

MISSIONARIES OF THE SACRED HEART

“KEEPING CHILDREN SAFE”



SAFEGUARDING & CHILD PROTECTION POLICY AND PROCEDURES

UK POLICY

(Revised September 2015)



Missionaries
of the
Sacred Heart

MSC MISSIONS

1. Our Policy on Keeping Children Safe

1.1 Introduction

The Missionaries of the Sacred Heart (MSC) does not condone any form of abuse. The sexual abuse of children is particularly abhorrent as it victimizes the most vulnerable. The purpose of this policy is to state in writing the responsibility of the Missionaries of the Sacred Heart to protect children (those under age 18) from abuse.

All members of the Society have an individual and a shared responsibility to prevent child abuse. Furthermore, all members have a responsibility to respond compassionately to any victim of abuse. The protection of the child is paramount and where there are other considerations, the needs of the child must be prioritised.

This policy is based on the MSC Child Safeguarding Policy for the Irish Province, which was revised in 2013. It has been amended for use in the English jurisdiction. The principles of child safeguarding are universal but there are variations in processes and procedures within different jurisdictions.

In England and Wales there is a One Church approach to safeguarding which is agreed by all the Bishops and Religious Superiors. All Dioceses and Religious Congregations follow the same policy and set of procedures. The Catholic Safeguarding Advisory Service (CSAS) develop and enforce these policies and procedures. They are overseen by the National Catholic Safeguarding Commission (NCSC). The MSC in UK must follow these procedures and they can be viewed online at: www.csasprocedures.uk.net

For MSC members working in the UK, the above procedures take precedence over other documents. The MSC Child Safeguarding Policy for the UK is a support document for our members and should work alongside the CSAS procedures. The MSC document should not contradict CSAS documents. Furthermore, safeguarding in England refers to both children and vulnerable adults and the CSAS procedures cover both. In Ireland, our policy document focuses on child safeguarding.

Since April 2013 Religious Orders and Congregations have been aligned to

Dioceses. The MSC are aligned to the Archdiocese of Birmingham and their Safeguarding Commission. This means that all safeguarding matters relating to the MSC Society in England and Wales should in the first instance go to the Safeguarding Coordinator for the Archdiocese of Birmingham. Contact details are contained in Appendix 1. Further details on our reporting procedures are in the section, Standard 2: Procedures; How to respond to safeguarding concerns and allegations.

The Missionaries of the Sacred Heart follows a mandatory reporting policy when there are reasonable grounds for concern of abuse. The concern of the Province towards the victim, the wider society, the work of the Church and of the MSC, and the individual member, led to the formation of this policy.

The Missionaries of the Sacred Heart has an important role in creating safe environments within the Church for children. This is done through safe recruitment, clear expectations of acceptable behaviour from members and employees, and the provision of safe activities.

If an allegation is received against a member, protective steps are taken to prevent abuse while the matter is being investigated. If it is established that abuse did occur, a long-term safety plan is put in place to prevent further abuse.

The following policies and procedures are required to be adhered to and followed by all members residing in or visiting.

1.2 Child Safeguarding Policy of the Missionaries of the Sacred Heart

The Missionaries of the Sacred Heart recognizes and upholds the dignity and rights of all children and is committed to ensuring their safety and wellbeing. We value and encourage the participation of children in all activities that enhance their spiritual, emotional, physical, intellectual and social development as children of God.

The Missionaries of the Sacred Heart (including clergy, religious, staff, volunteers and representatives) have a shared responsibility to safeguard children through promoting their welfare, health and development, in a safe and caring environment which supports their best interests and prevents abuse.

What to do if you are concerned about the safety of a minor

Safeguarding Coordinator of Birmingham Archdiocese: Contact Details

**Designated Safeguarding Person, Missionaries of the Sacred Heart:
Contact Details**

Police: Contact Details

Child Protection Services: Contact Details

The preceding two boxes are to be posted in a prominent location on all MSC premises (See Appendix 1 for an example)

1.3 Putting the Policy into Action

The Missionaries of the Sacred Heart will implement this policy by ensuring that all our ministry and activities comply with the seven safeguarding standards:

- Creating and maintaining safe environments (including safer recruitment and DBS checks): **Page 6-7**
- Procedures for responding to child protection allegations, suspicions and concerns: **Page 4-5**
- Care and support for the complainant: **Page 9**
- Care and management of the respondent: **Page 9**
- Training and support for keeping children safe: **Page 8**
- Communicating the Church message about safeguarding: **Page 8**
- Monitoring the effectiveness of our safeguarding procedures: **Page 10**

2. Procedures for Responding to Child Safeguarding Allegations, Suspicions and Concerns

2.1 The Missionaries of the Sacred Heart hold that the safety and wellbeing of children will be the most important consideration and at no time will children be put at further risk of harm by delay or inaction. When it is known or suspected that a child (now or in the past) has been abused, it is required that all legal and Church procedures are followed. These procedures are displayed on www.csasprocedures.uk.net. A summary is provided in this document.

2.2 Definitions of the different forms of abuse including guidance on vulnerable adults is contained in **Appendix 2**

2.3 Receiving an allegation, suspicion or concern of abuse:

If a person indicates that they wish to speak to someone about abuse, allegation or otherwise, it is preferable that they be referred to the Safeguarding Coordinator for the Archdiocese of Birmingham. This person has the required expertise to be able to receive the information in the correct way and it limits the amount of people that will be party to the information.

In rare instances, a person will want to talk to an MSC member or one of our workers, about their experience, perhaps because they have developed a trusting relationship with this person.

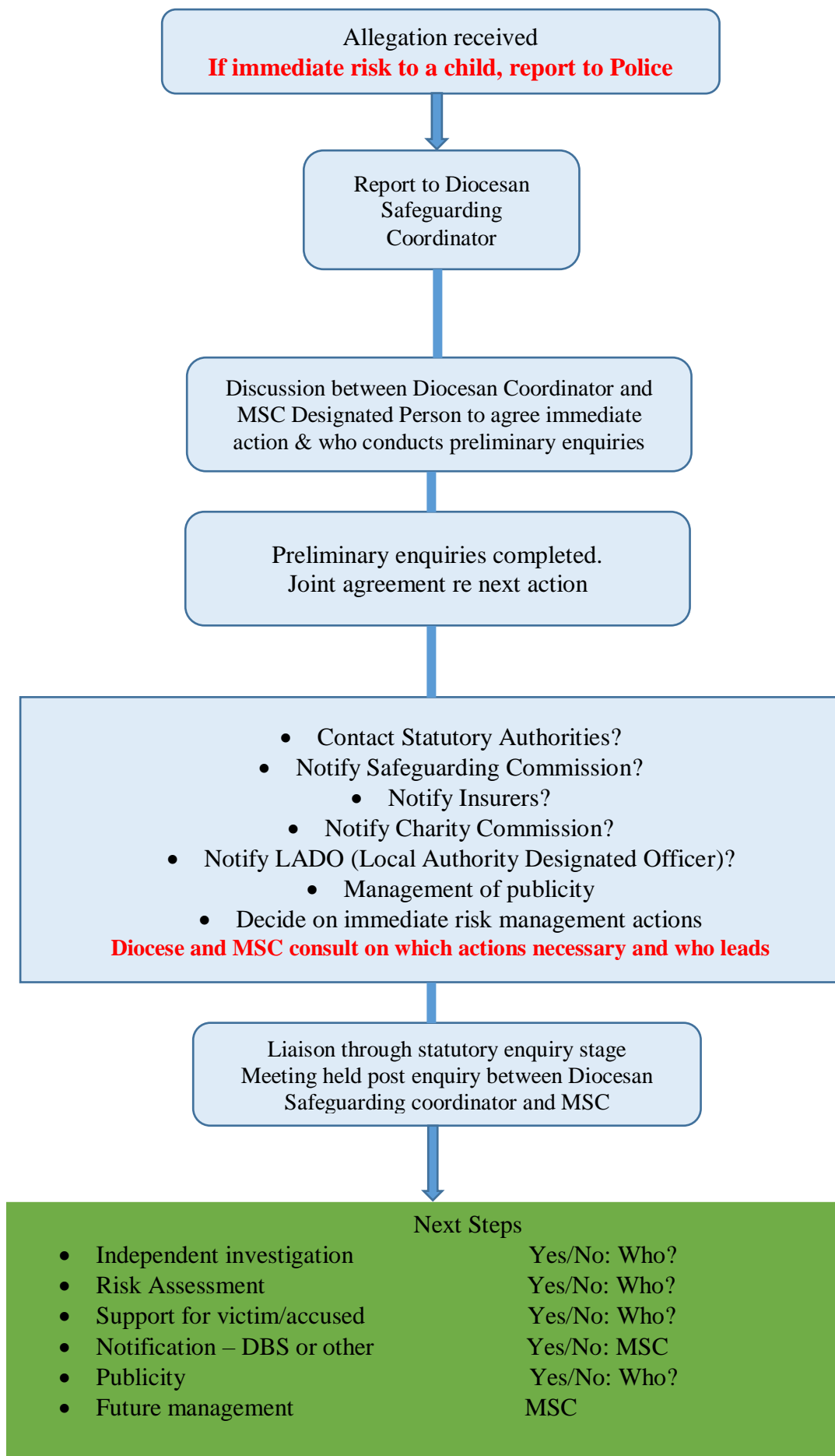
Appendix 3 Contains guidance on how to respond to a person who wishes to speak about an allegation, concern or suspicion of abuse.

2.4 Procedure for managing allegations, suspicions and concerns of abuse
The flowchart below summarizes the process from receiving a complaint through to the resolution of it. It has been adapted from www.csasprocedures.uk.net (Flowcharts).

If an MSC member, employee or volunteer receives an allegation, they should, without delay, contact the Archdiocesan Safeguarding Coordinator to report this. If the person is unsure about the need to report, the Coordinator should be contacted for advice on this. It is understood that the Archdiocese will immediately inform the MSC safeguarding designated person.

If the Safeguarding Coordinator or MSC designated person cannot be contacted and there is an immediate risk to a child, the Police should be contacted by the MSC worker directly. Do not leave a child in potential danger.

2.4a Flowchart for managing allegations



3. Creating and Maintaining Safe Environments

In order to create a safe environment for children, the Missionaries of the Sacred Heart:

1. Has safe recruitment practices
2. Has a clear Code of Conduct for all members, and
3. Plans activities for children to make sure they are safe.

3.1 Recruitment and Selection

The Missionaries of the Sacred Heart will take all steps to screen people for suitability for work with children, be they applicants for religious life or lay prospective employees or volunteers.

This screening involves:

- Interview: Must be more than one interviewer and include interview questions of a child protection nature.
- References: A minimum of 2 references are required and these must be verified with the referee.
- DBS disclosures (screens for any convictions or criminal charges).
- Declaration form: The candidate must declare in writing if they have been subject to a criminal investigation or disciplinary procedures.
- A copy of identification must be taken and a copy of the candidate's qualifications.
- For candidates for priesthood, additional screening measures will be employed. This could involve psychological testing.

If the candidate is successful in their application for work, they will have a minimum of a 6 month probationary period.

An induction must take place where the person is given time to orient themselves in the workplace, become familiar with policies and procedures and practice.

Please note that this section on recruitment is a summary of the procedures and full procedures on safer recruitment practice is contained in www.csasprocedures.uk.net

3.2 Code of Good Conduct

In order to ensure the safety of children and young people, to enhance the work practices of Church personnel, and to reassure parents, guardians and children

themselves, there is a written code of conduct in place for our workers. This is a concise guide on what is (and what is not) acceptable practice and behaviour when working with children. All our workers commit themselves to best practice by adhering to this Code. All MSC members, employees and volunteers will familiarize themselves with this Code of Conduct (Appendix 4) and best practice protocols.

The code includes statements about the importance of:

- Listening to children and young people
- Valuing and respecting them as individuals
- Noticing their efforts and achievements
- Involving them in decision making where appropriate

3.3 Planning of Safe Activities

“When Church activities are organized well, with regard to the safety and wellbeing of all, we reduce the risk of avoidable harm to all participants and create spaces of true welcome” (www.csasprocedures.uk.net; Chapter 4.1.1)

The online procedures manual cited above contains detailed guidance on such things as:

- Physical Contact
- Challenging Behaviour
- Bullying
- Supervision and ratios
- Risk assessing activities and premises
- Visitors to Church premises
- Trips Out, including overnights
- Consent
- IT/Communications
- Accidents
- Sacrament of reconciliation

If an MSC member, employee or volunteer has ministry with children, young people or vulnerable adults, they must familiarize themselves with this chapter from the CSAS procedures:

4.1 National Policies for Creating a Safe Environment for Vulnerable People in the Catholic Church in England and Wales.

4. Training and Support for keeping children safe

- The Missionaries of the Sacred Heart recognizes that appropriate child safeguarding training for all those who work with children or have a specific child safeguarding role is an integral part of ensuring best practice.
- Every person who comes into contact with children has a role in protecting them. In order to carry out this role confidently, each person needs to be aware of child safeguarding issues and have the necessary knowledge and skills.
- Each person who works with children is expected to complete an appropriate child safeguarding training session. This training details how one should respond to concerns or allegations of abuse, and how to ensure that harm does not come to children while in the care of the Church.
- For MSC members, employees and volunteers in the UK, this training is provided by Diocesan trainers, of the Archdiocese which we are aligned with (ie. Birmingham). Training is also provided by the MSC Designated Person or another professional for specialized areas.
- Those with extra responsibilities in safeguarding eg. Designated Person, adviser, support person, community leader, are provided with extra training to equip them with the skills and knowledge necessary to their tasks.
- A record is kept of all training completed and training needs identified.
- Initial formation and ongoing formation attends to the psychosexual education of the member, professionalism and boundaries, and how to maintain a healthy life.

5. Communicating the Child Safeguarding Policy

The Missionaries of the Sacred Heart are aware that policies and procedures are only effective if all the people involved, including children, know how to use them.

Ways in which we will let people know about the Church Safeguarding policy:

- Training and workshops for members, employees, volunteers, parishioners including children
- The child safeguarding policy statement will be displayed in suitable public places on MSC premises
- Parents, children and other relevant people will be informed about our child safeguarding policy and procedures, before and during their involvement in Church activities
- Liaison with the Birmingham Archdiocese to explore ways in which we can disseminate CSAS procedures and inform the Lay Faithful about the procedures.

6. Care & Support for People affected by abuse by MSC personnel

The Missionaries of the Sacred Heart offers appropriate pastoral care and support to people that have been abused by Church personnel, which recognizes their unique needs. People who come forward to speak with us about abuse will be received in a compassionate and respectful manner.

Anyone who identifies that someone may require support due to allegations of abuse by Church personnel, must refer the matter to the Archdiocesan Safeguarding Coordinator. Once a referral is made, the Safeguarding Coordinator will consider the support needs and will offer appropriate pastoral support. The safeguarding coordinator will liaise with the Missionaries of the Sacred Heart regarding the support offered.

All support offered by the Church will be focused on the best interests and welfare of children and adults as the paramount concern.

7. Care & Management of the Respondent

“Respondent” refers to the person who has had allegation/s made against them; the person answering the allegation. The allegations may be under investigation and not substantiated, or they may have been substantiated.

The Missionaries of the Sacred Heart in its response to allegations of abuse will respect the rights under natural justice, civil law and canon law of an accused person. The legal presumption of innocence will be maintained during statutory and Church inquiry processes. As the processes develop, additional assessment, therapy and support services may be provided to the respondent. The Missionaries of the Sacred Heart will work closely with the Archdiocesan Safeguarding Coordinator at all times during these processes.

We will take responsibility to ensure that any of our members who are considered to constitute a danger to children or vulnerable people are managed according to a risk management plan that does not allow them to have any unsupervised contact with children.

All requisite steps will be taken to restore the good name and reputation of somebody who has been wrongly accused of abusing a person.

8. Monitoring the Effectiveness of our Safeguarding Procedures

The Missionaries of the Sacred Heart will ensure that a plan is in place to audit the effectiveness of our safeguarding procedures, both MSC procedures and CSAS ones. Financial resources and personnel are made available for the provision of safeguarding services. Files are kept in accordance with data protection legislation.

In order to audit our systems in the UK, we will need to work with the Archdiocesan Safeguarding Coordinator.

Appendix 1: Child Safeguarding Statement Poster

The Missionaries of the Sacred Heart recognizes and upholds the dignity and rights of all children and is committed to ensuring their safety and wellbeing. We value and encourage the participation of children in all activities that enhance their spiritual, emotional, physical, intellectual and social development as children of God.

The Missionaries of the Sacred Heart (including clergy, religious, staff, volunteers and representatives) have a shared responsibility to safeguard children through promoting their welfare, health and development, in a safe and caring environment which supports their best interests and prevents abuse.

What to do if you are concerned about the safety of a minor

Safeguarding Coordinator of Birmingham Archdiocese:

Ms Jane Jones,

Cathedral House, St Chad's Queensway, Birmingham, B4 6EX

Tel: 0121 230 6240

Emergency Out-of-Hours Tel: 07976 516629

Email: cpo@rc-birmingham.org

Designated Safeguarding Person, Missionaries of the Sacred Heart:

Saoirse Fox, Provincialate, 65 Terenure Road West, Dublin 6W, D6W P295, Ireland

Tel: 00353 1 4906622; Mobile: 00353 86 3441707; saoirsef@misacorirl.com

Deputy: Rev. Alan Whelan (07969) 633887

Police: Contact Details (This will depend on where the poster is displayed ie the local police station)

Child Protection Services: Contact Details: as at police

Appendix 2: Signs of abuse

The following section has been taken from www.csasprocedures.uk.net

The following section is intended to help all adults who come into contact with children. It should not be used as a comprehensive guide, nor does the presence of one or more factors prove that a child has been abused, but it may indicate that you should consult with the [Safeguarding Coordinator](#) or [Safeguarding Representative](#).

Recognising Physical Abuse

This section provides a guide of some common injuries found in child abuse.

Please note; the only person who should examine a child is the Designated Doctor for Child Protection in any given hospital. Whilst some injuries may appear insignificant in themselves, repeated minor injuries, especially in very young children, may be symptomatic of physical abuse. It can sometimes be difficult to recognise whether an injury has been caused accidentally or non-accidentally, but it is vital that all concerned with children are alert to the possibility that an injury may not be accidental, and seek appropriate expert advice.

Bruising: Children can have accidental bruising, but it is often possible to differentiate between accidental and inflicted bruises. It may be necessary to do blood tests to see if the child bruises easily.

The following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby;
- Bruising in or around the mouth, particularly in small babies, for example 3 to 4 small round or oval bruises on one side of the face and one on the other, which may indicate force feeding;
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive);
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas;
- Variation in colour possibly indicating injuries caused at different times - it is now recognised in research that it is difficult to age bruises apart from the fact that they may start to go yellow at the edges after 48 hours;
- The outline of an object used e.g. belt marks, hand prints or a hair brush;
- Linear bruising at any site, particularly on the buttocks, back or face;

- Bruising or tears around, or behind, the earlobe(s) indicating injury by pulling or twisting;
- Bruising around the face;
- Grasp marks to the upper arms, forearms or leg or chest of small children;
- Petechial haemorrhages (pinpoint blood spots under the skin.) These are commonly associated with slapping, smothering/suffocation, strangling and squeezing.

Fractures: Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress. If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type;
- There are associated old fractures;
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement;
- There is an unexplained fracture in the first year of life;
- Non mobile children sustain fractures.

Rib fractures are only caused in major trauma such as in a road traffic accident, a severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

Subdural haematoma is a very worrying injury, seen usually in young children; it may be associated with retinal haemorrhages and fractures particularly skull and rib fractures. The cause is usually a severe shaking injury in association with an impact blow. There may or may not be a fractured skull. The baby may present in the Accident and Emergency Department with sudden difficulty in breathing, sudden collapse, fits or as an unwell baby - drowsy, vomiting and later an enlarging head.

Joints: A tender, swollen "hot" joint with normal X ray appearance may be due to infection in the bone or trauma. There may be both. A further X ray will usually be required in 10 to 14 days. Where there is infection, this of course will require treatment.

Mouth Injuries: Tears to the fraenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate. Blunt trauma to the mouth causes swelling and damage to the inner aspect of the lips.

Internal Injuries: There may be internal injury e.g. perforation or a viscus with no apparent external signs of bruising to the abdomen wall.

Poisoning: Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

Bite Marks: Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape than becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child. A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

Burns and Scalds: It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine or impetigo in which case they will quickly heal with treatment);
- Linear burns from hot metal rods or electrical fire elements;
- Burns of uniform depth over a large area;
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks);
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation.

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in;
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet;
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks.

Scars: A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

Recognising Emotional Abuse

Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional abuse might also indicate the presence of other kinds of abuse.

The indicators of emotional abuse are often also associated with other forms of abuse.

The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment;
- Indiscriminate attachment or failure to attach;
- Aggressive behaviour towards others;
- A child scapegoated within the family;
- Frozen watchfulness, particularly in pre-school children;
- Low self esteem and lack of confidence;
- Withdrawn or seen as a 'loner' - difficulty relating to others.

Recognising Sexual Abuse

Children of both genders and of all ages may be sexually abused and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child / family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional / behavioural.

Some behavioural indicators associated with this form of abuse are:

- Inappropriate sexualised conduct;
- Sexual knowledge inappropriate for the child's age;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self mutilation and suicide attempts;
- Running away from home;
- Poor concentration and learning problems;
- Loss of self-esteem;

- Involvement in prostitution or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for - e.g. sports events (but this may be related to cultural norms or physical difficulties).

Some physical indicators associated with this form of abuse are:

- Pain or itching of genital area;
- Recurrent pain on passing urine or faeces;
- Blood on underclothes;
- Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father;
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.

Recognising Neglect

The growth and development of a child may suffer when the child received insufficient food, love, warmth, care and concern, praise, encouragement and stimulation.

Apart from the child's neglected appearance, other signs may include:

- Short stature and underweight;
- Red/purple mottled skin, particularly on the hands and feet, seen in the winter due to cold;
- Swollen limbs with sores that are slow to heal, usually associated with cold injury;
- Recurrent diarrhoea;
- Abnormal voracious appetite at school or nursery;
- Dry, sparse hair;
- A child seen to be listless, apathetic and unresponsive with no apparent medical cause;
- Unresponsiveness;
- Indiscrimination in relationships with adults (may be attention seeking).

A clear distinction needs to be made between organic and non-organic failure to thrive. This will always require a medical diagnosis. Non-organic failure to thrive is the term used when a child does not put on weight and grow and there is **no** underlying medical cause for this.

Impact of Abuse and Neglect

The sustained abuse or neglect of children physically, emotionally, or sexually can have long-term effects on the child's health, development and well-being. It can impact significantly on a child's self esteem, self image and on their perception of self and of others. The effects can also extend into adult life and lead to difficulties in forming and sustaining positive and close relationships. In some situations it can affect parenting ability and lead to the perpetration of abuse on others.

In particular, physical abuse can lead directly to neurological damage, as well as physical injuries, disability or at the extreme, death. Harm may be caused to children, both by the abuse itself, and by the abuse taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems and educational difficulties.

Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long term difficulties with social functioning, relationship and educational progress. Neglect can also result in extreme cases in death.

Sexual abuse can lead to disturbed behaviour including self-harm, inappropriate sexualised behaviour and adverse effects which may last into adulthood including mental health problems. The severity of impact is believed to increase the longer the abuse continues, the more extensive the abuse and the older the child. A number of features of sexual abuse have also been linked with the severity of impact, including the extent of premeditation, the degree of threat and coercion, sadism and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult or carer who believes the child, helps the child to understand the abuse and is able to offer help and protection.

There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the child.

Adults

What Constitutes Abuse?

Abuse is 'a single or repeated act or lack of appropriate action occurring within

any relationship where there is an expectation of trust, which causes harm or distress to an older person.' Action on Elder Abuse; Abuse can be broadly defined under the following categories:

Physical Abuse

The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment.

Examples of behaviour: hitting, slapping, pushing, burning, physical restraint, harassment, enforced sedation, inappropriate use of medication, inappropriate use of restraint, and catheterisation for management ease.

Sexual Abuse

Direct or indirect involvement in sexual activity without consent.

Examples of behaviour: Non-contact: looking, photography, indecent exposure, harassment, serious teasing or innuendo, pornography.

Contact: coercion to touch, e.g. of breast, genitals, anus, mouth, masturbation of either self or others, penetration or attempted penetration of vagina, anus, mouth, with or by penis, fingers, other objects.

Neglect and Acts of Omission

The serious one off or repeated deprivation of assistance that the adult needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the adult or to others.

Examples of behaviour: failure to provide: appropriate food, shelter, heating, clothing, medical care, hygiene, personal care; inappropriate use of medication or over-medication.

Psychological / Emotional Abuse

Psychological abuse is that which impinges on the emotional health and development of individuals. It also presents with other forms of abuse.

Examples of behaviour: shouting, swearing, insulting, ignoring, threats, intimidation, harassment, humiliation, depriving an individual of the right to choice and privacy.

Financial / Material Abuse

The unauthorised, fraudulently obtained and the improper use of funds, property or any resources of a vulnerable person.

Examples of behaviour: misappropriating money, valuables or property, forcing changes to will, denying the adult the right to access personal funds.

Abuse of Individual Rights / Discriminatory Abuse

The principles of discriminatory abuse are embodied in legislation including the Race Relations Act, 1976, Disability Discrimination Act 1995 and the Human

Rights Act 1998.

Abuse of individual rights is a violation of human and civil rights by any other person or persons. Discriminatory abuse can consist of abusive or derisive attitudes or behaviour based on a person's sex, sexuality, ethnic origin, age, disability, or religion.

Institutional Abuse

Institutional abuse is mistreatment or abuse by a regime or the individuals within an institution. It occurs when the routines, systems and norms of an institution compel individuals to sacrifice their own preferred life style and cultural diversity to the needs of the institution.

Appendix 3: Guidance on how to respond to a person who wishes to speak about an allegation, concern or suspicion of abuse

If a person indicates that they wish to speak to someone about abuse, it is preferable that they be referred to the Safeguarding Coordinator for the Archdiocese. This person has the required expertise to be able to receive the information in the correct way and it limits the amount of people that will be party to the information.

However in some instances, a person will want to talk to an MSC member or one of our workers, about their experience. Indeed, if a person has contact with children and young people in their ministry, a child may disclose abuse directly to them. It would be unfair to refer them to somebody else as it will have taken a lot of time and courage for them to decide to speak at all.

- Remain calm, remembering how difficult disclosing might be for the person.
- Be mindful that the person, particularly a child or young person, may have chosen to speak to you because they trust you.
- Give the person time and listen well.
- Show acceptance for what the person has to say. You are not determining credibility/guilt. Do not make statements as to your evaluation of the complaint.
- Do not ask leading questions e.g. Is it x who abused you? Is it x that happened?
- Only ask questions for clarification purposes, for example: What do you mean by that? Do not probe for more information than what is freely offered. You are not investigating their complaint.
- Take notes and record all details, even those that seem insignificant. Ask permission of the person to take notes. If permission is not given make a record of the conversation as soon after as possible.
- At the earliest possible stage advise the person that you cannot keep this information confidential and will need to speak to somebody who has expertise in this area. This will be the Safeguarding Coordinator. This person may need to report the matter to the Police and child protection services. This stage is essential in ensuring the person is not misled and have trust broken by another adult.
- Assure the person that only those people that need the information will have it.
- Advise the person at this stage that they may prefer to go directly to the statutory services themselves. Give contact details for the police and child protection service.

- Provide the contact details for the Safeguarding Coordinator and seek their permission for the coordinator to contact them.

If the complainant is a child or young person:

- Follow the guidelines above for how to respond if a child or young person makes a disclosure.
- Inform the child or young person, in age appropriate language, what will happen to their disclosure and that you cannot keep it a secret.
- It is important that you allow the child or young person to say what they want to say but do not prompt for further information.
- It is imperative that you do not conduct an interview with the child or young person. Specialist interviewers are needed for this. Your task is gathering and recording information not investigating.
- If the child or young person is alleging abuse by a family member, you should immediately consult with the local Duty Social Worker. If there is an immediate risk to a child or young person and you cannot contact the Duty Social Worker, the Police should be contacted.
- The process of support and pastoral care will be a different process for a child or young person than for an adult disclosing child abuse. Guidance must be taken from the social worker on what type of follow-on contact is appropriate with a child or young person. Parents must be consulted with, unless this is contra-indicated by the social worker.
- The parents need to be informed that a referral to the statutory services is being made. However, this is not done if it could place the child or young person at further risk.

What if a person admits abusing a child or young person?

- As early as possible you should advise the person that you cannot keep the information disclosed confidential.
- When a person admits abuse of a child this is a child protection concern and the same referral procedure follows as for an allegation of abuse.
- Refer the matter to the Safeguarding Coordinator, who will refer to the civil authorities. It is important that both the Police and the Child Protection social work services are notified.

Appendix 4: Code of conduct

Code of Conduct-Basics for Working with Children

- MSC workers (members, employees and volunteers) will treat children with courtesy, respect and dignity.
- MSC workers will always engage with children and young people in an open manner, taking care not to show favouritism.
- The right to privacy of children will be respected at all times, particularly around swimming, changing areas and toilets.
- There will be an adequate ratio of adults to children. Adults will not work alone with children.
- If you must be alone with a child in an unanticipated situation or in an emergency, this should be recorded and you should tell another worker as soon as possible.
- Work in open spaces where you are visible to others.
- Workers will not use inappropriate language or make sexually suggestive comments, either to each other or to children.
- Workers will not consume alcohol or smoke in the presence of children. The use of illicit drugs is strictly prohibited.
- Physical contact between workers and children will be of an appropriate nature at all times. Rough play/horseplay is not permitted.
- Workers will not undertake any task of a personal nature with/for children except in cases of medical necessity when the welfare of the child depends on it.
- Workers will not give children personal details about themselves.
- Children will be contacted via their parents except in emergencies.
- The Society will have a designated person to whose immediate attention all concerns and complaints regarding conduct and inappropriate behaviour can be brought. These matters should be referred to the MSC Designated Person or the Provincial.
- Where an MSC activity with children involves the use of computers/IT equipment, an email and internet policy will be put in place and block to certain categories of sites.
- Physical punishment of children is totally unacceptable and not permitted.
- Workers should not tolerate in others, abusive, disrespectful or inappropriate behaviour towards children. If such behaviour is witnessed, it should be brought to the attention of the Designated Person or Provincial and it should be stopped at the time through intervention.

Working with children with disabilities or vulnerable children:

- Workers should be aware that children with disabilities or vulnerable children may depend on adults more than other children, for their care and safety. Sensitivity and clear communication are particularly important.
- Workers should not do anything for a child that they can do for themselves.

- If there are personal care tasks to be done with the child, a parent or carer must undertake these.