



Child Safeguarding Statement
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1 Introduction

1.1 Statement of Policy

The aim and purpose of this Policy is to safeguard children, young people, families and staff. The Drogheda School of Karate Safeguarding Statement is a guidance document for The Drogheda School of Karate staff in identifying and responding to allegations and suspicions of child abuse or neglect. The document is based on and adheres to the Department of Children and Youth Affairs Children First: National Guidance for the Protection and Welfare of Children, (henceforth the National Guidance) published in 2011 and the Children First Act 2015. This Safeguarding Statement is displayed on the Drogheda School of Karate website.

1.2 Scope of Policy

The Drogheda School of Karate adheres to the Children First Act 2015 and Article 1 of the UN Convention on the Rights of the Child's definition of a child as anyone below the age of eighteen years unless under the law applicable to the child, majority is attained earlier. The Safeguarding Statement applies to all staff of the the Drogheda School of Karate, interns, volunteers , Board members The Child Safe Guarding Statement applies when working in the the Drogheda School of Karate offices and while representing the the Drogheda School of Karate at other venues.

1.3 Key Principles of the Safeguarding Statement

The following principles underpin the Child Safeguarding Statement:

- The welfare and best interests of children are of paramount importance. The Drogheda School of Karate is committed to respecting the right to dignity and bodily integrity of every child and to protecting those rights in line with the core principles of the UN Convention on the Rights of the Child (UNCRC) as articulated in Articles 2, 3 and 6.
- All Drogheda School of Karate staff members have a responsibility to protect children and therefore have a duty to report child abuse as set out in the Children First Act 2015 and Children First: National Guidance for the Protection and Welfare of Children (2011)
- Drogheda School of Karate fully accepts and endorses the Children First Act and the Children First Guidance and encourages its member organisations to develop child protection policies in line with the legislation and endorsing Children First Guidance.
 - The Drogheda School of Karate will not knowingly engage with any person, organisation or fund any project that poses a risk to children or that does not meet the child protection and safeguards outlined in the Children First Act and the Children First: National Guidance for the Protection and Welfare of Children (2011).
 - The Drogheda School of Karate upholds and is guided by the principles of the UNCRC and, in this regard, is committed to ensuring that all children with whom staff members have contact are treated equally and that all children have a right to voice their opinion in matters affecting them (Articles 2, 12 and 13).
- The Drogheda School of Karate ensures that staff receives the appropriate training in child protection and welfare.
- Drogheda School of Karate recruitment policy adheres to best practice and the Drogheda School of Karate ensures that all staff are vetted by the Garda Central Vetting Unit (GCVU).

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- Interns working with children and young people will be vetted by the GCVU or will work alongside a Drogheda School of Karate member of staff who has been vetted by the GCVU.
- Anyone contracted on a consultancy basis to work on projects that involve contact with children will be vetted by the GCVU or will work alongside a Drogheda School of Karate member of staff who has been vetted by the GCVU.

2 Definitions of Child Abuse

The Drogheda School of Karate Child Safeguarding Statement is informed by the Children First: National Guidance for the Protection and Welfare of Children (henceforth the National Guidance) document.

The Drogheda School of Karate recognises that child abuse falls into four main categories as identified in the National Guidance. These are neglect, emotional abuse, physical abuse and sexual abuse.

For detailed definitions and examples of these types of abuse, please refer to Appendix 1: Types of Child Abuse and Symptoms of Abuse.

1.1 Neglect

Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care. Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age.

1.2 Emotional Abuse

Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental needs 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.

1.3 Physical Abuse

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

1.4 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.

3 Recognising Child Abuse

3.1 Guidelines for Recognition

It can be difficult to recognise the signs and symptoms indicating that a child has suffered neglect or abuse. Moreover in the case of neglect, a distinction can be made between 'wilful' and 'circumstantial' neglect. For a detailed description of the signs, symptoms and characteristics of abuse please refer to Appendix 1: Types of Child Abuse and Symptoms of Abuse.

There are commonly three stages in the identification of child neglect or abuse. If a Drogheda School of Karate staff member has identified the possibility that a child with whom they are in contact has suffered abuse (with or without disclosure by the child or a third party) then the following stages will normally occur.

- 1. considering the possibility**
- 2. looking out for signs of neglect or abuse**
- 3. recording of information**

3.2 Reasonable Grounds for Concern

Where a Drogheda School of Karate member of staff has reasonable grounds for concern (see below) that a child may have been, is being, or is at risk of being abused or neglected, then the staff member(s) with delegated responsibility (see 3.3 Designated Officer) must report their concerns to Tusla, the Child and Family Agency (see Appendix 2, Child Protection Reporting Form). Anyone who suspects child abuse or neglect should inform the parents/carers if a report is to be submitted to Tusla, the Child and Family Agency or to An Garda Síochána, unless doing so is likely to endanger the child. A suspicion that is not supported by any objective indication of abuse or neglect would not constitute a reasonable suspicion or reasonable grounds for concern.

Grounds for Concern include:

A specific indication from the child that he or she was abused

An account by a person who saw the child being abused

Evidence, such as an injury or behavior that is consistent with abuse and unlikely to be caused in another way

An injury or behavior that 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 and/or dysfunctional behavior; and consistent indication, over a period of time, that a child is suffering from emotional or physical neglect.

4 Safeguarding and Reporting

4.1 General Procedures for Safeguarding Children

It should be noted that the Drogheda School of Karate does works directly with children on its day to day business. The following procedures are adhered to on occasions when Drogheda School of Karate staff/volunteers/interns engage with children at events and training

The Drogheda School of Karate endeavors to ensure that individual staff members are not left alone with a child at an event or in the office. However, this may not always be feasible and the Drogheda School of Karate ensures that, on all occasions, an appropriate balance is maintained between meeting the needs of the child, and the discharging of our professional responsibilities.

On all occasions when the Alliance runs an event involving children, a parental consent form (Appendix 3) will be forwarded to the parent(s)/guardian(s) of each child and formal permission will be sought and obtained for their child to attend and participate in the event. Parent(s)/guardian(s) will be responsible for bringing and collecting their child from any Drogheda School of Karate events unless otherwise stated.

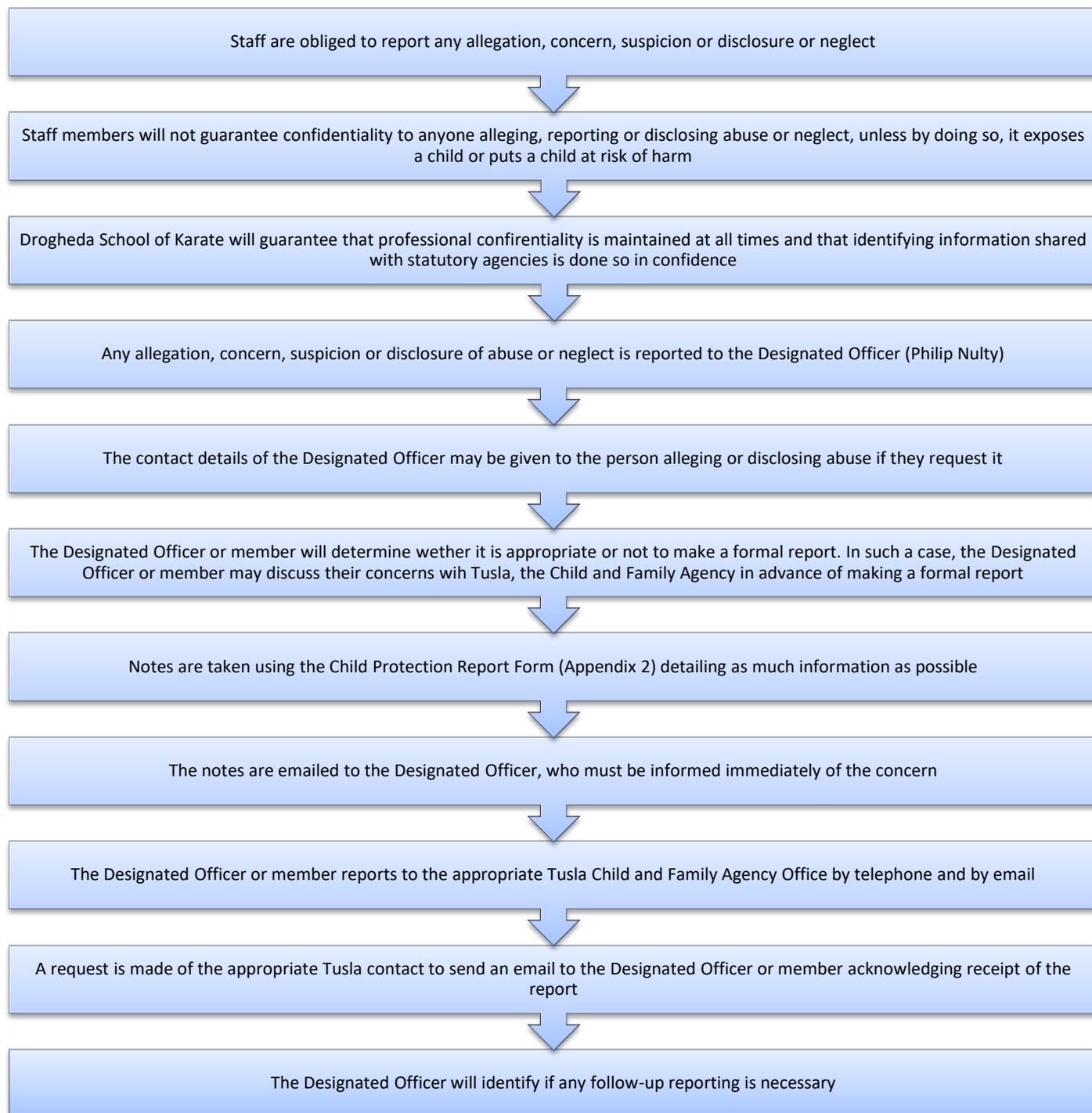
When the Drogheda School of Karate hosts events that involve the participation of children, any supervision of children carried out by Drogheda School of Karate staff, volunteers and interns will be done at a ratio of no more than ten children per adult.

4.2 Reporting Alleged/Suspected Abuse

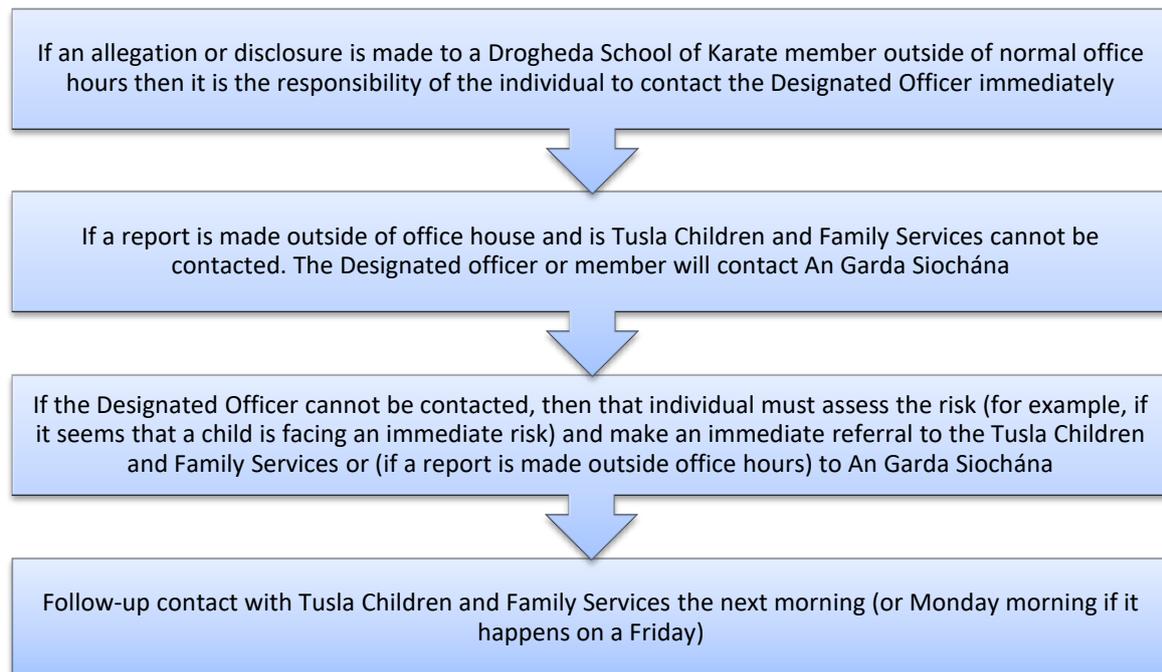
The following procedures apply to all Drogheda School of Karate staff members who engage in work involving contact with children or to whom allegations or suspicions of child abuse are made. These procedures are also appropriate in the case of anonymous reports, or reports from adults who experienced childhood abuse. The same procedures also apply in relation to reporting allegations of abuse made against a Drogheda School of Karate (see Section 5, Reporting Alleged/Suspected Abuse by An Employee/Volunteer/Intern) volunteer or intern. For additional information and guidance, see Appendix 5, Guidelines for Responding to Disclosures

The following steps must be adhered to by the Drogheda School of Karate staff member reporting an allegation or disclosure of abuse. These steps apply to a disclosure made in person, in writing (post or email) or by telephone.

Steps for Reporting an Allegation or Disclosure of Abuse



Steps for Reporting an Allegation or Disclosure of Abuse Outside of Office Hours



4.3 Guiding Principles

If a Drogheda School of Karate member of staff has identified the need to contact Tusla, the Child and Family Agency or An Garda Síochána, then it is important to obtain and record as much information as possible (see Appendix 2) and then forward this information to the Designated Officer or delegated staff member. Observations should be accurately recorded, including the following, where applicable:

Dates

Times

Names

Location

Contact details

Context.

The guiding principles in regard to reporting child abuse or neglect may be summarised as follows:

1. The safety and well-being of the child must take priority.
2. All Drogheda School of Karate staff members have a responsibility to ensure that all allegations and suspicions of child abuse are treated seriously and with the utmost professional integrity, and must therefore be familiar with and adhere to the Child Safeguarding Statement. Reports should be made without delay to Tusla, the Child and Family Agency .

4.4 Confidentiality

All staff members are obliged to report any allegation, concern, suspicion or disclosure of abuse or neglect. Staff members will not guarantee confidentiality to anyone (including Drogheda School of Karate staff members) alleging, reporting or disclosing abuse or neglect, unless by doing so, exposes a child or puts a child at risk of harm. However, Drogheda School of Karate staff will guarantee that professional confidentiality is maintained at all times and that identifying information shared with statutory agencies is done so in confidence. It is essential that all information regarding concern or assessment of child abuse should be shared only on “a need to know basis” in the interests of the safety and welfare of the child. The number of people who are informed of the allegation/disclosure must be kept to a minimum. All notes and email correspondence relating to child protection concern and reports are kept in electronic form by the Designated Officer and the delegated staff member. No other persons and staff members are permitted to access this information (see Appendix 4). The Drogheda School of Karate retains personal information relating to allegations/suspicions of abuse made to Drogheda School of Karate staff by telephone, email, letter or in person in order to be able to report such information to the appropriate authorities as specified in Children First: National Guidance for the Protection and Welfare of Children (2011).

4.5 Designated Officer

The Drogheda School of Karate Chief Instructor, acts as the Designated Child Protection Officer. The function of the Designated Officer is as follows:

Ensure that the Drogheda School of Karate Child Safeguarding Statement is followed

The Designated Officer can delegate responsibility to the appropriate member(s) of staff.

The Designated Officer remains responsible for all cases of abuse or neglect reported to the Drogheda School of Karate ensuring that details of all such cases are reported (using the Child Protection Reporting Form, Appendix 2) to Tusla, the Child and Family Agency or An Garda Síochána.

The Designated Officer will ensure that the Drogheda School of Karate Child Safeguarding Statement and documents implement the principles and procedures of the National Guidance and Children First legislation.

The Designated Officer is responsible for reviewing and updating the Drogheda School of Karate Child Safeguarding Statement and procedures.

The Designated Officer acts as a resource person to the staff of the Drogheda School of Karate, providing support and guidance in matters relating to child safeguarding.

The Designated Officer is responsible for ensuring that a detailed record of all persons working on behalf of the Drogheda School of Karate who have access to children is kept by the organisation. This must include the following: full contact name and address, description of their role, confirmation that they have been vetted, and any other relevant information, such as training or qualifications.

The Designated Officer ensures that all staff members who have access to children have received sufficient training in accordance with guidance and standards set down by Tusla, the Child and Family Agency under the Safeguarding Guidance for Organisations.

Where an allegation or concern is not reported to Tusla, a Designated Officer's records should clearly indicate the basis of his/her decision not to report and any actions taken by him/her.

All notes and email correspondence relating to the report are kept in electronic form by the Designated Officer and the delegated staff member. No other persons and staff members are permitted to access this information (see Appendix 4)

5 Procedure for Allegations against Drogheda School of Karate Leaders

5.1 Reporting Alleged/Suspected Abuse by an Employee/Volunteer/Intern

In the case of an allegation of abuse by an employee, volunteer or intern, the Designated Officer (on receiving the complaint) will immediately ensure that no child is or continues to be exposed to unnecessary risk.

The Designated Officer will then seek legal advice and will liaise with the Legal and Policy Director who, acting on behalf of the employee, volunteer or intern will:

Inform the individual that an allegation has been made against them

Explain to the employee the details of the allegation

Tell the employee whether or not a report has been made to Tusla, the Child and Family Agency

Perform a risk assessment (see Appendix 4, Risk Assessment Form) to identify whether or not suspension of the individual is appropriate

Give the employee copies of any written records relating to the allegation

Offer the employee an opportunity to respond to the allegation within a specific time frame and forward the employee's response to the Tusla Child and Family Agency (if appropriate).

If an allegation is made against the Designated Officer, then the Chair of the Board, or a person that he or she nominates, will carry out the above steps.

6 Appendices

6.1 Appendix 1: Types of Child Abuse and Symptoms of Abuse

The following information has been reproduced from Children First: National Guidance for the Protection and Welfare of Children (2011).

Types of child abuse

This chapter 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. A child may be subjected to one or more forms of abuse at any given time. In the Children First: National Guidance, 'a child' means a person under the age of 18 years, excluding a person who is or has been married.

Definition of 'neglect'

Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care. Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age. Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation. The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected. Signs and symptoms of neglect Child neglect is the most common category of abuse. A distinction can be made between 'wilful' neglect and 'circumstantial' neglect. 'Wilful' neglect would generally incorporate a direct and deliberate deprivation by a parent/carer of a child's most basic needs, e.g. withdrawal of food, shelter, warmth, clothing, and contact with others. 'Circumstantial' neglect more often may be due to stress/inability to cope by parents or carers.

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

Child neglect should be suspected in cases of:

- abandonment or desertion
- children persistently being left alone without adequate care and supervision
- malnourishment, lacking food, inappropriate food or erratic feeding;
- lack of warmth

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- lack of adequate clothing
- inattention to basic hygiene
- lack of protection and exposure to danger, including moral danger or lack of supervision appropriate to the child's age
- persistent failure to attend school
- non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation
- failure to provide adequate care for the child's medical and developmental problems
- exploited, overworked

Characteristics of neglect

Child neglect is the most frequent category of abuse, both in Ireland and internationally. In addition to being the most frequently reported type of abuse; neglect is also recognised as being the most harmful. Not only does neglect generally last throughout a childhood, it also has long-term consequences into adult life. Children are more likely to die from chronic neglect than from one instance of physical abuse. It is well established that severe neglect in infancy has a serious negative impact on brain development. Neglect is associated with, but not necessarily caused by, poverty. It is strongly correlated with parental substance misuse, domestic violence and parental mental illness and disability.

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

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

Depressed or passive neglect:

This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.

Chronic deprivation:

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

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

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

Definition of ‘emotional abuse’

Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child’s developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms.

Examples may include:

- the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming
- conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions
- emotional unavailability of the child’s parent/carer
- unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child

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- premature imposition of responsibility on the child
- unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself or herself in a certain way
- under- or over-protection of the child
- failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development
- use of unreasonable or over-harsh disciplinary measures
- exposure to domestic violence
- exposure to inappropriate or abusive material through new technology.

Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning.

Examples of these include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour. The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and the parent/carer.

Signs and symptoms of emotional neglect and abuse

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

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

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

- rejection
- lack of comfort and love
- lack of attachment
- lack of proper stimulation (e.g. fun and play)

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- lack of continuity of care (e.g. frequent moves, particularly unplanned)
- continuous lack of praise and encouragement
- serious over-protectiveness
- inappropriate non-physical punishment (e.g. locking in bedrooms)
- family conflicts and/or violence
- every child who is abused sexually, physically or neglected is also emotionally abused
- inappropriate expectations of a child relative to his/her age and stage of development. Children who are physically and sexually abused and neglected also suffer from emotional abuse.

Definition of 'physical abuse'

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

- severe physical punishment
- beating, slapping, hitting or kicking
- pushing, shaking or throwing
- pinching, biting, choking or hair-pulling
- terrorising with threats
- observing violence
- use of excessive force in handling
- deliberate poisoning
- suffocation
- fabricated/induced illness (see Appendix 1 for details)
- allowing or creating a substantial risk of significant harm to a child.

Signs and symptoms of physical abuse

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

- bruises (see below for more detail)
- fractures

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

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

Bruises

Accidental

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards. Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern. Non-accidental Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth. Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface.

Two black eyes require two injuries and must always be suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing). Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull.

Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired.. Other injuries may feature – ruptured eardrum/fractured skull. Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle feeding. Bone injuries 21 Children regularly have accidents that result in fractures. However, children's bones are more flexible than those of adults and the children themselves are lighter, so a fracture, particularly of the skull, usually signifies that considerable force has been applied. Non-accidental A fracture of any sort should be regarded as suspicious in a child under 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child under 3 years.

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Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

Burns

Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot object. The history that parents give is usually in keeping with the pattern of injury observed.

However, repeated episodes may suggest inadequate care and attention to safety within the house. Non-accidental Children who have received non-accidental burns may exhibit a pattern that is not adequately explained by parents. The child may have been immersed in a hot liquid. The burn may show a definite line, unlike the type seen in accidental splashing. The child may also have been held against a hot object, like a radiator or a ring of a cooker, leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought.

Bites

Children can get bitten either by animals or humans. Animal bites (e.g. dogs) commonly puncture and tear the skin, and usually the history is definite. Small children can also bite other children. Non-accidental. It is sometimes hard to differentiate between the bites of adults and children since measurements can be inaccurate. Any suspected adult bite mark must be taken very seriously. Consultant paediatricians may liaise with dental colleagues in order to identify marks correctly.

Poisoning

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

Non-accidental

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

Shaking violently

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

Fabricated/induced illness.

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

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

Signs and symptoms of sexual abuse

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

- disclosure by the child or his or her siblings/friends
- the suspicions of an adult
- physical symptoms. Colburn Faller (1989) provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include: Non-contact sexual abuse
 - ‘Offensive sexual remarks’, including statements the offender makes to the child regarding the child’s sexual attributes, what he or she would like to do to the child and other sexual comments.
 - Obscene phone calls.
 - Independent ‘exposure’ involving the offender showing the victim his/her private parts and/or masturbating in front of the victim.
 - ‘Voyeurism’ involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual gratification. These may include activities that others do not regard as even remotely sexually stimulating. Sexual contact
 - Involving any touching of the intimate body parts. The offender may fondle or masturbate the victim, and/or get the victim to fondle and/or masturbate them. Fondling can be either outside or inside clothes. Also includes ‘frottage’, i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim’s body or clothing. Oral-genital sexual abuse
 - Involving the offender licking, kissing, sucking or biting the child’s genitals or inducing the child to do the same to them. Interfemoral sexual abuse

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

Penetrative sexual abuse, of which there are four types:

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

Sexual exploitation

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child.

Two types of this abuse are child pornography and child prostitution.

- 'Child pornography' includes still photography, videos and movies, and, more recently, computer-generated pornography.
- 'Child prostitution' for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way. The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim.

In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim. It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place. Carers and professionals should be alert to the following physical and behavioural signs:

- bleeding from the vagina/anus
- difficulty/pain in passing urine/faeces
- an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease. Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area
- noticeable and uncharacteristic change of behaviour
- hints about sexual activity
- age-inappropriate understanding of sexual behaviour
- inappropriate seductive behaviour
- sexually aggressive behaviour with others;

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- uncharacteristic sexual play with peers/toys
- unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming. Particular behavioural signs and emotional problems suggestive of child abuse in young children (aged 0-10 years) include:
 - mood change where the child becomes withdrawn, fearful, acting out
 - lack of concentration, especially in an educational setting
 - bed wetting, soiling
 - pains, tummy aches, headaches with no evident physical cause
 - skin disorders
 - reluctance to go to bed, nightmares, changes in sleep patterns
 - school refusal
 - separation anxiety
 - loss of appetite, overeating, hiding food
- Particular behavioural signs and emotional problems suggestive of child abuse in older children (aged 10+ years) include:
 - depression, isolation, anger
 - running away
 - drug, alcohol, solvent abuse
 - self-harm
 - suicide attempts
 - missing school or early school leaving
 - eating disorders.

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

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

- exposure of the sexual organs or any sexual act intentionally performed in the presence of the child
- intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification

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- masturbation in the presence of the child or the involvement of the child in an act of masturbation;
- sexual intercourse with the child, whether oral, vaginal or anal

- 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, modeling 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

- consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years for both boys and girls. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation. It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offence of sexual assault.

6.2 Appendix 2 Child Protection Reporting Form

		An Ghníomhaireacht um Leanaí agus an Toghthach Child and Family Agency		FORM NUMBER: CC01:01:01	
<h2 style="margin: 0;">STANDARD REPORT FORM</h2> <p style="margin: 0;"><i>(For reporting CP&W Concerns)</i></p>					
A. To Principal Social Worker/Designate: _____					
1. Date of Report _____					
2. Details of Child					
Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>			
Address:		DOB		Age	
		School			
Alias		Correspondence address (if different)			
Telephone		Telephone			
3. Details of Persons Reporting Concern(s)					
Name:		Telephone No.			
Address:		Occupation			
		Relationship to client			
Reporter wishes to remain anonymous		<input type="checkbox"/>		Reporter discussed with parents/guardians <input type="checkbox"/>	
4. Parents Aware of Report					
Are the child's parents/carers aware that this concern is being reported				Yes No <input type="checkbox"/> <input type="checkbox"/>	
				- Mother <input type="checkbox"/> <input type="checkbox"/> - Father <input type="checkbox"/> <input type="checkbox"/>	
Comment _____					
5. Details of Report					
<i>(Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent's view(s), child's view(s) if known.)</i>					
<div style="border: 1px solid black; padding: 5px;"></div>					

STANDARD REPORT FORM
(For reporting CP&W Concerns)

6. Relationships

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

7. Household composition

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

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

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

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

Relationship to child:	Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Name:	Occupation		
Address:			

10. Details of person completing form

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

6.3 Appendix 3 Parental Consent Form

Name of Child / Young Person: _____

Address of Child / Young Person

Date of Birth of Child / Young Person: _____

Contact Phone Number (parents or guardians) for Child/Young Person: _____

Gender (tick as appropriate): Male Female

Other Relevant Information (Please mention any medical conditions, allergies, special needs or dietary requirements): _____

Please tick one of the following boxes:

I give permission for the young person named above to attend this event:

On their own

With a friend Name of Friend _____

With an Organisation Name of Organisation _____

I agree to allow the young person named above to attend **XXX** on **XXX 2012**. I understand that there will be suitable supervision for the event and that those attending will not be allowed to leave the premises during the event. I understand that the proceedings may be photographed/filmed and that this may be used for promotional purposes.

Signed (Parent / Guardian): _____

Signed (Child / Young Person): _____

Date: _____

6.4 Appendix 4 Risk Assessment Form for Suspension

RISK ASSESSMENT FOR SUSPENSION

Suspension should only be considered if one or more of the following apply:

- A child or children are at risk of significant harm
- The allegation warrants investigation by the police
- The allegation is so serious that dismissal / gross misconduct is possible

A plan to manage risk may be a suitable alternative; police/social care/LADO view should be taken into account where involved

The following factors need to be considered:

CONTENT OF ALLEGED INCIDENT:	CONSIDERATION:
Duration and frequency of alleged abuse Degree of threat or cohesion Extent of premeditation Degree and nature of alleged harm	
INFORMATION RE ACCUSED ADULT: Previous concerns Previous allegations Attitude to allegation Contact with child	
INFORMATION RE CHILD: Age and level of understanding Special needs and vulnerability Impact on health and development Previous allegations	
INFORMATION RE PARENT / CARER: Attitude to allegation Expectations Previous allegations	
ESTABLISHMENT/AGENCY PROCEDURES AND POLICY: Policy/procedure in place? Degree of compliance Training	

Risk identified and action plan:

Decision to suspend: YES/NO

Date of decision

Name and signature of responsible manager:

6.5 Appendix 5: Guidelines for Responding to Disclosures

This information is adapted from The Southern Health Service Executive – Child Protection Policy 1996 and gives advice to staff on what to do if a child discloses that they are being abused, ill-treated or neglected.

It should be noted that this is general advice, and is no substitute for proper training in dealing with child abuse. It outlines for staff members the initial steps staff must take in such a situation. It must not be seen as constituting a comprehensive assessment or investigative interview, as these are the responsibility of specialist staff in the Health Service Executive and/or Gardaí.

Receive: It is essential that staff listen to what the child is saying, without communicating shock or disbelief (verbally or non-verbally). The child needs to see that the staff member accepts what they are saying, and that it is being taken seriously.

Reassure: Children who disclose abuse need to be reassured by the adult they are talking to, but it is essential that you reassure only as far as it is reliable to do so. This means that staff should not make promises, no matter how well intentioned, that they cannot reasonably keep. Telling a child that “everything will be alright” might seem like an appropriate response to a child in distress, but if you cannot be certain that this is the outcome from the disclosure, it is better not to say it at all. Equally important is not to make promises about confidentiality. Remember that child abuse survives in a climate of secrecy, so it is important not to collude with the child’s sense of having secrets, by promising that you won’t tell anyone – this is a promise staff cannot keep, as these procedures require staff to follow a pathway of referral after a disclosure. Lastly, it is appropriate to reassure the child that the alleged abuse or neglect is not their fault. No child is responsible for the abusive actions of adults.

React: Staff should react to the child only as far as is necessary for them to establish whether there are grounds for reasonably believing that the child is being ill-treated, abused or neglected. This means that staff need to probe the child in a non-intrusive or investigative way to ascertain exactly what it is the child wishes to say, and thereafter whether there are grounds for referring the matter further. Such questioning of the child should not constitute an interrogation of the child, and should be conducted using “open questions” that facilitate the child to say what they need to say without having words put in their mouth by the adult. It is important that staff do not criticise the alleged perpetrator, and that they explain what they need to do next and who you have to tell about this information.

Record: An essential part of the disclosure process is to ensure that staff take contemporaneous notes of what the child says, in the child’s own words, and that such records are dated and signed by the staff member. Where staff members record an opinion in respect of the disclosure, they are required to identify it as such. Staff should also be aware of the information required in the Standard Reporting Form, so as to try to ascertain as much of the needed information as possible. Lastly, in complying with this procedure, staff members that record a disclosure should record that they passed the information on to the Designated Officer.

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Remember: In order to ensure that the child protection processes of the Children's Rights Alliance contribute to the promotion of children's welfare, it is necessary to follow these guidelines in conjunction with those contained in Department of Children and Youth Affairs Children First: National Guidance for the Protection and Welfare of Children (2011).

Relax: It is important to remember that dealing with child disclosures of neglect and abuse is stressful, and can have an impact on one's emotional well-being. Therefore, staff should actively seek out support from peers and line management. The Alliance is committed to making available such support systems as required in these situations.

6.6 Appendix 6: Drogheda School of Karate Data Protection Policy

In accordance with the Data Protection Acts 1988 and 2003, the Drogheda School of Karate complies with the seven data protection principles regarding personal data kept. These include

- the data must be obtained and processed fairly
- the data should be accurate and up to date
- the data shall be kept only for one or more specified and lawful purposes
- the data shall not be used or disclosed on any matter incompatible with those purposes
- the data shall be adequate, relevant and not excessive in relation to that purpose/purposes
- the data must not be kept for longer than is necessary
- appropriate security measures must be taken against unauthorized access to, or alteration, disclosure or destruction of the data and against their accidental loss or destruction. The Drogheda School of Karate is obliged to record pertinent information arising out of individuals reporting allegations/suspicious of abuse made to Drogheda School of Karate staff by telephone, email, letter or in person. For this purpose, the Drogheda School of Karate acts as a data controller. That is, the Drogheda School of Karate collects stores or processes data about living people on computer. Policy for Obtaining and Processing Information Fairly
- The Drogheda School of Karate Data Controller (the Information Officer or another delegated staff member) records information relating to allegations/suspicious of abuse made to Drogheda School of Karate staff by telephone, email, and letter or in person.
- This information must be fairly obtained; that is, the individual alleging or having suspicion of abuse is aware that the information they are disclosing is being recorded for the purpose of reporting to the appropriate authorities and that they have been informed of the name of the data controller or the person initially receiving that information.
- The Drogheda School of Karate processes this information for the purpose of the legitimate interests pursued by a data controller except where the processing is unwarranted in any particular case by reason of prejudice to the fundamental rights and freedoms or legitimate interests of the data subject. Retention and Disclosure Policy.

The Drogheda School of Karate retains personal information relating to allegations/suspicious of abuse made to Drogheda School of Karate staff by telephone, email, letter or in person in order to be able to report such information to the appropriate authorities as specified in Children First: National Guidance for the Protection and Welfare of Children (2011). Data Security Policy The Drogheda School of Karate undertakes appropriate security measures against unauthorised access to, or alteration, disclosure or destruction of, the data and against their accidental loss or destruction. Drogheda School of Karate safeguards are as follows

- access to the IT server is restricted to a limited number of staff and external IT contractors
- access to the data is limited to the Data Controller and the Designated Officer

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- all IT systems are password-protected
- daily back-up tapes of server data are retained off-site;
- all sensitive paper data is first transferred to electronic form and then destroyed
- all staff are aware of Drogheda School of Karate security procedures
- The Drogheda School of Karate Information Officer or another delegated staff member is responsible for ensuring periodic reviews of security procedures. Data Scope (Accurate, Adequate, Relevant and not Excessive)
- The Drogheda School of Karate ensures that only a minimum amount of personal information retained in order to satisfy our reporting obligations under Children First: National Guidance for the Protection and Welfare of Children (2011).
- The Drogheda School of Karate ensures that when recording information for this purpose, only information pertinent to the allegation/suspicion of abuse is recorded. Retention Period Policy
- The Drogheda School of Karate retains personal information relating to allegations/suspicions of abuse made to Drogheda School of Karate staff by telephone, email, letter or in person as well as responses from the Health Service Executive or the Gardai for an indefinite period. This data is confidential and kept securely in electronic form. Only the Data Controller and Designated Officer have access to this data. This policy will be reviewed in line with relevant legislative changes. Giving Individuals Copies of their Personal Data On making an access request, any individual about whom the Drogheda School of Karate retains personal data is entitled to
 - a copy of the data
 - know the purpose for processing that data
 - know to whom that data has been forwarded (relevant Tusla staff or member of an Garda Síochána)
 - know the source of the data, unless it is contrary to public interest. In response to an access request the Drogheda School of Karate will:
 - supply the information to the individual promptly and within 40 days of receiving the request and
 - provide the information in a form that will be clear to the ordinary person.

6.7 Appendix 7: Contact Details for Tusla, the Child and Family Agency

Head Office

Child and Family Agency, Block D, Park Gate Business Centre, Parkgate Street, Dublin 8.

Ph: 01 6352854 E-mail: info@tusla.ie

LOUTH

Dundalk

Child and Family Agency, Social Work Department, Tusla Offices, Louth Hospital Campus, Dundalk, Co Louth

Ph:042 9392200

Drogheda

Child and Family Agency, Social Work Department, Ballsgrove Health Centre, Ballsgrove, Drogheda, Co Louth

Ph: 041 9870111