“KEEPING CHILDREN SAFE”

Policies and Procedures supporting Child Protection at DCU
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Statement of Intent

While Dublin City University (hereafter DCU) and its subsidiary companies is regarded as an adult educational and research environment for university students, it does recognise its responsibility to promote and safeguard the welfare of children, young people and vulnerable persons who may be present within its Campus facilities. DCU believes and subscribes to the societal view that:

1. It is unacceptable for a child / young person / vulnerable person (here in after referred to as ‘a child’) to experience any form of harm or abuse.
2. Their welfare is paramount and they have the right to protection.
3. All children should be valued and treated in an equitable and fair manner regardless of ability, age, gender, religion, social and ethnic background or political persuasion.

DCU is committed therefore to adopt and uphold the highest possible standards in child protection & safeguarding and, shall take all reasonable steps in relation to the safety and welfare of children, young people and vulnerable persons who may be present within its facilities.

In recognising that it cannot act “in loco parentis” and unless otherwise determined by legal authority, that ultimate responsibility for a child will always remain with parents / guardians / carers, nevertheless DCU will work in close partnership with the individuals themselves; their parents / guardians / carers and other bodies including

- other Faculties / Schools within Dublin City University and any of its associated entities / companies
- any external organisations / agencies / groups who may rent or utilise DCU Campus facilities as appropriate to promote and safeguard their safety and welfare.

Additionally DCU may have some students who commence their studies before their Eighteenth birthday. DCU recognises that

(a) anyone under the age of 18, is a child as a matter of law
(b) Students under the age of 18 will be treated in most respects no differently to students aged 18 and over.
(c) As with all DCU students, students under the age of 18 have access to the Student Counselling Service, the Student Medical Centre and the Chaplaincy Service as well as the extensive specialised supports are also available to students through the Student Support and Development
www.dcu.ie/students/index.shtml

This document and the Principles, Policies and Procedures contained therein, sets out in overall terms, the proactive approach accepted by DCU as integral to its commitment to the protection and safeguarding children who may be present within its Campus facilities.

Statement of Applicability

The Policy applies to:

I. All employees of Dublin City University
II. All employees of Dublin City University subsidiary companies with contractual relationships with DCU (e.g., Summer residency programmes / activities, Campus Dining and Shops).
III. All employees of external organizations / companies / agencies / groups with contractual relationships with DCU (e.g., summer residency programmes / activities, non-academic activities).
IV. All students, with respect to conduct requirements, including all students who interact with children as part of their work-related duties or academic program, whether on or off DCU Campus
V. Visitors, vendors, or guests on DCU Campus.
“KEEPING CHILDREN SAFE” Policies and Procedures supporting Child Protection at DCU

Statement of Purpose

The purpose of the Policy is to:

• provide protection for the children who may be present within DCU Campus.
• irrespective of status, provide to all persons indicated above with guidance on the procedures they should adopt in the event they suspect a child may be experiencing, or be at risk of, harm or abuse.
• set out guidance to all persons who may work or come into contact with children during the course of their work or activities while on DCU Campus

Specifically, this policy will:

i. Describe how DCU aims to protect and safeguard a child,
ii. Apply to all academic and non-academic personal ,
iii. Set out the statutory requirements and, good practice guidance in child protection and safeguarding in the pursuance of providing a safe environment for a child.
iv. Identify the organisational and management structures for implementing this policy
v. Be reviewed, revised and amended as necessary on an annual basis

Types and Definitions of Abuse

“Abuse” in relation to a child is defined by the Commission to Inquire into Child Abuse Act 2000 as:-

• The wilful, reckless or negligent infliction of physical injury on, or failure to prevent such injury to, the child;
• the use of the child by a person for sexual arousal or sexual gratification of that person or another person
• failure to care for the child which results in serious impairment of the physical or mental health or development of the child or serious adverse effects on his or her behaviour or welfare, or
• any other act or omission towards the child which results in serious impairment of the physical or mental health or development of the child or serious adverse effects on his or her behaviour or welfare.

Child abuse can be categorised into four different types:

Physical abuse defined in the “Children First: National Guidance for the Protection and Welfare of Children” (2011) - as:- “Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.”

Emotional abuse, defined in the “Children First: National Guidance for the Protection and Welfare of Children” (2011) as:- “Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child’s developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms.”

Neglect defined in the “Children First: National Guidance for the Protection and Welfare of Children” (2011) as:- 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/or medical care”.

*Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by the child’s health and development as compared to that which could reasonably be expected of a child of similar age.

Sexual abuse defined in the “Children First: National Guidance for the Protection and Welfare of Children” (2011) as:- “occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others.”

A child may be subjected to one or more forms of abuse at any given time. More details on each type of abuse can be found at Appendix 1.
ROLES AND RESPONSIBILITIES

Basis for Roles and Responsibilities

DCU fully believes and accepts that sound child protection and safeguarding practices are based and intertwined with:

a) A clear line of accountability from top to bottom within the university with associated corporate / organisational responsibility, including external organisations / agencies / groups using DCU Campus facilities

b) Clearly articulated roles and responsibilities set out within DCU staff structures with associated individual responsibility, including:
   a. any individual associated with any DCU Faculty / School / Centre /Unit
   b. any individual associated with any DCU associated entity or subsidiary company
   c. any individual associated with external organisations / agencies / groups using DCU Campus facilities.

Application of Corporate / Organisational Responsibilities

DCU shall:

a. Adopt, implement and comply with the Policy;

b. Publish, distribute, disseminate and/or otherwise promote the Policy;

c. Promote and uphold appropriate standards of conduct at all times;

d. Promptly deal with any breaches of or complaints made under the Policy in an impartial, sensitive, fair, timely and confidential manner;

e. Apply the Policy consistently without fear or favour;

f. Ensure that a copy of the Policy is available or accessible to the persons to whom this policy applies

g. Appoint or have access to designated qualified people to receive and handle complaints and/or allegations and display the names and contact details in a way that is readily accessible; and

h. Monitor and review the Policy annually.

DCU will require that its associated entities and subsidiary companies adopt this policy and adapt as applicable to their operations.

Application of Individual responsibilities

The Policy applies without exemption to the following persons, irrespective of their status or capacity:

i. President and the Governing Authority of Dublin City University;

ii. Executive Deans of Faculties and Heads of Schools / Centres/ Units;

iii. Managers of associated DCU Entities / Subsidiary Companies;

iv. DCU Staff members – Full or Part-time; Casual or Seasonal

v. Staff employed by external companies in the course of their business with DCU, or its associated Entities / Subsidiary Companies;

vi. Staff members from any external organisation / agency / group that may rent or contract for the use of any of DCU Campus facilities on a casual or formal basis;

vii. All other persons, irrespective of purpose, present on DCU Campus to the full extent that is possible.
Application of specific individual responsibilities

Governance

The ultimate responsibility for the adoption and implementation of the Policy shall rests with the President and the Governing Authority of Dublin City University with delegated responsibility to

i. The Chief Operations Officer (COO)
ii. The Executive Deans and Heads of School / Centres/ Units.

Chief Operations Officer

As part of the overall duties of the Office, the Chief Operations Officer is responsible for proactive compliance with the statutory and regulatory requirements that the Policy comes under through ensuring effective, transparent and accountable governance in line with best practice.

Executive Deans and Heads of School / Centres /Units responsible for

i. The implementation and operation of Policy.
ii. each member of their staff being made aware of their duty and that they comply with this Policy
iii. is delegated responsibility to act in the role of Designated Child Protection Contact Person to
a. liaise with the DCU Designated Liaison Person
b. represent or nominate a member or their staff to the DCU Child Protection and Safeguarding Committee

DCU Designated Liaison Person

DCU shall nominate an appropriate person as the DCU Designated Liaison Person (DLP) for the purpose of overseeing the Policy. The DCU Designated Liaison Person may designate or nominate other persons to cover absences or act on behalf of the DPL.

DCU Staff

All members of DCU Staff are bound by the Policy and are responsible for:

i. Making themselves aware of the Policy and, their compliance with the standards of conduct outlined therein.
ii. If required as part of their role, consenting to vetting in compliance with the current procedural and legal requirements under the existing vetting system operated by the Garda Central Vetting Bureau or, the new procedures and requirements under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 on its formally commencement.
iii. Complying with all other requirements of the Policy.
iv. Where appropriate participating in training programme so provided by DCU.
v. Understanding the possible consequences of breaching this policy.

Ancillary staff – Cleaning; Maintenance and Security

In as far as it is possible, DCU shall not allow any member of its ancillary staff namely Cleaning; Maintenance and Security or, other seasonal / contract / agency staff from external companies to have regular contact with a child present on DCU Campus unless that member of staff has been satisfactorily checked under Garda vetting.

Student Residents are bound by and subject to the terms and conditions of their individual residential agreement with Campus Residences Ltd (CRL) or, in the case of a block booking on behalf of an external organisation / agency / group, the residency of children and are subject to the CRL's own Child Protection and Safeguarding Policy

Visitors irrespective of the purpose of their presence on DCU Campus, all persons visiting are sufficiently monitored in as far as is practicable by members of Staff including DCU Campus Security to prevent their substantial unsupervised access to

i. students under 18 and/or their accommodation.
ii. Children otherwise present on DCU Campus.
Application of External Organisations / Agencies / Group responsibilities

In the application of external Business / Organisations / Agencies / Group responsibilities, irrespective of whether such business / organisation / agency / group which use or utilises DCU Campus facilities have their own Policy or not:

a. Prior to any rental or contractual agreement between DCU or a subsidiary company and any external business / organisation / agency / group being entered into, such external business / organisation / agency / group will be asked to familiarise themselves with the DCU Policy.

b. If any external organisation / agency / group from outside the Republic of Ireland, rents or otherwise uses DCU Campus facilities, the DCU Policy shall take precedence at all times.
KEEPING CHILDREN SAFE

Policies and Procedures supporting Child Protection at DCU
DCU engages with children regularly both on and off campus. In line with this Policy, DCU is fully committed to ensuring that children remain safe in all their dealings with the University. As part of this commitment, DCU and its associated companies are regarded as child friendly environments and, in some cases as part of their activities, directly promote some family-friendly and child oriented activity programmes / camps. In order to ensure a positive experience DCU has developed a number of policies and procedures to reinforce this commitment

**Respect and Dignity**

The university does not tolerate discriminatory practices or any kind. The Policy to Promote Respect and to Protect Dignity sets out our commitment to an environment that is free from harassment or bullying. The policy is available at www.dcu.ie/equality/respect.html

**Child Protection and Safeguarding Training Policy**

Where appropriate DCU Staff shall be provided with regular training in child protection and safeguarding and should be renewed not later than every three years.

Any new DCU Staff commencing work with DCU or any of its associated entities / subsidiary companies shall have Child Protection and Safeguarding matters explained to them during the standard induction process.

The DCU Designated Liaison Person; Deputy DCU Designated Liaison Person and Designated Child Protection Contact Person must renew their child protection and safeguarding training at an appropriate level every two years.

**Communication and Social Media**

DCU acknowledges the significant impact that communication and social media technologies have for all children and, because of various formats available, DCU advocates & encourages they are used at all times safely, sensibly, securely and responsibly for their positive benefits and to minimise the potential negative or harmful uses for which they can be used. The DCU Social Media Policy found at http://www4.dcu.ie/sites/default/files/president/Social%20Media%20Good%20Practice%20Guidelines%20Approved%203rd%20Sept%202013.pdf

**Mobile phones:**

Mobile phones provide children with that security and enables parents / guardian / carers to keep in touch & make sure that they are safe, DCU does not believe that it would be appropriate to ban children from having them provided that;

i. such devices are not used inappropriately.

ii. they are aware to the potential for phone calls, emails, photos or text messages to be misinterpreted by the child or, by their parents / guardians / carers.
Use of Mobile/Camera Phones by DCU Staff:

DCU Staff are advised as follows;

i. Use group texts for communications regarding DCU events and/or activities among participants including children and inform parents / guardians / carers of this at the start of the events / activities / camps.

ii. It is not appropriate to have constant communication for individual participants.

iii. Don’t use the phone in certain locations; inappropriate use of the mobile/camera phone may cause upset or offence to another person, e.g. personal care facilities.

Email:

Email guidelines are available at
http://www4.dcu.ie/sites/default/files/iss/pdfs/Guidelines_Email_Messaging.pdf

Video Recording and Photography Best Practice

In as far as it is possible, in order to reduce the risk of images of children being used inappropriately, unsolicited or illegally by any person(s), DCU suggests the following guidelines in respect of the taking and usage of images of children via video recording, photography or any other recording device.

This is not to avoid or discourage;

• parents / guardians / carer from taking photographs or other recordings of their children / young people / vulnerable persons participating in activities at DCU Campus.

• academic researchers during the course their research work where it involves the participation of children / young people / vulnerable persons

but to ensure that

1. Best practice is put in place wherever and whenever photographs and recorded images are may be taken and subsequently stored.

2. All video recording and/or photographing is appropriate and non-intrusive.

3. Whenever possible, only those who have a right to take videos and/or photographs, do so provided that before taking any recording or image of a child that is not their own, they obtain permission from a child’s parent / guardian / carer and ensure that the parent / guardian / carer knows the way the image will be used.

4. The privacy of others is to be respected and accordingly, the use of camera phones, videos and cameras inside personal care facilities such as changing areas, showers and toilets or First Aid areas is strictly prohibited.

This should be read in conjunction with DCU Social Media Policy found at

Videoing as a coaching aid in sport: Video equipment can be used as a legitimate coaching aid. However, permission should first be obtained from the child and/or the child’s Parent / Guardian / Carer.

Anyone concerned about any photography or filming taking place at DCU events or activities should contact the DCU’s Designated Liaison Person, or in their absence, the Deputy Designated Liaison Person.

The operations of CCTV by DCU Campus Security and the retention of recordings are subject to the Data Protection Acts Emergency Procedures

The Accident and First Aid procedures may be viewed at
The Emergency procedures may be viewed at

The Fire Safety Policy and procedures may be viewed at
http://www4.dcu.ie/safety/emergencies.shtml

In the event that any of the emergency procedures are initiated, DCU Campus Security should be notified as soon as possible. Control Centre is located adjacent to the DCU Multi-storey car-park, at phone extension number 5999.

Procedure to follow where a child is Lost or Missing

If a child participating in activities / sessions / camps at DCU Campus, gets lost or goes missing going to & from or during such activities / sessions / camps, with due regard for the immediate safety and welfare of the child, DCU shall initiate and apply the following procedure:

- Ensure that all other involved in the activity / session / camp are fully accounted for and continue to be supervised appropriately while a search for the child concerned is carried out.
- Notify the person responsible for the activity.
- Notify DCU Campus Security at phone extension number 5999.
- Make a note of the circumstances in which the child has gone missing and where he/she was last seen and prepare a detailed physical description of the child, to include their hair and eye colour, approximate height and build and clothing he/she was wearing, as this will be required by An Garda Síochána.
- Follow Garda guidance if further action is recommended.
- Maintain close and ongoing contact with the parents / guardian / carer, the Garda and DCU Staff / DCU Campus Security to aid the early and safe recovery of the lost / missing child.
- Ensure that all involved including the parents / guardian / carer, searchers and Gardai shall be informed immediately if at any stage the child is located.

Safety Statement

In compliance with DCU statutory obligations under the Safety, Health and Welfare at Work Act 2005, it is the policy of DCU to promote the health, wellbeing and personal safety of anyone involved in all DCU activities / events.

The DCU Safety Statement can be viewed at
http://www4.dcu.ie/sites/default/files/safety/DCU_FRAMEWORK%20SAFETY_STATEMENT%20Exec%20Approved%20Nov%202012_1.pdf

The Health and Safety Officer for DCU as required under the Act is:

Eileen Tully who may be contacted at
Phone No. 8896
Office H255
Email Eileen.Tully@dcu.ie
Website: WWW4.dcu.ie/safety/organisation.shtml

Mentoring Safeguards

DCU acknowledges the positive role that Mentors have for the Mentees participating on the University Mentoring & Shadowing Scheme operated either on or off DCU campus. It acknowledges that Mentors may:
- offer practical support in order to help another person make significant changes in their life,
- assist by increasing the Mentee’s knowledge and thinking around a subject and,
- help them to aspire and work towards personal goals.
As mentoring / shadowing usually takes the form of a confidential conversation between the Mentor and Mentee, the university Faculty / Department / School / Centre / Unit organising the mentoring / shadowing opportunity is responsible for ensuring that the Mentor is appropriately trained.

While it may be possible that one or both of the parties involved in the Mentoring / Shadowing Scheme, may be legally defined as a child, it is important that the Mentor has received prior to the commencement of the scheme, appropriate Child Protection and Safeguarding awareness training. In order that they have a support structure which they can refer back to in case of any issues or difficulties, all student mentors are supervised continuously at DCU.

Prior to the commencement of the Mentoring / Shadowing Scheme, DCU shall ensure that:
- A parent’s / guardian’s / carer’s written authorisation is sought prior to the mentoring / shadowing sessions
- Parents/ guardians / carers understand and agree to the nature of the mentoring / shadowing relationship and the issues around confidentiality
- Participating schools shall provide to the university Faculty / Department / School / Centre organising the mentoring / shadowing opportunity the appropriate authorisation and indemnity.

Work or Study Placement

DCU shall when making arranging work placements, clarify the child protection and safeguarding policy & procedures within the host organisations. DCU Staff members and Students must familiarise themselves with these procedures.

If a staff member or a student has any suspicion / concerns / allegations of child protection and safeguarding issues while on work placement, then the staff member or student should follow the procedure in relation to reporting allegations of child protection and safeguarding issues of the host organisation in which the work placement is taking place in.

The staff member or student shall inform the DCU Designated Liaison Person of any suspicion / concerns / allegations of child protection and safeguarding issues while on work or study placement. In a situation where any individual is unclear of the procedure, he/she should contact the DCU Designated Liaison Person for clarification and advices.

If any suspicions / concerns / allegations of child protection and safeguarding issues are being made against a member of DCU Staff or a student while on work or study placement. The informant who has the suspicions / concerns or is making the allegation should contact the DCU Designated Liaison Person who liaise with the relevant Designated Liaison Person within the organisation.

Children with a disability

In accordance with domestic legislation and international obligations, children with a disability are entitled to the same rights to protection as any other. Despite this, research informs that children and young people who have a learning, communication or physical disability are increasingly more vulnerable and accordingly, are at a higher risk of being a victim of some form of abuse. Particular care should be taken by all DCU Staff when working with children and young people affected by a learning, communication or physical disability.

Procedure to deal with Trespassing

Trespass in Restricted Areas - General Public

While DCU Campus and facilities is predominantly an adult educational and research environment, members of the general public may also be present within its facilities. However, it should be understood that for both operational and health & safety reasons, not all of the DCU Campus facilities are open to the general public. Accordingly, in the absence of legitimate or official authorisation; a bona-fide reason or able to show just cause for such presence, any person found in a restricted area, may be viewed as trespassing.
Removal from DCU Campus facilities

General Policy: In the absence of a legitimate or official authorisation; a bona-fide reason or able to show just cause for such presence, any person, regardless of status or designation including children, found in a restricted area may be removed from DCU Campus facilities if

i. he/she poses an immediate and substantial risk of physical harm or injury to either himself/herself, or to others,
ii. engages in conduct that indicates the immediate intent to damage or destroy property of DCU, and/or
iii. unreasonably interferes with the activities and functions of DCU.

DCU Campus Security Control Centre is located adjacent to the DCU Multi-storey car-park, at phone extension number 5999

Unaccompanied Children / Young People / Vulnerable Persons Procedure

Where DCU Campus Security come into contact or receive a report that a child appears to be unaccompanied or is alone on DCU Campus, they shall at all times, treat the matter appropriately in line with the health, safety and welfare of the child. Where a concern exists an unaccompanied child can reasonably be questioned regarding their status.

Where an unaccompanied child is already on the DCU Campus, there are four areas of consideration:-

1. The child is on the premises unaccompanied

Where a concern exists a child who is present on DCU Campus, DCU staff members and/or DCU Campus security shall talk with the child and try to establish if there is a parent / guardian / carer due back soon to collect him/her. If a parent / guardian / carer is due back shortly then DCU staff members and/or DCU Campus security should make contact with the parent / guardian / carer and outline the safety concerns around the presence of the child being left unaccompanied on the Campus and the Health & Safety Regulations. If it is not possible to contact the parent / guardian / carer then the child should be taken to a designated safe area and An Garda Siochana should be contacted.

Brief details should be recorded on an incident form and the DCU Designated Liaison Person informed. Appropriate steps must be taken to ensure the child’s health, safety and welfare during their time on site, in line with the DCU Child Protection and Safeguarding Policy.

If any unaccompanied child has spent a significant period of time on DCU Campus for a number of consecutive days then, after other reasonable measures have been taken, DCU Staff and or DCU Campus Security should contact the An Garda Siochana ensuring that appropriate records have been maintained.

DCU Staff members must not handle a situation alone but must liaise with a colleague / supervisor regarding action to be taken and in as far as it is possible, the child should be approached by two DCU staff members and/or DCU Campus Security when enquiries is being made about their unaccompanied status.

2. An unaccompanied child injures him/herself

Refer to the Illness or sudden injuries sections or the Emergencies section of the Health and Safety website Http://www4.dcu.ie/safety/emergencies.shtml

3. An unaccompanied child appears upset or distressed

If a child appears upset or distressed and will not talk when approached by DCU staff members and/or DCU Campus Security then DCU staff should contact An Garda Siochana ensuring that appropriate records have been maintained.

4. The behaviour of the child is cause for concern to DCU staff members e.g.

- Uses threatening, abusive or violent behaviour or language of any kind whilst on the premises, to staff or other visitors
- Causes intentional damage to the site or exhibits
- Enters areas that are cordoned off
- Access inappropriate website via the DCU Campus Wifi system (on their own mobile or laptop)
Additional Actions
In all instances where an unaccompanied child is discovered,

i. details should be recorded on an incident form and the DCU Designated Liaison Person informed.
ii. Appropriate steps must be taken to ensure the child’s health, safety and welfare during their time on site, in line with the Policy.
CHILD PROTECTION CODES OF CONDUCT

A Child Protection Code of Conduct is a set of rules outlining the responsibilities of or best practices for an individual or organisation in respect to child protection and safeguarding matters. In this particular instance, it sets out clear guidance on the expected standards of behaviour of an individual person within particular groups whether employed by DCU or any of its associated entities / companies; using, visiting or otherwise present within the DCU Campus facilities & amenities by requiring them to:

i. Be responsible and accountable for their conduct; and
ii. Abide by the relevant Role-Specific Codes of Conduct as outlined.

Any of DCU Staff member or student found to be committing or has committed any act of abuse towards a child, will be subject to standard DCU disciplinary proceedings. The individual may also be the subject of criminal proceedings as determined by An Garda Síochána / DPP.

CP Code of Conduct - DCU Staff

All members of DCU Staff irrespective of status have a responsibility at all times to:

− Refrain from any inappropriate behaviour towards children
− Avoid situations which could give rise to allegations of abuse
− Report bullying of children
− Report disclosures, suspicions or concerns of abuse that relate to children.

Accordingly, members of the DCU Staff must ensure that they:

In situations where one to one contact with a child is required, staff members are advised to apply best practice. For example:

− Where possible keep the door open
− Where possible use a room that provides visibility
− Treat all children equally, and with respect and dignity;

i. Demonstrate exemplary behaviour in the presence of children;
ii. Provide a safe, appropriately monitored environment for any visiting the DCU Campus;
iii. Adopt the safest possible practices to minimise the possibility of harm or accidents happening to children (while supporting children’s need for intellectual stimulation and the development of safety skills through appropriately supervised ‘risky play’, if appropriate).
iv. Give enthusiastic and constructive feedback instead of negative criticism;
v. Never use physical punishment;
vi. Never make unnecessary physical contact with a child. However, it is acknowledged that there are occasions when physical contact of a comforting and reassuring nature is a valid way of expressing concern and care for children. However, DCU Staff members must apply a ‘common-sense’ approach and in such cases, physical contact should only take place with the consent of the child.
vii. Never exchange personal details with a child e.g. phone numbers, e-mail, Facebook, Twitter, or other social media accounts.
viii. Never have a child alone in a car unless absolutely necessary (e.g. in the case of an emergency) in which case, every effort should be made to notify the parent/guardian/carer before having the child alone in a car. The staff member must also ensure that the child sits in the back seat with a seatbelt on at all times.
ix. Always refer child abuse, welfare and safety issues to the DCU Designated Liaison Person.

1. If a member of DCU Staff is inhibited or obstructed for any reason in reporting the incident internally to the DCU Designated Liaison Person, or where they are dissatisfied with the response, he/she should contact the Child and Family Agency and/or An Garda Síochána.
xi. By way of Risk Assessment, review the DCU Child Protection and Safeguarding Policy prior to any visits to DCU from groups involving children / young people / vulnerable persons.

Members of DCU Staff who work with children as part of their role with DCU or likely to be in contact with children may be present at locations on DCU Campus must familiarise themselves with DCU Child Protection and Safeguarding Policy and may be requested to sign an Declaration of Awareness of DCU’s Child Protection and Safeguarding Policy and Guidelines form.

**CP Code of Conduct – DCU Staff and Research involving Children**

There are instances where children may be supervised by members of DCU Staff for research purposes. The Department of Children and Youth Affairs Ethical Review and Children’s Research in Ireland (2010) and the associated guidance document Guidance for developing ethical research projects involving children (2012) provides the best practice guidance on undertaking research with children. At any research activity involving a child, the researcher is bound by the Policy and criteria set out by the DCU Ethic Committee. Additionally, (s)he must ensure that:

a) written consent is obtained from the parents / guardians / carers of children under 18 and from the children themselves. Children need to be informed in appropriate language so that they understand the research they are being asked to participate in;

b) the effect of the research on the child is monitored to ensure that they feel comfortable with continuing with the research;

c) in addition to the child two or more persons shall be present during the research. There may be rare occasions when a confidential interview or a one-to-one meeting is necessary and in such circumstances, the interview should be conducted in a room with an open door or visual access.

d) The research activity will respect the child’s right to confidentiality, and comply with any relevant code of ethics applicable to the type of research being conducted.

In situations where research involves children who are or have been in state care, such children and their care proceedings are governed by principles of confidentiality as set out at Sections 29 and 31 of the Child Care Act 1991. Legal advice should always be sought in advance of undertaking such research.

**CP Code of Conduct – Students mentoring Children**

Students or other persons who mentor / work / learn / volunteer with children through the DCU Mentoring / Shadowing scheme must be made aware of the Policy through the mentor training process.

Where students or other persons are to mentor / work / learn / volunteer with children as part of research activities, they must be approved by the DCU Ethics Committee (https://www4.dcu.ie/ethics/ethics-committees.shtml) as part of the overall ethical approval process.

Although participation by the student or other person is subject to the Garda Vetting process in both cases, nevertheless he/she should sign a Declaration of Awareness of DCU’s Child Protection and Safeguarding Policy and Guidelines form.

**CP Code of Conduct - External Contractors on DCU Campus**

DCU accepts and understands that from time to time a number of external contractors and companies will have legitimate business necessitating a presence on and about its Campus. DCU shall undertake to:

a) To inform such contractors and companies of the standards of behaviour expected of them and their employees whilst on site or about DCU premises and facilities;

b) To inform such contractors children may be present,

c) Accordingly, such contractors and companies shall understand and accept that due to the possible presence children, that the conduct and behaviours of their employees shall not give rise to any child protection and safeguarding issues or compromise in any way, the Policy.
d) In the event where there are any child protection concerns or allegations made involving the employee(s) from any external contractor or company, such matter shall be subject to the investigative process as set out within the DCU Child Protection and Safeguarding Policy and if necessary, the statutory authorities shall be informed.

**CP Code of Conduct - External Organisations on DCU Campus facilities**

In accepting bookings from external organisations hiring DCU Campus facilities for the provision of activities which involves children, DCU will satisfy itself (as far as it is reasonably able) that the organisation and the specific event have adequate safeguarding provision. In particular DCU will look for:

- assurances on the staff : participant ratio;
- appropriate gender mix of supervisors,
- Garda Vetting clearances and
- an appropriate code of conduct for both staff member and participant.

However, acceptance of such a booking by DCU does not imply any assertion / interference / guarantee that the activities of the external organisation / agency / group or the external organisation / agency / group as an entity are regarded as ‘safe’ by DCU. It is solely the responsibility of parents / guardians / carers to ensure that they are satisfied that the event organisers are conducting their events in a safe and responsible manner.

**CP Code of Conduct - Off Duty Contact between DCU Staff and children**

At all times, member(s) of DCU Staff must maintain a professional and appropriate relationship with children in particular during any off duty contact, accordingly should follow the guidelines and policies as set out in this Policy. For that purpose, DCU Staff should be particularly careful to

i. limit and if possible, eliminate any one-to-one contact,
ii. including driving children to and from DCU Campus
iii. in cases of emergency, where an arrangement can be made, ensure to have a second adult in the vehicle.
DESIGNATED LIAISON PERSON

DCU shall, in accordance with Chapter 3.3.1 of the 'Children First - National Guidance for the Protection and Welfare of Children' (2011), select and appoint a Designated Liaison Person (DLP)*

In brief, the DCU Designated Liaison Officer will:

- Act as a source of advice on child protection and safeguarding matters;
- Co-ordinate actions within DCU and with any Child Protection Liaison Officer(s) from other
  o Internal DCU associated Companies /Faculties / Schools or,
  o external groups or organisations using DCU premises or facilities;
- Liaise with the Child and Family Agency and An Garda Síochána and, other agencies about suspected or actual cases of child abuse;
- Be accessible to all DCU Staff;

The person(s) designated shall ensure that s/he is knowledgeable about child protection and safeguarding and, that s/he undertakes any training considered necessary to keep updated on new development.

* Under the proposed enactment and subsequent commencement of Children First Bill, 2012 into legislation, this person will become known as Principle Designated Officer (PDO)

The Designated Liaison Person (DLP) for DCU is:

PAUL SMITH - Equality Director who may be contacted at
Phone No: (01) 7006300
Office: Equality Office, Room CG67
Email: paul.smith@dcu.ie

In summary, the DCU Designated Liaison Person shall undertake the following role;

i. Where there are any suspicions and/or allegations that a child or young person may have been the victim of child abuse or neglect, report promptly to the Child and Family Agency or in the event of an emergency, and in the unavailability of the Child and Family Agency, to An Garda Síochána.

ii. Ensure that appropriate information is available at the time of referral and that the referral is confirmed in writing under confidential cover using the TUSLA Standard Reporting form (See Appendix 2);

iii. Establish contact with the senior member of the Child and Family Agency responsible for child protection in the DCU catchment area, i.e. Child Care Manager or Principal Social Worker.

iv. Establish and maintain links with designated persons in An Garda Síochána and other relevant organisations.

v. Keep up to date on current developments in child protection and safeguarding regarding provision, practice, legal obligations and policy.

vi. Advise other DCU Staff on best practise and, ensure Policy and procedures are followed.

vii. In the event that a report in accordance with standard procedures has been made, ensure that an individual case record is maintained of the actions taken by DCU, the liaison with other agencies and the outcome. In addition, maintain proper records on all case referred to them in a secure and confidential manner.

viii. Keep relevant people within DCU, particularly the DCU Chief Operations Officer, informed of relevant issues, whilst maintaining confidentiality at all times;

ix. Ensure that the DCU Child Protection & Safeguarding is reviewed annually.

x. Ensure that DCU Child Protection & Safeguarding Policy and procedures are brought to the attention of all DCU Staffs
xi. Advise DCU Chief Operations Officer; DCU Executive & Management and/or Heads of DCU Faculties / Schools / Departments / Centres of child protection training needs and where necessary, organise and/or facilitate training and workshops on the guidelines for child protection and safeguarding.

Deputy Designated Liaison Person

In the event that the DCU Designated Liaison Person (DLP) is unavailable, the DCU Deputy Designated Liaison Person (D-DLP) is:
To be nominated
He/she may be contacted at
Phone No.
Office
Email

In the absence of the DCU Designated Liaison Person, the DCU Deputy Designated Liaison Person shall fully assume the role and responsibilities of the DCU Designated Liaison Person.

Unavailability of Designated Liaison Person or Deputy DLP

In the very unlikely event that both the Designated Liaison Person (DLP) and the Deputy Designated Liaison Person (D-DLP) are unavailable or absent, please contact the DCU Chief Operations Officer:
Dr. Declan Raftery – COO  who may be contacted at
Phone No: 01 7005117
Office: Albert College Building, DCU
Email: declan.raftery@dcu.ie

Furthermore, in the event of a child protection and safeguarding emergency and, due to the unavailability or absence of both the Designated Liaison Person and the Deputy Designated Liaison Person, the DCU Chief Operations Officer shall fully assume the role and responsibilities of the DCU Designated Liaison Person for the purpose of carrying out the duties necessary in respect of Reporting Procedures.

Designated Child Protection Contact Person (DCP)

The Executive Deans and the Heads of each School / Centre/ Unit within DCU Campus should act as a Designated Child Protection Contact Person. However, if due to the exigencies of their role he/she may nominate a suitably qualified person to act on their behalf.

The role of the Child Protection Contact Person is to:
− Provide information and advice on child protection to staff and students within their area as required.
− Ensure that any incidents of which they are made aware within their area are reported immediately to the DCU Designated Liaison Person.
− To be a member of the DCU Child Protection Committee

Although the Designated Child Protection Contact Person can provide immediate support to those persons with queries, all enquiries and incidents must be reported to the DCU Designated Liaison Person.

If a person making contact with the Designated Child Protection Contact Person, the guidelines of the role are as follows:
1. If a person making contact is simply seeking information and/or seeking clarification in relation to;
   • the Policy and
   • the enquiry does not identify any specific issue of concern in respect to a child
   then it is only necessary to record the fact that the person sought such Information and/or clarification and, while no further action will be required, the DCU Designated Liaison Person shall be informed as to the identity and nature of the enquiry.
2. If the person making contact is raising an suspicion / concern / issue of child protection either in respect to themselves or another person the following guidelines should apply:
   a. Tell the person that if they disclose a child protection suspicion / concern/ issue you are required under the Policy to refer it to the DCU Designated Liaison Person.
   b. Write brief notes of what they are telling you as soon as you can or while they are speaking, using their words in as far as it is possible.
   c. Keep all original notes, irrespective of the manner so written or retained.
   d. If you don’t have the means to write at the time, make notes of what was said or observed as soon as possible afterwards.
   e. Reassure them that:
      i. they have done the right thing in telling and,
      ii. it will be dealt with appropriately and,
      iii. in accordance with this Policy.

The Designated Liaison Person or the Deputy Designated Liaison Person or Designated Child Protection Contact Person does not have;

i. The responsibility of investigating or validating any child protection concerns within DCU and,
ii. Doesn’t have any counselling or therapeutic role to any party involved.
REPORTING PROCEDURES

Reasonable grounds for Reporting Suspicion or Concerns

Child abuse can often be difficult to identify and may present in many forms. It is important to stress that no singular indicator should be seen as conclusive evidence in itself of abuse or neglect. All signs and symptoms must be examined in the total context of a child’s situation. Signs must also be considered in the child’s social and family context as child abuse is not restricted to any socio-economic group, gender or culture. (See Appendix 1 for a full list of possible indicators).

Mindful of reporting obligations under Irish domestic legislation and National Guidance, the Statutory Authorities should always be informed when a person has reasonable grounds for concern that a child may have been abused, or is being abused, or is at risk of abuse.

While it is important to always be open to alternative explanations for possible physical or behavioural signs of abuse, a cluster or pattern of signs is likely to be more indicative of abuse. Factors which constitute reasonable grounds for concern:

i. specific indication or disclosure from the child that s/he has been abused;
ii. an account by a person or person(s) who saw the child being abused;
iii. evidence, such as an injury or behaviour, which is consistent with abuse and unlikely to be caused another way;
iv. an injury or behaviour observed which is consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse e.g. a pattern of injuries; an implausible explanation; other indications of abuse or dysfunctional behaviours;
v. consistent indication, over a period of time that a child or young person is suffering from emotional or physical neglect.
vi. Retrospective reporting of child abuse by an adult;
vii. Downloading of child pornography;

Seeking the advice of the Child and Family Agency

In line with Chapter 4 of the Children First National Guidance 2011, it is regarded as best practice that when deciding on
− whether to report a child protection suspicion or concern to the Child and Family Agency and,
− if the DCU Designated Liaison Person is not sure whether or not to report such matter to the Child and Family Agency,
the DCU Designated Liaison Person should seek advice from the Child and Family Agency.

The Child and Family Agency have Children First Information and Advice Officers who are available to liaise with Designated Liaison Persons and provide advice on child protection and safeguarding concerns. Notwithstanding, the DCU Designated Liaison Person should make it clear that he/she is not making a report but simply seeking advice.

On receipt of advice from the Child and Family Agency Children First Information and Advice Officers, the DCU Designated Liaison Person should if advised that;
  a. a report should be made to the Agency, the DCU Designated Liaison Person should act on that advice.
  b. no action is required - the DCU Designated Liaison Person should keep a record in writing of that fact together with a record of any advice given by the Agency

Following receipt of advice from the Child and Family Agency, if the DCU Designated Liaison Person still remains concerned about a child’s safety and welfare, a TUSLA Standard Reporting Form (Appendix 2) may be completed and submitted to the Child and Family Agency.
Impediments for Reporting Suspicions or Concerns

Impediments can exist that inhibit the early notification personal and/or organisational to the relevant authorities, for example:

1. Unfamiliarity with the Signs and Symptoms of Abuse and/or Neglect
2. Social and Cultural concerns
3. Personal concerns (Uncertainty and fear)
4. Agency or organisational barriers
5. Concerns regarding outcomes of filing a Report

Notwithstanding, it should be noted that while:

i. a suspicion or concern that is not supported by any objective indicator of abuse or neglect would not constitute reasonable grounds for concern.
ii. Indicators of abuse are not necessarily facts.

Allegations of Historical Abuse

Allegations of abuse or harm may be made some time after the event (e.g. by an adult who was abused as a child or, by a member of DCU Staffs who is still currently working with children). Where such an allegation is made, DCU will follow the reporting procedures of the Child Protection Policy and report the matter to the statutory authorities namely Child and Family Agency and An Garda Síochána.

This is action is taken because

i. other children, either within or outside of DCU, may be at risk of abuse or harm from this person
ii. under Section 26 Sex Offenders Act 2001, anyone who has a previous criminal conviction for sexual offences related to abuse is automatically excluded from working with children.

Responding to, Reporting and Recording of Disclosures

All allegations of abuse shall always be taken seriously. False allegations of abuse from children or young people are very rare so if a child discloses or indicates they have been/are being abused or, that information is / has been obtained which gives concern that a child is being abused, the disclosure/information must be acted on as soon as possible in line with the following procedures
Responding to Disclosures: When a child makes a disclosure or gives information of suspected abuse, it is important that the person receiving the disclosure shall;

<table>
<thead>
<tr>
<th>‘DOs’</th>
<th>‘DON Ts’</th>
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<tbody>
<tr>
<td>Stay calm – Do not rush into taking rash or inappropriate actions.</td>
<td>Don’t panic – or allow your feelings to be evident.</td>
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<tr>
<td>Reassure the child – That they are not to blame. Confirm that you</td>
<td>Don’t make promises you cannot keep or agree to keep secrets – explain</td>
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<td>you know how difficult it must be to confide in someone. That they</td>
<td>that you will need to tell other people.</td>
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<td>have done the right thing in informing or disclosing what has</td>
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<td>occurred</td>
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<tr>
<td>Listen sympathetically – To what the child person says and show</td>
<td>Don’t make the child repeat the story unnecessarily.</td>
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<td>that you take them seriously.</td>
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<td>Be compassionate – Understand that the child has decided to</td>
<td>Don’t probe for more information than is offered.</td>
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<tr>
<td>tell something that is very important to them and that the child</td>
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<tr>
<td>is taking a risk by disclosing what has happened to you.</td>
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<tr>
<td>Be honest – Tell the child that it is not possible to keep this</td>
<td>Don’t speculate, make assumptions or make any judgmental statements</td>
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<td>information secret. Give some indication what may happens next</td>
<td>against the person whom the allegation is made.</td>
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<td>such as inform his/her parents / guardian / carer / An Garda Siochána</td>
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<td>/ Child and Family Agency</td>
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<td>Keep questions to minimum – Only ask questions to clarify what the</td>
<td>Don’t approach the alleged abuser.</td>
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<td>child / young person / vulnerable person has said. Use open-ended,</td>
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<td>non-leading questions e.g. Who? Where? When? Avoid questions that</td>
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<td>may later be perceived as leading or suggestive to the child or</td>
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<tr>
<td>young person.</td>
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<td>Ensure you clearly understand what the has said – In order that the</td>
<td>Don’t delay – in making the report to the Designated Liaison Person.</td>
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<tr>
<td>information can recorded carefully and accurately</td>
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<tr>
<td>Consult with – The DCU Designated Liaison Person ensuring to</td>
<td>Don’t speculate or make assumptions.</td>
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<td>Maintain Confidentiality – All incidents will be treated with an</td>
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<td>open mind and handled in a fair and equitable manner. Information</td>
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<tr>
<td>will only be shared on a ‘need to know’ basis.</td>
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<tr>
<td>Ensure the safety of the young person – if urgent medical attention</td>
<td>Don’t take sole responsibility</td>
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<td>is required then call an ambulance, inform the attending medical</td>
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<td>staff/nurses/doctors of the concerns and making them aware that it</td>
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<td>is a child protection issue.</td>
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If any person fears that a child might be in immediate danger, they should directly contact the Child and Family Agency immediately. If the Child and Family Agency cannot be contacted or is unavailable or, in case of out-of-hours times, contact An Garda Siochána.

Sharing Concerns with Parents: Where there are reasonable causes for concerns that the parent(s) / guardian(s) / carer(s) of the child may be responsible for or, have knowledge of the abuse or neglect, sharing concerns with the parent(s) / guardian(s) / carer(s) may place the child at further significant risk or harm. In such cases, advice should be sought from the DCU Designated Liaison Person or, in case of emergency, contact the Child and Family Agency or An Garda Siochána for advice as to who informs the parents/guardian.

Recording of Disclosures: It is important that a written record of all the information about the alleged abuse whether disclosed / observed / suspected is made as soon as possible. This should be done using the TUSLA Standard Reporting Form CC01:01:01 (See Appendix 2), completing as much of the form as possible. This record should be done irrespective of whether the report is subsequently forwarded onwards to the Child and Family Agency or An Garda Siochána. The advice or assistance of the DCU Designated Liaison Person should be sought if necessary.
The more information included on the TUSLA Standard Reporting Form, the better. The TUSLA Standard Reporting Form is relatively self-explanatory but important points to note are:

- All times, dates or other relevant information is inserted in the ‘Details of Report’ section including:
  - Whether the person making the report is expressing their own concern or the concerns of another person.
  - The child’s account, if it can be given, of what has happened and how any injuries occurred using the child’s own words.
  - The nature of the concern (include all of the information obtained during the initial account e.g. time, date, location).
  - A description of any visible (when normally dressed) injuries or bruising, behavioural signs, indirect signs (under no circumstances, do not physically examine the child).
  - Details of any witnesses.
  - Details of anyone else who has been consulted and the information obtained from them.
  - If it is not the child making the report, whether the child has been spoken to, if so what was said using the child’s own words.
  - The child’s views on the situation.

Copies of all completed TUSLA Standard Reporting Forms including any notes; documentation; correspondence or contemporaneous notes etc made at the time of disclosures/reporting of the alleged abuse, shall be retained securely for records purposes only by the DCU Designated Liaison Person.

**Reporting of Disclosures**

The properly completed TUSLA Standard Reporting Form shall be forwarded to the appropriate authorities through the DCU Designated Liaison Person. In case of emergency, the Report can be made verbally by the informer initially to the relevant statutory authority and then, followed up in writing using the TUSLA Standard Reporting Form.

**Legal Obligations to Reporting Suspicions and Concerns**

The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Adults) Bill 2012 came into effect on the 1st August, 2012. Commonly referred to as a version of ‘Mandatory Reporting’, it created an offence of withholding information in relation to specified offences committed against a child or vulnerable person, and arises where a person;

i. knows or believes that a specified offence has been committed against a child or vulnerable person, and
ii. he or she has information which would be of material assistance in securing the apprehension, prosecution or conviction of another person for that offence, and
iii. fails without reasonable excuse to disclose that information as soon as it is practicable to do so to a member of the Garda Síochána.

5.7.2 The Act also establishes some limited defences for persons, such as a parent or guardian or medical professional who is acting in the ‘best interests’ of the health and well-being of the child / young person / vulnerable person. These defences only apply in certain circumstances where the victim does not have the capacity to report an offence themselves, either because of their age or a mental or physical incapacity.

Notwithstanding, there is no defence where information regarding the committing of a specified offence against a child or vulnerable person is being withheld as the person suspected or alleged to have committed such offence against a child or vulnerable person is another family member.

**Legal Protection for Reporting Suspicions or Concerns**

The Protection for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to persons who report child abuse ‘reasonably and in good faith’ to designated officers of the Child and Family Agency or An Garda Síochána. The act also covers the offence of ‘false reporting’.

The main provisions of the Act are:

1. The provision of immunity from civil liability to any person who reports child abuse “reasonably and in good faith” to designated officers of Child and Family Agency or any member of An Garda Síochána;
2. The provision of significant protection for employees who report child abuse. These protections cover all employees and all forms of discrimination up to and including, dismissal;
3. 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.

**Criminal Offence of ‘Reckless Endangerment’ of children**

The Criminal Justice Act 2006 provides for a new offence of reckless endangerment of children. This came into effect on 1 August 2006. This offence may be committed by a person who has authority or control over a child or an abuser and 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.

**Child Pornography**

It is a criminal offence under Child Trafficking and Pornography Act 1998 for any person who is knowingly producing, distributing, printing, publishing or showing child pornography or possessing it for any of these purposes.

Accordingly, if any person suspects or, is otherwise concerned that

i. inappropriate conduct or activities are/may be taking place within DCU Campus facilities which may be regarded as being the production and subsequent distribution / printing / publishing of child pornography materials,

ii. person(s) is present within DCU Campus facilities possess child pornography materials,

iii. child pornography images are being downloaded by any person(s) within DCU Campus facilities, this should be reported as soon as possible to the Designated Liaison Person who is responsible for ensuring that suspicions or allegations are managed as per the procedures set out in Section 4.

**Disclosure of child abuse to DCU Staff acting in a professional capacity**

There may be instances where a student may make a disclosure of child abuse to a member of DCU Staff acting in their professional capacity. In all such instances, DCU shall provide the necessary support mechanism to all concerned in line with its Child Protection and Safeguarding Policy.

5.11.2 However, such disclosures may place a reporting obligation on the person receiving the report. Accordingly:

i. Where a student while in consultation with their Course Lecturer / Tutor / Mentor / Student Support or other similar person acting in a professional capacity, discloses
   a. that they are may have been the victims of abuse or neglect or,
   b. is or has been engaged in conduct that may constitute any form of child abuse,
   the Course Lecturer / Tutor / Mentor / Student Support or other similar person other professionals is required to inform the DCU Designated Liaison Person, who in turn will notify the statutory authorities.

ii. Where a student while in consultation / counselling with a professional from DCU Student Counselling or Chaplaincy Service or other similar person acting in a professional capacity, as a client / patient discloses
   a. that they are may have been the victims of abuse or neglect or,
   b. is or has been engaged in conduct that may constitute any form of child abuse,
   the Counsellor / Chaplain / other professionals should seek the advice from their professional body in relation to their legal responsibilities. In addition, while they are required to inform the DCU Designated Liaison Person of the disclosure, they are not required to give the details of the disclosure.
Allegations made against a member(s) of DCU Staff

Adapted from the guidance as set out in Appendix 9 of the “Children First: National Guidance for the Protection and Welfare of Children” (2011), DCU shall;

i. where an allegation of child abuse against a staff member(s) is received, it will be assessed promptly and carefully.
ii. consider any action to be taken following the report shall be based on an opinion formed ‘reasonably and in good faith’.
iii. if it so decides that, based on reasonable grounds for concern, a formal report shall be made to the Child and Family Agency.

In the event of an allegation(s) being made against a member or members of DCU Staff, the protection of the child is the first and paramount consideration.

To ensure that no child is exposed to unnecessary risk or harm, Executive Deans and/or Heads of Schools / Centres / Units and Directors of programmes and activities in having a dual responsibility to both the child and, the DCU staff member(s) concerned shall as a matter of urgency shall in consultation with HR take any necessary protective measures or actions that shall;

i. be proportionate to the level of risk and,
ii. not unreasonably penalise the staff member.

When DCU becomes aware of an allegation of abuse of a child (children) by a member(s) of DCU Staff during the course of that staff member’s duties, the HR Director and/or Executive Dean, Head of Head of School / Centre / Unit and/or Director of programme and activities shall privately inform the member(s) of the following:

i. the fact that an allegation has been made against him or her;
ii. the nature of the allegation.

The staff member(s) shall be afforded an opportunity to respond. The response shall be noted and may be passed on if making a formal report to the Child and Family Agency.

Care must be taken to ensure that any actions taken do not undermine / compromise / frustrate any investigations and/or assessments being carried out by the Child and Family Agency or An Garda Síochána. Accordingly, DCU through the DCU Designated Liaison Person shall maintain a close liaison with the statutory authorities to achieve this.

DCU will be notified of the outcome of an investigation and/or assessment and this may consequently, assist in reaching a decision about further possible actions that may be taken in the longer term concerning the staff member.

The Protections for Persons Reporting Child Abuse Act 1998 makes provision for the protection from civil liability of persons who have communicated child abuse ‘reasonably and in good faith’ to designated officers within the Child and Family Agency (See Appendix 3) or, to any member of An Garda Síochána.

This protection applies to organisations as well as to individuals. This means that even if a communicated suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the person who communicated the concern had not acted reasonably and in good faith in making the report.

A person who makes a report in good faith and in the child’s best interests may also be protected under common law by the defence of qualified privilege.

Breach of Policy

Any breach of this policy may be subject to appropriate DCU disciplinary procedures. Information on the DCU disciplinary process can be found at: http://www.dcu.ie/info/policies/contents.php
Anonymous Complaints

Anonymous complaints: Anonymous complaints can be difficult to deal with but under no circumstances, shall they be ignored as the safety and welfare of the child is the paramount consideration in all cases. Therefore, any such complaints relating to inappropriate behaviour should be brought to the attention of the DCU Designated Liaison Person.

Vexatious complaints & Victimisation

DCU strives to ensure its complaints procedure is conducted with the utmost integrity and on the principle of natural justice. However, if at any point during the complaint process, the DCU Designated Liaison Person considers that a complainant has knowingly made an untrue complaint or, that the complaint made is vexatious or malicious, the matter may be referred back to the Executive Dean or Head of School / Centre / / Unit for their consideration of appropriate action thereafter which may include disciplinary action against the complainant.

If a person has knowingly made an untrue complaint or, that the complaint made is vexatious or malicious, having regards to all the circumstances of the matter, the matter may be referred to An Garda Síochána for their consideration.

DCU shall take all necessary steps to make sure that any person involved in the making of a complaint are not victimised by any person(s) for coming forward with a complaint or for helping to sort it out. Disciplinary measures will be initiated and imposed on any person(s) who victimises another person for making a complaint.

Confidentiality

DCU is committed to ensuring people’s right to confidentiality and, that it should be maintained in respect of all issues and people concerned in cases of abuse, welfare or bad practice. Accordingly, the rights of both the child and, the person about whom the complaint has been made are protected.

Notwithstanding, the following points should be kept in mind:

I. A guarantee of total confidentiality or undertakings regarding secrecy cannot be given, as the best interests and welfare of the child will supersede all other considerations.
II. In order to safeguard the child, all information should be treated in a careful and sensitive manner and, should be discussed only with others on a ‘need to know’ basis.
III. Giving information to others on a ‘need to know’ basis for the protection of a child is not a breach of confidentiality.
IV. Unless doing so could put the child at further risk of abuse or harm, information regarding disclosures/reporting should be conveyed to the Parents/Guardians of the child in a sensitive and empathic manner.
V. Discussion with the Child and Family Agency and/or An Garda Síochána should take place in relation to information sharing with all parties when ongoing investigations are taking place.
VI. Information should be stored in a secure place, with limited access only by designated people.
VII. The requirements and duties of the Data Protection Acts, 1997 & 2003 should be strictly adhered to.

Investigation Process – DCU

No member of DCU Staff shall investigate or attempt to investigate allegations of abuse or neglect to decide whether or not a child is/has been abused.
Investigative process – Statutory Authorities

Only An Garda Síochána and the Child and Family Agency have the responsibilities of investigating allegations of the abuse of children in Ireland.

An Garda Síochána: Only Gardaí can investigate a criminal offence against a child. It is the role of the Child and Family Agency to provide the necessary supports and monitoring of children at risk.

In relation to the investigation of criminal offences against a child, legislation requires any person who has evidence that a person has committed a serious offence against a child must provide the Gardaí with that information so that the Gardaí can investigate that alleged crime.

Child and Family Agency: The Agency was established on January 1st 2014, taking over as part of its remit the child protection element from the HSE. The proposed Children First Bill (2012) will address the role of the Child and Family Agency.

Freedom of Information

Any reports which are made to the Child and Family Agency may be subject to the provisions of the Freedom of Information Acts 1997 and 2003. DCU FOI policy is available at http://www4.dcu.ie/foi/manuals-policies.shtml

Data Protection

The Data Protection Acts 1988 and 2003 afford similar rights to individuals to access personal data held about them by any entity whether in the public or private sector. The right to access applies to records held by the Child and Family Agency and An Garda Síochána. DCU Data Protection information is available at https://www4.dcu.ie/info/data_protection.shtml

Information Sharing

In the event of a child protection incident and/or concern, the appropriate DCU Staff shall consult with the child and their family. In doing so, it will be explained what and how information will, or could be shared with an appropriate person / authority and the reasons why, and where possible, seek their agreement to do so. At all times, DCU and its Staff shall, where possible, respect the wishes of children or families who do not consent to share confidential information.

The exception to this is where to do so would put that child:

a) At an increased risk of significant harm or,

b) It would undermine the prevention, detection or prosecution of a serious crime including where seeking consent might compromise any potential investigation.

Irrespective of whether there is consent or not, in all circumstances where information is being sharing, the person who is disseminating such information is strongly advised that he/she should ensure

a) that the information shared is accurate and up-to-date,

b) it is necessary only for the purpose for which it is being shared,

c) it is shared only with an appropriate person / authority who needs to see it,

d) that it is shared securely.

Furthermore, whether it is to share information or not, the member of DCU Staff should always record the reasons for the decision made.
EMPLOYMENT AND LINKED LEGISLATIVE REQUIREMENTS

Recruitment of Permanent; Casual or Seasonal Staff by DCU

In the application of any existing recruitment procedures by DCU Human Resources for the recruitment of any:

- permanent (Full or Part-time) staff,
- casual (Full or Part-time) staff,
- seasonal (Full or Part-time) staff,

before recruiting any new member of staff, in as far as it is possible, DCU Human Resources will satisfy itself as to:

a. Whether the duties of the post include ‘relevant work’ as defined in the Section 26 Sex Offenders Act 2001.

b. Whether all appropriate checks relating to criminal records, qualifications, employment history and employer references have been undertaken.

c. If, having made such checks, information comes to light which reveals applicants may have a criminal record, all information from Garda vetting should be considered to assess whether there is a risk to any child who may be present within DCU Campus facilities. If it is considered the applicant will pose a risk to any child that person’s application shall be rejected.

d. Where a post is being filled through external / internal recruitment process and where the duties of the post are deemed to include ‘relevant work’, the appropriate checks under Garda vetting will be carried out.

e. Where a post is being filled through an internal transfer of staff between Dublin City University and an associated DCU entity / company employee and where the duties of the post are deemed to include ‘relevant work’, if not previously conducted as part of the individual’s former role, the appropriate checks under Garda vetting will be carried out.

f. If not previously done, where an existing member of DCU Staffs is to be assigned or as part of their role, has a responsibility in respect of working with or have any contact with children then the appropriate checks under Garda vetting will be carried out.

g. Any offers of appointment to staff and others subject to the previous points are made subject to satisfactory completion of Garda Vetting checks and satisfactory references if not all yet received.

Where appropriate, DCU Staff in positions which are subject to Garda vetting may be further required to sign an annual Self-Declaration Form (see Appendix 9) stating that they have not been subject to allegations / investigations / proceedings / convictions of abuse or neglect in the previous 12 months.

6.1.3 The law in Ireland makes it a criminal offence for some people who fail to notify their employers that they are guilty of certain criminal offences before taking a job or performing a service. This duty to notify an employer relates primarily to sex offenders guilty of offences committed in Ireland and abroad.

Section 26 of the Sex Offenders Act 2001 makes it an offence for a sex offender to “apply for work or to perform a service (including State work or service) which involves having unsupervised access to, or contact with children or mentally impaired people without telling the prospective employer or contractor that you are a sex offender”.

Garda Vetting – DCU Employees

The DCU Human Resources Garda Vetting/Police Clearance Policy is available at https://www4.dcu.ie/sites/default/files/hr/pdfs/5-Garda-Vetting-Policy.pdf
**Vetting of Staff employed with external Contractor**

DCU recognises that the employment of any staff member(s) is solely a matter of any external contractor. However, the deployment of any contract staff employed with any external contractors within DCU Campus facilities shall very much depend on:

- the level of risk to children / young person / vulnerable person
- whether the work falls within the definition of ‘relevant work’ under Section 26 Sex Offenders Act 2001.

Accordingly, where the situation so necessitates it, DCU shall ensure that the terms of any contract entered into or awarded to external contractors also requires such contractor to undertake appropriate checks on its own staff that may be present within DCU Campus facilities. Contract staff without such clearance will not be permitted unsupervised access to children / young people / vulnerable persons under any circumstances.

Additionally in such circumstances, in as far as it is possible, DCU shall monitor the contractor’s compliance for the term of such contract.
GLOSSARY OF TERMS

Abuse of Position of Trust –
Where a person uses his / her power; special position; status or authority over another person to take advantage of their position to the detriment of the other person, regardless of consent.

Age of Consent –
The age of consent in Ireland 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.

Agency Staff -
Any Staff not employed directly by DCU or any associated entities / companies, but provided by an agency which employs them and is sub-contracted to provide staff for a specified period to DCU or any associated entities / companies.

Ancillary Staff -
Any Staff working at DCU or any associated entities / companies in non-teaching or non-residential capacities, such as domestic; cleaning; catering; maintenance; security & grounds staff, and drivers.

Child -
Section 2 of the Child Care Act, 1991, defines a 'child' as any person under 18 years of age, excluding a person who is or has been married. This age standard is additionally affirmed by the UN Convention on the Rights of the Child 1989.

Child Protection and Safeguarding Concern -
Any concern or suspicion about the safety and welfare of a child / young person / vulnerable person based on the observation of indicators or information that may lead to a belief formed on reasonable grounds that a child / young person / vulnerable person is or has been the subject of abuse or neglect.

DCU –
Dublin City University, including any of its associated entities and companies.

External organisations –
Means any external organisation / agency / group, outside DCU or its associated entities and companies, which enters into a contractual agreement with DCU or its associated entities and companies for the use of its campus facilities. This also includes any organisation / agency / group from outside the jurisdiction of the Republic of Ireland.

Garda Vetting –
The Garda Central Vetting Unit (GCVU)* provides vetting on behalf of organisations employing personnel to work in a full-time, part-time, voluntary or student placement capacity with children and/or vulnerable adults.
*To be replaced by the National Vetting Bureau, established under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 on its formal commencement by the Minister of Justice, Equality and Law reform.

“In loco parentis” –
literally means “in place of the parent”

Mentor -
is a paid or unpaid member of DCU staff or student who may be working on a one to one level with another individual as part of the mentoring scheme.
Mentoring –
is a one-to-one, non-judgemental relationship in which an individual voluntarily gives time to support and encourage another.

Policy -
is a statement of intent that demonstrates DCU’s commitment to the protection and safeguarding of children / young people / vulnerable persons when present within DCU Campus facilities from harm and, makes clear to all what is required in relation to the protection of children / young people / vulnerable persons. It is designed to help create a safe and positive environment for children / young people / vulnerable persons and to show that DCU is taking its duty and responsibility of care seriously.

Relevant work –
Under Section 26 of the Sex Offenders Act 2001 means work or a service (including State work or a service) a necessary and regular part of which consists, mainly, of a person convicted of a sexual offence, having unsupervised access to, or contact with, a child or children or a mentally impaired person or persons.

Risk Assessment
The process of identifying hazards to safety or welfare of students, estimating their seriousness and likelihood, and identifying reasonable measures to minimise unnecessary hazards, recorded in writing as the basis for an action plan and decision making to reduce unnecessary hazards to students.

Security Staff
DCU internally or externally contracted staffs deployed to patrol or monitor the campus grounds or premises including facilities owned and managed by other DCU entities or companies facilities, for the purpose of

- countering any unauthorised access to buildings and grounds;
- confront and eliminate the risk of unacceptable behaviour or damage, often
- taking responsibility for checking that doors, gates and windows are closed and locked as required.

Student -
Anyone registered to undertake an academic programme of study provided by DCU.

Vulnerable Person –
For the purposes of the implementation of this DCU Child Protection and Safeguarding Policy the term ‘vulnerable person’ is being used alongside the terms ‘child’ and ‘young person’. A vulnerable person is defined under the Criminal Justice (Withholding information on offences against Children and Vulnerable Persons) Bill 2012 as a person under aged 17 years old who is suffering from either a mental, intellectual or physical disability which is of such a nature as to severely restrict the capacity of that person to guard against serious exploitation or abuse or, in the case of physical disability, to report such to the Garda Síochána.
Appendix 1 Definitions; Types and Signs of Abuse *

*Excerpts from Chapter 2 and Appendix I of the "Children First: National Guidance for the Protection and Welfare of Children " (2011)

Physical Abuse:

2.4 Definition of ‘physical abuse’

2.4.1
Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

Physical abuse can involve:

i. severe physical punishment;
ii. beating, slapping, hitting or kicking;
iii. pushing, shaking or throwing;
iv. pinching, biting, choking or hair-pulling;
v. terrorising with threats;
vi. observing violence;
vii. use of excessive force in handling;
viii. deliberate poisoning;
ix. suffocation;
x. fabricated/induced illness (see Appendix 1 for details);
xi. allowing or creating a substantial risk of significant harm to a child.

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.
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.

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.

Emotional Abuse:

2.3 Definition of ‘emotional abuse’

2.3.1
Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child’s developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples may include:
   i. the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
   ii. conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
   iii. emotional unavailability of the child’s parent/carer;
   iv. unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
   v. premature imposition of responsibility on the child;
   vi. unrealistic or inappropriate expectations of the child’s capacity to understand something or to behave and control himself or herself in a certain way;
   vii. under- or over-protection of the child;
   viii. failure to show interest in, or provide age-appropriate opportunities for, the child’s cognitive and emotional development;
   ix. use of unreasonable or over-harsh disciplinary measures;
   x. exposure to domestic violence;
   xi. exposure to inappropriate or abusive material through new technology.

2.3.2
Emotional abuse can be manifested in terms of the child’s behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour. The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and the parent/carer.
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.

**Neglect:**

2.2 Definition of ‘neglect’

2.2.1 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/or medical care.

2.2.2 Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by the child’s health and development as compared to that which could reasonably be expected of a child of similar age.

2.2.3 Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

2.2.4 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.
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.

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.

**Sexual Abuse:**

2.5 Definition of ‘sexual abuse’

2.5.1 Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Examples of child sexual abuse include:

i. exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
ii. intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
iii. masturbation in the presence of the child or the involvement of the child in an act of masturbation;
iv. sexual intercourse with the child, whether oral, vaginal or anal;
v. sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modeling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the ‘grooming’ process by perpetrators of abuse;
vii. consensual sexual activity involving an adult and an underage person.

It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offence of sexual assault.

**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.

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 defeca-
tion 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 2  TUSLA Standard Reporting Form

![TUSLA Standard Reporting Form](image)

A. To Principal Social Worker/Designate: 

1. Date of Report

2. Details of Child

   Name: 
   Address: 
   DOB: 
   Age: 
   School: 
   Alias: 
   Correspondence address (if different): 
   Telephone: 

3. Details of Persons Reporting Concern(s)

   Name: 
   Telephone No.: 
   Address: 
   Occupation: 
   Relationship to client: 
   Reporter wishes to remain anonymous: 
   Reporter discussed with parents/guardians: 

4. Parents Aware of Report

   Are the child’s parents/carers aware that this concern is being reported: 
   - Mother: 
   - Father: 
   Comment: 

5. Details of Report

   (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.)
### 6. Relationships

<table>
<thead>
<tr>
<th>Details of Mother</th>
<th>Details of Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Address: (if different to child)</td>
<td>Address: (if different to child)</td>
</tr>
<tr>
<td>Telephone No's:</td>
<td>Telephone No's:</td>
</tr>
</tbody>
</table>

### 7. Household composition

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>DOB</th>
<th>Additional Information e.g. School/ Occupation/Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### 8. Name and Address of other personnel or agencies involved with this child

<table>
<thead>
<tr>
<th>Social Worker</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHN</td>
<td></td>
</tr>
<tr>
<td>GP</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
</tr>
<tr>
<td>Gardaí</td>
<td></td>
</tr>
<tr>
<td>Pre-School/Creche/YG</td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

### 9. Details of person(s) allegedly causing concern in relation to the child

<table>
<thead>
<tr>
<th>Relationship to child:</th>
<th>Age</th>
<th>Male [ ] Female [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td>Occupation:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 10. Details of person completing form

| Name:                  | Occupation: |
| Address:               | Telephone No's: |
| Signed                 | Date:        |
### Appendix 2 TUSLA Standard Reporting Form

<table>
<thead>
<tr>
<th>Name</th>
<th>Area</th>
<th>Contact Address</th>
<th>Contact numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan Perrin</td>
<td>HSE Dublin Mid-Leinster Dublin South City</td>
<td>Children and Families, Training and Development Unit,</td>
<td>Phone: (01) 4156961 Fax No: (01) 4156919</td>
</tr>
<tr>
<td>Edwina Flavin</td>
<td>Dublin South West, Dublin West Kildare, West Wicklow</td>
<td>Brickfield House, Brickfield Drive, Crumlin, Dublin 12</td>
<td><a href="mailto:jan.perrin@hse.ie">jan.perrin@hse.ie</a> <a href="mailto:edwina.flavin@hse.ie">edwina.flavin@hse.ie</a></td>
</tr>
<tr>
<td>Lorraine Egan</td>
<td>HSE Dublin Mid-Leinster LHOs:</td>
<td>Block B, Civic Centre</td>
<td>Phone: (01) 2744273 Fax No: (01) 2744287</td>
</tr>
<tr>
<td>Jim McGuirk</td>
<td>Dublin South (Dún Laoghaire); Dublin South East; Wicklow</td>
<td>Main St. Bray, Co Wicklow</td>
<td><a href="mailto:lorraine.egan@hse.ie">lorraine.egan@hse.ie</a> <a href="mailto:James.mcguirk@hse.ie">James.mcguirk@hse.ie</a></td>
</tr>
<tr>
<td>Charney Weitzman</td>
<td>HSE Dublin Mid-Leinster Longford/Westmeath Laois/Offaly</td>
<td>St. Loman’s Campus, Springfield, Mullingar, Co. Westmeath.</td>
<td>Phone: (044) 9395510 Fax No: (057) 9357846 <a href="mailto:charney.weitzman@hse.ie">charney.weitzman@hse.ie</a></td>
</tr>
<tr>
<td>Vacant</td>
<td>HSE Dublin North East Dublin North West; Dublin North Central; Dublin North</td>
<td>CTDU, Third Floor, Park House, NCR, Dublin 7</td>
<td>Phone: (01) 8823428 Fax: (01) 8823490</td>
</tr>
<tr>
<td>Deirdre Horan-Martin</td>
<td>HSE Dublin North East Cavan/ Monaghan</td>
<td>Child &amp; Family Services HSE Cavan and Monaghan Support Services Building Rooskey, Co. Monaghan</td>
<td>Phone: (047) 30470 <a href="mailto:deirdrem.horanmartin@hse.ie">deirdrem.horanmartin@hse.ie</a></td>
</tr>
<tr>
<td>Kathryn Morris</td>
<td>HSE Dublin North East Meath</td>
<td>Child Care Services, Enterprise Centre, Trim Rd, Navan, Co Meath</td>
<td>Phone: (046) 9097846 Fax No: (046) 9097900 <a href="mailto:kathryn.morris@hse.ie">kathryn.morris@hse.ie</a></td>
</tr>
<tr>
<td>Anne Purcell</td>
<td>HSE South Carlow, Kilkenny, Wexford, Waterford, South Tipperary</td>
<td>Health Centre, Castlehill, Carlow</td>
<td>Phone: (059)9133797 Fax No: (059) 9133530 <a href="mailto:ann.purcell@hse.ie">ann.purcell@hse.ie</a></td>
</tr>
<tr>
<td>Margaret Fitzgerald</td>
<td>HSE South North Lee, North Cork</td>
<td>Children First Department, Block 36,</td>
<td>Phone: (021) 496-6555</td>
</tr>
<tr>
<td>Maureen Crowley</td>
<td>Kerry, South Lee, North Lee, West Cork, Kerry</td>
<td>St. Finbar’s Hospital, Douglas Rd, Cork.</td>
<td><a href="mailto:Margareta.fitzgerald1@hse.ie">Margareta.fitzgerald1@hse.ie</a> <a href="mailto:maureen.crowley@hse.ie">maureen.crowley@hse.ie</a></td>
</tr>
<tr>
<td>Brid Burke</td>
<td>HSE West Galway</td>
<td>Children First &amp; Information Officer, Family Support Services, West City Centre, Seamus Quirke Rd, Galway</td>
<td>Phone: (091) 548440 Fax No: (091) 524226 <a href="mailto:brid.burke@hse.ie">brid.burke@hse.ie</a></td>
</tr>
<tr>
<td>Name</td>
<td>Region</td>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Sandra Claxton</td>
<td>HSE West Roscommon, Mayo</td>
<td>St Mary’s Headquarters, Castlebar, Co. Mayo</td>
<td>(094) 90 42579</td>
</tr>
<tr>
<td>Noreen Herron</td>
<td>HSE West Sligo, Leitrim, Donegal, Cavan</td>
<td>Markievicz House, Barrack Street, Sligo</td>
<td>(071) 9155181</td>
</tr>
<tr>
<td>Jan Godfrey</td>
<td>HSE West Clare, Clare</td>
<td>River House, Gort Road, Ennis, Co Clare</td>
<td>(065) 6863919</td>
</tr>
<tr>
<td>Anne Murray</td>
<td>HSE West Limerick</td>
<td>HSE Offices, Ballycummin Avenue, Raheen Industrial Estate, Raheen, Limerick</td>
<td>(061) 483520</td>
</tr>
<tr>
<td>Laura Nee</td>
<td>HSE West Tipperary North</td>
<td>HSE, Civic Offices, Limerick Road, Nenagh, Co. Tipperary</td>
<td>(067) 46652</td>
</tr>
</tbody>
</table>
## Appendix 4 Contacts for Child & Family Agency Children and Family Services

### Dublin Area

<table>
<thead>
<tr>
<th>Area</th>
<th>Location</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dublin North</strong></td>
<td>Health Centre, Cromcastle, Coolock, Dublin 5</td>
<td>(01) 816 4200 (01) 816 4244</td>
</tr>
<tr>
<td><strong>Dublin North</strong></td>
<td>Social Work Office, 22 Mountjoy Square, Dublin 1</td>
<td>(01) 877 2300</td>
</tr>
<tr>
<td><strong>Central</strong></td>
<td>Social Work Office, Ballymun Health Centre, Dublin 11</td>
<td>(01) 846 7236</td>
</tr>
<tr>
<td><strong>Dublin North West</strong></td>
<td>Health Centre, Wellmount Park, Finglas, Dublin 11 Social Work Department, Rathdown Road, Dublin 7</td>
<td>(01) 856 7704 (01) 882 5000</td>
</tr>
<tr>
<td><strong>Dublin South East</strong></td>
<td>Social Work Department, Vergemount Hall, Clonskeagh, Dublin 6</td>
<td>(01) 268 0320</td>
</tr>
<tr>
<td><strong>Dublin South West</strong></td>
<td>Duty Social Work Carnegie Centre, 21-25 Lord Edward Street, Dublin 2 Public Health Nursing, 21-25 Lord Edward Street, Dublin 2 Family Support Service, 78B Church House, Donore Avenue, Dublin 8</td>
<td>(01) 648 6555 (01) 648 6730 (01) 416 4441</td>
</tr>
<tr>
<td><strong>Dublin South City</strong></td>
<td>Milbrook Lawn, Tallaght, Dublin 24</td>
<td>(01) 452 0666 (01) 427 5000</td>
</tr>
<tr>
<td><strong>Dublin West</strong></td>
<td>Social Work Department, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10</td>
<td>(01) 620 6387</td>
</tr>
<tr>
<td><strong>Dublin South</strong></td>
<td>Social Work Department, Our Lady’s Clinic, Patrick Street, Dun Laoghaire, Co. Dublin</td>
<td>(01) 663 7300</td>
</tr>
</tbody>
</table>

### Other Offices

<table>
<thead>
<tr>
<th>Area</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Carlow</strong></td>
<td>Carlow Social Work Office, Ground Floor, St. Dymphna’s Hospital, Athy Road, Co. Carlow (059) 913 6587</td>
</tr>
<tr>
<td><strong>Cavan</strong></td>
<td>HSE Community Child and Family Services, Drumalee Cross, Co. Cavan (049) 637 7305 (049) 637 7306</td>
</tr>
<tr>
<td><strong>Clare</strong></td>
<td>Clare Duty Social Worker, River House, Gort Road, Ennis, Co. Clare Social Work Department, Shannon Health Centre, Shannon, Co. Clare Social Work Department, Kilrush Health Centre, Kilrush, Co. Clare (065) 686 3935 (Mon-Fri, 2-5pm) (061) 718 400 (065) 905 4200</td>
</tr>
<tr>
<td><strong>Cork</strong></td>
<td>North Cork Social Work Department, 134 Bank Place, Mallow, Co. Cork North Lee Child Lee Social Work Department, (adjacent to Shopping Centre), Blackpool, Co. Cork South Lee Social Work Department, St. Finbarr’s Hospital, Douglas Road, Cork West Cork Social Work Department, Coolnagarrane, Skibbereen, Co. Cork (022) 54100 (021) 492 7000 (021) 492 3001 (028) 40447</td>
</tr>
<tr>
<td><strong>Donegal</strong></td>
<td>Links Business Centre, Lisfannon, Buncrana, Co. Donegal (East Team) Euro House, Killybegs Road, Donegal, Co. Donegal (West Team) Social Work Department, Millennium Court, Pearse Road, Letterkenny, Co. Donegal (East Central Team and West Central Team) (074) 932 0420 (074) 972 3540 (074) 912 3672 (074) 912 3770</td>
</tr>
<tr>
<td><strong>Galway</strong></td>
<td>Galway City, Social Work Department, Local Health Office, 25 Newcastle Road, Galway, Co. Galway Galway County, Tuam Social Work Department, Health Centre, Vicar Street, Tuam, Co. Galway Loughrea Social Work Department, Health Centre, Loughrea, Co. Galway Ballinasloe Social Work Department, Health Centre, Brackernagh, Ballinasloe, Co. Galway Oughterard Social Work Department, Health Centre, Oughterard, Co. Galway (091) 546366 (093) 37200 (091) 847820 (090) 964 6200 (091) 552200</td>
</tr>
<tr>
<td><strong>Kerry</strong></td>
<td>Social Work Department, HSE Community Services, Rathass, Tralee, Co. Kerry Killarney Social Work Department, St. Margaret’s Road, Killarney, Co. Kerry (066) 712 1566 (064) 663 6030</td>
</tr>
<tr>
<td><strong>Kildare</strong></td>
<td>Social Work Department, St Mary’s Craddockstown Road, Naas, Co. Kildare (045) 873200 (045) 882 400</td>
</tr>
</tbody>
</table>
## OTHER OFFICES

<table>
<thead>
<tr>
<th>County</th>
<th>Social Work Office Details</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KILKENNY</strong></td>
<td>Social Work Office – Child Care Department, Child Youth and Families, Carlow/Kilkenny, HSE South, St. Canice’s Hospital, Dublin Road, Kilkenny, Co. Kilkenny</td>
<td>(056) 778 4057 (056) 778 4532</td>
</tr>
<tr>
<td><strong>LIMERICK</strong></td>
<td>Social Work Department, Ballynanty Health Centre, Ballynanty, Limerick (East Team), Co. Limerick</td>
<td>(061) 457 100 (061) 417 622</td>
</tr>
<tr>
<td></td>
<td>Social Work Department Roxtown Health Centre, Roxtown Terrace, Old Clare Street, Limerick (East Team), Co. Limerick</td>
<td>(061) 483 091</td>
</tr>
<tr>
<td></td>
<td>Parkbeg Social Work Department, Parkbeg House, 2 Elm Drive, Caherdavin Lawns, Ennis Road, Limerick, Co. Limerick</td>
<td>(061) 206 820 (061) 209 985</td>
</tr>
<tr>
<td></td>
<td>Social Work Department, Southill Health Centre, O’Malley Park, Southill, Limerick, Co. Limerick</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Newcastlewest Social Work Department, Newcastlewest Health Centre, Newcastle West, Co. Limerick.</td>
<td></td>
</tr>
<tr>
<td><strong>LAOIS</strong></td>
<td>Social Work Department, Child and Family Centre, Portlaoise, Co. Laois</td>
<td>(057) 869 2567 (057) 869 2568</td>
</tr>
<tr>
<td><strong>LOUTH</strong></td>
<td>Social Work Department, Local Health Care Unit, Wilton House, Stapleton Place, Dundalk, Co. Louth</td>
<td>(042) 939 2200 (041) 983 8574</td>
</tr>
<tr>
<td></td>
<td>Ballsgrove Health Centre, Ballsgrove, Drogheda, Co. Louth</td>
<td>(041) 983 3163</td>
</tr>
<tr>
<td><strong>MEATH</strong></td>
<td>Community Social Work Services, Enterprise Centre, Navan, Co. Meath</td>
<td>(046) 909 7817 (046) 907 8830</td>
</tr>
<tr>
<td></td>
<td>Community Social Work Services, Child and Family Centre, Navan, Co. Meath</td>
<td>(01) 802 4102</td>
</tr>
<tr>
<td></td>
<td>Community Social Work Services, Dunshaughlin Health Care Unit, Dunshaughlin, Co. Meath</td>
<td></td>
</tr>
<tr>
<td><strong>MONAGHAN</strong></td>
<td>Social Work Department, Local Health Care Unit, Rooskey, Co. Monaghan</td>
<td>(047) 30426 (047) 30427</td>
</tr>
<tr>
<td><strong>OFFALY</strong></td>
<td>Social Work Department, Derry Suite, Castlebuildings, Tara Street, Tullamore, Co. Offaly</td>
<td>(057) 937 0700</td>
</tr>
<tr>
<td><strong>ROSCOMMON</strong></td>
<td>Social Work Team, Abbeytown House, Abbey Street, Roscommon, Co. Roscommon</td>
<td>(090) 662 6732 (090) 663 7528</td>
</tr>
<tr>
<td></td>
<td>Social Work Team, Roscommon PCCC, Lanesboro’ Road, Roscommon, Co. Roscommon (Roscommon Area)</td>
<td>(090) 663 7529 (071) 966 2087</td>
</tr>
<tr>
<td></td>
<td>Social Work Team, Health Centre, Elphin Street, Boyle, Co. Roscommon (Boyle Area)</td>
<td>(090) 663 7851 (090) 663 7842</td>
</tr>
<tr>
<td></td>
<td>Social Work Team, New HSE Offices, Knockroe, Castlerea, Co. Roscommon (Castlerea Area)</td>
<td></td>
</tr>
<tr>
<td><strong>SLIGO</strong></td>
<td>Sligo Town and surrounding areas: Markievicz House, Barrack Street, Sligo, Co. Sligo</td>
<td>(071) 915 5133 (071) 912 0062</td>
</tr>
<tr>
<td></td>
<td>South County Sligo: One Stop Shop, Teach Laighe, Humbert Street, Tubercurry, Co. Sligo</td>
<td></td>
</tr>
<tr>
<td><strong>NORTH TIPPERARY</strong></td>
<td>North Tipperary Duty Social Work Team, Civic Offices, Limerick Road, Nenagh, Co. Tipperary</td>
<td>(067) 46 636 (067) 41 934</td>
</tr>
<tr>
<td></td>
<td>North Tipperary Child Protection Services: Social Work Department, Annbrook, Nenagh, Co. Tipperary</td>
<td>(0504) 24 609</td>
</tr>
<tr>
<td></td>
<td>St. Mary’s Health Centre, Parnell Street, Thurles, Co. Tipperary</td>
<td></td>
</tr>
<tr>
<td><strong>SOUTH TIPPERARY</strong></td>
<td>South Tipperary Child Protection Services: Social Work Team, South Tipperary</td>
<td>(052) 617 7302 (052) 617 7303</td>
</tr>
<tr>
<td></td>
<td>Community Care Services, Western Road, Clonmel, Co. Tipperary</td>
<td></td>
</tr>
<tr>
<td><strong>WATERFORD</strong></td>
<td>Waterford: Social Work Service, Waterford Community Services, Cork Road, Co. Waterford</td>
<td>(051) 842827 (058) 20906</td>
</tr>
<tr>
<td></td>
<td>Dungarvan and surrounding areas: Social Work Department, Dungarvan Community Services, St. Joseph’s Hospital, Dungarvan, Co. Waterford</td>
<td></td>
</tr>
<tr>
<td><strong>WESTMEATH</strong></td>
<td>Social Work Department, Athlone Health Centre, Coosan Road, Athlone, Co. Westmeath</td>
<td>(044) 934 4877</td>
</tr>
<tr>
<td></td>
<td>Social Work Department, Child and Family Centre, St. Loman’s, Springfield, Mullingar, Co. Westmeath</td>
<td></td>
</tr>
<tr>
<td><strong>WEXFORD</strong></td>
<td>Gorey Health Centre, Hospital Grounds, Gorey, Co. Wexford</td>
<td>(053) 943 0100 (053) 923 3465</td>
</tr>
<tr>
<td></td>
<td>Enniscorthy Health Centre, Millpark Road, Enniscorthy, Co. Wexford</td>
<td>Contact through Ely House below</td>
</tr>
<tr>
<td></td>
<td>New Ross Health Centre, Hospital Grounds, New Ross, Co. Wexford</td>
<td>(053) 912 3522 Ext. 201</td>
</tr>
<tr>
<td></td>
<td>Social Work Department, Ely House, Ferrybank, Co. Wexford</td>
<td></td>
</tr>
<tr>
<td><strong>WICKLOW</strong></td>
<td>Social Work Department, HSE Glenside Road, Wicklow Town, Co. Wicklow</td>
<td>(0404) 60800</td>
</tr>
<tr>
<td></td>
<td>Bray: Social Work Department, The Civic Centre, Main Street, Bray, Co. Wicklow</td>
<td>(01) 274 4180 (01) 274 4100</td>
</tr>
<tr>
<td></td>
<td>Delgany: Social Work Department, Delgany Health Centre, Delgany, Co. Wicklow</td>
<td>(01) 287 1482</td>
</tr>
</tbody>
</table>
Appendix 5 Legislation

Part One

1 Child Care Act, 1991

2 Children Act, 2001

3 Child Trafficking and Pornography Act, 1998

4 Criminal Justice Act, 2006

5 Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Bill, 2012

6 Criminal Law (Rape) Act, 1981

7 Criminal Law (Rape) (Amendment) Act, 1990

8 Criminal Law (Sexual Offences) Act, 2006

Part Two

9 Data Protection Act, 1988

10 Data Protection (Amendment) Act, 2003

11 Domestic Violence Act, 1996

12 Education (Welfare) Act, 2000

13 Freedom of Information Act, 1997

14 Freedom of Information (Amendment) Act, 2003

15 National Vetting Bureau (Children and Vulnerable Persons) Act 2012*
*Not yet commenced as of Jan, 2014.

16 Protection for Person Reporting Child Abuse Act, 1998

17 Protection of Children (Hague Convention) Act, 2000

18 Sex Offenders Act (2001)
Appendix 6 Flowchart - External Child Protection & Safeguarding concerns
Appendix 7: Flowchart - Internal Child Protection & Safeguarding concerns
Appendix 6 Flowchart - External Child Protection & Safeguarding concerns

If you have a suspicion or concern that a child/young person/vulnerable person at DCU is being or has been abused by a member of DCU staffs, you should...

- Do you suspect child abuse/inappropriate behaviour?
  - Yes
    - Refer to Chapter 7 - CP Code of Conduct to establish if the individual is breaching the CP Code of Conduct or committing serious poor conduct.
  - No
    - Do the concern relate to the DCU designated liaison person/deputy designated liaison person/designated child protection contact person?
      - Yes
        - Report concerns immediately to the DCU designated liaison person/deputy designated liaison person/designated child protection contact person.
      - No
        - Report concerns directly to DCU CHIEF OPERATIONS OFFICER.

DCU designated liaison person/deputy designated liaison person/designated child protection contact person must ensure the safety and welfare of the child/young person/vulnerable person and other children/young people/vulnerable person.

They will refer the concerns to the Child and Family Agency and/or An Garda Síochána.

Possible outcomes:
- No case to answer
- Warrants advice/warning as to future conduct/sanctions
- Further training/support given
- Redeployment within DCU - exclusion from working with children/young people
- Suspension

If you do not know who to turn to for advice or are worried about sharing your concerns with a DCU colleague, you should contact your local Child and Family Agency Office and seek an informal consultation with the Duty Social Worker. (See Appendix 8 of the DCU Child Protection & Safeguarding Policy)
Appendix 8 Self-Declaration

Self-Declaration

Please note All information received in this form will be treated confidentially

Name: 

(As per Birth Certificate)

Alias: 

(i.e. If you are called by a different name other than on your Birth Certificate)

Address:

Date of Birth:

Each question must be answered

Q.1 - Have you ever been investigated for and/or convicted of a criminal offence? 

If yes, please complete the following questions:

Date(s) of investigation(s):

What was the Court’s decision?

Q.2 - Have you ever been investigated and/or convicted of a criminal offence that would require you to notify DCU under Section 26 of the Sex Offenders Act 2001?

If yes, please complete the following questions:

Date(s) of investigation(s):

What was the Court’s decision?