



Child Protection *guidelines*
for post-primary schools



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Foreword by the Minister for Education and Science



Child protection is an issue of fundamental concern to all those who deal with children and young people throughout the educational sector. The Government, through the office of the Minister of State with Special Responsibility for Children, produced national child protection guidelines – “Children First” – in September 1999.

Children First noted that school staff are particularly well placed to observe and monitor children for signs of abuse and called on Boards of Management to have clear procedures which teachers and other school staff must follow where they suspect, or are alerted to, possible child abuse.

This document, entitled “Child Protection Guidelines and Procedures for Post-Primary Schools”, has been produced to meet this need following extensive consultations with the Partners in Education. The Guidelines reflect the particular circumstances of the post-primary school setting and provide management authorities and school staff with guidance in relation to recognising the signs and symptoms of child abuse and with procedures for dealing immediately with such concerns. These Guidelines are firmly based on the Children First approach and should be read in conjunction with Children First rather than as a standalone document.

A central facet of the Guidelines is the requirement for each Board of Management to designate a senior member of staff as the Designated Liaison Person for the school. The Designated Liaison Person will act as a liaison with outside agencies and as a resource person to any staff member or volunteer who has child protection concerns.

In addition to the Guidelines, I am committed to ensuring that suitable training programmes and materials are provided to school staff and in particular to the Designated Liaison Person and his/her Deputy in all schools.

I would like to express my sincere thanks to all who have been involved in the preparation of these Guidelines. I am certain that they will provide an important source of reference for all within the school community in dealing with child protection.

Mary Hanafin, T.D.,
Minister for Education and Science
September 2004

Chapter I INTRODUCTION AND LEGAL FRAMEWORK

1.1 Introduction

- 1.1.1** The guidelines contained in this document have been drawn up following consultations between the Department of Education and Science, the health boards and organisations representing school management, parents and teachers. These guidelines are based on the “Children First: National Guidelines for the Protection and Welfare of Children” which were published in 1999 by the Department of Health and Children and should be read in conjunction with *Children First*. The language used in these guidelines adheres as closely as possible to the language used in *Children First*.
- 1.1.2** The primary aim of these guidelines for schools is to give direction and guidance to school management authorities and school personnel in dealing with allegations/suspicions of child abuse. In addition, they also aim to provide sufficient information to school management 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.
- 1.1.3** In all cases, the most important consideration to be taken into account is the protection of children. In this regard, these guidelines 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 are being abused, or are at risk of abuse, the matter should be reported without delay to the relevant health board. The reporting procedures outlined in chapter 4 of these guidelines should be followed.
- 1.1.4** In the interests of the welfare and protection of children, it is incumbent on school authorities and school personnel to adhere to these guidelines in dealing with allegations or suspicions of child abuse. These guidelines replace Circular M41/92 – “Procedures for Dealing with Allegations or Suspicions of Child Abuse” that issued to all post-primary schools in 1992.

1.2 Confidentiality ¹

- 1.2.1** All information regarding concerns of possible child abuse should only be shared 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.
- 1.2.2** However, giving information to those who need to have that information, for the protection of a child who may have been abused, or is being abused, or is at risk of abuse, is not a breach of confidentiality.
- 1.2.3** Any Designated Liaison Person (see Chapter 3 Paragraph 3.2 of these guidelines) who is submitting a report to the health board or An Garda Síochána should inform a parent/carer unless doing so is likely to endanger the child or place the child at further risk.² A record should be made of the information communicated to the parent/carer. A decision not to inform a parent/carer should be briefly recorded together with the reasons for not doing so. In cases where school personnel have concerns about a child, but are not sure whether to report the matter to the health board, the Designated Liaison Person should seek advice from the Duty Social Worker in the health board.

1 Children First – section 5.2

2 Children First – section 4.5.2

1.2.4 It is not the responsibility of school personnel to investigate or to make enquiries of parents/carers or guardians, and in some cases it could be counter-productive for them to do so. It is a matter for the appropriate health board to investigate suspected abuse and determine what action to take, including informing An Garda Síochána.

1.2.5 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 appropriate health board, An Garda Síochána should be contacted immediately. Under no circumstances should a child be left in a dangerous situation pending health board intervention.³

1.3 Protection for Persons Reporting Child Abuse Act, 1998⁴

1.3.1 The Protection for Persons Reporting Child Abuse Act, 1998 came into operation on 23rd January 1999. Its main provisions are:

1.3.2 The provision of immunity from civil liability to any person who reports child abuse “reasonably and in good faith” to designated officers of health boards or any member of the Garda Síochána.

1.3.3 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.

1.3.4 The creation of a new offence of false reporting of child abuse where a person makes a report of child abuse to the appropriate authorities “knowing that statement to be false”. This is a new criminal offence designed to protect innocent persons from malicious reports.

1.4 Qualified Privilege

1.4.1 While the legal protection outlined in 1.3 above only applies to reports made to the appropriate authorities (i.e. the health boards 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 to the Designated Liaison Person of the school, or to the Board of Management, such communication would be regarded under common law as having qualified privilege.

1.4.2 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.

1.4.3 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.

³ Children First – section 4.5.3

⁴ Department of Health and Children

1.5 Freedom of Information Acts, 1997 & 2003⁵

1.5.1 Any reports which are made to health boards may be subject to the provisions of the Freedom of Information Act, 1997, which enables 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 Act also provides that public bodies may refuse access to information obtained by them in confidence.⁶

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

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

1.6 The Data Protection Acts, 1988 and 2003^{7, 8}

1.6.1 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 1998 Act referred only to computer files.

1.6.2 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.

5 Office of the Information Commissioner

6 Section 26 of the Freedom of Information Act 1997

7 Office of the Data Protection Commissioner

8 An advisory notice for schools of obligations under the Acts, accompanied by a booklet "A Guide for Data Controllers" was issued to all schools in August 2003.

Chapter 2

Definition and Recognition of Child Abuse ⁹

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. For detailed definitions of abuse, refer to Children First: National Guidelines for the Protection and Welfare of Children (Department of Health & Children). The categories of abuse may be summarised as follows:

2.1.2 Child Neglect ¹⁰

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, 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 his/her 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 instance, a child who suffers a series of minor injuries may not be having his or her needs met for supervision and safety. A child whose ongoing failure to gain weight or whose height is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation. The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

2.1.3 Emotional Abuse ¹¹

Emotional abuse is normally to be found in the relationship between an adult and a child rather than in a specific event or pattern of events. It occurs when a child's need for affection, approval, consistency and security is not met. It is rarely manifested in terms of physical symptoms. For children with disabilities it may include over-protection or conversely failure to acknowledge or understand a child's disability.

Examples of emotional abuse include:

- (a) Persistent criticism, sarcasm, hostility or blaming;
- (b) Where the level of care is conditional on his or her behaviour;
- (c) Unresponsiveness, inconsistent or inappropriate expectations of a child;
- (d) Premature imposition of responsibility on the child;
- (e) Over or under protection of the child;
- (f) Failure to provide opportunities for the child's education and development;
- (g) Use of unrealistic or over-harsh disciplinary measures;
- (h) Exposure to domestic violence.

9 Children First - Chapter 3

10 Children First – section 3.2

11 Children First – section 3.3

Children show signs of emotional abuse by their behaviour (e.g. excessive clinginess to or avoidance of the parent/carer), by their emotional state (e.g. low self-esteem, unhappiness), or by their development (e.g. non-organic failure to thrive). 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 ¹²

Physical abuse is any form of non-accidental injury or injury which results from willful or neglectful failure to protect a child, including:

- (a) Shaking;
- (b) Use of excessive force in handling;
- (c) Deliberate poisoning;
- (d) Suffocation;
- (e) Munchausen's syndrome by proxy (where parents/carers fabricate stories of illness about their child or cause physical signs of illness);
- (f) Allowing or creating a substantial risk of significant harm to a child;

2.1.5 Sexual Abuse ¹³

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:

- i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- ii) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- iii) masturbation in the presence of the child or the involvement of the child in an act of masturbation;
- iv) sexual intercourse with the child whether oral, vaginal, or anal;
- v) 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. It may also include showing sexually explicit material to children which is often a feature of the "grooming" process by perpetrators of abuse.

12 Children First – section 3.4

13 Children First – section 3.5

- vi) Sexual activity involving an under-age person. In relation to child sexual abuse it should be noted that, for the purposes of the criminal law, the age of consent (see glossary) for sexual intercourse varies according to the people involved. For example, sexual intercourse between a 16 year-old girl and her 17 year-old boyfriend is illegal, although it might not be regarded as constituting child sexual abuse. In all cases where a school becomes aware of underage sexual intercourse the school should take appropriate steps to inform the child's parents.

The decision to initiate child protection action in such cases is a matter for professional judgement and each case should be considered individually. The criminal aspects of any case will be dealt with by An Garda Síochána under the relevant legislation.

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 Duty Social Worker as set out in paragraph 4.2.2 of these Guidelines.

Where a decision is made to report the matter to the Health Board, the reporting procedures outlined in Chapter 4 of these Guidelines should be followed.

2.2 Signs and Symptoms of Child Abuse

Signs of abuse can be physical, behavioural or developmental. A cluster or pattern of signs is the most reliable indicator of abuse. The following indicators should be noted. It is important, however, to realise that all of these indicators can occur in other situations where abuse has not been a factor and that the list is not exhaustive.

Physical Indicators

- Unexplained bruising in soft tissue areas
- Repeated Injury
- Black eye(s)
- Injuries to mouth
- Torn or bloodstained clothing
- Burns and scalds
- Bites
- Fractures
- Marks from implements
- Inconsistent stories, excuses relating to injuries

Behavioural/Developmental Indicators

- Unexplained changes in behaviour – becoming withdrawn or aggressive
- Regressive Behaviour
- Difficulty in making friends
- Distrustful of adults or excessive attachment to adults
- Sudden drop in performance
- Inappropriate sexual awareness, behaviour or language
- Unusual reluctance to remove clothing
- Reluctance to go home
- Change in attendance pattern **

*** The Education Welfare Act 2000 requires a Principal to report certain categories of non-attendance to an Educational Welfare Officer. However, where it is considered that a pattern of non-attendance may also be an indicator of possible child abuse it remains the responsibility of the Designated Liaison Person in the school to consult with and/or report the matter to the health board.*

Particular behavioural signs and emotional problems suggestive of child abuse in older children (10 years +) may include mood change (e.g. depression, failure to communicate), running away, substance abuse (e.g. drugs, alcohol, solvents), self mutilation, suicide attempts, delinquency, truancy, eating disorders and isolation. All signs/indicators need careful assessment relative to the child's circumstances.

More detailed information on the signs and symptoms of child abuse is provided in Chapter 3 and Appendix 1 of Children First.

2.3 Children with Special Vulnerabilities¹⁴

Certain children are more vulnerable to abuse than others. These include children with disabilities and children 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 - may be 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.

Chapter 3

RESPONSIBILITIES OF ALL SCHOOL PERSONNEL

3.1 General

- 3.1.1** There is an obligation on schools to provide students with the highest possible standard of care in order to promote their well being and protect them from harm.
- 3.1.2** All school personnel are especially well placed to observe changes in behaviour, failure to develop or outward signs of abuse in children. In situations where school personnel suspect that a child may have been abused, or is being abused, or is at risk of abuse, they should ensure that such concerns are reported in accordance with the procedures outlined in Chapter 4 of these guidelines.

3.2 Designated Liaison Person

- 3.2.1** It is the responsibility of the Board of Management to designate a senior member of staff as the Designated Liaison Person for the school. The Designated Liaison Person will act as a liaison with outside agencies and as a resource person to any staff member or volunteer who has child protection concerns.¹⁵ As a resource person, the Designated Liaison Person should ensure that he/she is knowledgeable about child protection and undertakes any training considered necessary to keep himself/herself updated on new developments. This person will be the Designated Liaison Person for the school in all dealings with health boards, An Garda Síochána and other parties, in connection with allegations of and/or concerns about child abuse. Those other parties should be advised that they should conduct all matters pertaining to the processing or investigation of alleged child abuse through the Designated Liaison Person. It is expected that the Designated Liaison Person will normally be the Principal. Where the Board of Management appoint a Designated Liaison Person who is not the Principal, consideration must be given as to how the Principal will be kept informed.
- 3.2.2** Where the Designated Liaison Person is unavailable for whatever reason, arrangements should be in place for another nominated member of staff to assume his/her responsibilities.
- 3.2.3** The Designated Liaison Person, or his/her nominated replacement, should immediately, or as soon as possible thereafter, inform the Board of Management of the school that a report involving a student in the school has been submitted to the relevant health board. 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.
- 3.2.4** The actions to be taken by the Designated Liaison Person are detailed in section 4.2 of these guidelines.

3.3 Recognition of possible signs of abuse

3.3.1 Indicators of possible abuse are outlined in Chapter Two of this document and are detailed in Chapter Three and Appendix One of the *Children First* guidelines. Teachers should familiarise themselves with the contents of those sections. No one indicator should be seen as conclusive in itself and may indicate conditions other than child abuse. It is important that all school personnel would consult the relevant sections of *Children First* and liaise with the Designated Liaison Person where they have concerns that a child may have been abused, or is being abused, or is at risk of abuse. The Designated Liaison Person should be able to provide school personnel with a copy of *Children First*. The Children First document is also available on the Department of Health and Children website (www.doh.ie).

3.3.2 The *Children First* guidelines state that a health board should always be notified where a person has a reasonable suspicion or reasonable grounds for concern that a child may have been abused, or is being abused, or is at risk of abuse. The following examples are quoted¹⁶ as constituting reasonable grounds for concern:

- i) Specific indication from the child that he/she was abused;
- ii) An account by a person who saw the child being abused;
- iii) Evidence, such as injury or behaviour, which is consistent with abuse and unlikely to be caused another way;
- iv) An injury or behaviour which is consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it is a case of abuse – e.g. a pattern of injuries, an implausible explanation, other indications of abuse, dysfunctional behaviour; and
- v) Consistent indication, over a period of time that a child is suffering from emotional or physical neglect.

3.3.3 A suspicion, which is not supported by any objective indication of abuse or neglect, would not constitute a reasonable suspicion or reasonable grounds for concern.¹⁷ However, when in doubt, please consult Chapter 4 Paragraph 4.2.2 of these guidelines in regard to seeking appropriate advice.

3.4 Dealing with disclosures from children

3.4.1 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 should be taken not to damage that trust.

3.4.2 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.

16 Children First – section 4.3.2

17 Children First – section 4.3.3

3.4.3 While the basis for concern must be established as comprehensively as possible, the following advice¹⁸ is offered to school personnel to whom a child makes a disclosure of abuse:

3.4.4 It is important to deal with any allegation of abuse 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;

- 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 s/he 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, health board or possibly An Garda Síochana. 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 guidelines. It must always be remembered that school personnel have a supportive, not an investigative role.

3.5 Record Keeping

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

3.5.2 All records created should be regarded as highly confidential and placed in a secure location by the Designated Liaison Person. (Note section 1.6 of these guidelines with regard to the Data Protection Acts)

3.5.3 It is possible that school personnel may subsequently be invited to attend a child protection conference by the appropriate health board. Please consult Chapter 4 Paragraph 4.4 of these guidelines for further information on child protection conferences.

18 "Code of Ethics & Good Practice for Children's Sport" - Irish Sports Council and the Sports Council of Northern Ireland

Chapter 4

REPORTING OF CONCERNS AND ROLE OF HEALTH BOARDS

4.1 Action to be taken by school personnel

4.1.1 If a member of staff receives an allegation or has a suspicion that a child may have been abused, or is being abused, or is at risk of abuse he/she should, without delay, report the matter to the Designated Liaison Person in that school. A written record of the report should be made and placed in a secure location by the Designated Liaison Person. The need for confidentiality at all times, as previously referred to in Chapter 1 Paragraph 1.2 of these guidelines, should be borne in mind. The supports of the school should continue to be made available to the child.

4.2 Action to be taken by Designated Liaison Person

4.2.1 If the Designated Liaison Person is satisfied that there are reasonable grounds for the suspicion or allegation (see Chapter 3, Paragraphs 3.3.2 and 3.3.3, of these guidelines) he/she should report the matter to the relevant health board immediately.

It may be useful to note: ¹⁹

- a) A report should be made to the health board either in person, by phone or in writing. Each health board area has a social worker on duty for a certain number of hours each day. The Duty Social Worker is 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 Duty Social Worker. This will facilitate the 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 health board staff, the report should be made to An Garda Síochána. This may be done at any Garda Station.

It is recommended that all reports should include as much as possible of the information sought in the Standard Reporting Form as outlined in Appendix 1 of these guidelines. If a report is made by phone, this form, duly completed, should subsequently be forwarded to the health board.

Although all information requested might not be available to the person making a report, the forms should be completed as comprehensively as possible. When such a report is being made to a health board, the Board of Management of the school should be informed. Any Designated Liaison Person (please see Chapter 3 Paragraph 3.2 of these guidelines) who is submitting a report to the health board or An Garda Síochána should inform a parent/carer unless doing so is likely to endanger the child or place the child at further risk.²⁰ A record should be made of the information communicated to the parent/carer. A decision not to inform a parent/carer should be briefly recorded together with the reasons for not doing so.

19 Children First – section 4.4.1

20 Children First – section 4.5.2

4.2.2 In cases where school personnel have concerns about a child, but the Designated Liaison Person is not sure whether to report the matter to the health board, the Designated Liaison Person should seek advice from the Duty Social Worker in the health board. In consulting the Duty Social Worker, the Designated Liaison Person 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 Designated Liaison Person need not give identifying details. If a health board advises that a referral should be made, the Designated Liaison Person should act on that advice.

4.2.3 The Designated Liaison Person, or his/her nominated replacement, should immediately, or as soon as possible thereafter, inform the Board of Management of the school that a report involving a student in the school has been submitted to the relevant health board. 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.

4.2.4 If following the discussion outlined in 4.2.2 above, the Designated Liaison Person decides that the concerns of the member of staff should not be referred to the relevant health board, the member of staff should be given a clear statement, in writing, as to the reasons why action is not being taken. The member of staff should be advised that, if he/she remains concerned about the situation, he/she is free to consult with or report to the health board (paragraph 6.7.4 of Children First refers). He/she should use the Standard Reporting Form at Appendix 1 of these guidelines. Any such report would be covered by the Protection for Persons Reporting Child Abuse Act, 1998.

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

4.2.6 A list of health board contact addresses, phone and fax numbers is contained at Appendix 2 of these guidelines.

4.3 Role of Health Boards

4.3.1 Health boards were established under the Health Act, 1970. With the passing of the Child Care Act, 1991, health boards were given a range of statutory responsibilities in the area of child welfare, family support, child protection and child care.

4.3.2 The responsibility given to health boards to protect children is contained in Sections 3(1) and 3(2)(a) of the Child Care Act, 1991, where it is stated that:

- 3(1) It shall be a function of every health board to promote the welfare of children in its area who are not receiving adequate care and protection;
- 3(2) in the performance of this function a health board shall:
 - a) take such steps as it considers requisite to identify children who are not receiving adequate care and protection and co-ordinate information from all relevant sources relating to children in its area;
 - b) having regard to the rights and duties of parents, whether under the

Constitution or otherwise –

- i) regard the welfare of the child as the first and paramount consideration, and
- ii) in so far as is practicable, give due consideration, having regard to his age and understanding, to the wishes of the child; and
- iii) have regard to the principle that is generally in the best interests of a child to be brought up in his own family.

Once a report of suspected child abuse has been made to a health board, it is then a matter for that health board 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 health board will be to call a child protection conference.

4.4 Child Protection Conferences

4.4.1 The child protection conference is an essential mechanism for health boards 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 Child Care Manager/designate of the health board 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.

4.4.2 The main tasks of a child protection conference are: ²¹

- i) to facilitate the sharing and evaluation of information between professionals and carers;
- ii) to outline a child protection plan to be completed following comprehensive assessment;
- iii) to identify tasks to be carried out by different professionals.

4.4.3 A request from a health board for a school staff member to attend a child protection conference should be made to the Designated Liaison Person who should consult with the Board of Management of the school. The Board of Management may, through the Designated Liaison Person, 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 Science in respect of teachers who attend a child protection conference during school hours. A letter, signed by the relevant health board official, confirming the attendance of the teacher at the child protection conference should be submitted to the Department together with the application for payment of the substitute.

4.4.4 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 health boards may provide forms or templates for the report. Guidance Notes on the type of information which should be included in such a report is given in Appendix 3 of this document. It is expected that the type of information outlined in the Guidance

- Notes will be similar to the type of information sought by all health boards.
- 4.4.5** 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.²² The *Children First* guidelines state ²³ that 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.
- 4.4.6** 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 recommendations may include the health board seeking legal advice with respect to an application for a Court Order to protect the child. Further information on the protocol for child protection conferences is contained in Appendix 6 of *Children First*.
- 4.4.7** 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 students. This may include observing the child's behaviour, peer interactions, school progress or informal conversations.

4.5 Feedback

- 4.5.1** In all cases, individuals who refer or discuss their concerns about the care and protection of children with health board staff should be informed of the likely steps to be taken by the professionals involved. Wherever appropriate and within the normal limits of confidentiality, health board staff have a responsibility to inform persons reporting alleged child abuse and other involved professionals about the outcomes of any enquiry or investigation into that reported concern.

22 Children First – Appendix 6, section 3

23 Children First – Appendix 6, section 5

Chapter 5

ALLEGATIONS OR SUSPICIONS OF CHILD ABUSE BY SCHOOL EMPLOYEES

5.1 Introduction

5.1.1 This Chapter is intended to provide guidance to schools in situations where an allegation of abuse is made against a school employee. In this context, employees also include unpaid volunteers ²⁴.

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. The Board of Management and/or the VEC as appropriate, also has duties and responsibilities, as an Employer, in respect of its employees. This chapter is offered to assist school management 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 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 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 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: ²⁵

- i) the reporting procedure in respect of the allegation;
- ii) the procedure for dealing with the employee.

In general the same person should not have responsibility for dealing with the reporting issue and the employment issue. In the case of post-primary schools, the Designated Liaison Person is responsible for reporting the matter to the appropriate health board while the Employer is responsible for addressing the employment issues. However, where the allegation of abuse is against the Designated Liaison Person, the Employer should assume the responsibility for reporting the matter to the health board

5.1.5 In the context of allegations or suspicions of child abuse by 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 should be dealt with sensitively and support provided for staff including counselling where necessary. The employee should be treated fairly which includes the right not to be judged in advance of a full and fair enquiry.

5.1.6 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 guidelines to address every scenario.

24 Children First – Section 12.1.1

25 Children First – Section 12.2.1

- 5.1.7** At all stages it should be remembered that the first priority is to ensure that no child is exposed to unnecessary risk. The Employer should 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 do penalize the employee, it is important that early consideration be given to the case. ²⁶

5.2 Protocol authorizing immediate action.

- 5.2.1** Employers should have in place a written protocol (see Appendix 5. Protocol authorizing immediate action) to authorize any immediate actions which may be required to protect children. The principles of natural justice, the presumption of innocence and fair procedures should 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 authorizing immediate action is invoked to absent an employee from the school an emergency meeting of the Board of Management and/or the VEC as appropriate should be convened.

5.3 Reporting procedure

(Chapter 4, Paragraph 4.2 of these guidelines should be read in full, in conjunction with this paragraph.)

- 5.3.1** Where an allegation of abuse is made against a school employee, the Designated Liaison Person within the school should immediately act in accordance with the procedures outlined in Chapter 4 Paragraph 4.2 of these guidelines.
- 5.3.2** Once a disclosure is made by a child, a written record of the disclosure should 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 is made by an adult, a written statement should be sought from this person. The ability of the health board or the employer to assess suspicions or allegations of abuse will depend on the amount and quality of information conveyed to them. Whether or not the matter is being reported to the appropriate health board, the Designated Liaison Person should always inform the Employer of the allegation.
- 5.3.3** School employees, other than the Designated Liaison Person, who receive allegations of abuse against another school employee, should report the matter without delay to the Designated Liaison Person as outlined in Chapter 4, Paragraph 4.1.1 of these guidelines. The Designated Liaison Person should then follow the prescribed procedures as laid out in Chapter 4.2 of these guidelines.

5.3.4 School employees who form suspicions regarding the conduct of another school employee should consult with the Designated Liaison Person. The Designated Liaison Person may wish to consult with the appropriate health board. If the Designated Liaison Person is satisfied that there are reasonable grounds for the suspicion, he/she should report the matter to the relevant health board immediately. The Designated Liaison Person should also report the matter to the Employer (Board of Management and/or VEC as appropriate), who should 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 be treated in the strictest confidence and that the identity of the employee should not be disclosed 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 against a school employee, the Employer should arrange to privately inform the employee of the following:

- i) the fact that an allegation has been made against him/her;
- ii) the nature of the allegation;
- iii) whether or not the matter has been reported to the appropriate health board by the Designated Liaison Person;

5.4.3 The employee should 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 health board the employee should be offered the opportunity to respond to the allegation in writing to the Employer within a specified period of time. The employee should be told that his/her explanation to the Employer would also have to be passed on to the health board.²⁷

5.4.5 Where the Employer is unsure as to whether the nature of the allegations warrants the absence of the employee from the school while the matter is being investigated, the Employer should consult with the Child Care Manager of the local health board and/or An Garda Síochána for advice as to the action that those authorities would consider necessary. Following those consultations, the Employer should have due regard for 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 5.2.1 above, the Employer should direct that the employee absent him/herself from the school with immediate effect. The principles of natural justice and fair procedures should be adhered to.

5.4.6 In certain situations, it might not be possible for the Employer to reach any definitive conclusions as to whether the alleged abuse actually occurred. Such a situation could occur where the allegations of abuse relate to the past employment of the school employee and where these allegations are being investigated by either the health board or An Garda Síochána.

In such situations it may not prove possible for an Employer to conduct any proper enquiry into the allegations. In these cases the Employer should maintain regular and close liaison with those authorities and a decision on the position of the school employee should be taken having due regard to the advice given to the Employer by those authorities.

- 5.4.7** Where the employer has directed an employee to absent him/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 Science should immediately be contacted with regard to
- i) Formal approval for the payment of remuneration or ex-gratia payments in lieu of remuneration as appropriate, and
 - ii) Departmental sanction for the employment of a substitute teacher where necessary.

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 investigations being conducted by the health board or An Garda Síochána. It is strongly recommended that the Employer maintain a close liaison with these authorities to achieve this.
- 5.5.2** Employers are reminded of their serious responsibilities to maintain strict confidentiality about all matters relating to these issues. The principles of due process and natural justice should be adhered to by the Employer at all times.
- 5.5.3** Any further follow up action required should accord with established grievance and disciplinary procedures for the sector (Voluntary Secondary, Community and Comprehensive or VEC as appropriate) and any follow up should only be made following consultation with the health board (and the Garda Síochána if involved).
- 5.5.4** After the consultations referred to above have taken place, and when dealing with the question of the future position of the employee the employer should advise the employee of the situation and should follow the agreed procedures for the sector. The Department of Education and Science should be informed of the outcome.

5.6 Feedback from Health Boards

- 5.6.1** The *Children First* guidelines place an onus on health boards to ensure that arrangements are put in place to provide feedback to employers in regard to the progress of a child abuse investigation regarding an employee. It is clearly stated in those guidelines that efforts should be made to investigate complaints against employees promptly bearing in mind the serious implications for an innocent employee. Health boards should pass on reports and records to the employer and the employee in question where appropriate. This will assist the employer in reaching a decision as to the action to be taken in the longer term concerning the employee. Employers should always be notified of the outcome of investigations. It is the responsibility of the Employer to maintain close contact with the health boards to ensure that the health boards act promptly in cases of alleged abuse involving school employees.

5.6.2 It is outside the scope of these Guidelines to impose time limits on, or to proscribe the actions to be taken by, Health Boards. However, the following paragraphs, taken directly from Children First ²⁸ are relevant.

12.6 Guidance for Health Boards

12.6.1 Health boards will regularly receive allegations of abuse against people who have contact with children in their workplace or in a sports or youth club. If the health board considers that children are, or may be, at risk from the alleged abuser, they should contact the institution or employer immediately. In this situation it is not necessary to notify the alleged abuser in advance of the allegations against him or her.

12.6.2 Where a health board proposes to notify an alleged abuser's employer or person in-charge of a club where (s)he attends, and where there is no immediate danger to children, the alleged abuser must be notified in advance of the allegations against him/her. The approach to an employer/person-in-charge in such cases may take place at any stage in the wider investigation and it may be practical that such an approach does not take place until any criminal or health board investigation has concluded

12.6.3 Health boards should put arrangements in place to provide feedback to employers/persons-in-charge in regard to the progress of a child abuse investigation involving an employee. Efforts should be made by health boards to investigate complaints against employees promptly and to complete their assessment as quickly as possible bearing in mind the serious implications for the innocent employee. Employers/persons-in-charge should be notified of the outcome of an investigation. The health board should pass on reports and records to the employer and to the employee in question where appropriate. This will assist the employer/person-in-charge in reaching a decision as to the action to be taken in the longer term concerning the employee.

Chapter 6

PEER ABUSE AND BULLYING 29

6.1 Introduction

6.1.1 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 familiarize themselves in this regard with the advice provided in Chapter 11 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 referred to the health board. However, it is also very important that the different types of behaviour are clearly identified and that no young person is wrongly labelled “a child abuser”, without a clear analysis of the particular behaviour. 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 the tone of it. 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. While this is serious behaviour and needs to be treated as such, the emphasis should be on addressing the victim needs of the child perpetrator.

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, where children are in care or 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 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 these guidelines should be followed.
- 6.2.3** Inappropriate sexualised behaviour between children, as outlined in Chapter 11 of Children First, must be taken seriously. Schools 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 health board. 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 referral and intervention is therefore essential.
- 6.2.5** In cases where school personnel have concerns about a child, but the Designated Liaison Person is not sure whether to report the matter to the health board, the Designated Liaison Person should seek advice from the Duty Social Worker in the health board. In consulting the Duty Social Worker, the Designated Liaison Person 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 Designated Liaison Person need not give identifying details. If a health board advises that a referral should be made, the Designated Liaison Person should act on that advice.
- 6.2.6** In cases where children are sexually abusive towards other children, it is the responsibility of the relevant health board to establish appropriate treatment programmes to cater for children who engage in abusive behaviour against other children.
- 6.2.7** Schools should make appropriate arrangements to minimise the possibility of any abusive behaviour re-occurring within the school. Schools should also provide assurances to parents/carers of the abuse victim that the school will take all reasonable measures to ensure the safety of their children within the school. The principal and teachers concerned should make arrangements to meet, individually, the parents/carers of all the children involved in the incident with a view to addressing the matter.

6.3 Bullying

6.3.1 It is recognised that bullying in schools is a problem. School management authorities are responsible, in the first instance, for dealing with bullying in school and should exercise this responsibility having regard to the *Guidelines on Countering Bullying Behaviour in Primary and Post-Primary Schools* which were issued in 1993 by the Department of Education and Science. It is imperative that Boards of Management have a policy in place to deal with bullying and that teachers are aware of this policy and of procedural guidelines to deal with bullying which are included in the school's code of behaviour and discipline. In situations where the incident is serious and where the behaviour is regarded as potentially abusive, the school should consult the relevant health board with a view to drawing up an appropriate response.

6.3.2 Bullying can be defined as repeated aggression be it verbal, psychological or physical which is conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating and occurs mainly among children in social environments such as schools. It includes behaviour, such as teasing, taunting, threatening, hitting, exclusion or extortion by one or more persons against a victim. The more extreme forms of bullying behaviour, when they are perpetrated by adults rather than children, would be regarded as physical or emotional abuse. Only such serious incidences of bullying should be referred to the health board. However, other major forms of child abuse such as neglect and sexual abuse are not normally comprehended by the term bullying.

APPENDIX 1

PRIVATE AND CONFIDENTIAL

Standard Form for Reporting Child Protection and/or Welfare Concerns

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

To Principal Social Worker/Designate: _____

This will be printed as relevant to each Community Care Area

1. Details of Child:

Name: _____

Male: Female:

Address: _____

Age/D.O.B.: _____

School: _____

1a. Name of Mother: _____

Name of Father: _____

Address of Mother if different to Child: _____

Address of Father if different to Child: _____

Telephone Number: _____

Telephone Number: _____

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

1c. Household Composition:

Name	Relationship to Child	Date of Birth	Additional Information e.g School/Occupation
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Note: A separate report form must be completed in respect of each child being reported.

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

3. Details of person(s) allegedly causing concern in relation to the child:
 Name: _____ Age: _____ Male: Female:
 Address: _____
 Relationship to Child: _____ Occupation: _____
4. Name and Address of other personnel or agencies involved with this child:
 Social Workers: _____ School: _____
 _____ Gardai: _____
 Public Health Nurse: _____ Pre-School/Crèche/Youth Club _____

 G.P.: _____ Other, Specify e.g. Youth Groups, After
 _____ School Clubs:

 Hospital: _____
5. Are Parents/Legal Guardians aware of this referral to the Social Work Department?
 Yes No If Yes, what is their attitude?

6. Details of Person reporting concerns: (Please see Guidance Notes re. Limitations of confidentiality)
 Name: _____ Occupation: _____
 Address: _____

 _____ Telephone Number: _____
 Nature and extent of contact with Child/Family:

7. Details of Person completing form:
 Name: _____ Date: _____
 Occupation: _____ Signed: _____

Guidance Notes

Health Boards have a statutory responsibility under the Child Care Act, 1991, to promote the welfare and protection of children in their area. Health Boards therefore have an obligation to receive information about any child who is not receiving adequate care and/or protection.

This reporting form is for use by:

- Health Board Personnel
- Professionals and individuals in the provision of child care services in the community who have service contracts with the health board
- Designated person in a voluntary or community agency
- Any professional, individual or group involved in services to children

who becomes aware of a child protection or welfare concern, or to whom a child protection or child welfare concern is reported.

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

Health Boards aim to work in partnership with parents. If you are making this report in confidence you should note that the Health Board cannot guarantee absolute confidentiality as:

- A Court could order that information be disclosed.
- Under the Freedom of Information Act, 1997, the Freedom of Information Commissioner may order that information be disclosed.

You should also note that in making a 'bona fide report' you are protected under the Protection for Persons Reporting Child Abuse Act, 1998.

If you are unsure if you should report your concerns, please telephone the duty social worker and discuss your concerns with him/her.

Appendix 2

HEALTH BOARD CONTACT DETAILS

Eastern Regional Health Authority

Regional Directors, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
East Coast Area Health Board, Civic Offices, Block B Main Street, Bray, Co. Wicklow	01 - 2744265	01 - 2744281
Northern Area Health Board, Swords Business Campus, Balheary Road, Swords, Co. Dublin	01 - 8131800	01 - 8131882
South Western Area Health Board Oak House, Limetree Avenue, Millennium Park, Naas, Co. Kildare	045 - 880400	1890 200841

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Area 1	Tivoli Road, Dun Laoghaire, Co. Dublin	01 - 2843579	01 - 2808785
Area 2	Vergemount Hall, Clonskeagh, Dublin 6	01 - 2680300	01 - 2830002
Area 10	Glenside Road, Wicklow	0404 - 68400	0404 - 69044

Northern Area Health Board

Community Care Area	Name & Address	Phone Number	Fax Number
Area 6	Rathdown Road, Dublin 7	01 - 8825195	01 - 8825153
Area 7	Rose Cottage, Convent Avenue, off Richmond Road, Fairview, Dublin 3	01 - 8575406	01 - 8575449
Area 8	Health Centre, Cromcastle Road, Coolock, Dublin 5	01 - 8164279	01 - 8479944

South Western Area Health Board

Community Care Area	Name & Address	Phone Number	Fax Number
Dublin South City District	Unit 43, The Maltings Business Park 54/55 Marrowbone Lane, Dublin 8	01 - 4544733	01 - 4544827
Dublin South West District	Health Centre, Old County Road, Crumlin, Dublin 12	01 - 4154700	01 - 4154804
Dublin West District	Community Services, Cherry Orchard Hospital, Ballyfermot, Dublin 10	01 - 6206300	01 - 6206397
Kildare/West Wicklow District	Head Office, Poplar House Poplar Square, Naas, Co. Kildare	045 - 873291	045 - 879225

AREA SOCIAL WORK MANAGER

East Coast Area Health Board

Community Care Area	Name & Address	Phone Number	Fax Number
Area 1	Our Lady's Clinic, Patrick Street, Dun Laoghaire, Co. Dublin	01 - 2808403	01 - 2844955
Area 2	Vergemount Hall, Clonskeagh, Dublin 6	01 - 2680320	01 - 2680406
Area 10	Glenside Road, Wicklow	0404 - 68400	0404 - 69044

Community Care Area	Name & Address	Phone Number	Fax Number
Area 6	Rathdown Road, Dublin 7	01 - 8680444	01 - 8825153
Area 7 South	Rose Cottage, Convent Avenue, off Richmond Road, Fairview, Dublin 3	01 - 8575406	01 - 8575449
Area 7 North	22 Mountjoy Square, Dublin 1	01 - 8575432	01 - 8556871
Area 8	Health Centre, Cromcastle Road Coolock, Dublin 5	01 - 8164200	01 - 8479593

South Western Area Health Board

Community Care Area	Name & Address	Phone Number	Fax Number
Dublin South City District	15 City Gate, St. Augustine Street, Dublin 8	01 - 6486650	01 - 6799303
Dublin South West District	Health Centre, Old County Road Crumlin, Dublin 12	01 - 4154700	01 - 4154804
Dublin West District	Bridge House, Cherry Orchard Hospital Ballyfermot, Dublin 10	01 - 6206387	01 - 6206388
Kildare/West Wicklow District	Social Work Department, 1A South Main Street, Naas, Co. Kildare	045 - 896120	045 - 896455

Midland Health Board

Regional Director, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
Unit 4, Central Business Park, Clonminch, Portlaoise Road, Tullamore, Co. Offaly		
	0506 - 57834	0506 - 57846

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Longford/Westmeath	Health Centre , Mullingar, Co. Westmeath	044 - 39491	044 - 31472
Laois/Offaly	Health Centre Arden Road, Tullamore, Co. Offaly	0506 - 41301	0506 - 46257

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Longford/Westmeath	Child & Family Centre, Pettitswood, Mullingar, Co. Westmeath	044 - 84450	044 - 84396
Laois/Offaly	Community Care Office , O'Carroll Street , Tullamore, Co. Offaly	0506 - 22488	0506 - 21136

Mid-Western Health Board

Regional Director, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
South-East Wing, St. Joseph's Hospital, Mulgrave Street, Limerick		
	061 - 461372 / 061 - 461373	061 - 412355

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Limerick	Vocational Training Centre, Dooradoyle , Limerick	061 - 482792	061 - 482759
Clare	Child Care Manager Department, Tobartaoscaín , Ennis, Co. Clare	065 - 6823921	065 - 6823926
Nth. Tipperary	Child Care Manager Department , Annbrook, Limerick Road , Nenagh, Co. Tipperary	067 - 38300	067 - 38301

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Limerick	Unit 3, St. Camillus's, Shelbourne Road, Limerick	061 - 483711	061 - 483757
Clare	River House , Gort Road, Ennis, Co. Clare	065 - 6863907 / 065 - 6863908	065 - 6863984
Nth. Tipperary	Social Work Department , Annbrook, Limerick Road, Nenagh, Co. Tipperary	067 - 41934	067 - 42069

NORTH-EASTERN HEALTH BOARD

Regional Director, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
Aerbridge House, Dunshaughlin Business Park Dunshaughlin, Co. Meath		
	01 - 8250907	01 - 8250695

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Cavan/Monaghan	Local Health Care, Rooskey, Monaghan	047 - 30475 / 047-30456	047 - 30796
Louth	Community Care Centre, Dublin Road Dundalk, Co. Louth	042 - 9381282 / 042 - 9385457	042 - 9333814
Meath	County Clinic , Navan, Co. Meath	046 - 9078758	046 - 9022761

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Cavan/Monaghan	Health Care Unit, Rooskey, Monaghan	047 - 3046 / 0047 - 30426047 - 30427	047 - 77908
Louth	3rd Floor, Nurses Residence, Our Lady of Lourdes Hospital Drogheda, Co. Louth		
Wilton House	Stapleton Place, Dundalk, Co. Louth	041 - 9875282 / 042 - 9392220	041 - 9875244
Meath	Child & Family Centre, Navan, Co. Meath	046 - 9078844	046 - 9071377

North-Western Health Board

General Manager, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
Sheil House, College Street, Ballyshannon, Co. Donegal	071 - 9822776	071 - 9822779

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Donegal/Sligo/Leitrim	Sheil House, College Street, Ballyshannon, Co. Donegal	071 - 9822776	071 - 9822779

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Sligo/Leitrim	Community Services, Markievicz House, Sligo	071 - 9155136	071 - 9155187
Donegal	Garden Centre, St. Conal's Hospital, Letterkenny, Co. Donegal	074 - 9123739	074 - 9129752

South-Eastern Health Board

Regional Director, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
Lacken, Dublin Road, Kilkenny	056 - 7784198	056 - 7784389

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Carlow/Kilkenny	Community Care Headquarters , James Green, Kilkenny	056 - 7784600	056 - 7764172
Waterford	Community Care Centre , Cork Road, Waterford	051 - 842914	051 - 842811
Wexford	Community Care Centre, Georges Street, Wexford	053 - 23522, Ext. 350	053 - 21842
South Tipperary	Community Care Centre , Western Road , Clonmel, Co. Tipperary	052 - 77285	052 - 77272

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Carlow/Kilkenny	SEHB, 11 Patrick Street, Kilkenny	056 - 7784781	056 - 7762741
Waterford	Community Care Centre , Cork Road, Waterford	051 - 842884	051 - 842811
Wexford	Ely Hospital, Wexford	053 - 47718	053 - 47706
South Tipperary	Yellow House, St. Luke's Hospital , Western Road Clonmel , Co. Tipperary	052 - 77311	052 - 77301

Southern Health Board

General Manager, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
Floor 2, Abbeycourt House, George's Quay, Cork	021 - 4923965	021 - 4923953

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
South Lee	Floor 2, Abbeycourt House , George's Quay , Cork	021 - 4923833	021 - 4923953
North Lee	Floor 2, Abbeycourt House , George's Quay, Cork	021 - 4923965	021 - 4923953
North Cork	Gouldshill House , Mallow , Co. Cork	022 - 30200	022 - 30211
West Cork	Community Care, Coolnagarrane , Skibbereen, Cork	028 - 40580	028 - 23172
Kerry	6 Denny Street , Tralee, Co. Kerry	066 - 7184811	066 - 7181480

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
South Lee	Social Work Department, St. Finbarr's Hospital, Cork	021 - 4923001	021 - 4312960
North Lee	Social Work Department, Floor 2, adjacent to Blackpool S/C. , Blackpool, Cork	021 - 4927055 / 021 - 4927001	021 - 4927002
North Cork	Gouldshill House , Mallow , Co. Cork	022 - 30200	022 - 30211
West Cork	Community Care , Coolnagarrane , Skibbereen, Cork	028 - 40580	028 - 23172
Kerry	28 Moyderwell , Tralee, Co. Kerry	066 - 7184887	066 - 7184890

Western Health Board

Regional Director, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
Merlin Park Hospital, Child Care Unit, Galway	091 - 775300	091 - 755632

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Galway	Community Care Services, 25 Newcastle Road, Galway	091 - 523122 Ext. 6228	091 - 524231
Mayo	Community Services, St. Mary's Hospital, Castlebar, Co. Mayo	094 - 9042030	094 - 9027106
Roscommon	Abbey Town House, Abbey Street, Roscommon	090 - 6626732	090 - 6626776

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Galway	Community Care Services , 25 Newcastle Road, Galway	091 - 546380	091 - 527601
Mayo	Hill House, Mountainview, Castlebar, Co. Mayo	094 - 9042283 / 094 - 9042284	094 - 9026110
Roscommon	Abbey Town House , Abbey Street, Roscommon	090 - 6626732	090 - 6626776

Appendix 3

CHILD PROTECTION CONFERENCES & GUIDANCE NOTES FOR REPORTS

Guidance Notes for a Report by School Personnel to Child Protection Conferences
(Note. This document is still subject to clarification by the health boards)

A Child Protection Conference is convened by the Health Board Child Care Manager/Designate when decisions of a serious nature are being considered which require the input of a number of people from different disciplines and agencies. The child and their parents/carer's should be included where appropriate.

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 health boards may provide forms or templates for the report. However, it is expected that the information outlined by these guidance notes will be similar to that requested by all health boards.

Where a school is unable to send a representative, a report will still be requested. It is advised that the content of the report be structured to take account of the following headings:

The child's personal details –

- name, date of birth, address, school and class.

Academic performance – to include

- level of attainment
- changes noticed in academic performance
- strengths, weaknesses and achievements
- overall assessment of general performance

Behaviour – including significant changes in behaviour

- in classroom
- in social areas of the school

Social skills –

- Interactions with peers
- Interactions with adults

School issues –

- To what extent is the young person disposed to avail of what the school has to offer?
- Are you aware of any supports the young person has to sustain and support his/her interest in school (consider home, school, friends and community)?

Please comment on any concerns noted by you or your colleagues about this child, especially with regard to injuries, bruising, sexually inappropriate behaviour...etc.

If any other children of this family are, or have been known to your school, please note any particular concerns about these children too.

Please include any additional comments or observations.

Please print your name, sign and date any reports and include contact details of the school.

It is recommended you mark your report "strictly private and confidential" and include a line at the end to effect that "this report is written without prejudice".

Appendix 4

GLOSSARY OF TERMS

Child Abuse:	Where the words “child abuse” are used in these guidelines they should be taken to include all four categories (neglect, emotional abuse, physical abuse and sexual abuse) as outlined in chapter 2 of these guidelines and in chapter 3 of Children First.
Child:	For the purpose of these guidelines, 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. This definition encompasses the word “student” where it is used in these guidelines.
Student:	The Education Act 1998 defines a “student” in relation to a school as meaning “a person enrolled at the school and in relation to a centre for education as meaning a person registered as a student in that centre. These guidelines only apply to students who also satisfy the definition of “Child” .
School Personnel:	The phrase “school personnel” as used in these guidelines is a generic term to encompass all adults who are involved in the operation of the school. It covers employees and voluntary workers.
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 guidelines specifically in order to address the Employer/Employee relationship.
Employer:	The appropriate school management authority or agent. In the case of 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 Guidelines, the phrase “the employer” is used to refer to the Board of Management and/or the VEC as appropriate.
School:	Means a post-primary school as defined in the Education Act 1998 and includes centres for education attended by children under the age of 18 years.
Age of Consent:	In law, the age of consent for sexual intercourse varies according to the people involved. Under the Criminal Law Amendment Act, 1935 it is an offence for a person, man or woman, to have sexual intercourse with a girl under the age of 17 years. This is the offence known as unlawful carnal knowledge or statutory rape. It is also an offence for a woman to have sexual intercourse with a boy who is under the age of 15 years as this would be considered a sexual assault to which the boy, in law, could not consent. The Criminal Law (Sexual Offences) Act, 1993 makes it an offence for a man to commit an act of buggery with a person under the age of 17 years, other than a person to whom he is married or to whom he believes with reasonable cause he is married.
Parent/Carer:	The phrase “parent/carer” is used in these guidelines 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 <i>loco parentis</i> 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”.
Designated Liaison Person:	The person, nominated by the Board of Management, as the liaison person for the school in all dealings with health boards, 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 guidelines.

Appendix 5

PROTOCOL AUTHORISING IMMEDIATE ACTION

Protocol authorising immediate action under section 5.2 of the Child Protection Guidelines for Post-Primary Schools.

(A) In the context of the Child Protection Guidelines for Post-Primary Schools, 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.

End

NOTES





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