

Child Protection Policy and Procedures St Peter's College, Dunboyne, Co. Meath

[Draft]

Child Protection Procedures for Primary and Post-Primary Schools

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 **St Peter’s College** for this purpose is set out on **page 7**.
- 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 **on page 9**. 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 page 7

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' contains a checklist (**page 9**) 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 of Child Protection Procedures for Primary and Post Primary Schools (DES 2011)** 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.

1.7 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.

Confidentiality

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.

1.9.2 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 risk. 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.

1.10 Protection for Persons Reporting Child Abuse Act, 1998

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.

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

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.

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.

1.13 The Data Protection Acts, 1988 and 2003

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.

Child Protection Policy of St Peter's College, Dunboyne, Co. Meath

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 St Peter's College Dunboyne 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 _____

Signed: _____
Chairperson of Board of Management

Date: _____

Signed: _____
Principal

Date: _____

Date of next review: _____

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?

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. 42

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.

**Contacts for the Children and Family Social Services (TUSLA) of
the HSE
Dublin North West and Meath**

DUBLIN NORTH WEST	Health Centre, Wellmount Park, Finglas, Dublin 11	(01) 856 7704
	Social Work Department, Rathdown Road, Dublin 7	(01) 882 5000
MEATH	Community Social Work Services, Enterprise Centre, Navan, Co. Meath	(046) 909 7817
	Community Social Work Services, Child and Family Centre, Navan, Co. Meath	(046) 907 8830
	Community Social Work Services, Dunshaughlin Health Care Unit, Dunshaughlin, Co. Meath	(01) 802 4102

**Note: Standard Report Form for reporting child protection and/or welfare concerns to
the HSE: Cf pdf p 49 – 51 Child Protection Procedures for Primary and Post
Primary Schools DES 2011**

Child Protection Procedures for Primary and Post Primary Schools DES 2011

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Glossary of Terms

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.

