

Child Protection Procedures for Primary and Post-Primary Schools



Foreword

Ensuring the protection and welfare of children is the responsibility of all of us who interact with children and young people. Child protection must therefore be a priority for every school and must be at the core of all of its activities.

The *Child Protection Procedures for Primary and Post Primary Schools* have been developed following extensive consultation with the education partners and are based on the recently published *Children First – National Guidance for the Protection and Welfare of Children 2011*.

The purpose of these procedures is to give clear direction and guidance to school management authorities and school personnel in implementing *Children First* within the school setting.

The procedures will apply with immediate effect to both primary and post-primary schools and replace previous guidelines issued in 2001 and 2004 respectively.

The procedures contain important new elements which are intended to better ensure consistent and uniform implementation at school level. These include measures designed to ensure a consistency of approach in relation to each school's Child Protection Policy and the oversight arrangements for its implementation at school level. The procedures also require all primary schools to fully implement the Stay Safe programme.

I would like to express my thanks to the education partners for their positive and constructive input to the working group involved in the development of these procedures.

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Table of Contents

FOREWORD

GLOSSARY OF TERMS

Chapter 1 INTRODUCTION AND LEGAL FRAMEWORK

- 1.1 Introduction
- 1.2 Main new elements
- 1.3 Child protection policy
- 1.4 Review by the Board of Management
- 1.5 Curricular provision and child abuse prevention
- 1.6 Stay Safe Programme
- 1.7 Requirements for Garda vetting and recruitment procedures
- 1.8 Training
- 1.9 Confidentiality
- 1.10 Protection for Persons Reporting Child Abuse Act, 1998
- 1.11 Qualified privilege
- 1.12 Freedom of Information Acts, 1997 and 2003
- 1.13 The Data Protection Acts, 1988 and 2003

Chapter 2 DEFINITION AND RECOGNITION OF CHILD ABUSE

- 2.1 Categories of child abuse
- 2.2 Signs and symptoms of child abuse
- 2.3 Children with additional vulnerabilities

Chapter 3 RESPONSIBILITIES OF ALL SCHOOL PERSONNEL

- 3.1 General
- 3.2 Designated Liaison Person
- 3.3 Principal's report to the Board of Management
- 3.4 Recognition of possible signs of abuse
- 3.5 Dealing with disclosures from children
- 3.6 Record keeping

Chapter 4 REPORTING OF CONCERNS AND ROLE OF HEALTH SERVICE EXECUTIVE

- 4.1 Action to be taken by school personnel
- 4.2 Action to be taken by the Designated Liaison Person
- 4.3 Principal's report to the Board of Management
- 4.4 Role of the Health Service Executive
- 4.5 Child protection conferences
- 4.6 Role of An Garda Síochána
- 4.7 Protocol for HSE-An Garda Síochána Liaison
- 4.8 Advice and feedback from the HSE

Chapter 5 ALLEGATIONS OR SUSPICIONS OF CHILD ABUSE REGARDING SCHOOL EMPLOYEES

- 5.1 Introduction
- 5.2 Protocol authorising immediate action
- 5.3 Reporting procedure
- 5.4 Action to be taken by Employer
- 5.5 Further follow-up required
- 5.6 Feedback from Health Service Executive

Chapter 6 PEER ABUSE AND BULLYING

- 6.1 Introduction
- 6.2 Sexual abuse by children and young people
- 6.3 Bullying

Appendix 1: Template Child Protection Policy

Appendix 2: Checklist for Annual Review of the Child Protection Policy

Appendix 3: Signs and symptoms of child abuse

Appendix 4: Standard Report Form for reporting child protection and/or welfare concerns to the HSE

Appendix 5: National contacts for the Children and Family Social Services of the HSE

Appendix 6: Protocol authorising immediate action

GLOSSARY OF TERMS

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| Age of Consent: | The age of consent is 17 years. It is a criminal offence to engage or attempt to engage in a sexual act with a child under 17 years of age. |
| Board of Management: | In this document, unless the context requires otherwise Board of Management also refers to any other person or persons appointed by the patron to manage the school on his or her behalf. |
| Child: | For the purpose of these procedures, a ‘child’ means anyone who is under 18 years of age. In Ireland, the Child Care Act, 1991 defines a child as any person under the age of 18 years, excluding a person who is or who has been married. |
| Child Abuse: | Where the words “child abuse” are used in these procedures they should be taken to include all four categories (neglect, emotional abuse, physical abuse and sexual abuse) as outlined in chapter 2 of these procedures and in chapter 2 of Children First. |
| Designated Liaison Person (DLP): | The person nominated by the Board of Management, as the liaison person for the school when dealing with the HSE, An Garda Síochána and other parties in connection with allegations of and/or concerns about child abuse. The role of the Designated Liaison Person is outlined in section 3.2 of these procedures. |
| Employee: | The word “employee” is synonymous with the phrase “school personnel” as set out in this glossary. “Employee” is used in chapter 5 of these procedures specifically in order to address the employer/employee relationship. |
| Employer: | The appropriate school authority or agent. In the case of primary schools, voluntary secondary schools and community and comprehensive schools the Board of Management is the employer. In the case of schools which operate under a Vocational Education Committee, the VEC itself is the employer. Therefore in these procedures, the phrase “the employer” is used to refer to the Board of Management and/or the VEC as appropriate. |
| Parent/Carer: | The phrase “parent/carer” is used in these procedures as it is used in Children First to refer to the child’s parent or carer as appropriate. It encompasses the definition of “parent” in the Education Act 1998 to include “a foster parent, a guardian appointed under the Guardianship of Children Acts, 1964 to 1997, or other person acting in loco parentis who has a child in his or her care subject to any statutory power or order of a court and, in the case of a child who has been adopted under the Adoption Acts, 1952 to 1998, or, where the child has been adopted outside the State, means the adopter or adopters or the surviving adopter”. |
| School: | Means a recognised primary or post-primary school and includes centres for education as defined in the Education Act 1998 and attended by children under the age of 18 years. |
| School Authority: | This refers to the Board of Management and/or the VEC, as appropriate. |
| School Personnel: | The phrase “school personnel” as used in these procedures is a generic term to encompass all adults who are involved in the operation of the school. It covers employees and voluntary workers. |

Chapter 1: Introduction and Legal Framework

1.1 Introduction

- 1.1.1 The procedures contained in this document have been drawn up following consultations between the Department of Education and Skills and organisations representing school management, parents and teachers, the Department of Children and Youth Affairs and the Health Service Executive (HSE). These procedures are based on “Children First: National Guidance for the Protection and Welfare of Children 2011” and accordingly shall be read in conjunction with Children First. The language used in these procedures adheres as closely as possible to the language used in Children First.
- 1.1.2 All Boards of Management are now required to formally adopt and implement these procedures as part of their overall child protection policy. In the interests of the welfare and protection of children, school authorities and school personnel are required to adhere to these procedures in dealing with allegations or suspicions of child abuse. These procedures apply to both primary and post primary schools and replace previous guidelines issued in 2001 and 2004 respectively.
- 1.1.3 The purpose of these procedures is to give direction and guidance to school authorities and school personnel in the implementation of Children First when dealing with allegations/suspicions of child abuse and neglect. In addition, they also aim to provide sufficient information to school authorities and school personnel to enable them to be alert to and to be aware of what to do in situations where there is a concern, suspicion or allegation of child abuse or neglect.
- 1.1.4 In all cases, the most important consideration to be taken into account is the protection of children. In this regard, these procedures emphasise that the safety and well-being of children must be a priority. If school personnel have concerns that children with whom they have contact may have been abused or neglected, or are being abused or neglected, or are at risk of abuse or neglect, the matter shall be reported without delay to HSE Children and Family Social Services. The reporting procedures outlined in [chapter 4](#) of these procedures shall be followed.
- 1.1.5 While the procedures contained in this document are concerned with the implementation of Children First when dealing with allegations/suspicions of child abuse and neglect, schools also have a general duty of care to ensure that appropriate arrangements are in place to protect their pupils from harm. It is also acknowledged that schools are particularly well placed to recognise wider child welfare issues that if addressed appropriately at an early stage can be an important element in the overall welfare and protection of children and the prevention of child abuse and neglect.

1.2 Main new elements

The main new elements of these revised procedures are:

- All schools must have a child protection policy that adheres to certain key principles of best practice in child protection and welfare and all schools are required to formally adopt and implement without modification, the ‘Child Protection Procedures for Primary and Post Primary Schools’ as part of their overall child protection policy. A child protection policy template for use by schools for this purpose is set out at [Appendix 1](#).
- All primary schools must fully implement the Stay Safe programme.
- There are improved oversight arrangements which are designed to ensure uniform and consistent implementation of Children First within the schools sector. These have been introduced to strengthen and clarify the existing oversight arrangements in schools.

For ease of reference, the key improved oversight requirements introduced in this document are summarised below. These requirements should, however, be read within the context of the overall document. It should also be noted that this is not an exhaustive list of the oversight arrangements for schools, which are outlined in detail within the relevant sections of this document.

- A copy of the school’s child protection policy which includes the names of the DLP and Deputy DLP shall be made available to all school personnel and the Parents’ Association and must be readily accessible to parents on request.
- The name of the DLP must be displayed in a prominent position near the main entrance to the school.
- In addition to informing the school authority of those cases where a report involving a child in the school has been submitted to the HSE, the DLP shall also inform the school authority of cases where the DLP sought advice from the HSE and as a result of this advice, no report was made. At each Board of Management meeting the principal’s report shall include the number of all such cases and this shall be recorded in the minutes of the board meeting.
- Each school must undertake an annual review of its child protection policy and its implementation by the school. A checklist to be used in undertaking the review is included at [Appendix 2](#). The school must put in place an action plan to address any areas for improvement identified by the review. The Board of Management shall make

arrangements to inform school personnel that the review has been undertaken. Written notification, that the review has been undertaken shall be provided to the Parents' Association (or where none exists directly to parents). A record of the review and its outcome shall be made available, if requested, to the patron and the Department.

1.3 Child protection policy

1.3.1 All schools must have a child protection policy. A school's child protection policy must incorporate the adoption and implementation, without modification, of the 'Child Protection Procedures for Primary and Post Primary Schools' as contained in this document. The DLP and the Deputy DLP must be named in the school's child protection policy.

1.3.2 Child protection and welfare considerations permeate all aspects of school life and should be reflected in all of the school's policies, practices and activities. A school's child protection policy must therefore state that the school in its policies, practices and activities will adhere to the following principles of best practice in child protection and welfare:

The school will:

- recognise that the protection and welfare of children is of paramount importance, regardless of all other considerations
- fully co-operate with the relevant statutory authorities in relation to child protection and welfare matters
- adopt safe practices to minimise the possibility of harm or accidents happening to children and protect workers from the necessity to take unnecessary risks that may leave them open to accusations of abuse or neglect
- develop a practice of openness with parents and encourage parental involvement in the education of their children; and
- fully respect confidentiality requirements in dealing with child protection matters.

1.3.3 The child protection policy shall also list other school policies, practices and activities that are particularly relevant to child protection. Examples may include items such as the Code of Behaviour/Anti-bullying Policy, Pupil Attendance Strategy, Supervision of Pupils, Sporting activities/School outings/Pupil work placements at post primary etc. A child protection policy template for use by schools for this purpose is included in [Appendix 1](#).

1.3.4 The child protection policy shall be formally adopted by the Board of Management. A copy of the school's child protection policy shall be provided to the Department and the patron if requested. The child protection policy shall also be made available to school personnel, the Parents' Association (if any) and shall be readily accessible to parents on request.

1.4 Review by the Board of Management

- 1.4.1 A review of the school's child protection policy shall be conducted annually by the Board of Management.
- 1.4.2 As part of the annual review of the school's child protection policy, the Board of Management must specifically review the school's implementation of the 'Child Protection Procedures for Primary and Post Primary Schools'. [Appendix 2](#) contains a checklist that shall be used as an aid to conducting the annual review. The checklist is not intended as an exhaustive list. Individual Boards of Management may wish to include other items in the checklist that are of particular relevance to the school in question.
- 1.4.3 The school authority shall put in place an action plan to address any areas for improvement identified by the review and arrange for these to be dealt with as quickly as possible.
- 1.4.4 The Board of Management shall make arrangements to inform school personnel that the review has been undertaken. Written notification that the review has been undertaken shall be provided to the Parents Association (or where none exists directly to parents). The standard notification included in [Appendix 2](#) shall be used for this purpose. A record of the review and its outcome shall be made available, if requested, to the patron and/or the Department.

1.5 Curricular provision and child abuse prevention

- 1.5.1 It is the responsibility of all schools to contribute to the prevention of child abuse and neglect through curricular provision. In that context the Social, Personal and Health Education (SPHE) programme is a mandatory part of the curriculum for all students in primary schools and in the junior cycle of post-primary schools and must be fully implemented. All post-primary schools are also required to have a Relationships and Sexuality Education (RSE) programme at senior cycle.

All ten modules of the post-primary SPHE programme delivered in Junior Cycle contribute towards the physical, mental and emotional health and well-being of the young person. The modules on personal safety, emotional health, and relationships and sexuality are particularly relevant to child welfare and protection.

1.6 Stay Safe Programme

- 1.6.1 All primary schools are required to fully implement the Stay Safe programme. The Stay Safe programme for primary schools plays a valuable role in helping children develop the skills necessary to enable them to recognise and resist abuse and potentially abusive situations.

- 1.6.2 Schools will be informed if, in the future, the Department approves an alternative or replacement to the Stay Safe Programme.

1.7 Recruitment procedures and requirements for Garda vetting

- 1.7.1 School authorities must ensure compliance with the Department’s circulars and any other legal requirements in relation to Garda vetting of school personnel and other persons who have or may have unsupervised access to children or vulnerable adults.
- 1.7.2 Whether a person is being considered for employment or other roles in the school, comprehensive procedures for the checking of the person’s suitability to work with children or vulnerable adults are an essential element of child protection practice.
- 1.7.3 Vetting should not take the place of normal recruitment procedures, such as seeking and following up of references and ensuring that any unexplained gaps in employment records/curriculum vitae are satisfactorily accounted for. Thorough recruitment procedures are an essential element of good child protection practice. Vetting is to be used as part of those procedures. School authorities must also ensure compliance with the Department’s requirements in relation to the provision of a child protection related statutory declaration and associated form of undertaking by all persons being appointed to teaching and non-teaching positions.

1.8 Training

Effective child protection depends on the skills, knowledge and values of personnel working with children and families, as well as co-operation between agencies (interagency) and within agencies (intra-agency). Relevant training and education is an important means of achieving this. It is imperative that Boards of Management ensure that all school personnel and board of management members have the necessary familiarity with these procedures to enable them to fulfil their responsibilities therein. It is envisaged that this will be achieved by the school developing a culture of awareness and knowledge of these procedures amongst all school personnel and, where appropriate, ensuring that external training is undertaken.

1.9 Confidentiality¹

- 1.9.1 All information regarding concerns of possible child abuse and neglect should be shared only on a “need to know” basis in the interests of the child. The test is whether or not the person has any legitimate involvement or role in dealing with the issue. The assurance of confidentiality should not be given to a third party who imparts information.

¹ Children First - section 3.9

- 1.9.2 However, giving information to those who need to have that information, for the protection of a child who may have been abused or neglected, or is being abused and neglected, or is at risk of abuse or neglect is not a breach of confidentiality.
- 1.9.3 Any Designated Liaison Person (see [section 3.2](#) of these procedures) who is submitting a report to the HSE or An Garda Síochána shall inform a parent/carer unless doing so is likely to endanger the child or place the child at further risk². A record shall be made of the information communicated to the parent/carer.

A decision not to inform a parent/carer shall be briefly recorded together with the reasons for not doing so. This record shall be made and retained by the DLP. In cases where school personnel have concerns about a child, but are not sure whether to report the matter to the HSE, the Designated Liaison Person shall seek advice from the HSE Children and Family Social Services.

- 1.9.4 It is not the responsibility of school personnel to assess or investigate or to make enquiries of parents/carers, and in some cases it could be counter-productive for them to do so. It is a matter for the HSE to assess and investigate suspected abuse and neglect and determine what action to take, including informing An Garda Síochána.
- 1.9.5 In cases of emergency, where a child appears to be at immediate and serious risk, and it is not possible to make contact with the HSE, An Garda Síochána shall be contacted immediately. This may be done at any Garda Station. Under no circumstances should a child be left in a dangerous situation pending HSE intervention.³

1.10 Protection for Persons Reporting Child Abuse Act, 1998⁴

The main provisions in the Protection for Persons Reporting Child Abuse Act, 1998 are:

- 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 any member of An Garda Síochána.
- 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.
- The creation of an 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 criminal offence designed to protect innocent persons from malicious reports.

² Children First - section 3.2.9

³ Children First - section 3.4.3

⁴ Department of Health and Children

1.11 Qualified Privilege

- 1.11.1 While the legal protection outlined in 1.10 above only applies to reports made to the appropriate authorities (i.e. the Health Service Executive and An Garda Síochána), this legislation has not altered the situation in relation to common law qualified privilege which continues to apply as heretofore. Consequently, should a member of a Board of Management or school personnel furnish information with regard to suspicions of child abuse or neglect to the Designated Liaison Person of the school, or to the school authority, such communication would be regarded under common law as having qualified privilege.
- 1.11.2 Qualified privilege arises where the person making the communication has a duty to do so, or a right, or interest to protect the child and where the communication is made to a person with a similar duty, right or interest. The person making the report, acting in loco parentis, would be expected to act in the child's best interests and in making the report would be regarded as acting in such a manner. Privilege can be displaced only where it can be established that the person making the report acted maliciously.
- 1.11.3 Furthermore, those reporting a child's disclosure or concerns about a child's behaviour or welfare are not regarded as making an allegation as a matter of charge, but simply carrying out their duty in good faith. They are not accusing or bringing a charge.

1.12 Freedom of Information Acts, 1997 & 2003 ⁵

- 1.12.1 Any reports which are made to the Health Service Executive may be subject to the provisions of the Freedom of Information Acts, which enable members of the public to obtain access to personal information relating to them which is in the possession of public bodies. However, the Freedom of Information Acts also provide that public bodies may refuse access to information obtained by them in confidence.⁶
- 1.12.2 The exemptions and exclusions which are relevant to child protection include the following:
- (a) protecting records covered by legal professional privilege;
 - (b) protecting records which would facilitate the commission of a crime;
 - (c) protecting records which would reveal a confidential source of information.

⁵ Office of the Information Commissioner

⁶ Section 26 of the Freedom of Information Act 1997

1.13 The Data Protection Acts, 1988 and 2003 ⁷

- 1.13.1 The Data Protection Acts are designed to protect the rights of individuals with regard to personal data. The law defines personal data as “data relating to a living individual who is or can be identified from the data or from the data in conjunction with other information that is in, or is likely to come into, possession of the data controller”. The Data Protection Amendment Act 2003 brought manual records into the scope of the legislation whereas the 1988 Act referred only to computer files.
- 1.13.2 The Acts give 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/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.

⁷ Office of the Data Protection Commissioner

Chapter 2: Definition and Recognition of Child Abuse⁸

2.1 Categories of Child Abuse

2.1.1 All school personnel should be familiar with signs and behaviours that may be indicative of child abuse. Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time (More detail on each type of abuse is given in Appendix 1 of Children First. These details are also included in [Appendix 3](#) of these procedures).

2.1.2 Neglect⁹

Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care.

Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation. The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her wellbeing and/or development are severely affected.

2.1.3 Emotional Abuse¹⁰

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

⁸ Children First – chapter 2

⁹ Children First – section 2.2

¹⁰ Children First – section 2.3

- (a) the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
- (b) conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- (c) emotional unavailability of the child's parent/carer;
- (d) unresponsiveness of parent/carer and/or inconsistent or inappropriate expectations of the child;
- (e) premature imposition of responsibility on the child;
- (f) unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself or herself in a certain way;
- (g) under- or over-protection of the child;
- (h) failure to show interest in, or provide age-appropriate opportunities for the child's cognitive and emotional development;
- (i) use of unreasonable or over-harsh disciplinary measures;
- (j) exposure to domestic violence;
- (k) 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, non-organic failure to thrive, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour. The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and the parent/carer.

2.1.4 **Physical Abuse** ¹¹

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.

¹¹ Children First – section 2.4

Physical abuse can involve:

- (a) severe physical punishment;
- (b) beating, slapping, hitting or kicking;
- (c) pushing, shaking or throwing;
- (d) pinching, biting, choking or hair-pulling;
- (e) terrorising with threats;
- (f) observing violence;
- (g) use of excessive force in handling;
- (h) deliberate poisoning;
- (i) suffocation;
- (j) fabricated/induced illness (see [Appendix 3](#) for details);
- (k) allowing or creating a substantial risk of significant harm to a child.

2.1.5 **Sexual Abuse**¹²

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Examples of child sexual abuse include the following:

- (a) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- (b) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- (c) masturbation in the presence of the child or the involvement of the child in an act of masturbation;
- (d) sexual intercourse with the child whether oral, vaginal, or anal;
- (e) sexual exploitation of a child 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.

¹² Children First – section 2.5

It may also include showing sexually explicit material to children which is often a feature of the “grooming” process by perpetrators of abuse;

- (f) 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 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.

2.1.6 In all cases where a school becomes aware of underage sexual intercourse the school should take appropriate steps to inform the child's parents.

2.1.7 Cases of underage pregnancy/sexual activity may be indicative of child abuse. If such concerns exist the Designated Liaison Person for the school should seek advice from the HSE Children and Family Services as set out in [section 4.2.1](#) of these procedures.

2.1.8 Where a decision is made to report the matter to the HSE Children and Family Services of the Health Service Executive, the reporting procedures outlined in Chapter 4 of these procedures shall be followed.

2.2 Signs and symptoms of child abuse

Child neglect or abuse can often be difficult to identify and may present in many forms. A list of indicators of child abuse is outlined in [Appendix 3](#) of these procedures. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than child abuse. All signs and symptoms must be examined in the total context of the child's situation and family circumstances.

2.3 Children with additional vulnerabilities¹³

2.3.1 Certain children are more vulnerable to abuse than others. These include children with disabilities, children who are homeless and those who, for one reason or another, are separated from parents or other family members and who depend on others for their care and protection. The same categories of abuse - neglect, emotional abuse, physical abuse, sexual abuse - are applicable, but may take a slightly different form. For example, abuse may take the form of deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medications or physical restraints (see also [Chapter 8 of Children First](#)).

¹³ Children First – section 2.8 & chapter 8

2.3.2 The guidelines and procedures contained in Children First and within this document apply to children. It is recognised that some schools may also cater for adult pupils with additional vulnerabilities. Where a person has concerns regarding a vulnerable adult pupil, the advice of the HSE or, if necessary, An Garda Síochána should be sought.

Chapter 3: Responsibilities of all School Personnel

3.1 General

- 3.1.1 There is an obligation on schools to provide children with the highest possible standard of care in order to promote their well being and protect them from harm.
- 3.1.2 School personnel are especially well placed to observe changes in children's behaviour, their lack of development or outward signs of abuse. In situations where school personnel suspect that a child may have been abused or neglected, or is being abused or neglected, or is at risk of abuse or neglect, they shall ensure that such concerns are reported in accordance with the procedures outlined in [Chapter 4](#) of these procedures.

3.2 Designated Liaison Person

- 3.2.1 It is the responsibility of all Boards of Management to designate a senior full-time member of staff as the Designated Liaison Person (DLP) for the school.

It is expected that the DLP will normally be the principal. Where the Board of Management appoints a DLP who is not the principal, the school authority should put in place arrangements to ensure that the DLP will keep the principal appropriately informed of child protection matters.

It is also the responsibility of the Board of Management to designate another member of staff (to be known as the Deputy DLP) to assume the responsibilities of the DLP, where the DLP is unavailable for whatever reason.

The Board of Management shall ensure that arrangements are in place to enable the Deputy DLP to effectively assume his/her responsibilities in the absence of the DLP and to ensure that the Deputy DLP can access relevant records as required.

The names of the DLP and the Deputy DLP shall be recorded in the child protection policy. The name of the DLP shall be displayed in a prominent position near the main entrance to the school.

- 3.2.2 The DLP will act as a liaison with outside agencies and as a resource person to any staff member or volunteer who has child protection concerns¹⁴. As a resource person, the DLP shall ensure that he/she is knowledgeable about child protection and undertakes any training considered necessary to keep him/her updated on new developments.

This person will be the designated liaison person for the school in dealing with the HSE, An Garda Síochána and other parties, in connection with allegations of and/or concerns about child abuse and neglect. Those other parties shall be

¹⁴ Children First – section 3.3.1 (i)

advised that they shall conduct all matters pertaining to the processing or assessment/investigation of alleged child abuse through the DLP.

- 3.2.3 The actions to be taken by the DLP are detailed in [section 4.2](#) of these procedures.

3.3 Principal's report to the Board of Management

At each Board of Management meeting the principal's report shall:

- (a) state the number of reports made to the HSE by the DLP, since the last Board of Management meeting and
- (b) state the number of cases, since the last Board meeting, where the DLP sought advice from the HSE and as a result of this advice, no report was made, or
- (c) where there were no such cases at (a) or (b) above, state this fact.

The minutes of the Board of Management meeting shall record the above.

Note: The Principal's report shall state only the number of cases at (a) and (b) and shall not include any other details of these cases.

3.4 Recognition of possible signs of abuse

- 3.4.1 A list of indicators of child abuse as outlined in Appendix 1 of Children First is also contained in [Appendix 3](#) of these procedures. All school personnel shall familiarise themselves with these signs and symptoms of child abuse. No one sign or symptom should be seen as conclusive in itself and may indicate conditions other than child abuse. It is important that all school personnel would consult [Appendix 3](#) of these procedures and liaise with the DLP where they have concerns that a child may have been abused or neglected, or is being abused or neglected, or is at risk of abuse and neglect. The DLP shall make Children First accessible to school personnel. The Children First document is also available on www.dcy.a.ie.
- 3.4.2 The Children First guidelines require that the HSE Children and Family Services shall always be notified where a person has a reasonable suspicion or reasonable grounds for concern that a child may have been, is being or is at risk of being abused or neglected. Child protection concerns should be supported by evidence that indicates the possibility of abuse or neglect.¹⁵

¹⁵ Children First – section 3.2.3

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

- (a) the safety and well-being of the child must take priority:
- (b) reports should be made without delay to the Children and Family Services of the HSE.

3.4.4 Any reasonable concern or suspicion of abuse or neglect must elicit a response. Ignoring signals or failing to intervene may result in ongoing or further harm to the child. Section 2.6 of [Children First](#) includes guidelines for recognising child neglect and abuse.

3.4.5 Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of reckless endangerment of children.¹⁶ 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.

3.5 Dealing with disclosures from children

3.5.1 An abused child is likely to be under severe emotional stress and a member of staff may be the only adult whom the child is prepared to trust. Great care shall be taken not to damage that trust.

3.5.2 When information is offered in confidence, the member of staff will need tact and sensitivity in responding to the disclosure. The member of staff will need to reassure the child, and endeavour to retain his or her trust, while explaining the need for action which will necessarily involve other adults being informed. It is important to tell the child that everything possible will be done to protect and support him/her, but not to make promises that cannot be kept e.g. promising not to tell anyone else.

3.5.3 It is important to deal with any allegation of abuse or neglect in a sensitive and competent way through listening to and facilitating the child to tell about the problem, rather than interviewing the child about details of what happened.

¹⁶ Children First – section 3.2.7

While the basis for concern must be established as comprehensively as possible, the following advice is offered to school personnel to whom a child makes a disclosure of abuse.

- (a) It is important to stay calm and not to show any extreme reaction to what the child is saying. Listen compassionately and take what the child is saying seriously;
- (b) It should be understood that the child has decided to tell about something very important and has taken a risk to do so. The experience of telling should be a positive one so that the child will not mind talking to those involved;
- (c) The child should understand that it is not possible that any information will be kept a secret;
- (d) No judgmental statement should be made about the person against whom the allegation is made;
- (e) The child should not be questioned unless the nature of what he/she is saying is unclear. Leading questions should be avoided. Open, non-specific questions should be used such as “Can you explain to me what you mean by that?”;
- (f) The child should be given some indication of what would happen next, such as informing the Designated Liaison Person, parents/carers, HSE or possibly An Garda Síochána. It should be kept in mind that the child may have been threatened and may feel vulnerable at this stage;
- (g) Record the disclosure immediately afterwards using, as far as possible, the child’s own words.

The duty of the recipient of such information is to report it to the Designated Liaison Person as outlined in [Chapter 4](#) of these procedures. It must always be remembered that school personnel have a supportive, not an investigative role.

3.6 Record Keeping

- 3.6.1 When child abuse or neglect is suspected, it is essential to have a written record of all the information available. School personnel shall note carefully what they have observed and when they observed it. Signs of physical injury shall be described in detail and, if appropriate, sketched. Any comment by the child concerned, or by any other person, about how an injury occurred shall be recorded, preferably quoting words actually used, as soon as possible after the comment has been made. The record of the discussion shall be signed, dated and given to the DLP who shall retain it.

- 3.6.2 All records created shall be regarded as highly confidential and placed in a secure location by the DLP (note [section 1.13](#) of these procedures with regard to the Data Protection Acts).
- 3.6.3 It is possible that school personnel may subsequently be invited by the HSE to attend a child protection conference. Please consult section 5.8 of [Children First](#) and [section 4.5](#) of these procedures for further information on child protection conferences.

Chapter 4: Reporting of Concerns and Role of the Health Service Executive

4.1 Action to be taken by school personnel

If a member of staff receives an allegation or has a suspicion that a child may have been abused or neglected, or is being abused or neglected, or is at risk of abuse or neglect he/she shall, without delay, report the matter to the Designated Liaison Person in that school. A written record of the report shall be made and placed in a secure location by the DLP. The need for confidentiality at all times, as previously referred to in [section 1.9](#) of these procedures, shall be borne in mind. The supports of the school shall continue to be made available to the child.

Where the allegation or concern relates to the DLP, the staff member shall, without delay, report the matter to the Chairperson of the Board of Management or, in schools where the VEC is the employer, to the CEO of the VEC concerned. In such cases, the Chairperson or CEO, as appropriate, shall assume the role normally undertaken by the DLP and shall follow the procedures set out in [section 4.2](#) below for dealing with the allegation or concern. In addition, the procedures in [Chapter 5](#) shall be followed.

4.2 Action to be taken by the Designated Liaison Person

4.2.1 In cases where there are concerns about a child, but the Designated Liaison Person is not sure whether to report the matter to the HSE, the DLP shall seek advice from the HSE Children and Family Services. In consulting the HSE, the DLP shall be explicit that he/she is requesting advice and consultation and that he/she is not making a report. At this informal stage the DLP need not give identifying details.

If the HSE advises that a report should not be made, the DLP shall as soon as possible inform the Board of Management of this fact. In the interest of protecting the anonymity of the child, no details of the case should be disclosed to the Board of Management unless there are issues which need to be addressed directly by the Board of Management.

If the HSE advises that a report should be made, the DLP shall act on that advice. In all cases the DLP shall retain a record of the consultation with the HSE, which will note the date, the name of the HSE official and the advice given.

4.2.2 If the DLP is satisfied that there are reasonable grounds for the suspicion or allegation ([section 3.4](#) of these procedures refers) he/she shall report the matter to the HSE immediately.

It may be useful to note:¹⁷

- (a) A report shall be made to the HSE either in person, by phone or in writing. Each HSE area has a social worker on duty for a certain number of hours each day. The HSE Children and Family Services are available to meet with, or talk on the telephone to, persons wishing to report child protection concerns.
- (b) It is generally most helpful if persons wishing to report child abuse concerns make personal contact with the HSE Children and Family Services. This will facilitate the duty social worker in gathering as much information as possible about the child and his or her parents/carers.
- (c) In the event of an emergency, or the non-availability of HSE staff, the report shall be made to An Garda Síochána. This may be done at any Garda Station.

It is recommended that all reports shall include as much as possible of the information sought in the Standard Reporting Form as outlined in section 3.5 of [Children First](#) – ‘Information required when making a report’. In the case of any report (whether made initially in person, by phone or in writing to either the HSE or An Garda Síochána) the Standard Reporting Form, which is included at [Appendix 4](#) of these procedures, shall be completed and forwarded to the HSE as soon as possible thereafter.

Although all information requested might not be available to the person making a report, the forms shall be completed as comprehensively as possible. When such a report is being made to the HSE, the Board of Management shall be informed. Any DLP (please see [section 3.2](#) of these procedures) who is submitting a report to the HSE or An Garda Síochána should inform a parent/carer unless doing so is likely to endanger the child or place the child at further risk¹⁸. A record shall be made of the information communicated to the parent/carer. A decision not to inform a parent/carer shall be briefly recorded together with the reasons for not doing so.

- 4.2.3 The DLP shall immediately, or as soon as possible thereafter, inform the Board of Management that a report involving a child in the school has been submitted to the HSE. In the interest of protecting the anonymity of the child, no details of the report should be disclosed to the Board of Management unless there are issues which need to be addressed directly by the Board of Management.
- 4.2.4 Where the HSE advises that a report should not be made, the DLP shall inform the Board of Management of this fact. Once again, in the interest of protecting the anonymity of the child, no details of the case should be disclosed to the Board of Management unless there are issues which need to be addressed directly by the Board of Management.

¹⁷ Children First – section 3.4

¹⁸ Children First – section 3.2.9

- 4.2.5 Any information or details that might identify a child should not be recorded in the minutes of Board of Management meetings.
- 4.2.6 If the DLP decides that the concerns of the member of staff should not be reported to the HSE, the member of staff shall be given a clear statement, in writing, as to the reasons why action is not being taken.

The member of staff should also be advised that, if he/she remains concerned about the situation, he/she is free to consult with or report to the HSE (section 3.8.1 of [Children First](#) refers). He/she should use the Standard Reporting Form at [Appendix 4](#) of these procedures. (Please refer to [Section 1.10](#) of this document regarding the Protection for Persons Reporting Child Abuse Act, 1998.)

It is essential that, at all times, the matter be treated in the strictest confidence and not discussed except among the parties mentioned above.

- 4.2.7 Where a child transfers from or leaves a school (including transfers from primary to post-primary) and where the DLP is aware that a child protection report relating to that child has been made to the HSE in the past, the DLP should inform the HSE of the child's transfer/move.
- 4.2.8 The national contacts for the HSE Children and Family Services are contained at Appendix 2 of [Children First](#) and also contained at [Appendix 5](#) of these procedures.

4.3 Principal's report to the Board of Management

At each Board of Management meeting the principal's report shall:

- (a) state the number of reports made to the HSE by the DLP, since the last Board of Management meeting and
- (b) state the number of cases, since the last Board meeting, where the DLP sought advice from the HSE and as a result of this advice, no report was made, or
- (c) where there were no such cases at (a) or (b) above, state this fact.

The minutes of the Board of Management meeting shall record the above.

Note: The Principal's report shall state only the number of cases at (a) and (b) and shall not include any other details of these cases.

4.4 Role of the Health Service Executive

- 4.4.1 Arising from the Child Care Act, 1991, the HSE has certain statutory obligations for the protection and welfare of children:
- (a) the HSE must be open to receiving information from any source

about a child who may not be receiving adequate care and protection;

- (b) having received such information, the HSE must seek to establish whether the child in question is receiving adequate care and protection. To this end, it must co-ordinate information from all relevant sources and make an assessment of the situation;
- (c) having identified a child who is not receiving adequate care and protection, the HSE is under a duty to take appropriate action to promote the welfare of the child.

4.4.2 Every HSE Local Health Office area has a designated person with responsibility for co-ordinating child protection services. These personnel are responsible for:

- (a) receiving all notifications of child abuse;
- (b) taking decisions relating to the holding of child protection conferences;
- (c) ensuring interagency co-operation on child welfare and protection;
- (d) ensuring interprofessional and interprogramme co-operation on child protection and welfare;
- (e) overseeing staff training programmes;
- (f) negotiating service agreements with voluntary service providers.

Once a report of suspected child abuse or neglect has been made to the HSE, it is then a matter for the HSE to decide upon the action, if any, which is necessitated by that report. The social worker handling the case may need to seek further clarification from the person who first raised the concerns. In some cases, the response of the HSE will be to call a child protection conference.

4.5 Child Protection Conferences

4.5.1 The child protection conference is an essential mechanism for the HSE in the effective operation of the child protection services under the Child Care Act, 1991. It is a meeting which may be convened by the HSE designated person and may involve the child and the child's family and all of the agencies and professionals dealing with them. It is a forum for the co-ordination of information from all relevant sources, including where necessary, school personnel. The child protection conference plays a pivotal role in making recommendations and planning for the welfare and protection of children who may be at serious risk.

4.5.2 The main tasks of a child protection conference are:¹⁹

- (a) to facilitate the sharing and evaluation of information between professionals and parents/carers;
- (b) to formulate a child protection plan;
- (c) to identify tasks to be carried out as part of, or pending, a child protection;
- (d) to specify the appropriate service to carry out the tasks;
- (e) to appoint a key worker for the purpose of coordinating the child protection plan.

4.5.3 A request from the HSE for a school staff member to attend a child protection conference should be made to the DLP who should consult with the school authority. The school authority may, through the DLP, request the appropriate authorities to clarify why the attendance of the school staff member at the child protection conference is considered necessary and who else is going to be present.

Substitute costs, where necessary will be met by the Department of Education and Skills in respect of teachers who attend a child protection conference during school hours. A letter, signed by the relevant HSE official, confirming the attendance of the teacher at the child protection conference should be presented to the principal and should be retained in the school. The leave should be recorded for the teacher and, where appropriate, a claim for the substitute teacher should be processed through the On Line Claims System (OLCS) or, in the case of a VEC school, through its standard procedures for dealing with such claims.

4.5.4 It would be normal for a person attending a child protection conference to provide a report to the conference. It should be noted that individual HSE areas may provide forms or templates for the report.

4.5.5 In line with the principle of parental involvement, which underpins Children First, a child's parents/carers would be invited to participate in a child protection conference where appropriate. Professionals should always be informed when children and/or parents/carers are going to be present at child protection conferences. Accordingly, any school personnel invited to participate in a child protection conference who may have a concern about parent/carer involvement should contact the chairperson of the child protection conference in advance for guidance.

4.5.6 The recommendations of the child protection conference are concerned with the future planning for the child and family. The conference may recommend that particular agencies provide resources and services to the family. Participants may be asked to provide undertakings regarding actions that they agree to take. The

¹⁹ Children First – section 5.8 and 5.9

recommendations may include the HSE seeking legal advice with respect to an application for a court order to protect the child.

- 4.5.7 The school may be requested to monitor the child's behaviour in a manner that is consistent with the school's duty of care to all children. This may include observing the child's behaviour, peer interactions, school progress or informal conversations.

4.6 Role and responsibilities of An Garda Síochána²⁰

The involvement of An Garda Síochána in cases of alleged child abuse and neglect stems from its primary responsibility to protect the community and to bring offenders to justice. Where it is suspected that a crime has been committed, An Garda Síochána has overall responsibility for the direction of any criminal investigation. It is the function of An Garda Síochána to interview and take any statements that will form part of the criminal investigation file. The role of An Garda Síochána is to investigate and it is the responsibility of the Director of Public Prosecutions (DPP) to decide on, and to carry out, prosecution.

The Garda Central Vetting Unit (GCVU) also provides vetting on behalf of organisations employing personnel to work in a full-time, part-time, voluntary or student placement capacity with children and/or vulnerable adults.

4.7 Protocol for HSE- An Garda Síochána liaison²¹

Where the HSE suspects that a child has been or is being physically or sexually abused or wilfully neglected, the HSE must notify An Garda Síochána in accordance with the procedure set out in Paragraph 7.4.5 of Children First. The process of establishing whether grounds exist for suspecting such abuse may involve consulting relevant professional personnel within the HSE and, where appropriate, in outside agencies. However, the HSE must not await confirmation of such abuse, whether from a child abuse assessment unit or otherwise, before notifying An Garda Síochána. In all such cases, the HSE must inform the person reporting a suspicion of child abuse that their information will be shared with An Garda Síochána.

Where An Garda Síochána suspects that a child has been or is being the victim of emotional, physical or sexual abuse or neglect (whether wilful or unintentional), An Garda Síochána must formally notify the HSE in accordance with the procedure set out in Paragraph 7.7.4 of [Children First](#).

²⁰ Children First – section 4.5

²¹ Children First – chapter 7

4.8 Advice and Feedback from HSE

In all cases, where a person seeks the advice of the HSE about whether or not a matter should be reported to the HSE, the HSE is required to provide such advice.

If, for whatever reason, the initial contact in the HSE is not in a position to give such advice, a request to discuss with a more senior member of the Children and Family Social Services of the HSE may be made.

In all cases, persons who report or discuss their concerns about the care and protection of children with HSE staff should be informed of the likely steps to be taken by the professionals involved.

Wherever appropriate and within the normal limits of confidentiality, HSE staff have a responsibility to inform persons reporting alleged child abuse and other involved professionals about the outcomes of any inquiry or investigation into that reported concern.

The HSE Children and Families Services should provide feedback to the employer on the progress of a child abuse assessment/investigation involving an employee. The HSE should seek to complete its assessment as quickly as possible, bearing in mind the serious implications for innocent employees. Employers should be notified of the outcome of the HSE assessment and/or the Garda investigation. This will assist employers in reaching a decision about the action to be taken in the longer term concerning the employee.

Chapter 5: Allegations or Suspicions of Child Abuse regarding School Employees

5.1 Introduction

5.1.1 This chapter is intended to provide guidance to schools in situations where an allegation of abuse or neglect is made against a school employee. In this context, employees also include unpaid volunteers.

5.1.2 In a school context, the most important consideration to be taken into account is the protection of children, and their safety and well-being must be the priority. Each school authority also has a duty and responsibility, as an employer, in respect of its employees. The purpose of this chapter is to assist employers in having due regard to the rights and interests of the children under their care and those of the employee against whom an allegation is made.

5.1.3 In the case of primary schools, voluntary secondary schools and community and comprehensive schools the Board of Management is the employer. In the case of other schools which operate under a Vocational Education Committee, the VEC is the employer. Therefore in this chapter, the phrase “the employer” is used to refer to the Board of Management and/or the VEC as appropriate. Employers should also be aware of and comply with employment legislation and any other relevant employee relations policies such as agreed grievance and disciplinary procedures.

5.1.4 It is important to note that there are two procedures to be followed:

- (a) the reporting procedure in respect of the allegation/suspicion;
- (b) the procedure for dealing with the employee.

In general the same person shall not have responsibility for dealing with the reporting issue and the employment issue. The Designated Liaison Person is responsible for reporting the matter to the appropriate HSE area while the employer is responsible for addressing the employment issues. However, where the allegation/suspicion relates to the DLP, the employer shall assume the responsibility for seeking advice from and/or for reporting the matter to the HSE, as appropriate.

5.1.5 Where an allegation or suspicion of child abuse or neglect regarding a member of the Board of Management has been reported by the DLP (or employer as above) to the HSE, the Board of Management shall inform the patron that a report involving a Board member has been submitted to the HSE. It is a matter for the patron to determine if any action is necessary regarding the member’s continued role on the Board.

5.1.6 In the context of allegations or suspicions of child abuse or neglect regarding school employees the primary goal is to protect the children within the school. However, school employees may be subject to erroneous or malicious

allegations. Therefore any allegation of abuse or neglect shall be dealt with sensitively and support, including counselling, should be provided for staff where necessary. The Employee Assistance Service for teachers may be in a position to offer assistance to teachers. The employee shall be treated fairly which includes the right not to be judged in advance of a full and fair enquiry.

5.1.7 Employers should note that legal advice should always be sought in these cases as circumstances can vary from one case to another and it is not possible in these procedures to address every scenario.

5.1.8 At all stages it should be remembered that the first priority is to ensure that no child is exposed to unnecessary risk. The employer shall as a matter of urgency ensure that any necessary protective measures are taken. These measures should be proportionate to the level of risk and should not unreasonably penalise the employee, financially or otherwise, unless necessary to protect children. Where protective measures penalise the employee, it is important that early consideration be given to the case.

5.2 Protocol authorising immediate action.

5.2.1 Employers should have in place a written protocol for authorising immediate action when there is a requirement for a staff member to be put on administrative leave (see [Appendix 6](#) of these procedures - Protocol authorising immediate action). The principles of natural justice, the presumption of innocence and fair procedures shall be adhered to. It is very important to note that the actions described here are intended to be precautionary and not disciplinary.

5.2.2 Where the protocol is invoked to absent an employee from the school an emergency meeting of the Board of Management and/or the VEC as appropriate shall be convened.

5.3 Reporting procedure

5.3.1 Where an allegation of abuse or neglect is made against a school employee, the DLP shall immediately act in accordance with the procedures outlined in [section 4.2](#) of these procedures.

5.3.2 Once a disclosure is made by a child, a written record of the disclosure shall be made as soon as possible by the person receiving it. If a child wishes to make a written statement this should be allowed. Where an allegation of abuse or neglect is made by an adult, a written statement should be sought from this person. The ability of the HSE or the employer to assess suspicions or allegations of abuse or neglect will depend on the amount and quality of information conveyed to them. Whether or not the matter is being reported to the HSE, the DLP shall always inform the employer of the allegation.

- 5.3.3 School employees, other than the DLP, who receive allegations of abuse or neglect against another school employee, shall report the matter without delay to the DLP as outlined in [section 4.1](#) of these procedures. The DLP shall then follow the procedures outlined in [section 4.2](#) of these procedures.

Where the allegation or concern relates to the DLP, the school employee shall, without delay, report the matter to the Chairperson of the Board of Management or in schools where the VEC is the employer to the CEO of the VEC concerned. In such cases, the Chairperson or CEO as appropriate shall assume the role normally undertaken by the DLP and shall follow the procedures set out in [section 4.2](#) for dealing with the allegation or concern.

- 5.3.4 School employees who form suspicions regarding the conduct of another school employee shall consult with the DLP who may wish to consult with the HSE. If the DLP is satisfied that there are reasonable grounds for the suspicion, he/she shall report the matter to the HSE immediately. The DLP shall also report the matter to the employer who shall proceed in accordance with the procedures outlined in section 5.4 below.

5.4 Action to be taken by the employer

- 5.4.1 It is essential that at all times the matter is treated in the strictest confidence and that the identity of the employee shall not be disclosed, other than as required under the procedures within this document, until such time as the employee has been offered the opportunity to address and/or be represented to the employer.
- 5.4.2 When an employer becomes aware of an allegation of abuse or neglect against a school employee, the employer shall arrange to privately inform the employee of the following:
- (a) the fact that an allegation has been made against him/her;
 - (b) the nature of the allegation;
 - (c) whether or not the matter has been reported to the HSE (either by the DLP or employer).
- 5.4.3 The employee shall be given a copy of the written record and/or allegation, and any other related documentation while ensuring that appropriate measures are in place to protect the child.
- 5.4.4 Once the matter has been reported to the HSE the employee shall be offered the opportunity to respond to the allegation in writing to the employer within a specified period of time. The employee shall be told that his/her explanation to the employer would also have to be passed on to the HSE.
- 5.4.5 Where the employer is unsure as to whether the nature of the allegation warrants the absence of the employee from the school while the matter is being

investigated, the employer shall consult with the HSE and/or An Garda Síochána for advice as to the action that those authorities would consider necessary. Following those consultations, the employer shall have due regard to the advice offered. If, in the opinion of the employer, the nature of the allegation warrants immediate action or the ratification of action taken under the protocol referred to in section 5.2 above, the employer shall direct that the employee absent himself/herself from the school with immediate effect. The principles of natural justice and fair procedures shall be applied.

- 5.4.6 The employer shall maintain regular and close liaison with the HSE or An Garda Síochána and a decision on the position of the school employee shall be taken having due regard to the advice given to the employer by these authorities.
- 5.4.7 Where the employer has directed an employee to absent himself/herself from the school, such an absence would not imply any degree of guilt on the part of the school employee. Where such an absence is directed, the Department of Education and Skills shall immediately be contacted with regard to:
- (a) formal approval for the payment of remuneration or ex-gratia payments in lieu of remuneration as appropriate, and
 - (b) Departmental sanction for the employment of a substitute teacher where necessary.
- 5.4.8 Employers are reminded of their responsibilities to maintain strict confidentiality about all matters relating to these issues. The principles of due process and natural justice shall be adhered to by the employer at all times.
- 5.4.9 Any information or details that might identify a child should not be recorded in the minutes of Board of Management meetings.

5.5 Further follow-up required

- 5.5.1 The employer should take care to ensure that actions taken do not undermine or frustrate any assessment/investigation being conducted by the HSE or An Garda Síochána. It is strongly recommended that the employer maintain a close liaison with these authorities to achieve this.
- 5.5.2 Any further follow up action required shall accord with established disciplinary procedures and shall only be made following consultation with the HSE (and An Garda Síochána if involved).
- 5.5.3 After the consultations referred to above have taken place, and when dealing with the question of the future position of the employee, the employer shall advise the employee of the situation and shall follow the agreed procedures for the sector. In cases where section 5.4.7 apply, the Department of Education and Skills shall be informed of the outcome.

5.6 Feedback from the Health Service Executive

The HSE Children and Family Services should provide feedback to the employer or person-in-charge on the progress of a child abuse investigation involving an employee. The HSE should seek to promptly assess complaints and to complete its assessment as quickly as possible, bearing in mind the serious implications for innocent employees. Employers or persons-in-charge should be notified of the outcome of the assessment/investigation. This will assist employers in reaching a decision about the action to be taken in the longer term concerning the employee.

Chapter 6: Peer Abuse and Bullying²²

6.1 Introduction

In some cases of child abuse the alleged perpetrator will also be a child. Peer abuse is a complex area and school personnel are advised to familiarise themselves in this regard with the advice provided in Chapter 9 of [Children First](#).

6.2 Sexual abuse by children and young people

6.2.1 It is important that potentially abusive behaviour between children is not ignored and, as appropriate, certain cases should be reported to the HSE. The Children First guidelines outline four different categories of behaviour, which warrant attention. These are detailed under the following headings:

Normal Sexual Exploration: This could consist of naive play between two children which involves the exploration of their sexuality. This type of behaviour may be prompted by exchanges between children such as: “you show me yours and I’ll show you mine”. One of the key aspects of this behaviour is its tone: there should not be any coercive or dominating aspects to this behaviour. Usually, there is no need for child protection intervention of any kind in this type of situation.

Abuse Reactive Behaviour: In this situation, one child who has been abused already acts out the same behaviour on another child. This is serious behaviour and needs to be treated as such. In addition to responding to the needs of the abused child, the needs of the child perpetrator in this situation must also be addressed.

Sexually Obsessive Behaviour: In this type of situation the children may engage in sexually compulsive behaviour. An example of this would be excessive masturbation which may well be meeting some other emotional need. Most children masturbate at some point in their lives. However, in families where care and attention is missing, they may have extreme comfort needs that are not being met and may move from masturbation to excessive interest or curiosity in sex, which takes on excessive or compulsive aspects. These children may not have been sexually abused but they may be extremely needy and may need very specific help in addressing these needs.

Abusive Behaviour by Adolescents and Young People: Behaviour that is abusive will have elements of domination, coercion or bribery and certainly secrecy.

The fact that the behaviour is carried out by an adolescent, for example does not, in itself, make it “experimentation”. However, if there is no age difference between the two children or no difference in status, power or intellect, then one could argue that this is indeed experimentation. On the other hand, if for example the adolescent is aged thirteen and the child is aged three, this gap in itself creates an abusive quality which should be taken seriously.

- 6.2.2 In a situation where child abuse is alleged to have been carried out by another child, the reporting procedures outlined in Chapter 3 of [Children First](#) and also in [Chapter 4](#) of these procedures shall be followed.
- 6.2.3 Inappropriate sexualised behaviour between children, as outlined in Chapter 9 of [Children First](#), must be taken seriously. The principal and relevant teachers concerned should arrange separate meetings with the parents/carers of all the children involved in such behaviour with a view to resolving the situation.
- 6.2.4 Inappropriate sexualised behaviour may also be indicative of a situation that requires assessment by the HSE. Children who are abusive towards other children require comprehensive assessment and therapeutic intervention by skilled child care professionals. It is known that some adult abusers begin abusing during childhood and adolescence, that significant numbers will themselves have suffered abuse and that the abuse is likely to become progressively more serious. Early reporting and intervention is therefore essential.
- 6.2.5 In cases where school personnel have concerns about a child, but the DLP is not sure whether to report the matter to the HSE, the DLP shall seek advice from the HSE Children and Family Services and in consulting them, the DLP should be explicit that he/she is requesting advice and consultation and that he/she is not making a report. At this informal stage the DLP need not give identifying details. The DLP shall take a note of the date, the name of the HSE official and the advice given. If the HSE advises that a report should be made, the DLP shall act on that advice.
- 6.2.6 In cases where children are sexually abusive towards other children, it is the responsibility of the HSE to establish appropriate treatment programmes to cater for children who engage in abusive behaviour against other children.
- 6.2.7 The Board of Management shall make appropriate arrangements to minimise the possibility of any abusive behaviour recurring within the school. The Board of Management shall also provide assurances to parents/carers of the abuse victim that the school will take all reasonable measures to ensure the safety of their child within the school. The principal and relevant teachers concerned shall make arrangements to meet, individually, the parents/carers of all the children involved in the incident with a view to addressing the matter. The advice of the HSE Children and Family Services should be sought in this regard.

6.3 Bullying

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

Bullying can also take the form of racial abuse. With developments in modern technology, children can also be the victims of non-contact bullying, via mobile phones, the internet and other personal devices.

6.3.2 Bullying of children can also be perpetrated by adults, including adults who are not related to the child. Bullying behaviour when perpetrated by adults, rather than children, could be regarded as physical or emotional abuse. However, other major forms of child abuse, such as neglect and sexual abuse, are not normally comprehended by the term 'bullying'.

6.3.3 It is recognised that bullying in schools is a particular problem. In the first instance, it is the school authority that is responsible for dealing with bullying in school.

6.3.4 All schools are required under the Education (Welfare) Act 2000 to have in place a Code of Behaviour. The Act also requires that a school's Code of Behaviour must be drawn up in accordance with the guidelines of the National Educational Welfare Board (NEWB). The NEWB guidelines make it clear that each school must have policies to prevent or address bullying and harassment and that schools must make clear in their code of behaviour that bullying is unacceptable.

Every school therefore must have in place, a policy which includes specific measures to deal with bullying behaviour, within the framework of the school's overall school Code of Behaviour. Such a code, developed through consultation with the whole school community and properly implemented, can be the most influential measure in countering bullying behaviour in schools. The Department has also issued guidelines on counter-acting bullying behaviour which can be accessed on www.education.ie

6.3.5 It is imperative that all teachers are aware of the school's anti-bullying policy and its guidelines for dealing with bullying. In situations where the incident is serious and where the behaviour is regarded as potentially abusive, the school shall consult the HSE Children and Family Social Services with a view to drawing up an appropriate response, such as a management plan.

6.3.6 Serious instances of bullying behaviour should be reported to the HSE Children and Family Services.

Appendix 1: Template Child Protection Policy

Template Child Protection Policy of [School Name]

The Board of Management recognises that child protection and welfare considerations permeate all aspects of school life and must be reflected in all of the school's policies, practices and activities. Accordingly, in accordance with the requirements of the Department of Education and Skills' Child Protection Procedures for Primary and Post Primary Schools, the Board of Management of [insert school name] has agreed the following child protection policy:

1. The Board of Management has adopted and will implement fully and without modification the Department's Child Protection Procedures for Primary and Post Primary Schools as part of this overall child protection policy.
2. The Designated Liaison Person (DLP) is _____
3. The Deputy Designated Liaison Person (Deputy DLP) is _____
4. In its policies, practices and activities, [insert school name] will adhere to the following principles of best practice in child protection and welfare:
The school will
 - recognise that the protection and welfare of children is of paramount importance, regardless of all other considerations;
 - fully co-operate with the relevant statutory authorities in relation to child protection and welfare matters
 - adopt safe practices to minimise the possibility of harm or accidents happening to children and protect workers from the necessity to take unnecessary risks that may leave themselves open to accusations of abuse or neglect;
 - develop a practice of openness with parents and encourage parental involvement in the education of their children; and
 - fully respect confidentiality requirements in dealing with child protection matters.

The school will also adhere to the above principles in relation to any adult pupil with a special vulnerability.

5. This section of the child protection policy should be used to list school policies, practices and activities that are particularly relevant to child protection (e.g. the Code of Behaviour/Anti-bullying Policy, Pupil Attendance Strategy, Supervision of Pupils, Sporting Activities/School Outings/Pupil Work Placements at post primary etc.)

The Board has ensured that the necessary policies, protocols or practices as appropriate are in place in respect of each of the above listed items.

6. This policy has been made available to school personnel and the Parents' Association (if any) and is readily accessible to parents on request. A copy of this policy will be made available to the Department and the patron if requested.
7. This policy will be reviewed by the Board of Management once in every school year.

This policy was adopted by the Board of Management on _____ [date]

Signed: _____
Chairperson of Board of Management

Signed: _____
Principal

Date: _____

Date: _____

Date of next review: _____

Appendix 2: Checklist for Annual Review of the Child Protection Policy

The Board of Management must undertake an annual review of its child protection policy and the following checklist shall be used for this purpose.

The checklist is designed as an aid to conducting this review and is not intended as an exhaustive list. Individual Boards of Management may wish to include other items in the checklist that are of particular relevance to the school in question.

As part of the overall review process, Boards of Management should also assess other school policies, practices and activities vis a vis their adherence to the principles of best practice in child protection and welfare as set out in the school's child protection policy.

| | Yes/No |
|---|--------|
| Has the Board formally adopted a child protection policy in accordance with the 'Child Protection Procedures for Primary and Post Primary Schools'? | |
| As part of the school's child protection policy, has the Board formally adopted, without modification, the 'Child Protection Procedures for Primary and Post Primary Schools'? | |
| Are there both a DLP and a Deputy DLP currently appointed? | |
| Are the relevant contact details (HSE and An Garda Síochána) to hand? | |
| Has the DLP attended available child protection training? | |
| Has the Deputy DLP attended available child protection training? | |
| Have any members of the Board attended child protection training? | |
| Has the school's child protection policy identified other school policies, practices and activities that are regarded as having particular child protection relevance? | |
| Has the Board ensured that the Department's "Child Protection Procedures for Primary and Post Primary Schools" are available to all school personnel? | |
| Has the Board arrangements in place to communicate the school's child protection policy to new school personnel? | |
| Is the Board satisfied that all school personnel have been made aware of their responsibilities under the 'Child Protection Procedures for Primary and Post Primary Schools'? | |
| Since the Board's last annual review, was the Board informed of any child protection reports made to the HSE/An Garda Síochána by the DLP? | |
| Since the Board's last annual review, was the Board informed of any cases where the DLP sought advice from the HSE and as a result of this advice, no report to the HSE was made? | |
| Is the Board satisfied that the child protection procedures in relation to the making of reports to the HSE/ An Garda Síochána were appropriately followed? | |
| Were child protection matters reported to the Board appropriately recorded in the Board minutes? | |
| Is the Board satisfied that all records relating to child protection are appropriately filed and stored securely? | |
| Has the Board ensured that the Parents' Association (if any), has been provided with the school's child protection policy? | |

| | Yes/No |
|--|--------|
| Has the Board ensured that the school's child protection policy is available to parents on request? | |
| Has the Board ensured that the Stay Safe programme is implemented in full in the school? (applies to primary schools) | |
| Has the Board ensured that the SPHE curriculum is implemented in full in the school? | |
| Is the Board satisfied that the Department's requirements for Garda Vetting have been met in respect of all school personnel (employees and volunteers)? * | |
| Is the Board satisfied that the Department's requirements in relation to the provision of a child protection related statutory declaration and associated form of undertaking have been met in respect of persons appointed to teaching and non-teaching positions?* | |
| Is the Board satisfied that, from a child protection perspective, thorough recruitment and selection procedures are applied by the school in relation to all school personnel (employees and volunteers)?* | |
| Is the Board satisfied that the 'Child Protection Procedures for Primary and Post Primary Schools' are being fully and adequately implemented by the school? | |
| Has the Board identified any aspects of the school's child protection policy and/or its implementation that require further improvement? | |
| Has the Board put in place an action plan containing appropriate timelines to address those aspects of the school's child protection policy and/or its implementation that have been identified as requiring further improvement ? | |
| Has the Board ensured that any areas for improvement that that were identified in any previous review of the school's child protection policy have been adequately addressed? | |

*In schools where the VEC is the employer the responsibility for meeting these requirements rests with the VEC concerned. In such cases, this question should be completed following consultation with the VEC.

Signed _____
Chairperson, Board of Management

Date _____

Signed _____
Principal

Date _____

Notification regarding the Board of Management's annual review of the child protection policy

To: _____

The Board of Management of _____ wishes to inform you that:

- The Board of Management's annual review of the school's child protection policy was completed at the Board meeting of _____ [date].
- This review was conducted in accordance with the checklist set out in Appendix 2 of the Department's 'Child Protection Procedures for Primary and Post Primary Schools'

Signed _____
Chairperson, Board of Management

Date _____

Signed _____
Principal

Date _____

Appendix 3: Signs and symptoms of child abuse

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 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 problems and developmental problems;
- exploited, overworked.

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 recognized 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 disorganized 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 characterized 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 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 & anxiety, risk of accidents
- Exposure to domestic violence – behaviour, physical and mental health
- Community violence - anti social behaviour

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

- rejection;
- lack of comfort and love;
- lack of attachment;
- lack of proper stimulation (e.g. fun and play);
- lack of continuity of care (e.g. frequent moves);
- 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's behaviour, relative to his/her age and stage of development.

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

4. Signs and symptoms of physical abuse

Unsatisfactory explanations or 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:

- (a) 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;
- (b) high level of demand for investigation of symptoms without any documented physical signs;
- (c) unexplained problems with medical treatment, such as drips coming out or lines being interfered with; presence of unprescribed medication or poisons in the blood or urine.

5. 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/her siblings or 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. It also includes 'frottage', i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim's body or clothing.

Oral-genital sexual abuse

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

Interfemoral sexual abuse

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

Penetrative sexual abuse, of which there are four types:

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

Sexual exploitation

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

The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim.

It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place.

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

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

- inappropriate seductive behaviour;
- sexually aggressive behaviour with others;
- 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, e.g. child becomes withdrawn, fearful, acting out;
- lack of concentration, especially in a educational setting;
- bed wetting, soiling;
- pains, tummy aches, headaches with no evidence of physical cause;
- skin disorders;
- reluctance to go to bed, nightmares, changes in sleep patterns;
- school refusal;
- separation anxiety;
- loss of appetite, overeating, hiding food.

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

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

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

Appendix 4: Standard Report Form for reporting child protection and/or welfare concerns to the HSE

| | | | |
|---|---------------------------------------|---|--|
| FORM NUMBER: CC01:01:00 | |  Feidhmeannacht na Seirbhíse Stáite Health Service Executive | |
| STANDARD REPORT FORM <i>(For reporting CP&W Concerns to HSE)</i> | | | |
| A. To Principal Social Worker/Designate: _____ | | | |
| 1. Date of Report | | | |
| 2. Details of Child | | | |
| Name: | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Address: | DOB | Age | |
| | School | | |
| Alias | Correspondence address (if different) | | |
| 3. Details of Persons Reporting Concern(s) | | | |
| Name: | | Telephone No. | |
| Address: | Occupation | | |
| | Relationship to client | | |
| Reporter wishes to remain anonymous | <input type="checkbox"/> | Reporter discussed with parents/guardians | <input type="checkbox"/> |
| 4. Parents Aware of Report | | | |
| Are the child's parents/carers aware that this concern is being reported to the HSE? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Details of Report | | | |
| <i>(Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent's view(s), child's view(s) if known.)</i> | | | |
| | | | |
| <hr/> National Child Care Information System Project – Phase 3 | | | |

FORM NUMBER: CC01:01:00

STANDARD REPORT FORM

(For reporting CP&W Concerns to HSE)



6. RELATIONSHIPS

| Details of Mother | | Details of Father | |
|-------------------------------------|--|-------------------------------------|--|
| Name: | | Name: | |
| Address: (if different to child) | | Address: (if different to child) | |
| Telephone Nos: | | Telephone Nos: | |

7. Household composition

| Name | Relationship | DOB | Additional information, e.g. School/Occupation/Other |
|------|--------------|-----|---|
| | | | |
| | | | |
| | | | |
| | | | |

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

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

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

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

10. Details of person completing form

| | | | |
|--------|--|------------|--|
| Name: | | Occupation | |
| Signed | | Date: | |

National Child Care Information System Project – Phase 3

Guidance Notes

The HSE has a statutory responsibility under the Child Care Act, 1991 to promote the welfare and protection of children. The HSE therefore has an obligation to receive information about any child who is not receiving adequate care and/or protection.

This Report Form is for use by:

- Any professional, individual or group involved in services to children, including HSE personnel, who becomes aware of a child protection or welfare concern, or to whom a child protection or child welfare concern is reported.
- Professionals and individuals in the provision of child care services in the community who have service contracts with the HSE.
- Designated persons in a voluntary or community agency.

Please fill in as much information and detail as is known to you. This will assist the Social Work Department in assessing the level of risk to the child or the support services required. If the information requested is not known to you, please indicate this by putting a line through the question. It is likely that a social worker will contact you to discuss your report.

The HSE aims to work in partnership with parents. If you are making this report in confidence, you should note that the HSE cannot guarantee absolute confidentiality for the following reasons:

- 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 Protections for Persons reporting Child Abuse Act, 1998.

If you are unsure if you should report your concerns, please telephone the HSE duty social worker and discuss your concerns with them (*see [Appendix 5](#) of these procedures for a full list of HSE offices nationwide*).

Appendix 5: National contacts for the Children and Family Social Services of the HSE

Also listed on HSE website (www.hse.ie/go/socialworkers) and from HSE LoCall Tel. 1850 24 1850. These contact numbers may be updated from time to time. Please check HSE website for the latest information.

| HSE area | Address | Telephone Number |
|-----------------------------|---|---|
| DUBLIN NORTH | Health Centre, Cromcastle, Coolock, Dublin 5 | (01) 816 4200 (01) 816 4244 |
| DUBLIN NORTH CENTRAL | Social Work Office, 22 Mountjoy Square, Dublin 1 Social Work Office, Ballymun Health Centre, Dublin 11 | (01) 877 2300 (01) 846 7236 |
| DUBLIN NORTH WEST | Health Centre, Wellmount Park, Finglas, Dublin 11 Social Work Department, Rathdown Road, Dublin 7 | (01) 856 7704 (01) 882 5000 |
| DUBLIN SOUTH EAST | Social Work Department, Vergemount Hall, Clonskeagh, Dublin 6 | (01) 268 0320 (01) 268 0333 |
| DUBLIN SOUTH CITY | Duty Social Work Carnegie Centre, 21-25 Lord Edward Street, Dublin 2 Public Health Nursing, 21-25 Lord Edward Street, Dublin 2 Family Support Service, 78B Church House, Donore Avenue, Dublin 8 | (01) 648 6555 (01) 648 6730 (01) 416 4441 |
| DUBLIN SOUTH WEST | Milbrook Lawn, Tallaght, Dublin 24 | (01) 452 0666 (01) 427 5000 |
| DUBLIN WEST | Social Work Department, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10 | (01) 620 6387 |
| DUBLIN SOUTH | Social Work Department, Our Lady's Clinic Patrick Street, Dun Laoghaire Co Dublin | (01) 663 7300 |
| CARLOW | Carlow Social Work Office, Ground Floor, St Dymphna's Hospital, Athy Road, Co. Carlow. | (059) 913 6587 |
| CAVAN | HSE Community Child and Family Services, Drumalee Cross, Co. Cavan. | (049) 437 7305 (049) 437 7306 |

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| CLARE | <p>Clare Duty Social Worker, River House, Gort Road, Ennis, Co.Clare</p> <p>Social Work Department, Shannon Health Centre, Shannon, Co. Clare</p> <p>Social Work Department, Kilrush Health Centre, Kilrush, Co Clare</p> | <p>(065) 686 3935 (Mon – Fri 2-5pm)</p> <p>(061) 718 400</p> <p>(065) 905 4200</p> |
| CORK | <p>North Cork Social Work Department, 134 Bank Place, Mallow, Co Cork</p> <p>North Lee Social Work Department, Blackpool <i>(adjacent to Blackpool Shopping Centre)</i>, Blackpool, Co. Cork</p> <p>South Lee Social Work Department, St. Finbarr's Hospital, Douglas Road, Co. Cork</p> <p>West Cork Social Work Department, Coolnagarrane, Skibbereen, Co. Cork</p> | <p>(022) 54100</p> <p>(021) 492 7000</p> <p>(021) 492 3001</p> <p>(028) 40447</p> |
| DONEGAL | <p>Links Business Centre, Lisfannon, Buncranna, Co. Donegal (East Team)</p> <p>Euro House, Killybegs Road, Donegal, Co Donegal (West Team)</p> <p>Social Work Department, Millenium Court, Pearse Road, Letterkenny, Co. Donegal (East Central Team and West Central Team)</p> | <p>(074) 932 0420</p> <p>(074) 972 3540</p> <p>(074) 912 3672 (074) 912 3770</p> |
| GALWAY | <p>Galway City, Social Work Department, Local Health Office, 25 Newcastle Road, Galway, Co. Galway</p> <p>Galway County, Tuam Social Work Department, Health Centre, Vicar Street, Tuam, Co. Galway</p> | <p>(091) 546366</p> <p>(093) 37200</p> |

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| Galway cont.... | Loughrea Social Work Department, Health Centre, Loughrea, Co. Galway | (091) 847820 |
| | Ballinasloe Social Work Department, Health Centre, Brackernagh, Ballinasloe, Co. Galway | (090) 964 6200 |
| | Oughterard Social Work Department, Health Centre, Oughterard, Co. Galway | (091) 552200 |

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| KERRY | Social Work Department, HSE Community Services, Rathass, Tralee, Co. Kerry | (066) 712 1566 |
| | Killarney Social Work Department, St. Margaret's Road, Killarney, Co. Kerry | (064) 663 6030 |
| KILDARE | Social Work Department, St Mary's Craddockstown Road, Naas, Co. Kildare | (045) 873200 (045) 882 400 |
| KILKENNY | Social Work Office- Child Care Department, Child Youth and Families, Carlow/Kilkenny, HSE South, St Canice's Hospital, Dublin Road, Kilkenny, Co Kilkenny. | (056) 778 4057 (056) 778 4532 |
| LIMERICK | Social Work Department Ballynanty Health Centre, Ballynanty, Limerick (East Team), Co. Limerick | (061) 457 100 |
| | Social Work Department, Rixtown Health Centre, Rixtown Terrace, Old Clare Street, Limerick (East Team), Co. Limerick. | (061) 417 622 (061) 483 091 |
| | Parkbeg Social Work Department, Parkbeg Hse, 2 Elm Drive, Caherdavin Lawns, Ennis Road, Limerick, Co. Limerick | (061) 206 820 |
| | Social Work Department, Southhill Health Centre, O'Malley Park, Southhill, Limerick, Co. Limerick | (061) 209 985 |

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| Limerick cont.... | Newcastlewest Social Work Department, Newcastlewest Health Centre, Newcastlewest, Co.Limerick. | (069) 62155 |
| LAOIS | Social Work Department, Child and Family Centre, Portlaoise, Co. Laois | (057) 869 2567 (057) 869 2568 |
| LEITRIM | Social work Department Community Care Office, Leitrim Road, Carrick on Shannon, Co. Leitrim | (071) 965 0324 |
| LONGFORD | Social Work Department, Tivoli House, Dublin Road, Co. Longford | (043) 335 0584 |
| LOUTH | Social Work Department, Local Health Care Unit, Wilton House, Stapleton Place, Dundalk, Co. Louth Ballsgrove Health Centre, Ballsgrove, Drogheda, Co. Louth | (042) 939 2200 (041) 983 8574 (041) 983 3163 |
| MAYO | Ballina Social Work Team, Ballina Health Centre, Mercy Road, Ballina, Co. Mayo Castlebar Social Work Team, St Mary's Headquarters, Castlebar, Co. Mayo Swinford Social Work Team, Swinford Health Centre, Aras Attracta, Swinford, Co. Mayo | (096) 21511 (096) 24841 (094) 902 2283 (094) 905 0133 |
| MEATH | Community Social Work Services, Enterprise Centre, Navan, Co. Meath Community Social Work Services, Child and Family Centre, Navan, Co. Meath Community Social Work Services, Dunshaughlin Health Care Unit, Dunshaughlin, Co. Meath | (046) 909 7817 (046) 907 8830 (01) 802 4102 |
| MONAGHAN | Social Work Department, Local Health Care Unit, Rooskey, Co. Monaghan | (047) 30426 (047) 30427 |

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| OFFALY | Social Work Department, Derry Suite, Castlebuildings Tara Street, Tullamore, Co. Offaly | (057) 937 0700 |
| ROSCOMMON | Social Work Team, Abbeytown House, Abbey Street, Co. Roscommon | (090) 662 6732 |
| | Social Work Team, Roscommon PCCC , Lanesboro Road, Roscommon, Co. Roscommon (Roscommon area) | (090) 663 7528 (090) 663 7529 |
| | Social Work Team, Health Centre, Elphin Street, Boyle, Co. Roscommon (Boyle Area) | (071) 966 2087 |
| | Social Work Team, New HSE Offices, Knockroe, Castlerea, Co. Roscommon (Castlerea Area) | (090) 663 7851 (090) 663 7842 |
| SLIGO | Sligo Town and surrounding areas: Markievicz House, Barrack Street, Co. Sligo | (071) 915 5133 |
| | South County Sligo: One Stop Shop, Teach Laighne, Humbert Street, Tubercurry, Co. Sligo | (071) 912 0062 |
| NORTH TIPPERARY | North Tipperary Deputy Social Work Team, Civic Offices, Limerick Road, Nenagh, Co. Tipperary | (067) 46 636 |
| | North Tipperary Child Protection Services: Social Work Department, Annbrook, Nenagh, Co. Tipperary. | (067) 41 934 |
| | St Mary's Health Centre, Parnell Street, Thurles, Co. Tipperary. | (0504) 24 609 |
| SOUTH TIPPERARY | South Tipperary Child Protection Services: Social Work Team, South Tipperary Community Care Services, Western Road, Clonmel, Co. Tipperary. | (052) 617 7302 (052) 617 7303 |

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| WATERFORD | <p>Waterford: Social Work Service, Waterford Community Services, Cork Road, Co. Waterford</p> <p>Dungarvan and surrounding areas: Social Work Department, Dungarvan Community Services, St. Joseph's Hospital, Dungarvan, Co. Waterford</p> | <p>(051) 842827</p> <p>(058) 20906</p> |
| WESTMEATH | <p>Social Work Department, Athlone Health Centre, Coosan Road, Athlone, Co. Westmeath</p> <p>Social Work Department, Child and Family Centre, St. Loman's, Springfield, Mullingar, Co. Westmeath</p> | <p>(090) 648 3106</p> <p>(044) 934 4877</p> |
| WEXFORD | <p>Gorey Health Centre, Hospital Grounds, Gorey, Co. Wexford</p> <p>Enniscorthy Health Centre, Millpark Road, Enniscorthy, Co. Wexford</p> <p>New Ross Health Centre, Hospital Grounds, New Ross, Co. Wexford</p> <p>Social Work Department, Ely House, Ferrybank, Co. Wexford</p> | <p>(053) 943 0100</p> <p>(053) 923 3465</p> <p>Contact through Ely House below</p> <p>(053) 912 3522 Ext. 201</p> |
| WICKLOW | <p>Social Work Department, HSE Glenside Road, Wicklow Town, Co. Wicklow</p> <p>Bray: Social Work Department, The Civic Centre, Main Street, Bray, Co. Wicklow</p> <p>Delgany: Social Work Department, Delgany Health Centre, Delgany, Co. Wicklow</p> | <p>(0404) 60800</p> <p>(01) 274 4180 (01) 274 4100</p> <p>(01) 287 1482</p> |

Appendix 6: Protocol authorising immediate action

The following protocol authorises immediate action under [section 5.2](#) of the ‘Child Protection Procedures for Primary and Post Primary Schools’.

Primary

In the context of these procedures, where circumstances warrant it, as a precautionary measure in order to protect the children in the school and in accordance with the principles of natural justice and the presumption of innocence, the chairperson of the Board of Management is authorised by the school authority to direct an employee to immediately absent himself/herself from the school without loss of pay until the matter has been considered by the employer.

The employee will be invited to a meeting with the chairperson, the purpose of which is to inform the employee of the allegation and the action being taken. The employee may be accompanied by an appropriate person of his or her choice and will be so advised.

In any event, the employee will also be advised of the matter, in writing.

Post-Primary

(A) In the context of these procedures, where circumstances warrant it, as a precautionary measure in order to protect the children in the school and in accordance with the principles of natural justice and the presumption of innocence, the school principal is authorised by the school management authority to direct an employee to immediately absent himself/herself from the school without loss of pay until the matter has been considered by the employer.

The employee will be invited to a meeting with the principal, the purpose of which is to inform the employee of the allegation and the action being taken. The employee may be accompanied by an appropriate person of his or her choice and will be so advised.

In any event, the employee will also be advised of the matter, in writing.

(B) In the case of a school or college under the aegis of a VEC, the decision to absent an employee in the circumstances outlined at (A) above will be taken by the CEO of the VEC or a person to whom this authority has been delegated.

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