



Druid Child Protection Policy Statement

We, Druid, are committed to a child-centred approach to our work with children and young people. We undertake to provide a safe environment and experience, where the welfare of the child/young person is paramount. We will adhere to the recommendations of *Children First: National Guidelines for the Protection and Welfare of Children*, published by the Department of Health and Children. We have implemented procedures covering:

- Code of behaviour for all staff;
- Reporting of suspected or disclosed abuse (see Appendix 2 for categories of abuse);
- Confidentiality;
- Recruitment and selecting staff;
- Managing and supervising staff;
- Involvement of primary carers;
- Allegations of misconduct or abuse by staff;
- Complaints and comments;

This policy was reviewed on 6th December 2019

Signed: 

Garry Hynes
Artistic Director -Druid

Code of behaviour for staff

Child-centred approach

- Treat all children and young people equally;
- Listen to and respect children and young people;
- Involve children and young people in decision-making, as appropriate;
- Provide encouragement, support and praise (regardless of ability);
- Use appropriate language (physical and verbal);
- Have fun and encourage a positive atmosphere;
- Offer constructive criticism when needed;
- Treat all children and young people as individuals;
- Respect a child's or young person's personal space;
- Discuss boundaries on behaviour and related sanctions, as appropriate, with children and young people and their primary carers;
- Agree group 'contract' before beginning session;
- Encourage feedback from group;
- Use age-appropriate teaching aids and materials;
- Lead by example;
- Be aware of a child's or young person's other commitments when scheduling rehearsals or activities, e.g., school or exams;
- Be cognisant of a child's or young person's limitations, due to a medical condition for example;
- Create an atmosphere of trust;
- Respect differences of ability, culture, religion, race and sexual orientation.

Good practice

- Register each child/young person (name, address, phone, special requirements, attendance, and emergency contact);
- Make primary carers, children/young people, visitors and facilitators aware of the Child Protection Policy and procedures;
- Have emergency procedures in place and make all staff aware of these procedures;
- Be inclusive of children and young people with special needs;
- Plan and be sufficiently prepared, both mentally and physically;
- Report any concerns to the Designated Person and follow reporting procedures;
- Organisations should have an anti-bullying policy. Encourage children and young people to report any bullying, concerns or worries and to be aware of anti-bullying policy. (See Appendix 1: Druid Anti-Bullying Policy 2016)
- Observe appropriate dress and behaviour;
- Evaluate work practices on a regular basis;
- Provide appropriate training for staff and volunteers;
- Report and record any incidents and accidents;
- Update and review policies and procedures regularly;
- Keep primary carers informed of any issues that concern their children;
- Ensure proper supervision based on adequate ratios according to age, abilities and activities involved; observe appropriate gender balance for residential;
- Ensure clear communication between artist and organisations; have guidelines and a prompt sheet for artists;

- Have a written agreement with any external organisation that an artist is working with;
- Don't be passive in relation to concerns, i.e., don't 'do nothing';
- Don't let a problem get out of control;
- Avoid taking a session on your own. If this is not possible then it should be in an open environment with the full knowledge and consent of primary carers;
- Avoid if at all possible giving a lift to a child/young person and if you do then make sure that primary carers are informed;
- Maintain awareness around language and comments made. If you think that something you said may have caused offence or upset then try to address it in a sensitive manner.

Inappropriate behaviour

- Avoid spending excessive amounts of time alone with children/young people;
- Don't use or allow offensive or sexually suggestive physical and/or verbal language.
- Don't single out a particular child/young person for unfair favouritism, criticism, ridicule, or unwelcome focus or attention;
- Don't allow/engage in inappropriate touching of any form;
- Don't hit or physically chastise children/young people;
- Don't socialise inappropriately with children/young people, e.g., outside of structured organisational activities.

Physical contact

- Seek consent of child/young person in relation to physical contact (except in an emergency or a dangerous situation);
- Avoid horseplay or inappropriate touch;
- Check with children/young people about their level of comfort when doing touch exercises.

Health and safety

- Don't leave children unattended or unsupervised;
- Manage any dangerous materials;
- Provide a safe environment;
- Be aware of accident procedure and follow accordingly.

Who to contact about issues related to child protection and welfare

The Executive Director has been designated as the person to contact if you have an issue or concern about any aspect of a child's or young person's safety and welfare. It is the responsibility of this person to support and advise staff about policy and procedures in relation to child protection and to ensure that procedures are followed. It is also the responsibility of the Designated Person to liaise with the Health Service Executive or Gardaí where appropriate.

The Executive Director can be contacted at Druid, Flood Street, Galway, Ireland, +353 91 568660.

The Associate Producer has been designated as deputy to Executive Director and can be contacted at Druid, Flood Street, Galway, Ireland, +353 91 568660.

Confidentiality statement

We in Druid are committed to ensuring peoples' rights to confidentiality. However, in relation to child protection and welfare we undertake that:

- Information will only be forwarded on a 'need to know' basis in order to safeguard the child/young person;
- Giving such information to others for the protection of a child or young person is not a breach of confidentiality;
- We cannot guarantee total confidentiality where the best interests of the child or young person are at risk;
- Primary carers, children and young people have a right to know if personal information is being shared and/or a report is being made to the Health Service
- Executive, unless doing so could put the child/young person at further risk;
- Images of a child/young person will not be used for any reason without the consent of the parent/carer (however, we cannot guarantee that cameras/videos will not be used at public performances);
- Procedures will be put in place in relation to the use of images of children/young people;
- Procedures will also be put in place for the recording and storing of information in line with our confidentiality policy.

Recruitment and selection policy statement

We will ensure that staff are carefully selected, trained and supervised to provide a safe environment for all children and young people, by observing the following principles:

- Roles and responsibilities will be clearly defined for every job (paid or voluntary);
- Posts will be advertised widely;
- We will endeavour to select the most suitably qualified personnel;
- Candidates will be required to complete an application form;
- Candidates will be asked to sign a declaration form; (See Appendix 3: Declaration Form)
- At least two written references that are recent, relevant, independent and verbally confirmed will be necessary;
- Staff will be selected by a panel of at least two (or more) representatives through an interview process;
- No person who would be deemed to constitute a 'risk' will be employed;
- Some of the exclusions would include:
 - any child-related convictions;
 - refusal to sign application form and declaration form;
 - insufficient documentary evidence of identification;
 - concealing information on one's suitability to working with children;
- There will be a relevant probationary period;
- All staff will be required to consent to Garda clearance, and where available, this will be sought.

Staff management policy statement

To protect both staff (paid and voluntary) and children/young people, we undertake that:

New staff will:

- Take part in a mandatory induction training session;
- Be made aware of the organisation's code of conduct, child protection procedures, and the identity and role of who has been designated to deal with issues of concern;
- Undergo a probationary or trial period.

All staff will:

- Receive an adequate level of supervision and review of their work practices;
- Be expected to have read and signed the Child Protection Policy Statement;
- Be provided with child protection training.

Policy statement on the involvement of primary carers

We are committed to being open with all primary carers.

We undertake to:

- Advise primary carers of our child protection policy;
- Inform primary carers and schools of all activities and potential activities;
- Issue contact/consent forms where relevant;
- Comply with health and safety practices;
- Operate child-centred policies in accordance with best practice;
- Adhere to our recruitment guidelines;
- Ensure as far as possible that the activities are age-appropriate;
- Encourage and facilitate the involvement of parent(s), carer(s) or responsible adult(s), where appropriate.

If we have concerns about the welfare of the child/young person, we will:

- Respond to the needs of the child or young person;
- Inform the primary carers on an on-going basis unless this action puts the child or young person at further risk;

- Where there are child protection and welfare concerns we are obliged to pass these on to the Duty Social Worker and, in an emergency, the Gardaí; (See Appendix 4: Form for reporting child protection and/or welfare concerns)

- In the event of a complaint against a member of staff, we will immediately ensure the safety of the child/young person and inform primary carers as appropriate.

As a child-centred organisation, we are committed to putting the interest of the child/young person first. To that end we will:

- Contact local Health Service Executive and Gardaí where there is a child protection welfare concern;
- Encourage primary carers to work in partnership with us under the guidelines set out by our organisation to ensure the safety of their children;
- Have a designated contact person available for consultation with primary carers in the case of any concern over a child or young person's welfare.

Dealing with an allegation against staff

Two separate procedures must be followed:

1. In respect of the child/young person The Executive Director will deal with issues related to the child/young person.
 2. In respect of the person against whom the allegation is made The Production Associate will deal with issues related to the staff member.
- The first priority is to ensure that no child or young person is exposed to unnecessary risk;
 - If allegations are made against the Designated Person, then the Deputy Designated Person should be contacted;
 - The reporting procedures outlined in Section 3 of these guidelines should be followed. Both the primary carers and child/young person should be informed of actions planned and taken. The child/young person should be dealt with in an age-appropriate manner;
 - The staff member will be informed as soon as possible
 - of the nature of the allegation;
 - the staff member should be given the opportunity to respond;
 - The chairperson should be informed as soon as possible;
 - Any action following an allegation of abuse against an employee should be taken in consultation with Health Service Executive and Gardai;
 - After consultation, the chairperson should advise the person accused and agreed procedures will be followed.

In the event of complaints or comments:

- Complaints or comments will be responded to within 1 week;
- The Executive Director has responsibility for directing complaints/comments to the appropriate person;
- Verbal complaints will be logged and responded to.

Accidents procedure

- The organisation must maintain an up-to-date register of the contact details of all children/young people involved in the organisation;
- Children/young people's details should be cross-referenced between the incident book and file;
- External organisations with which your organisation has dealings must provide proof that they have public liability insurance;
- First-aid boxes should be available and regularly re-stocked;
- The location of the first-aid box(es) must be made known to staff;
- Availability of first-aid should be in accordance with the organisation's Health and Safety guidelines. The location of accident/incident books must be made known to staff;
- Children and young people must be advised of risks of dangerous material;
- Record details of risky equipment used and take steps to minimise risk;
- Take cognisance of responsibility for first-aid on off-site trips.

Appendix 1: Druid Anti-Bullying Policy

Druid: Anti Bullying Code

Druid provides a place where:

- Everyone can feel secure
- It is known that bullying is not acceptable behaviour
- Name-calling is not tolerated
- No one suffers abuse of any nature
- No one is victimised
- Each person who partakes in our activities is supported and listened to
- It is each participant's responsibility to ensure that all are treated equally
- Where solutions to problems are the concern of all

What is Bullying?

Bullying can be defined as repeated aggression be it verbal, psychological or physical conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating and occurs mainly in social environments such as schools, clubs and other organisations working with children. It includes behaviours such as teasing, taunting, threatening, hitting and extortion behaviour by one or more children against a victim.

Is Bullying Harmful?

Persistent bullying can have a devastating effect on a child's self esteem. They may feel it's somehow their fault, or that there's something wrong with them, they may become withdrawn and insecure, more cautious, and less willing to take any sort of risk.

Being victimised in this way can cause days of mental anguish and leave lifelong emotional scars. It has driven some young people to try to murder their tormentors and others to suicide. A child who has suffered bullying often needs professional counselling to let out their feelings and rebuild their self-confidence. Bullying also affects any child who witnesses it.

What do children get bullied about?

Some of the factors involved in bullying include:

- Puberty
- Peer pressure
- Gender differences
- Stereotypes / prejudice
- Structure of the group – hierarchy of dominance
- Family background

Bullying can be distinguished from bossiness and boisterous play. A bossy child will boss whoever is around. So often it is due to a lack of self-control or skills of negotiation or compromise. Boisterous play can be dangerous but it does not involve young people wilfully setting out to hurt or victimise. Young people often grow out of this kind of behaviour as they grow older. What distinguishes bullying from bossiness or boisterousness is that the bully always picks on someone less powerful and more vulnerable. Persistent "slagging" has the same devastating effects as bullying and shouldn't be ignored.

How would you know if a child is being bullied?

All bullies operate using furtiveness, threats and fear. Bullying can therefore only survive in an environment where the victim does not feel empowered to tell someone who can help or in which it is not safe to do so. The following indicators are warning signs that a young person might be getting bullied.

- Reluctance to come to a centre or take part in activities
- Physical signs (unexplained bruises, scratches, or damage to belongings)
- Stress-caused illnesses – headaches, and stomach aches which seem unexplained
- Fearful behaviour (fear of walking to activity, going different routes, asking to be driven)
- Frequent loss of “subs” or shortage of money with vague explanations
- Having few friends
- Changes in behaviour (withdrawn, stammering, moody, irritable, upset, distressed)
- Not eating
- Attempting suicide or hinting at suicide
- Anxiety (shown by nail-biting, fearfulness, tics)

Of course, there are other possible reasons for many of the above.

What makes a person bully others?

Bullies are often making a plea for help through their violent behaviour, which may reflect a sense of insignificance. Bullies whose activities go unaddressed often fail socially and academically later in life. They need to be taught all important negotiation and co-operative skills, working with others rather than competing.

How Druid deals with bullying.

We implement the “no blame” approach as follows:

Step 1 – Interview the victim

If you find out that there has been an incident of bullying, first talk to the victim.

At this stage find out who was involved and what the victim is now feeling. Try asking the following questions:

- Was it verbal, physical, intimidation?
- How hurt is the victim
- Was it within their own peer group
- Ensure the victim that their name will not come out in the investigation
- Actively listen

Step 2 – Meet with all involved

Arrange to meet with all those involved; this should include some bystanders, those who may have colluded, those who joined in and those who initiated the bullying.

- Just have maximum of six to eight in the group – keep the number controllable
- Make a point of calling a “special” meeting
- Ensure the severity of the topic is understood by all
- Speak only of the hurt caused in general terms with no reference to the victim
- Play on the conscience of all – ask questions like: How would you feel? Would you like it done to you?

Step 3 – Explain the problem

The distress being suffered as a result of the bullying incident is explained. At this stage the details of the incident or the allocation of the blame/initiators is not discussed. Explaining the feelings of loneliness, feeling left out, rejected, laughed at.

Try asking these questions:

- Would they like it if it happened to them?
- “Someone here in this group was “bullied” by someone within the group what can we do to see it does not happen again”
- Listen, watch out for reactions, pick up on any without isolating anyone.

Step 4 – Share the responsibility

Explain what steps/controls may have to be introduced to prevent further incidents and how everyone will loose out as a result.

Step 5 – Ask the group for their ideas

At this stage the group is encouraged to suggest ways which would make the victim feel happier. All positive responses are noted. Use phrases “if it were you” to encourage a response. Listen to all suggestions and note them

Step 6 – Leave it to them

Now the problem has been identified, solutions suggested, the problem is now handed over to the group to solve. Arrange to meet again in a week’s time. Pass responsibility over to the group and give a time frame within which something must be done.

Step 7 – Meet them again

Meet with each member of the group, including the bully, discuss how things are going, who is doing what and have there been other incidents. This allows for continual monitoring and also keeps all involved in the process. Again enforce the idea of the “team” looking after each other at regular intervals to ensure it is known the bullying or intimidating behaviour will not be tolerated.

Appendix 2: Definitions of abuse

1. Neglect

“Neglect can be defined as being where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, medical care....The threshold of significant harm is reached when the child’s needs are neglected to the extent that their well-being and/or development are severely affected.” (*Children First* p.31)

2. Emotional abuse

Emotional abuse usually happens where there is a relationship between a carer and a child rather than as a specific incident or incidents.

“Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms.” (*Children First* p.31)

Rather, it can manifest in the child’s behaviour or physical functioning. Examples of these include ‘anxious’ attachment, unhappiness, low self-esteem, educational and developmental underachievement and uncooperative or hostile behaviour.

“The threshold of significant harm is reached when interaction is predominantly abusive and become typical of the relationship between the child and the parent/ carer.” (*Children First* p.32)

Examples of emotional abuse in children include:

- Imposition of negative attributes on children, expressed by persistent criticism, sarcasm, hostility or blaming;
- Emotional unavailability by the child's parent/carer;
- Unresponsiveness, inconsistent or inappropriate expectations of the child;
- Premature imposition of responsibility on the child;
- Unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control him/herself in a certain way;
- Under or over-protection of the child;
- Use of unreasonably harsh discipline;
- Exposure to domestic violence.

3. Physical abuse

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

- Shaking;
- Use of excessive force in handling;
- Deliberate poisoning;
- Suffocation;
- Allowing or creating a substantial risk of significant physical harm to a child.

4. Sexual abuse

Sexual abuse involves the use of a child for gratification or sexual arousal by a person for themselves or others.

Examples of sexual abuse include:

- Exposure of the sexual organs or any sexual act intentionally performed in the presence of a 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 involvement of the child in an act of masturbation;
 - Sexual intercourse with a child whether oral, vaginal or anal;
 - Sexual exploitation of a child... 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 under-age person.
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Appendix 3: Declaration Form

Declaration Form Confidential

Declaration form for all those working with children and young people.

Surname: _____

First Name: _____

Date of Birth: _____

Place of birth: _____

Address: _____

Tel. No: _____

Mobile No: _____

Any other name(s) previously known as:

Is there any reason that you would be considered unsuitable to work with children and young people?

Yes No

If yes, please outline the reason below.

Have you ever been convicted of a criminal offence? Yes No

If yes, please state below the nature and date(s) of the offence (s):

Signed: _____

Date: _____

Appendix 4:
FORM FOR REPORTING CHILD PROTECTION AND/OR
WELFARE CONCERNS

PRIVATE AND CONFIDENTIAL

STANDARD FORM FOR REPORTING CHILD PROTECTION AND/OR WELFARE CONCERNS

In case of Emergency or outside Health Service Executive office hours, contact should be made with An Garda Síochána

A. To Principal Social Worker or Duty Social Worker :

1. Details of Child:

Name: _____ Age/D.O.B.: _____

Male: Female: Other:

Address:

School:

1a. Name of Mother: _____

Name of Father: _____

Address of Mother if different to Child:

Telephone Number: _____

Address of Father if different to Child:

Telephone Number: _____

1b. Care and Custody arrangements regarding child, if known: _____

1c. Household Composition:

Name	Relationship to Child	Date of Birth	Additional Information e.g. School/Occupation

Note: A separate report form must be completed in respect of each child being reported.

2. Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent's view(s), child's view(s) (if known).

Address:

Relationship to Child: _____ Occupation:

4. Name and Address of other personnel or agencies involved with this child:
Social Workers:

School:

Public Health Nurse:

Gardaí:

G.P.:

Pre-School/Crèche/Youth

Club: _____

Hospital: _____

Other, specify e.g. Youth Groups, After School Clubs:

a. Are Parents/Legal Guardians aware of this referral to the Social Work Department?

Yes No

b. Are the Parents/Legal Guardians supportive? Yes No

Details of Person reporting concerns: (Please see Guidance Notes re Limitations of

Confidentiality) Name: _____

Occupation: _____

Address:

Telephone Number: _____

Nature and extent of contact with Child/Family: _____ -

Details of Person completing form:

Name: _____

Occupation: _____

Date: _____

Signed: _____

Guidance Notes:

The Health Service Executive has a statutory responsibility under the Child Care Act, 1991, to promote the welfare and protection of children in their area. The Health Service Executive therefore has an obligation to receive information about any child who is not receiving adequate care and/or protection. This reporting form is for use by:

- *Health Service Executive Personnel.*
- *Professionals and individuals in the provision of child care services in the community who have service contracts with the Health Service Executive.*
- *Designated person in a voluntary or community agency.*
- *Any professional, individual or group involved in services to children who becomes aware of a child protection or welfare concern, or to whom a child protection or child welfare concern is reported. Please fill in as much information and detail as is known to you. (Health Service Executive personnel should do this in consultation with their line manager). This will assist the Social Work Department in assessing the level of risk to the child, or support services required. If the information requested is not known to you, please indicate by putting a line through the question. It is likely that a social worker will contact you to discuss your report.*

The Health Service Executive aims to work in partnership with parents. If you are making this report in confidence you should note that the Health Service Executive cannot guarantee absolute confidentiality as:

- *A Court could order that information be disclosed.*
- *Under the Freedom of Information Act, 1997, the Freedom of Information Commissioner may order that information be disclosed. You should also note that in making a 'bona fide report' you are protected under the Protection for Persons Reporting Child Abuse Act, 1998. If you are unsure if you should report your concerns, please telephone the duty social worker and discuss your concerns with him/her.*