in Appendix B.
- Do not Allow or engage in suggestive remarks, gestures or touching of a kind which could be misunderstood. If you have to touch a child or vulnerable adult, ask their permission where possible, e.g. helping them to hold glue during a summer camp. In some cases, you may not have time to ask permission, for example, preventing fingers from being caught in a door. In these cases, always explain your actions after the event.
- Do not Allow any physically rough or sexually provocative games, or inappropriate talking or touching, by anyone in any group for which you have responsibility.
- Do not Allow conversations with children or vulnerable adults that encourage personal comments or show favouritism.
- Do not Allow unsupervised access to the GROWHQ wireless internet (wifi)

8. Supervision, support and training

a. Safe Management Practices

Safe management practices will not only enable an organisation to run smoothly and efficiently, but it will also help to minimise the opportunities for accidents or harm to happen to children. The following pointers should be considered:

i. Know the children

- I. Have defined criteria for attendance at events,
- II. Have a registration system for each child
- III. Keep a record on each child, including medical details, any special needs and emergency contact telephone numbers.

ii. Keep records of

- I. Attendance

¹ 5 At GROWHQ, the Designated Liaison Person is the Manager, Claire McCabe, Claire@growthq.org. In the event that the Manager is unavailable, e.g. due to illness or holiday, the deputy designated liaison person is Emma Byrne, eat@growthq.org.

- II. Accidents – keep an incident book (accident records should be reviewed regularly and any unusual patterns reported to senior management)
- III. Consent forms
- IV. Any complaints or grievances

iii. Know the workers

- I. Follow thorough recruitment and selection procedures, as outlined in Section Three
- II. Have a work schedule displayed so that everyone knows who is on duty
- III. Respond to any allegations or complaints made about workers
- IV. Make sure there are always sufficient workers of either sex to supervise activities

iv. Pay attention to health and safety matters making sure that

- I. Any buildings being used are safe and meet required standards
- II. There is sufficient heating and ventilation
- III. Toilets, shower areas and washing facilities are up to standard
- IV. Fire precautions are in place
- V. First aid facilities and equipment are adequate
- VI. There is access to a phone
- VII. Equipment is checked regularly
- VIII. Insurance cover is adequate

8.1.5. Supervising children in all activities

Children are less likely to experience accidents or other harms if they are supervised properly. Activities should be organised so that they maximise participation, fun and learning, but also safety.

So it is important to ensure that:

- I. Children are not normally left unattended
- II. Adequate numbers of workers of both sexes are available to supervise the activities
- III. Workers know at all times where children are and what they are doing
- IV. Any activity using potentially dangerous equipment has constant adult supervision
- V. Adequate insurance
- VI. Written parental consent

8.2. Discipline and dealing with challenging behaviour

The use of discipline with children should, as far as possible, be in the form of positive reinforcement. Rules about discipline and sanctions should be agreed as part of the policy of the organisation, and accepted by all workers and children as a condition of becoming involved with the organisation. It is recommended that every organisation develop a policy on bullying that is known to and accepted by everyone. Sanctions should be implemented consistently, fairly and firmly and not used as threats, and children should be helped to understand why they are being imposed. When a sanction has been imposed, it is important that a child is able to feel that she or he is still valued.

Sometimes, children can be disruptive and their behaviour can be challenging. When it happens, it can put the safety of the child him or herself at risk, as well as that of other children and workers. Workers need to be trained and prepared for coping with disruptive behaviour.

It is recommended that

- I. More than one worker is present when challenging behaviour is being dealt with
- II. A record is kept in an incident book, describing what happened, the circumstances, who was involved, and any injury to a person or to property and how the situation was resolved.

8.3. Providing training for workers

The nature of training will obviously depend on the range of services provided by GROWHQ, and the needs of staff and volunteers. It may include

- I. Induction training
- II. Particular skills training, to fit in with the nature of the organisation
- III. Child protection training, to raise awareness and provide information about how to respond to suspicions or incidents of child abuse

The development of an effective and appropriate training programme requires an assessment of workers' experience, how far their knowledge meets the requirements of the organisation, and identifying gaps that need to be filled. Organisations have a responsibility to fill the gaps. Good practice in training means keeping a record of training needs, training provided, and a note of the worker's satisfaction with the training. Ideally, each organisation should have a person responsible for co-ordinating training.

8.4. Supervision and support of workers

It is good practice to set up a supervision system for workers. This means arranging to see staff and volunteers at regular intervals on their own or in small groups, and giving them an opportunity to raise any questions that they may have, any problems they are experiencing, or any suggestions for change that they wish to make. It allows managers to assess the need for change in policies or practice, or for the provision of additional training.

It is useful to keep a brief, written record of the discussion that takes place during supervision. It is also important to have a system of written review of workers so that they can be given recognition for the good work they are doing and helped to develop their skills further. The following could be considered:

- I. An initial review: in addition to ongoing supervision, half way through the period a review should be conducted which should include an assessment of the workers' understanding of your child protection policy;
- II. A review at the end of the trial period: to confirm the workers in post or to extend his/her probation period or to determine his/her services. Any decision you make at this stage should not come as a surprise if regular supervision has been carried out;
- III. An annual review or 'staff appraisal': the purpose of this is to assess general performance and also to give an opportunity to review any relevant changes in the personal circumstances of workers, for example, whether they have acquired any criminal convictions or have developed any health problems.

Setting up supervision and review arrangements allows an opportunity to observe workers at a number of levels. It makes it easier to assess workers' competence in performing their tasks, and it also gives an opportunity to observe the development of relationships between workers, and between workers and children. It is good practice for managers to be aware of

the attitudes of workers, and the interactions that take place between them and the children and with each other.

Managers should be alert to any unusual incidents or activities that take place where workers may be putting themselves in vulnerable positions.

Some community and voluntary organisations hold a long tradition of the involvement of volunteers who contribute their unpaid, personal time to different programmes and activities. Given the responsible roles played by volunteers it is particularly important that their work with young people is supported.

9. Appendices to child protection policy

a. Definitions of abuse

Child abuse can be categorised into four different types: emotional abuse, sexual abuse, physical abuse and neglect. A child may be subjected to one or more forms of abuse at any given time.

For detailed guidance and signs and symptoms on each type of abuse, please refer to Children First: National Guidance (2011).

9.1.1 Definition of 'emotional abuse'

Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need 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. Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, unhappiness, low self-esteem, 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.

9.1.2 Definition of 'sexual abuse'

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offence of sexual assault.

9.1.3 Definition of 'physical abuse'

Physical abuse of a child 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. There may be single or repeated incidents.

Fabricated/Induced Illness

This is a form of physical abuse and occurs where parents, usually the mother, fabricate stories of illness about their child or cause physical signs of illness, e.g. through secretly administering dangerous drugs or other substances to the child or by smothering. The symptoms that alert to the possibility of fabricated/ induced illness include:

- Symptoms that cannot be explained by any medical tests; symptoms never observed by anyone other than the parent/carer; symptoms reported to occur only at home or when a parent/carer visits a child in hospital;
- High level of demand for investigation of symptoms without any documented physical signs;
- Unexplained problems with medical treatment, such as drips coming out or lines being interfered with; presence of unprescribed medication or poisons in the blood or urine.

9.1.4 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, and/or medical care. 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 in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

Approval:

Policy Approved by:

Board of Directors

February 2019

Review Period: Annually by the Board of Directors

Accident Report

Child's Name	
Date of Accident	
Time of Accident	
Nature of Injury	
Location of Incident	
What the Child was Doing	
Treatment Provided	
Name of Staff that responded And provided treatment	
Additional Information	
Parent Contacted	Yes No
Name of Parent Contacted	
Who Contacted Parent	
How Parent was Contacted	
Time Parent was Contacted	
Other Contacts/Actions/Comments	

Guardian Signature: _____ Manager Signature: _____

School Accident/Injury Policy

Introduction:

This policy was originally drafted in January 17 as part of our original Child safety Policy.

Rationale:

The formulation of this policy enables our centre to effectively;

- Provide for the immediate needs and requirements of children who have sustained either a serious or a minor injury
- Ensure that adequate resources and arrangements are in place to deal with injuries/accidents as they arise
- Ensure lines of communication with parents/guardians are in place if required
- Activate a known plan of action with which all staff are familiar

Roles and Responsibilities:

The overall responsibility for the day to day management of child supervision /routines rests with Claire McCabe Head of GROW HQ. The class tutor is responsible for classroom supervision. The Health and Safety Officer is Michael Kelly.

The First Aid Officer is Emma Byrne.

Fire Drill coordinator is Claire McCabe.

Ethos:

This policy advocates providing a safe and secure environment for each child and ensuring a duty of care at all times when the centre is in operation.

Aims/Objectives:

- To ensure the physical safety and well being of all staff and patrons
- To develop a framework of procedures whereby all injuries are dealt with in a competent and safe manner
- To provide training for staff with the effective use of outside expertise so that children have access to proper interventions
- To comply with all legislation relating to safety and welfare at work

Procedures:

Safety of patrons and staff is a priority at GROWHQ, and robust measures have been put in place to ensure no children or staffs are put at risk;

- A comprehensive Safety Statement has been recently revised whereby all hazards are identified and remedial measures are outlined
- The premises is insured for the activities carried out.
- The provision of specialist first aid training for staff has been identified as a priority.
- Certain procedures are in place in the event of accidents

Minor Accident/Injury

The injured party is initially looked after by the tutor or other staff member in the room. No medicines are administered but cuts are cleaned with anti septic wipes and bandages/plasters applied if deemed appropriate. The use of plastic gloves is advised at all times. Parents are notified as a matter of protocol.

More Serious Accidents/Injuries

If considered safe to do so, the injured party is taken to the safe location. Parents/guardians are immediately informed, particularly if there is a suspicion of broken bones/head or eye injuries. The child is kept under intense observation until parents /guardians arrive, with the emphasis on making the child as comfortable and as settled as possible.

Very Serious Injuries

In the event of a very serious injury, parents/guardians are immediately contacted. If the considered opinion of the staff is that immediate professional help is required, an ambulance is called. On rare occasions the staff may agree that taking the child to Accident & Emergency in a private car is a more prudent option particularly in the case of rapid blood loss. Parents are kept informed of developing situations.

Categories of Injury/Procedures

Minor Cuts and Bruises

Method:

In all cases of injury it is understood that there is at least one tutor on the scene.

- Clean around cuts using antiseptic wipe/cloth, cleaning from the centre outwards
- Gloves are used at all times to reduce risk of spread of infection
- A check is carried out to locate small bodies which may be embedded in the wound
- Plaster, gauze or lint is placed on the wound
- Teacher observation is maintained
- Children are advised to show/tell parents
- In sports, helmets must be worn

Sprains/Bruises

Method:

- In the event of a sprain/bruise, the process of rest, ice, compress and elevate is implemented
- If in doubt, parent/s are contacted
- Teacher observation is maintained

Faints and Shocks

- Lie the casualty down
- Raise the legs above the level of the heart
- Loosen any tight clothing
- Ensure there is fresh air
- Keep crowds away
- Reassure casualty when they recover
- Contact parents
- The event is subsequently recorded in the Accident Book

Severe Bleeding

- Act instantly – Go, Go, Go!
- Set or lie the injured party down
- Press down on wound using gloves
- Lift (if possible) the injured part above the level of the heart
- Put a clean dressing over the wound and secure it firmly with a bandage
- If blood shows through the dressing then place another one over the first and bandage firmly
- Treat for shock
- **GET HELP!**
- Contact parents
- If very serious contact casualty immediately
- Record in accident book

Burns/Scalds

- Immediately remove child from danger area
- Cool burnt area with cold running water
- Remove rings etc. and other tight fitting accessories
- Do not remove objects stuck to skin
- In the event of a minor burn use a special burn gauze/burneze

Unconsciousness

- Ring for medical help
- Place child in recovery position
- Ring for parents
- Check for broken bones, neck or back injury
- If subject is not breathing, artificial respiration is applied
- Other children are kept away

Stings/Bites

- Vinegar is used for wasp stings
- Bread soda is used for bee stings
- If case is serious, parent/s are contacted

The First Aid Policy is based on collective input.

Resources:

There is one First Aid box in the staff area at the kitchen door. All staff are aware of this location. The contents of such boxes are replenished when deemed necessary by the Health and Safety Officer or some other designated staff member.

Record Keeping:

All accidents/injuries are recorded in the Accident Report Book which is located in the staff room. One Accident Report Book covers all incidents. The accident report form lists date and time of accident, witnesses, nature of injuries, a brief description of the circumstance of the accident, procedures followed by staff etc. Very serious injuries will be notified to the insurers - Special Incident Report Form. Relevant medical information on all children is obtained at time of arrival. This section asks parents to list allergies and other medical conditions their child may have.

Evaluation:

The success of this policy is measured from set criteria;

- Maintaining a relatively accident free school environment
- Positive feedback from staff, parents, children
- Continual yard observation of behaviour by all staff engaged in supervision duties
- Monitoring and evaluation at staff meetings

Ratification:

This revised policy was ratified by the Board of Management in [dd/mm/yy]

Date

Kids Fun Day Questionnaire

This form will help us make this day safe and fun. Please fill out the entire form and use additional paper if necessary. Thank you.

Parent/guardian name:

Tel:

Address:

Child's Name:

Date of Birth:

Allergies: Please list any allergies your child has.

Food:

Medications:

Insect:

Other:

Please indicate any other dietary requirements/ restrictions:

Medical Conditions: Please inform us of any medical conditions your child has.

Please indicate your child's primary communication method:

Verbal Non-verbal Sign language Communication Board PECS Other

Additional Information: Please inform us of any additional information you feel we may need to know.

GROWHQ Parents/Guardian Waiver:

1. Action to be taken by Staff if a child goes missing:

The following step-by-step guidance should be followed in the event that a pupil is considered to be missing:

1. Take a register in order to ensure that all other children are present
2. Inform either the Centre Manager or nominated person in charge
3. Ask all of the adults and children calmly if they can tell us when they last remember seeing the child
4. Occupy all of the other children in their classroom, e.g. by reading to them, setting a task
5. At the same time, arrange for one or more adults to search everywhere, both inside and out, carefully checking all spaces, cupboards, washrooms where a small child might be.
6. Check the doors and gates for signs of entry/exit, contact the school office and arrange for CCTV to be reviewed.

If the child is still missing, the following steps should be taken:

1. The Person in Charge will co-ordinate other staff searching the rest of the premises and grounds.
2. If the child's home is within walking distance, a member of staff may set out on foot to attempt to catch up with them.
3. Ring the child's parents and explain what has happened and what steps have been taken/are in place. Reassure them as much as possible, but ask them to come to in at once.
4. The Person in Charge will contact the Police.
5. The Person in Charge may inform the Local Children Safeguarding Board. Cooperate fully with any Police investigation and any Safeguarding investigation by Social Care. In the case of an investigation, the Chairman of the Board and Insurers would be informed.

Action to be taken by staff once the child is found:

1. Talk to and take care of the child, as necessary.
2. Speak to the other children to ensure that they understand what has happened and what will now happen.
3. The Headmaster will speak to the pupil's parents to explain what happened and what action was taken.
4. It may be necessary for an investigation or review to take place. This should always involve taking written statements from those involved. Specific details should be given: date, time, place, numbers of staff and pupils, the purpose of the visit, length of time the child was missing, any lessons for the future.
5. All media queries should be referred to the Centre Manager or CEO.

Action to be taken by staff when a child is not collected on time:

1. If a child is not collected within half an hour of the agreed collection time, the contact numbers for the parent or carers should be called.
2. If there is no answer, a member of staff will begin to call the secondary numbers for the child. During this time, the child will be safely looked after.
3. The child will be looked after until the closing time of the Centre
4. If there is no response from the parents/carers or secondary contacts by closing time the Centre manager may contact the Social Care duty officer. Social Care will make emergency arrangements for the child and will arrange a visit to be made to the child's house and will check with the Police. The Centre manager will continue to liaise with them until the situation is resolved.
5. A full written report is to be made.
6. We will ensure the child is looked after throughout the time he/she remains in our care.