



Scoil Mhuire agus Íde

**Newcastlewest,
Co. Limerick**

CHILD PROTECTION POLICY FOR

SCOIL MHUIRE AGUS ÍDE

December, 2013

RATIONALE

Following consultations between the Department of Education and Skills and organisations representing school management, parents and teachers, the Department of Children and Youth Affairs and the Health Service Executive (HSE), revised Child Protection Procedures for primary and Post-Primary schools were drawn up and came into effect in July 2011 in all primary and post-primary schools and replaced existing guidelines issued in 2001 and 2004 respectively.

The new procedures were based on the Children First – National Guidance for the Protection and Welfare of Children 2011. They incorporate significant improvements to the previously published school guidelines and are intended to better ensure consistent and uniform implementation of Children First across all schools.

It is the responsibility of each school management to now put in place the necessary arrangements to ensure compliance with the new procedures.

SUMMARY OF MAIN NEW ELEMENTS OF THE PROCEDURES

The following is a summary of the main new elements of the Child Protection Procedures for Primary and Post-Primary Schools:

- All schools must have a Child Protection Policy that adheres to certain key principles of best practice in child protection and welfare and all schools are required to formally adopt and implement without modification, the Child Protection Procedures for Primary and Post-Primary Schools as part of their overall Child Protection Policy.
- There are improved oversight arrangements which are designed to ensure uniform and consistent implementation of Children First within the schools sector. These have been introduced to strengthen and clarify the existing oversight arrangements in schools.
- A copy of the school's Child Protection Policy, which includes the names of the Designated Liaison Person and the Deputy Designated Liaison Person, shall be made available to all school personnel and the Parents' Association and must be readily accessible to parents on request.
- The name of the DLP must be displayed in a prominent position near the main entrance to the school.
- In addition to informing the Board of Management of those cases where a report involving a child in the school has been submitted to the HSE, the DLP shall also inform the Board of cases where the DLP sought advice from the HSE and as a result of this advice, no report was made.
- At each Board of Management meeting the Principal's Report shall include the number of all such cases and this shall be recorded in the minutes of the Board meeting.
- Each year the Board of Management must undertake an annual review of its Child Protection Policy and its implementation by the school. A checklist to be used in undertaking this review is included in Appendix 2. If necessary, following this annual review, the school must put in place an action plan to address any areas for improvement identified by the review. The Board of Management shall make arrangements to

inform school personnel that the review has been undertaken. Written notification that the review has been undertaken shall be provided to the Parents' Association. A record of the review and its outcomes shall be made available, if requested, to the Trustees and the Department.

MISSION STATEMENT SCOIL MUIRE AGUS ÍDE

This Child Protection Policy is governed by our school ethos and is guided by our school's Mission Statement. This states that our aim and purpose in Scoil Mhuire agus Íde is to help our students to take their place in society as educated, mature and committed Christians. We want our school to be not only a centre of academic excellence but also a caring community where personal faith is nurtured and developed.

In Scoil Mhuire agus Íde we aim

- To create a caring environment in which everyone recognises the value of each individual and to encourage an awareness of, and a response to, the needs of other
- To foster an appetite for learning and to develop self-discipline, initiative, responsibility and perseverance
- To involve the students in the life-long process of education and to ensure that everyone achieves some degree of success in life
- To value all kinds of achievement, and to learn to cope with success and failure

STATEMENT OF CORE VALUES

Scoil Mhuire agus Íde strives to provide an environment of excellence and care for each member of its school community. We demonstrate our valuing of each person through respect, truth, compassion and challenge. We foster excellence through the highest standards in our teaching, learning and pastoral structures and programmes.

Our Pastoral Care Policy states that: "We aim to create a caring environment in which everyone recognises the value of each individual and encourages an awareness of, and a response to, the needs of others. We aim to foster an appetite for learning and to develop self-discipline, initiative, responsibility and perseverance. We also aim to

involve our students in the life-long process of education and to ensure that everyone achieves some degree of success in life. We value all kinds of achievement and we work to promote a school culture, which values diversity and nurtures an ethos of respect for self, others, and the wider community”.

STUDENT SUPPORT IN OUR SCHOOL

Pastoral Care structures have always been a central focus since our doors opened in 1992. Scoil Mhuire agus Íde realises its core aims and goals through a variety of means, none more important than our pastoral care approach. We understand Pastoral Care, ‘as an approach to education which endeavours to value and develop each member of the school community. It promotes learning at every level of the student.’¹ This approach animates the nature of our pastoral care provision. Each member of the school community has access to the relevant pastoral structures and procedures; each is also invited to play their part in contributing to the pastoral ethos of this school community. More than anything else we seek to nurture positive relationships as the core resource in developing a pastoral approach. All our policies endeavour to put in place the necessary framework to underpin and support this approach.

RATIONALE UNDERPINNING CHILD PROTECTION POLICY

Therefore, this Child Protection Policy strives to reflect the objectives set out in our Mission Statement and aims to assist everyone working with the students of Scoil Mhuire agus Ide in identifying and reporting child abuse and neglect.

The key principles of best practice are:

- The welfare of the students of Scoil Mhuire agus Ide
- Early intervention should be available
- Children have a right to be listened to
- Parents/Guardians have a right to respect and to be listened to

Steps to ensure that these principles are met include:

- Taking positive steps to ensure that a caring, supportive school environment is created and maintained by incorporating up to date child protection guidelines in all school policies, procedures and structures, particularly in our school’s Code of Behaviour
- Ensuring that all staff and volunteers will have access to a copy of Child Protection Policy
- Making sure that the induction of new staff will include briefing on child protection procedures and policies.
- Appointing a Designated Liaison Person and a Deputy Designated Liaison Person to ensure that all child protection concerns are reported in accordance with our procedures.
- Recruitment procedures will include checks on suitability for working with young people.
- All disclosures and allegations of abuse will be reported to the Designated Liaison Person.

¹ Monahan, 1998, *The Year Head*, IAPCE.

- Reviewing our Child Protection Policy and procedures on an annual basis (Appendix 2)

CHILD PROTECTION POLICY

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 Scoil Mhuire agus Íde 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 is Ms. Sheilagh O'Mahony Kennedy.
3. The Deputy Designated Liaison Person is Mr. Sean Lane.
4. In its policies, practices and activities, Scoil Mhuire agus Íde 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.

School policies, practices and activities have developed in the following areas and many of these have relevance to child protection:

- Code of Behaviour
- Admissions
- Guidance
- Pastoral Care
- Social Personal and Health Education
- Anti-Bullying Policy
- Additional Educational Needs
- Homework

- Crisis Response
- Internet Acceptable Use Policy
- Substance Use Policy
- Dignity at Work Policy

Copies of these policies are available for view to parents/guardians from the school office and on our website www.scoilmhuireaguside.ie

Our school Code of Behaviour is under constant review and has undergone major review over the past two years and the new updated version came into effect in September 2013. The Code aims to promote good behaviour and self-control, helping to create a safe, secure learning environment for all members of the school community.

The core principles which underpin our Code of Behaviour are as follows:

- We aim to create a climate within our school which encourages and reinforces good behaviour
- We aim to create a positive and safe environment for teaching and learning
- We encourage our students to take personal responsibility for their learning and their behaviour
- We try to build positive relationships of mutual respect and mutual support among students, staff and parents
- We aim to ensure that our school's high expectations for the behaviour of all the members of the school community are widely known and understood.

The school also has other imbedded practices and activities which have relevance in the child protection area. Issues such as Pupil Attendance, Supervision of Pupils, Sporting Activities/School Outings, Students Work Experience Placements, and One-to One Teaching/Counselling are all relevant in this area. Bullying Awareness initiatives, Big Brother Big Sister programme also run during the school year.

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

1. 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 Trustees if requested.
2. 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 16th December, 2013

Signed: Deirdre Heverin

Signed: Sheilagh O' Mahony Kennedy

Chairperson of the Board

Principal

Date: *16-12-2013*

Date: 16-12-2013

Appendix 1: Signs and Symptoms of Child Abuse

There are four types of child abuse: neglect, emotional, physical and sexual abuse.

(1) Signs and Symptoms of Neglect

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

Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability or psychological disturbance.

The neglect of children is 'usually a passive form of abuse involving omission rather than 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 and desertion;
- children being persistently being left alone without adequate care And supervision;
- malnourishment, lacking food, inappropriate food or erratic feeding;
- lack of warmth;
- lack of adequate clothing;
- inattention to basic hygiene;
- lack of protection and exposure to danger, including moral danger or lack of supervision appropriate to the child's age;
- persistent failure to attend school;
- non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation;
- failure to provide adequate care for the child's medical problems and developmental problems;
- exploited, overworked.

Characteristics of Neglect

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:

- **disorganised/chaotic neglect:** this is typically where parenting is inconsistent and is often found in disorganised and crisis prone families, 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 behaviours, with older children proving more difficult to control and discipline. The home may be unsafe with a high incidence 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 comforts and with poor hygiene and little if any social or psychological stimulation. This 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 more likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for but where there is no opportunity to form an attachment with an individual carer. In these situations children are dealt with by a range of adults, and their needs seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

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

- Inadequate food – failure to develop
- Household hazards – accidents
- Lack of hygiene – health and social problems
- Lack of attention to health – disease
- Inadequate mental health care – suicide or delinquency
- Inadequate emotional care – behaviour and educational
- Inadequate supervision – risk taking behaviour
- Unstable relationships – 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

(2) Signs and Symptoms of Emotional Abuse

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are not met; the parents' relationship with their children 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 further defined with reference to the indices listed below. However, it should be noted that no one indicator is conclusive of emotional abuse. In the case of emotional abuse and neglect, it is more likely to impact negatively on a child where there is a cluster of indices, where these are persistent over time and where there is a lack of other protective factors:

- rejection;
- lack of comfort and love;
- lack of attachment;
- lack of proper stimulation (e.g. fun and play);
- lack of continuity of care (e.g. frequent moves);
- serious over-protectiveness;
- inappropriate non-physical punishment (e.g. locking in bedroom);
- family conflicts and/or violence;
- every child who is abused sexually, physically or neglected is also emotionally abused;
- inappropriate expectations of a child's behaviour, relative to his/her age and stage of development.

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

(3) Signs and Symptoms of Physical Abuse

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

- bruises (see below for more detail);
- fractures;
- swollen joints;
- burns/scalds (see below for more detail);
- abrasions/lacerations;
- haemorrhages (retinal/subdural);

- damage to body organs;
- poisonings – repeated (prescribed drugs, alcohol);
- failure to thrive;
- coma/unconsciousness;
- death.

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

(a) 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.

(b) Bruises – 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.

(c) 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. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

(d) Burns – Accidental/Non-Accidental

Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot object. However, repeated episodes may suggest inadequate care and attention to safety within the home.

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.

(e) Bites – Accidental/non-Accidental

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

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.

(f) Poisoning – Accidental/Non-Accidental

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

Non-accidental 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.

(g) Fabricated/Induced Illness

This occurs where parents, usually the mother, 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:

- 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;
- High level of demand for investigation of symptoms without any documented physical signs;
- 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.

(4) 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:

- disclosure by the child or his/her siblings or friends;
- the suspicions of an adult;
- physical symptoms.

There is a 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 may be either outside or inside clothes. It also includes ‘frottage’, i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim’s body or clothing.

Oral-genital sexual abuse

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

Interfemoral sexual abuse

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

Penetrative sexual abuse, of which there are four types:

- ‘Digital penetration’, involving putting fingers in the vagina or anus, or both. Usually the victim is penetrated by the offender, but sometimes the offender gets the child to penetrate them.
- ‘Penetration with objects’, involving penetration of the vagina, anus or occasionally mouth with an object.
- ‘Genital penetration’, involving the penis entering the vagina, sometimes partially.
- ‘Anal penetration’ involving the penis penetrating the anus.

Sexual exploitation

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution
- ‘Child pornography’ includes still photography, videos and movies, and more recently, computer generated pornography.
- ‘Child prostitution’ for the most part involves children of latency age or in adolescence. However, children as young as 4 or 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 sexual abuse in **young children (aged 0 – 10)** include:

- mood change, e.g. child becomes withdrawn, fearful, acting out;
- lack of concentration, especially in an educational setting;
- bed wetting, soiling;
- pains, tummy aches, headaches with no evidence of physical cause;
- skin disorders;
- reluctance to go to bed, nightmares, changes in sleep patterns;
- school refusal;
- separation anxiety;
- loss of appetite, overeating, hiding food.

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

- depression, isolation, anger;
- running away;
- drug, alcohol, solvent abuse;
- self-harm;
- suicide attempts;
- missing school or early school leaving;

- eating disorders.

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

Appendix 2: Checklist for Annual review of this Child Protection Policy

The board of management must undertake an annual review of its child protection policy and the following checklist shall be used for this purpose.

The checklist is designed as an aid to conducting this review and is not intended as an exhaustive list. Individual Boards of Management may wish to include other items in this checklist that are of particular relevance to the school in question

As part of the overall review process, Boards of Management should also assess other school policies, practices and activities vis a vis their adherence to the principal of best practice in child protection and welfare as set out in the school's child protections 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 Siochána) 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 School's" are available to all school personnel?	
Has the Board arrangement's in place to communicate the child protection 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 Boards last annual review, was the Board informed of any child protection reports made to the HSE/An Garda Siochána by the DLP?	
Since the Board's last 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 Siochána 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?	
Has the Board ensured that the school's child protection policy is available to parents on request?	
Has the board ensured that the Stay Safe programme is implemented in full in the school?	
Has the Board ensured that the SPHE curriculum is implemented in full in the school?	
Is the Board satisfied the department's requirements in relation for Garda Vetting have met in respect of all school personnel (employees and volunteers)?*	
Is the Board satisfied that the Department's requirements in relation to the provision of a child protection related statutory declaration and associated form of undertaking have been met in respect of persons appointed to teaching and non-teaching positions?*	

Is the Board satisfied that, from a child protection perspective, thorough recruitment and selection procedures are applied by the school in relation to all school personnel (employees and volunteers)?*	
Is the Board satisfied that the "Child Protection Procedures for Primary and Post Primary Schools" are being fully and adequately implemented by the school?	
Has the Board identified any aspects of the school's child protection policy and/or its implementation that requires further improvement?	
Has the Board put in place an action plan containing appropriate timelines to address those aspects of the school's child protection policy and/or its implementation that have been identified as requiring further improvement?	
Has the Board ensured that any areas for improvement that were identified in any previous review of the school's child protection policy have been adequately addressed?	

*In schools where the VEC is the employer the responsibility for meeting these requirements rests with the VEC concerned. In such cases, this question should be completed following consultation with the VEC

Signed _____ Date _____

Chairperson, Board of Management

Signed _____ Date _____

Principal

Notification regarding the Board of Management's annual review of the child protection policy

To: _____

The Board of Management of _____ wishes to inform you that:

- The Board of Management's annual review of the school's child protection policy was completed at the Board of _____ [date]
- This review was conducted in accordance with the checklist set out in Appendix 2 of the Department's "Child protection Procedures for Primary and Post Primary Schools"

Signed _____ Date _____

Chairperson, Board of Management

Signed _____ Date _____

Principal

Appendix 3 Private and Confidential

STANDARD FORM FOR REPORTING CHILD PROTECTION AND/OR WELFARE CONCERNS

In case of emergency or outside Health Service Executive office hours, contact should be made with An Garda Síochána

A. To Principal Social Worker or Duty Social Worker:

1. Details of Child

Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	
Age/D.O.B	School

1a. Details Of Parents

Name of Mother:	Name of Father:
Address of Mother if different of Child:	Address of Father if different to Child:
Telephone Number:	Telephone Number:

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

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1c. Household composition

Name	Relationship to Child	Date of Birth	Additional Information

Note: A separate report form must be completed in respect of each child being reported

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

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3. Details of person(s) allegedly causing concern in relation to the child:

Name	Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address			
Relationship to Child		Occupation	

4. Name and Address of other personnel or agencies involved with this child:

Social Workers	School
Public Health Nurse	Gardai
G.P.	Pre-School/Creche/Youth Club:
Hospital	
Other, specify e.g. Youth Groups, After School Clubs:	

5. Are Parents/Legal Gaurdians aware of this referral to the Social Work Department?

YES NO If YES, what is their attitude?

6. Details of Person reporting concerns (Please see Guidance Notes re Limitations of Confidentiality)

Name	Occupation
Address	
Telephone Number	
Nature and extent of contact with Child/Family	

7. Details of Person completing form:

Name	Date
Occupation	Signed

Appendix 4: Protocol authorising immediate action

The following protocol authorises immediate action under Section 5.2 of the ‘Child Protection Procedures for Primary and Post-Primary Schools’.

Post-Primary

In the context of these procedures, where circumstances warrant it, as a precautionary measure in order to protect the children in the school and in accordance with the principles of natural justice and the presumption of innocence, the school principal is authorised by the school management authority to direct an employee to immediately absent himself/herself from the school without loss of pay until the matter has been considered by the employer.

The employee will be invited to a meeting with the principal, the purpose of which is to inform the employee of the allegation and the action being taken. The employee may be accompanied by an appropriate person of his or her choice and will be so advised.

In any event, the employee will also be advised of the matter, in writing.