



COLÁISTE MHUIRE GAN SMÁL
OLLSCOIL LUIMNIGH
MARY IMMACULATE COLLEGE
UNIVERSITY OF LIMERICK

POLICY:	Safeguarding Policy
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MARY IMMACULATE COLLEGE



Safeguarding Policy

Children & Vulnerable Persons

Contents

1.	Introduction	6
1.1	Statement.....	6
1.2	Compliance.....	6
1.3	Review	6
1.4	Principles	6
1.5	Responsibilities.....	7
	Designated Liaison Person (appointed by the President)	11
2.	Code of Behaviour – Safeguarding.....	12
3.	Definitions.....	14
3.1	Definition of Child & Vulnerable Person	14
3.1.1	Child	14
3.1.2	Vulnerable Person.....	14
3.2	Definition of Abuse.....	16
3.2.1	Definition of ‘neglect’	16
3.2.2	Definition of ‘emotional abuse’	16
3.2.3	Definition of ‘physical abuse’	17
3.2.4	Definition of ‘sexual abuse’	18
3.3	Children with additional vulnerabilities	19
3.4	Vulnerable persons - special considerations.....	19
4.	Recognising/Responding/Recording.....	21
4.1	Recognising child neglect or abuse	21
4.2	Guidelines for recognition.....	21
4.3	Responding to Concerns	24
4.4	Informing the Designated Liaison Person	27
4.5	Preliminary Screening	28

Fig. 4.1	30
5. Legal Framework.....	33
5.1 Reckless endangerment	33
5.2 Legal protection.....	33
5.3 Withholding of information	34
5.4 Confidentiality	34
5.5 The National Vetting Bureau (Children and Vulnerable Persons) Act 2012	35
5.6 Freedom of Information.....	35
5.7 Examples of planned legislation.....	36
6. HR (Vetting).....	37
6.1 Safe Recruitment and Appointment Policy.....	37
6.2 Vetting Policy.....	37
6.3 Information and Training	38
6.4 Duty to College personnel against whom a complaint of abuse is made.....	38
6.5 Students on Placement	39
6.6 Research/Best Practice	40
6.7 Safety, Health & Welfare.....	40
6.8 Risk Assessment – Activities and Programmes	40
7. Personal and Intimate Care	41
8. Internet/Social Media	43
8.1 Compliance.....	43
8.2 Internet Safety.....	43
9. Procedures for Staff and Students involved with Microteaching Programmes & Teaching Practice Placements	44
9.1 Statement of Purpose	44
9.2 Procedures for Supervisors and Students on Teaching Practice Placement	45

10. Use of College Facilities	48
Appendices.....	49
Appendix 1 – Indicators of Child Abuse	50
Appendix 2 – Intimate Care Support Plan	61
Appendix 3 - Standard Reporting Form TUSLA.....	63
Appendix 4 - Relevant legislation	67
Children Act 2001.....	67
Child Care Act 1991	67
Criminal Justice Act 2006	68
Domestic Violence Act 1996	68
Protections for Persons Reporting Child Abuse Act 1998.....	69
Non-Fatal Offences against the Person Act 1997	69
The National Vetting Bureau (Children and Vulnerable Persons) Act 2012	70
Data Protection Acts 1988 and 2003	70
Appendix 5 – Relevant Contact Details.....	71
Appendix 6 - Policy Statement.....	72
Appendix 7 – Risk Assessment – Activities & Programmes	73
Appendix 8 - Listing of Authorised Persons	75

1. Introduction

1.1 Statement

Mary Immaculate College wishes to ensure that it maintains the highest possible standards in all its interactions with children and vulnerable persons. This policy and procedures document aims to ensure children and vulnerable persons are not placed at risk while involved in College activities. It outlines the steps to be taken when there is a concern about a child or vulnerable person's welfare, or when a complaint is made about a member of the College community. It is designed to protect both those in a position of trust and those for whom they have responsibility.

1.2 Compliance

1.2.1 This policy is the official Safeguarding Policy of Mary Immaculate College.

1.2.2 This policy is intended for all members of the College Community and particularly those who have contact with children and vulnerable persons in pursuance of their duties or in fulfilment of the requirements of programmes of study, and who wish to address any concerns they may have in relation to safety and wellbeing. It provides guidance on their responsibilities in relation to children and vulnerable persons and on safe practices when working with children and vulnerable persons.

1.2.3 It is the duty of each member of the College Community be familiar with and adhere to this policy and procedure document.

1.3 Review

1.3.1 This Policy and Procedures will be reviewed on a 5 yearly basis, or as may otherwise be appropriate in the context of any changes in legislation or policy, and based on experience and feedback.

1.3.2 Responsibility for the review of the policy will be held by the Executive Team of the College.

1.4 Principles

1.4.1 The welfare of children and vulnerable persons will always be the paramount consideration.

1.4.2 The rights of any person who is the subject of an abuse complaint will be respected.

1.4.3 The safest possible practices must be adopted in all programmes and activities in order to minimize harm.

1.4.4 All member of the College Community share a responsibility to promote welfare, avoid causing harm, and to not place themselves or others in situations of unnecessary risk.

1.5 Responsibilities

1.5.1 An Bord Rialaithe

- Approve Safeguarding Policy
- Consider periodic reports of the Safeguarding Arrangements
- Direct any appropriate action based on such consideration
- Consider five yearly review of Policy and Procedures.

1.5.2 President

- Appoint a Designated Liaison Person.
- Appoint a Senior Manager with overall responsibility for safeguarding within the College.
- Propose the safeguarding Policy to An Bord Rialaithe.
- Ensure that the Safeguarding Policy is reviewed on a five yearly basis.
- Consider any reports provided to him/her by the Senior Manager and ensure appropriate action is taken.

1.5.3 Senior Manager, appointed by the President of the College, to have overall responsibility for Safeguarding

- Formal delegated responsibility, by the President of the College, in all safeguarding matters.
- Submit an annual (or on such other occasions as may be appropriate and agreed) report on safeguarding to the President.

1.5.4. Members of the College Community

This term refers to a Trustee, a member of faculty or staff, a student, a service provider and to persons working on a voluntary basis and to any member of the College Community who has contact with children or vulnerable persons.

1.5.5 Head of Department

This term is taken to include Heads of Academic, Administrative and Service Departments and manager of any facilities administered by the College.

- Appointment of Authorised Persons.

1.5.6 Designated Liaison Person (appointed by the President)

(See page 10 for details of Designated Liaison Person)

The Designated Liaison Person

- (i) Receives all safeguarding complaints/concerns.
- (ii) Acts as a liaison with outside agencies and a resource person to any staff member or volunteer who has safeguarding concerns.
- (iii) Responsible for ensuring that the standard reporting procedure is followed, so that suspected cases of child neglect or abuse are referred promptly to the designated person in TUSLA, Children and Family Agency or in the event of an emergency and the unavailability of the TUSLA, to An Garda Síochána.

- (iv) Ensures that all appropriate notifications are made in respect of any suspected case of abuse of a vulnerable person.
- (v) Ensures they are knowledgeable about safeguarding and undertake any training considered necessary to keep themselves informed on relevant developments.

1.5.7 Screening Group

- Authorised, by the President, to undertake a preliminary screening of a complaint, with the Designated Liaison Person and the Senior Manager (see 4.5.1).

1.5.8 Director of HR

- Ensure best practices in all relevant areas.
- Ensure the provision of induction and ongoing training.

1.5.9 Assistant Registrar, Garda Vetting

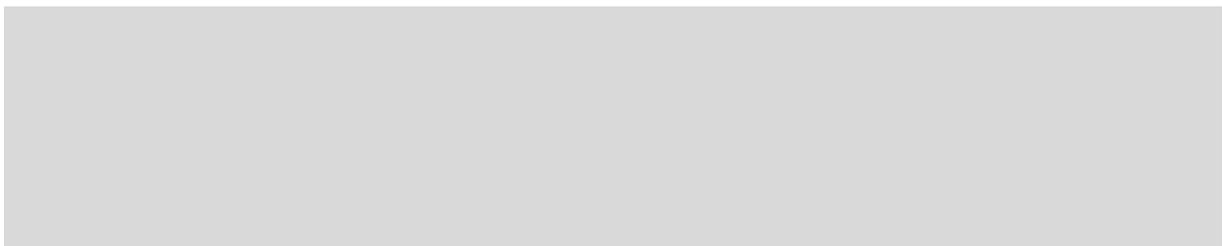
- Ensure all legal and related obligations are met.

1.5.10 Responsible Person: Approved by Head of Department

- Ensure appropriate safeguards and practices in their areas of responsibility, including risk assessment of all activities/programmes (see Appendix 7).

1.5.11 All Member of the College Community

- Comply with all policies and procedures.



Note: In this document, frequent reference is made to children. Many of the issues presenting are similar to those arising for vulnerable persons. As awareness and guidance in relation to child abuse is more comprehensive than that in relation to vulnerable persons, it is important to obtain relevant expert advice when dealing with particular situations.

Designated Liaison Person (appointed by the President)

NAME: _____

TITLE: _____

CONTACT DETAILS:

Phone: _____

Email: _____

DUTIES

The Designated Liaison Person:

- (i) Receives all safeguarding complaints/concerns.
- (ii) Acts as a liaison with outside agencies and a resource person to any staff member or volunteer who has safeguarding concerns.
- (iii) Responsible for ensuring that the standard reporting procedure is followed, so that suspected cases of child neglect or abuse are referred promptly to the designated person in TUSLA, Children and Family Agency or in the event of an emergency and the unavailability of the TUSLA, to An Garda Síochána.
- (iv) Ensures that all appropriate notifications are made in respect of any suspected case of abuse of a vulnerable person.
- (v) Ensures they are knowledgeable about safeguarding and undertake any training considered necessary to keep themselves informed on relevant developments.

2. Code of Behaviour – Safeguarding

2.1 A code of behaviour serves to protect children/vulnerable persons and members of the College Community, by ensuring clarity regarding unacceptable behaviour and boundaries.

Each individual is accountable for his/her own actions, and members of the College Community are collectively accountable for upholding standards of behaviour and for compliance with all applicable laws and policies.

Raising concerns about the welfare of children or vulnerable persons is a service to the College Community.

2.2 Code of Behaviour - Safeguarding

- Maintain the highest standards of personal behaviour when interacting with children and vulnerable persons, and maintain boundaries appropriate to the professional relationship.
- Treat children and vulnerable persons with respect and dignity and in a consistent and fair manner.
- Avoid one to one interaction in non-public environments.
- Avoid developing relationships beyond the professional roles or interaction which breaches the boundaries of such roles, such as private communication or personal relationships.
- Do not provide or use alcohol or drugs while involved with children or vulnerable persons.
- Do not communicate or behave in a discriminatory manner.
- Do not participate in or condone behaviour that is illegal, unsafe or abusive, or could be construed as bullying or could put anyone at risk.
- Do not allow or engage in any form of inappropriate touching or suggestive comments.
- Consult with Designated Liaison Officer or Manager if concerns arise.
- Report any safeguarding concern or complaint to the Designated Liaison Officer.

2.3 This Code of Behaviour should be considered in association with the Mary Immaculate College Policy: Code of Conduct for Staff (adopted BR 2013 – 01).

3. Definitions

3.1 Definition of Child & Vulnerable Person

3.1.1 Child

“Child” means a person under the age of 18 years other than a person who is or has been married¹.

Age of consent – Under the Sexual Offences Act 2006, the legal age of consent is 17. Any sexual relationship where one or both parties are under 17 is illegal, although it might not be regarded as constituting child sexual abuse².

3.1.2 Vulnerable Person

The National Vetting Bureau (Children & Vulnerable Persons) Act 2012 provides the following definition:

“Vulnerable Person” means a person, other than a child, who—

- (a) is suffering from a disorder of the mind, whether as a result of mental illness or dementia,
- (b) has an intellectual disability,
- (c) is suffering from a physical impairment, whether as a result of injury, illness or age, or
- (d) has a physical disability,

which is of such a nature or degree—

- (i) as to restrict the capacity of the person to guard himself or herself against harm by another person, or
- (ii) that results in the person requiring assistance with the activities of daily living including dressing, eating, walking, washing and bathing.

The Criminal Justice (Withholding of Information of Offences against Children and Vulnerable Persons Act 2012 provides for a very similar (but not exactly the same) definition

¹ Child Care Act 1991

² Child Protection and Welfare Practice Handbook

“Vulnerable Person” means a person (including, insofar as the offences specified at *paragraph 8 of Schedule 2* are concerned, a child aged 17 years old)—

(a) who—

(i) is suffering from a disorder of the mind, whether as a result of mental illness or dementia, **or**

(ii) has an intellectual disability

which is of such a nature or degree as to severely restrict the capacity of the person to guard himself or herself against serious exploitation or abuse, whether physical or sexual, by another person,

or

(b) who is suffering from an enduring physical impairment or injury which is of such a nature or degree as to severely restrict the capacity of the person to guard himself or herself against serious exploitation or abuse, whether physical or sexual, by another person or to report such exploitation or abuse to the Garda Síochána or both.

3.2 Definition of Abuse³

- Neglect
- Emotional abuse
- Physical abuse
- Sexual abuse

3.2.1 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.

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 the child's 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 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.

The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

3.2.2 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. Examples may include:

³ Children First: National Guidance for the Protection and Welfare of Children

- (i) the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
- (ii) conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- (iii) emotional unavailability of the child's parent/carer;
- (iv) unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
- (v) premature imposition of responsibility on the child;
- (vi) unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself or herself in a certain way;
- (vii) under- or over-protection of the child;
- (viii) failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development;
- (ix) use of unreasonable or over-harsh disciplinary measures;
- (x) exposure to domestic violence;
- (xi) exposure to inappropriate or abusive material through new technology.

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.

3.2.3 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.

Physical abuse can involve:

- (i) severe physical punishment;
- (ii) beating, slapping, hitting or kicking;

- (iii) pushing, shaking or throwing;
- (iv) pinching, biting, choking or hair-pulling;
- (v) terrorising with threats;
- (vi) observing violence;
- (vii) use of excessive force in handling;
- (viii) deliberate poisoning;
- (ix) suffocation;
- (x) fabricated/induced illness (see Appendix 1 for details);
- (xi) allowing or creating a substantial risk of significant harm to a child.

3.2.4 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. 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 exploitation of a child, which 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 sexual act, including its recording (on film, video tape 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;
- (vi) consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the

age of consent to sexual intercourse is 17 years for both boys and girls. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

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.

3.3 Children with additional vulnerabilities

3.3.1 Certain children are more vulnerable to abuse than others. Such children include those with disabilities and children who depend on others for their care and protection. The same categories of abuse – neglect, emotional abuse, physical abuse and sexual abuse – are 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.

3.4 Vulnerable persons - special considerations

3.4.1 Abuse of a vulnerable person may be a single act or repeated over a period of time. It may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse. Abuse can occur in a relationship where there is an expectation of trust and can be perpetrated by a person, who acts in breach of that trust. Abuse can also be perpetrated by people who have influence over the lives of vulnerable persons, whether they are formal or informal carers or family members or others. It may also occur outside such relationships.

3.4.2 Forms of abuse in respect of vulnerable persons may take somewhat different form and therefore physical abuse may, for example, include inappropriate restraint or use of medication. Vulnerable persons may also be subject to additional forms of abuse such as financial or material abuse and discriminatory abuse.

3.4.3. It is critical that the rights of vulnerable persons to lead as normal a life as is possible is recognised, in particular deprivation of the following rights may constitute abuse:

- Privacy
- Be treated with respect and dignity
- Be able to choose how to lead their lives
- Have the opportunity to fulfil personal aspirations and realize potential in their daily life
- Live safely without fear of abuse in any form
- Have their possessions treated with respect.

4. Recognising/Responding/Recording

4.1 Recognising child neglect or abuse

4.1.1 Neglect or abuse can often be difficult to identify and may present in many forms. A list of indicators of child abuse is contained in Appendix 1. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than abuse. All signs and symptoms must be examined in the context of the person's situation and family circumstances.

4.2 Guidelines for recognition

4.2.1 The ability to recognise 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 neglect or abuse:

- (i) considering the possibility;
- (ii) looking out for signs of neglect or abuse;
- (iii) recording of information.

4.2.2 Stage 1: Considering the possibility

The possibility of abuse should be considered if a child/vulnerable person appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child/vulnerable person seems distressed without obvious reason or displays persistent or new behavioural problems. The possibility of abuse should also be considered if the child/vulnerable person 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.

4.2.3 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/vulnerable persons and parents/carers or between children/vulnerable persons and other family members/other persons. A cluster or pattern of signs is more likely to be indicative of neglect or abuse. Children/vulnerable person 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 TUSLA, The Child & Family Agency in the case of children. A child/vulnerable person should not be interviewed in detail about the alleged abuse without first consulting with TUSLA, The Child & Family Agency. 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/vulnerable 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 social and family context. It is important to be open to alternative explanations for physical or behavioural signs of abuse.

Indicators of abuse as described in Children First are set out in Appendix 1.

4.2.6 Stage 3: Recording of information

Record-keeping is of critical importance in this area of work. Unless accurate records are maintained, the ability to adequately protect children and vulnerable persons may be severely curtailed. It is essential that contemporaneous records of all reported concerns are kept in a safe place. These should include details of contact, consultations and any actions taken.

If neglect or abuse is suspected and acted upon, for example, by informing TUSLA, the Child & Family Agency, it is important to establish the grounds for concern by obtaining appropriate information.

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.

It is important that members of the College Community reporting suspected abuse should establish the basis for their concerns, note and record the conversations/observations accurately and then inform the Designated Liaison Person. The observations should include dates, times, names, locations, context and any other information which may be relevant. They should not conduct any interview in any detail about the alleged abuse, as this is a function of An Garda Síochána and of TUSLA.

4.2.7 Consent/Capacity and Confidentiality

A key challenge arises in relation to work with vulnerable persons regarding capacity and consent. It is necessary to consider if a vulnerable person gave meaningful consent to an act, relationship, or situation, which is being considered as possibly representing abuse. While no assumptions must be made regarding lack of capacity it is clear that abuse occurs when the vulnerable person does not or is unable to consent to an activity or other barriers to consent exist, for example, where the person may be experiencing intimidation or coercion.

It is important that a vulnerable person is supported in making their own decisions about how they wish to deal with concerns or complaints and are assured that their wishes will only be overridden if it is considered necessary for their own safety or the safety of others or arising from legal responsibilities.

In normal circumstances observing the principle of confidentiality will mean that information is only communicated to others with the consent of the person involved. However, all vulnerable persons and, where appropriate, their carers or representatives need to be made aware that the operation of safeguarding procedures will, on occasion, require the sharing of information in order to protect a vulnerable person or others.

4.3 Responding to Concerns

4.3.1 Any person who has a concern regarding possible or actual abuse must contact the Designated Liaison Person. The Designated Person will be responsible for ensuring that all appropriate actions are taken.

In case of an emergency, where it is believed that a child is at serious and imminent risk An Garda Síochána must be contacted.

For information on reasonable grounds for concern see Child Protection and Welfare Practice Handbook http://www.tusla.ie/uploads/content/CF_WelfarePracticehandbook.pdf.

4.3.1 The Designated Liaison Person shall report any suspicion or allegation of abuse to the appropriate College Officers, the appropriate College Officers being:

- The Senior Manager where the allegation is made against a student of the College or other member(s) of the College Community other than those listed below.
- The Director of Human Resources where the allegation is made against a College employee, service provider, or an individual working on a voluntary basis on behalf of the College.

4.3.2 Responding to a child or vulnerable person making an allegation

If a complaint of abuse is disclosed directly from a child/vulnerable person to a member of the College Community, the child/vulnerable person is likely to be under severe emotional stress and the member of the College may be the only adult whom the child/vulnerable person is prepared to trust. Great care should be taken not to damage this trust. When information is offered in confidence, the member of the College will need tact and sensitivity in responding to the disclosure.

While the basis for concern must be established as comprehensively as possible, the following advice is offered to members of the College to whom the child/vulnerable person makes a disclosure of abuse.

DO:

- Stay calm, listen and offer reassurance
- Record in writing
- Explain that you will have to report the concern to the relevant organisation - Designated Liaison Person / An Garda Síochana / TUSLA

DO NOT

- Panic
- Promise to keep secrets
- Ask leading questions
- Make them repeat the story unnecessarily
- Delay
- Start to investigate

In all situations where abuse is being disclosed it is important to stay calm, listen carefully and let the person speak at their own pace. Ask questions only for clarification if you are unclear about what they are saying. Give assurance that help and support is available and that you will need to take advice on how best to ensure the persons welfare.

Do not probe for unnecessary details, make assumptions or speculate. Do not promise to keep the disclosure a secret or make comments about the person named as being abusive. Do not disclose details of the allegation other than to people identified in this policy.

4.3.2 Responding to an adult making an allegation

Adults may make allegations regarding abuse in a variety of situations:

- Retrospective disclosures by adults of childhood sexual abuse - it is important not only to consider the needs of the person making the disclosure but also to consider whether there is any current risk to any child/vulnerable person who may be in contact with the alleged abuser who is identified in such disclosures.
 - An increasing number of adults are disclosing abuse that took place during their childhoods. Such disclosures often come to light when adults attend counselling. The person who receives the disclosure cannot maintain secrecy and must report the information to the Designated Liaison Person.
- Current concerns about child abuse based on information they have received from a third party or worrying behaviour they have witnessed. It is important to listen and

take note of the information which the person has but not to probe or attempt to access or judge the situation.

- Take note, in particular, of objective or factual information. Inform the person of the obligation to report the information to the Designated Liaison Person and ultimately the statutory authorities.
- Anonymous Referrals -information received anonymously can create considerable difficulty in meeting responsibilities arising to all parties. All anonymous referrals must be reported to the Designated Liaison Person and will be considered by the Screening Group.

No undertaking regarding secrecy can be given to any person wishing to report an abuse concern.

If the information is received anonymously, through for example a letter, it will be considered by the Screening Group'.

The Screening Group will consider:

- The rights of any person identified, and in particular their rights, to be informed and to their good name and reputation.
- The seriousness of the concern.
- The capacity to establish any relevant information from appropriate sources.

The Screening Group is authorised to make a determination as to how the matter is to be dealt with.

- Person admitting abuse – a person disclosing involvement in abusive behaviour must be informed that regardless of when such behaviour occurred the information disclosed must be reported the Designated Liaison Officer and ultimately to the statutory authorities. This should be made clear to the person at the earliest possible time. The person should also be informed that advice will be sought on the availability of appropriate support services.

A key challenge regarding capacity arises in relation to work with vulnerable persons. While no assumptions must be made regarding lack of capacity it is clear that abuse occurs when the vulnerable person does not or is unable to consent to an activity or other barriers to consent exist, for example, where the person may be experiencing intimidation or coercion.

It is important that a vulnerable person is supported in making their own decisions about how they wish to deal with concerns or complaints and are assured that their wishes will only be overridden if it is considered necessary for their own safety or the safety of others or arising from legal responsibilities.

4.4 Informing the Designated Liaison Person

4.4.1 All complaints or suspicions of abuse must be notified to the Designated Liaison Person.

4.4.2 In situations of immediate risk, the Designated Liaison Person is authorised to immediately notify the relevant statutory authority.

4.4.2 The Designated Liaison Person will convene a meeting of the Preliminary Screening Group, and agree the appropriate participants with the Senior Manager.

4.5 Preliminary Screening

4.5.1 If a complaint of abuse is made, or a related concern arises, a preliminary screening will be undertaken by the Screening Group. The Screening Group will comprise of:

- the Designated Liaison Person
- The Senior Manager

and the following, as may be considered appropriate by the Senior Manager and Designated Liaison Person

- Head of Area in which complaint/concerns arises (if appropriate)
- Other officer of the College as may be appropriate.
- Independent safeguarding expert

The preliminary screening will:

- establish the available information
- ascertain if reasonable grounds for concern exist and if it is possible that an abusive interaction could have occurred (this should not attempt to establish whether or not the abuse actually occurred)
- Identify all necessary actions and identify who will be responsible for such action.

In considering the available information regarding the complaint, the objective is to establish if reasonable grounds for concern exist. Before deciding whether or not to make a formal report it may be appropriate to discuss the concerns with a relevant professional or directly with TUSLA, The Child & Family Agency (www.tusla.ie). Decisions, including decisions to report to TUSLA and/or Gardaí must be based on an opinion formed 'reasonably and in good faith'.

The outcome of the Preliminary Screening Group will determine what further action, if any, is to be undertaken. Any person dissatisfied with this outcome may report the matter to TUSLA-The Child & Family Agency/An Garda Síochána.

If satisfied that an abusive interaction could not have occurred and that no reasonable grounds for concern exist, and no further action is required, a record of the concern and the outcome of the preliminary screening process must be maintained securely. The person reporting the concern will be informed of this decision.

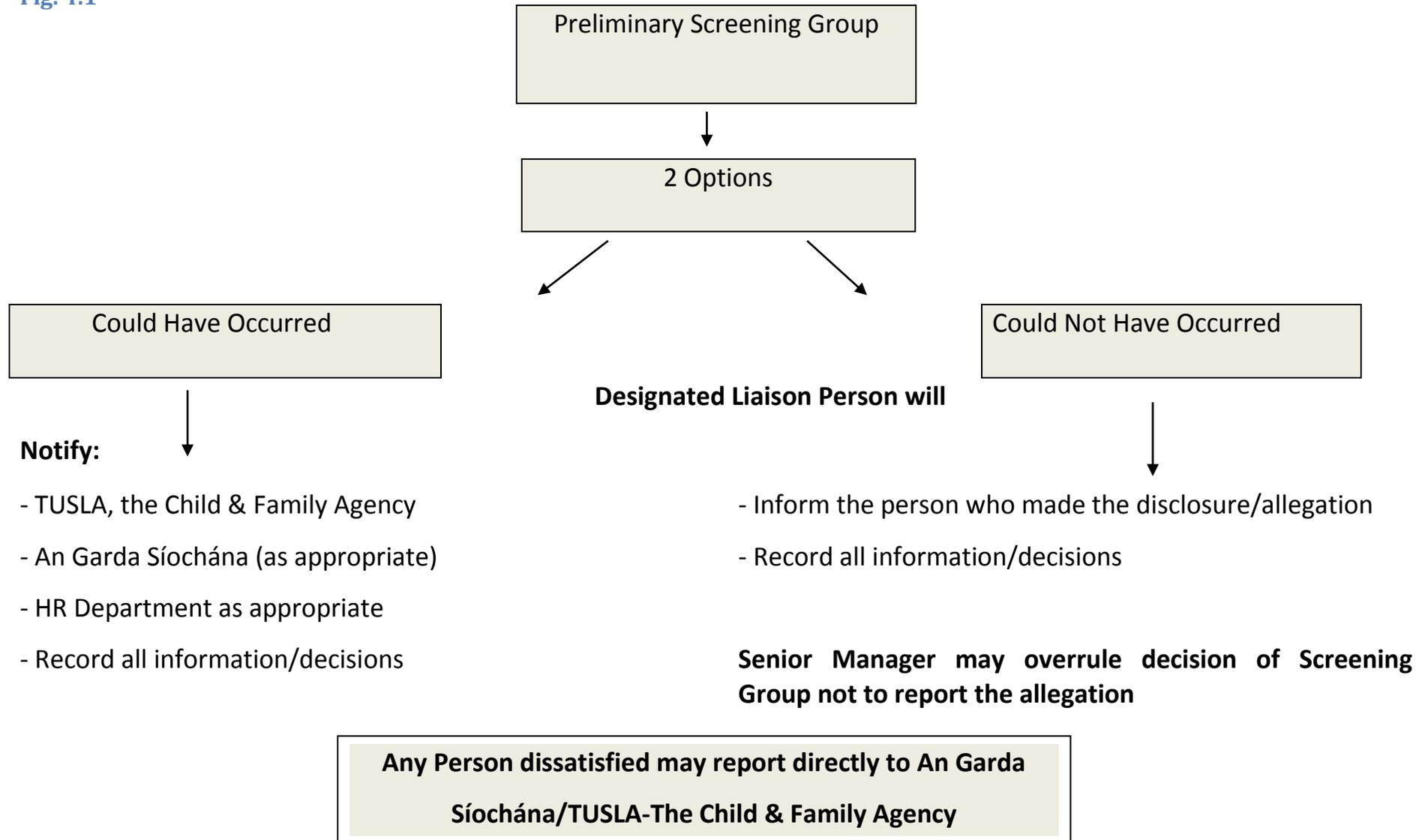
If satisfied that an abusive interaction could have occurred, and that reasonable grounds for concern exists:

- Identify all necessary actions and identify who will be responsible for such action.
- Notify TUSLA, the Child and Family Agency and agree with it arrangements for notification to An Garda Síochána.
- If immediate risk arises or the Child and Family Agency is not available a report should be made immediately to An Garda Síochána.

4.5.2 Designated Liaison Persons for reporting neglect or abuse

- (i) The Designated Liaison Person acting as the liaison with outside agencies will make the report to relevant statutory agencies.
- (ii) The Designated Liaison Person is responsible for ensuring that the standard reporting procedure is followed, so that suspected cases are referred promptly to the designated person in TUSLA-The Child & Family Agency or in the event of an emergency and their unavailability, to An Garda Síochána.
- (iii) It should be formally established that TUSLA-The Child & Family Service will inform An Garda Síochána or if the Designated Liaison Person should do so directly.

Fig. 4.1



4.5.3 Deciding to 'Report'

Dealing with abusive situations can create uncertainty and fear. Real fears can exist regarding repercussions. These can lead to minimising and even denial of the abusive situation. Reporting a concern in not concluding or determining that abuse has occurred – this is the task of the appropriate statutory authority.

The threshold for reporting is ***'are these reasonable grounds for concern?'***

4.5.4 Under no circumstances should a child/vulnerable person be left in a situation that exposes him or her to harm or to risk of harm pending TUSLA intervention. In the event of an emergency where a child/vulnerable person is in immediate danger and TUSLA is not available, contact must be made with An Garda Síochána. This may be done through any Garda station.

4.5.5 The standard Report Form for reporting child welfare and protection concerns to TUSLA-The Child & Family Agency (see Appendix 3) should be used. If a report is made by telephone, this form should be completed and forwarded subsequently to TUSLA-The Child & Family Agency.

Contact numbers for all TUSLA- the Child & Family Agency offices nationwide are given in Appendix 5 and are also available on the website (www.tusla.ie).

4.5.6 TUSLA-The Child & Family Agency will follow up on all referrals, even if the Standard Report Form has not been used.

4.5.7 The College will provide appropriate support to any member of the College Community who, in good faith, reports an abuse concern.

4.5.8 When people report or discuss their concerns about the care and protection of children to TUSLA, the Child & Family Agency they should be informed of the likely general steps to be taken by the professionals involved.

TUSLA, the Child & Family Agency should also keep other professionals involved updated and informed about the outcomes of any enquiry or investigation into the reported concern, where this is appropriate to their professional care of the child/vulnerable person or the performance of their own duties and within the normal limits of confidentiality.

5. Legal Framework

5.1 Reckless endangerment

5.1.1 Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of reckless endangerment of children. It states:

‘A person, having authority or control over a child or abuser, who intentionally or recklessly endangers a child by –

- (a) causing or permitting any child to be placed or left in a situation which creates a substantial risk to the child of being a victim of serious harm or sexual abuse, or
- (b) failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence.’

The penalty for a person found guilty of this offence is a fine (no upper limit) and/or imprisonment for a term not exceeding 10 years.

5.1.2 The HSE (now TUSLA) has a statutory obligation to identify children who are not receiving adequate care and protection, to provide family support services and, where necessary, to take children into the care of the HSE (now TUSLA). People who report concerns need to be assured that their information will be carefully considered with any other information available, and a child protection assessment will only proceed where sufficient risk is identified.

5.2 Legal protection

5.2.1 The Protections for Persons Reporting Child Abuse Act 1998 makes provision for the protection from civil liability of persons who have communicated child abuse ‘reasonably and in good faith’ to designated officers of TUSLA or to any member of An Garda Síochána. This protection applies to organisations as well as to individuals. This means that even if a communicated suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the person who communicated the concern had not acted reasonably and in good faith in making the report.

5.2.2 A person who makes a report in good faith and in the child's best interests may also be protected under common law by the defence of qualified privilege.

5.3 Withholding of information

5.3.1 The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 came into force on 1st August, 2012. It is now an offence to withhold information on certain offences against children and vulnerable person from An Garda Síochána.

The main purpose of the Act is to create a criminal offence of withholding information relating to the commission of a serious offence, including a sexual offence, against a person who is under 18 years or an otherwise vulnerable person, ensuring the more effective protection of children and other vulnerable persons from serious crime.

The 'certain offences' against children and vulnerable persons are set out in the Act and include offences such as murder, assault, false imprisonment, rape, sexual assault and incest. An offence is committed when a person who knows or believes that one or more of these offences has been committed by another person against a child or vulnerable person, and the person has information which they know or believe might be of material assistance in securing apprehension, prosecution or conviction of that other person for that offence, and fails without reasonable excuse to disclose that information as soon as it is practicable to do so to a member of the Garda Síochána.

The offence applies to a person acquiring information after the passing of the Act on 18th July, 2012 and it does not apply to the victim. The offence exists even if the information is about an offence which took place prior the Act being enacted, and even if the child or vulnerable person is no longer a child or vulnerable person.

5.4 Confidentiality

5.4.1 The effective protection of a child/vulnerable person often depends on the willingness of the staff in statutory and voluntary organisations involved with children/vulnerable persons 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.

5.4.2 All information regarding concern or assessment of abuse or neglect of a child/vulnerable person should be shared, on 'a need to know' basis in the interests of the child/vulnerable person, with the relevant statutory authorities.

5.4.3 No undertakings regarding secrecy can be given. Those working with a children and vulnerable persons 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.

5.4.2 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.

5.4.3 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.

5.5 The National Vetting Bureau (Children and Vulnerable Persons) Act 2012

This Act places legal responsibility on organisations to apply for Garda Vetting prior to employing/permitting/contracting persons to undertake relevant work or activities with children/vulnerable persons.

5.6 Freedom of Information⁴

Notwithstanding the requirement of all professionals involved in child protection and welfare cases to share relevant information, records are nevertheless confidential. They do

⁴Extract from Children First: National Guidance for the Protection and Welfare of Children

not belong to individuals (except for independent practitioners) and are the property of the organisations that keep them. Under the Freedom of information Acts 1997 and 2003, members of the public have a right of access to records concerning them held by any public body and a right to have official information about themselves amended where it is incorrect, incomplete or misleading. Members of the public also have a right to be given reasons for decisions made concerning themselves. Requests to see records are processed in the first instance through the public body that holds the records. In the event of refusal of access, the decision may be appealed and the ultimate arbiter is the Information Commissioner. At present, these Acts apply to the HSE (now TUSLA), but not to An Garda Síochána.

The Data Protection Acts 1988 and 2003 afford similar rights to individuals to access personal data held about them by any entity whether in the public or private sector. The right to access applies to records held by the HSE (now TUSLA) and An Garda Síochána. However, the right to access does not apply in a range of circumstances that may be relevant in a child welfare context. Equally, the right of access does not extend to any information that identifies a third party where that third party had an expectation of confidence. Accordingly, it would not be necessary to provide any information that would identify a person making child welfare report in response to a request under the Data Protection Acts.

5.7 Examples of planned legislation

5.7.1 The *Children First: National Guidance for the Protection and Welfare of Children (2011)* currently operates on the basis of voluntary compliance. The Children First Bill, 2014, published on 14th April 2014 will put elements of this guidance on a statutory footing. The introduction of this legislation will form part of a suite of child protection legislation which already includes the National Vetting Bureau (Children and Vulnerable Persons) Act, 2012 and the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012.

6. HR (Vetting)

6.1 Safe Recruitment and Appointment Policy

The Safe Recruitment and Appointment Policy will ensure that:

- Each appointment/position will be reviewed to identify the nature of involvement/contact arising in respect of children and vulnerable persons, and in particular to identify unsupervised contact.
- The job specification will make reference to this interaction and any requirement in terms of knowledge, behaviour etc.
- Every applicant for a position will be asked to sign a declaration stating that there is no reason why they should be considered unsuitable to work with children and vulnerable persons.
- The interview process will include an opportunity to discuss Safeguarding if appropriate.
- Formal proof of identity will be obtained and reference forms will include a request for a statement that there is no reason why a person would be considered unsuitable to work with children/vulnerable persons.
- A 'Vetting' report will be obtained and considered in accordance with legislative requirements.
- All appointments will be made conditional on acceptance of the College's Safeguarding Policy and Code of Behaviour.
- The induction process will include an overview of policies and arrangements relevant to the College's Safeguarding Policy.

6.2 Vetting Policy

It is the policy of Mary Immaculate College that all members of the College community, regardless of the commencement of their position within the college, will be the subject of Garda vetting. The College community will include:

- all contractors and persons engaged in any capacity in providing services within the College or as part of any activity or programme involving children or vulnerable persons.
- Students who, as part of their activity or programme, are involved with children or vulnerable persons.

6.3 Information and Training

The College will provide information and training to all relevant members of the College Community to ensure that they are aware of the standards of behaviour that are expected and provide safe systems of work to minimise the potential for abuse.

While recognising the paramount importance of the safety of children and vulnerable persons the College will have due regard to the rights and support needs of persons against whom complaints are made.

6.4 Duty to College personnel against whom a complaint of abuse is made

6.4.1 The first priority is to ensure that no child/vulnerable person is exposed to unnecessary risk when a complaint or concern arises. The College should as a matter of urgency take any necessary protective measures. These measures should be proportionate to the level of risk and should not unreasonably penalise an employee, financially or otherwise, unless necessary to protect children/vulnerable persons. Where protective measures penalise an employee, it is important that every effort is made to deal with the matter as quickly as possible.

6.4.2 Any action taken should be guided by agreed College procedures, the applicable employment contract and the rules of natural justice.

6.4.3 The College should take care to ensure that actions taken do not undermine or frustrate any investigations/assessments conducted by the TUSLA, the Child and Family Agency or An Garda Síochána. Subject to this consideration, the person who is the subject

of the complaint should be informed as soon as possible. The Designated Liaison Person will maintain a close liaison with the statutory authorities.

6.4.5 The employee should be privately informed of the following:

- (i) the fact that a complaint has been made against him or her;
- (ii) the nature of the complaint.

The employee should be afforded an opportunity to respond, but will be informed of his/her right to obtain independent advice prior to responding.

The College should note the response and pass on this information to the relevant statutory authority

6.4.6 The College should be notified of the outcome of an investigation and/or assessment by the statutory authorities. This will assist them in reaching a decision about the action to be taken in the longer term concerning an employee.

6.4.7 If a complaint is not sustained, the College will, as far as possible:

- Ensure the person's reputation and career prospects are not adversely effected.
- Ensure support is provided to help restore confidence and morale.

6.4.8 A number of responsibilities arise and a comprehensive approach will require the involvement of both the Designated Liaison Person and the Director of Human Resources.

6.5 Students on Placement

6.5.1 Students who are on placement (e.g. teaching practice, work experience, off campus placement etc) in schools, colleges or other organisations where there is access to children and vulnerable persons must comply with the Child/Vulnerable Persons Protection guidelines/policies of those organisations and have a responsibility to inform themselves of such guidelines.

6.6 Research/Best Practice

6.6.1 In addition to these policy/procedures, research involving children must comply with

- the College's research ethics procedures see -
<http://www.mic.ul.ie/research/Pages/researchpolicy.aspx>
- the Guidance for developing ethical research projects involving children published by the Department of Children and Youth Affairs
http://www.dcy.gov.ie/documents/Publications/Ethics_Guidance.pdf

6.7 Safety, Health & Welfare

6.7.1 All member of the College community have a duty to understand the requirements relating to health and safety in advance of commencement of any programme or activity involving children or vulnerable persons. Consequently risk assessment and procedures, and reporting of accidents and incidents should be dealt with in accordance with the College's safety statement -

www.mic.ul.ie/adminservices/healthsafety/Documents/SafetyStatementofMIC.pdf.

6.8 Risk Assessment – Activities and Programmes

6.8.1 The Person in charge of all activities and programmes (Responsible Person) will ensure that a risk assessment is undertaken in respect of each activity or programme – See Appendix 7.

7. Personal and Intimate Care

7.1.1 Personal Care refers to activities associated with a person's personal presentation, and associated tasks. It can incorporate, for example, skin care, applying external medication, feeding and dressing (outer wear).

7.1.2 Intimate Care refers to activities of an intimate nature associated with bodily functions and which may involve contact with/exposure to private body parts. It can incorporate, for example, assisting with toilet use, bathing or showering and changing continence wear.

7.1.3 Guidance

Any involvement in the provision of personal or intimate care must respect each person's right to personal privacy and dignity. The possible need to provide personal or intimate care must be anticipated as part of the planning process for all relevant activities.

Each person, as appropriate, should be asked for their views on:

- their personal and intimate care needs
- their wishes on how this should be provided

These should be recorded and will inform the approach to be taken in the provision of personal and intimate care in any activity and to any specific person.

Each person, as appropriate, should be informed of procedure regarding any complaints or concerns.

Persons who may be involved in providing personal and intimate care must be authorised to provide such care by the Responsible person and endeavour to deliver such care in a manner that is not open to misinterpretation.

If the provision of some form of intimate care requires specific training it will be the responsibility of the person in charge to arrange for the training.

Understanding how a person communicates is particularly important in this context and a person providing personal or intimate care must be alert to signals that communicate

discomfort. The provision of a medical or nursing service must only be provided by appropriately qualified professionals.

If the provision of intimate care is of a significant nature, it must be the subject of an Intimate Care Support Plan – See Template in Appendix 2.

8. Internet/Social Media

8.1 Compliance

All members of the College Community must comply with the Policy for Responsible Computing and the associated Code of Conduct.

8.2 Internet Safety

8.2.1 The Office for Internet Safety is an office of the Department of Justice and Equality, and takes lead responsibility for internet safety particularly as it relates to children.

8.2.2 While the Internet provides many positive opportunities, there is also the potential for children to be put at risk by their exposure to material and/or individuals which may be harmful.

8.2.3 The office has produced a number of helpful resources for adults and children, which are accessible on <http://www.internetsafety.ie/>. It also provides links to material which deals with issues such as cyber bullying, social networking and mobile phone safety.

9. Procedures for Staff and Students involved with Microteaching Programmes & Teaching Practice Placements

9.1 Statement of Purpose

9.1.1 Microteaching staff undertake to ensure that all necessary steps are taken to protect from harm those pupils and student teachers who participate in the Microteaching programmes.

9.1.2 Every pupil and student teacher who participates in the activities of Microteaching should have access to a safe environment and be protected from abuse.

9.1.3 Microteaching staff recognise their responsibility to safeguard the welfare of pupils and student teachers by protecting them from physical, sexual or emotional abuse, neglect and bullying.

9.1.4 We abide by the principles that:-

- All pupils and student teachers, whatever their age, culture, ability, gender, language, racial origin, religious beliefs and/or sexual identity, have the right to protection from abuse.
- It is of paramount importance to ensure the safety and welfare of the pupils and student teachers who participate in the Microteaching programmes.
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately (in accordance with College/School guidelines and procedures).
- All Microteaching staff have a responsibility to report protection concerns about individual student teachers to the Designated Liaison Person.
- All Microteaching staff have a responsibility to report protection concerns about individual pupils to the Liaison Officer of the relevant school.

It is College policy that:

- Signed consent is obtained from teachers/principal teachers prior to the participation of primary school pupils in Microteaching activities.
- Pupils are accompanied to and from the College by their class teacher(s) or other adult(s) designated by their school.
- Pupils are collected from the bus and accompanied to the Microteaching studios by Microteaching staff.
- Pupils are escorted from the Microteaching studios and returned to their class teacher(s), or other adult(s) designated by the school, by Microteaching staff. In case of emergency, Microteaching staff have access to mobile phone
- contact numbers of the class teacher(s) or other accompanying adult(s) during Microteaching sessions.
- When required, individual pupils are escorted to the bathroom by two student teachers.
- Videotaped recordings of Microteaching sessions are available for viewing by Microteaching staff and student teachers only.
- Videotaped recordings of Microteaching sessions may only be viewed by Microteaching student teachers in designated viewing rooms on campus.
- All videotaped recordings of Microteaching are deleted by College technical staff within a six-month period.

9.2. Procedures for Supervisors and Students on Teaching Practice Placement

Teaching Practice Supervisors, comprising members of the Faculty of Education and

contract supervisors, will be furnished with a copy of the Mary Immaculate College Safeguarding Policy. Each supervisor will be asked to accept the document and sign to indicate his/her acceptance of its contents. These forms will be retained by the relevant Head of Department where a supervisor is a staff member or by the Director of Teaching Practice.

On teaching practice placement, two separate areas of concern emerge. One relates to the role/responsibility of the Unit/Consultant Supervisor who is employed by the College in the capacity of mentor/evaluator of student performance. The other relates to the student who is on teaching practice placement. In both cases, where a teaching practice supervisor or student on placement has a concern for a child or has information relating to suspected/admitted/known abuse of a child/(children), the procedures for supervisors and students on placement are as follows:

- (a) The supervisor or student on placement will report the concern to the Director of Teaching Practice and/or Head of Department;
- (b) The DTP/HoD will initially discuss the concern with the supervisor or student where necessary and maintain a written record of the details, taking cognisance of College Guidelines in relation to the reporting of such detail;
- (c) The DTP/HoD will notify the Designated Liaison Person
- (d) The Designated Liaison Person will notify the TUSLA, the Child & Family Agency
- (e) The supervisor or student will be provided with advice by the CPO and College support services will be offered where appropriate/necessary;
- (f) Communication between the College and the Principal of the school should be maintained, as appropriate;
- (g) The supervisor or student should be informed of actions taken.

Pupils and all other persons involved on school placements/teaching practices have a right to anonymity unless appropriate permission is obtained. There should be no direct naming of pupils in any communication.

Students on placement must comply with Schools Policy on photography, videoing and security of pupil data.

10. Use of College Facilities

10.1 Use of College facilities by organisations and individuals who are not members of the College Community (see Appendix 8)

10.1.1 Any use of College facilities which may involve children or vulnerable persons will be dependent on compliance with the following requirements:

- (i) Formal approval by members of the College Community authorised by the College (see list of authorised persons in Appendix 8).
- (ii) Written confirmation of appropriate insurance including public liability.
- (iii) Written confirmation of existence of Safeguarding (children and/or vulnerable persons, as appropriate) Policy.
- (iv) Written confirmation that persons involved have completed Garda Vetting.
- (v) Written confirmation that the Organisation/Person indemnifies the College from all liability, other than those arising from the physical environment of the College.

10.1.2 Complaints arising

If a complaint is made to the College regarding a person who is not a member of the College Community, but who was using College facilities, the matter will be reviewed by the Preliminary Screening Group, who will determine the appropriate response, and necessary actions.

Appendices

Appendix 1 – Indicators of Child Abuse⁵

1. Signs and symptoms of neglect

Child neglect is the most common category of abuse. A distinction can be made between ‘wilful’ neglect and ‘circumstantial’ neglect. ‘Wilful’ neglect would generally incorporate a direct and deliberate deprivation by a parent/carer of a child’s most basic needs, e.g. withdrawal of food, shelter, warmth, clothing, and contact with others. ‘Circumstantial’ neglect more often may be due to stress/inability to cope by parents or carers.

Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability, addictions or psychological disturbance. The neglect of children is ‘usually a passive form of abuse involving omission rather than acts of commission’ (Skuse and Bentovim, 1994). It comprises ‘both a lack of physical caretaking and supervision and a failure to fulfil the developmental needs of the child in terms of cognitive stimulation’.

Child neglect should be suspected in cases of:

- abandonment or desertion;
- children persistently being left alone without adequate care and supervision;
- malnourishment, lacking food, inappropriate food or erratic feeding;
- lack of warmth;
- lack of adequate clothing;
- inattention to basic hygiene;
- lack of protection and exposure to danger, including moral danger or lack of supervision appropriate to the child’s age;
- persistent failure to attend school;

⁵ Children First National Guidelines

- non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation;
- failure to provide adequate care for the child's medical and developmental problems;
- exploited, overworked.

2. Characteristics of neglect

Child neglect is the most frequent category of abuse, both in Ireland and internationally. In addition to being the most frequently reported type of abuse; neglect is also recognised as being the most harmful. Not only does neglect generally last throughout a childhood, it also has long-term consequences into adult life. Children are more likely to die from chronic neglect than from one instance of physical abuse. It is well established that severe neglect in infancy has a serious negative impact on brain development.

Neglect is associated with, but not necessarily caused by, poverty. It is strongly correlated with parental substance misuse, domestic violence and parental mental illness and disability.

Neglect may be categorised into different types (adapted from Dubowitz, 1999):

Disorganised/chaotic neglect: This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding accommodation, finances and food. This type of neglect results in attachment disorders, promotes anxiety in children and leads to disruptive and attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe from accidental harm, with a high incident of accidents occurring.

Depressed or passive neglect: This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children

will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.

Chronic deprivation: This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

The following points illustrate the consequences of different types of neglect for children:

- inadequate food – failure to develop;
- household hazards – accidents;
- lack of hygiene – health and social problems;
- lack of attention to health – disease;
- inadequate mental health care – suicide or delinquency;
- inadequate emotional care – behaviour and educational;
- inadequate supervision – risk-taking behaviour;
- unstable relationship – attachment problems;
- unstable living conditions – behaviour and anxiety, risk of accidents;
- exposure to domestic violence – behaviour, physical and mental health;
- community violence – anti social behaviour.

3. Signs and symptoms of emotional neglect and abuse

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are not met; the parent's relationship to the child may be without empathy and devoid of emotional responsiveness.

Emotional neglect and abuse occurs when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional neglect and abuse is not easy to recognise because the effects are not easily observable. Skuse (1989) states that 'emotional abuse refers to the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule, and the inversion of love, whereby verbal and non-verbal means of rejection and withdrawal are substituted'.

Emotional neglect and abuse can be identified with reference to the indices listed below. However, it should be noted that no one indicator is conclusive of emotional abuse. In the case of emotional abuse and neglect, it is more likely to impact negatively on a child where there is a cluster of indices, where these are persistent over time and where there is a lack of other protective factors.

- rejection;
- lack of comfort and love;
- lack of attachment;
- lack of proper stimulation (e.g. fun and play);
- lack of continuity of care (e.g. frequent moves, particularly unplanned);
- continuous lack of praise and encouragement;
- serious over-protectiveness;
- inappropriate non-physical punishment (e.g. locking in bedrooms);
- family conflicts and/or violence;
- every child who is abused sexually, physically or neglected is also emotionally abused;
- inappropriate expectations of a child relative to his/her age and stage of development.

Children who are physically and sexually abused and neglected also suffer from emotional abuse.

4. Signs and symptoms of physical abuse

Unsatisfactory explanations, varying explanations, frequency and clustering for the following events are high indices for concern regarding physical abuse:

- bruises (see below for more detail);
- fractures;
- swollen joints;
- burns/scalds (see below for more detail);
- abrasions/lacerations;
- haemorrhages (retinal, subdural);
- damage to body organs;
- poisonings – repeated (prescribed drugs, alcohol);
- failure to thrive;
- coma/unconsciousness;
- death.

There are many different forms of physical abuse, but skin, mouth and bone injuries are the most common.

Bruises

Accidental

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards.

Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

Non-accidental

Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth.

Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises

caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing).

Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired. Other injuries may feature – ruptured eardrum/fractured skull. Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle-feeding.

Bone injuries

Children regularly have accidents that result in fractures. However, children's bones are more flexible than those of adults and the children themselves are lighter, so a fracture, particularly of the skull, usually signifies that considerable force has been applied.

Non-accidental

A fracture of any sort should be regarded as suspicious in a child under 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child under 3 years. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

Burns

Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot object. The history that parents give is usually in keeping with the pattern of injury observed. However, repeated episodes may suggest inadequate care and attention to safety within the house.

Non-accidental

Children who have received non-accidental burns may exhibit a pattern that is not adequately explained by parents. The child may have been immersed in a hot liquid. The

burn may show a definite line, unlike the type seen in accidental splashing. The child may also have been held against a hot object, like a radiator or a ring of a cooker, leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought.

Bites

Children can get bitten either by animals or humans. Animal bites (e.g. dogs) commonly puncture and tear the skin, and usually the history is definite. Small children can also bite other children.

Non-accidental

It is sometimes hard to differentiate between the bites of adults and children since measurements can be inaccurate. Any suspected adult bite mark must be taken very seriously. Consultant paediatricians may liaise with dental colleagues in order to identify marks correctly.

Poisoning

Children may commonly take medicines or chemicals that are dangerous and potentially life-threatening. Aspects of care and safety within the home need to be considered with each event.

Non-accidental

Non-accidental poisoning can occur and may be difficult to identify, but should be suspected in bizarre or recurrent episodes and when more than one child is involved. Drowsiness or hyperventilation may be a symptom.

Shaking violently

Shaking is a frequent cause of brain damage in very young children.

Fabricated/induced illness

This occurs where parents, usually the mother (according to current research and case experience), fabricate stories of illness about their child or cause physical signs of illness. This can occur where the parent secretly administers dangerous drugs or other poisonous substances to the child or by smothering. The symptoms that alert to the possibility of fabricated/induced illness include:

- (i) 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;
- (ii) high level of demand for investigation of symptoms without any documented physical signs;
- (iii) 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.

5. Signs and symptoms of sexual abuse

Child sexual abuse often covers a wide spectrum of abusive activities. It rarely involves just a single incident and usually occurs over a number of years. Child sexual abuse most commonly happens within the family.

Cases of sexual abuse principally come to light through:

- (a) disclosure by the child or his or her siblings/friends;
- (b) the suspicions of an adult;
- (c) physical symptoms.

Colburn Faller (1989) provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include:

Non-contact sexual abuse

- 'Offensive sexual remarks', including statements the offender makes to the child regarding the child's sexual attributes, what he or she would like to do to the child and other sexual comments.
- Obscene phone calls
- Independent 'exposure' involving the offender showing the victim his/her private parts and/or masturbating in front of the victim.
- 'Voyeurism' involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual gratification. These may include activities that others do not regard as even remotely sexually stimulating.

Sexual contact

Involving any touching of the intimate body parts. The offender may fondle or masturbate the victim, and/or get the victim to fondle and/or masturbate them. Fondling can be either outside or inside clothes. Also includes 'frottage', i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim's body or clothing.

Oral-genital sexual abuse

Involving the offender licking, kissing, sucking or biting the child's genitals or inducing the child to do the same to them.

Interfemoral sexual abuse

Sometimes referred to as 'dry sex' or 'vulvar intercourse', involving the offender placing his penis between the child's thighs.

Penetrative sexual abuse, of which there are four types:

- 'Digital penetration', involving putting fingers in the vagina or anus, or both. Usually the victim is penetrated by the offender, but sometimes the offender gets the child to penetrate them.
- 'Penetration with objects', involving penetration of the vagina, anus or occasionally mouth with an object.
- 'Genital penetration', involving the penis entering the vagina, sometimes partially.
- 'Anal penetration' involving the penis penetrating the anus.

Sexual exploitation

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.
- 'Child pornography' includes still photography, videos and movies, and, more recently, computer-generated pornography.
- 'Child prostitution' for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way.

The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim.

It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place.

Carers and professionals should be alert to the following physical and behavioural signs:

- bleeding from the vagina/anus;
- difficulty/pain in passing urine/faeces;
- an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease. •
- Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area;
- noticeable and uncharacteristic change of behaviour;
- hints about sexual activity;
- age-inappropriate understanding of sexual behaviour;
- inappropriate seductive behaviour;
- sexually aggressive behaviour with others;
- uncharacteristic sexual play with peers/toys;
- unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming.

Particular behavioural signs and emotional problems suggestive of child abuse in young children (aged 0-10 years) include:

- mood change where the child becomes withdrawn, fearful, acting out;
- lack of concentration, especially in an educational setting;
- bed wetting, soiling;
- pains, tummy aches, headaches with no evident physical cause;
- skin disorders;
- reluctance to go to bed, nightmares, changes in sleep patterns;

- school refusal;
- separation anxiety;
- loss of appetite, overeating, hiding food.

Particular behavioural signs and emotional problems suggestive of child abuse in older children (aged 10+ years) include:

- depression, isolation, anger;
- running away;
- drug, alcohol, solvent abuse;
- self-harm;
- suicide attempts;
- missing school or early school leaving;
- eating disorders.

All signs/indicators need careful assessment relative to the child's circumstances.

Appendix 2 – Intimate Care Support Plan

Name of Person:

Address:

Date of Birth:

Nature of Disability:

Areas of Intimate Care for which assistance is required:

Specific issues/concerns including communication issues:

Signed: _____ **Date:** _____
Service User

Signed: _____ **Date:** _____
Parent/Guardian (as appropriate)

Signed: _____ **Date:** _____
**Responsible Person
(on behalf of the College)**

Appendix 3 - Standard Reporting Form TUSLA

STANDARD REPORT FORM

(For reporting CP & W concerns to TUSLA)

A. To Principal Social Worker/Designate: _____

1. Date of Report

2. Details of Child

Name:		Male		Female	
Address:		DOB		Age	
		School			
Alias		Correspondence address (if different)			
Telephone		Telephone			

3. Details of Persons Reporting Concern(s)

Name:		Telephone No.	
Address:		Occupation	
		Relationship to client	
Reporter wishes to remain anonymous	<input type="checkbox"/>	Reporter discussed with parents/guardians	<input type="checkbox"/>

4. Parents Aware of Report

		Yes	No
Are the child's parents/carers aware that this concern is being reported to TUSLA?	- Mother	<input type="checkbox"/>	<input type="checkbox"/>
	- Father	<input type="checkbox"/>	<input type="checkbox"/>
Comment	<input type="text"/>		

5. Details of Report

(Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent's view(s), child's view(s) if known.)

--

6. Relationships

Details of Mother		Details of Father	
Name:		Name:	
Address: (if different to child)		Address: (if different to child)	
Telephone No's:		Telephone No's:	

7. Household composition

Name	Relationship	DOB	Additional Information e.g. School/ Occupation/Other :

8. Name and Address of other personnel or agencies involved with this child

	Name	Address
Social Worker		
PHN		
GP		
Hospital		
School		
Gardaí		
Pre-School/Crèche/YG		
Other (specify):		

9. Details of person(s) allegedly causing concern in relation to the child

Relationship to child:		Age		Male		Female	
Name:				Occupation			
Address:							

10. Details of person completing form

Name:		Occupation:	
Address:		Telephone	
		No's:	
Signed		Date:	

Appendix 4 - Relevant legislation

Children Act 2001

The Children Act 2001 replaced provisions of the Children Act 1908 and associated legislation with a modern comprehensive statute.

The 2001 Act covers three main areas of the law. Firstly, and predominantly, it provides a framework for the development of the juvenile justice system. Secondly, it re-enacts and updates provisions in the 1908 Act protecting children against persons who have the custody, charge or care of them. Thirdly, it provides for family welfare conferences and other new provisions for dealing with children where there is a real and substantial risk to their life, health, safety, welfare and development.

Child Care Act 1991

The purpose of the Child Care Act 1991 is to 'update the law in relation to the care of children who have been assaulted, ill-treated, neglected or sexually abused, or who are at risk'. The main provisions of the Act are:

- (i) the placing of a statutory duty on the HSE (now TUSLA) to promote the welfare of children who are not receiving adequate care and protection up to the age of 18;
- (ii) the strengthening of the powers of the HSE (now TUSLA) to provide child care and family support services;
- (iii) the improvement of the procedures to facilitate immediate intervention by the HSE (now TUSLA) and An Garda Síochána where children are in danger;
- (iv) the revision of provisions to enable the Courts to place children who have been assaulted, ill-treated, neglected or sexually abused, or who are at risk, in the care of or under the supervision of the HSE (now TUSLA);
- (v) the introduction of arrangements for the supervision and inspection of pre-school services;

- (vi) the revision of provisions in relation to the registration and inspection of residential centres for children.

Criminal Justice Act 2006

Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of 'reckless endangerment of children'. It states:

'A person, having authority or control over a child or abuser, who intentionally or recklessly endangers a child by –

- (a) causing or permitting any child to be placed or left in a situation which creates a substantial risk to the child of being a victim of serious harm or sexual abuse, or
- (b) failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence.'

The penalty for a person found guilty of this offence is a fine (no upper limit) and/or imprisonment for a term not exceeding 10 years.

Domestic Violence Act 1996

The Domestic Violence Act 1996 introduced major changes in the legal remedies for domestic violence. There are two main types of remedies available:

- (i) Safety Order: This Order prohibits a person from further violence or threats of violence. It does not oblige that person to leave the family home. If the parties live apart, the Order prohibits the violent person from watching or being in the vicinity of the home.
- (ii) Barring Order: This Order requires the violent person to leave the family home.

The legislation gives the HSE (now TUSLA) the power to intervene to protect individuals and their children from violence. Section 6 of the Act empowers the HSE (now TUSLA) to apply for Orders for which a person could apply on his or her own behalf but is deterred from doing so through fear or trauma. The consent of the victim is not a prerequisite for such an application, although he or she must be consulted. Under Section 7 of the Act, the Court

may, where it considers it appropriate, adjourn proceedings and direct the HSE (TUSLA) to undertake an investigation of the dependent person's circumstances with a view to:

- (i) applying for a Care Order or a Supervision Order under the Child Care Act 1991;
- (ii) providing services or assistance for the dependent person's family; or
- (iii) taking any other action in respect of the dependent person.

Protections for Persons Reporting Child Abuse Act 1998

This Act came into operation on 23 January 1999. The main provisions of the Act are:

- (i) the provision of immunity from civil liability to any person who reports child abuse 'reasonably and in good faith' to designated officers of the HSE (now TUSLA) or to any member of An Garda Síochána;
- (ii) the provision of significant protections for employees who report child abuse. These protections cover all employees and all forms of discrimination up to, and including, dismissal;
- (iii) the creation of a new offence of false reporting of child abuse, where a person makes a report of child abuse to the appropriate authorities 'knowing that statement to be false'. This is a new criminal offence, designed to protect innocent persons from malicious reports.

A wide range of nursing, medical, paramedical and other staff has been appointed as designated officers for the purposes of this Act (see Appendix 10 of the Children First: National Guidance). Section 6 of the Act is a saving provision, which specifies that the statutory immunity provided under the Act for persons reporting child abuse is additional to any defences already available under any other enactment or rule of law in force immediately before the passing of the Act.

Non-Fatal Offences against the Person Act 1997

The two relevant provisions of this Act are:

- (i) it abolishes the rule of law under which teachers were immune from criminal liability in respect of physical chastisement of pupils;
- (ii) it describes circumstances in which the use of reasonable force may be justifiable.

The National Vetting Bureau (Children and Vulnerable Persons) Act 2012

This Act places legal responsibility on organisations to apply for Garda Vetting prior to employing/permitting/contracting persons to undertake relevant work or activities with children/vulnerable persons.

Data Protection Acts 1988 and 2003

The Data Protection Act 1988 applies to the processing of personal data. It gives a right to every individual, irrespective of nationality or residence, to establish the existence of personal data, to have access to any such data relating to him or her, and to have inaccurate data rectified or erased. It requires data controllers to make sure that the data they keep are collected fairly, are accurate and up-to-date, are kept for lawful purposes and are not used or disclosed in any manner incompatible with those purposes. It also requires both data controllers and data processors to protect the data they keep, and imposes on them a special duty of care in relation to the individuals about whom they keep such data.

Appendix 5 – Relevant Contact Details

<p>The HSE National Counselling Service is in place to listen to, value and understand those who have been abused in childhood. The service is a professional, confidential counselling and psychotherapy service and is available free of charge in all regions of the country (see www.hse-ncs.ie/en). The service can be accessed either through healthcare professionals or by way of self-referral</p>	<p>(Freephone 1800 477477).</p>
<p>An Gardaí Síochána: Divisional Headquarters, Henry St, Limerick</p>	<p>061-212400</p>
<p>TUSLA, The Child & Family Agency: Area Managers Department, Ballycummin Ave., Raheen Business Park, Raheen, Limerick</p>	<p>061-482792</p>
<p>Childline Part of the Irish Society for the Prevention of Cruelty to Children</p>	<p>1800 666 666</p>
<p>The Samaritans Offers confidential non-judgemental emotional support to those living with feelings of despair</p>	<p>1850 609 090</p>
<p>Barnardos Provides practical and professional supports to bring hope into situations where hope is sometimes lost. Limerick Branch: 061/ 430313, 21 Bishop Street, Limerick</p>	<p>1850 222 300</p>
<p>Aware For those living with depression</p>	<p>1890 303 302</p>
<p>Rape Crisis Centre Preventing and healing the trauma of rape and sexual abuse Limerick Branch, Rocheville House, Punches Close, Rosbrien Road, Limerick 061/311511,</p>	<p>1800 311 511</p>
<p>Console Offers support to people who are suicidal or those who have been bereaved by suicide. Limerick Branch: Living Links 087/7998427</p>	<p>1800 201 890</p>
<p>Bodywhys The Eating Disorder Association of Ireland</p>	<p>1890 200 444</p>

Appendix 6 - Policy Statement

This policy has been developed in accordance with the relevant legislation and National Safeguarding Policy.

- *Child Care Act 1991*
- *Children Act 2001*
- *Data Protection Acts 1988 and 2003*
- *Reckless Endangerment of Children Act 2006*
- *Protection for Persons Reporting Abuse Act 1998*
- *Freedom of Information Acts 1997 and 2003*
- *Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012*

- *Our Duty to Care - The Principles of Good Practice for the Protection of Children and Young People*. Department of Health and Children (2002) Dublin: Stationery Office

- *Children First: National Guidance for the Protection and Welfare of Children*. Office of the Department of Children and Youth Affairs (2011) Dublin: Stationery Office.

- *Child Protection and Welfare: Practice Handbook*. Health Service Executive(2011) [Accessed from: <http://www.tusla.ie>]

- *Trust In Care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for managing Allegations of Abuse Against Staff Members*, HSE – Employer Representative Division (2005) [Accessed from: http://www.hse.ie/eng/staff/Resources/HR/Trust_in_Care.pdf]

- *Child Protection Procedures for Primary and Post-Primary Schools* [Accessed from http://www.education.ie/en/Schools-Colleges/Information/Child-Protection/cp_procedures_primary_post_primary_2011.pdf]

- *National Vetting Bureau (Children and Vulnerable Persons) Act 2012*

Appendix 7 – Risk Assessment – Activities & Programmes

To be completed by the person in charge of the activity/programme (Responsible Person)

Description of the activity/programme

Participants

Personnel (incl. Volunteers)

Names

Contact Details

Roles

Nature of any risk which may arise (consider physical emotional sexual neglect and bullying). Consider who will be interacting with children/vulnerable adults, the nature and location of the interaction.

Preventative/Protective measures taken to address any risks arising, including for example, training/supervision, complaints procedure, identification of a person to whom concerns can be addressed, feedback, questionnaires.

Note. The person responsible will maintain this risk assessment form and it available for audit.

Signed:

Name _____ **Date:** _____

Responsible person

Title/position _____ **Contact details** _____

Appendix 8 - Listing of Authorised Persons

Authorised by Head of Department to approve use of College facilities and nominate Responsible Persons who will undertake risk assessment and have responsibility, on behalf of the College, for the activity/programme