



## **Child Protection and Welfare Policy**

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# **1. Child Protection Policy Statement**

This policy has been developed to comply with our responsibilities to safeguard the children in our care.

**We in Circus Factory are committed to practice which protects children from harm and to full compliance with the Children First National Guidance for the Protection and Welfare of Children and Our Duty to Care.**

**We recognise the rights of children to be protected from harm, treated with respect, listened to and to have their views taken into consideration in matters that affect them.**

**Management, staff and volunteers/students in this service recognise that the welfare of children is paramount and our service will endeavour to safeguard children by:**

- Having procedures to recognise, respond and report in relation to concerns for children's protection and welfare
- Having a confidentiality policy
- Having a code of behaviour for staff and volunteers/students
- Having a safe recruitment procedure
- Having procedures for managing/supervising staff/volunteers/students
- Having a procedure to respond to accidents
- Having a procedure to respond to complaints
- Developing a staff allegations procedure and disciplinary procedure

**As part of the policy this service will:-**

- appoint a designated liaison person (DLP) for dealing with child protection concerns
- provide induction training around the group's child protection policy and procedures
- ensure that staff attend child protection training, as appropriate
- provide supervision and support for staff and volunteers in contact with children
- share information about the child protection policy and good practices with families and children

- review the groups' child protection policy and practices on a regular basis

**This policy will be reviewed on 11/01/2023 (no more than two years from date of adoption), or earlier if necessary.**

## 2. Recognising, Responding, Reporting Concerns about a Child's Welfare or Possible Abuse

Staff working with children may at times be concerned about the general welfare and development of children they work with. They should feel that they can discuss any concerns with the Manager or the Designated Liaison Person (Kate Mitchell). Good communication with parents is very important in ensuring best outcomes for children in this regard and any concerns should be discussed with parents (unless doing so might put a child at further risk). It is not always clear that a child may be being harmed or abused. DLP's may discuss concerns informally with Duty Social Workers of the HSE if they are not sure whether to report a concern or not (**see section 2.7, Child Protection and Welfare Practice Handbook, for further detail**).

Children's First Act 2015 state that 'Everyone must be alert to the possibility that children with whom they are in contact may be suffering from abuse or neglect.' This responsibility is particularly relevant for those who work closely with children and families.

"If you identify a child as being at risk of harm – you must act",  
(paragraph 3.7.3, Children First, 2015).

### **Designated Liaison Person**<sup>1</sup>

It is the responsibility of the Designated Liaison Person (DLP) or the Deputy DLP to make contact with the HSE Duty Social Worker or in the event of an emergency and the unavailability of the HSE contact An Garda Síochána.

The DLP and Deputy DLP will ensure that they are knowledgeable about child protection and will undertake any training considered necessary.

The Designated Liaison Person is: **Cormac Mohally - +353 86 405 2615 - Bakers Rd**  
The Deputy Designated Liaison Person is: **Kate O'Shea - +353 86 376 7418 - Wilton Rd**

### **Reporting Procedures**

All staff members at **Circus Factory** are aware of their responsibility to recognise and respond to child abuse and welfare concerns. **The definitions and signs and symptoms of abuse are contained in this policy in Appendix I.**

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<sup>1</sup> See Appendix 6 for information on the role and function of the DLP.

A concern could come to your attention in a number of ways and it is important to know how to respond

1, A child tells you or indicates that she/he is being abused. This is called a disclosure:

- **Follow the Suggested Guidelines for Responding to a child who discloses to abuse, Appendix 3.**
- **Report to your DLP without delay.**

2. Admission or indication from an alleged abuser.
3. A concern about *a potential risk* to children posed by a specific person, even if the children are unidentifiable.
4. Information from someone who saw a child being abused.
5. Evidence of an injury or behaviour that is consistent with abuse and unlikely to be caused in any other way.
6. 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.
7. Concern about the behaviour or practice of a colleague.

- **Record information and report to DLP without delay.**

8. Consistent indication over a period of time that a child is suffering from emotional or physical neglect.

- **Record dates and observations, consult with DLP.**
- **Consult Appendixes 1 & 2.**

9. Retrospective Disclosures by adults

Although our service is for children, it is possible for anyone to be in a position where an adult might disclose abuse that took place during their childhood.

- **It is essential to establish whether there is any risk to any child who may be in contact with the alleged abuser revealed in the disclosure.**
- **Record the information and report to DLP without delay.**

**Concerns about a child are discussed with or reported to the HSE within 24 hours.**

**The DLP will make a formal report to the HSE using the Standard Report Form following the procedure detailed below.**

**Emergency Procedure:** A child should never be left in immediate danger. If for any reason staff/volunteers are unable to contact the DLP or Deputy DLP, everyone needs to know that they should contact the Duty Social Worker or if not available An Garda Síochána.

- Referral to the HSE Children and Family Services Social Work Service is made using the Standard Report Form.
- Standard Report Forms are located in our [online filing system](#)
- Standard Report Forms can also be accessed directly from Children and Family Services or downloaded from [www.hse.ie/go/childrenfirst](http://www.hse.ie/go/childrenfirst).
- If the concern is urgent and the child is in immediate danger, make the report by telephone and follow it up with the completed Standard Report Form.
- **Remember: The quality of the information that is provided will help influence the ability of the Social Work Service to respond.**
- In the event of an emergency and the unavailability of the HSE Duty Social Worker at **Tel: 021 4927000 Post: Child and Family Agency, North Lee Social Work Department, Floor 2 ( adjacent to shopping centre), Blackpool, Co. Cork** Contact An Garda Síochána at:  
**Anglesea Street - (021) 452 2000 or the Bridewell (021) 494 3330**

We recognise that it may be difficult for a member of staff, volunteer or student to raise a child protection or welfare concern. We recognise the need to provide support to people in the organisation who report child protection or welfare concern.

If the Designated Liaison Person chooses not to pass on a concern raised by a member of staff, volunteer or student, he/she will inform them of this in writing, indicating the reasons. The Designated Liaison Person will advise the individual that he/she may proceed to make a report themselves and that the provision of the Protection for Persons Reporting Child Abuse Act, 1998 will apply. The Protection for Persons Reporting Child Abuse Act, 1998 provides protection from civil liability and penalisation by an employer where reports are made to designated officers in the HSE or to An Garda Síochána reasonably and in good faith.

Not all concerns that are raised will necessarily meet reasonable grounds for concern (see Appendix II). Where concerns do not meet reasonable grounds for concern these will be documented in our [incident and observations log book](#), and kept separately, confidentially and securely for future reference (see Record Keeping and CPWPH 2.7).

Where there is a concern that a child has gone missing this information will be reported to the HSE Child and Family Social Work Services. We also recognise our responsibility to report potential risks to unidentifiable children to the HSE Child and Family Social Work Services.

**Contact details:**

The duty social worker is available at:

Address	Child and Family Agency, South Lee Social Work Department, St. Finbarrs Hospital, Douglas Rd, Co. Cork.
Phone	021 4923001
Office Hours	9am - 5pm

When a child protection concern is being reported to the HSE, good practice would indicate that parents/carers should be informed about the report UNLESS DOING SO MAY PUT THE CHILD AT FURTHER RISK. The DLP may seek advice from the HSE Social Work Department in relation to this. **Where appropriate, the DLP will inform the parent(s) of our intention to make a referral the HSE Child and Family Services.**

**In relation to Community Childcare Services.**

It is anticipated that generally the managers of the service will be taking on the role of Designated Liaison Persons. Where there is a voluntary management committee, the chairperson of the committee would be informed that a report has been made to the HSE. Identifying information would not be passed to the chairperson or any member of the management committee, in line with the Confidentiality Policy.

**In the absence of the Designated Liaison Person the Deputy Designated Liaison Person would take responsibility for concerns regarding children.**

### **3. Procedure for Dealing with Allegations of Abuse against Employees and Volunteers**

'Our Duty to Care' advises that two procedures need to be followed:

1. Reporting procedure in respect of the child
2. The procedure for dealing with the employee

**It is recommended that the same person should not have responsibility for dealing with both the reporting issues and the employment issues.**

1. Reporting procedure in respect of the child
  - The designated liaison person will follow the standard procedures for dealing with concerns/disclosures of abuse and reporting to the HSE.
  - We recognise that the welfare of the child remains the paramount consideration and that where there are reasonable grounds for concern the reporting procedure will be followed without delay.
  - In a community preschool service the DLP will also inform a designated member of the Board of Management without delay.
1. The procedure for dealing with the employee
  - The designated member of the Board of Management will inform the employee/volunteer that an allegation has been made against him/her and the nature of the allegation.
  - The employee will be given an opportunity to respond. The designated member of the Board of the Management will note the response and pass on the information when making the standard report to the HSE. The worker will be informed of how the information they provide will or may be used.
  - Further action will be guided by the employment contract and the rules of natural justice – the first priority is to ensure that no child is exposed to unnecessary risk. Protective measures, proportionate to the level of risk, must be undertaken.
  - Follow up action on the allegation/concern will be taken in consultation with the investigating agencies: the HSE and/or An Garda Síochána. After these consultations, when pursuing the question of the future position of the employee, the designated member of the Board of the Management will advise the employee of the agreed procedures to be followed

- We will take care to maintain close liaison with the HSE and/or An Garda Síochána during the course of the investigation.
- We will keep parents informed of actions planned and taken, having regard to the rights of others concerned.

(Adapted from Children First Appendix 9 and Our Duty to Care, Section Seven)

**All services should have a disciplinary procedure in place and may need to seek legal advice in relation to allegations against staff. This procedure should be cross referenced with any existing employment policies.**

## 4. Confidentiality

It is the policy of Circus Factory to keep confidential all personal information about the children and staff in this service.

However, an exception to this is when child protection concerns arise, in which case the organisation cannot keep such information secret. In this situation information will be shared on a 'need to know' basis in the best interest of the protection and welfare of the child. Sharing of information for the protection of child is not a breach of confidentiality or data protection. Parents and children have a right to know if personal information is being shared, unless doing so could put the child at further risk.

Management, staff, volunteers/students in this service are advised of our confidentiality policy and are required to sign up to it.

## 5. Record Keeping

Keeping accurate and up to date records in relation to children, staff and service provision is essential in order to comply with  
Parents may have access to the files and records of their own children on request but may not have access to information about any other child.

Only staff involved with a particular child will have access to confidential files.

**All files are kept securely via our Online TeamUp Booking System**

Where there are welfare or child protection concerns, observations/records will be kept in our incident and observations log book on an ongoing basis and information shared with HSE Child and Family Services as appropriate.

**In line with Children First (4.7.5 viii) it is our policy to share our records with the HSE where a child protection or welfare issue arises. We also are committed to attend and share information as required at formal child protection and welfare meetings organised by the HSE Children and Family Services, i.e. Child conferences and strategy meetings.**

## **6. Code of Behaviour**

**We in Circus Factory believe that staff and volunteers should have a child centred-approach to working with children. All staff and volunteers should have a clear understanding of what is acceptable with respect to their behaviour with children. This is important to protect children from harm and staff/volunteers, children and parents from misinterpretations of their actions. We recognise that all children have an equal right to our service provision in line with the Equal Status Acts and the National Disability Strategy.**

We aim to do this by-

- Valuing and respecting all children as individuals;
- Listening to children;
- Educating Children about spotting and other activities before proceeding
- Involving children in decision making as appropriate;
- Encouraging children;
- Having an anti-bullying policy;
- Promoting positive behaviour;
- Having an accident/incident policy.

We do not:

- Engage in or allow inappropriate touching in any form
- Verbally abuse or physically punish any child
- Condone bullying or abusive behaviour by staff, volunteers or other children
- Undertake intimate care needs without consulting and agreeing arrangements with the child and parents.
- Engage in practices which demean children

We are aware:

- Of developing favouritism or becoming overly involved with any one child.
- That while physical contact is a valid way of comforting or reassuring a child it should take place in response to the need of the child and not the need of the adult and in an open environment
- Of the need to be sensitive to the diverse cultures in our setting.
- That children are to be supported and encouraged in order to let staff know if they have any complaints, concerns or difficulties.

## **7. Vetting**

See [Vetting Policy](#)

## **8. Induction, Training and Supervision/Support**

- All management, staff, volunteers and students will be briefed on the child protection policy as part of their induction training.
- All management, staff, volunteers and students will be required to agree to the child protection policy.
- The Designated Liaison Persons will be required to attend HSE Designated Liaison Persons Training and/or other relevant training as identified
- Supervision and support arrangements can be made for management, staff and volunteers upon request to the DLP or designated Board of Management member.

## 9. Complaints Procedure

We in Circus Factory aim to work in partnership with parents by seeking parent's views and encouraging parents to participate in any decision-making in relation to the service.

We undertake to ensure all complaints are taken seriously and dealt with fairly and confidentially.

We will endeavour to quickly and informally resolve complaints through discussion with the parents and members of staff as appropriate.

Parents will be made aware that there is a complaints procedure in operation and will receive a copy of the complaints form as part of the child protection policy.

### **Procedure to be followed:**

If a parent/guardian is not satisfied with any aspect of the childcare service they should first of all seek to resolve the issue informally by:

- Discussion with the manager and leader.
- If the issue is unresolved or reoccurs, parents should put their complaint in writing to the Chairperson of the Board of Management.
- The Board of Management may then nominate a committee member to meet with the parents and manager/leader (as appropriate) to try and resolve the issue at minimum by the next working week.
- If the issue remains unresolved, it may be necessary for a third party to mediate the complaint.
- Written records of discussion and agreements made will be kept of this meeting and copies made available to parents, manager/leader, or other involved staff (as appropriate).

### **Depending on the nature of the complaint the following procedures may also be followed:**

#### ▪ **Code of Behaviour**

If there is a breach of the Code of Behaviour by staff, i.e. poor practice, the disciplinary procedure may be invoked by the Board of Management of the childcare service.

# Appendix 1: Definitions and Signs and Symptoms of Abuse

## **NEGLECT**

Where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment and affection from adults, and/or medical care.

- Usually not one event
- happens over a period of time
- results in the child's development being severely affected

(Children First, pg. 8)

***Child neglect is the most common category of abuse. A distinction can be made between 'willful' neglect and 'circumstantial' neglect. 'Willful' 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, contact with others. 'Circumstantial' neglect more often may be due to stress/inability to cope by parents or carers.***

### ***Signs and Symptoms***

- abandonment or desertion – Parent does not pick up child and cannot be contacted;
- children persistently left alone – without adequate care and supervision;
- malnourishment;
- lack of warmth;
- lack of adequate clothing;
- lack of protection and exposure to danger;
- inattention to basic hygiene;
- persistent failure to attend school;
- non-organic failure to thrive i.e. child not gaining weight due to malnutrition but also due to emotional deprivation;
- failure to provide adequate care for child's medical problems.

(Children First, Appendix 1, pg. 70)

## **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 the 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. Some of the indicators that may raise a concern include:

(Children First, pg. 8)

- rejection;
- continuous lack of praise and encouragement;

- 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);
- inappropriate non-physical punishment (e.g. locking in bedrooms);
- family conflicts and/or violence;
- inappropriate expectations of a child's behaviour – relative to his/her age or stage of development (e.g. expecting 3 year old to be able dress self independently);
- serious over-protectiveness.

Every child who is abused sexually, physically or neglected is also emotionally abused.

(Children First, pg. 71)

### **PHYSICAL ABUSE**

Is that which results in actual or potential physical harm from an interaction or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be a single or repeated incidents.

(Children First, pg. 9)

### ***Signs and Symptoms***

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

- shaking;
- bruises;
- fractures;
- swollen joints;
- burns/scalds;
- cuts and abrasions;
- damage to body organs;
- haemorrhages (retinal, subdural);
- poisonings;
- failure to thrive;
- coma/unconsciousness;
- death.

(Children First, pg. 71, see Children First, pg. 72 – 73 for further detail)

### **SEXUAL ABUSE**

When a child is used by another person for his or her sexual gratification or sexual arousal or for that of others.

(Children First, pg. 9)

### **Signs and symptoms**

'Cases of child sexual abuse principally come to light through –

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

(Children First, pg. 73)

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

- bleeding from 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 changes in behaviour/mood, child becomes withdrawn, fearful or acting out
- 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.

### **Signs and Symptoms (Sexual abuse) continued**

Particular 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.

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

(Children First, pg. 73-74)

**Especially Vulnerable Children**

- Children in residential settings
- Children in Care
- Children who are homeless
- Children with disabilities
- Separated children seeking asylum
- Children being trafficked
- ***Other identified risk factors include the age of the child***

(Child Protection and Welfare Practice Handbook 3.2.1)

## **Appendix 2: Reasonable Grounds for Concern**

**(See also Child Protection and Welfare Practice Handbook 2.2 – 2.4)**

- Any 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 by a person who saw the child being abused.
- Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to be caused any other way

### **Are you worried about a child, but unsure if it's a concern about possible abuse or neglect? Consider the following**

Check out your concern with a child, for example:

'Johnny, how are you feeling today? You've looked a bit down the last few days, and I've noticed you haven't been playing with any of your friends.'

Check out your concern with the parent (s), for example:

'How has Johnny been at home? He seems to be a bit down the last few days.'

Check out your concern in a general with your colleagues:

'How does Johnny seem to you the last few days?'

Maybe something has happened at home or in your service that could explain your concern

How long has the behaviour been going on? How often does it occur? Is there a pattern?

Record your observations

Discuss your concern with your Designated Liaison Person

The Designated Liaison Person may need to ring the HSE Duty Social Worker for advice to determine if reasonable grounds for reporting exist.

## **Appendix 3: Guidelines for Responding to a Disclosure by a Child**

- Be as calm and natural as possible.
- Remember that you have been approached because you are trusted and possibly liked. Do not panic.
- Be aware that disclosures can be very difficult for the child.
- Remember, the child may initially be testing your reactions and may only fully open up over a period of time.
- Listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and wish to.
- Do not pressure the child. Allow him or her to disclose at their own pace and in their own language.
- Conceal any signs of disgust, anger or disbelief.
- Accept what the child has to say – false disclosures are very rare.
- It is important to differentiate between the person who has carried out the abuse and the act of abuse itself. The child quite possibly may love or strongly like the abuser while also disliking what has been done to them. It is important to therefore to avoid expressing any judgement on, or anger towards, the alleged perpetrator while talking with the child.
- It may be necessary to reassure the child that your feelings towards him or her have not been affected in a negative way as a result of what they have disclosed.

## **Appendix 4: Safe Management of Activities**

### **Planning Activities**

This can be achieved by:

#### ***Knowing the children***

- Having some defined criteria for membership
- Have a registration form for members on which you could record, for example:
  - Medical details;
  - Any special needs/consent for medical attention – especially in relation to children with a disability;
  - Emergency contact numbers of nearest relative or person with 'parental responsibility'.

#### ***Knowing your staff and volunteers***

- Follow a thorough recruitment procedure.
- Keep secure records of details provided at the time of recruitment.
- Have a work schedule which should be clearly displayed so that everyone knows who is on duty.
- Keep a record of complaints/incidents about or involving workers, children/young people or parents.
- Acknowledge stress and help staff through it.
- It is important that parents are subject to the same recruitment and supervision procedures as other staff and volunteers. Unrestricted access by parents is also a risk.

### **Supervision of Children**

#### **Practical Matters**

Such as:

- Number of participants;
- Age and age range;
- Type of activity;
- Environment where the activity is undertaken;
- Particular needs of individual participants, e.g. disabilities; and
- Organising programmes well in advance.

There are a number of basic principles to be aware of:

- Children should not normally be left unattended;
- You should know where children are and what they are doing;
- Dangerous behaviour by children should not be allowed, for example horseplay;

- Children will be safer if supervised by two or three adults; your organisation should have clear guidelines for ratios of staff and children for all activities;
- Having clearly defined supervision arrangements will not only minimise the occurrence of accidents but also contribute to the protection of children from intentional harm from either adults or peers.
- Some children with behavioural problems may require special attention. Most crises can be avoided if prior preparation has been made (such as training) and sensible procedures followed

### **Management of Activities (Continued)**

#### **Safe Management of Activities also includes:**

- Keeping Records such as:
  - Attendance register;
  - Accident book
  - Authorisation/parental consent form.
- Adopting Health and Safety Policies
- Required standards of premises and equipment
- Heating and ventilation
- Sanitation facilities
- Fire precautions
- First aid facilities
- Regular checking of equipment
- Providing adequate insurance cover for children, staff, volunteers and third parties.