



GRIFFITH COLLEGE

Griffith Institute of Language (GIL)

Protection Guidelines for Teachers

Rationale:

The document “*Child Protection Guidelines for Post-Primary Schools*” was produced to provide guidance in relation to recognising the signs and symptoms of child abuse and with procedures for dealing immediately with such concerns. The Guidelines should be read in conjunction with Children First Guidelines (available to view from www.dohc.ie/publications) and not as a stand-alone document.

Reporting Procedure:

In situations where a teacher, lecturer, examiner or exceptionally, another member of staff suspects that a child may have been abused, or is being abused, or is at risk of abuse, (defined below) they should ensure that such concerns are reported IMMEDIATELY to the Mandated Person (formally the Designated Liaison Person DLP) for the College, namely,

Noel Daly, Griffith College Cork, noel.daly@griffith.ie

He will report it to the Child Protection Liaison Person in the local health board or the local Garda station.

It should also be noted that if a person over the age of 18 retrospectively discloses an historic incident of abuse, the person to whom that disclosure is made should consider whether there is any present risk to a child. For the avoidance of doubt, it would be best to report this to the Mandated Person. It is important that lecturers, teachers, examiners and other key personnel who interact with children on Griffith College premises should be vigilant at all times.

General Guidelines:

The rights of children are enshrined in the constitution of Ireland and international and domestic law. In Ireland, the key legislative provisions regarding the safety, well being and protection of children are as follows;

The Child Care Act, 1991
Domestic Violence Act, 1996
Protections for Persons reporting Act, 1998

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The Education Act, 1998
The Non Fatal Offences against the Person Act, 1997
Freedom of Information Act, 1997
The Education and Welfare Act, 2000
Children's Act, 2001
Ombudsman for Children Act, 2002
Children First 2011
Children First Act 2015

The Statutory Authorities responsibility for the protection and welfare of children are:

The Health Service Executive
An Garda Síochána

The document, 'National Guidelines for the Protection and Welfare of Children', 'Children First', was published by the Department of Health and Children in 1999.

"*Children First*", the national child protection guidelines, published in September 1999, noted that teachers are particularly well placed to observe and monitor children for signs of abuse. It called on schools to put in place clear procedures which school staff must follow where they suspect, or are alerted to, possible child abuse.

The "*Child Protection Guidelines for Post-Primary*", was produced to meet this need. Every teacher teaching in a School Hall or Classroom should make themselves familiar with these guidelines. 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. The Guidelines should be taken in conjunction with Children First and not as a stand-alone 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 (DLP) for the school. The DLP will act as a liaison with outside agencies such as health boards and as a resource person to any staff member who has child protection concerns. As a visiting teacher you should make yourself familiar with all school policies and have a contact number for the Schools DLP.



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Recognising child abuse

Child abuse can take different forms, but usually consists of one or more of the following:

- **Neglect:** Where a child's needs for food, warmth, shelter, nurturance and safety are not provided to the extent that the child suffers significant harm.
- **Emotional Abuse:** Where a child's need for affection, approval, consistency and security is not being met.
- **Physical Abuse:** Where a child is assaulted or injured in some way that is deliberate.
- **Sexual Abuse:** Where a child is used for the sexual gratification of another.

The Guidelines provide advice on the signs and behaviours that may be indicative of child abuse.

What responsibilities have you to your students

In situations where a teacher suspects 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 these Guidelines.

It is important that teachers and examiners keep their eyes and ears open at all times. Teachers have in the past found it helpful to keep a diary on classes or notes relating to examinations. Please be aware that if an incident occurs and you are called to account notes will be used so therefore should be recorded professionally. These notes could list any suspicious student behaviour during class/ examinations. Teachers are advised to have someone supervising or helping in class. If there is an incident or accident in class you or your helper can deal with the situation leaving the remainder of class supervised at all times. If you cannot hire a helper it is advised if dealing with an accident that you never tend to a child's needs alone. Make sure you bring 2 or more children from the class with you to supervise.

Reporting concerns to a Health Board

If you are teaching from home or in a hall separate to a school setting and you have a suspicion that a child may have been abused, or is being abused, or is at risk of abuse you should, without delay, report the matter to the a Health Board Official. You should make



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yourself familiar with the contact number of your local health board or a contact number for your local Garda.

What will the Health Board do with a report?

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.

Allegations or suspicions of child abuse concerning you the teacher

As a teacher, the most important consideration to be considered is the protection of children, and their safety and well-being must be the priority.

As a teacher you may be subject to malicious allegations. If you do find yourself in this situation you can refer to your class notes and have these available for further investigation.

It is important to note that there are two procedures to be followed by you in respect of an allegation:

- The reporting of your notes to the investigation unit.
- The procedure for dealing with the allegation as lined out in the schools Child Protection Guidelines. Child Protection Guidelines will advise that the accused should maintain strict confidentiality.

Feedback from Health Boards.

The Children First guidelines place an onus on health boards to ensure that arrangements are put in place to provide feedback to parents in regard to the progress of a child abuse investigation regarding a teacher. It is clearly stated in those guidelines that efforts should be made to investigate complaints against a teacher promptly bearing in mind the serious implications for an innocent teacher.



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Peer abuse and bullying.

The Guidelines provide advice on the recognition and reporting of abuse perpetrated by a child's peers. It is important that potentially abusive behaviour between children is not ignored and, as appropriate, certain cases should be referred to the health board or dealt with by reporting your concerns to the parents of the children involved.

Teachers are responsible, in the first instance, for dealing with bullying in class. The more extreme forms of bullying behavior, when perpetrated by adults rather than children, would be regarded as physical or emotional abuse. You may also have cases of bullying between students in class. All serious incidences of bullying should be referred to the health board.

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Within this framework, GIL, accepts our responsibility and obligation to safeguard the protection and welfare of children in our care, we undertake to ensure a best practice response to child protection issues by having a clear child protection policy and procedures which are designed to underpin and demonstrate our commitment to our duty of care. The welfare of the child is paramount in every circumstance. The guidelines outlined, give clear direction and guidance on child protection issues. It is incumbent upon every adult working with children to practice their 'moral responsibility' in reporting concerns, allegations, suspicions or a disclosure about child abuse to the Designated Officer for Child Protection in the school you are teaching or examining. If you are teaching in your home or you students home all concerns should be reported to the local Health Board.

- Having an obligation on examiners and teachers to observe this code of good practice;
- Having an obligation on affiliated schools to implement the selection procedures for teachers.
- Having procedures in place for lecturers to report disclosures, allegations, suspicions and awareness of all forms of abuse to the civil authorities



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- All child protection concerns relating to teachers countrywide should be reported to the Child Protection Officer in the school or to a health board official in their local area.

In making any report an individual needs to take the following into consideration;

- 1: The protection and safety of the child is paramount;
- 2: The principle of natural justice – a person is innocent until proven otherwise.
- 3: The principle of confidentiality – only those that need to know should be told of a suspicion/allegation/disclosure of abuse and that the number that needs to be kept informed should be kept to a minimum.

In the case of a disclosure/suspicion or allegation of child abuse, the teacher/examiner must report without delay to the Child Protection Liaison Person in the local region. The Child Protection Liaison Person will contact a Health Board Official or Local Garda. The Child protection Officer will fulfill the function of ‘Designated Officer’ and follow procedures as outlined in the guidelines above.

Where an allegation is made against a teacher/examiner or an organisation, the staff member receiving the allegation should contact the local Child Protection Liaison person for their region who in turn will consult with GIL. He/She will follow necessary procedures in consultation with the GIL Protection guidelines.

In the case of an emergency, where a child is deemed at serious risk and where no contact can be made with the CPO in a school a teacher/examiner should contact the local Garda station. Any intentional breach of the Code of Good Practice is a disciplinary matter and will be dealt with by GIL.

It is important to note the following Guidelines

When teaching or examining you must do so in a room with a window or door with a window. If this is not available the door to the room must be ajar.

Where possible teachers should have an assistant in class to help supervise children.

Children should never be left unattended.

Teachers should at all times have access to a phone.

Insurance cover should be adequate.



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Parents should be asked to sign a permission slip for Doctors Attendance. Once signed a teacher has the right to tend to a sick child. When tending to the needs of a sick child there must always be two or more children in attendance also. Parent's permission must be sought if you wish to bring a child to a hospital or seek medical advice.

Parent's permission should be sought if a teacher wishes to use camera equipment in class.

Contacts:

THE CHILD PROTECTION UNIT
NYCI
3 Montague Street,
Dublin 2, Ireland.
Tel: 01-4784122
Fax: 01-4783974
Email: childprotection@nyci.ie

Websites of interest:

www.childprotection.ie
www.hse.ie

Publications of interest:

Our Duty to Care downloadable from www.dohc.ie/publications
Child Care act available to view from www.irishstatutebook.ie
Children First available to view from www.dohc.ie/publications



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Contact Address for Health Board Information and Advice Officers

East Coast Area Health Board

Community Care Area	Address	Phone No.	Fax No.
Area 1, 2, 10 Wicklow	Southern Cross House, Southern Cross Business Park, Boghall Road, Bray, Co. Wicklow	01-2014273	01-2014288

Northern Area Health Board

Community Care Area	Address	Phone No.	Fax No.
Area 6, 7, 8	Child Care and Development Unit, NAHB 3rd Floor, Park House, North Circular Road, Dublin 7	01-8823431	01-8823491

South Western Area Health Board

Community Care Area	Address	Phone No.	Fax No.
Dublin South City, Dublin South West, Dublin West, Kildare, West Wicklow	Children and Families, Training and Development Unit, Unit 4044 City West Business Campus, Saggart, Co. Dublin	01-4691720	01-4691728

Midland Health Board

Community Care Area	Address	Phone No.	Fax No.
Longford, Westmeath, Laois, Offaly	Child Care Services, Training and Development, Market Square, Tullamore, Co. Offaly	0506-28350	0506-46226



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Mid-Western Health Board

Community Care Area	Address	Phone No.	Fax No.
Tipperary North	Child Care Manager's Dept, Annbrook, Limerick Road, Nenagh	067-38314	067-38301
Clare	River House, Bort Road, Ennis County Clare	065-6863919	065-6863983
Limerick	87 O'Connell Street, Limerick	061-483520	None

North-Eastern Health Board

Community Care Area	Address	Phone No.	Fax No.
N.E.H.B-Region	Old Rooskey Offices, N.E.H.B., Rooskey, Monaghan	047-30470	046-73178
	N.E.H.B., 26 Brew Hill, Navan, Co. Meath	046-73178	046-27359

North-Western Health Board

Community Care Area	Address	Phone No.	Fax No.
Sligo, Leitrim, Donegal, Cavan	Markievicz House, Barrack Street, Sligo	071-55181	071-55131

South-Eastern Health Board

Community Care Area	Address	Phone No.	Fax No.
Carlow, Kilkenny, Wexford, Waterford, South Tipperary	Community Care, S.E.H.B., Athy Road, Carlow	0503- 33797/36520	0503-36550



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South Health Board

Community Care Area	Address	Phone No.	Fax No.
North Lee, North Cork, Kerry	Ellis House, Ballyvolane Commercial Park, Ballyvolane, Cork	021-4529010	021-4529028
South Lee, West Cork	Ellis House, Ballyvolane Commercial Park, Ballyvolane, Cork	021-4529010	021-4529028

Western Health Board

Community Care Area	Address	Phone No.	Fax No.
Galway	Community Care Services, W.H.B., ALDI, Sean Quirke Road, Galway	091-548440	091-524226
Roscommon, Mayo	Mayo Community Services, St. Mary's Hospital, Castlebar, Co. Mayo	094-42579	094-20452



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CHILD PROTECTION GUIDELINES FOR POST PRIMARY SCHOOLS

Categories of Child Abuse

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:

Child Neglect

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 wellbeing and/or development are severely affected.

Emotional Abuse

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;



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- (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.

Definition and Recognition of Child Abuse

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.

Physical Abuse

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

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.



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Sexual exploitation also occurs when a child is involved in the exhibition, modeling 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.

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 judgment 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.

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



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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

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.

Children with Special Vulnerabilities

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.

General

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. 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.



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Designated Liaison Person

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 appoints a Designated Liaison Person who is not the Principal, consideration must be given as to how the Principal will be kept informed.

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.

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. The actions to be taken by the Designated Liaison Person are detailed in section 4.2 of these guidelines.

Recognition of possible signs of abuse

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).



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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.

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. However, when in doubt, please consult Chapter 4 of these guidelines in regard to seeking appropriate advice.

Dealing with disclosures from children

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.

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. 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: 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;



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- 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.

Record Keeping

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.

All records created should be regarded as highly confidential and placed in a secure location by the Designated Liaison Person. 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 of these guidelines for further information on child protection conferences.

Action to be taken by school personnel

If a member of staff receives an allegation or has a suspicion that a child may have been abused, or 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



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of these guidelines, should be borne in mind. The supports of the school should continue to be made available to the child. Action to be taken by Designated Liaison Person If the

Designated Liaison Person is satisfied that there are reasonable grounds for the suspicion or allegation he/she should report the matter to the relevant health board immediately.

It may be useful to note:

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 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.

REPORTING OF CONCERNS AND ROLE OF HEALTH BOARDS

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.



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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.

If following the discussion outlined 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. 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. It is essential that at all time the matter be treated in the strictest confidence and not discussed except among the parties mentioned above. A list of health board contact addresses, phone and fax numbers is contained at Appendix 2 of these guidelines.

Role of Health Boards

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. 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



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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.

Child Protection Conferences

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.



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The main tasks of a child protection conference are:

- 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.

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.

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. 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. The Children First guidelines state 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. 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. 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.



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Feedback

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 has 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.

Introduction

In a school context, the most important consideration to be considered 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. 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

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

- 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

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.



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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.

ALLEGATIONS OR SUSPICIONS OF CHILD ABUSE BY SCHOOL EMPLOYEES

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 penalise the employee, it is important that early consideration be given to the case.

Protocol authorising immediate action.

Employers should have in place a written protocol (see Appendix 5. Protocol authorising immediate action) to authorise 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. Where the Protocol authorising 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.

Reporting procedure

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 earlier in these guidelines. 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. 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, The Designated Liaison Person should then follow the prescribed procedures as laid out in Chapter 5. 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



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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.

Action to be taken by the Employer

It is essential that at all time the matter is 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. 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;

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.

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

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 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.

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



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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. 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.

Further follow-up required

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.

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.

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).

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.

Feedback from Health Boards

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



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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. 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.

Guidance for Health Boards

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.

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

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.

Introduction

In some cases of child abuse the alleged perpetrator will also be a child. Peer abuse is a complex area and school personnel are advised to familiarize themselves in this regard with the advice provided in Chapter 11 of Children First.

Sexual abuse by children and young people

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



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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.



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PEER ABUSE AND BULLYING

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. 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. 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. 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. 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. 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.

Bullying

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. Bullying can be defined as repeated aggression is it



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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.