

# **NATIONAL POLICY AND PROCEDURE**

**No: NP3(10)**

**THE WELFARE AND  
PROTECTION OF  
CHILDREN**

**NATIONAL POLICY AND PROCEDURE**  
**for**  
**The Welfare and Protection**  
**Of Children**

Signed:

Date: February 2010

\_\_\_\_\_  
Winifred O'Hanrahan  
National Chief Executive

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Signed off by HSE:

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# Section 1

## Policy, Introduction, Purpose and Responsibility.

### Policy Statement

The Brothers of Charity Services are fully committed to safeguarding the well-being of the children who use its Services. Staff, volunteers, students, host families and contractors should, at all times, show respect and understanding for the rights, safety and welfare of children who use our Services, and conduct themselves in a way that reflects the ethos of the Brothers of Charity Services.

### Introduction

The Brothers of Charity Services are composed of seven companies; one national company and six local service companies.

The six local companies are;

Brothers of Charity Services Clare, Banner House, Clare Road, Ennis, Co Clare  
Brothers of Charity Services Galway, Woodlands Centre, Renmore, Galway  
Brothers of Charity Services Limerick, Blackberry Park, Dock Road, Limerick  
Brothers of Charity Services Roscommon, Lanesboro Street, Roscommon  
Brothers of Charity Services South East, Belmont Park, Waterford  
Brothers of Charity Southern Services, Lota, Glanmire, Cork

The Vision of the Brothers of Charity Services is 'Love and Respect in Every Action'.  
The Mission of the Brothers of Charity Services states;

*The Brothers of Charity Services are committed to working with people with intellectual disability to claim their rightful place as valued and equal citizens. In keeping with our Ethos, we work to develop individualised supports and services based on the needs and choices of each person".*

The Services ethos is reflected in the daily work of the staff and in the quality of the lives of the people who use our Services and is guided by our ethos document 'Going Forward Together', 2001.

### Values

The core values of the Brothers of Charity Services are the dignity and humanity of each individual person. Our Services are committed to a deep sense of respect for the personal dignity of each person who uses our services and to fostering the central role that families play in the lives of young people.

We consider our members of staff to be the greatest resource of the Service. In their daily work they seek to provide a supportive and caring environment to ensure the physical and emotional wellbeing of the children who use our Services. This is achieved by incorporating the best of current trends and practices in service provision.

## **Description of Services**

The Brothers of Charity in Ireland provide a range of services to children with intellectual, physical, sensory, autistic, and mental health needs. Services are provided in a wide range of settings including:

- Assessment and Diagnostic Services
- Home and Centre Based Early Intervention
- In-Home Support Services
- Respite Care provided both by Host Families and in Centres
- Children's Residential Services
- After School Care

## **Purpose and Objectives of This Document**

People with an intellectual disability and autism, particularly children, are vulnerable and at risk of abuse by others. In recognition of this fact it is the intention that this document will set out the responsibilities of the Services and the procedures that each Company must have in place to reduce the likelihood of abuse occurring, and to ensure that effective action is taken in response to suspicions, concerns or allegations of abuse within the Brothers of Charity Services. This document applies to all staff, students, host families and volunteers. Throughout this document the term 'staff' is used and includes all persons paid, or unpaid, who support children using our Services on our behalf. This document refers to children only and there are separate policies for our Adult population. Children or child means a person under the age of 18 years other than a person who is or has been married (Child Care Act 1991, S.2).

## **Responsibility of Each Company of the Brothers of Charity Services**

Each Company must adhere to this National Policy and Procedures Document. It must be followed in the event of concerns, in relation to physical abuse, sexual abuse, emotional abuse or neglect involving children in the Services. The Policy and Procedures must be made available to all families, personnel working with, or associated with the Brothers of Charity Services. It must be explained during the induction of all new staff or volunteers.

***It is the duty of all Chief Executives of the Brothers of Charity Companies to ensure that their staff are fully aware of this National Policy and Procedures document and that staff understand their own legal and professional responsibilities.***

# Section 2

## Definition, Recognition and Reporting

### Definition and Recognition of Child Abuse

Child abuse can be categorised into four different types:-

- Physical
- Sexual
- Emotional
- Neglect

(See Appendix 1)

### Children with Special Vulnerabilities

Children with disabilities are more vulnerable to abuse because of their dependency on others for their care and protection. Categories of abuse may be applicable but may take other forms. For example abuse may include the removal of basic rights or the inappropriate use of medication. The particular vulnerabilities of children with disabilities that may make them more open to abuse include;

- (i) communication difficulties;
- (ii) sensory disabilities;
- (iii) vulnerability due to isolation;
- (iv) dependence on goodwill of carers;
- (v) power differences;
- (vi) limited assertiveness;
- (vii) limited ability to recognise inappropriate sexual behaviour;
- (viii) need for intimate care such as washing and toileting;
- (ix) contact with multiple care services and carers;
- (x) frequent staff turnover;
- (xi) compliant behaviour towards adults;
- (xii) limited understanding of sexuality or sexual behaviour;
- (xiii) need for attention, friendship or affection;
- (xiv) limited sense of danger and inability to see warning signs;
- (xv) fear of not being believed;
- (xvi) perceived limited reliability as witnesses.

*(Children First, page 99-10.2.1)*

## **Guidelines for Recognition**

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

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

### **Stage One: Considering the Possibility**

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

### **Stage Two: Looking out for Signs of Abuse**

Signs of abuse can be physical, behavioural, or developmental. They can exist in the relationships between children and parents/carers or between children and other family members. A cluster or pattern of signs is likely to be more indicative of abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should always be believed.

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

- (i) disclosure of abuse and neglect by a child or young person;
- (ii) age-inappropriate or abnormal sexual play or knowledge;
- (iii) specific injuries or patterns of injuries;
- (iv) absconding from home or a care situation;
- (v) attempted suicide;
- (vi) under-age pregnancy or sexually transmitted disease; and
- (vii) signs in one or more categories at the same time. For example, signs of failure to progress, physical injury and behavioural signs may together indicate a pattern of abuse.

Most signs are non-specific and must be considered in the child's developmental, social, and family context. Signs or indicators of abuse should be gently explored with the child, parent or carer. Explanations which are inconsistent with the signs may constitute a cause for concern and should be discussed with the Designated Person. It is important to be always open to alternative explanations for physical or behavioural signs of abuse.

### **Stage Three: Recording of Information**

Sometimes abuse can become apparent in different ways over a period of time rather than at one specific point. For instance, a child who presents with inappropriate clothing on one occasion, with untreated head lice on another may not be in a situation of abuse but it may need to be noted. Early concerns and incidences should be recorded by the staff member on the monitoring form (Appendix 3). Observations should be accurately recorded and should include dates, times, names, locations, context and any other information which may be relevant.

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 affected. At this point the staff member must consult with the Designated Person. If the Designated Person deems that the situation warrants investigation they will make a referral.

## **Reporting Concerns**

*All staff are obliged to report:*

Suspicious

Allegations

Witnessing

Disclosure

of abuse, past or present to the Designated Person. The guidelines for reporting are based on principles embodied in the *Children First Guidelines for the Protection and Welfare of Children (1999 Department of Health)*.

Under no circumstances should any individual member of staff or volunteer of the organisation attempt himself/herself to deal with a problem of abuse. Before the end of duty, he/she should discuss their concerns with the Designated Person and make a written report of their concerns to the Designated Person. (see Form CP1 attached at Appendix 2)

## **PROCEDURES TO FOLLOW IF ABUSE IS DISCLOSED**

If a child hints or tells a staff member that he or she is being abused, it must be handled very sensitively, and in the following way:

- Stay calm and listen – give the child time to say what she or he wants
- Don't ask leading questions or details, or make suggestions
- Don't stop the child recording significant events, but don't make him or her repeat the story unnecessarily.
- Reassure the child, but don't promise to keep it a secret.
- Explain what needs to be done next.
- Record the discussion as carefully as possible."
- Report without delay to the Designated Person.

*Extract from Our Duty to Care page 17.*

The information should then be passed to the Designated Person in accordance with the Brothers of Charity Services 'Procedure for Reporting'.

## PROCEDURE TO FOLLOW IF YOU WITNESS ABUSE

If a staff member has concerns for the immediate safety of the child and the situation warrants the removal to a place of safety, contact An Garda Síochána and the Duty Social Worker in the HSE, (see Appendix 7 of this Policy for local contact numbers). If you witness abuse you must do the following;

1. You should intervene or seek help to stop the behaviour. The staff member should ensure that the child is not in any immediate danger and receives the necessary care and support. This may mean securing the co-operation of a protective carer, family member, or other responsible adult.
2. Contact the Designated Person and discuss your concerns. It is the responsibility of the Designated Person to contact the Duty Social Worker from the HSE.
3. In the case of an emergency situation where the child's safety is at immediate risk and the Designated Person is not contactable the staff member must contact the Duty Social Worker from the HSE and if they are unavailable, An Garda Síochána.
4. Document what you witnessed /was disclosed to you on form CP1 and forward to the Designated Person at the earliest possible opportunity.

## PROCEDURE FOR REPORTING CONCERNS

If you have concerns about the welfare of a child you must;

1. Contact the Designated Person in the first instance to discuss your concerns.
2. Document your concerns on a Monitoring Form (Appendix 2). This form is to be held in the Services file.
3. Continue to document any further concerns that arise, liaising on each occasion with the Designated Person.
4. If a pattern is established that may indicate a suspicion of abuse complete a CP1 form (Appendix 3) and forward this to the Designated Person accompanied by the Monitoring Form.

### Children with Communication Difficulties

Many of the children who use our services have communication difficulties and staff need to be sensitive to this in recognising and responding to a disclosure of abuse. The parents are the primary advocates for their children. If the parent has a communication difficulty this may also involve a sign language interpreter, large print, tape or braille. For those whose first language is not English the use of an interpreter must be considered. **Where the interests of the parents and child appear to conflict, the child's interest should be paramount.** It may be necessary to provide a separate advocate specifically for the child for example the Key Worker.

Each staff member must familiarise themselves with the communication skills of the individual children that they support. Staff must be aware that a child's behaviour or affect may be indicative of abuse. In providing training to staff on the Protection and Welfare of Children particular attention is given to this.

# SECTION 3

## **Role and Responsibility of the Designated Person (See also Appendix 2 of the Governance Statement of Welfare and Protection of Vulnerable Adults).**

### **General**

The Chief Executive of each Company will appoint a Designated Person who is responsible for dealing with any concerns about the protection and welfare of children and vulnerable adults, and has a specific role in liaising with the statutory bodies. In addition the Chief Executive will appoint a Deputy who assumes these responsibilities in the absence of the Designated Person. The names of the Designated Person and the Deputy must be readily available and visible to all staff and volunteers and are recorded in Appendix 7.

The Chief Executive will ensure that the persons appointed are knowledgeable and experienced in relation to child protection and welfare work and that he/she undertakes any training, considered necessary, to keep himself/herself updated on new developments in child protection practice.

### **Role**

The role of the Designated Person is to:

- Liaise with HSE , An Garda Síochána and other agencies as appropriate;
- Act as a resource for staff, volunteers, students and host families who may have concerns about child protection and welfare, including the provision of training on child welfare and protection;
- Take responsibility for reporting allegations or suspicions of child abuse to the HSE or An Garda Síochána.

### **Duties of the Designated Person in Receiving a Referral**

- Receive referral from staff member
- Ensure as far as possible the safety of the alleged victim.
- Gather information from files and key support staff to establish a basis for concerns.
- Make an initial assessment of information and consults with the HSE Duty Social Worker as appropriate.
- Make a written referral on the HSE Notification Form (Appendix 4). In the event of an emergency or non-availability of HSE staff the report will be made to An Garda Síochána.
- Liaise with the HSE/An Garda Síochána as appropriate.
- In discussion with the HSE/An Garda Síochána consider who will inform parents or carers of the report, unless doing so is likely to further endanger the child.
- Provide support to, and work cooperatively with the HSE / An Garda Síochána Investigation Team.
- Ensure that an individual case record is maintained of the action taken by the organisation, the liaison with other agencies and the outcome

## **Basis for Reporting to the HSE**

The HSE should always be informed when a person has reasonable grounds for concern that a child may have been abused, or is being abused, or is at risk of abuse. The Designated Persons or his/her delegate will make the appropriate referral on the HSE Notification Form (Appendix 4) which is currently under review by the HSE. "The HSE are obliged to treat seriously all child protection concerns whatever their source". The HSE response must "consider the protection and welfare of the child as a priority". In practice, this means that the HSE Child Care Manager/Designate co-ordinates the services necessary to identify whether a particular child or children are in need of care or protection, and if so, to initiate appropriate action. In doing this the Child Care Manager will liaise closely with, and where required, enlist the assistance of the referring service" (Children First).

The following are some examples which would constitute reasonable grounds for concern:

- (i) specific indication from the child that (s)he was abused;
- (ii) an account by a person who saw the child being abused;
- (iii) evidence, such as injury or behaviour, which is consistent with abuse and unlikely to be caused in another way;
- (iv) an injury or behaviour which is consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indications of abuse, or dysfunctional behaviour;
- (v) consistent indications, over a period of time that a child is suffering from emotional or physical neglect.

**A suspicion which is not supported by any objective indication of abuse or neglect would not constitute a reasonable suspicion or reasonable grounds for concern. However, these suspicions will be recorded on a Monitoring Form, (see Appendix 3).**

# SECTION 4

## Allegations against a Staff Member

The Brothers of Charity Services have in place a National Procedure NP2(09) The Investigation of Allegations Against Staff Members of Incidents of Abuse which is in line with Trust in Care.

Where a staff member is alleged to have abused a child who uses the services of the Brothers of Charity two separate procedures are followed: the reporting procedures in respect of the child and the procedures for dealing with the worker. The procedures outline in detail the following.

- Receiving an Allegation
- Allegations against Senior Management Personnel
- Minor Breaches of Company Policy or Rules
- Preliminary Screening of an Allegation
- Pre-Investigation
- Conducting the Investigation / including the principles governing the investigation process and the steps in conducting an investigation
- Protective Measures
- Filing
- Informing Relatives/Guardians
- Anonymous Allegations
- Reporting to Professional Bodies
- Follow on Actions
- Informing An Garda Síochána

## Confidentiality

The duty of confidentiality extends to all staff, volunteers, students and board members.

The effective protection of a child often depends on the willingness of the staff in statutory and voluntary organisations involved with children to share and exchange relevant information; it is critical that there is a clear understanding of professional and legal responsibilities in regard to confidentiality and exchange of information.

- All information regarding concerns or assessment of child abuse should be shared on 'a need to know' basis in the interests of the child.
- No undertakings regarding secrecy can be given. Those working with a child and family should make this clear to all parties involved.
- 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 who have a responsibility for ensuring the protection of children. **Giving information to others for the protection of a child is not a breach of confidentiality.**
- It must be clearly understood that information which is gathered for one purpose must not be used for another without consulting the person who provided that information.

- The issue of confidentiality should be part of the training necessary for members of staff who work in the area of child welfare and protection and the general training of staff in organisations which work with children. The Brothers of Charity have a written policy on Confidentiality.

## **Complaints**

The Brothers of Charity are committed to ensuring the safety of all children in their service. However we are alert to possibilities of dissatisfaction with services or poor or abusive practice. Effective complaints systems contribute towards keeping children safe, by giving them an active voice, and the ability to challenge decisions and actions with which they are dissatisfied. The Services have in place a National Complaints Policy. The procedures outlined within that document set out what children, parents or guardians or those acting on their behalf, should do if they are unhappy with the service they are receiving. The person who wants to complain will determine themselves who they are most comfortable with and bring the complaint to that staff member, parent, or statutory body.

### **The complaints policy does not cover:**

- Matters covered by other policies.
- Complaints relating to a hospital or HSE, in such instances people should be directed to the agency concerned.
- Matters that are subject to litigation.
- Matters that are dealt with under specific procedures such as allegations of abuse.
- Matters that have been referred to the Ombudsman or Information Commissioner

Appendix 5 outlines the pathway for complaints within the Brothers of Charity Services Companies.

## Code of Practice

The Brothers of Charity National Code of Practice sets out to establish a code of behaviour for what is expected of all staff who work with, or who have access to, children and the standards expected of them in their professional relationships with families.

For the purpose of the safe care of children in the services the following principles will be adhered to.

Staff must:

1. Treat all children who use our services, and their families with dignity and respect;
2. Respect the rights of children who use our services whilst seeking to ensure that their behaviour does not harm themselves or other people;
3. Protect the rights and promote the interests of children who use our services;
4. Strive to establish and maintain the trust and confidence of children who use our services, and their families;
5. Support children who use our services to protect themselves from danger or harm, using least restrictive practices;
6. Uphold public trust and confidence in the Brothers of Charity Services;
7. Be personally accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills.

## Intimate Care

### Intimate Care

The Brothers of Charity Services are committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. The Brothers of Charity have in place a National Governance Statement on Providing Intimate Care G2(09).

Each Brothers of Charity Services Company is required to have a written policy and practice document in relation to the provision of intimate care. Each person who so requires should have in place an individual support plan detailing their specific intimate care needs.

- Children with a learning disability are very vulnerable and all staff involved in their care should be particularly sensitive to their needs. Consistent approaches and clear guidelines help safeguard both the children and staff.
- Ideally, intimate care tasks are provided by staff members of the same sex as the child being cared for. It is acknowledged however that this may present difficulties where the majority of care givers are female and it may not always be possible to offer male children the choice of male carers for their intimate care needs. It is appropriate in these circumstances for female staff to provide for the intimate care needs.
- Support the child to do as much for themselves as they can in managing their own intimate care.
- Intimate care tasks are valued as an important part of a child's programme and are seen as opportunities to improve self care skills, develop independence, increase dignity, raise self esteem and develop a positive body image.
- The approach and attitude of staff during intimate care is very important. Every child must be treated with dignity and respect and their privacy ensured as much as possible.

To help children to be more confident and assertive:

- Provide Stay Safe Training for Children and training in speaking up for themselves and in communicating with staff when they are uncomfortable with certain procedures/practices.
- Respect the confidentiality and privacy of children at all times.
- Keep child covered as far as is practical to preserve dignity during changing, washing and toileting.

# SECTION 5

## Recruitment, Induction, Training & Supervision.

### Recruitment and Selection of Staff

Our Children's Services are staffed by appropriately qualified and experienced staff who are skilled in supporting children with special needs. All staff, volunteers, host families, contractors and students on placement are required to provide the following: satisfactory references, a signed declaration stating their suitability to work with children, a statement of any past criminal convictions or cases pending and a confirmation of professional registration where applicable. They must also undergo a check of criminal records with An Garda Síochána and other police authorities as appropriate, prior to their appointment. Each company has a Recruitment and Selection Policy in place which is drawn from a National Governance Statement on Safe Recruitment Practices HR1 (09).

### Induction

All staff including volunteers, host families, students and contractors will be inducted in the National Policy and Procedure on the Welfare and Protection of Children as part of the induction procedure for all. Staff will be required to sign that they have understood, and will adhere to the content of this document. It is the responsibility of the Line Manager to go through this document with new staff on their first day within the Services. A record of having done this will be kept on the staff member's personnel file.

### Training

All paid staff, host families and contractors will complete a mandatory training programme including training delivered by a person with the necessary experience and skills in child protection, as appointed by the Chief Executive. The training programme will cover child protection in order to raise awareness and provide information about how to respond to suspicions or incidents of child abuse. Staff will be made aware that they are protected under the 'Protection for Persons Reporting Child Abuse Act' 1998 and will be made aware of the provisions of the Act.

### Supervision and Support

The need for greater staff support, accountability and development has been acknowledged by the Brothers of Charity and the provision of professional supervision for all staff is becoming increasingly recognised as central to providing a quality service. Supervision is a positive resource, which benefits all those involved in ensuring safe, effective practice.

Volunteers and contractors in Children's Services are supervised at all times and are never left alone with children.

Within the various disciplines employed within the Brothers of Charity Services there are different methods and approaches to supervision. This includes both formal and informal supervision in group and/or individual context. Staff are mentored and supported in their roles. The Line Manager ensures that they have access to the information, advice and professional support necessary to enable them to provide high quality care.

Supervision and support provides a regular opportunity to:

- Monitor and ensure the quality of work
- Review and plan work
- Reflect on the content and process of work
- Develop understanding and skills
- Seek and receive information, support and feedback
- Voice concerns
- Explore issues brought up by the work
- Consider the impact of the work on the person
- Be pro-active
- Be challenged
- Identify skills, and
- Set targets for future development and identify training needs.

It is the aim of the Brothers of Charity to ensure all staff have regular supervision.  
Supervision Record Sheet (Appendix 6)

# SECTION 6

## Day Trips and Outings

Staff will usually be familiar with the venue and will have planned a programme of events based on the objectives of the visit. Permission in writing will have been obtained from the Parent / Guardian of each child. A staff ratio appropriate to the needs of the children will be identified and adhered to.

### Staff will have

- A list of emergency numbers for each child.
- Written permission to authorise any medical or surgical procedure in case of emergency.
- A basic First Aid Kit.
- Any relevant medical details considered important or necessary.
- Staff are obliged to comply with Health and Safety Guidelines at all times.

### Safety for Children

- It is recommended that children, who travel alone on public transport, complete a "Stay Safe" programme.
- When going on an outing with a group of children with high dependency or who require supervision, ensure adequate staffing so that nobody is left unsupervised or alone.
- Organise seating arrangements so that children are not seated besides others who may be a trigger for challenging behaviours
- When an all female staff complement is accompanying a mixed group of children with high dependency on a leisure activity, use unisex toilets for people with disability if they are available. If possible, it is advisable to have both male and female staff with a mixed group of children.
- At all times every effort is made to ensure the dignity and privacy of children.
- Children are always to be encouraged to behave in a manner that is socially appropriate.

### Following the visit

- A record of the outing must be recorded in each child's personal record.
- Any accident or incident must be reported to the appropriate person immediately.

## Challenging Behaviour

The well-being, safety and welfare of children and young persons accessing the Early Intervention, School, Residential and Respite Services, is of paramount consideration.

Therapies accessed by the children are child centered. However in the event of a child presenting with behaviour that challenges, staff should always act in a positive manner and ensure the rights of the child are fully respected.

All staff will be briefed on the management of recording of incidents of challenging behaviour. Staff will use preventative measures and various techniques identified in training, and under the supervision of the psychologist to de-escalate a potential situation.

Such strategies include

- Positive reinforcement
- Distraction
- Encouragement
- Responding calmly and modeling same for parent/carer
- Reassurance
- Identifying triggers such as; waiting too long and environmental factors such as loud noise levels.

The skills in managing include

- Empathy
- Acknowledging good behaviour
- Respect for the rights of children, and
- Being fair and consistent.

(Brothers of Charity Services National Guideline Responding to Behaviour that Challenges G2(99)(07).

## **Bullying**

*“Bullying can be defined as the repeated aggression be it verbal, psychological or physical which is conducted by an individual or group against others” (Children First).*

Any staff member who has concerns that a child may be bullied should bring it to the attention of their line manager. Children should be protected and assisted in learning skills to manage the bullying behaviour. The most effective form of influence by the carer is through modeling positive behaviours towards others in the presence of children.

The Staff or Carer should help the children formulate rules about how they should behave towards each other for example; “I will not bully other children” or “I will help a child who is being bullied”.

Bullying will be brought to the attention of both the Carer / Family and other staff working with the alleged victim and alleged bully. Positive Behaviour Management as with challenging behaviour will assist in bullying incidents.

If there are concerns of adult bullying of a child the procedures described here for concerns regarding abuse should be followed.

# SECTION 7

## **Children in Residential Care**

Children living away from home are particularly vulnerable to abuse as they are separated from the natural supports provided by their family. They are vulnerable to abuse from other children, visitors, family members and members of staff. The Brothers of Charity Services recognize this vulnerability and as a result support and advocate for children to continue to be cared for by their family for as long as possible. Residential services offered by the Brothers of Charity are offered in partnership with families and encompass respite care, host families, shared care arrangements and fulltime residential care.

Each company has in place a Statement of Purpose and Function for its children's residential and respite services. The Statement outlines how they support children in residential care and their families.

## **Host Families**

Many of the Brothers of Charity companies offer a Home-Share or Host Family partnership between two families. This service serves a two-fold purpose; it gives the child's parents a break from caring for their child with special needs and it gives the child an opportunity to develop meaningful relationships with members of their local community.

Host Families are vetted in line with the National Standards for Foster Care. Each company has in place a rigorous application process which reflects the standards required for recruitment, assessment, approval and ongoing training and support of Host Families.

## **Children in Schools**

Brothers of Charity Services run special schools for children with an Intellectual Disability and for children with Autism. All staff in Schools must follow the protection procedures set out by the Department of Education for that school. If a Brothers of Charity Services member of staff working in a school is unsure, or anxious about the fact that schools do not need to give a written statement as to why they have chosen not to report, they should consult the Brothers of Charity Services Designated Person. If the staff member remains concerned they can consult directly with or report to the HSE.

**Definition of Physical Abuse**

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

- (i) shaking
- (ii) use of excessive force in handling
- (iii) deliberate poisoning
- (iv) suffocation
- (v) Munchausen's syndrome by Proxy, and
- (vi) Allowing or creating a substantial risk of significant harm to a child.

\*This is a condition 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 which alert to the possibility of Munchausen's Syndrome by Proxy include the following:

- (i) symptoms which cannot be explained by any medical tests; symptoms never observed by anyone other than the carer; symptoms reported to occur only at home or when a parent visits a child in hospital;
- (ii) high level of demand for investigations of symptoms without any documented physical signs;
- (iii) unexplained problems with medical treatment such as drips coming out and lines being interfered with; or
- (iv) presence of un-prescribed medication or poisons in the blood or urine.

**Physical Indicators**

- Scratches
- Bite marks or welts
- Bruises in places difficult to mark  
e.g. behind ears, groin
- Burns, especially cigarette burns
- Untreated injuries

**Behavioural Indicators**

- Self mutilation tendencies
- Chronic runaway
- Aggressive or withdrawn
- Fear of returning home
- Undue fear of adults
- Fearful watchfulness

*These signs are not a checklist.*

**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 the following:

- (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 includes inciting, encouraging, propositioning, other sexual acts. Sexual exploitation also occurs when a child is involved in

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. This means, for example, that sexual intercourse between a 16 year old girl and her 17 year old boyfriend is illegal, and might be regarded as constituting **child sexual abuse**.

The decision to initiate child protection action in such cases is a matter for professional judgement and each case should be considered individually. The criminal aspects of the case will be dealt with by An Garda Síochána under the relevant legislation.

**It should be noted that the definition of child sexual abuse in this section is not a legal definition and is not intended to be a description of the criminal offences of sexual assault.**

### Physical Indicators

- Soreness, bleeding in genital or anal areas
- Itching in genital areas
- Stained or bloody underwear
- Stomach pains or headaches
- Pain on urination
- Difficulty in walking or sitting
- Bruises on inner thighs or buttocks
- Anorexia/bulimia

### Behavioural Indicators

- Chronic depression
- Inappropriate language, sexual knowledge for age group
- Making sexual advances to adults or other children
- Low self esteem
- Afraid of dark
- Wariness of being approached by anyone
- Substance/drug abuse

*These signs are not a checklist.*

### **Definition of Emotional Abuse**

Emotional abuse is normally to be found in the *relationship* between a care-giver and a child rather than in a specific event or pattern of events. It occurs when a child's need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples of emotional abuse of children include:

- (i) the imposition of negative attributes on children, 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 behaviour or actions;
- (iii) emotional unavailability by the child's parents/carer;
- (iv) unresponsiveness, 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 in a certain way;
- (vii) under or over-protection of the child;
- (viii) failure to show interesting, 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.

Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. Examples of these include: 'anxious' attachment, non-organic failure to thrive, 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.

### **Physical Indicators**

- Sudden speech disorders
- Wetting and soiling
- Signs of mutilation
- Frequent vomiting

*These signs are not a checklist.*

### **Behavioural Indicators**

- Rocking, thumb sucking
- Fear of change
- Chronic runaway
- Poor peer relationships
- Attention seeking behaviour

### **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, medical care.

*Harm* can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is *significant* is determined by his/her health and development as compared to that which could reasonably be expected of a child of similar age.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For instance, a child who suffers a series of minor injuries is not having his or her needs met for supervision and safety. A child whose ongoing failure to gain weight or whose height is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation. The *threshold of significant harm* is reached when the child's needs are neglected to the extent that his or her well-being and/or development is affected.

### **Physical Indicators**

- Constant hunger
- Exposed to danger, lack of supervision
- Inadequate/inappropriate clothing
- Poor hygiene
- Untreated illness
- Tiredness

*These signs are not a checklist.*

### **Behavioural Indicators**

- Listlessness
- Lack of relationships
- Low self-esteem
- Compulsive stealing/begging

**FORM CPI**  
**Brothers of Charity Services (Company)**  
**Report Form for Registering Child Protection concerns**

**Return to the Designated Persons**

Name of Service User(s):		D.O.B	
Service Area:			
Address:			
Date of Incident:		Date of Report	
Date line manager was informed:			

**Type of Alleged Abuse**

Physical		Sexual		Emotional/ Psychological		Financial		Institutional	
Neglect									

**Description of Concern/Observation/Suspicion/Disclosure of alleged abuse**

**Please write overleaf**

**What steps have been taken to protect the alleged victim?**

Actions Taken:			
Doctor Contacted:		Date:	Time:
Name of Doctor:			
Gardai Informed:		Date	Time:

**Description of concern/observation/suspicion/disclosure or allegation**  
**Please give facts only including the following:**

Nature of alleged abuse: \_\_\_\_\_

What happened? \_\_\_\_\_

Where did it happen? \_\_\_\_\_

What was said? \_\_\_\_\_

Who was present? \_\_\_\_\_

When did the alleged incident occur/date/time: \_\_\_\_\_

Please note any changes in the physical/mental or  
Emotional well-being of the service user(s):

\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any previous concerns?  
Please describe \_\_\_\_\_

*If you have any other comments or observations please state here.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tel: No:** \_\_\_\_\_

**Received by Designated Persons: Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BROTHERS OF CHARITY MONITORING FORM**

NAME

DATE OF BIRTH

START DATE

CLASS/GROUP

Date Time	Incident	Physical Injury	Non attendance	Conversation	Behaviour causing concern	Action	Signature

**HSE NOTIFICATION FORM**

Copy sent to (please tick as appropriate)

SSW ( ) SWTL ( ) Sup PHN ( ) S.C1.Psy ( ) SAMO ( )

**CHILD PROTECTION NOTIFICATION FORM**

Please send to relevant HSE Child Care Manager in an envelope clearly marked PRIVATE & CONFIDENTIAL

**Details of child**

Name: \_\_\_\_\_ M ( ) F ( ) D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ School: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nature of child protection concerns (if more than one, please priorities 1, 2, 3)**

	Physical abuse	Sexual abuse	Emotional abuse	Neglect
Suspected	( )	( )	( )	( )
Confirmed	( )	( )	( )	( )

*NOTE: (1) If other children in this family are at risk/subject to the same type of abuse,*

*please tick in Household Composition (Same Concern) below.*

(2) *If other children in this family are at risk/subject to a different type of abuse, a separate form must be completed in respect of each child.*

**Household Composition**

Name	Relationship to child	DOB	Same Concern?	Additional Information
			( )	
			( )	
			( )	
			( )	
			( )	
			( )	
			( )	

**FOR OFFICE USE ONLY**

CC Area	DED	ID No
Gardai Notified	Yes [ ]	Date ___/___/___
Acknowledgement to Reporter	Yes [ ]	Date ___/___/___

**Legal Custody of Child/ren**

Held by (please tick): Both parents [ ] Father Only [ ] Mother Only [ ] HSE [ ]

Other (please specify) [ ] \_\_\_\_\_

Is family aware of notification? Yes [ ] No [ ] If yes, what is their attitude?

\_\_\_\_\_

**Professional Network/People/Agencies involved with family**

	Name	Tel No.
G.P.		

P.H.N.		
Social Worker		
Other(s)		

**Details of Reporter**

Reporter requested confidentiality? Yes [ ] (please tick)

<b>Name</b>	<b>Tel No</b>
Relationship to child/(ren)/family	

**Details of Child Protection Concerns**

Action taken by you and any recommendations for further action

**Details of person(s) causing concern**

Name            M [ ]            F [ ]            Age            Relationship to child

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Address

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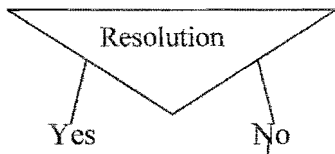
Signed \_\_\_\_\_ Profession \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Tel No.: \_\_\_\_\_

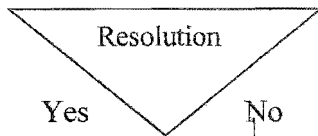
Pathways for Complaints

Person makes complaint to staff member

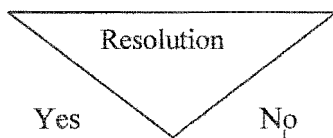
In relation to professional multidisciplinary staff, a complaint can be forwarded to the professional body of the staff member at any time in the process, which holds an independent investigation



Complaint forwarded to Administrator

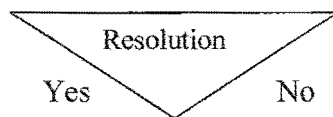


Complaint forwarded to Head of Children's Services



Chief Executive establishes panel to include member of Early Intervention Service Management

Professional misconduct issue referred to appropriate professional body



Complainant can refer to Ombudsman for further investigation or National Chief Executive

**Appendix 6**

**Supervision Record**

Name	
Unit	
Position	
Supervisor	
Date	

**Agenda**

Staff Member	Supervisor

**Summary of Points Discussed:**

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Decisions Made:	Responsibility of:

Date \_\_\_\_\_ of \_\_\_\_\_ Next \_\_\_\_\_ Supervision Meeting: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 7

### Contact Details of Designated Persons and other relevant professionals

<b>Designated Person</b>	Jo Rynne Principal Social Worker Banner House, Clare Road, Ennis Co. Clare Tel: 065 6869760 or 087 7991005
<b>Deputy Designated Person</b>	Ger McLoughlin Principal Social Worker Banner House, Clare Road, Ennis Co. Clare Tel: 087 4181918
<b>Local HSE Duty Social Worker</b>	River House, Gort Road, Ennis Co. Clare Tel: 065 6863907
<b>Local Garda Síochána Office</b>	Ennis Garda Station Tel: 065 6848100
<b>Shannondoc</b>	(Out of hour's service) Tel:1850-212-999

Please ensure that G.P. numbers for children being supported are readily available to staff.