



Child Protection

Guidelines and Procedures



AN ROINN OIDEACHAIS AGUS EOLAÍOCHTA | DEPARTMENT OF EDUCATION AND SCIENCE

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Foreword by Minister for Education and Science



Child protection is an issue that concerns each and every citizen of this State. Children are entitled to expect and receive every possible protection from the people and their State to ensure that their childhood years are filled with rewarding and enriching experiences, whether in school or during their daily lives in the community.

In recent years we have, as a society, become very aware of the problems and long term effects of child abuse. The Government, through the office of the Minister of State with Special Responsibility for Children, produced new general national child protection guidelines – "Children First" – in September 1999.

In keeping with the intention of "Children First", my Department, in consultation with the partners in education and representatives of the health sector, has now reviewed the guidelines on child protection. That review has now been completed and has resulted in new guidelines entitled "Child Protection Guidelines and Procedures".

These new Guidelines and Procedures for primary schools are based on the "Children First" approach but have been specifically developed with the primary school setting in mind. Our intention is to assist and give direction and guidance to all school management authorities and school personnel in protecting children and dealing with allegations/suspicions of child abuse.

In addition to the Guidelines, I am committed to ensuring that suitable training programmes are provided by my Department to all teachers, and especially to teachers who are designated as Liaison Persons under these new Guidelines.

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

A handwritten signature in blue ink that reads "Michael Woods". The signature is written in a cursive, flowing style.

Dr. Michael Woods, T.D.,
Minister for Education and Science
March 2001

Chapter I INTRODUCTION AND LEGAL FRAMEWORK

I.1 Introduction

- I.1.1** Following discussions between the Department of Education and Science, the health boards and organisations representing school management, parents and teachers, the guidelines contained in this document have been drawn up. These guidelines are based on the new National Guidelines for the Protection and Welfare of Children (*Children First*) which were published in 1999 by the Department of Health and Children. A copy of *Children First* is enclosed for information purposes. These guidelines should be read in conjunction with *Children First*.
- I.1.2** The primary aim of these guidelines for schools is to give direction and guidance to school management authorities and school personnel in dealing with allegations/suspicions of child abuse. In addition, they also aim to provide sufficient information to school management authorities and school personnel to enable them to be alert to and to be aware of what to do in situations where child abuse may be a concern or suspicion.
- I.1.3** In all cases, the most important consideration to be taken into account is the protection of children. In this regard, these guidelines emphasise that the safety and wellbeing of children must be a priority. If school personnel have concerns that children with whom they have contact may be being abused the matter should be reported without delay to the relevant health board.
- I.1.4** In the interests of the welfare and protection of children, it is incumbent on school authorities and teachers to adhere to these guidelines in dealing with allegations or suspicions of child abuse. The Department of Education and Science, the health boards and the partners in education are in agreement that these guidelines should be followed at all times. These guidelines replace the 1991 guidelines that issued to all primary schools.

I.2 Confidentiality

- I.2.1** All information regarding concerns of possible child abuse should only be shared on a need to know basis in the interests of the child. The test is whether or not the person has any legitimate involvement or role in dealing with the issue.
- I.2.2** However, giving information to those who need to have that information, for the protection of a child who may have been, or has been abused, is not a breach of confidentiality.
- I.2.3** Any Designated Liaison Person (please see Chapter 2 Paragraph 2.2, page 8 of these guidelines) who is submitting a report to the health board or An Garda Síochána should inform a parent/guardian unless doing so is likely to endanger the child or place the child at further risk. A decision not to inform a parent/guardian should be briefly recorded together with the reasons for not doing so.

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

1.2.5 In cases of emergency, where a child appears to be at immediate and serious risk, and it is not possible to make contact with the appropriate health board, An Garda Síochána should be contacted immediately. Under no circumstances should a child be left in a dangerous situation pending health board intervention.

1.3 Protection for Persons Reporting Child Abuse Act, 1998

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

- i) The provision of immunity from civil liability to any person who reports child abuse “reasonably and in good faith” to designated officers of health boards or any member of the Garda Síochána.
- ii) 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.
- iii) The creation of a new offence of false reporting of child abuse where a person makes a report of child abuse to the appropriate authorities “knowing that statement to be false”. This is a new criminal offence designed to protect innocent persons from malicious reports.

1.4 Qualified privilege

1.4.1 While the legal protection outlined in 1.3 above only applies to reports made to the appropriate authorities (i.e. the health boards and An Garda Síochána), this legislation has not altered the situation in relation to common law qualified privilege which continues to apply as heretofore. Consequently, should a member of a Board of Management or school personnel furnish information with regard to suspicions of child abuse to the Designated Liaison Person of the school, or to the Chairperson of the Board of Management, such communication would be regarded under common law as having qualified privilege.

1.4.2 Qualified privilege arises where the person making the communication has a duty to do so, or a right, or interest to protect the child and where the communication is made to a person with a similar duty, right or interest. The person making the report, acting in loco parentis, would be expected to act in the child’s best interests and in making the report would be regarded as acting in such a manner. Privilege can be displaced only where it can be established that the person making the report acted maliciously.

1.4.3 Furthermore, those reporting a child's disclosure 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.

1.5 Freedom of Information Act, 1997

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

Chapter 2 RESPONSIBILITIES OF ALL SCHOOL PERSONNEL

2.1 General

2.1.1 There is an obligation on schools to aim to provide pupils with the highest possible standard of care in order to promote their well being and protect them from harm.

2.1.2 All school personnel are especially well placed to observe changes in behaviour, failure to develop or outward signs of abuse in children. In situations where school personnel suspect abuse, they should ensure that such concerns are reported in accordance with the procedures outlined in Chapter 3 of these guidelines

2.2 Designated Liaison Person

2.2.1 All Boards of Management must designate a senior member of staff to have specific responsibility for child protection. 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 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 Teacher.

2.2.2 Where the Designated Liaison Person is unavailable for whatever reason, arrangements should be in place for another nominated member of staff to assume his/her responsibilities.

2.2.3 The Designated Liaison Person, or his/her nominated replacement, should immediately inform the Chairperson of the Board of Management of the school that a report involving a pupil in the school has been submitted to the relevant health board.

2.3 How to recognise possible signs of abuse

2.3.1 Indicators of possible abuse are outlined 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* where they have concerns regarding possible abuse. The Designated Liaison Person should be able to provide school personnel with a copy of *Children First*.

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

- i) Specific information 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 evidence, over a period of time that a child is suffering from emotional or physical neglect.

2.3.3 A suspicion, which is not supported by any objective indication of abuse or neglect, would not constitute a reasonable suspicion or reasonable grounds for concern. However, if doubts persist, please consult Chapter 3 Paragraph 3.2.3 (page 12) of these guidelines.

2.4 Handling disclosures from children

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

2.4.2 When information is offered in confidence, the member of staff will need tact and sensitivity in responding to the disclosure. The member of staff will need to reassure the child, and retain his or her trust, while explaining the need for action and the possible consequences, 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.

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

- Listen to the child
- Do not ask leading questions nor make suggestions to the child
- Offer reassurance but do not make promises
- Do not stop a child recalling significant events
- Do not over react
- Explain that further help may have to be sought
- Record the discussion accurately and retain the record

This information should then be reported to the Designated Liaison Person as outlined in Chapter 3 Paragraph 3.1.1 (page 11) of these guidelines. The record of the discussion should be given to and retained by the Designated Liaison Person.

2.5 Keeping track of records

- 2.5.1** When child abuse is suspected, it is essential to have a record of all the information available. Staff 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. All records so created should be regarded as highly confidential and retained in a secure location by the Designated Liaison Person.
- 2.5.2** It is possible that school personnel may subsequently be invited to attend a child protection conference by the appropriate health board. Please consult Chapter 3 Paragraph 3.4 (page 13) of these guidelines for further information on child protection conferences.

Chapter 3 REPORTING OF CONCERNS AND ROLE OF HEALTH BOARDS

3.1 Action to be taken by school personnel

3.1.1 If a school employee receives an allegation or has a suspicion that a pupil is being abused the school employee should, in the first instance, report the matter to the Designated Liaison Person in that school. The need for confidentiality at all times, as previously referred to in Chapter 1 Paragraph 1.2 (page 5) of these guidelines, should be borne in mind.

3.2 Action to be taken by Designated Liaison Person

3.2.1 If the school employee and the Designated Liaison Person are satisfied that there are reasonable grounds for the suspicion or allegation (see Chapter 2, Paragraphs 2.3.2 and 2.3.3, page 8 and page 9 of these guidelines) the Designated Liaison Person should report the matter to the relevant health board immediately. It may be useful to note:

- i) A report should be made to the health board 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.
- ii) 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.
- iii) 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. Since 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 Chairperson of the Board of Management of the school should be informed. A decision on whether or not parents/guardians of the child should also be informed should be taken in accordance with the information contained in Chapter 1 Paragraph 1.2.3 (page 5) of these guidelines.

3.2.2 In cases where school personnel have concerns about a child, but are not sure whether to report the matter to the appropriate health board, they should seek appropriate advice. To do so, the Designated Liaison Person should consult the appropriate health board staff. In consulting the appropriate health board staff, the Designated Liaison Person should be explicit that he/she is requesting advice and consultation and that he/she is not making a report. It would not be envisaged at this informal stage that the Designated Liaison Person would have to give identifying details as are required when a report is being made. If a health board advises that a referral should be made, the Designated Liaison Person should act on that advice.

3.2.3 If following the discussion outlined in 3.2.2 above, the Designated Liaison Person decides that the concerns of the school employee should not be referred to the relevant health board, the school employee should be given a clear statement, in writing, as to the reasons why action is not being taken. The school employee 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. Again, the Standard Reporting Form at Appendix 1 of these guidelines should be used. Any such report would be covered by the Protection for Persons Reporting Child Abuse Act, 1998.

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

3.3 Role of health boards

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

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

3(1) It shall be a function of every health board to promote the welfare of children in its area who are not receiving adequate care and protection;

3(2) in the performance of this function a health board shall:

(a) take such steps as it considers requisite to identify children who are not receiving adequate care and protection and co-ordinate information from all relevant sources relating to children in its area;

(b) having regard to the rights and duties of parents, whether under the Constitution or otherwise –

i) regard the welfare of the child as the first and paramount consideration, and

ii) in so far as is practicable, give due consideration, having regard to his age and understanding, to the wishes of the child; and

iii) have regard to the principle that is generally in the best interests of a child to be brought up in his own family.

Once an allegation of child abuse has been reported 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. In some cases, the response of the health board will be to call a child protection conference.

3.4 Child protection conferences

- 3.4.1** The child protection conference is an essential mechanism for health boards in the effective operation of the child protection services under the Child Care Act, 1991. It is a forum for the co-ordination of information from all relevant sources, including where necessary, school employees. The child protection conference plays a pivotal role in making recommendations and planning for the welfare of children who may be at serious risk.
- 3.4.2** A request from a health board for a school employee to attend a child protection conference should be made to the Designated Liaison Person who should consult with the Chairperson of the Board of Management of the school. The Chairperson of the Board of Management may, through the Designated Liaison Person, request the appropriate authorities to clarify why the attendance of the school employee 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 required to attend a child protection conference during school hours. A letter, from the relevant health board, 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.
- 3.4.3** It would be normal for a person attending a child protection conference to provide a report to the conference. A sample pro-forma for a school employee's report to a child protection conference is attached at Appendix 3. It should be noted that this is a sample form and different health boards may supply alternative type forms. However, it is expected that the type of information that is requested by this sample form will be similar to the type of information required by all health boards.
- 3.4.4** The *Children First* guidelines state that professionals should always be informed when children and/or parents/guardians are going to be present at child protection conferences. Accordingly, any school personnel who may have a concern about parent/guardian involvement should contact the chairperson of the child protection conference in advance for guidance.
- 3.4.5** 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 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* (Page 149).
- 3.4.6** The school employee may be requested to keep the child's behaviour under closer observation, in a manner that is not inconsistent with the school employee's existing duties to his class as a whole. This may include observing the child's behaviour, peer interactions, school progress or informal conversations.

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

Chapter 4 ALLEGATIONS OR SUSPICIONS OF CHILD ABUSE BY SCHOOL EMPLOYEES

4.1 Introduction

4.1.1 This Chapter is intended to provide guidance to Boards of Management in situations where an allegation of abuse is made against a school employee. The most important consideration to be taken into account by a Board of Management is the protection of children, and their safety and well-being must be a priority. However, because of the involvement of school employees, the Board of Management has duties in respect of them as well. The guidelines are offered to assist Boards of 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.

4.1.2 As employers, Boards of Management 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.

4.1.3 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 primary schools, the Designated Liaison Person is responsible for reporting the matter to the appropriate health board while the Chairperson of the Board of Management, acting in consultation with his/her Board, is responsible for addressing the employment issues. However, where the allegation of abuse is against the Designated Liaison Person, the Chairperson of the Board of Management will assume the responsibility for reporting the matter to the health board

4.1.4 The primary aim of Boards of Management is to protect the children within the school to whom they have a duty of care. However, school employees may be subject to erroneous or malicious allegations. Therefore any allegation of abuse should be dealt with sensitively and the employee fairly treated. This includes the right not to be judged in advance of a full and fair enquiry.

4.2 Reporting procedure

4.2.1 Where an allegation of abuse is made against a school employee, the Designated Liaison Person within the school should immediately act in accordance with the procedures outlined in Chapter 3 Paragraph 3.2 (page 11) of these guidelines. A written statement of the allegation should be sought from the person/agency making the allegation (parents/guardians may make a statement on behalf of the child). The ability of the health board or the Board of Management 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 Chairperson of the Board of Management of the allegation.

4.2.2 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 3, Paragraph 3.1.1 (page 11) of these guidelines. The Designated Liaison Person should then follow the prescribed procedures as laid out in Chapter 3.2 (page 11) of these guidelines.

4.2.3 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 and the school employee are satisfied that there are reasonable grounds for the suspicion, the Designated Liaison Person should report the matter to the relevant health board immediately. The Designated Liaison Person should also report the matter to the Chairperson of the Board of Management, who should proceed in accordance with the procedures outlined in Chapter 4.3 below. Chapter 3, Paragraph 3.2 of these guidelines should be read in full, in conjunction with this paragraph.

4.3 Action to be taken by Chairperson

4.3.1 When a Chairperson of a Board of Management becomes aware of an allegation of abuse against a school employee, the Chairperson should 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;

4.3.2 The employee should be given a copy of the written allegation, and any other relevant documentation. The employee should be requested to respond to the allegation in writing to the Board of Management within a specified period of time. The employee should be told that his/her explanation to the Board of Management would also have to be passed on to the health board.

4.3.3 At this stage, it should be remembered that the first priority should be to ensure that no child is exposed to unnecessary risk. The Chairperson of the Board of Management should as a matter of urgency take any necessary protective measures. 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.

4.3.4 If, in the Chairperson's opinion, the nature of the allegation warrants immediate action, the Chairperson, on behalf of the Board of Management, should direct that the employee absent him/herself from the school with immediate effect. Where the Chairperson 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, s/he 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 Chairperson should have due regard for the advice offered.

4.3.5 Any absence by a school employee would be regarded as administrative leave of absence with pay and not a suspension. Such a leave of absence would not imply any degree of guilt on the part of the school employee. Where such a leave of absence is invoked, the Department of Education and Science should be contacted with regard to:

- i) Formal approval for the paid leave of absence of the school employee; and
- ii) Departmental sanction for the employment of a substitute teacher.

4.4 Further follow-up required

4.4.1 Whether or not the employee is absent from the school on administrative leave, it is necessary for the Chairperson to inform the Board of Management immediately of the matter. The Chairperson should convene an immediate meeting of the Board for this purpose and inform the Board members of the nature of the allegations, the action taken in respect of same and the outcome of any consultations with the health board and/or an Garda Síochána. Members of the Board of Management should be reminded of their serious responsibilities to maintain strict confidentiality about all matters relating to the issue. The principles of due process and natural justice should be adhered to by the Board.

4.4.2 It should be noted that, in certain situations, it might not be possible for the Board of Management 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 a Board of Management to conduct any proper enquiry into the allegations. In these cases the Chairperson of the Board of Management 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 Board of Management by those authorities. If a decision is taken that the school employee should take administrative leave of absence, the Department of Education and Science should be immediately informed.

4.4.3 However, where the alleged abuse has taken place within its school, or relates to the abuse of pupils of the school by school employees outside of school time, the Board of Management should convene a further meeting. At this meeting the Board should consider in detail the allegations which have been made against the school employee and the source of those

allegations, the advice of the health boards and/or An Garda Síochána in relation to the allegation and the written response of the employee to the allegations.

4.4.4 At this meeting the person/agency who is alleging abuse by the school employee should be offered an opportunity to present his/her case to the Board and may be accompanied by another person in doing so. Parents/guardians may act on behalf of a child. Likewise the employee should be afforded an opportunity to make a presentation of his/her case to the Board and may also be accompanied by another person.

4.4.5 Having followed the procedures outlined above, and having satisfied itself that it has sufficient information to hand for it to make a determination in relation to the allegation, the Board should then make a decision on the action, if any, it considers necessary to take in respect of the employee. The Department of Education and Science should be informed of the outcome where the school employee had been absent on administrative leave.

4.5 Feedback from Health Boards

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

Chapter 5 PEER ABUSE AND BULLYING

5.1 Introduction

- 5.1.1** It is important that sexualised 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 (Chapter 11) outline four different categories of behaviour, which warrant attention and it is important that all school personnel would consult Chapter 11 of *Children First* where they have concerns regarding possible abuse.
- 5.1.2** In a situation where child abuse is alleged to have been carried out by another child, the reporting procedures outlined in Chapter 3 (page 11) of these guidelines should be followed.
- 5.1.3** Sexualised behaviour between children is inappropriate and must be taken seriously. Schools should arrange separate meetings with the parents of all the children involved in such behaviour with a view to resolving the situation.
- 5.1.4** 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 have suffered abuse themselves and that the abuse is likely to become progressively more serious. Early referral and intervention is therefore essential.

5.2 Sexual abuse by children and young people

- 5.2.1** In cases where school personnel have concerns about a child, but are not sure whether to report the matter to the appropriate health board, they should seek appropriate advice. To do so, the Designated Liaison Person should consult the appropriate health board staff. In consulting the appropriate health board staff, the Designated Liaison Person should be explicit that he/she is requesting advice and consultation and that he/she is not making a report. It would not be envisaged at this informal stage that the Designated Liaison Person would have to give identifying details as is required when a report is being made.
- 5.2.2** In cases where children are 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.
- 5.2.3** Schools should also make appropriate arrangements to minimise the possibility of any abusive behaviour re-occurring within the school. Schools should also provide assurances to parents/guardians 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 class teachers

concerned should make arrangements to meet the parents of all the children involved in the incident with a view to addressing the matter. Separate meetings should be arranged for parents of the involved children.

5.3 Bullying

5.3.1 Bullying can be defined as repeated aggression be it verbal, psychological or physical which is conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating and occurs mainly among children in social environments such as schools. It includes behaviour, such as teasing, taunting, threatening, hitting, exclusion or extortion by one or more pupils 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. However, other major forms of child abuse such as neglect and sexual abuse are not normally comprehended by the term bullying.

5.3.2 It is recognised that bullying in schools is an increasing 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. 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.

Appendix I

Standard reporting form for reporting child protection and welfare concerns to a health board

1 Date of Report: _____

2 Name of person reporting: _____

3 Address of person reporting: _____

4 Relationship of reporting person with child: _____

5 Method of Report (telephone call, personal call to office): _____

6 Family Details:
Details of child concerned

Surname: _____
Forename: _____
Date of Birth: _____ Male/Female: _____
Alias (known as): _____
Address: _____
Telephone No: _____

7 State whether you consider your report to indicate
a) suspected or actual child abuse or b) need for family support, giving reasons:

	Physical Abuse	Sexual Abuse	Emotional Abuse	Neglect
Suspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 Details of other family/household members:

name	age	relationship to child	employment/school	location

In cases of emergency, or outside health board hours, reports should be made to An Garda Síochána.

9 Name of other professionals involved with child/ren and/or parents/carers.

Public health nurse: _____

School: _____

General Practitioner: _____

Any other agency or professional involved: _____
(please describe the nature of the involvement)

10 Report Details

Describe, as fully as possible, the nature of the problem or incident being reported, giving details of times and dates of individual incidents, the circumstances in which they occurred, any other persons who were present at the time, and their involvement.

11 Has any explanation been offered by the child and/or parents/carers, which would account for the current problem or incident? (Details)

12 As far as possible, describe the state of the child/ren's physical, mental and emotional well-being.

13 If child abuse is being alleged, who is believed to be responsible for causing it?

Include (if known)

Name: _____

Address: _____

Degree of contact with child: _____

Degree of contact with other children: _____

14 Describe (in detail) any risks to which the child/ren in this situation are believed to be exposed.

15 How did this information come to your attention?

16 What has prompted you to report your concern at this time?

17 What evidence of harm exists at present?

18 Are there any factors in the child and/or parents/carers' present situation, which may have relevance to the current concern? (For example; recent illness, bereavement, separation, addiction, mental health problem or other difficulty)

19 Are there any factors in the child and/or parents/carers' present situation, which could be considered protective or helpful (for example, extended family or community support).

20 Has any action been taken in response to the current concern or incident (details)

21 Are the child's parents/carers aware that this concern is being reported to the health board?

22 Is there a need for urgent protective action at this point?

23 Any other comments.

Signed: _____

Date: _____

Appendix 2 Health Board Addresses

Eastern Health Board

Regional Directors, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
Dr Steevan's Hospital, Dublin 8	01-6790700	01-6771523

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Area 1	Tivoli Road, Dun Laoghaire, County Dublin	01-2843579	01-2808785
Area 2	Vergemount Hall, Dublin 6	01-2698222	01-2830002
Area 3	The Malting Business Park 54/55 Marrowbone Lane, Dublin 8	01-4544826	01-4544827
Area 4	Old County Road, Crumlin, Dublin 12	01-4542511	01-4542122
Area 5	The Lodge, Cherry Orchard Ballyfermot, Dublin 10	01-6268101	01-6268281
Area 6	Rathdown Road Dublin 7	01-8680444	01-8821208
Area 7	Aras Daibhin, Jones's Road, Dublin 3	01-8552000	01-8554136
Area 8	Cromcastle Road, Coolock, Dublin 5	01-8476122	01-8479944
Area 9	O'Donegan's, 4 New Road Newbridge Road, Naas, County Kildare	045-881974	045-881975
Area 10	Glenside Road, Wicklow	0404-68400	0404-69044

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Area 1	Our Lady's Clinic, Dun Laoghaire, County Dublin	01-2808403	
Area 2	Vergemont Hall, Dublin 6	01-2698222	01-2844955
Area 3	15 City Gate, St Augustine Street, Dublin 8	01-6799296	01-2830002
Area 4	Old County Road, Crumlin, Dublin 12	01-4542511	01-6799303
Area 5	The Lodge, Cherry Orchard Ballyfermot, Dublin 10	01-6268101	01-4542122
Area 6	Rathdown Road, Dublin 7	01-8680444	01-6268281
Area 7	Aras Daibhin, Jones's Road, Dublin 3	01-8552000	01-8680934
Area 8	Cromcastle Road, Coolock, Dublin 5	01-8476122	01-8479944
Area 9	Poplar House, Poplar Square Naas, County Kildare	045-876001	045-879225
Area 10	Glenside Road, Wicklow	0404-68400	0404-69044

Midland Health Board

Regional Director, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
Primary Care Unit, General Hospital, Tullamore, County Offaly	0506-46283	0506-46226

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Longford/Westmeath	Health Centre, Mullingar, County Westmeath	044-40221	044-39170
Laois/Offaly	Health Centre, Tullamore, County Offaly	0506-41301	0506-46257

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Longford/Westmeath	Health Centre, Longford, County Longford	043-46211	043-46500
Laois/Offaly	O'Carroll Street, Tullamore, County Offaly	0506-22488	0506-21366

Mid-Western Health Board

Regional Director, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
87 O'Connell Street, Limerick	061-483592	061-317407

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Limerick	Vocational Training Services Dooradoyle, Limerick	061-482792	061-482471
Clare	Tobartaoiscaín, Ennis, County Clare	065-23155/6	065-43952
North Tipperary	General Hospital, Nenagh, County Tipperary	067-31491	067-41357

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Limerick	Unit 3, St Camillus Hospital Shelbourne Road, Limerick	061-483711	061-483757
Clare	Tobartaoiscaín, Ennis, County Clare	065-23921	065-23926
North Tipperary	ACC House, Pearse Street Nenagh, County Tipperary	067-31212	067-34334

North-Eastern Health Board

Regional Director, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
1st Floor, Foley's Forge, Dunshauglin, County Meath	01-8250907	01-8220695

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Cavan/Monaghan	Health Care Unit, Monaghan	047-30400	047-84587
Louth	Community Care Office Dublin Road, Dundalk, County Louth	042-9332287	042-9333814
Meath	Family Resource Centre Commons Road, Navan, County Meath	046-73178	046-73183

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Cavan/Monaghan	Community Care Office, Lisdarn, Cavan	049-61822	049-61877
Louth	Community Care Office, Dublin Road, Dundalk	042-9332287	042-9333814
Meath	Child and Family Centre, Navan, County Meath	046-21595	046-71377

North-Western Health Board

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Donegal	Ballybofey, County Donegal	074-31391	074-31983
Sligo/Leitrim	Markievicz House, Sligo	071-55149	071-55131

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Donegal	County Clinic Letterkenny, County Donegal	074-22322 Mobile: 087-2488181	074-22592
Sligo/Leitrim	Markievicz House, Sligo	071-55133	071-55147

Southern Health Board

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
South Lee	Abbey Court House, George's Quay, Cork	021-923814	021-963822
North Lee	Abbey Court House, George's Quay, Cork	021-965511	021-963822
North Cork	Hibernian Way, Bank Place Mallow, County Cork	021-30200	021-42504
West Cork	Hibernian Buildings, Main Street Skibbereen, Cork	028-23141	028-23172
Kerry	18 Denny Street, Tralee, County Kerry	066-20300	066-81480

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
South Lee	Old Nurse's Home, St Finbarr's Hospital Douglas Road, Cork	021-312525	021-312960
North Lee	North Lee West Floor 3, Abbey Court House, George's Quay, Cork	021-965511	021-963822
	North Lee East Floor 4, Abbey Court House, George's Quay, Cork	021-965511	021-963822
North Cork	Gouldshill House, Mallow, County Cork	022-21484	022-42504
West Cork	West Cork Community Care Hospital Grounds, Skibbereen, County Cork	028-21722	028-22382
Kerry	18-20 Denny Street, Tralee, County Kerry	066-23400	066-23407

South-Eastern Health Board

Regional Director, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
Dublin Road, Lacken, Kilkenny	056-20400	056-52813

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Carlow/Kilkenny	Community Care Centre, James Green, Kilkenny	056-52208	056-64172
Waterford	Community Care Centre, Cork Road, Waterford	051-842800	051-843688
Wexford	Community Care Centre, Grogan's Road, Wexford	053-65112	053-23394
South Tipperary	Community Care Centre Western Road, Clonmel, County Tipperary	052-77000	052-25337

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Carlow/Kilkenny	Patrick Street, Kilkenny	056-52208	056-62741
Waterford	Community Care Centre, Cork Road, Waterford	051-842800	051-843688
Wexford	South Eastern Health Board, Ely House, Wexford	053-47718/9	053-47706
South Tipperary	Community Care Centre, Western Road Clonmel, County Tipperary	052-22011	052-25337

Western Health Board

Regional Co-ordinator, Child Care and Family Support Services

Name & Address	Phone Number	Fax Number
Child Care Unit, Meelia Park Hospital, Galway	091-757631	091-755632

Area Child Care Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Galway	Community Care Offices 25 Newcastle Road, Galway	091-523122 ext: 6228	091-524231
Mayo	County Clinic Castlebar, County Mayo	094-22333 ext: 2183	094-27106
Roscommon	WHB Offices Lanesboro Street, Roscommon	0903-26732	0903-26732

Area Social Work Manager

Community Care Area	Name & Address	Phone Number	Fax Number
Galway	Community Care Offices 25 Newcastle Road, Galway	091-523122 ext: 6330	091-527601
Mayo	Hill House, Castlebar, County Mayo	094-22333	094-26110
Roscommon	Community Care Offices Ardsallagh, Roscommon	0903-27089	0903-27043

Appendix 3

Report by School Personnel to Child Protection Conferences

Please complete this form and return it as soon as possible to the Chair of the Child Protection Conference.

1 **Child's Name:** _____

Age: _____ School: _____

Class: _____

2 **Academic Performance:**

a) Please comment on the child's work and attainment during this year.

b) Has this changed noticeably from previous years?

3 **Behaviour:**

a) How would you experience her/his behaviour both in the classroom and in the schoolyard?

b) Have there been any significant changes in the child's behaviour in recent times?

4. **Social Skills:**

a) How does this child get on with adults? _____

b) How does s/he interact with peers? (Does s/he mix with own age, older or younger?)
Please give examples.

5 Talents:

a) What particular talents does this child have? _____

b) What activities is s/he engaged in which would mature those talents?

6 Schooling Issues:

a) Please comment on the child's attendance record including late arrivals to school.

b) Is the child adequately clothed and shod for school? If no, give details.

c) Does s/he appear to have adequate sleep? _____

d) Does s/he appear to have breakfast before coming to school and is s/he provided with lunch as appropriate? If no give details.

e) Are the child's parents involved in her/his schooling? _____

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

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

7 Educational Assessment:

a) Please give an overall assessment of this child's progress paying particular attention to her/his current situation and future needs.

Signature School Address: _____

Name (please print): _____ Tel. No: _____

