

## Procedures Manual

Title: CHILD PROTECTION AND WELFARE

SD-14A

### 1.0 SCOPE

1.1 The system and good practice used to prevent abuse.

### 2.0 AIMS AND VALUES

- 2.1 To ensure that service users are protected from all forms of abuse.
- 2.2 To ensure that effective policies and procedures are in place to prevent abuse.
- 2.3 To protect staff and service users where abuse is alleged, disclosed or suspected

### 3.0 CONTENTS

- 6.0 Definitions of Abuse (Children First 2011)
- 7.0 Missing Service User
- 8.0 Record Keeping
- 9.0 Safe Recruitment of Procedures for Workers and Safe Management of Workers
- 10.0 Allegation of Abuse Against Workers
- 11.0 Code of Behaviour between Workers and Children
- 12.0 Sharing Information.
- 13.0 Complaints.
- 14.0 Accidents / Incidents

### 4.0 REFERENCED DOCUMENTS

- C4-001 Accident/Incident/Near Miss Report
- C4-040 Medication Error Form
- C4-067 Service User Body Chart
- C4-075 Service User's Personal Support Plan
- C4-077 Service User's Daily Report Record/Nursing Report/Sleepover Report/After School Club Report.
- C4-114 Children First Standard Report Form.**
- QP-15 HSE Children First 2011
- QP-24 Health Board's Policy on Record Retention Periods 1999.
- QP-25 Protection & Prevention of Abuse Policy.
- QP-33 Child Care Act 1991.
- C4-SCB Staff Communications Book.
- C4-SUPMPB Service User Personal Monies and Property Book.
- MA-11 Reporting Poor Practice.
- MA-15 Confidentiality & Access to Records.
- MA-17 Complaints procedure.
- HR-012 Recruitment Policy & Procedure.
- HR-019 Induction & Probation Policy & Procedure.
- WIDA's Code of Behaviour.

### 5.0 RESPONSIBILITIES

5.1 The manager, designated liaison persons and all staff & volunteers.

## **This is the procedure to be followed**

### **6.0 Definitions of Abuse (Children First 2011)**

6.1 Definition and Recognition of Child Abuse- This section outlines the principal types of child abuse and offers guidance on how to recognise such abuse.

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse.

6.2 A child may be subjected to one or more forms of abuse at any given time. More detail on each type of abuse is given in Appendix 1 of Children First, 2011 (QP-15). 'A child' means a person under the age of 18 years, excluding a person who is or has been married.

### **6.3 Definition of 'neglect'**

6.4 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.

6.5 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.

6.6 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.

6.7 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.

### **6.8 Definition of 'emotional abuse'**

6.9 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:

- (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.

6.10 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.

### **6.11 Definition of 'physical abuse'**

6.12 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 of Children First 2011-QP-15- for details);
- (xi) allowing or creating a substantial risk of significant harm to a child.

### **6.13 Definition of 'sexual abuse'**

6.14 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.

6.15 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.

6.16 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.

## **6.17 Reporting Procedures**

### **6.18 Recognising child neglect or abuse**

6.19 Child 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 of QP-15 Children First 2011 and staff should familiarise themselves with same. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than child abuse. All signs and symptoms must be examined in the context of the child's situation and family circumstances.

### **6.20 Guidelines for recognition**

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

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

### **6.22 Stage 1- Considering the possibility**

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

### **6.24 Stage 2- looking out for signs of neglect or abuse**

6.25 Signs of neglect or abuse can be physical, behavioural or developmental. They can exist in the relationships between children and parents/carers or between children and other family members/other persons. A cluster or pattern of signs is more likely to be indicative of neglect or abuse. Children who are being abused may hint that they are

being harmed and sometimes make direct disclosures. Disclosures should always be taken very seriously and should be acted upon, for example, by informing the HSE Children and Family Services. The child should not be interviewed in detail about the alleged abuse without first consulting with the HSE Children and Family Services. This may be more appropriately carried out by a social worker or An Garda Síochána. Less obvious signs could be gently explored with the child, without direct questioning. Play situations, such as drawing or story-telling, may reveal information.

- 6.26 Some signs are more indicative of abuse than others. These include:
- (i) disclosure of abuse by a child or young person;
  - (ii) age-inappropriate or abnormal sexual play or knowledge;
  - (iii) specific injuries or patterns of injuries;
  - (iv) absconding from home or a care situation;
  - (v) attempted suicide;
  - (vi) underage pregnancy or sexually transmitted disease;
  - (vi) 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.
- 6.27 Many signs of abuse are non-specific and must be considered in the child's social and family context. It is important to be open to alternative explanations for physical or behavioural signs of abuse.

### **6.28 Stage 3: Recording of information**

- 6.29 If neglect or abuse is suspected and acted upon, for example, by informing the HSE Children and Family Services, it is important to establish the grounds for concern by obtaining as much information as possible.
- 6.30 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

### **6.31 Reasonable grounds for a Child Protection or Welfare concern**

- An injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse.
- Consistent indication over a period of time that a child is suffering from emotional or physical neglect.
- Admission or indication by someone of an alleged abuse.
- A specific indication from a child that he or she was abused.
- An account from a person who saw the child being abused.
- Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.

### **6.32 Dealing with Disclosures of Abuse**

- 6.33 Disclosures should always be taken very seriously and should be acted upon, for example, by informing the HSE Children and Family Services. The child should not be interviewed in detail about the alleged abuse without first consulting with the HSE Children and Family Services. This may be more appropriately carried out by a HSE

social worker or An Garda Síochána. Less obvious signs could be gently explored with the child, without direct questioning.

### **6.34 Reporting Child Welfare & Protection Concerns**

### **6.35 Designated Liaison Person**

- 6.36 WIDA must appoint a Designated Liaison Person to act as a liaison person with outside agencies and as a resource person to staff any member or volunteer who has child protection concerns. This person(s) should be familiar with Children First: National Guidance (2011) and knowledgeable about Child Protection, having availed of the necessary training.
- 6.37 It is the responsibility of the Designated Liaison Person to ensure that correct procedures are followed in respect of all concerns brought to them by staff/volunteers and that where necessary, reports of suspected child abuse/welfare concerns are reported to the HSE Children & Family Services without delay.
- The Designated Liaison Person within WIDA is Ms. Claire Looney, Social Worker, WIDA, 2 Belmont Rd., Waterford. **051-897024**
  - The Deputy Designated Liaison Person is Ms. Teresa Harhen, Assistant Director of Nursing, WIDA, 2 Belmont Rd., Waterford. **051-897022**
- 6.38 It is the responsibility of all staff and management to recognise child protection concerns and share those with the agencies responsible for assessing or investigating them, without delay, and not to determine whether the child protection concerns are evidenced or not.
- 6.39 The Designated Liaison Person should make a referral to the HSE Children & Family Services' Social Work Service, using the C4-114 Standard Report Form. If the concern is urgent and there is an imminent risk to a child, the report may be made by telephone and followed up by the standard reporting form.
- 6.40 The Designated Liaison Person should refer to the Child Protection & Welfare Practice Handbook for guidance when completing the Standard Report Form.
- 6.41 If unsure whether or not to make a referral, the Designated Liaison Person may consult informally with the Duty Social Work, HSE Children & Family Services.
- 6.42 It is important for staff to document all concerns/disclosures of abuse and all information & incidents which may not initially warrant a referral to HSE Children & Family Services. This should be recorded on the child's file, in a timely manner.
- 6.43 Duty Social Work, Waterford Children & Family Services are contactable at:  
Waterford Community Services, Cork Rd, Waterford. Telephone: **051-842827**.  
Dungarvan Community Services, St Joseph's Hospital, Dungarvan. Telephone: **058-20906**
- 6.44 In the event of an emergency, where you think a child is in immediate danger and you cannot get in touch with the HSE Children & Family Services' Duty Social Worker, you should contact the Gardai. In the event of a report being made to the HSE

Children & Family Services or the Gardai, it is best practice for the parents to be informed, unless doing so would put the child at further risk.

6.45 Where there are reasonable grounds for concern for ‘unidentifiable children’ posed by a particular person, this should also be communicated to the HSE Children & Family Services.

6.46 The failure of any member of staff to report child abuse concerns may lead to disciplinary action. Furthermore, staff must be cognisant that the failure to report child abuse concerns may be also be considered an offence under the Criminal Justice Act 2006 (Reckless Endangerment of Children).

6.47 The designated liaison person should record all referrals to them in the Designated Liaison Person Book (DLPB), including actions taken and outcome of the referral. Entries in the DLPB should be reviewed at least annually by the DLP & the deputy DLP.

#### 6.48 **Report not made to HSE or An Garda Siochana**

6.49 Where a decision is made not to report a concern to the HSE Children & Family Services or An Garda Siochana, the individual raising the concern should receive a clear written explanation of why such action is not being taken. If the employee/volunteer remains concerned, he/she may (as an individual) consult with, or make a report to, the HSE or an Garda Siochana. The provisions of the Protections for Persons reporting Child Abuse Act 1998 apply once the communications are made ‘reasonably and in good faith’.

#### 6.50 **Retrospective Disclosures**

Where an adult makes a disclosure of abuse that took place during their childhoods, it is imperative that it is established whether there is any current risk to any child who may be in contact with the alleged abuser. Where there is such a risk, a report should be made to the HSE Children & Family Services by the Designated Liaison Person.

#### 6.51 **Third Party Referrals**

Where information is received by WIDA in respect of a suspicion of child abuse/welfare concern from a third party, this must be reported, regardless of any consideration in respect of confidentiality, to HSE Children & Family Services, which should then investigate the concerns.

### 7.0 **MISSING SERVICE USER**

7.1 If a child goes missing while in the care of WIDA, please refer to SD-20 ‘Missing Service User’.

#### 7.2 **Protection from Civil Liability**

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 the HSE or to An Garda Siochana. This protection is extended to organisations as well as individuals.

### **7.3 Guidance on Confidentiality**

In order to effectively protect children from all forms of abuse, it is imperative that there is effective communication and co-operation with HSE Children & Family Services- through verbal and written communications and also at meetings.

Where there are child protection or welfare concerns in respect of a child, information must be shared with the relevant authorities on a 'need to know basis', in the best interests of the child. No undertaking of secrecy should therefore be given by any member of staff, but rather it should be explained how the information will be shared with the Designated Liaison Person and potentially with the HSE Children & Family Services.

Sharing information in respect of child abuse and/or welfare concerns is not a breach of confidentiality or Data Protection legislation.

As stated above, it is best practice that parents are informed of any report being made to the HSE Children & Family Services, unless doing so would place the child at further risk.

Refer to MA-15 Confidentiality and Access to Records for further guidance.

## **8.0 RECORD KEEPING**

- 8.1 Staff should record allegations, concerns and/or disclosures of abuse on the child's file. Any referrals to the Designated Liaison Person and Deputy Designated Liaison Person should be recorded in the Designated Liaison Person Book (DLPB)  
All records are to be maintained in line with MA-15 Confidentiality & Access to Records.

WIDA are committed to effectively sharing all necessary information in relation to child welfare and protection concerns with the HSE Children & Family Services.

## **9.0 SAFE RECRUITMENT PROCEDURES FOR WORKERS & SAFE MANAGEMENT OF WORKERS**

- 9.1 WIDA are committed to best practice in the recruitment of staff and volunteers, recognising that safe recruitment procedures are central to safeguarding children. Staff will be recruited in line with our Recruitment Policy & Procedure (HR-012) and Induction & Probation Policy & Procedure (HR-019).

## **10.0 ALLEGATIONS OF ABUSE AGAINST WORKERS**

- 10.1 Allegations of abuse against employees of WIDA will be dealt with in accordance with Trust in Care (QP-15). However, with respect to allegations concerning children, it may not be appropriate to complete a preliminary screening.

Rather, the employee should be informed that an allegation has been made, and be advised of the nature of the allegation. The employee should be afforded an opportunity to respond. This response should be recorded and included in any referral to HSE Children & Family Services.

- 10.2 The allegation should be assessed by the employer without delay and a decision taken 'reasonably and in good faith' whether it necessitates a formal referral to HSE Children & Family Services. This decision should be based upon the Reasonable Grounds for Concern, outlined above and should follow the process outlined above for reporting to the HSE.



- 10.3 In line with Trust in Care, it is imperative that management put in place any protective measures required to ensure that no child is exposed to unnecessary risk. Such protective measures ought to be proportionate to the level of risk and should not unreasonably penalise the employee involved.
- 10.4 The manager should inform the Chairperson of WIDA's Board of Directors of the allegation and any actions being taken.
- 10.5 Once a report is made to HSE Children & Family Services and/or An Garda Siochana, WIDA must ensure that any actions taken do not interfere with the processes of the HSE Children & Family Services or An Garda Siochana. It is important for effective communication and cooperation with these agencies to be maintained.
- 10.6 WIDA should then be advised of the outcome of any investigation by these agencies, which will inform how WIDA proceeds under Trust in Care.
- 10.7 All actions taken should be documented clearly on the Service User's File, the Staff Personnel File and the Designated Liaison Person Book (DLPB).

## **11.0 CODE OF BEHAVIOUR BETWEEN WORKERS AND CHILDREN**

- 11.1 Please refer to WIDA Code of Behaviour for guidance on appropriate conduct and boundaries between staff and service users.

## **12.0 SHARING INFORMATION**

- 12.1 WIDA encourages effective communication with parents/guardians and parental involvement in services through the care planning process. Parental consent will be sought for admissions to respite care and for participation in activities.

## **13.0 COMPLAINTS**

- 13.1 Please refer to MA-17 Management of Complaints for guidance on dealing with complaints from service users. This procedure should be made available to all service users/ parents/ representatives/ advocates in an accessible format.

## **14.0 ACCIDENTS/INCIDENTS**

- 14.1 All accidents/incidents/near misses are to be recorded on Accident/Incident/Near Miss report form, C4-001.