

**Céim Eile, Templemore College of Further Education (TCFE)**

**Child Protection Policy**

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**CHILD PROTECTION** POLICY

And Child Protection Procedures

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**Policy Statement**

**Céim Eile Child protection policy applies to all Students attending the centre. It has been Developed in accordance with the Department of Education and Skills Child protection procedures for Primary and Post Primary Schools. As part of the policy this service will endeavour to following the children fist Guidance 2011.**

**Rights of children to be protected**

**Relevant legislation**

1988 & 2003 Data Protection Acts

1991 Child Care Act, 1991

2001 Children’s Act

UN Convention on the Rights of the Child (ratified by Ireland and effective from 21st October, 1992)

1996 Domestic Violence Act

1997 & 2003 Freedom of Information Acts

1998 Protection for Persons Reporting Child Abuse Act

1999 Children First National Guidelines for the protection and Welfare of Children

2000 Education (Welfare) Act

Ombudsman for Children act 2002

2003 Code of Good Practice: Child Protection for the Youth Work sectors 2nd Edition

2004 Education for persons with Special Educational Needs Act

2005 Disability Act

2006 Criminal justice Act

2007Childcare Act (amendment)

2008 Passport Act

2012 Criminal Justice (withholding of information on Offences against Children and Vulnerable Persons Act

.

2. Recognising Abuse

**Definition and Indicators of Child Abuse**

 **Four Types of Child Abuse**

Child abuse can be categorised into four different types of abuse: neglect, emotional abuse, physical and sexual abuse.

**(i) Definition of Neglect**

Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults and medical care. Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. The *threshold of significant harm* is reached when the child’s needs are neglected to the extent that his or her well-being and /or development are severely affected.

**(ii) Definition of Emotional Abuse**

Emotional abuse is normally to be found in the relationship between a caregiver and a child, rather than in a specific event or pattern of events. It occurs when a child’s need for affection, approval, consistency and security are not met. It is rarely manifested in terms of physical signs or symptoms. The *threshold of significant harm* is reached when abusive interactions dominate and become the norm in the relationship between the child and the parent/carer.

Examples of emotional abuse include:

Persistent criticism, sarcasm, hostility or blaming

Where the level of care shown to a child is made contingent on his/her behaviour

Unresponsiveness, inconsistent or inappropriate expectation of a child

Premature imposition of responsibility of a child

Over or under protection of the child

Failure to provide opportunities for the child’s education and development

Use of unrealistic or over-harsh disciplinary measures

Exposure to domestic violence

**(iii) Definition of Physical Abuse**

Physical abuse is any form of non-accidental injury or injury which results from wilful or neglectful failure to protect a child (e.g. shaking, use of excessive force in handling, deliberate poisoning, suffocation, Munchausen’s syndrome by proxy[[1]](#footnote-1)2 and allowing or creating a substantial risk of significant harm to a child).

**(iv) Definition of Sexual Abuse**

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal or for that of others. For further details on child sexual abuse, please see section 3.5.1 (Page 14) of the National Guidelines for Protection and Welfare of Children 1999.

 **Other Forms of Abusive Behaviour**

Apart from the above very serious forms of abuse, staff and volunteers should also be on the alert for other forms of abusive behaviour:

 **Peer Abuse**

In some cases of abuse the alleged perpetrator will also be a child. In these situations the Child Protection Procedures outlined later this document should be adhered to for both the victim and the alleged abuser. If there is any conflict of interest between the welfare of the alleged abuser and the victim, the victim’s welfare is of paramount importance (*see chapter 11 of 1999 Children First: National Guidelines for further details on Peer Abuse).*

 **Bullying**

Bullying behaviour 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, which occurs, mainly in social environments working with children. Examples of bullying include; teasing, taunting, threatening, hitting, extortion. While the more extreme forms of bullying would be regarded as physical or emotional abuse and should be reported to the Health Service Executive or An Garda Síochána), dealing with bullying behaviour is normally the responsibility of the Centre where it is taking place. Each Centre must have an anti-bullying policy.

**Recognising Signs of abuse:**

**Recognising Signs of Child Abuse / Neglect:**

As each Student’s well being and safety is of primary concern, it is important that all staff are aware of and are vigilant in spotting the signs and symptoms of child abuse and neglect.

In order for this to happen, all staff will be informed of and receive training on the differing types of child abuse, those being neglect, emotional abuse, physical abuse and sexual abuse.

All staff will also be trained on and be aware of the procedures in place within their work environment to deal with suspicions or disclosures of abuse.

3. Responding to a Concern about a Students’s Welfare or Possible Abuse

1, Dealing with concerns

2. Dealing with disclosure

3. Dealing with information form a third party

4. Dealing with retrospective disclosure by an adult.

*Forms for recording welfare concerns and suspected or disclosed abuse are kept in a sign and sealed envelope in a lock draw in the manager’s office and the designated office is the only person that has access.*

**4. Procedure for Reporting Concerns to HSE Social Work Departments**

If a staff member/volunteer/student has a concern about the welfare or possible abuse of a Student in the centre the following procedures will be followed:

**The childcare staff/volunteer/student:**

Will record the concern and discuss/inform the **Designated Person**

**The Designated Person:**

Will consider the concern and ring the duty social worker for advice, i.e., discussing the concern without identifying the child or family.

**The Designated Person:**

Will follow the advice of the duty social worker and make a report on the standard reporting form if advised to do so.

Records the report and procedures followed for internal records in a confidential manner.

Informs the parent(s) that a report is being made to the HSE/An Garda Siochána, unless doing so would put the child at further risk. Seek advice from the duty social worker if unsure.

The reports are made within 24 hours, or at the start of business of the next working day (in the case of a weekend/bank holiday).

**Designated Person; Micheal O’Doherty**

**Second Designated Person; Corina Mullany**

**The duty social worker is available at:**

|  |  |  |
| --- | --- | --- |
| North Tipperary | Social Work Department Nenagh,Co. Tipperary | Tel:  |

In an emergency situation, during or outside of office hours, the Designated Persons and/or staff should contact An Garda Síochána.

The local number for the Gardaí is

 **Reporting a Suspected or Actual Child Abuse**

Report the allegation to the HSE

When a report is being made to the HSE, the BOM should be informed (but the anonymity of the Student should be protected). Also the parent/carer should be informed **unless doing so could endanger the child**

In the event of an emergency, or the non-availability of HSE staff, the report should be made to An Garda Síochána. This may be done at any Garda Station.

**5. Procedure for Dealing with Allegations of Abuse Against Employees and Volunteers**

Children First National Guidance for the Protection and Welfare of Children advise that two procedures need to be followed:

Reporting procedure in respect of the Student

The procedure for dealing with the employee

**The DP should not have responsibility for dealing with both the reporting issues and the employment issues, therefore in cases such as this the Principal of the College will assume to role of the DP**

Reporting procedure in respect of the child

The procedure for dealing with the employee

**6. The Role of the Designated Person**

**The DP Roles and responsibilities:**

Operate within the national child protection guidance 2011

Report suspicions and allegations of child abuse to the statutory authorities i.e. the Health Service Executive / An Garda Síochána.

Liaise between the organisation, Student, staff and the statutory authorities where necessary.

Facilitate the provision of support to any victim, volunteer or employee making a referral, and will provide support for the alleged abuser if they are an employee /volunteer in Centre.

Keep the BOM informed of any reports that have been made to the HSE. The anonymity of the Student should be maintained.

Advise on good practice and organise/facilitate training and workshops on Child Protection

Maintain detailed written records on all cases referred to her in a secure and confidential manner.

Keep up-to-date on current developments regarding provision, practice, support services, legal obligations /requirements and policies on child protection issues.

Will inform parents of a child protection concern is being report **unless to do so is likely to further endanger the child.**

**7. Records**

**The Data Protection Act, 1988 and 2003**

The Act only applies to the automatic 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 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.

There are only three exclusions under the Act:

(i) data relating to state security;

(ii) Information that is required by law to be made available to the public;

(iii) Personal data kept only for personal or recreational purposes.

**Storage of records in regards to concerns allegations or disclosures**

All records will be stored in a locked cabinet in the office.

**Access to records in regards to concerns allegations or disclosures**

**The designated person only** will have access to the record records pertaining to a child protection concerns, allegations or disclosures of child abuse that he or she is dealing with unless required by relevant authorities.

**Refer to Children’s First Guidance 2011 document**

APPENDIX 1: Definitions and Indicators of Child Abuse

**NEGLECT**

Where a child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment and affection from adults, medical care. Usually not one event, -happens over a period of time and -results in the child’s development being severely affected

***Indicators***

Abandonment or desertion – Parent does not pick up child and cannot be contacted.

Children persistently left alone – without supervision

Lack of warmth

Lack of suitable clothing

Lack of protection and exposure to danger

Persistent failure to attend school

Non-organic failure to thrive i.e. child not gaining weight due to malnutrition but also due to emotional deprivation

Failure to provide adequate care for child’s medical problems

**EMOTIONAL ABUSE**

Occurs when a child’s need for affection, approval, consistency and security are not met and is usually found in the relationship between the care-giver and the child.

-would arise when abusive interactions between the child and care-giver become typical of the relationship.

***Indicators***

Rejection

Lack of praise and encouragement

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)

Inappropriate non-physical punishment (e.g. locking in bedrooms)

Family conflicts and/or violence

Inappropriate expectations of a child’s behaviour – relative to his/her age or stage of development (e.g. expecting 3 year old to be able dress self independently,)

Every child who is abused sexually, physically or neglected is also emotionally abused.

**PHYSICAL ABUSE**

Any form of non-accidental injury or injury which results from willful or neglectful failure to protect a child.

***Indicators***

Shaking

Bruises

Fractures

Swollen joints

Burns/scalds

Cuts and abrasions

Damage to body organs

Poisonings

Failure to thrive

Coma/unconsciousness

Death

**SEXUAL ABUSE**

When a child is used by another person for his or her sexual gratification or sexual arousal or for that of others.

‘Cases of child sexual abuse principally come to light through –

Disclosure by the child or its siblings or friends;

The suspicions of an adult;

Due to physical symptoms

***Indicators***

Bleeding from vagina/anus

Difficulty/pain in passing urine/faeces

Vaginal discharge or warts/rash in genital area

Noticeable and uncharacteristic changes in behaviour/mood, child becomes withdrawn, fearful or acting out

Hints about sexual activity

Age inappropriate understanding of sexual behaviour

Inappropriate seductive behaviour

Sexually aggressive behaviour with others

Uncharacteristic sexual play with peers/toys

Bed wetting, soiling

Psychosomatic complaints, pains, headaches, stomachaches.

A**ppendix** 2: Reasonable Grounds for Reporting

A disclosure from a Student in relation to abuse by an adult or child/adolescent

An account by a person who witnessed the abuse of a child

Evidence of an injury or behaviour which indicates abuse, and is unlikely to be caused any other way

Evidence of Injury or behaviour which is consistent with abuse, but also where another or innocent explanation is given, however other factors and indicators are present to support the concern of abuse.

Consistent indication over a period of time, that a child is suffering from emotional or physical neglect or lack of adequate supervision.

Retrospective Disclosure - A disclosure by an adult that they were abused as a child by someone who now has contact with children.

Concern about the practice of a colleague in the service

***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.***

APPENDIX 3: Guidelines For Responding To A Disclosure By A Child

Stay calm and listen- give the Student time to say what she or he wants to say

Listen carefully and attentively, take the Student seriously

Don’t ask leading questions or make suggestions

Don’t stop the Student recalling significant events, but don’t start to investigate or make the Student repeat the story unnecessarily

Don’t express opinions about the child or members of his or her family

Reassure the Student but don’t promise to keep it a secret

Explain that you will need to discuss this with someone else

Record the disclosure as carefully as possible: ‘in the Student’s own words’, as soon as possible after receiving the disclosure

**APPENDIX 4: Standard Form for reporting Child Protection** and/or welfare concerns to the Health Service Executive.

**PRIVATE AND CONFIDENTIAL**

**In case of Emergency or outside Health Board hours, contact should be made with An Garda Síochána.**

**A.** To Principal Social Worker/Designate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This will be printed as relevant to each Community Care Area.

**1. Details of Child:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male: 􀀀 Female: 􀀀

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1a.** Name of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Mother if different to Child: Address of Father if different to Child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1c.** Household Composition:

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Relationship to Child  | Date of Birth  | Additional Information e.g. School/Occupation  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

**Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent’s view(s), child’s view(s) if known.**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Male: 􀀀 Female: 􀀀

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Social Workers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Health Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gardaí: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G.P.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pre-School/Crèche/Youth Club: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (Specify e.g. Youth Groups etc.): \_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Are Parents/Legal Guardians 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Guidance Notes:**

Health Boards have a statutory responsibility under the Child Care Act, 1991, to promote the welfare and protection of children in their area. Health Boards therefore have an obligation to receive information about any child who is not receiving adequate care and/or protection. This reporting form is for use by:

• Health Services Personnel

• Professionals and individuals in the provision of child care services in the community who have services contracts with the Health Boards.

• Designated person in a voluntary or community agency

Any professional, individual or group involved in services to children who becomes aware of a child protection or welfare concern, or to whom a child protection or child welfare concern is reported.

Please fill in as much information and detail as is known to you. (Health Board personnel should do this in consultation with their line manager). This will assist the Social Work Department in assessing the level of risk to the child, or support services required. If the information requested is not known to you, please indicate by putting a line through the question. It is likely that a social worker will contact you to discuss your report.

Health Boards aim to work in partnership with parents. If you are making this report in confidence you should note that the Health Board cannot guarantee absolute confidentiality as:

A Court could order that information be disclosed.

Under the Freedom of Information A ct, 1997, the Freedom of Information Commissioner may order that information be disclosed.

You should also note that in making a ‘bona fide report’ you are protected under the Protection for Persons Reporting Child Abuse Act, 1998.

If you are unsure of you should report your concerns, please telephone the duty social worker and discuss your concerns with him/her.

**Review**

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

|  |  |
| --- | --- |
| Submitted to Staff: |  |
| Submitted to Board of Management: |  |
| Submitted to ETB Board: |  |

1. 2 Where parents fabricate stories of illness about their child or cause physical signs of illness. [↑](#footnote-ref-1)