



St John
Ambulance

Child Protection Policy

4th Edition
2020

Table of Contents

Acknowledgements	2
Foreword	3
Glossary	4
Child Protection Statement	5
Reporting Procedures	10
Record Keeping	14
Safe Recruitment	15
Procedure for Allegations against Members	18
Code of Behaviour	20
Managing Challenging behaviour	30
Responding to Bullying	31
Parental Involvement	35
Involving Children	37
Complaints Procedure	38
Activity Safety	40
Risk Management	41
Trips Away	42
Accidents/Incidents Procedures	44
Appendix A – Signs and Symptoms of Abuse	45
Appendix B – Developing an Anti- Bullying Environment	52
Appendix C – HSE Contact Details	59
Appendix D – Guidance Sheet on Medication	60
Appendix E – Relevant Legislation	62

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The members of the St John Ambulance Child Protection Committee

Foreword

The first St John Ambulance Brigade order making reference to Cadet divisions was issued by the Chief Commissioner on 15th March 1922, exactly 90 years ago, with junior cadets from 11-16 and Senior Cadets from 16-18 years of age.

The girls were to first to form on 25th May, with the boys following in late September. The first Cadet division in Ireland was City of Dublin Division, formed the following year.

Since then Cadets have formed a major part of our organization. They provide a huge proportion of the senior officers of St John Ambulance, as they mature and gain experience. They are, in short, the fundamental building block of St John Ambulance. As such, they must be treasured and, where necessary, protected, so they can develop to a level, and at a rate, appropriate to them as individuals.

This Child Protection Policy is aimed at securing a warm, supportive and protective environment for our Cadets. Please read it carefully and work together to ensure it is implemented in both word and spirit.

Cadets are children and remain so until their 18th birthday. As adults, we have a responsibility to ensure their safety and comfort.

They are our future.

John Hughes
Commissioner
Commissioner@stjohn.ie

Glossary

Child: For the purpose of this policy, a child means anyone who is under 18 years of age and is not/has not been married

Children/Young People: These terms are used intermittently to refer to cadets in St John Ambulance/patients of St John Ambulance/people aged less than 18 years of age

Adult Member: This refers to any member who is over the age of 18 years of age

Cadets: Refers to members under the age of 18 years in St John Ambulance

Child Protection Officer: Refers to the designated person appointed in St John Ambulance, in accordance with national guidelines, to respond to child protection concerns raised in the organisation

HSE: Health Service Executive

National Guidelines: Children First – National Guidance for the Protection and Welfare of Children 2011; Our Duty to Care 2003; Child Protection and Welfare Practice Handbook 2011

Child Protection Policy Statement

We in St John Ambulance are committed to working in a child centred way with all of the children involved in our organisation. We undertake to provide a safe environment and experience for all children in contact with St John Ambulance. St John Ambulance developed this updated child protection policy in accordance with the guidelines and principles set out in Children First: National Guidance for the Protection and Welfare of Children (2011) Child Protection and Welfare Handbook (2011), Our Duty to Care (2002) and The UN Convention on the Rights of the Child (1989). We have implemented procedures related to the following:

- Reporting of suspected or disclosed abuse
- Limits of confidentiality
- A code of behaviour for adult members
- Recruitment and selection of members
- Management and supervision of members
- Involvement of parents
- Responding to allegations of misconduct or abuse against members
- Complaints and comments
- Incidents and accidents

Children in St John Ambulance have the right to be protected, treated with respect, listened to and have their own views taken into consideration. St John Ambulance actively seeks the participation of young people at all levels of the organisation. Parents should be consulted about issues that concern their children. Parents are encouraged to become involved in St John Ambulance wherever possible. Staff and volunteers are carefully selected, trained and supervised in their work with the organisation. St John Ambulance provides all members with the information needed to help them recognise, respond and report concerns about child protection and welfare.

St John Ambulance recognises that the welfare of children must always come first, regardless of all other considerations.

Child Abuse: Background Information

Who abuses children?

It is important to remember that children can be abused by a variety of people, including those in trusted positions. Nobody really knows what causes people to abuse children. Sometimes it is because abusers have had their own bad experiences or because they have limited understanding of how to care for children properly. Child abuse is often associated with, though not directly caused by, poverty and other social problems like addiction or domestic violence, and is sometimes the result of stress. Sexual abuse is different and it almost always involves careful planning and manipulation of children and situations.

It is not always easy to accept that children can be deliberately neglected or harmed. The possibility that parents, who appear to love their children, or that committed members who are colleagues and friends could hurt the children in their care is hard to understand. Unfortunately, reluctance to think badly of people or a lack of

understanding and knowledge about abuse can lead to resistance in hearing, recognising and dealing with it. This can result in a child being left in an abusive situation. It is vital therefore that all members remain aware and open to the possibility of child abuse occurring within and outside of St John Ambulance.

Take a minute to consider this:

Abusers appear just like anyone else – you can't tell by looking
People who abuse children come from all types of backgrounds
Sometimes strangers abuse children, but it is more often someone that the child knows, and is in a position of authority or trust over him or her
Children can be abused by other children and young people

Definitions of abuse:

In order to recognise and respond to child abuse, members of St John Ambulance must first understand what constitutes abuse. There are 4 primary categories of abuse:

- 1) Neglect
- 2) Emotional Abuse
- 3) Physical Abuse
- 4) Sexual Abuse

Remember, a child may be subjected to one or more forms of abuse at any given time. Appendix A contains a comprehensive overview of the types and scope of abuse that may be experienced by a child. The definitions for each category of abuse have been taken directly from national guidelines.

Neglect:

Child neglect is the most common form of abuse in Ireland. Unfortunately, neglect is often unreported and it is not discussed in the public domain as much as physical or sexual abuse. Neglect can be defined in terms of *an omission or deprivation*, where a 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
- Access to 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 can range from mild, through to moderate, severe and chronic. An example of mild neglect might be a parent failing to use a car seat properly. Moderate neglect is

observed in the case of a child consistently attending school in inappropriate clothing for the weather, i.e. shorts and sandals in winter. An example of severe neglect may occur when a child with asthma does not receive appropriate medication and is frequently admitted to hospital as a result. Chronic neglect is defined as patterns of the same acts or omissions that reoccur over time. An example of this is evident in the case of a child or young person who regularly experiences hunger and lack of nutrition, due to the parent's failure to provide adequate food.

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. The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and the parent/carer.

Indicators of Emotional Abuse:

- 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 parent/carer
- Inconsistent/inappropriate expectations of the child
- Premature imposition of responsibility on a 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

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.

Indicators of physical abuse:

- 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, allowing or creating a substantial risk of significant harm to a child
- Allowing or creating a substantial risk of significant harm to a child
- Disclosure by child
- Child appears withdrawn or fearful

Physical injuries in infants can be very difficult to identify and may be life threatening or cause permanent neurological damage. Any suspicious injury in an infant must be regarded with extreme concern.

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.

Indicators of Sexual Abuse:

- 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
- 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, 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
- 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
Online sexual exploitation

Other forms of abusive behaviour:

Apart from the above very serious forms of abuse, workers should also be on the alert for other forms of behaviour that may be harmful to children. These behaviours may take place in any setting. Incidents like these should be dealt with immediately and not tolerated under any circumstances. The following behaviours are unacceptable for use by either members or children:

Verbal abuse:

This can include name-calling, sarcasm, and criticism, making reference to some physical characteristic, destructive criticism, derogatory remarks and gestures.

Bullying and Cyber bullying:

Bullying can be defined as repeated aggression, i.e. verbal, psychological or physical, which is conducted by an individual or group against others. Examples of bullying include teasing, taunting, threatening, hitting and extortion. Bullying can include unwelcome behaviour such as favouritism, exclusion, sexual harassment and sexual innuendo, humiliating and embarrassing others, deprivation of basic rights and harsh punishment.

Cyber bullying is the use of technology to harass, threaten, embarrass or target another person. It can include bullying through the use of texts, instant messaging, emails, social networking, photographs, videos or voice messages. See the section on Responding to Bullying and Appendix C for further information on St John Ambulance Anti Bullying Policy. Specific guidance for young people in relation to cyber bullying is provided in Appendix C.

Peer Abuse: This occurs in cases where the alleged abuser is also a child. It occurs when they engage in any form of sexual activity that they have power over by the virtue of age, emotional maturity, gender, physical strength, intellect and where the victim in this situation suffers a sexual exploitation and betrayal of trust. Physical and emotional abuse can also occur in a peer context.

Organised abuse: occurs when a person moves into an area/institution and systemically entraps children for abusive purposes or when two or more adults conspire to similarly abuse children using inducements.

Reporting Procedures

Responding to a Disclosure of Child Abuse:

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

DO:

Do 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

Do stay calm and listen – give the child time to say what he/she wants

Do remember, the child may initially be testing your reactions and may fully open up over a period of time

Do conceal any signs of disgust, anger or disbelief

Do accept what the child has to say – false disclosures are very rare

Do remember to differentiate between the person who carried out the abuse and the act of abuse itself. The child quite possibly may love or strongly like the alleged abuser while also disliking what was done to them. Children may also be confused about what is happening to them. It is important therefore to avoid expressing any judgement on, or anger towards, the alleged perpetrator while talking with the child

Do 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

Do ask supportive, open, non-judgemental questions for the purpose of clarification only

DON'T

Don't pressurise the child. Allow him or her to disclose at their own pace and in their own language

Don't stop the child recalling significant events but don't make him/her repeat the story unnecessarily

Don't ask leading questions, such as asking whether a specific person carried out the abuse

Don't make suggestions about what may have happened other than what you have been told. Avoid asking about intimate details. Such questions and suggestions could complicate the official investigation

Don't promise to keep conversation secret

Limits of Confidentiality:

At the earliest opportunity, tell the child that you understand that they have come to you because they trust you. Advise the young person that you need to share this information with some people who understand this area and who can help. Advise that these secrets are not helpful and should not be kept as they make matters worse. Such secrets hide things that need to be known if people are to be helped and protected from further on going hurt. By refusing to make a commitment to secrecy to the child, you do run the risk that they may not tell you everything (or, indeed, anything) there and then. However, it is better to do this than to tell a lie and ruin the child's

confidence in yet another adult. By being honest, it is more likely that the child will return to you at another time. You may be tempted to reassure the child about certain things, however think before you promise anything – do not make promises you cannot keep.

Reasonable grounds for a child protection or welfare concern:

Direct disclosure is one way child abuse may come to light. In your role in St John Ambulance, you may work with children and young people in a variety of other ways, either directly in your division, briefly at competitions or through patient contact. Members may come across actual or suspected child abuse in different contexts. This may include:

- An injury or behaviour that is consistent both with abuse and an innocent explanation but where there other 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

- A specific indication from a child that he or she was abused

- An account from a person who witnessed the child being abused

- Evidence (i.e. injury or behaviour that is consistent with abuse and unlikely to have been caused in any other way)

- Retrospective Disclosure: An increasing number of adults are disclosing abuse that took place during their childhoods. It is essential to establish whether there is any current risk to any child who may be in contact with the alleged abuser revealed in such disclosures. If any risk is deemed to exist to any child who may be in contact with an alleged abuser, these concerns must be reported to the Child Protection Officer

The guiding principles in regard to reporting children abuse are summarised as follows:

- The safety and well-being of the child or young person must take priority

- Reports should be made without delay by St John Ambulance to the HSE and/or Gardaí if necessary

- While the basis for concern must be established as comprehensively as possible, children should not be interviewed in detail about the suspected abuse

Steps to take when concerned about a child:

Anyone who has received a disclosure of child abuse or who has concerns of abuse should bring it to the attention of the Child Protection Officer immediately by direct phone contact and completion of the internal Child Protection Reporting Form (See Appendix B). The Child Protection Officer will assess and review the information that has been provided. The Child Protection Officer may contact the HSE for informal advice relating to the allegation, concern or disclosure. After consultation with the HSE officials, the Child Protection Officer will then take one of two options:

- Report the allegation, concern or disclosure to the HSE

- Not make a formal report to HSE but keep a record of the concerns on file. The reasons for not reporting the allegation, concern or disclosure will be clearly recorded. The member who made the initial report will be informed if a formal

report is not being made to the HSE and it is open to him/her to make a formal report themselves, directly to the relevant authority if they feel this is necessary (See Appendix D for details of HSE offices)

Where a formal report is made the HSE will then liaise with An Garda Síochána. It is likely that the HSE will want to speak to the person who first made the report to clarify facts and the circumstances of the report.

In the event of an emergency where you think a child is in immediate/ severe danger and you cannot get in touch with the Child Protection Officer or the HSE, a report should be made directly to An Garda Síochána. Remember, the first priority is always for the safety and welfare of the young person and under no circumstances should a child be left in a situation that exposes him or her to harm.

The Child Protection Officer has received training in recognising and responding to child abuse. Discussing a concern with the Child Protection Officer is not regarded as making an accusation against another person. It is best practice to keep parents and guardians informed of all matters relating to their children. The Child Protection Officer will ensure that the most appropriate person informs the parents/guardian of the child about the report, unless doing so might place the child at greater risk. Responses from parents/guardians should be noted and included in official report. A concern about a potential risk to children posed by a specific person, even if the children are unidentifiable should also be communicated to the Child Protection Officer. The Child Protection Officer will follow up with Children and Family Services in such cases.

Remember the Child Protection Officer will be a support to you throughout the reporting process and any subsequent investigation.

What to record?

The Internal Child Protection Reporting Form (See Appendix B) must contain as much of the following as possible:

Accurate identifying information: including all known full names and surnames, addresses, date of birth, age, disability if applicable, ethnicity, first language (need for interpreter, if known) of the child and all the known members of his or her family and any other adults living in the household. In cases of suspected abuse and neglect, family members should not be used as interpreters

Details of the concern, allegation or incident. Outline the exact nature of the concern; include dates, times and names of persons present. It is important to describe any observed injuries or behaviours that may be linked to the incident. In cases where neglect or abuse is indicated over time, the reporter should be encouraged to provide a chronology of the evidence or symptoms in the child that give rise to the concern

Views of the parent/carer and views of the child (where age appropriate): the report must provide any accounts of the parents or child's views about the concern that are known to them

St John Ambulance members should be aware that 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 any member of An Garda Síochána. This protection applies to organisations as well as to individuals. It is essential that confidentiality applies when reporting concerns. This basically means that only those who need to know about the concerns should be told of a suspicion, allegation or disclosure of abuse.

Designated liaison person:

In accordance with Children First 2011, St John Ambulance has appointed a Child Protection Officer. The Child Protection Officer's responsibilities include the following:

Ensuring that he/she is knowledgeable about child protection and that he/she undertakes any training considered necessary to keep updated on new developments

Establishing contact with the HSE in relation to child protection policy and training opportunities within St John Ambulance

Providing advice and information on child protection within St John Ambulance

Acting as a liaison with outside agencies and as a resource person to all members who have child protection concerns

Ensuring that the standard reporting procedure is followed so that suspected cases of child neglect or abuse are referred promptly to the HSE and/or An Garda Síochána

Keeping relevant people informed, particularly the Commissioner

Ensuring that an individual case record is maintained of the action taken by the organisation, the liaison with other agencies and the outcome

Maintaining strict confidentiality in all aspects of the role

Given the national nature of St John Ambulance, Deputy Child Protection Officers are appointed to assist in the above.

Record Keeping

The Child Protection Officer and Deputy Child Protection Officers are responsible for keeping the following records related to Child Protection in a locked filing cabinet. The Child Protection Officer, the Deputy Child Protection Officer and the Commissioner are the only officers who have access to these records. The records include:

Any complaints about the safety and welfare of children/young people while working with the St John Ambulance

Any record of suspicions raised by members about possible abuse, which were not supported by any objective indication of abuse or neglect

Any disclosures, concerns or allegations of child abuse

The follow up to any complaints, disclosure, concerns or allegations, including informal advice from the HSE, reports to the HSE and informing parents/guardians

Any serious bullying complaints related to the St John Ambulance work with children/young people and the follow up action

Signed acceptance forms of the St John Ambulance Child Protection Policy by all members

The designated Assistant Commissioner is responsible for keeping all Garda vetting documents in a locked filing cabinet in Headquarters.

The Cadet Superintendent in each division is responsible for keeping all parental consent forms in a locked filing cabinet/box at divisional level. It is the responsibility of the District Officer to regularly check that these forms are completed and filed appropriately.

Safe Recruitment Procedures for Members

St John Ambulance takes all reasonable steps to ensure that all people recruited are suitable to work with children. St John Ambulance operates a strict recruitment procedure in line with Children First National Guidelines for Child Protection and Welfare. All prospective applicants must be Garda vetted, have references checked and undergo core training in child protection. St John Ambulance advertises volunteer and paid positions as widely as possible, including advertising online, at events etc.

Application:

An application form with a clear job description and information about St John Ambulance will be provided to all prospective members upon their expression of interest in the organisation. The job description identifies the role and responsibility of the post and also outlines the minimum personal qualities and skills required to fill the post. This form includes all relevant information about the applicant including past experience of working with children. All applicants are required to sign a declaration stating that there is no reason why they would be unsuitable to work with young people, and declaring any past criminal convictions or cases pending against them. (Appendix E).

Garda vetting will be sought from all potential applicants at the time of initial application. If issues arise during the course of the garda vetting process, the final decision regarding recruitment is made by the Commissioner following a review of all relevant information. Vetting is also required when all cadets turn 18.

Interview:

All applicants are interviewed by a panel comprising of at least two adult representatives of St John Ambulance. Superintendents should ensure that the interviewers have the appropriate skills and maturity to interview candidates. Interviewers will explore the information stated on the application form and assess the applicant's suitability for the post. The information supplied by the applicant will only be available to the persons directly involved in the recruitment process

Each applicant is expected to supply the names of two referees (not family members) who will testify as to their character, their suitability to the role of the employee/volunteer or any other issues which may affect their ability to perform the tasks required of them, including working with children. Where possible, at least one referee should have first-hand knowledge of the applicant's previous work or contact with children. All references should be received in writing and later confirmed by telephone, letter or personal visit. Any further information gathered through further contact with referees should be attached to the application form

Identification: St John Ambulance will ensure that the identity of the applicant is confirmed against some documentation (ID card, driving licence, age card or passport) which gives his or her full name, address together with a signature or photograph. This should be compared with the written application

Induction:

Induction takes place over a six month period. This time frame also serves as a probation period. During this period, suitability and commitment to St John Ambulance policies and safe practices are assessed by the Superintendent at divisional level. Following successful completion of the probation period, the member's appointment is approved. The induction process is carried out at divisional level and covers the following:

- Knowledge of organisation and division
- Introduction to colleagues
- Brigade rules and regulations
- Member's role and responsibilities
- Health and safety guidelines
- Child Protection Policy, including support available through Child Protection Officer
- Code of Behaviour including Anti Bullying Policy
- Supervision, support and review system explained
- Training programme planned, including specific plan for child protection training

Records:

Details of selection and induction will be recorded by the Superintendent (or by an officer nominated to do so by the Superintendent), along with notes on any matters arising during any part of the process. These records are securely maintained by the Superintendent/Officer nominated by him/her.

Supervision:

Supervision is a planned process which gives members an opportunity to raise any questions they may have, discuss any problems they are experiencing or suggestions for any changes they may wish to make. It also allows the supervisor to assess the need for change, address any competency issues or provide increased support/training to an individual member. A member's understanding of child protection will be specifically addressed in supervision. Supervision should take place three times per year, though this may be increased at the members/supervisor's request. A brief record is kept of each supervision session and maintained by the Superintendent in a locked filing cabinet/box.

St John Ambulance recognises that members should be supported through supervision. Supervision will be provided by the Superintendent/Officer nominated by the Superintendent in each division to all members and will occur in planned way. District Officers will supervise Superintendents and ensure that supervision is occurring in their respective divisions. Supervision forms can be found online and in Appendix I.

Initial Review: In addition to supervision, an initial review will be conducted half way through the probation period. This review will assess progress to do and will

include a review of the member's understanding and use of the child protection policy.

End of Probation Review: This review will confirm whether or not an appointment as member of St John Ambulance has been confirmed. If a satisfactory standard of performance has not been reached, the probation period may be extended, if considered appropriate by the member and supervisor.

Training and Induction: All members will receive induction in the child protection policy of St John Ambulance. Each member shall receive in house training. This training will be reviewed annually by the Child Protection Committee. All members shall sign off to agree that they will work at all times in accordance with the child protection policy. Feedback and questions from members is welcome at all times in relation to all aspects of the policy.

Procedures for Allegations of Abuse Against a Member

Where an allegation of abuse is made against a member of St John Ambulance, there are two procedures that St John Ambulance will activate:

The reporting procedure in respect of the child

The procedure for dealing with the member

In the case of the allegation being against a member of the St John Ambulance, the same person will not deal with both the young person and the alleged abuser. The Child Protection Officer will follow the normal reporting procedure in St John Ambulance. It will be the responsibility of the Commissioner of St John Ambulance to deal with the staff member against whom an allegation has been made.

If there is an allegation or suspicion in relation to the Child Protection Officer, the Commissioner will deal with all aspects of the case, including the reporting procedure. If there is an allegation or suspicion in relation to the Commissioner, the President of the Council will appoint an independent person external to St John Ambulance to investigate the complaint.

If an allegation is made against a member of St John Ambulance the following steps will be taken:

The allegation will be assessed promptly and carefully

The Commissioner of St John Ambulance will deal with all aspects of the case relating to the member

The allegation will be assessed by the Child Protection Officer to establish if there are reasonable grounds for concern and whether a formal report will be made to the statutory authorities, at this point. The Child Protection Officer may wish to contact the HSE for advice on the issue

The safety of the child is the first priority of St John Ambulance and all necessary measures will be taken to ensure that the child is safe. The measures taken will be proportionate to the level of risk

St John Ambulance will ensure that no other children/young people are at risk during this period and will inform other relevant agencies or parents/carers as appropriate

The measures which can be taken to ensure the safety of children and young people can include the following: suspension of duties of the member, re-assignment of duties where the member will not have contact with children/young people, working under increased supervision during the period of the investigation or other measures as deemed appropriate

The Commissioner will notify the member that an allegation has been made and what the nature of the allegation is. The member has a right to respond to this and this response should be documented and retained. This response will be forwarded to investigating authorities if a formal report is made

St John Ambulance will ensure that the principle of 'natural justice' will apply whereby a person is considered innocent until proven otherwise

- St John Ambulance will work in co-operation with An Garda Síochána and the HSE and any decisions on action to be taken in regard to the member will be taken in consultation with these agencies, if required
- The person against whom the allegation is made will need support during this period and St John Ambulance will provide advice on how to access the relevant support services
- The Protection 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 within the HSE or any member of An Garda Síochána. This protection applies to organisations as well as to individuals

Code of Behaviour

St John Ambulance has developed this code of behaviour in order to guide adult members in their interactions with children. It is not possible to provide guidance on every potential situation which may arise, however adults by their example should be a positive influence on the behaviour of young people. This code of behaviour is based on a mutual respect between adult members and all children with whom they have contact. All members are expected to adhere to the code of behaviour.

St John Ambulance expects all adult members to maintain a child centred approach in their work. This includes:

Respecting the rights, dignity and worth of every person and treating each young person equally regardless of age, gender, ability, ethnic origin, cultural background or religion

Being positive during activities and interactions with young people so that they leave with a sense of achievement and increased self-esteem

Recognising the development needs and capacity of all young people, regardless of their ability by emphasising participation for all, while avoiding excessive competition. Skill development and personal satisfaction should always take priority over competition

Creating a Safe Environment:

Members should ensure that their work with young people takes place in an open environment. This measure aims to ensure the safety of the young person and protects the adult member against any allegations of improper behaviour. If privacy is required, i.e. to manage a disciplinary issue/treatment of an injury, the adult should always have someone else with them. Alternatively, the adult should arrange to have someone within vision and preferably within earshot.

Do ensure that two adults always attend a patient under the age of 18

Do ensure that there is always an adequate number of adult members present at all activities. In an incident of a life threatening emergency, adults who work alone must summon help at the earliest opportunity, in accordance with Brigade regulations

Ratios may vary depending on the age of the group, the level of ability and the nature of the activity but should never be less than a 1:8 ratio. Adults should refer to and observe the relevant programme guidelines

Do ensure that divisions have mixed gender leadership. It is good practice to have mixed leadership to be able to cope with emergencies, accidents or arguments. In some situations, young people may feel more comfortable with an adult member of the same gender

Do plan the arrival and departure of young people. Superintendents must ensure that responsible adults are at the premises before children arrive and that adults do not leave until all children have left/been collected

Don't spend time alone with a young person if it can be avoided

Don't give car lifts on your own to youth members, unless it is absolutely unavoidable and in such cases, obtain parental consent in advance and advise

the senior officer of your planned journey. Ensure that children travel in the back seat of the car in such circumstance

Maintaining Boundaries:

All adult members are responsible for establishing and maintaining clear boundaries with the young people in St John Ambulance. As an adult member, you are expected to understand that the nature of your work places you in a position of trust. All adult members are responsible for their own actions and behaviours and should avoid any conduct which could result in their intentions, motivations or personal boundaries being questioned. This includes all behaviour within the organisation, not simply in the presence of children. Boundaries aren't always easy to maintain, particularly if there are only a few years difference between an adult and the young people in their care. Yet a very real power balance exists that can't be overlooked. This has implications for how you communicate and interact with a young person. Young people, parents and other adult members are entitled to raise any concerns about an individual member's behaviour with St John Ambulance at any time.

Do remember you are not a friend or surrogate parent to young people in your care. You have a mentoring relationship which can provide invaluable support to young people and which requires good personal boundaries

Do refer to the code of behaviour, the child protection policy, senior officers and Child Protection Officer if you are unclear about the expectations for behaviour in your role

Do remember that St John Ambulance is an interest. It is important to maintain proper balances between your personal and work commitments and St John Ambulance activities

Do consider the situation: This may be the most important point of all. While your intentions may be based on the most innocent of motives, if in doubt about how your actions might be interpreted always adopt the safest course of action. Always consider how an independent third party might view your behaviour in any given scenario

Don't tolerate favouritism, exclusion or harsh disciplinary regimes

Don't behave in a way that may lead others to question your use of judgement

Contact with Children/Young People:

Parents and children will be advised that adults in St John Ambulance will only contact children in relation to St John Ambulance activities. It is always preferable to communicate directly with a child's parents in relation to St John Ambulance activities and adult members are encouraged to attempt to contact parents via group email/text etc. about activities related to their children. Adult members may only contact a child on the child's mobile phone number/personal email when they have received written consent from a parent to do so. Such contact must be brief and must only relate to St John Ambulance activity. This is reiterated in the section of this policy entitled Use of Technology.

As a general rule, adult members are not permitted to contact children or young people through social networking, private email, online chat etc. This is the

technological equivalent of entering a room with a young person and closing the door. In addition, content on an adult social network site may not be age appropriate for a young person. It is recognised that in a minority of cases, some members have pre-existing family or close family/friend relationships with a young person and their family, prior to the young person joining St John Ambulance. In such cases, if social network relationships exist between the adult and young person, St John Ambulance asks that adult members consider their position with regard to the general policy of St John Ambulance and alert the Superintendent to the pre-existing relationship and online contact. The Superintendent will then discuss this with the young person and the child's parents to clarify their agreement to continued online contact, based on this pre-existing relationship and outside of the St John Ambulance adult member/young person relationship. All parents will be informed of this policy in writing by the Child Protection Officer.

Young people are also advised not to contact adult members through social networking, private email, chat etc. If a child contacts an adult through such a mechanism (i.e. Facebook), the adult member should ignore the contact, and at the next opportunity in St John Ambulance, remind the young person of St John Ambulance policy.

Communication:

Adult members should communicate in an age appropriate way with children. Adults should be respectful in the way that they speak with everyone, especially young people. Aim to set a positive example in your communication with young people, individually and when speaking to children in a group setting.

Do communicate appropriately, using respectful language, even when faced with challenging behaviour from young people

Do ensure that you speak respectfully of other St John Ambulance adult and young members in all of your discussions with young people. It is wholly inappropriate to discuss adults/other cadets/adult brigade issues with young people

Do use age appropriate language in front of young people, cursing and foul language are not acceptable especially around young people of any age

Do remain mindful of sharing personal information with young people

Do give feedback that relates to a child's performance, not to their personality or appearance

Do remain aware of your own communication style and how it could be interpreted

Don't use sarcasm, demeaning or insensitive remarks in your conversations with young people under any circumstance

Don't have any form of communication with a child or young person that could be interpreted as sexually suggestive or provocative even in jest, i.e. verbal comments, letters, email mail, phone call, texts, comments about someone's physical appearance

Don't make inappropriate jokes to or about a child

Don't discuss your own emotional difficulties/details of intimate relationships with or in presence of young people

Adult/Youth Relationship:

It is a criminal offence in Ireland for anyone to engage in or attempt to engage in sexual activity with anyone under the legal age of consent (17 years of age) and any such relationship will be notified to the authorities. It is inappropriate for any adult member to form or seek to form a personal or intimate relationship with any cadet, not simply those under the age of consent. Adult members should be aware that if they break this trust their suitability to work in St John Ambulance may be called into question and their membership may be terminated.

Occasionally a young person may develop an infatuation for an adult who works with them. These adults should deal with these situations sensitively and appropriately to maintain the dignity and safety of all concerned. Adults should remain aware however that such infatuations carry a high risk of words or actions being misinterpreted and therefore should make an effort to ensure that their own behaviour is above reproach. An adult who becomes aware that a child or young person is developing an infatuation should discuss this at the earliest opportunity with the Child Protection Officer and parent/carer so that appropriate action can be taken to avoid any hurt, distress or embarrassment

Do report any concerns about a young person's behaviour toward you or another adult to your divisional officer and to the Child Protection Officer

Do avoid favouritism with your time/energy/attention toward any individual young person. On-going familiarity with any one child on the part of an adult member is questionable and requires immediate intervention

Do remember on-going familiarity from a child toward an adult member is also cause for concern and should be discouraged by the adult concerned

Don't ignore any feelings of unease about a relationship between a young person and an adult member. Discuss any concerns with the Child Protection Officer

Youth-Youth Relationships:

In adolescence, young people become increasingly aware of their own bodies and sexuality and emotional attachments can begin. It is important for adult members to help some young people understand the nature of public and private behaviour and the need to respect other people's privacy and personal space. Friendships form an important part of St John Ambulance for young people and it would not be uncommon that these friendships develop into more personal relationships. There may be occasions however when adult members will need to advise and explain to young people that how they conduct personal relationships in St John Ambulance settings may be inappropriate. Should a difficulty persist in this regard, parents may need to be informed and their support enlisted. When giving advice, adult members must uphold the law. For the purposes of criminal law the age of consent to sexual activity in the Republic of Ireland is 17 years of age. The law of sexual activity applies to young people as well as to adults.

Do set clear boundaries with young people about unacceptable and acceptable behaviour in SJA settings, i.e. on duty, at discos etc.

Don't embarrass or tease young people about personal relationships

Substance Misuse:

Adult members must set a positive example for young people and this extends to use of or discussion about drugs, alcohol and tobacco. Adult members must never smoke around young people. At adult events where alcohol is available, it should be consumed in a way that shows respect for self and for others. Adult members must always observe the laws which govern the sale and consumption of alcohol and tobacco. Adults must always be fit to supervise young people and must be free from any alcohol, drugs or medications which may impair their judgement.

The use of alcohol or tobacco by young people must never be tolerated and always addressed by adult members. Parents should be made aware of any concerns related to substance misuse.

Do remember that young people are impressionable and may look up to you. Aim to use your influence in a positive way at all times

Don't discuss personal use of alcohol or substances with or in the presence of young people

Don't socialise with young people outside of St John Ambulance. Local divisions should ensure that young people never attend adult social events, i.e. in pubs etc.

Physical Contact:

Physical contact should only take place when it is necessary in relation to a particular activity. It should only ever take place in a safe and open environment, i.e. one which is easily observed by others. When a child is upset, try to seek ways to provide comfort and support without unnecessary or excessive physical contact. Members need to be aware that particular actions if taken out of context could be negatively interpreted and may allow unfounded accusations of impropriety to be raised against a member. Members need to be aware of the dangers of a too casual and unthinking familiarity with the young people in their charge and should ensure that their attitudes and actions are carefully considered at all times. Where physical contact is necessary (e.g. first aid demonstrations and practical exams), be sensitive and avoid touching the child yourself. Demonstrate on an adult member. Adults must ensure that personal physical contact with other adults is always appropriate in the presence of children while involved in St John Ambulance activities. This means that physical contact associated with personal relationships (i.e. kissing, holding hands, cuddling etc.), is not appropriate in front of young people.

Do ask a child's permission before you touch them

Do minimise physical contact with children as much as possible

Do remain aware of cultural or religious views about touching and always be sensitive to issues of gender

Do encourage children to complete self-care tasks themselves in private (i.e. child ill on bus, provide fresh clothing and encourage them to change in private)

Do ensure for example, in first aid training where physical contact is unavoidable that: (i) another adult is present; (ii) the child's permission is gained; (iii) the breast, buttocks and groin area are not touched

Don't initiate physical contact with a child

Don't allow a child sit on your knee. If a child is upset, ensure that he or she sits beside you

Don't engage in horseplay

House to House Guidelines:

These guidelines are devised to ensure the safety of children in the care of St John Ambulance during door to door style collection and should be read in conjunction with the Brigade rules and regulations and any other policies relating to House to House or fundraising policies. The following guidelines must be adhered to:

In accordance with Garda permit procedures, only children over the age of fourteen years of age may participate in house collections

Parents will be advised of the start and planned end of the house collections, the agreed meeting point and the area to be visited

Children must be under adult supervision at all times and the supervising adult must be able to see all the children in his/her care at all times

A maximum ratio of one supervising adult to four children should be observed
Children and/or supervising adults must never enter a house under any circumstances

Children should hand over any envelopes containing money to the supervising adult immediately

While children should be uniformed, no personal information (name badges etc.) should be displayed and children should be instructed to only give their first name, if asked

Use of Technology:

Mobile Phones: A mobile phone is a useful communication and safety tool for everyone, including children. However, there is always a potential for phone calls or text messages to be misinterpreted by the young person or by their parents. St John Ambulance advises that other forms of communication are available.

Do remember it is always preferable to communicate details of St John Ambulance activities to a parent's mobile phone

Do ensure that prior parental consent is obtained and recorded before contacting children directly on their mobile phone about St John Ambulance activities

Do ensure that any bullying behaviour associated with use of mobile phones (i.e. unpleasant texts, picture messages etc.) detected within St John

Ambulance is treated in accordance with the anti-bullying policy (See Appendix C)

Do ensure that if your mobile number is being used as a contact number on an activity, your phone is charged and in credit

Don't use your mobile phone to communicate with cadets in relation to anything except St John Ambulance business

Use of Email and Social Networking Sites:

Email and social networking sites have enormous benefits but can also be used for harmful or abusive purposes.

- **Do** use your St John Ambulance email address for all St John Ambulance business (and St John Ambulance business only)
- **Do** maintain protected privacy settings on your personal social network sites and encourage young people to do so
- **Do** remember that all emails, Facebook chat, message history etc. are retrievable and effectively permanent, as by law, they are stored on the Internet Service Providers servers for at least seven years, even if deleted by the original user
- **Don't** contact young people through chat-rooms or social network sites (e.g. Facebook, MSN, Twitter) and do not give young people access to your personal social network page/blog/email address
- **Don't** email young people as individuals when sharing information in relation to events but do so as part of a disclosed list, having received prior permission to disclose these details in a group email

St John Ambulance Division Facebook pages:

All divisions operating Facebook accounts need to be particularly aware of the following requirements of St John Ambulance.

Divisions should have a Facebook pages with '**LIKES**' - not a profile with 'friends'

There should be **NO FACILITY** for free posting of comments by others on a division's Facebook page

For details on how to convert a profile to a page, comments settings, and more, see the St John Ambulance Social Media guidelines and set-up guide which is available on the St John Ambulance website.

Photography and Videos and images of children:

Under no circumstances should adult members take photographs/videos of young people on their personal phones. No adult member should ever upload photographs or images of a child to the internet without official St John Ambulance approval and parent consent.

No member, child or adult should send a picture that is obscene, indecent or menacing and pictures should always be sensitive about other people's gender, colour, religion

or personal background. Children should be advised to avoid sending a picture or video to someone they don't know very well.

Photographs/Videos of children during St John Ambulance may only be taken with the knowledge and consent of the child's parents and the Superintendent/Officer in Charge.

At the time of initial application, all parents are asked to complete a Consent form, including a section which gives their permission for photography/video of their child. (See Appendix F). Each division will keep a record of this consent. Some parents may have concerns and will not want their child to be photographed or videoed. The Superintendent will keep a record of these children and will make all reasonable efforts to ensure these children are not photographed or videoed, while not singling out such children so as to identify this aspect of the child's membership. Exceptions may occur at times of group activities/events. Superintendents must ensure that this is explained to parents who can consider whether they wish their child to participate in such activities.

Images must never be taken if a child is vulnerable, upset or hurt. Children should never be photographed or filmed while changing clothes/in a state of undress. In general, photographs/video of group activities should be taken, rather than focusing on any individual child. Each division must ensure that they store images securely and destroy images securely when no longer required. Care should be taken when using photographs/video in St John Ambulance. If a young person is named, avoid using their photograph/video. If a photograph/video is used, avoid naming the young person. No image of a child should be used on a St John Ambulance website without written consent from the child's parents.

At events, it is beyond the scope of St John Ambulance to monitor camera and camera phone activity of members of the public present (i.e. parents). At events, the Officer in Charge will:

- Request that photographs are not taken without permission
- Provide a clear brief about what is considered appropriate in terms of content and behaviour and production afterwards
- Inform young people and parents that a St John Ambulance photographer will be in attendance at the activity
- Pay due regard to image consent forms on record in St John Ambulance
- Ensure that photographers will not have any unsupervised access/individual access to young people

Any concerns about photography taking place or the inappropriate use of images should be reported to the Officer in Charge and to the Child Protection Officer.

Phone usage during activities:

Parents and young people will be made aware that personal mobile phone usage may be limited to particular times during St John Ambulance activities. This means that on activities, the Officer in Charge is the primary contact for parents and he/she should be contacted in the event of an emergency. This policy ensures that mobile phone

usage does not distract young people from the activity at hand or reduce their safe awareness of their environment. During camps or overnight activities a preferred time period will be stated when parents may make contact on a young person's mobile phone if they wish. Parents should be advised that contact outside of this time may not be possible due to the nature of the activities.

Medications:

Parents/guardians have primary responsibility for the medical needs of their children. All children under the age of 18 years must have an Activities Consent Form completed for them by their parents/guardians who should be made aware of why the medical information requested on the form is needed and of the importance of giving full and accurate medical details on their children. Most divisions will have young people who will take medication on a long term basis (e.g. with epilepsy) or have to take it for a defined period of time (course of antibiotics). Young people who have severe asthma may need daily inhalers but may also need additional dose in the event of an attack. Appendix G sets out guidance around the handling and administration of medication. These procedures should ideally be developed with parents and they should take account of the comfort level of adult members taking on such a role as well as the level of training or expertise required for more complex interventions.

Personal Care:

Young people are entitled to respect and privacy at all times and especially when in a state of undress, changing clothes or undertaking any form of personal care.

Do avoid any physical contact when children are in a state of undress

Do avoid any visually intrusive behaviour

Do announce intention of entering changing rooms

Don't change in the same place as children

Don't shower, bathe or use bathrooms at the same times as children

Don't assist with any personal care task which a child or young person can undertake by themselves.

Curriculum:

St John Ambulance ensures that all material used in skill development, including information assessed at competitions is age appropriate, i.e. presentation of patient affected by substances etc. Any concerns about curriculum content should be reported to the Child Protection Officer.

Competitions:

It is recognised that competitions can be stressful events for young people. While competitions are necessary in order to allow children to demonstrate their skill base and make progress, it is essential that Superintendents and competition organisers minimise stress for young people.

Superintendents will:

- Ensure young people bring adequate food with them on day of competition
- Make appropriate provisions for any stressed child (i.e. having them waiting for shortest period of time/discuss same with competition organisers)
- Ensure that children are adequately supervised at all times, including waiting times during competitions

Transport:

Wherever possible and practicable it is advisable that transport is undertaken other than in private vehicles with at least one adult additional to the driver acting as an escort. Anyone expected to use their own vehicles for transporting children should ensure that the vehicle is roadworthy, appropriately insured and that the maximum capacity is not exceeded. Drivers must hold full driver's licence for vehicle driven. It is a legal requirement that all passengers should wear seat belts and it is the responsibility of the member to ensure that this requirement is met.

As a general rule, the responsibility for getting children to and from St John Ambulance activities lies with parents/guardians. However, at times the group may take responsibility for organising transport to events or activities. It is always preferable that a reputable bus company be engaged on these occasions. In the case of transporting patients under the age of 18, two adults should travel in the back of the ambulance with them, whenever possible.

Managing Challenging Behaviour

Young people in St John Ambulance need to learn to become responsible and to accept themselves and others. Discipline should always be positive in focus, providing the structure that allows young people to learn to set their own goals and strive for them. Where possible the main form of discipline should be through praise for:

- Effort
- Social skills
- Traditional St John Ambulance skills

Young people should be helped to understand the responsibilities and implications of the freedom to make choices and decisions. Expectations of behaviour should be positively stated, agreed and communicated clearly to all involved in any activity. Sanctions are an important element in maintaining discipline. However, adult members should have a clear understanding of where and when particular sanctions are appropriate. Sanctions should be used in a corrective way designed to help young people improve now and in the future.

Sanctions should not be used to retaliate or to make an adult member feel better. Sanctions should be fair, and in the case of persistent offences should be progressively applied. The following steps should be taken:

- Each division must devise a code of conduct in conjunction with young people, one which the young people themselves agree to
- Refer to this code of conduct agreed with young people at divisional level
- Give warning or sanction (e.g. temporary exclusion from the activity) if the code of conduct is broken
- An interview if the code is broken again. Children are never interviewed on an individual basis and can request a parent or another member be present and should be told this prior to interview. It is essential that children do not feel intimidated through the process. Record the date, those in attendance and outcome of the interview. Parents should be notified of the challenging behaviour and outcome of interview, if not present
- Longer term exclusion for continued or serious breaking of the code and involvement of parents /guardians
- Formal suspension should be discussed with a senior officer and **must** be notified to the Commissioner within 24 hours in accordance with Brigade regulations

Sanctions should:

- Be used sparingly
- Be administered in a consistent way
- Not include any form of corporal punishment or physical force
- Not expose a young person to embarrassment or disparagement by use of negative remarks about the young person or his/her family
- Remain confidential where at all possible

Responding to Bullying

Bullying and how to respond

Bullying has no place in St John Ambulance. Adult members should promote a positive anti-bullying ethos in their division and raise awareness, amongst other adult and youth members, that bullying should not be tolerated.

What is Bullying?

Bullying can be defined as repeated aggression be it verbal, psychological, or physical conducted by an individual or group against others. Bullying is intentional and it includes behaviours such as teasing, taunting, exclusion, tormenting (e.g. hiding possessions, threatening gestures), threatening, spreading rumours, hitting and extortion, by one or more persons against a victim. Cyber-bullying is another example of bullying and can be challenging to address. Please see section in this appendix on cyber-bullying for specific guidelines.

Bullying contains 7 key features;

- An intention to be hurtful
- The intention is carried out
- The behaviour harms the target
- The bully overwhelms the target with his or her power
- There is often no justification for the action
- The behaviour repeats itself again and again.
- The bully derives a sense of satisfaction from hurting the target

(NYC1, 2006)

The Effects of Bullying

The effects of bullying can last for some time and can significantly impact an individual's well-being, causing poor social development and depression. The outcomes of bullying can include:

- Physical injury, headaches, stomach aches
- Stress symptoms such as sleep or eating disorders and panic attacks
- Loss of confidence and self-esteem
- Lowered academic achievement
- Exclusion and isolation
- Consideration of suicide

It is important for adult members to take a pro-active role in investigating whether bullying is occurring because many children will not tell. However, a child may confide in anyone so everyone should be aware of how to handle such a confidence.

St John Ambulance Anti-Bullying policy when working with children/young people

St John Ambulance will not tolerate any bullying behaviour by children/young people or adults and will deal with any incidents immediately in accordance with this policy. This policy covers:

- Children/young people bullying other children/young people
- Adults bullying children/young people

Children/young people bullying adults

The policy is as follows:

All children/young people and adults who participate in activities run by the St John Ambulance will be treated with dignity and respect by adults and by other children/young people and will not be subject to bullying

All children/young people and adults who participate in activities run by the St John Ambulance have a responsibility to treat other children/young people and adults with dignity and respect and refrain from bullying behaviour

All divisions will develop, maintain and regularly review an anti-bullying charter

It will be made clear to all children/young people and adults participating in St John Ambulance events/activities that bullying is not acceptable and that other children/young people and adults should be treated with dignity and respect

There will be adequate supervision by adult members at all events/activities involving children and young people. This will help to prevent bullying

If an adult member witnesses bullying or suspects that bullying is taking place he/she will follow the procedure outlined below

If a child/young person witnesses bullying or suspects that bullying is taking place he/she should report it to an adult member. The adult member will follow the procedure outlined below

If a child/young person is the victim of bullying he/she should report it to a St John Ambulance adult member who will follow the procedure outlined below

Procedure for dealing with bullying:

All reports of bullying will be recorded, investigated and dealt with by the Superintendent of the division

Reference will be made to the Anti-Bullying Charter agreed at divisional level, from the outset (See Appendix C)

The Superintendent dealing with the complaint will keep a record of the alleged bullying incident/s and the investigation and action taken

The Superintendent dealing with the complaint will speak separately to all involved in order to get all sides of the story. The Superintendent should also speak to others who may have witnessed the incident/s, if appropriate. The Superintendent will interview all involved in a calm manner and will seek answers to what, where, when, who and why

If the victim of the alleged bullying is a child their parent/guardian will be informed of the complaint and the outcome of the investigation

If the perpetrator of the alleged bullying is a child their parent/guardian will be informed of the complaint and the outcome of the investigation

If the perpetrator of the alleged bullying is an adult, the Commissioner of St John Ambulance and Child Protection Officer will be informed of the complaint and the outcome of the investigation.

If a child is involved in the incident as alleged perpetrator or victim, parents are always informed

If the adult member dealing with the complaint concludes that bullying has not taken place, the following action will be taken:

- The complainant, alleged victim and alleged perpetrator/s will be informed of the outcome of the investigation and the reasons why it was concluded that bullying did not take place
- Support will be given to the complainant, alleged victim and alleged perpetrator/s if necessary
- A meeting will be arranged between the alleged victim and alleged perpetrator to discuss the issues involved if both are agreeable and it is deemed appropriate
- Inform parents of any child involved

If the adult member dealing with the complaint concludes that bullying has taken place, the following action will be taken:

- The complainant, alleged victim and alleged perpetrator/s will be informed of the outcome of the investigation and the reasons why it was concluded that bullying took place
- Support will be given to the victim
- A meeting will be arranged between the alleged victim and alleged perpetrator to discuss the issues involved if both are agreeable and it is deemed appropriate
- A meeting will be held with the perpetrator to discuss the bullying behaviour. They will be informed of the disciplinary action, which will be taken as a result of this bullying behaviour
- Inform parents of any child involved.

Disciplinary action

When the inquiry into the alleged bullying incident has taken place and it has been concluded that bullying occurred, it will be necessary to take some disciplinary action against the perpetrator of the bullying. The disciplinary action should be agreed between at least two staff members of the St John Ambulance, with the senior officer present, and should be appropriate to the seriousness of the incident/s. If the perpetrator of the bullying is a child/young person, the parent/guardian of the child/young person and the child/young person will be informed of the disciplinary action which will be taken, preferably in person, otherwise via telephone. If the perpetrator of the bullying is an adult the following people will be informed of the disciplinary action, which will be taken:

- The Commissioner of St John Ambulance
- The perpetrator

The options for disciplinary action include:

- ❖ For serious incidents involving children/young people, sending the child/young person home and not allowing them to participate in any further St John Ambulance events/activities. Care must be taken to ensure that the child gets home safely, i.e. contact parents to collect child

- ❖ For less serious incidents involving children/young people, allowing the child/young person to continue to participate in the event/activity once they have apologised to the victim and stated that they would not engage in any further bullying behaviour. Their behaviour would then be closely monitored
- ❖ Providing support to the child/young person to get them to understand that their behaviour is not acceptable and monitoring their behaviour
- ❖ For serious incidents involving an adult member of St John Ambulance, consequences may include: transferring a person to an area within St John Ambulance where they will not have any dealings with children/young people up to terminating their membership
- ❖ Transferring the person out of St John Ambulance or transferring them to an area within the St John Ambulance where they will not have any dealings with children/young people or terminating their membership

See Appendix C for good practice guidelines on responding to bullying incidents.

Parental Involvement

All adult members working with cadets should be aware of and respect the trust placed in them by the parents of the children. Parents should be notified of issues concerning their own children, or general issues arising in the division (i.e. incidents of cyber bullying etc.). St John Ambulance is committed to providing a transparent and open communication process between adult members and parents.

Initial Contact:

When a young person joins St John Ambulance, efforts are made to establish guardianship of the child (i.e. general discussion, requesting identification if deemed appropriate) at the first point of contact. Parents will be made aware of how the division operates and what they can expect in terms of communication from the division in relation to their own child and to group activities. Parents will be made aware of the policies and procedures that operate in the division, including the child protection policy, the anti-bullying policy, procedures for dealing with disruptive behaviour etc.) All parents and children are specifically referred to the online availability of the child protection policy.

All young people will receive a course joining sheet with information relevant to their course and instructions on accessing the child protection policy. On moving to Probationary Cadet Status, each child will receive a membership pack with relevant Divisional/St John Ambulance information and a short child protection information section and a reminder of the Child Protection Policy location on the website. Parents will be asked to sign a joining application form and to acknowledge that they are aware of the key policies affecting their children.

Provision of Information:

Parents should be the first point of contact for information from St John Ambulance and will receive regular letters/email in relation to activities, trips and for the coming events. Parents will receive an annual information sheet/email giving details of the overall development of the cadets within the division and the successes within that year. Issues relating to an individual child concerning disciplinary issues or positive aspects of the child's work will be communicated to parents, preferably in person or by telephone.

Consent Forms: All cadet divisions will utilise standard consent forms signed by parents for activities and trips planned by the division. These forms will be available on the relevant section of the St John Ambulance website. All consent forms along with notification/permission forms will be maintained at divisional level. Parents must be informed of all activities in advance, including division activities taking place outside of the usual location.

Parental Involvement: All parents are encouraged to involve themselves in support of the organisation and their child's participation in it. Care should be taken to ensure that this involvement pays due regard to the child protection policy and that where necessary that appropriate Garda Vetting and insurance provisions are in place. Active

two way communication with parents will assist in the development of this involvement.

Do encourage parents to raise any concerns

Do listen carefully to what parents say about their children

Do inform parents of issues relating to their children (i.e. accidents, bullying incidents, cyber bullying, positive developments, use of sanctions etc.)

Do use respectful and supportive language when communicating with parents

Do ensure that anything you distribute to parents in writing is accurate and clearly stated

Do send your communication to parents far enough in advance so that they can consider it in advance and act if you expect a response

Do keep a copy of written communications

Don't rely on signed consent/written communication as primary means of communication with parents. It is useful to telephone parents, particularly with regard to trips away, if they do not attend in person with a consent form. This is to ensure that the form was legitimately signed and the parent understands the nature of the activity planned

Don't forget that vetting and insurance procedures apply to parents who are involved in St John Ambulance

Involving Children

In so far as it is possible, a selection of cadets from St John Ambulance will be involved in an annual review of the policy. This involves working in an age appropriate way with all young people in the division to ensure that their feedback on the policy is sought and recorded.

All children within the organisation should be made aware of the child protection policy on joining St John Ambulance, irrespective of age, gender, culture or other factors. Consideration must be made of these individual factors when the policy is introduced to them as they may affect how children experience and understand the world. Each division will set aside a minimum of one training night per calendar year for the purposes of refreshing young people on their rights to:

- Be protected from harm
- Be treated with respect
- Be listened to and have their views taken into consideration

within and outside St John Ambulance. This training may be split across junior and senior cadets, if required, due to the nature of the content. Cadet training should recap the broad spectrum of abuse and reiterate reporting procedures for complaints, accidents and concerns as laid down in this policy. Training should also inform young people of the confidentiality issues around reporting. Role play and open discussion may form part of this. All children should be aware of and able to access the Child Protection Officer and Deputy Child Protection Officer when required, should the need arise. This will be ensured through contact information initially being made available to all children and their parents upon initial recruitment. Contact details will be displayed on poster at each divisional meeting and is available via the St John Ambulance website.

All Brigade policies that apply to cadets, however obliquely, must be updated so as to be written in accessible language and then explained to young people to ensure that it is understood and subsequently adhered to. Children who have communication difficulties of any nature will be accommodated as much as possible by St John Ambulance. These accommodations may include enlargement of written and pictorial material, sign language interpreters and other communicative devices required by individual children.

Complaints Procedure for Members, Parents and Children

A complaint is a written or oral expression of dissatisfaction about the action or lack of action of St John Ambulance or about the standard of a service, where the action taken or the service was provided by a member acting on behalf of St John Ambulance.

Who may make a complaint?

Any child or adult involved in the service, either as a member or recipient of care.

A parent/caregiver.

Members of St John Ambulance.

Any other person whom St John Ambulance deems to have sufficient interest in a child's welfare to justify consideration of his/her complaint.

How to make a complaint

A complaint can be made directly to any member of staff.

A complaint should be made in writing which can be done with the assistance of a member but must be signed by the complainant. This written complaint should clearly explain:

What the problem/complaint refers to

What is the history of the situation if any

What actions have been taken so far in the resolution of the complaint

What would the complainant like to happen/what actions the complainant would like St John Ambulance to take

If the complaint refers to a child, what is the complainant's relationship status to this child

All the relevant contact details of the complainant so that we can make contact following receipt of the complaint

Remember to include the name of the child that is involved if relevant. The complainant should be provided with a record of the complaint e.g., a copy of the complaint form. A complainant will receive a response from the St John Ambulance within 14 days of receipt by St John Ambulance.

How will the complaint be dealt with?

At divisional level the Superintendent will be made aware of any complaints.

The initial complaint will be dealt with by the Superintendent of the division

In the event the complaint is against a member, the Superintendent will notify the member and afford them the opportunity to respond

The principles of natural justice will apply

Both parties will have access to all correspondence

The complaint may be redacted if it contains 3rd party reports or hearsay

Where appropriate a full investigation will be carried out

The complainant and relevant staff member will receive a response ideally within 14 days

Should it be deemed more appropriate the matter will be dealt with through the St John Ambulance Child Protection Policy and/or

Disciplinary Procedures. If this is the case both the staff member and the complainant will be notified of this fact

Once a decision is made, the complainant and parties involved will be notified of the outcome either verbally or in writing

What if the complainant is not satisfied with the outcome/response?

In the event that the complainant is not satisfied with the outcome/response then he/she will be afforded the opportunity to appeal the response to the District Officer

He/she must appeal directly to the District Officer (or persons as nominated by him/her within 7 days of receiving a response from the Superintendent)

The District Officer (or persons as nominated by him/her) will review all the details of the case and issue his/her findings within 14 days*

What if the complainant is still not satisfied with the outcome/response?

In the event that the complainant is still unsatisfied, he or she will have the right to appeal to the Commissioner (or persons as nominated by him/her)

He /she must appeal directly to the Commissioner (or persons as nominated by him/her) within 7 days of receiving a response from the District Officer (or persons as nominated by him/her) outlining clearly the reasons for appeal

The Commissioner (or persons as nominated by him/her) will decide whether a) an appeal is accepted b) whether further investigation is necessary and c) issue his/her findings/decision within 14 days

Once a decision is made, the complainant and parties involved will be notified of the outcome either verbally or in writing. In some cases it may be deemed more appropriate to provide a verbal update only

The decision of the Commissioner (or persons as nominated by him/her) will be final

Note: * Should the matter need further investigation and a full response is not possible within 14 days, all parties will be notified of this fact. This may be the case for example, if the situation is very complicated or a key person is away.

Our Policy

All complaints will be dealt with as quickly, effectively and in a fair and honest way. All complaints will be treated with the utmost confidentiality in mind. The principles of natural justice will apply. In the event that the complaint is against a Superintendent the complaint will be dealt with by the District Officer (or persons as nominated by him/her) In the event the complaint is against the District Officer then the complaint will be dealt with by the Commissioner (or persons as nominated by him/her). At any stage during this process, St John Ambulance reserves the right to appoint an independent person to investigate the complaint. All persons have the right to be accompanied to the meeting by a support person. Purpose of meeting, time of meeting, who will attend will be known by all parties in advance. St John Ambulance reserves the right to review and update this policy.

Aggressive or Obsessive Complaints:

St John Ambulance wants to deal fairly and honestly with complaints. St John Ambulance will take vexatious complainants very seriously and notify such complainants that their behaviour is considered to be unacceptable.

Activity Safety

The safety of each member of St John Ambulance is paramount. Adult members must ensure:

That the activity being planned, or undertaken, is suitable for the age, experience and ability of the member(s) concerned (i.e. swimming only takes place with parental consent and with qualified lifeguard supervision)

That all activities are led by suitable persons with the necessary skills

That all guidelines governing activities are followed

Participation in Games: There is, and always has been, the situation where adult members join in games 'to make up the numbers' or to encourage greater participation in a game. While everyone is having fun and no harm is done, there is an element of risk associated with such an activity. All it takes is for a young person to be hurt, or suggest that they had been inappropriately touched for the 'fun' to be taken as 'serious'. So, the simple advice is – organise, supervise or monitor and enjoy watching the fun!

Risk Management

The management of risk and safety should be a priority of all adult members involved in St John Ambulance activities. Risks assessments should be carried out prior to activities in order to eliminate (or reduce to an acceptable level) the potential risks to young people. The assessment of risk involves a number of steps in the planning of an activity, some of which include:

- Looking for hazards
- Determining the level of risk involved
- Deciding who might be harmed and how
- Putting in place measures that can minimise any identified risks
- Reviewing and risk assessment on a continuing basis throughout the activity
- Adhere to “lost children” protocols at public duty events (e.g. notifying Event Control) to assist in successfully reuniting lost children with parents/guardians

Trips Away

Where the activities involve staying away from home overnight a number of additional concerns need to be taken into account. In all cases of residential work with young people, St John Ambulance follows the guidelines below:

On all trips away a discussion should take place between the St John event coordinators and the event organiser/host venue pertaining to child protection and safety issues. Before embarking on any trip assurance should be sought to ensure there is adequate insurance in place taking account the type of trip, activities planned, numbers travelling and any local hazards

Where practical a pre-event visit should take place to assess any potential hazards and ensure the accommodation is suitable for the planned group travelling

A strict level of 1 adult (aged 18 years or over) per 8 children (or part thereof) **MUST** be adhered to on all trips. To aid with this groups should plan to have at least 1 surplus adult per 5 adults. This includes supervision required while transporting young people to accommodation. All adults must have Garda vetting

When planning transport to, from or during an event (and not using public transport) the group leader should retain a copy of the transport company's Large Public Service Vehicle Licence & Insurance. It should be noted that where private cars are being used, any payment (including the cost of fuel) may constitute the driver carrying passengers for hire & reward and possibly invalidate insurance

Safety risk assessments must be undertaken and documented for all trips involving children in the care of St John Ambulance

Parent Consent Forms (as per the St John Ambulance policy for Trips away) must be used at all times. Consent forms will be forwarded and archived at HQ. Consent forms must be sought for each individual trip. Consent forms will include the following information about the participant:

- Contact details of parent/guardian and another person named by the parent/guardian in the event of the parent/guardian not being available in an emergency
- All relevant medical information for the participant and consent for medical intervention, if necessary
- Any special needs which the participant may have, including diet, medical needs, support needs, etc.
- All relevant information including contact details, allergies, medicines, dietary needs etc. for the child or young person will be kept with a leader/staff member on the trip
- Parents/guardians will be fully informed of the programme or timetable for the event and will receive a copy of the programme

- Parents will be given full contact details of the centre/hotel/accommodation and also of the staff member in charge of the event
- St John Ambulance will ensure that the physical surroundings are safe, comfortable, accessible and appropriate for the work being undertaken
- There will be appropriate gender based supervision for the event
- Accommodation will be provided in single sex rooms, and dormitories will not be shared with non-group members
- St John Ambulance has a system in place for recording any accidents or incidents while in the care of St John Ambulance. A plan must be in place and brought to the attention of all involved in the trip as to actions to be taken in the case of emergencies. A good emergency action plan will also contain details of local Gardaí, Doctor, Health Centre and Hospital. There should be an on-site emergency contact person and an off -site emergency contact person identified
- One adult member will be designated as the 'key contact person' for the event and parents and participants will be given contact details of this person. All complaints, concerns, etc. should be directed to this person (with the exception of complaints in relation to the safety and welfare of the children/young people)
- Parents will also be given the contact details of the St John Ambulance Child Protection Officer. Complaints in relation to the safety and welfare of the children/young people should be made to the Child Protection Officer in St John Ambulance
- A list of 'ground rules' will be drawn up for each event, with the participation of the children/young people and these will be distributed to all participants and will be signed up to, prior to the event. The ground rules will be displayed in the meeting rooms during the event
- The privacy of the participants will be respected at all times and particularly in dormitories, changing rooms, showers and toilets
- Participants should be encouraged to report to a staff member any cases of bullying and the staff member in charge must be made aware of this
- Staff/leaders should avoid showing favouritism towards any one participant and should ensure that the relationship is constructive and aims to build the independence and autonomy of the participants

Accidents/Incidents Procedures

Should an accident/incident occur, appropriate assistance should be sought by the Senior Officer present. Parents should be notified at the earliest opportunity and a full record of the details of the incident, contact details of all concerned and details of medical/other interventions (if such was necessary) should be accurately recorded.

The Superintendent must maintain records of all accidents. Any serious accident reports must be forwarded to Headquarters. Adult members should make contact with their Superintendent or District Officer if there is any doubt or advice needed on the procedures that are to be followed in reporting accidents or incidents. Members should refer to the Association's Safety & Risk Management guidelines for more comprehensive information on safety and risk management for programme activities. St John Ambulance ensures that adequate insurance is in place to cover all activities undertaken.

Appendix A:
Signs & symptoms of child abuse as per Children First Guidelines 2011

1. Signs and symptoms of neglect

Child neglect is the most common category of abuse. A distinction can be made between 'wilful' neglect and 'circumstantial' neglect. 'Wilful' neglect would generally incorporate a direct and deliberate deprivation by a parent/carer of a child's most basic needs, e.g. Withdrawal of food, shelter, warmth, clothing, contact with others. 'Circumstantial' neglect more often may be due to stress/inability to cope by parents or carers. Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability, addictions or psychological disturbance. The neglect of children is 'usually a passive form of abuse involving omission rather than acts of commission' (Skuse and Bentovim,1994). It comprises 'both a lack of physical caretaking and supervision and a failure to fulfil the developmental needs of the child in terms of cognitive stimulation'. Child neglect should be suspected in cases of:

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

2. Characteristics of neglect

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

Neglect is associated with, but not necessarily caused by, poverty. It is strongly correlated with parental substance misuse, domestic violence and parental mental illness and disability. Neglect may be categorised into different types (adapted from Dubowitz, 1999):

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

- **Depressed or passive neglect:** This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.
- **Chronic deprivation:** This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

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

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

Signs and Symptoms of Emotional 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. Emotional abuse should be suspected in cases of:

- rejection

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

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

Signs and Symptoms of Physical Abuse:

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

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

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

Bruises:

Accidental

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards. Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

Non-accidental

Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth. Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be

suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing). Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired. Other injuries may feature – ruptured eardrum/fractured skull. Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle-feeding.

Bone injuries:

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

Non-accidental

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

Burns:

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

Non-accidental

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

Bites:

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

Non-accidental

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

Poisoning:

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

Non-accidental

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

Shaking violently:

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

Fabricated/induced illness:

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

- (i) symptoms that cannot be explained by any medical tests; symptoms never observed by anyone other than the parent/carer; symptoms reported to occur only at home or when a parent/carer visits a child in hospital;
- (ii) high level of demand for investigation of symptoms without any documented physical signs;
- (iii) Unexplained problems with medical treatment, such as drips coming out or lines being interfered with; presence of un-prescribed 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:

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

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

Non-contact sexual abuse:

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

Sexual contact:

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

Oral-genital sexual abuse:

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

Inter-femoral 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:

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

Sexual exploitation:

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

The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim. It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place

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

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

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

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

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

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

Appendix A:
Developing An Anti- Bullying Environment:

PRACTICAL STEPS: What can you do if a child tells you she/he is being bullied?

1. Listen calmly and accept what is said. If possible there should be two adults present (but this should be determined by the needs of the child), if not leave the door open and ensure another adult is close.
2. Take notes following the conversation: keep these notes on file as this forms the basis of the bullying report. Notes should include nature of incident, date, time, location, names of those involved, witnesses, relevant history and the adult's response.
3. Reassure: that help is available, that action will be taken, the child was right to tell, it is not his or her fault and it could happen to anyone.
4. Negotiate confidentiality: be clear that you'll only tell people who need to know.
5. Ensure the Child's safety: the adult member should be aware that the safety of the young person is paramount and this can be maintained through appropriate supervision. Liaise with the parents / guardians in relation to a solution and possible actions.
6. Tell the Child that you'll keep her/him informed and how you intend to proceed.
7. Make an intervention: All actions should be guided by the needs of the child and in accordance with the anti-bullying policy of St John Ambulance. Inform the Superintendent of your concerns. Decide who to consult with: Cadet Leader, Officers, Child Protection Officer, parents etc. Decide who to interview: witnesses, alleged bullies, and uninvolved children. Find out: what, where, when, who, how, why? Act in a non-confrontational manner. Resolve the problem: Make bullying the responsibility of the group – follow the 'No Blame' group approach (see section on No Blame Approach in this policy).
8. Alternatively, approach the victim and the bully (explain why the bully's behaviour is wrong, how it makes the victim feel and request an apology); parents and bully (if sanctions linked to the behaviour are to be employed, request the parents to reinforce these). Refer on in difficult cases: if it remains unresolved at the Group level it should be referred to the Child Protection Officer.
9. Make a record: of facts, rather than opinions. Include details from the bullying report (i.e. nature of incident, date, time, location, names of those involved, witnesses, relevant history and adult's response), details recounted by others involved, any agreements made, an account of action taken and suggestions for follow up and monitoring.

Some helpful tips:

- Agree and implement a procedure to counteract bullying and be approachable to receive reports of bullying
- Reinforce the principles of fair play
- Develop positive leadership skills among young people
- Ensure that roles and responsibilities are shared among as many young people as possible
- Allocate roles and responsibilities to match the physical and intellectual capabilities of the young people

Record Keeping:

A report should be kept, including the date and time of the incident, the name of the adult member taking the report, names of those involved, details of the incident, action taken (warning, agreement, mediation, sanctions, referral, other), recommendations, agreed follow up and signature.

PREVENTING BULLYING: A WHOLE GROUP APPROACH;

An anti-bullying charter and the division's responses to bullying incidents should be agreed with young people, adult members and parents. A range of possible responses are outlined below. A whole group approach is recommended. This means working with the bully and with the group of young people to help everyone understand the hurt that the behaviour causes. This makes the problem a 'shared concern' of the group. A whole group approach, where the behaviour and its consequences are discussed by everyone in the group, helps to avoid driving the problem underground or escalating it, as might occur by solely taking a 'punishment of the bully' approach. This is called the 'No blame approach' (see below).

Developing an anti-bullying Charter:

An anti-bullying charter is a clear statement that bullying of any form is unacceptable in the group. The charter should be drawn up with the input of cadets and it should be framed in simple language.

Sample Charter

Division is a place where every member can feel secure

- The '....' Division is a place where everyone is respected
- We do not tolerate physical violence
- We do not tolerate name calling or verbal abuse
- We do not tolerate threatening behaviour
- We do not tolerate nasty jokes, comments or rumours
- We do not tolerate bullying by text or e-mail
- We will take bullying seriously and will report any bullying we see to an adult member
- Tackling bullying is the responsibility of everyone in our division
- Every member of our division will be treated equally and fairly
- Every member of our division will be supported and listened to

Practical Steps to Prevent and Counter Bullying

- Consider children as a resource in countering bullying and to foster a "permission to tell" culture in the group
- Let children know who they should tell if they are being bullied themselves or if someone else is being bullied
- Reassure children that they will be listened to and that an intervention will be made if they are being bullied
- Teach children to co-operate, negotiate and help others, particularly new or different children
- Include stories and role plays on how to deal with a bully in ordinary group activities
- Never tell a child to ignore the bullying or to take the law into their own hands by retaliating

- Make every child aware of how a bullying incident will be dealt with in the group. Parents and guardians should also be made aware of this. Apply these procedures fairly and consistently

The following strategies can be used to respond to an incident of bullying;

The No Blame Approach:

This approach focuses on the feelings of the bullying target rather than on blame and punishment. It allows the group to think about the effect of bullying on the target and to come up with a solution to the bullying to prevent it from happening again.

- Talk to the target and allow them to express their feelings
 - Ask their permission to allow their feelings to be shared with the group and reassure that their name will not be revealed
 - Meet with everyone involved –perpetrators and bystanders
 - Ensure the severity of the topic is understood by everyone
 - Share the feelings of the target with the group without identifying the target
 - Ask them to express how they would feel if the bullying was happening to them
 - Ask them for suggestions as to how the bullying can be overcome and prevented from happening again –note all positive responses
 - Hand over responsibility to the group– give them a time frame to implement the solutions proposed and arrange a follow-up meeting
 - Follow up with the group and with target to ensure the plan has been implemented
 - Continue to monitor the situation through on-going dialogue with the whole group
- Additional strategies / interventions may be required depending on the seriousness of bullying incidence, the outcome achieved with the no-blame approach, the involvement of parents, or other particular circumstances that may arise

Separate the Parties

If it is possible, the perpetrator might be removed to another section for a period while further action is taken. Separating the perpetrator and the target for a time allows for an opportunity to address the situation while ensuring the target is not at risk of continued bullying. This strategy might be used in the more serious incidents of bullying.

Denial of privileges (with the opportunity to redeem one's self)

Loss of privileges (e.g. withdrawal of permission to participate in a particular activity or trip) might be used to reinforce the message for the perpetrator that bullying is unacceptable behaviour and that it has consequences. The hope would also be that the perpetrator would as a result of loss of privilege, understand the impact of their actions or behaviour on the target.

Support Peer Bystanders

Bystanders are those who are not directly involved in bullying behaviour but are aware that it is taking place. Bystanders may do-nothing about the bullying out of fear that they themselves may become a target.

Although not directly involved in the behaviour, bystanders may intentionally or unintentionally condone the bullying by providing positive reinforcement to the perpetrator by passively observing the bullying, making encouraging gestures, or

laughing. Bystanders play a vital role in creating an anti-bullying environment, therefore everyone in the group should be encouraged to speak up if they observe bullying behaviour or are aware that it is taking place. Bystanders should also be encouraged to befriend the victim of bullying behaviour.

Parental Involvement

If a young person is being bullied or is bullying their parents/ guardians should be made aware of the situation.

Dealing with the parents of a target of bullying;

1. Invite the parents to meet to discuss what has happened based on the information available
2. Assure the parents that you are pleased that they have taken the time to see you
3. Allow the parents to express their feelings, uninterrupted
4. Accept their feelings on the bullying, even if these feelings may seem excessive to you. Use calm supportive language
5. State categorically that bullying is not acceptable and that you intend to act positively. Assure the parents that you will keep in touch to update them on progress
6. Keep a record of any meetings and action taken in response to the issue ('Let's Beat Bullying', NYCI, 2006)

Dealing with the parents of a perpetrator of bullying:

Consideration needs to be given around informing the parents of a perpetrator of bullying as this may make the situation worse or result in excessive parental discipline for the perpetrator. If in doubt advice should be sought from colleagues or support staff.

1. Invite the parents to meet to discuss what has happened based on the information available
2. Assure the parents that you are pleased that they have taken the time to see you
3. Inform the parents in a clear objective manner about their child's behaviour
4. Ask the parents if they know of any reason for this alleged behaviour e.g. a recent bereavement or home circumstances
5. Begin with a summary of the group's anti-bullying policy and emphasise the parent's agreement to it
6. Seek the parents' help in communicating the seriousness of the incident to their child and enlist their cooperation
7. Where necessary, and based on the seriousness of the bullying behaviour, inform the parents of the consequences that the group considers appropriate (e.g. verbal warning, loss of privileges) and enlist their cooperation
8. Keep a record of any meetings and action taken in response to the issue ('Let's Beat Bullying', NYCI, 2006)

Note: Careful on-going monitoring of the situation will be required whatever strategy is used

Suspension or expulsion of the perpetrator

It should be made clear in an anti-bullying policy that, as a last resort only, suspension or expulsion may result for the perpetrator. If all other efforts made to combat and prevent the perpetrator from bullying others have failed, suspension or expulsion may be the only way to secure the welfare and safety of the target. This should be communicated clearly to everyone – adults, parents and children.

CYBER-BULLYING

What is it?

Cyber-bullying involves unwanted messages, images, audio or video sent by electronic means to threaten, abuse or harm someone. It's like physical or verbal bullying, but uses technology instead.

Examples of cyber bullying include but are not limited to:

- Abusive messages or slagging on Facebook, Twitter, Ask.fm etc
- Offensive comments on videos or posts
- Spreading rumours online
- Hacking into your online accounts
- Posting offensive images or posting doctored images of victims

Why do bullies bully?

- They think it's fun
- They did it to get back at somebody they were mad at (common amongst friends after a 'trigger' event)
- They feel bad about themselves

Cyber bullying, according to some legal experts, is illegal under section 10 of the 1997 non-fatal offences against the person act. We are hoping the Minister for Justice can get clarity from the Attorney General on the current legal framework and how it is or can be applied. We welcome his decision to refer to the Law Reform Commission.

How to avoid it

Never give out your passwords - always keep your passwords to yourself, and make a habit of logging out of your email or social networks when you're finished. Passwords should be made up of mixed characters and not made up of pet names or date of births. You should also have a different password for each account or service

Restrict your privacy settings on Facebook to 'friends only', protect your tweets, hide your profile from the Facebook search engine, disable 'anonymous' questions in the settings on Ask.fm if you choose to use that particular website

Learn how to block and report other profiles on sites like Facebook and Twitter

Pick your friends carefully - remember whatever you post online can be seen by everyone who's got access to your page. If it's Facebook, only accept friend requests from people with who you're comfortable about sharing information with and whom you know in real life

Be kind to other people online. Don't say anything hurtful to other users and ask yourself whether or not what you say online would be acceptable in a face-to-face discussion

Don't send a message to someone else when you're angry - wait until you've calmed down and had time to think. Once you've sent it, you can't take it back

How to tackle it as a victim

Don't reply to the messages, as much as you might want to. It will only make the problem worse. Bullies want to know that they've got you worried and upset. Letting them know they have been successful will only encourage them to continue

Save the evidence, take a screenshot as proof

Go offline. Logout or switch off your phone and talk to family or do something you enjoy

Tell a trusted adult, such as a close relative, a family friend, a teacher, health professional or cadet leader

Change your passwords, number, and contact details and make sure your privacy settings are restricted on all websites. Block and report the bullying to the technology providers such as the mobile phone company, web host or website owner

Block anonymous questions on Ask.fm in your privacy settings if you decide to use the website

In serious or persistent cases report the bullying to the Gardaí yourself or through your parents

Online you can be anyone or anything you want

In chat rooms, email and message boards you can pretend to be a man, woman, 12 year old, world weary traveller or from a different country. Unfortunately, everyone else is doing the same thing. If you're the trusting type you need to be carefully of believing everything you read online, i.e. a health message board might have advice from a cheeky teen claiming to be a doctor.

There's no need to panic and throw your computer out the window, just don't expect online friends or information to be exactly what they say.

Staying safe online

Don't trust! Even if an online friend sounds more convincing than your own mother...

Be very wary of people who seem desperate to meet you or ask you for your phone number

Use a nickname or just your first name when chatting online

Never give out personal details online like your surname, phone number or where you live

Don't tell people where you go to school, college or work. If someone constantly asks for personal details ignore them

Don't send photos of yourself, friends or family

When someone asks where you're from, only tell them the region (saying the north west instead of Donegal, or Northern Ireland instead of Derry)

Try not to give out your email address too often. You can end up with lots of junk mail or people harassing you

If you want to talk to an online friend again, arrange to meet them at another time in the chat room

If you're sure you want to meet an online friend then **BE CAREFUL**. Always tell someone where you're going, and arrange to meet them in a public place
Think about asking a friend to come with you for the first meeting

Appendix C:
National Contacts For Hse Children And Family Services

Also listed on HSE website (www.hse.ie/go/socialworkers) and from HSE LoCall Tel. 1850 241850. These contact numbers may be updated from time to time. Please check HSE website for latest information.

Appendix D:
Guidance Sheet On Medication

When holding or administering medications for young people it is advised that:

Procedures are agreed with parents around managing prescription medication for their children. These procedures will by necessity depend on the comfort level and or experience of the adult members involved and may vary from group to group. Key issues include:

Clarity around the role of adult members in relation to holding medications, administering medications or supervising the self-administration of medications

The agreed circumstances on children carrying and self-administering medication

The necessity for prior written parental consent for any medicines to be given or self-administered

Adults should never give non-prescribed medicine to a young person unless there is prior parental permission, which should be recorded. Aspirin or medicines containing 'Ibuprofen' or 'Paracetamol' must never be administered to someone under the age of 16 unless prescribed by a doctor

Parents are required to check with their General Practitioner if unsure as to whether their child can self-medicate

If a young person refuses to take their medicine, adult members should not force them to do so but should record the refusal and notify parents immediately. Procedures should be agreed in advance with parents for such a situation and these should be implemented

Appropriate arrangements should be made for the safe storage of medicines on camps/trips

Parents should inform the adult members in charge of their child about;

The type of medication their child is taking

The amounts to be taken and at what intervals

If the young person is managing/self-administering and the amounts of the medication that they have with them

Any pre-administration requirements (e.g. the need to take food before the medication)

Any known side effects of the medication

What might constitute an emergency in relation to the medication

What action to take in an emergency and who to contact

When holding medicines adult members should ensure that the medicines are provided in the original container as dispensed by a pharmacy and include the instructions for prescription. It is advisable that adult members check the container to ensure that the details include;

- The name of the child
- The name of the medicine
- The dosage to be taken
- The method of administration
- The frequency of administration
- Potential side effects (e.g. drowsiness, rash, headaches)
- The expiry date

The management of medications on meetings, trips or camps should always form part of the risk assessment carried out by the group in advance of the activity.

These procedures should be reviewed and updated regularly, and before every away trip.

Appendix E: **Relevant Legislation**

Children Act 2001

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

Child Care Act 1991

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

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

Criminal Justice Act 2006

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

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

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

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

Domestic Violence Act 1996

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

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

(ii) Barring Order: This Order requires the violent person to leave the family home. The legislation gives the HSE the power to intervene to protect individuals and their children from violence. Section 6 of the Act empowers the HSE to apply for Orders for which a person could apply on his or her own behalf but is deterred from doing so through fear or trauma. The consent of the victim is not a prerequisite for such an application, although he or she must be consulted. Under Section 7 of the Act, the Court may, where it considers it appropriate, adjourn proceedings and direct the HSE to undertake an investigation of the dependent person's circumstances with a view to:

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

Protections for Persons Reporting Child Abuse Act 1998

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

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

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

Data Protection Acts 1988 and 2003

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

Education Act 1998

The Education Act 1998 places an obligation on those concerned with its implementation to give practical effect to the constitutional rights of children as they relate to education and, as far as practicable and having regard to the resources available, to make available to pupils a level and quality of education appropriate to meeting their individual needs and abilities.

Education (Welfare) Act 2000

The Education (Welfare) Act 2000, which was fully commenced in July 2002, replaced previous school attendance legislation and provided for the creation of a single national agency, the National Educational Welfare Board (NEWB), which has statutory responsibility to ensure that every child either attends school or otherwise receives an education or participates in training. The NEWB also assists in the formulation and implementation of Government education policy.

Non-Fatal Offences against the Person Act 1997

The two relevant provisions of this Act are:

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

Freedom of Information Acts 1997 and 2003

The Freedom of Information Acts 1997 and 2003 enable members of the public to obtain access, to the greatest extent possible consistent with the public interest and the right to privacy, to information in the possession of public bodies. The specific provisions of the Acts include:

- (i) to provide for a right of access to records held by such public bodies, for necessary exceptions to that right and for assistance to persons to enable them to exercise it;
- (ii) to enable persons to have corrected any personal information relating to them in the possession of such bodies;
- (iii) to provide for independent review by an Information Commissioner both of decisions of such bodies relating to that right and of the operation of the Acts generally;
- (iv) to provide for the publication by public bodies of guides to their functions and national guidelines, such as these, for the public.

Under the Acts, a person about whom a public body holds personal information has:

- (i) right of access to this information, subject to certain conditions;
- (ii) the right to correct this information if it is inaccurate.

Where a public body makes a decision that affects an individual, that individual has a right to relevant reasons and findings on the part of the body reaching that decision.

The Acts are also designed to protect the privacy of individuals and, in general, requires the prior consent of an individual before releasing personal information about them. Where the release of social work or medical records contains information that would be

harmful to a person's well-being, the release may be made to a health professional who acts on the person's behalf. Under the Acts, there are regulations and guidelines relating to access by parents to their children's records; these emphasize that the overriding concern is the best interests of the child.

The exemptions and exclusions that are relevant to child protection include the following:

- (i) protecting records covered by legal professional privilege;
- (ii) protecting records that would facilitate the commission of a crime;
- (iii) protecting records that would reveal a confidential source of information.

Guidance for developing local child protection and welfare procedures

In developing local guidelines, the definitions, reporting procedure and guidance on confidentiality (*as provided in Chapters 2 and 3 of the Children First: National Guidance*) SHOULD NOT BE CHANGED OR ADAPTED IN ANY WAY. This is because it is

essential that there is consistency on definitions, the basis for reporting and the standard reporting procedure. All organisations providing services to children when developing local procedures should ensure the following elements are included:

- (i) clear descriptions of responsibility at local level, both individual and corporate;
- (ii) organisation and management arrangements, as well as procedures for child protection, including arrangements for interagency cooperation;
- (iii) expectations of best professional practice;
- (iv) arrangements for training and support of staff;
- (v) approach to family support and the involvement of the child.

