**Holy Family Secondary School**

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 **Child Protection Policy**

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Holy Family Secondary School staff, the Parents’ Association, the Pupil Representative Council, the Board of Management, amongst others, were consulted during the formation of the policy.

This policy operates within the broader framework of the School Plan and other policies associated therein.

**Ratified by Board of Management on: 3rd May 2016**

**Proposed Next Policy Review date: ANNUAL REVIEW**

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Chairperson, Board of Management Secretary, Board of Management Representative of the Diocese

Mr Feargal Whyte Mrs Angela Ryan Fr. Joe Mc Dermott

3rd May 2016

1. **Link to Mission Statement**

This Policy has been developed in line with our Mission Statement which states;

‘*We promote the Christian virtues of faith, hope, love, gentleness, respect and tolerance, and we emphasise togetherness and family. Guided by these Christian virtues, and dedicated to the pursuit of excellence, it is our mission to provide a safe, caring, inclusive learning environment in which to foster the spiritual, intellectual, academic, aesthetic, physical, emotional and social development of each pupil so that she may fulfil her own unique potential and may leave our school with the capacity and the willingness to contribute to the building of a society characterised by these Christian virtues’*

The Board of Management of Holy Family Secondary School recognises its obligation to provide pupils with the highest possible standard of care in order to promote their well-being and protect them from any potential harm.

1. **Rationale**

The Board has ratified the adoption and implementation in full, and without modification, the Child Protection Guidelines for Post-Primary Schools issued by the Department of Education and Science. These Guidelines form the school policy for dealing with all child protection issues in conjunction with *Children First – National Guidance for the Protection and Welfare of Children, 2011* published by the Department of Health and Children. These Guidelines will inform the school’s response in the very important areas of neglect, emotional abuse, physical abuse and sexual abuse of children.

**The Board of Management has appointed Ms Angela Ryan, HFSS Principal as the Designated Liaison Person (DLP) and Ms Catherine Rochford, HFSS Deputy Principal as the Deputy Designated Liaison Person (DDLP).**

1. **Scope of this policy**

This Child Protection policy is a written document containing a declaration of the commitment of the Board of Management to ensuring child protection in Holy Family Secondary School. This policy is to be read and interpreted in its totality and operates within the framework of the school’s collective policies.

The policy also operates within a legislative framework and takes account of the following;

* The Education Act, 1998
* The Education Welfare Act, 2000
* Equal Status Act, 2000
* The Equality Act, 2004
* HFSS Code of Behaviour
* HFSS Anti-Bullying Policy
* Safety, Health and Welfare at Work Act 2005
* Children First: National Guidance for the Protection and Welfare of Children, 2011
* Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012
* National Vetting Bureau Act 2012
* Teaching Council (Amendment) Bill, 2015
* Freedom of Information Acts, 1997 and 2003
* The Data Protection Acts, 1988 and 2003
* Protection for Persons Reporting Child Abuse Act, 1998
1. **Glossary of Terms**

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

1. **Child Protection: Responsibilities and Standard Operating Procedures**

In its policies, practices and activities, Holy Family Secondary School will adhere to the following principles of best practice in child protection and welfare: The school will:

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

The school will also adhere to the above principles in relation to any adult pupil with a special vulnerability. The Board of Management has ensured that the necessary policies, protocols or practices as appropriate are in place in respect of each of the above listed items.

The school DLP has responsibility for ensuring that the standard reporting procedure is followed, so that suspected child protection concerns are referred promptly to the designated person in TUSLA (the Child and Family Agency) or in the event of an emergency and the unavailability of TUSLA, to An Garda Síochána.

Under Children First it is the responsibility of school staff to report a child protection concern to the DLP, Mrs. Angela Ryan. If the allegation or concern relates to the DLP, the person making the report is urged to report the matter to the Board of Management. In such cases, the Chairperson or another member of the BOM, as appropriate, shall assume the role normally undertaken by the DLP and shall follow the procedures set out in section 4.2 of the Child Protection Procedures for Primary and Post Primary Schools.

***Children First: National Guidance for the Protection and Welfare of Children 2011*** promotes the protection of children from abuse. It sets out what organisations need to do to keep children safe, and what different bodies and the general public should do if they are concerned about a child’s safety and welfare.

According to ***Children First***, the School’s DLP will determine whether reasonable grounds for the concern exist and therefore if the matter should be reported to TUSLA the Child and Family Agency. The safety and well-being of the child will always take priority as the guiding principle for the school DLP/Deputy DLP in deciding whether to report child protection concerns to TUSLA. In cases where there are concerns about a child, but the DLP is not sure whether to report the matter to TUSLA, the DLP shall seek advice from TUSLA. In cases where there are concerns about a child and the DLP is satisfied that there are reasonable grounds for the suspicion or concern he/she shall report the matter to TUSLA immediately. A concern about a potential risk to children posed by a specific person where reasonable grounds for the concern exist, even if the children are unidentifiable, will also be communicated.

1. **Principal’s report to the Board of Management**

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

(a) State the number of reports made to the HSE by the DLP, since the last Board of Management meeting and

(b) state the number of cases, since the last Board meeting, where the DLP sought advice from the HSE and as a result of this advice, no report was made, or

(c) Where there were no such cases at (a) or (b) above, state this fact.

The minutes of the Board of Management meeting shall record the above. The Principal’s report shall state only the number of cases at (a) and (b) and shall not include any other details of these cases.

**Any information or details that might identify a pupil should not be recorded in the minutes of Board of Management meetings**

1. **Advice for Parents/Guardians**

Definitions and signs and symptoms of child abuse can be found on pages 8 to 10 in the [Children First: National Guidance for the Protection and Welfare of Children 2011](http://www.dcya.gov.ie/documents/Publications/ChildrenFirst.pdf).

See more at: <http://www.education.ie/en/Parents/Information/Child-Protection/#sthash.eEcSJi8e.dpuf>

The Department of Education and Skills has key point information available on its website

<http://www.education.ie/en/Parents/Information/Child-Protection/>

**TUSLA** the Child and Family Agency and **An Garda Síochána** are the two key authorities who deal with child protection

TUSLA the Child and Family Agency has a duty to assess reports regarding a child’s welfare or safety. The specific focus of An Garda Síochána is on the investigation of alleged offences and whether a crime has been committed. If you are a member of the public and you have any concerns about the welfare of a child you should contact the Child and Family Agency Child Protection Social Work Services.

*Appendix 1: Policy Review Timeline*

**HFSS SCHOOL POLICY: Data Protection Policy**

**YEAR OF REVIEW: Academic 2015-16**

|  |  |  |
| --- | --- | --- |
| **PROCESS STAGE** | **DATE** | **NOTES** |
| **Identification** **Primary Planning Meeting** |  | Review of existing HFSS provisionsANNUAL REVIEW |
| **Scoping document** **(DRAFT 1)** |  | ANNUAL REVIEWThis version; draft 1: January 2016 |
| **Discussion document finalised (DRAFT 2)** |  | Parents Association meeting: February 2016Careers and Counselling team review: FebruaryCirculated to Year Heads: February 2016 |
| **Circulation of discussion document to staff** **(DRAFT 2)** |  | SMT meetingCirculation to all staff February 2016 |
| **Consultation with SRC,****Parents’ Association (DRAFT 3)** |  | February 2016 |
| **Review by Planning Team (DRAFT 4)** |  | February 2016 |
| **Consultation with** **Board of Management (FINAL DRAFT)** |  | April 2016 |
| **Ratification date (BOM)** |  | Effective when ratified.Annual review 3rd May 2016 |
| **Implementation date** |  | 3rd May 2016 |

**Appendix 2: Children First (2011) KEY MESSAGES**

http://www.dcya.gov.ie/documents/Publications/ChildrenFirst.pdf

**Key Messages**

“The aim of the *Children First: National Guidance* is to promote the safety and well-being of children. Parents and guardians have the primary responsibility for the care and protection of children. Many parents from time to time require support and help from the State in carrying out their parental role.

Some parents, for a range of reasons, are not able to provide proper care for their children. These families need more intensive assessment, support and direct interventions to ensure the safety and well-being of their children. People working with children and the wider public should know that early action by them is very often the best way to protect children and to enable a family to stay together. Professionals also have an important part to play and their actions need to reflect the principles and objectives of the Child Care Act 1991 and of this national guidance.

Professionals and others working with children need to pay particular attention to the needs of children who may be at risk of abuse. Research tells us that children whose parents misuse drugs or alcohol are more at risk of neglect or maltreatment. Parents who have a learning disability or mental illness may need particular support in carrying out their parenting role.

Research indicates that most abuse occurs in the family home. Children may be abused by persons other than those living in the immediate family. This may happen where a child is in contact with a relative, a family friend or acquaintance, or a person whose professional or voluntary activity brings them into contact with a child. In all instances, the best interests and safety of the child must be prioritised. Good practice at the front line is based on clear policies and principles. The Government’s policy underpinning this *Children First: National Guidance* is:

• the welfare and safety of children, which is central to all Government policy;

• the promotion of and support for family life;

• the use of the minimum necessary intervention, in a timely way, to keep children safe;

• agencies working together to help children reach their full potential;

• agencies working together to provide safer and more effective services;

• the State and civil society working together to promote children’s welfare.

This national guidance sets out the particular statutory responsibility of the HSE Children and Family Services and An Garda Síochána when they are alerted to concerns about the welfare and safety of a child. The broader group of health, educational and other professionals and organisations, including voluntary groups, whose work brings them into contact with children and families also have a responsibility to be aware of the signs, symptoms and possibilities of neglect and abuse. They need to share their concerns or seek advice from the HSE, make a formal report and cooperate in whatever way possible, including attending at meetings, in order to share information and contribute to good decision-making. In an emergency situation, the Gardaí should be informed of children at risk. The wider community of relatives, friends, and neighbours are well placed to be aware of a child’s welfare and need to know how to respond to ensure the most effective steps are taken to protect a child.

**Appendix 3: Signs and Symptoms of Child Abuse**

<http://www.dcya.gov.ie/documents/Publications/ChildrenFirst.pdf>

1. **Signs and symptoms of neglect**

Child neglect is the most common category of abuse. A distinction can be made between ‘wilful’ neglect and ‘circumstantial’ neglect. ‘Wilful’ neglect would generally incorporate a direct and deliberate deprivation by a parent/carer of a child’s most basic needs, e.g. withdrawal of food, shelter, warmth, clothing, contact with others. ‘Circumstantial’ neglect more often may be due to stress/inability to cope by parents or carers.

Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability, addictions or psychological disturbance. The neglect of children is ‘usually a passive form of abuse involving omission rather than acts of commission’ (Skuse and Bentovim, 1994). It comprises ‘both a lack of physical caretaking and supervision and a failure to fulfil the developmental needs of the child in terms of cognitive stimulation’. Child neglect should be suspected in cases of:

• abandonment or desertion;

• children persistently being left alone without adequate care and supervision;

• malnourishment, lacking food, inappropriate food or erratic feeding;

• lack of warmth;

• lack of adequate clothing;

• inattention to basic hygiene;

• lack of protection and exposure to danger, including moral danger or lack of supervision appropriate to the child’s age;

• persistent failure to attend school;

• non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation;

• failure to provide adequate care for the child’s medical and developmental problems;

• exploited, overworked.

**2. Characteristics of neglect**

Child neglect is the most frequent category of abuse, both in Ireland and internationally. In addition to being the most frequently reported type of abuse; neglect is also recognised as being the most harmful. Not only does neglect generally last throughout a childhood, it also has long-term consequences into adult life. Children are more likely to die from chronic neglect than from one instance of physical abuse. It is well established that severe neglect in infancy has a serious negative impact on brain development. Neglect is associated with, but not necessarily caused by, poverty. It is strongly correlated with parental substance misuse, domestic violence and parental mental illness and disability.

Neglect may be categorised into different types (adapted from Dubowitz, 1999):

• Disorganised/chaotic neglect: This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding accommodation, finances and food. This type of neglect results in attachment disorders, promotes anxiety in children and leads to disruptive and attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe from accidental harm, with a high incident of accidents occurring.

• Depressed or passive neglect: This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.

• Chronic deprivation: This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

The following points illustrate the consequences of different types of neglect for children:

• inadequate food – failure to develop;

• household hazards – accidents;

• lack of hygiene – health and social problems;

• lack of attention to health – disease;

• inadequate mental health care – suicide or delinquency;

• inadequate emotional care – behaviour and educational;

• inadequate supervision – risk-taking behaviour;

• unstable relationship – attachment problems;

• unstable living conditions – behaviour and anxiety, risk of accidents;

• exposure to domestic violence – behaviour, physical and mental health;

• community violence – anti social behaviour.

**3. Signs and symptoms of emotional neglect and abuse**

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are not met; the parent’s relationship to the child may be without empathy and devoid of emotional responsiveness. Emotional neglect and abuse occurs when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children’s emotional and developmental needs. Emotional neglect and abuse is not easy to recognise because the effects are not easily observable. Skuse (1989) states that ‘emotional abuse refers to the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule, and the inversion of love, whereby verbal and non-verbal means of rejection and withdrawal are substituted’. Emotional neglect and abuse can be identified with reference to the indices listed below. However, it should be noted that no one indicator is conclusive of emotional abuse. In the case of emotional abuse and neglect, it is more likely to impact negatively on a child where there is a cluster of indices, where these are persistent over time and where there is a lack of other protective factors.

• rejection;

• lack of comfort and love;

• lack of attachment;

• lack of proper stimulation (e.g. fun and play);

• lack of continuity of care (e.g. frequent moves, particularly unplanned);

• continuous lack of praise and encouragement;

• serious over-protectiveness;

• inappropriate non-physical punishment (e.g. locking in bedrooms);

• family conflicts and/or violence;

• every child who is abused sexually, physically or neglected is also emotionally abused;

• inappropriate expectations of a child relative to his/her age and stage of development.

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

**4. Signs and symptoms of physical abuse**

Unsatisfactory explanations, varying explanations, frequency and clustering for the following events are high indices for concern regarding physical abuse:

• bruises (*see below for more detail*);

• fractures;

• swollen joints;

• burns/scalds (*see below for more detail*);

• abrasions/lacerations;

• haemorrhages (retinal, subdural);

• damage to body organs;

• poisonings – repeated (prescribed drugs, alcohol);

• failure to thrive;

• coma/unconsciousness;

• death.

There are many different forms of physical abuse, but skin, mouth and bone injuries are the most common.

Children

**Bruises**

*Accidental*

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards. Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

*Non-accidental*

Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth. Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing). Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired.

Other injuries may feature – ruptured eardrum/fractured skull.

Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle-feeding.

Bone injuries. Children regularly have accidents that result in fractures. However, children’s bones are more flexible than those of adults and the children themselves are lighter, so a fracture, particularly of the skull, usually signifies that considerable force has been applied.

*Non-accidental*

A fracture of any sort should be regarded as suspicious in a child under 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child under 3 years. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

**Burns**

Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot object. The history that parents give is usually in keeping with the pattern of injury observed. However, repeated episodes may suggest inadequate care and attention to safety within the house.

*Non-accidental*

Children who have received non-accidental burns may exhibit a pattern that is not adequately explained by parents. The child may have been immersed in a hot liquid. The burn may show a definite line, unlike the type seen in accidental splashing. The child may also have been held against a hot object, like a radiator or a ring of a cooker, leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought.

**Bites**

Children can get bitten either by animals or humans. Animal bites (e.g. dogs) commonly puncture and tear the skin, and usually the history is definite. Small children can also bite other children.

*Non-accidental*

It is sometimes hard to differentiate between the bites of adults and children since measurements can be inaccurate. Any suspected adult bite mark must be taken very seriously. Consultant paediatricians may liaise with dental colleagues in order to identify marks correctly.

**Poisoning**

Children may commonly take medicines or chemicals that are dangerous and potentially life-threatening. Aspects of care and safety within the home need to be considered with each event.

1: Signs and symptoms of child abuse

*Non-accidental*

Non-accidental poisoning can occur and may be difficult to identify, but should be suspected in bizarre or recurrent episodes and when more than one child is involved. Drowsiness or hyperventilation may be a symptom.

**Shaking violently**

Shaking is a frequent cause of brain damage in very young children.

**Fabricated/induced illness**

This occurs where parents, usually the mother (according to current research and case experience), fabricate stories of illness about their child or cause physical signs of illness. This can occur where the parent secretly administers dangerous drugs or other poisonous substances to the child or by smothering. The symptoms that alert to the possibility of fabricated/induced illness include:

(i) symptoms that cannot be explained by any medical tests; symptoms never observed by anyone other than the parent/carer;

symptoms reported to occur only at home or when a parent/carer visits a child in hospital;

(ii) high level of demand for investigation of symptoms without any documented physical signs;

(iii) unexplained problems with medical treatment, such as drips coming out or lines being interfered with; presence of unprescribed medication or poisons in the blood or urine.

**5. Signs and symptoms of sexual abuse**

Child sexual abuse often covers a wide spectrum of abusive activities. It rarely involves just a single incident and usually occurs over a number of years. Child sexual abuse most commonly happens within the family.

Cases of sexual abuse principally come to light through:

(a) disclosure by the child or his or her siblings/friends;

(b) the suspicions of an adult;

(c) physical symptoms.

Colburn Faller (1989) provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include:

Non-contact sexual abuse

• ‘Offensive sexual remarks’, including statements the offender makes to the child regarding the child’s sexual attributes, what he or she would like to do to the child and other sexual comments.

• Obscene phone calls.

• Independent ‘exposure’ involving the offender showing the victim his/her private parts and/or masturbating in front of the victim.

• ‘Voyeurism’ involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual gratification. These may include activities that others do not regard as even remotely sexually stimulating.

**Sexual contact**

• Involving any touching of the intimate body parts. The offender may fondle or masturbate the victim, and/or get the victim to fondle and/or masturbate them. Fondling can be either outside or inside clothes. Also includes ‘frottage’, i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim’s body or clothing.

**Oral-genital sexual abuse**

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

**Interfemoral sexual abuse**

• Sometimes referred to as ‘dry sex’ or ‘vulvar intercourse’, involving the offender placing his penis between **the child’s thighs.**

**Penetrative sexual abuse, of which there are four types:**

• ‘Digital penetration’, involving putting fingers in the vagina or anus, or both. Usually the victim is penetrated by the offender, but sometimes the offender gets the child to penetrate them.

• ‘Penetration with objects’, involving penetration of the vagina, anus or occasionally mouth with an object.

• ‘Genital penetration’, involving the penis entering the vagina, sometimes partially.

• ‘Anal penetration’ involving the penis penetrating the anus.

Children First: National Guidance for the Protection and Welfare of Children

**Sexual exploitation**

• Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.

• ‘Child pornography’ includes still photography, videos and movies, and, more recently, computer-generated pornography.

• ‘Child prostitution’ for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way.

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

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

• bleeding from the vagina/anus;

• difficulty/pain in passing urine/faeces;

• an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease. Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area;

• noticeable and uncharacteristic change of behaviour;

• hints about sexual activity;

• age-inappropriate understanding of sexual behaviour;

• inappropriate seductive behaviour;

• sexually aggressive behaviour with others;

• uncharacteristic sexual play with peers/toys;

• unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming.

**Particular behavioural signs and emotional problems suggestive of child abuse in young children (aged 0-10 years) include:**

• mood change where the child becomes withdrawn, fearful, acting out;

• lack of concentration, especially in an educational setting;

• bed wetting, soiling;

• pains, tummy aches, headaches with no evident physical cause;

• skin disorders;

• reluctance to go to bed, nightmares, changes in sleep patterns;

• school refusal;

• separation anxiety;

• loss of appetite, overeating, hiding food.

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

• depression, isolation, anger;

• running away;

• drug, alcohol, solvent abuse;

• self-harm;

• suicide attempts;

• missing school or early school leaving;

• eating disorders.

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

**Appendix 4: Relevant Legislation**

* **Children Act 2001**

The Children Act 2001 replaced provisions of the Children Act 1908 and associated legislation with a modern comprehensive statute. The 2001 Act covers three main areas of the law. Firstly, and predominantly, it provides a framework for the development of the juvenile justice system. Secondly, it re-enacts and updates provisions in the 1908 Act protecting children against persons who have the custody, charge or care of them. Thirdly, it provides for family welfare conferences and other new provisions for dealing with children where there is a real and substantial risk to their life, health, safety, welfare and development.

* **Child Care Act 1991**

The purpose of the Child Care Act 1991 is to ‘update the law in relation to the care of children who have been assaulted, ill-treated, neglected or sexually abused, or who are at risk’. The main provisions of the Act are:

(i) the placing of a statutory duty on the HSE to promote the welfare of children who are not receiving adequate care and protection up to the age of 18;

(ii) the strengthening of the powers of the HSE to provide child care and family support services;

(iii) the improvement of the procedures to facilitate immediate intervention by the HSE and An Garda Síochána where children are in danger;

(iv) the revision of provisions to enable the Courts to place children who have been assaulted, ill-treated, neglected or sexually abused, or who are at risk, in the care of or under the supervision of the HSE;

(v) the introduction of arrangements for the supervision and inspection of pre-school services;

(vi) the revision of provisions in relation to the registration and inspection of residential centres for children.

Criminal Justice Act 2006 Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of ‘reckless endangerment of children’. It states: ‘A person, having authority or control over a child or abuser, who intentionally or recklessly endangers a child by –

(a) causing or permitting any child to be placed or left in a situation which creates a substantial risk to the child of being a victim of serious harm or sexual abuse, or (b) failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence.’

The penalty for a person found guilty of this offence is a fine (no upper limit) and/or imprisonment for a term not exceeding 10 years.

* **Domestic Violence Act 1996**

The Domestic Violence Act 1996 introduced major changes in the legal remedies for domestic violence. There are two main types of remedies available:

(i) Safety Order: This Order prohibits a person from further violence or threats of violence. It does not oblige that person to leave the family home. If the parties live apart, the Order prohibits the violent person from watching or being in the vicinity of the home.

(ii) Barring Order: This Order requires the violent person to leave the family home. The legislation gives the HSE the power to intervene to protect individuals and their children from violence. Section 6 of the Act empowers the HSE to apply for Orders for which a person could apply on his or her own behalf but is deterred from doing so through fear or trauma. The consent of the victim is not a prerequisite for such an application, although he or she must be consulted. Under Section 7 of the Act, the Court may, where it considers it appropriate, adjourn proceedings and direct the HSE to undertake an investigation of the dependent person’s circumstances with a view to:

(i) applying for a Care Order or a Supervision Order under the Child Care Act 1991;

(ii) providing services or assistance for the dependent person’s family; or

(iii) taking any other action in respect of the dependent person.

* **Protections for Persons Reporting Child Abuse Act 1998**

This Act came into operation on 23 January 1999. The main provisions of the Act 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 the HSE or to any member of An 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. A wide range of nursing, medical, paramedical and other staff has been appointed as designated officers for the purposes of this Act

(*see Appendix 10 of the Children First: National Guidance*). Section 6 of the Act is a saving provision, which specifies that the statutory immunity provided under the Act for persons reporting child abuse is additional to any defences already available under any other enactment or rule of law in force immediately before the passing of the Act.

* **Data Protection Acts 1988 and 2003**

The Data Protection Act 1988 applies to the processing of personal data. It gives a right to every individual, irrespective of nationality or residence, to establish the existence of personal data, to have access to any such data relating to him or her, and to have inaccurate data rectified or erased. It requires data controllers to make sure that the data they keep are collected fairly, are accurate and up-to-date, are kept for lawful purposes and are not used or disclosed in any manner incompatible with those purposes. It also requires both data controllers and data processors to protect the data they keep, and imposes on them a special duty of care in relation to the individuals about whom they keep such data.

* **Education Act 1998**

The Education Act 1998 places an obligation on those concerned with its implementation to give practical effect to the constitutional rights of children as they relate to education and, as far as practicable and having regard to the resources available, to make available to pupils a level and quality of education appropriate to meeting their individual needs and abilities.

* **Education (Welfare) Act 2000**

The Education (Welfare) Act 2000, which was fully commenced in July 2002, replaced previous school attendance legislation and provided for the creation of a single national agency, the National Educational Welfare Board (NEWB), which has statutory responsibility to ensure that every child either attends school or otherwise receives an education or participates in training. The NEWB also assists in the formulation and implementation of Government education policy.

* **Non-Fatal Offences against the Person Act 1997**

The two relevant provisions of this Act are:

(i) it abolishes the rule of law under which teachers were immune from criminal liability in respect of physical chastisement of pupils;

(ii) it describes circumstances in which the use of reasonable force may be justifiable.

* **Freedom of Information Acts 1997 and 2003**

The Freedom of Information Acts 1997 and 2003 enable members of the public to obtain access, to the greatest extent possible consistent with the public interest and the right to privacy, to information in the possession of public bodies. The specific provisions of the Acts include:

(i) to provide for a right of access to records held by such public bodies, for necessary exceptions to that right and for assistance to persons to enable them to exercise it;

(ii) to enable persons to have corrected any personal information relating to them in the possession of such bodies;

(iii) to provide for independent review by an Information Commissioner both of decisions of such bodies relating to that right and of the operation of the Acts generally;

(iv) to provide for the publication by public bodies of guides to their functions and national guidelines, such as these, for the public.

Under the Acts, a person about whom a public body holds personal information has:

(i) right of access to this information, subject to certain conditions;

(ii) the right to correct this information if it is inaccurate.

Where a public body makes a decision that affects an individual, that individual has a right to relevant reasons and findings on the part of the body reaching that decision.

The Acts are also designed to protect the privacy of individuals and, in general, requires the prior consent of an individual before releasing personal information about them. Where the release of social work or medical records contains information that would be harmful to a person’s well-being, the release may be made to a health professional who acts on the person’s behalf. Under the Acts, there are regulations and guidelines relating to access by parents to their children’s records; these emphasize that the overriding concern is the best interests of the child.

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

(i) protecting records covered by legal professional privilege;

(ii) protecting records that would facilitate the commission of a crime;

(iii) protecting records that would reveal a confidential source of information.

**Appendix 5: Checklist for Annual Review of the Child Protection Policy**

The HFSS Board of Management will undertake an annual review of its child protection policy and the following checklist shall be used for this purpose. The checklist is designed as an aid to conducting this review and is not intended as an exhaustive list. Individual

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

**Appendix 6: Template HFSS Child Protection Policy Statement**

***To be displayed in a prominent location in school***

**Child Protection Policy of Holy Family Secondary School**

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

1. The Board of Management has adopted and will implement fully and without modification the Department’s Child Protection Procedures for Primary and Post Primary Schools as part of this overall child protection policy.

2. The Designated Liaison Person (DLP) is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. The Deputy Designated Liaison Person (Deputy DLP) is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. In its policies, practices and activities, [insert school name] will adhere to the following principles of

 best practice in child protection and welfare: The school will;

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

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

6. This policy has been made available to school personnel and the Parents’ Association and is readily accessible to parents on request. A copy of this policy will be made available to the Department and the patron if requested. Also available on www.holyfamily.ie

7. This policy will be reviewed by the Board of Management once in every school year.

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson of Board of Management Principal

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of next review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_