



DUBLIN INSTITUTE OF TECHNOLOGY

CHILD PROTECTION POLICY AND GUIDELINES FOR STAFF

DUBLIN INSTITUTE OF TECHNOLOGY (“DIT”)

CHILD PROTECTION POLICY AND GUIDELINES FOR STAFF

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PART A- PRINCIPLES

1. Introduction and Scope

- 1.1 DIT recognises the important role of educational bodies in providing their students with high standards of care in order to promote their well-being and protect them from harm and it wishes to ensure that it maintains the highest possible standards to meet its responsibility to protect and safeguard those children for whom it has responsibility.
- 1.2 This Child Protection Policy and Guidelines (hereafter referred to as “the Policy”) has been developed incorporating guidelines and recommendations as stated in the following publications:
 - (a) Child Protection Procedures for Primary and Post-Primary Schools, Department of Education and Skills 2011 (“Child Protection Procedures”)
 - (b) Children First: National Guidelines for the Protection and Welfare of Children, Department of Children and Youth Affairs 2011 (“Children First”)
 - (c) Our Duty to Care: The Principles of Good Practice for the Protection of Children and Young People issued by the Department of Health and Children 2002
 - (d) Irish Sports Council Code of Ethics and Good Practice for Children’s Sport 2000 (reviewed 2005)
- 1.3 The purpose of this Policy is to promote good practice by:
 - (a) Providing children and young people with the appropriate safety and protection while visiting or involved with DIT.
 - (b) Advising staff of the child protection measures which are in place in DIT to ensure that reasonable care is exercised in dealing with children.
 - (c) Assisting staff to make informed decisions and confident responses to specific child protection issues.
 - (d) Giving direction and guidance to DIT management and staff in dealing with allegations or suspicions of abuse (physical, emotional, sexual and neglect), with protection and well-being of the child being the most important consideration.
- 1.4 This Policy applies to all staff, volunteers and other persons who encounter children in the context of classes at DIT or on other premises, tuition, service or events.
- 1.5 Students at DIT include those studying on third level programmes, completing apprenticeships, studying on Access and Civil Engagement related programmes, junior and continuing education music students, together with primary or secondary school students who enrol for music tuition.

2. Principles governing this Policy

- 2.1 This Policy is based on the following principles:
 - (a) A child is a person under 18 years of age excluding a person who is married or who has been married;

- (b) Children should be protected, treated with respect, listened to and have their own views taken into consideration;
- (c) The protection of children must always come first;
- (d) The safest possible practices should be adopted to minimise the possibility of harm or accidents happening to children. Risk assessments are carried out to provide for the adoption of the safest possible practices. It is the responsibility of the staff member through their Head of School/Head of Function to arrange a risk assessment where appropriate.
- (e) Staff of DIT have a duty to raise concerns about the behaviour of others, which may be harmful to children with whom DIT interacts;
- (f) Staff of DIT who work with children should maintain a policy of openness with parents/carers/children's school teachers (subject to paragraph 16 which deals with confidentiality guidelines); and
- (g) On behalf of DIT, the Designated Liaison Person ("DLP") will maintain links with the Health Service Executive ("HSE") Children First Information and Advice Officers (or if there is no HSE personnel in that role, the child protection persons set out in **Appendix 3B**) and An Garda Síochána, as appropriate, in order to promote child protection and welfare policies and practices.

3. What is a Child?

- 3.1 For the purpose of this document a child is defined as someone under the age of 18 years of age, excluding a person who is or has been married.
- 3.2 This Policy covers two (2) separate groups of young persons under 18:
 - (a) Young persons aged 16–18 years who are students at DIT (see paragraph 5);
and
 - (b) Children and young people who are involved with DIT activities for a variety of other reasons including (but not limited to):
 - (i) Conservatory of Music and Drama (Chatham Row and Rathmines)
 - (ii) National Optometry Centre
 - (iii) Sports Facilities and Activities
 - (iv) Access & Civil Engagement Service including:
 - Access Service
 - Ballymun Music Program
 - Computer Learning in Communities (CLiC)
 - Students Learning with Communities
 - Disability Service
 - (v) Admissions
 - (vi) Chaplaincy Service

(vii) Student Counselling Service

4. **What is Child Abuse ?**

- 4.1 Child abuse can be categorised into four (4) different types: neglect; emotional abuse, physical abuse and sexual abuse.
- 4.2 A child may be subject to one or more forms of abuse at any given time. A single isolated incident can amount to child abuse. Refer to **Appendix 1** for comprehensive descriptions of the various forms of abuse and examples thereof.

5. **Students Under the Age of 18**

- 5.1 DIT has some students who commence their studies before their eighteenth birthday.
- 5.2 DIT recognises that:
 - (a) Anyone under the age of 18, is a child as a matter of law.
 - (b) DIT is not *in loco parentis*.
- 5.3 Students under the age of 18 will be treated in most respects no differently to students aged 18 years and over. Each School within DIT has a nominated member of academic staff who is responsible for the welfare of any students under the age of 18. The Head of the School shall be responsible for ensuring such a named individual is appointed.
- 5.4 Such nominated staff are required to make themselves known to the student at induction and meet with the student regularly to ensure that the student has no difficulties. The tutor reports to the Head of School and must communicate any difficulties that may arise in relation to such students to the Head of School. If issues are shown to give rise to a reasonable concern for the safety of the child, the staff member should report such concerns to a member of the Child Protection Support Team, refer to Part C below.

6. **Retrospective Disclosure by Adults**

- 6.1 If an adult makes a disclosure to a DIT staff member of abuse suffered during their childhood, and it is believed there may be a current risk to any child who may be in contact with the alleged abuser, the DLP should be informed. If a risk is deemed to exist then the DLP must inform the HSE and/or An Garda Síochána.
- 6.2 If a DIT staff member or student makes a disclosure to a DIT staff member of abuse suffered during their childhood, the staff member to whom he/she has made the disclosure should provide him/her with the following contact information for relevant DIT support services:
 - (a) **Staff**

Employee Assistance Programme provided by Vhi Corporate Solutions

To talk with a member of the team, whether you require access to information or counselling service call **Freephone 1800 995 955**
(24 hours / 7 days a week / 365 days a year)

or you can email an enquiry to the specialist information service
eap@vhics.ie

or you can access the service via the Vhi EAP Online Tool by logging into Vhieaponline.co, the username is VhiDIT and the password is EAP.

You do not need to be a Vhi Member to avail of this service.

(b) **Students**

Student Counselling Service: 402 4120 / 402 3155 / 402 4343 /
402 3680/ 402 7020 / 402 3052

PART B: RESPONSIBILITIES OF DIT

7. Responsibilities of DIT

- 7.1 While each staff member is responsible for complying with this Policy, the responsibility for the implementation of the Policy rests with DIT. It is the responsibility of each Director in conjunction with their Heads of School, College Managers and Heads of Function to ensure that the Policy is followed in their respective directorates.

8. Garda Vetting

- 8.1 Wherever required by law, and in cases involving working with children (or vulnerable adults) DIT staff, volunteers and others working for DIT will be subject to Garda vetting and clearance. Offers of employment and/or continued employment/engagement by DIT will be strictly conditional on the appropriate clearance being obtained.

9. Training

9.1 Child Protection Presentation

A Child Protection Presentation will be delivered to managers and staff in designated areas. Managers and staff in these areas **must attend** the presentation.

The Child Protection Presentation will also be delivered to all Heads of School and will incorporate management responsibilities including:

- Procedures that managers should put in place (e.g. all staff reading the Policy and signing the relevant form)
- Appointment of School Nominated Personal Tutors
- Carrying out Risk Assessments

The Child Protection Presentation will also be given at all Staff Induction Seminars. New staff in designated areas must attend the Inductions Seminars as well as the Child Protection Workshop.

9.2 **Child Protection Workshop**

The Designated Liaison Person, Deputy Designated Liaison Persons and the Child Protection Support Team as well as all staff in designated areas and the maintenance area are required to participate in a Child Protection Workshop. This workshop will focus on:

- signs and symptoms of child abuse
- good practice in child protection
- how to respond to a disclosure (current and retrospective)
- reporting procedures
- individual responsibilities and roles

10. **Programmes run by DIT**

- 10.1 Appendices 5-15 set out specific guidelines in respect of the discrete areas in which DIT may be involved with children.
- 10.2 It is the responsibility of DIT to ensure that parents/guardians/teachers/local community group leaders (as applicable) are aware of the existence of this Policy and provided with a copy if they seek it.

11. **Review of this Policy**

- 11.1 The Policy will be reviewed every two years unless new or revised legislation or national guidance necessitate an earlier review. The DLP, the DDLP and the Child Protection Support Team may arrange to meet in order to discuss the operation of the Policy.

PART C RESPONSIBILITIES OF DIT STAFF MEMBERS AND VOLUNTEERS WORKING WITH CHILDREN

12. **Responsibilities of DIT Staff**

- 12.1 It is the responsibility of each staff member to read and comply with the contents of this Policy, which is available on the DIT HR website.
- 12.2 Each new staff member must sign an acceptance form and return it Human Resources prior to commencement (see **Appendix 4**);
- 12.3 Staff at DIT are referred to additional guidelines which apply to the following areas/programmes:
- (a) Conservatory of Music and Drama: Junior music students and primary or secondary school students who enrol for music tuition (**Appendix 5**);
 - (b) National Optometry Centre: Patients under 18 years of age (**Appendix 6**);
 - (c) Sports Facilities and Activities: Children who avail of sports facilities and/or sports training in DIT or other course-related work/programmes with children run by DIT (**Appendix 7**);
 - (d) Access Service for Secondary School Students: Fetac Students, Primary schools and community groups (**Appendix 8**);
 - (e) Ballymun Music Programme (**Appendix 9**);

- (f) CLiC: Primary and secondary school students from Dublin inner-city schools computerisation project (**Appendix 10**);
 - (g) Students Learning with Communities Projects: Pre-school, primary and secondary school students and members of the community (**Appendix 11**);
 - (h) Admissions (**Appendix 12**);
 - (i) Disability Service (**Appendix 13**);
 - (j) Chaplaincy Service (**Appendix 14**);
 - (k) Student Counselling Service (**Appendix 15**).
- 12.4 It is the responsibility of each staff member involved in any of these areas to obtain a copy of the above guidelines from the relevant Designated Liaison Person (“DLP”) or a member of the Child Protection Support Team (See **Appendix 16**) and to be familiar with the scope and content of those guidelines.
13. **Basis for Reporting Alleged or Suspected Child Abuse**
- 13.1 Everyone must be alert to the possibility that children with whom they are in contact could be victims of abuse. All DIT staff and volunteers working with children are encouraged to discuss any concerns with a member of the Child Protection Support Team in the first instance and thereafter with the DLP if necessary (contact details at **Appendix 16**).
- 13.2 DIT staff should refer to **Appendix 1** of this Policy (which reproduces Appendix 1 of Children First) for further information on signs and symptoms of child abuse.
14. **Making a report to a member of the Child Protection Support Team and/or Designated Liaison Person (DLP)**
- 14.1 DIT staff who suspect child abuse should
- (a) gather enough information to establish the basis for their concerns;
 - (b) record the conversation (in the words of the child) and their observations accurately; and
 - (c) inform a member of the Child Protection Support Team in the first instance and thereafter with the DLP if necessary.
- 14.2 **Disclosure from a child**
- If a complaint of abuse is disclosed directly by a child to a staff member of DIT, the child is likely to be under severe emotional stress and the staff member of DIT may be the only adult whom the child is prepared to trust. Great care should be taken not to damage trust.
- When information is offered in confidence, the staff member of DIT will need sensitivity and tact in responding to the disclosure.
- While the basis for concern must be established as comprehensively as possible, the following advice is offered to staff members of DIT to whom a child makes a disclosure of abuse:

- (a) It is important to stay calm and not to show any extreme reaction to what the child is saying. Listen compassionately and take what the child is saying seriously.
- (b) It should be understood that the child has decided to tell about something very important and has taken a risk to do so. The experience of telling should be a positive one so that the child will not mind talking to those involved.
- (c) The staff member must explain to the child that it is not possible for any information to be kept a secret and that you will tell people who understand the area and who will try to help. The staff member must check with the child that he/she understands.
- (d) No judgmental statement should be made about the person against whom the allegation is made.
- (e) The child should not be questioned unless the nature of what he/she is saying is unclear. Leading questions should be avoided. Open, non-specific questions should be used such as “Can you explain to me what you mean by that?”.
- (f) The child should be given some indication of what will happen next, such as informing the DLP, parents/carers, HSE or possibly An Garda Síochána. It should be kept in mind that the child may have been threatened and may feel vulnerable at this stage.
- (g) Record the disclosure immediately afterwards using, as far as possible, the child’s own words.

The staff member should not interview the child or the child’s parents/carer in any detail about the alleged abuse, as this is the function of the HSE and/or An Garda Síochána.

14.3 Ongoing support

Following a disclosure by a child, it is important that the staff member continues in a supportive relationship with the child. Disclosure is a huge step for a child. Staff should continue to offer support, particularly through:

- (a) maintaining a positive relationship with the child;
- (b) keeping lines of communication open by listening carefully to the child;
- (c) continuing to include the child in the usual activities.

Any further disclosure should be treated as a first disclosure and responded to as indicated above.

In the case of an emergency where it is believed that a child is at serious and imminent risk, and it is not possible to make contact with the HSE, the staff member should report the emergency to the DLP who will then contact An Garda Síochána on behalf of the Institute.

14.4 **Disclosure from another person**

If a complaint is made to a staff member of DIT whether from another staff member of DIT or a third party to the effect that there is reasonable suspicion that abuse is alleged to have taken place against a child, the staff member of DIT should:

- (a) Request the complainant to make a written statement which he/she will provide to a member of the Child Protection Support Team in the first instance;
- (b) If the complainant is unknown to the staff member of DIT, ask the person making the allegation for their name and contact number or address;
- (c) Tell the complainant that there is a procedure in place for dealing with such allegations and that the person responsible will be in contact with them as soon as possible; and
- (d) This information must then be reported by the member of the Child Protection Support Team to the DLP.

14.5 All records of any allegations in relation to child protection which are made to a staff member should be regarded as highly confidential and should be stored by the DLP in a secure location.

15. **If the DLP does not report the matter to the HSE**

15.1 A suspicion that is not supported by any objective indication of abuse or neglect would not constitute a reasonable suspicion or reasonable grounds for concern. If the DLP decides not to report the matter to the HSE on these grounds, or seeks advice from the HSE and is advised that there are no grounds for a report, the DLP shall record the advice received from the HSE and inform the staff member who made the report of this decision and the reasons for it.

15.2 Each staff member should be aware that if he/she remains concerned he/she is free to directly contact the HSE (**Appendix 3B**). The staff member should notify the DLP that he/she intends to contact the HSE.

16. **Confidentiality**

16.1 At all stages (disclosure, reporting and dealing with an abuse allegation), confidentiality is of extreme importance.

16.2 No undertakings regarding secrecy can be given. This should be made clear to all parties involved, although reassurances can be given that all information will be handled taking full account of legal requirements.

16.3 All information regarding concern or assessment of child abuse or neglect should be shared on 'a need to know' basis in the best interests of the child with the relevant statutory authorities. Such information may be communicated to personnel who have a legitimate involvement or role in dealing with the issue. Giving information to those who need to have the information (including a member of the Child Protection Support Team, the DLP, HSE or An Garda Síochána), for the protection of a child who may have been or is in danger of being abused, is not a breach of confidentiality or data protection.

- 16.4 As a general rule, information gathered for one purpose must not be used for another without consulting the person who provided that information. For example, information received from parents when signing a child up to a class in DIT should not be used by DIT for marketing purposes unless the parent has agreed to that use.

17. **DIT Activities Involving Children–Best Practice**

- 17.1 DIT staff who work with children and young people must familiarise themselves with this Policy and sign “*Acceptance of the DIT Child Protection Policy and Guidelines form*” (**Appendix 4**). The DIT staff member should return the form to the Head of Function/Head of School.
- 17.2 Students who work/learn/volunteer with children and young persons must be made aware of this Policy by the relevant staff member and the student must sign “*Acceptance of the DIT Child Protection Policy and Guidelines form*” (**Appendix 4**). The students should return the completed form to the relevant staff member who will provide it to the Head of Function/Head of School.
- 17.3 Staff members of DIT must ensure that they work in an open environment (i.e. avoiding private or unobserved situations).

- (a) Avoid being alone with a child.

If this is not avoidable, take steps to minimise risk e.g. ask another staff member to join, leave the door open or move to a public place.

In relation to DIT students who are under 18, it is recognised that it may not be possible in certain situations to avoid a one-to-one situation e.g. in medical consultations, counselling, one-to-one careers advice, financial assistance interviews or other situations. Staff members should use their professional judgement when in such a situation and should try, where reasonably possible, to avoid being alone with a child.

- (b) Treat all children equally and with respect and dignity.
- (c) Adopt the safest possible practices to minimise the possibility of harm or accidents happening to children.
- (d) Provide a safe, appropriately monitored environment for any children visiting the campus.
- (e) Demonstrate exemplary behaviour in the presence of children.
- (f) Give enthusiastic and constructive feedback instead of negative criticism.
- (g) Never use physical punishment.
- (h) 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. In such cases, physical contact should only take place with the consent of the child.
- (i) Never exchange personal details with a child e.g. phone numbers, e-mail, Facebook, Twitter, or other social media accounts.

- (j) 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.
- (k) Always refer child abuse, welfare and safety issues to a member of the Child Protection Support Team in the first instance and thereafter to the DLP if necessary. If a staff member of DIT is inhibited for any reason in reporting the incident internally to the DLP or where they are dissatisfied with the response, they should contact the HSE and/or An Garda Síochána and he/she must notify the DLP that they are doing so. They should keep a written note of any communication made and any advice received. Confidentiality must be maintained other than communicating with the HSE and/or An Garda Síochána.

18. Photography and Use of Images

- 18.1 It is important that measures are taken to safeguard children and young people from misuse of their personal data and that their personal information (e.g. identity or location) are not made publicly available without their knowledge and informed consent.
- 18.2 Photographs or images are defined as data and therefore come within the scope of the Data Protection Acts 1998 and 2003. This means that a person's consent should be sought before such personal data can be used.
- 18.3 Children and their parents/carers should be informed in advance if and when images will be taken and the purpose(s) the image will be used for, including whether it will be provided to a third party, uploaded to the internet etc. The child and the parents/carers should then provide informed written consent to the use of the image. The image should not be used in any way which exceeds the consent provided.
- 18.4 Permission to take and use images of children and young people can be requested as part of their registration process for an activity, programme or event. Refusal of consent should not limit a child's participation in activities.

19. Attending to the Safety, Health and Welfare of Children

- 19.1 Members of DIT staff have a duty to understand the requirements relating to health and safety in advance of commencement of any program or activity involving children.
- 19.2 Risk assessments are carried out to provide for the adoption of the safest possible practices. It is the responsibility of the staff member through their Head of School/Head of Function to arrange risk assessment where appropriate.
- 19.3 All risk assessments must be properly completed, recorded (necessary for safety reasons), discussed with the relevant people affected and made available. The Health & Safety Office is available to facilitate risk assessments.
- 19.4 Members of DIT staff must report to their immediate supervisor or Head of School/Function any accidents (i.e. unplanned events that result in injury or ill-health) or dangerous occurrences (i.e. unplanned events that have the potential to cause injury) involving children and the DIT Incident Report Form completed.

- 19.5 Copies of the completed DIT Incident Report Form should be circulated to the Health & Safety Officer and the DLP (in the case of an incident involving a child).
- 19.6 Incident Report Books are located at all reception areas/porters desks. Please complete (for incident/near miss/dangerous occurrence) and forward a copy of the Incident Report Form to the Health and Safety Office.
- 19.7 For more information, please refer to the Health & Safety Office website at www.dit.ie/safework

PART D RESPONSIBILITIES OF DESIGNATED LIAISON PERSON (“DLP”)

20. General

- 20.1 DIT has appointed a Designated Liaison Person (DLP) to deal with child protection issues. (**Appendix 16**)
- 20.2 The DLP will be responsible for:
- (a) acting as a liaison with outside agencies;
 - (b) acting as a resource to any staff member of DIT who has child protection queries or concerns; and
 - (c) reporting suspicions or allegations of child abuse to the HSE (see list of contacts at **Appendix 3B**) and/or An Garda Síochána.
- 20.3 DIT has appointed Deputy Designated Liaison Persons (“DDL”) to assume the responsibilities of the DLP if he/she is unavailable or unable to act for any reason (**Appendix 16**). Any references in this document to DLP should also read as applying to the DDL.
- 20.4 The DLP and the DDL must familiarise themselves with this Policy to include the legislative provisions and key publications referred to in **Appendix 2** and updates of these provisions and publications.
- 20.5 DIT has nominated a Child Support Protection Team (“CSPT”) (**Appendix 16**). The members of the CSPT will be responsible for assisting the DLP and the DDL in relation to the implementation of the Policy.

21. Reporting Suspicions or Allegations of Child Abuse

- 21.1 The DLP shall report any reasonable suspicion or allegation of child abuse to:
- (a) the HSE (see list of contacts at **Appendix 3B**) and/or (in the case of an immediate risk to a child) An Garda Síochána;
 - (b) the Director of Student Services (in the case of an allegation by or against a student);
 - (c) the Director of Human Resources (in the case of an allegation against a DIT employee or an individual, even if working on a voluntary/unpaid basis on behalf of the Institute).
- 21.2 The DLP must inform the HSE where there are reasonable grounds for concern that a child may have been abused, is being abused or is at risk of abuse. This report should be made without delay to the HSE. All reports made by the DLP to the HSE should

include as much as possible of the information sought in the standard reporting form as outlined in **Appendix 3A**.

- 21.3 In the case of an emergency where it is believed that a child is at serious and imminent risk, and it is not possible to make contact with the HSE, the DLP must contact An Garda Síochána.
- 21.4 The DLP should ensure that any response made by a staff member of DIT against whom an allegation has been made shall be passed to the HSE and/or An Garda Síochána when submitting the formal notification report.
- 21.5 The DLP should not investigate whether the allegations or complaints are valid. Such an investigation is the responsibility of the HSE and/or An Garda Síochána.
- 21.6 Where the DLP, DDLP or a staff member of DIT reports suspicions of child abuse reasonably and in good faith to designated officers of the HSE or any members of An Garda Síochána, the Protection of Persons Reporting Child Abuse Act, 1998 protects them from civil or criminal liability for doing so. The law does not require proof that the abuse in fact happened, only that there are reasonable grounds for concern that the abuse has occurred.

22. Seeking the advice of the HSE / Making or Not Making a Report to the HSE

- 22.1 If the DLP is not sure whether or not to report the matter to the HSE, the DLP should seek advice from the HSE (see list of contacts at **Appendix 3B**) without giving identifying details. The DLP should make it clear that he/she is not making a report but simply seeking advice.
- 22.2 **If the HSE advises that a report should be made to the HSE, the DLP should act on that advice:**
 - (a) The DLP should keep a record in writing of that fact together with a record of any advice given by the HSE.
 - (b) The DLP should take particular advice from the HSE on whether the child's parent/guardian/carer should be notified (refer to Section 23 below). If the DLP decides not to inform the parent/guardian/carer, this decision and the reasons for it should be recorded by the DLP. If, for any reason it is not possible to inform the child's parent/guardian, the DLP should inform the HSE of that fact and the reason why.
 - (c) The DLP should tell the HSE if the child's parent/guardian has not been informed so that it can take the necessary appropriate steps.
 - (d) The DLP should inform the person who made the report in writing that a report will be made to the HSE.
- 22.3 **If the HSE advises that no action is required:**
 - (a) The DLP should keep a record in writing of that fact together with a record of any advice given by the HSE.
 - (b) If the DLP remains concerned about a child's welfare, a report in writing may be made to the HSE.
 - (c) The DLP shall inform the person who made the report in writing that a report will not be made to the HSE while advising that person that if he/she remains

concerned about a child's welfare, he/she is free to contact the HSE.
(**Appendices 3A and 3B**).

A suspicion that is not supported by any objective indication of abuse or neglect would not constitute a reasonable suspicion or reasonable grounds for concern.

23. Record Keeping/Recording Allegations of Actual Incidents

23.1 When child abuse is suspected, the DLP shall keep proper dated and signed records. All records are highly confidential and it is the responsibility of the DLP to ensure that these are kept securely.

23.1 Details of allegations and reports of alleged incidents of abuse must be recorded. The records may include:

- (a) The written report from the staff member who received the information or who has concerns;
- (b) The date and time of disclosure, allegation or actual abuse incident;
- (c) An indication of the parties involved (including third parties) including names and addresses;
- (d) Any suspicions consequent on the information and the factual grounds for such suspicions;
- (e) The response of the parents/guardians to the information (if any);
- (f) The decision not to inform the parents/guardian together with the reason for same;
- (g) Details (dates, times, people, place) of any subsequent meetings and communications of interested parties;
- (h) Decisions re referral (or not) to the HSE, or An Garda Síochána including how, why, when and by whom the decision was taken;
- (i) Details of any advice received from HSE, including when and from whom;
- (j) Details of any updates given to the staff member who made the initial report in writing;
- (k) Details of what action DIT has taken;

PART E ROLE OF THE HR DEPARTMENT

24. Role of the Human Resources Department

24.1 In the event that an allegation is made against a staff member of DIT under this Policy, Human Resources will ensure that an investigation is carried out in accordance with the terms of DIT's Disciplinary Procedure which may be adapted having regard to the gravity/sensitivity of the issue e.g. the services of an external expert such as a Child Psychologist may be required. The Director of Human Resources will have overall responsibility for such matters but may delegate the tasks required to a suitable member of staff.

- 24.2 The first priority will be to ensure that no child is exposed to unnecessary risk. The Director of Human Resources or his nominee in consultation with the DLP will as a matter of urgency take any necessary protective measures. These measures should be proportionate to the level of risk.
- 24.3 The Director of Human Resources or his nominee will ensure that an individual case record is maintained of the detail of the case and any action taken and resolution of the matter.
- 24.4 Information of any nature will only be divulged on a need-to-know basis.
- 24.5 An employee against whom an allegation is made may be placed on administrative leave pending the processing or outcome of an investigation. This is a protection for all involved and not a disciplinary sanction. This decision will be taken by the Director of Human Resources or his nominee in consultation with the DLP.

25. Dealing with Child Abuse Allegations against a DIT staff member

- 25.1 If an allegation is made against a staff member of DIT, all action will be guided by the rules of natural justice, and the procedural and contractual arrangements in force at that time.
- 25.2 The most important consideration to be taken into account by the DLP and DIT is the protection, safety and well-being of children. However, because of the involvement of a staff member of DIT, DIT and the DLP have a duty of care to that staff member too.
- 25.3 Staff members of DIT may be subject to erroneous or malicious allegations. Therefore any allegation of abuse must be dealt with sensitively and the staff member of DIT fairly treated. This includes the right not to be judged in advance of a full and fair investigation.
- 25.4 The Director of Human Resources or his nominee shall, unless to do so would put a child at increased risk of harm, take every reasonable effort to advise the person against whom an allegation of child abuse has been made of the following:
 - (a) The fact that an allegation has been made against him/her; and
 - (b) Available details of the nature of the allegations.

The Director of Human Resources or his nominee shall liaise with the DLP in relation to the appropriateness of such a notification.

- 25.5 The staff member of DIT shall be afforded an opportunity to respond. The staff member of DIT shall be told that his/her response may also have to be passed to the HSE and/or An Garda Síochána if there are reasonable grounds for suspicion of abuse.
- 25.6 A follow-up of allegations of abuse against a staff member of DIT shall be made in consultation with the HSE and/or An Garda Síochána. An immediate meeting shall be arranged with one or both of these agencies for that purpose.
- 25.7 It is important to note that if an allegation is made against a staff member of DIT that there are two (2) procedures to be followed:

- (a) Reporting procedure in respect of the allegation; and
- (b) The DIT Disciplinary Procedures.

25.8 In general the same person should not have responsibility for dealing with both procedures. The DLP is responsible for reporting the matter to the HSE and/or An Garda Síochána while the Director of Human Resources or his nominee is responsible for addressing the relevant procedural issues applicable in respect of (b) above.

25.9 The initiation of the DIT Disciplinary Procedures is not a finding of guilt or wrongdoing and no such findings (if any) shall be made until the investigative procedures have been concluded.

26. **Communication of Child Protection Policy and Guidelines**

26.1 DIT is committed to taking positive measures to educate all staff in awareness of Child Protection. Our commitment is to bring this Policy to the attention of management, staff, students, customers, clients and other business contacts.

26.2 This will be achieved in respect of staff members by the following:

- Induction Training;
- Circulation of copies of the Policy to all staff members by e-mail and internet;
- Focused training for staff engaged with children and young people.

26.3 Communication of the Policy can also be achieved in respect of non-staff members by reference to the Policy Charter which will be displayed throughout the Institute and a copy of this will be provided to all appropriate business contacts.

This Policy and Guidelines will be subject to operational review.

QUERIES

Contact: Employee & Industrial Relations Manager
Tel: 01 402 3421
E-Mail: Human.Resources@dit.ie

Human Resources Department
Approved by Senior Leadership Team July 2012
Approved by Governing Body December 2012
Policy Number HRP058
To be reviewed January 2015
(Last updated October 2013)

The owner of this HR policy is the Director of Human Resources.

APPENDIX 1

SIGNS AND SYMPTOMS OF CHILD ABUSE

Below is a reproduction of Appendix 1 Children First: National Guidelines for the Protection and Welfare of Children, Department of Children and Youth Affairs 2011. For a fuller description of each of the forms of abuse, see Appendix 1 of Children First.

1. Signs and symptoms of neglect

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

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

Child neglect should be suspected in cases of:

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

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.

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.

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:

- (a) 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;
- (b) high level of demand for investigation of symptoms without any documented physical signs;
- (c) 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.

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:

- (d) disclosure by the child or his or her siblings/friends;
- (e) the suspicions of an adult;
- (f) 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 defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim.

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

Carers and professionals should be alert to the following physical and behavioural signs:

- bleeding from the vagina/anus;
- difficulty/pain in passing urine/faeces;
- an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease;
- Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area;
- noticeable and uncharacteristic change of behaviour;
- hints about sexual activity;

- age-inappropriate understanding of sexual behaviour;
- inappropriate seductive behaviour;
- sexually aggressive behaviour with others;
- uncharacteristic sexual play with peers/toys;
- unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming.

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

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

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

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

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

APPENDIX 2

KEY PUBLICATIONS

The following legislative provisions and key publications were taken into account when developing this Code of Practice:

1. Safety, Health and Welfare at Work Act, 2005.
2. The Child Care Act, 1991.
3. Protection of Persons Reporting Child Abuse Act, 1998.
4. Child Protection Procedures for Primary and Post-Primary Schools, Department of Education and Skills 2011.
5. Children First: National Guidelines for the Protection and Welfare of Children, Department of Children and Youth Affairs 2011.
6. Our Duty to Care: The principles of good practice for the protection of Children and Young People (2004) Department of Health and Children.
7. Code of Ethics and Good Practice in Children's Sport, Irish Sports Council 2000.
8. Child Protection and Welfare Practice Handbook, Health Service Executive 2011.

APPENDIX 3A

STANDARD REPORT FORM

FORM NUMBER: CC01:01:00

STANDARD REPORT FORM

(For reporting CP&W Concerns to HSE)



A. To Principal Social Worker/Designate: _____

1. Date of Report _____

2. Details of Child

Name:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address:		DOB		Age	
		School			
Alias		Correspondence address (if different)			

3. Details of Persons Reporting Concern(s)

Name:		Telephone No.	
Address:		Occupation:	
		Relationship to client:	
Reporter wishes to remain anonymous	<input type="checkbox"/>	Reporter discussed with parents/guardians	<input type="checkbox"/>

4. Parents Aware of Report

Are the child's parents/carers aware that this concern is being reported to the HSE?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

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.)

FORM NUMBER: CC01:01:00

STANDARD REPORT FORM

(For reporting CP&W Concerns to HSE)



6. Relationships

Details of Mother		Details of Father	
Name:		Name:	
Address: (if different to child)		Address: (if different to child)	
Telephone Nos.		Telephone Nos.	

7. Household composition

Name	Relationship	DOB	Additional information, e.g. school/occupation/other

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

	Name	Address
Social Worker		
PHN		
GP		
Hospital		
School		
Gardaí		
Pre-School/Crèche/YG		
Other (specify):		

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

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

10. Details of person completing form

Name:		Occupation:	
Signed		Date:	

Guidance Notes

The HSE has a statutory responsibility under the Child Care Act 1991 to promote the protection and welfare of children. The HSE therefore has an obligation to receive information about any child who is not receiving adequate care and/or protection.

This Report Form is for use by:

- Any professional, individual or group involved in services to children, including HSE personnel, who becomes aware of a child protection or welfare concern, or to whom a child protection or child welfare concern is reported.
- Professionals and individuals in the provision of child care services in the community who have service contracts with the HSE.
- Designated persons in a voluntary or community agency.

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

The HSE aims to work in partnership with parents. If you are making this report in confidence, you should note that the HSE cannot guarantee absolute confidentiality for the following reasons:

- A Court could order that information be disclosed.
- Under the Freedom of Information Act 1997, the Freedom of Information Commissioner may order that information be disclosed.

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

If you are unsure if you should report your concerns, please telephone the HSE duty social worker and discuss your concerns with them.

APPENDIX 3B

HSE CONTACTS (Children First)

Appendix 2: National contacts for HSE Children and Family Services

Also listed on HSE website (www.hse.ie/go/socialworkers) and from HSE LoCall Tel. 1850 241850. These contact numbers may be updated from time to time. Please check HSE website for latest information.

HSE Area	Address	Telephone No.
DUBLIN NORTH	Health Centre, Cromcastle, Coolock, Dublin 5	(01) 816 4200 (01) 816 4244
DUBLIN NORTH CENTRAL	Social Work Office, 22 Mountjoy Square, Dublin 1 Social Work Office, Ballymun Health Centre, Dublin 11	(01) 877 2300 (01) 846 7236
DUBLIN NORTH WEST	Health Centre, Wellmount Park, Finglas, Dublin 11 Social Work Department, Rathdown Road, Dublin 7	(01) 856 7704 (01) 882 5000
DUBLIN SOUTH EAST	Social Work Department, Vergemount Hall, Clonskeagh, Dublin 6	(01) 268 0320 (01) 2680333
DUBLIN SOUTH CITY	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, 788 Church House, Donore Avenue, Dublin 8	(01) 648 6555 (01) 648 6730 (01) 416 4441
DUBLIN SOUTH WEST	Milbrook Lawn, Tallaght, Dublin 24	(01) 452 0666 (01) 427 5000
DUBLIN WEST	Social Work Department, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10	(01) 620 6387
DUBLIN SOUTH	Social Work Department, Our Lady's Clinic, Patrick Street, Dun Laoghaire, Co. Dublin	(01) 663 7300
CARLOW	Carlow Social Work Office, Ground Floor, St. Dymphna's Hospital, Athy Road, Co. Carlow	(059) 913 6587
CAVAN	HSE Community Child and Family Services, Drumalee Cross, Co. Cavan	(049) 437 7305 (049) 437 7306
CLARE	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, 2pm – 5pm) (061) 718 400 (065) 905 4200
CORK	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
DONEGAL	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, Letterkenney, Co. Donegal (East Central Team and West Central Team)	(074) 932 0420 (074) 972 3540 (074) 912 3672 (074) 912 3770
GALWAY	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

KERRY	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
KILDARE	Social Work Department, St. Mary's Craddockstown Road, Naas, Co. Kildare	(045) 873200 (045) 882 400
KILKENNY	Social Work Office – Child Care Department, Child Youth and Families, Carlow/Kilkenny, HSE South, St. Canice's Hospital, Dublin Road, Kilkenny, Co. Kilkenny	(056) 778 4057 (056) 778 4532
LIMERICK	Social Work Department, Ballynanty Health Centre, Ballynanty, Limerick (East Team), Co. Limerick Social Work Department Rixtown Health Centre, Rixtown Terrace, Old Clare Street, Limerick (East Team), Co. Limerick Parkbeg Social Work Department, Parkbeg House, 2 Elm Drive, Caherdavin Lawns, Ennis Road, Limerick, Co. Limerick Social Work Department, Southill Health Centre, O'Malley Park, Southill, Limerick, Co. Limerick Newcastlewest Social Work Department, Newcastlewest Health Centre, Newcastle West, Co. Limerick	(061) 457 100 (061) 417 622 (061) 483 091 (061) 206 820 (061) 209 985 (069) 62155
LAOIS	Social Work Department, Child and Family Centre, Portlaoise, Co. Laois	(057) 869 2567 (057) 869 2568
LEITRIM	Social Work Department, Community Care Office, Leitrim Road, Carrick on Shannon, Co. Leitrim	(071) 965 0324
LONGFORD	Social Work Department, Thvili House, Dublin Road, Co. Longford	(043) 335 0584
LOUTH	Social Work Department, Local Health Care Unit, Wilton House, Stapleton Place, Dundalk, Co. Louth Ballsgrove Health Centre, Ballsgrove, Drogheda, Co. Louth	(042) 939 2200 (041) 983 8574 (041) 983 3163
MAYO	Ballina Social Work Team, Ballina Health Centre, Mercy Road, Ballina, Co. Mayo Castlebar Social Work Team, St. Mary's Headquarters, Castlebar, Co. Mayo Swinford Social Work Team, Swinford Health Centre, Aras Attracta, Swinford, Co. Mayo	(096) 21511 (096) 248 41 (094) 902 2283 (094) 905 0133
MEATH	Community Social Work Services, Enterprise Centre, Navan, Co. Meath Community Social Work Services, Child and Family Centre, Navan, Co. Meath Community Social Work Services, Dunshaughlin Health Care Unit, Dunshaughlin, Co. Meath	(046) 909 7817 (046) 907 8830 (01) 802 4102
MONAGHAN	Social Work Department, Local Health Care Unit, Rooskey, Co. Monaghan	(047) 30426 (047) 30427
OFFALY	Social Work Department, Derry Suite, Castlebuildings, Tara Street, Tullamore, Co. Offaly	(057) 937 0700
ROSCOMMON	Social Work Team, Abbeytown House, Abbey Street, Roscommon, Co. Roscommon Social Work Team, Roscommon PCCC, Lanesboro' Road, Roscommon, Co. Roscommon (Roscommon Area) Social Work Team, Health Centre, Elphin Street, Boyle, Co. Roscommon (Boyle Area) Social Work Team, New HSE Offices, Knockree, Castlereagh, Co. Roscommon (Castlereagh Area)	(090) 662 6732 (090) 663 7528 (090) 663 7529 (071) 966 2087 (090) 663 7851 (090) 663 7842

SLIGO	Sligo Town and surrounding areas: Markievicz House, Barrack Street, Sligo, Co. Sligo South County Sligo: One Stop Shop, Teach Laighine, Humbert Street, Tubercunry, Co. Sligo	(071) 915 5133 (071) 912 0062
NORTH TIPPERARY	North Tipperary Duty Social Work Team, Civic Offices, Umerick Road, Nenagh, Co. Tipperary North Tipperary Child Protection Services: Social Work Department, Annbrook, Nenagh, Co. Tipperary St. Mary's Health Centre, Parnell Street, Thurles, Co. Tipperary	(067) 46 636 (067) 41 934 (0504) 24 609
SOUTH TIPPERARY	South Tipperary Child Protection Services: Social Work Team, South Tipperary Community Care Services, Western Road, Clonmel, Co. Tipperary	(052) 617 7302 (052) 617 7303
WATERFORD	Waterford: Social Work Service, Waterford Community Services, Cork Road, Co. Waterford Dungan and surrounding areas: Social Work Department, Dungan Community Services, St. Joseph's Hospital, Dungan, Co. Waterford	(051) 842827 (058) 20906
WESTMEATH	Social Work Department, Athlone Health Centre, Coosan Road, Athlone, Co. Westmeath Social Work Department, Child and Family Centre, St. Loman's, Springfield, Mullingar, Co. Westmeath	(090) 648 3106 (044) 934 4877
WEXFORD	Gorey Health Centre, Hospital Grounds, Gorey, Co. Wexford Enniscorthy Health Centre, Millpark Road, Enniscorthy, Co. Wexford New Ross Health Centre, Hospital Grounds, New Ross, Co. Wexford Social Work Department, Ely House, Ferrybank, Co. Wexford	(053) 943 0100 (053) 923 3465 Contact through Ely House below (053) 912 3522 Ext. 201
WICKLOW	Social Work Department, HSE Glenside Road, Wicklow Town, Co. Wicklow Bray: Social Work Department, The Civic Centre, Main Street, Bray, Co. Wicklow Delgany: Social Work Department, Delgany Health Centre, Delgany, Co. Wicklow	(0404) 60800 (01) 274 4180 (01) 274 4100 (01) 287 1482

APPENDIX 4

ACCEPTANCE OF THE DIT CHILD PROTECTION POLICY AND GUIDELINES

I have read the DIT Child Protection Policy and Guidelines and agree to abide by its contents. There is no reason why I would be considered unsuitable to work with children or young people.

For staff involved in the Access & Civil Engagement Service:

I understand that it is my responsibility to ensure that this Policy is brought to the attention of any other DIT staff member or student involved in my activity.

Signature: _____

Date: _____

Print Name: _____

Department: _____

This form must be retained by Human Resources (for new staff) and the Designated Liaison Person or his/her nominee (for existing staff) (contact details at **Appendix 16** of Child Protection Policy and Guidelines.)

APPENDIX 5

CONSERVATORY OF MUSIC & DRAMA

1. The Junior Conservatory of Music & Drama is an integral part of DIT Conservatory of Music & Drama (“the Conservatory”). The Junior Conservatory provides instrumental and vocal tuition to junior students (i.e. students under the age of 18 not on award-bearing programmes) and to Continuing Education students (i.e. students over the age of 18).
2. Junior students are the responsibility of the lecturer for the duration of their class only. Prior to class and once the class is terminated, all junior students become the responsibility of their parents/guardians/carers. The Conservatory takes no responsibility for junior students before or after their classes. Door window panels are in place in all music teaching classrooms for the protection of students and staff.
3. Parents of junior students are advised to wait in the foyer for the total duration of the class.
4. A designated area will be provided in the main Foyers at DIT Chatham Row and DIT Rathmines Road for parents waiting for junior students to return from lessons.
5. All junior students must be supervised at all times by a parent/guardian/carer excluding the time spent in class. Junior students are expected to engage in quiet activities (e.g. homework or reading) when not in class. Parents/guardians/carers are respectfully requested not to allow their children to run around or play in corridors.
6. Inappropriate behaviour by a junior student may be reported to the relevant Head of Department/Head of Conservatory and appropriate action may be taken, such as informing the student’s parent/guardian/carer. Repeated occurrences of inappropriate behaviour may result in suspension or termination of the student’s tuition.
7. Junior students are expected to be able to go to the toilet or classrooms by themselves, otherwise this is the responsibility of the parents/guardian/carer.
8. Photo, video and audio equipment, including mobile phones, may not be used to record junior students at DIT events. Staff may only photograph or video junior students under the terms of Paragraph 18 of this Policy.
9. A parent/guardian/carer must notify the relevant Head of Department/Head of Conservatory of Music & Drama in writing in the case of a medical condition or any other information relevant to the well-being of the junior student.
10. The Child Protection Support Team member for the Junior Conservatory of Music & Drama is the Head of Conservatory of Music & Drama (See **Appendix 16** for contact details).

APPENDIX 6

NATIONAL OPTOMETRY CENTRE

1. The National Optometry Centre (NOC) is the clinical training facility for the undergraduate students in DIT's Optometry Degree programme. The NOC operates as a real-life primary care practice providing eye examinations, contact lens fitting and aftercare, specialist investigative tests and spectacle dispensing to the general public both through student teaching clinics and professional clinics. The NOC opened in 2006 and is located at the corner of Kevin Street and New Bride Street since then. It has a core staff of 5 people and provides training to approximately 50 students (3rd and 4th year Optometry) with the help of a team of supervising qualified optometrists who are employed by the DIT's School of Physics.
2. When a child presents for eye examination, he/she should be accompanied by a parent/guardian/carer.
3. The parent/guardian/carer's name and relationship to the child must be established and recorded on the child's record card.
4. Patients under age 18 are the responsibility of the staff member for the duration of their examination only. Prior to this and once the examination is terminated, all such patients become the responsibility of their parent/guardian/carer. The National Optometry Centre does not take any responsibility for such patients before or after their examination. Parents/guardians/carers of young patients are advised to wait with such patients for the total duration of the examination.
5. The parent/guardian/carer should sit-in and observe the eye examination. If they choose not to do so, they can wait outside but they must give written consent to have the eye examination conducted while the child is unaccompanied (i.e. sign pro-forma consent form). The practitioner should obtain the child's initial ocular and family history, reason for visit, symptoms and signs from the parent/guardian/carer. The child can be asked for his/ her opinion subsequently.
6. If during the course of the eye examination the child is not co-operative and the practitioner judges that the child may be more co-operative if the parent/guardian/carer were to leave the room then the practitioner should ask the parent/guardian/carer if they would be willing to wait outside and written consent to this should be obtained (pro-forma consent form can be used).
7. If the parent/guardian/carer is not present in the examination room, where possible the door should be left ajar for the duration of the eye examination. The parent's/guardian's/carer's written consent should be obtained if such a situation arises (pro-forma consent form can be used).
8. Prior to the administration of diagnostic drugs (e.g. cyclopentolate or tropicamide) the parent/guardian/carer must be informed of possible side-effects. Written notes on the possible side-effects should be given to the parent/guardian/carer. Consent from the parent/guardian/carer must be obtained prior to administration of any eye-drops. (Pro-forma consent form can be used).
9. The Child Protection Support Team member for the National Optometry Centre is the Clinic Manager (See **Appendix 16** for contact details).

APPENDIX 7

SPORTS FACILITIES & ACTIVITIES

1. The DIT Sports & Recreation service provides opportunities for people of all ages to participate in a wide variety of sporting and physical activities at a level that they are comfortable with. These activities can be competitive or recreational in nature, and take place in DIT Fit 2 Go Club facilities at DIT Kevin Street (facilities include a swimming pool, sports hall and fitness gym), at DIT Bolton Street (fitness gym and sports hall), at DIT Sports facilities licensed in Grangegorman (playing fields and dressing room facilities, and at a large number of other venues, throughout Dublin City.
2. The DIT Sports & Recreation facilities are multi purpose, and are accessible to students, staff and the wider community. They are shared facilities, therefore adult members may be using the sports hall while a children's group are in the pool, meaning that adults and juveniles may be in the changing and circulation areas at the same time.
3. The professional services and highly trained leisure staff provided in DIT Sports & Recreation Facilities support DIT Sports Scholars (many of whom are international athletes), DIT Sports Clubs and teams, and recreational individual users and school/community-based groups. A high quality service is provided to all regardless of age, ability, previous achievements, or ambition.
4. Sports facilities in DIT are available to groups of children, only through activities organised by schools, external groups or through summer camps. Facilities and tuition are not offered on an individual basis except in the case of swimming lessons where children are enrolled by their parent/guardian/carer.
5. All children using the sports facilities must be supervised at all times by the teacher/leader/parent/guardian/carer accompanying the children.
6. It is the responsibility of a teacher/leader/parent/guardian/carer to ensure that appropriate arrangements are put in place to collect children following use of facilities or a swimming lesson.
7. Changing facilities will be provided by DIT, during which time children must be supervised by their teacher/leader/parent/guardian/carer. Changing facilities/areas are separate for girls and boys and gender appropriate supervision is provided. However Fit 2 Go Club members and school/community children's members may share changing facilities.
8. It is the responsibility of the teacher/leader/parent/guardian/carer to arrange the appropriate number of supervisors at any given time in a changing area.
9. During an activity, children are expected to be able to go to the toilet or changing rooms by themselves, otherwise it is the responsibility of the teacher/leader/parent/guardian/carer to accompany and supervise the child.
10. It is the responsibility of the teacher/leader/parent/guardian/carer to ensure that an appropriate number of supervisors are available at any given time.
11. Inappropriate behaviour by a child may be reported to the Sports Officer responsible for facilities and appropriate action may be taken, such as informing the child's teacher/leader/parent/guardian/carer. Repeated occurrences of inappropriate behaviour may result in the child's participation in activities or usage of the facilities being terminated.

12. A teacher/leader/parent/guardian/carer must notify the DIT's Sports Instructor/Leader of Group and/or Sports Officer responsible for facilities in writing in the case of any medical condition or any other information relevant to the well-being of any child participating in activities or using the facilities.
13. Where Sports and Recreation activities/events involving DIT staff take place in local schools or local community-based facilities, the school teacher/local community group leader should remain present in the classroom/work area at all times. The child's school/local community group is responsible for the safety and well-being of the child at all times. School/local community group rules apply at all times. All activities undertaken in schools/local communities are group work. Any Sports & Recreation staff member going to another school should obtain in advance and become familiar with the school/local community group's child protection policy
14. All Sports and Recreation staff should ensure that they are familiar with this Policy.
15. The Child Protection Support Team member for Sports Facilities and Activities is the Head of Sport (See **Appendix 16** for contact details).

APPENDIX 8

ACCESS SERVICE

1. The aim of the Access Service is to increase familiarity with third level education in disadvantaged further education and community training/groups second level and primary schools via school and community initiatives and DIT initiatives. This will require DIT staff to interact with children on a regular basis. Activities are delivered by the Access Service staff, student volunteers and academic staff throughout DIT.
2. Access Service staff who are coordinating/initiating/supporting DIT academic staff in collaborative projects with schools/communities involving children will ensure that this Policy is brought to the attention of key academic staff for each project/module and participating students.
3. Access Service staff will also ensure that all academic contacts are aware that they (and colleagues or students) will need to obtain and read the Child Protection Policy of the school or community group, if some of the work will take place on school of community property.
4. Before starting any Access Service activity in DIT, all students and their parent/guardian/carer will be required to complete a Participation Form.
5. Where events involving DIT staff take place in schools/communities, the child's school/community organisation is responsible for the safety and well-being of the child at all times. School rules apply at all times. Any staff member going to another school needs to obtain in advance and be familiar with the school/community's child protection policy.
6. Where events take place within DIT premises, DIT is responsible for a child for the duration of the initiative/visit. Where events are in DIT, the organising staff member is responsible for general health and safety regarding the environment and activities in which the children will be involved. This includes the need to complete a risk assessment in advance of the visit. There will be at least one DIT staff member (or DIT student leader) present for each ten children. A school teacher or leader must be present with the staff member/student leader. Where small numbers of children are in DIT premises and are not supervised by a school teacher e.g. on shadowing days, the DIT staff members or DIT student leader should ensure that the child is always in public areas e.g. classroom, halls, canteen.
7. Where one-to-one mentoring/counselling takes place, in DIT or in a school/community organisation, the DIT staff member or volunteer should ensure that this is done within suitable surroundings, whilst ensuring the confidentiality of the counselling session. If possible, it should be a public area or in a room where there are glass windows or where the door can be left ajar.
8. Inappropriate behaviour by a child may be reported by the organising staff member to the Manager of Access & Civic Engagement Service (contact details at **Appendix 16**) and the principal of the school and appropriate action may be taken such as informing the child's parent/guardian/carer.
9. The Child Protection Support Team member for the Access Service is the Access Officer (See **Appendix 16** for contact details).

APPENDIX 9

BALLYMUN MUSIC PROGRAMME

1. The Ballymun Music Programme operates in the primary and secondary schools in the Ballymun Flats complex. It involves the teaching of music and performance to the children of the relevant schools.
2. As the tuition and activities take place in a variety of locations, most of which are not on DIT's premises, the DIT staff member must take extra factors into consideration in ensuring the safety and well-being of the child.
3. Where the lessons take place in the child's school, the school is responsible for the safety and well-being of the child at all times. If possible, music lessons should be in a public area or in a room where there are glass windows or the door can be left ajar.
4. Where music lessons take place in the Ballymun Music Room during school hours, the child protection policy of St. Joseph's S.N.S. will apply and the responsibility for the safety of the children is with the school.
5. Where music lessons take place in the Ballymun Music Room outside of school hours, this Policy will apply and the responsibility for the safety of the children is with the DIT staff member.
6. When children travel to and from venues for concerts with DIT and school staff, school staff are responsible for the safety and well-being of the children during this time.
7. When children travel to and from venues for concerts outside of school hours and without school supervision, DIT Ballymun Music Programme is responsible for the safety and well-being of the children during this time. At least 1 DIT staff member and 1 designated person (teacher/parent/guardian/carer) will be present at all times with the band members – from the outset, during travel time, the concert, up until the last child has been collected by their parent/guardian/carer. It is the responsibility of the parent/guardian/carer to ensure that appropriate measures are put in place to collect children following trips/concerts.
8. A list of current contact details for all children will be held by DIT staff – to be used in the event of emergency.
9. Inappropriate behaviour by a child may be reported by the organising staff member to the Manager of Access and Civic Engagement Service (details at **Appendix 16**) and the principal of the school and appropriate action may be taken, such as informing the child's parent/guardian/carer. Repeated occurrences of inappropriate behaviour may result in the child's tuition being terminated.
10. A parent/guardian/carer must notify the Ballymun Music Programme Manager (details at **Appendix 16**) in writing in the case of a medical condition or any other information relevant to the well being of the child.
11. The Child Protection Support Team member for the Ballymun Music Programme is the Ballymun Programme Manager (See **Appendix 16** for contact details).

APPENDIX 10

Computer Learning in Communities (CLiC)

1. The aim of the CLiC project is an aim to achieve equality of access, opportunity and training to Information and Communication Technology (ICT) across inner-city disadvantaged schools.
2. The child's school is responsible for the safety and well-being of the child at all times. School rules apply at all times. All work done in schools is group work.
3. Inappropriate behaviour by a child may be reported by the organising/supervising staff member to Centre Managers/Co-ordinators responsible for supervision of children and the Manager Access & Civil Engagement Service and appropriate action may be taken, such as informing the child's teacher/parent/guardian/carer. Repeated occurrences of inappropriate behaviour may result in the child's participation being terminated.
4. Where events take place within DIT's premises, the organising staff member is responsible for general health and safety regarding the environment and activities in which the children will be involved for the duration of the initiative/visit. This includes the need to complete a risk assessment in advance of the visit. The individual behaviour and safety of the children is the responsibility of the school teacher/community leader. Where events are in DIT, there will be at least one DIT staff member present for each group of children, as well as an appropriate number (usually two or more) of school/community leaders. The school/community leader must always remain present with the children.
5. Children are expected to be able to go to the toilet by themselves, otherwise this is the responsibility of the school teacher/leader.
6. If in the event of an emergency a child cannot be supervised by the school/community leader, DIT staff will ensure that they and/or their students remain in public areas at all times with the child.
7. If the event takes place in an external venue the above principles apply except the host venue is responsible for general health and safety of the environment and activities in which the children will be involved in for the duration of the initiative/visit.
8. The CLiC News website was set up in conjunction with the DIT School of Media and DIT Students Learning with Communities (SLWC) programme to provide a resource for primary school children.
 - News items are written by Journalism students from the School of Media at a level which reflects the age range of primary school children and is presented in a way which precludes using graphical images and language which are unsuitable for young children.
 - The site effectively operates as a closed community and content other than the Home page can only be accessed with a Username and Password. These can only be obtained by registering through a designated online form.
 - Children are permitted to register on the site and leave comments relating the news stories and participate in competitions.
 - Children can only register through a class e-mail address and a class or community centre unique Invitation code.

- User names are fictitious. Only CLiC staff site administrators have access to a child's first name. This is required for tracking purposes should the pupil leave inappropriate comments on the site or comments that may indicate that a child is being bullied or abused. A record of the comment(s) will be made and the Manager of the CLiC Programme and the class teacher/community centre manger will be informed about the comment.
 - No one involved in the production, editing or moderation of the site may attempt to communicate privately with a child.
 - Public comments of encouragement and clarification are permitted.
 - Administrators and moderators may reply off line to a pupil's comment to explain why it has not been approved or to clarify acceptable use. Such responses will not be made in public but will be available to teacher/community centre managers to download. Repeated inappropriate comments will result in the child's account being suspended or deleted.
9. The Child Protection Support Team member for the CLiC Project is the CLiC Manager (See **Appendix 16** for contact details).

APPENDIX 11

STUDENTS LEARNING WITH COMMUNITIES (SLWC)

1. The aim of the Programme for Students Learning with Communities (SLWC) is to link DIT staff and students with communities (NGOs, local communities etc) to work on collaboratively agreed, credit-bearing, course-based projects for mutual benefit. As part of this process, academic staff may supervise DIT students working with children, either in a school or other community organisation, or in DIT e.g. as part of a shadowing day, or the academic staff may organise with a school or community organisation for their students to work with the children there without the supervision of the lecturer. All these activities are part of the students' module requirements.
2. SLWC staff who are coordinating/initiating/supporting DIT academic staff in collaborative projects/modules with schools/communities involving children will ensure that this Policy is brought to the attention of key contact academic staff and participating students.
3. SLWC staff will also ensure that all academic contacts are aware that they (and colleagues or students) will need to obtain and read the Child Protection Policy of the school or community group, if some of the work will take place on school or community property.
4. Any DIT staff member going to another school, or sending their students to a school, whether supervised or unsupervised, (or community organisation involving children) needs to obtain in advance and be familiar with the school/community's child protection policy. If students are being sent to a school (or community organisation involving children) the DIT staff member must ensure that this Policy has been brought to their attention and those of the school/community. The school's child protection policy will supercede this Policy while events are taking place on school premises.
5. Where events involving DIT staff/students take place in schools or communities, the school/community leader must always remain present in the classroom/room. The child's school (or community organisation) is responsible for the safety and well-being of the child at all times. School/community rules apply at all times.
6. Where events take place within DIT's premises, the organising staff member (usually the lecturer) in DIT is responsible for general health and safety of the environment and activities in which the children will be involved for the duration of the initiative/visit. This includes the need to complete a risk assessment in advance of the visit. The individual behaviour and safety of the children is the responsibility of the school teacher/community leader. Where events are in DIT, there will be at least one DIT staff member present for each group of children, as well as an appropriate number (usually two or more) of school/community leaders. The school/community leader must always remain present with the children.
7. Children are expected to be able to go to the toilet by themselves, otherwise this is the responsibility of the school teacher/leader.
8. If in the event of an emergency a child cannot be supervised by the school/community leader, DIT staff will ensure that they and/or their students remain in public areas at all times with the child.
9. Inappropriate behaviour by a child may be reported by the DIT staff member to the school/community leader and/or the Manager of Access and Civic Engagement, and appropriate action may be taken, such as informing the child's teacher/parent/guardian/carer.
10. The Child Protection Support Team member for Students Learning with Communities is the Students Learning with Communities Manager (See **Appendix 16** for contact details).

APPENDIX 12

DISABILITY SERVICE

1. DIT is committed to ensuring that students with disabilities are able to access and participate fully in college life. In order to support this commitment, DIT will try to provide the necessary support/facilities that students may require as a result of their disability and heighten disability awareness among staff and students. This may require DIT staff to interact with children on a very limited basis e.g. at Open Days or School Visits.
2. Where events involving DIT staff take place in the local schools, the school teacher must remain present in the classroom. The child's school is responsible for the safety and well-being of the child at all times. School rules apply at all times. Any staff member going to another school needs to obtain in advance and be familiar with the school's child protection policy.
3. Where events take place within DIT premises, e.g. Open Day or Information Days, DIT is responsible for a child for the duration of the initiative/visit. A school teacher or parent must be present with the children. Where small numbers of children are in DIT premises e.g. on shadowing days, the DIT staff members or DIT student leader should ensure that the child is always in public areas e.g. classroom, halls, canteen.
4. Inappropriate behaviour by a child whilst in DIT, may be reported to the Disability Officer and appropriate action may be taken, such as informing the child's teacher/parent/guardian/carer.
5. The Disability Service works with a number of DIT students who are under 18. If an under 18 DIT student reports child protection concerns, the matter should be dealt with as set out above in this Policy.
6. The Child Protection Support Team member for the Disability Service is the Disability Officer (See **Appendix 16** for contact details).

APPENDIX 13

ADMISSIONS

1. The Admissions Office has a high profile engagement with second-level schools and interacts on a regular basis with the staff and students in these schools throughout the country. As part of the Admissions Office remit, members of staff visit schools to provide information to recruit applicants to DITs undergraduate programmes.
2. There is a designated Schools Liaison Officer who visits schools on a daily basis throughout the academic year while other members of staff would do so periodically.
3. Admissions staff also attend at education fairs or invite students to specifically organised DIT events such as Open Days where they would come into contact with children or potential students under the age of 18. On occasion an individual second level student would seek information and call at the Admissions Office for advice on programmes.
4. When visits or events involving DIT Admissions staff take place in the schools, the school teacher must remain present in the classroom. The school is responsible for the safety and well-being of the child at all times. School rules apply at all times.
5. When events take place within DIT premises, DIT is responsible for a child for the duration of the visit. Staff should conduct their business with these students in the presence of other staff and adults.
6. Open days and specific information events are public in nature. There should not be private or one to one mentoring sessions away from the public arenas, such as foyers, halls, canteens, lecture halls and classrooms.
7. When a student under the age of 18 attends at the Admissions offices, there is a public meeting area available for Admissions staff to meet with them. No member of the Admissions staff will mentor or meet on a one-to-one basis with an underage student save for in the designated public area.
8. The Child Protection Support Team member for Admissions is the Head of Admissions (See **Appendix 16** for contact details).

APPENDIX 14

CHAPLAINCY SERVICE

1. The Chaplaincy Service extends a broad range of Pastoral Care services to the staff and students of the Dublin Institute of Technology.
2. The Chaplaincy Service is contracted to the DIT from the Catholic Archdiocese of Dublin and the Joint Churches Chaplaincy (Church of Ireland, Methodist Church in Ireland and Presbyterian Church in Ireland). A Memorandum of Agreement is in place between the DIT and the Catholic Archdiocese of Dublin and also with the Joint Churches.
3. Chaplains are nominated by their respective churches with whom DIT contracts the Chaplaincy Service. However in relation to Child Protection Policies (and all other policies) the chaplains are obliged to implement the policies and procedures of DIT.
4. Chaplaincy events, for the large part, take place in DIT locations. Where children are involved best practice and procedures will be followed in line with DIT policy. When events take place in locations other than DIT premises but are organised by the Chaplaincy the policies and procedures of DIT are observed.
5. When the Chaplaincy works with a third party e.g. local schools, the school teacher must remain present in the classroom. The child's school is responsible for the safety and well-being of the child at all times. School rules on Child Protection Policy and Procedures apply at all times and the copy of the Child Protection Policy can be obtained from each of the schools involved.
6. When the Chaplaincy Service is solely responsible or is taking lead responsibility for an activity involving children the chaplaincy is to ensure that the volunteers are made aware of the code of behaviour for engagement with children. The Chaplaincy Service shall ensure that any volunteers involved in any activities organised and run by the Chaplaincy Service are made aware of, sign and date the current DIT Code of Behaviour.
7. Where one-to-one mentoring/counselling takes place with a person under 18 years of age, the member of the DIT Chaplaincy should ensure that this is done within suitable surroundings, whilst ensuring the confidentiality of the counselling session. If possible, it should be a public area or in a room where there are glass windows or where the door can be left ajar.
8. Inappropriate behaviour by a child whilst in DIT should be reported to the appropriate Designated Liaison Person whereupon the appropriate action will be taken.
9. Members of the Chaplaincy should not meet with young people under 18 outside organised activities, unless it is with the knowledge and written consent of parents/carers/guardian and another member of the Chaplaincy team.
10. The Child Protection Support Team member for the Chaplaincy Service is the Chaplaincy Co-ordinator (See **Appendix 16** for contact details).

APPENDIX 15

STUDENT COUNSELLING SERVICE

1. The DIT Student Counselling Service provides a confidential service to all registered students. The aim of the service is to support all DIT students with their academic and personal development throughout their time in DIT.
2. The Student Counselling Service offers individual/group counselling, psychometric and psychological assessments, risk assessment and intervention and interventions and training to staff dealing with students. The Student Counselling Service also offers online support programmes for students and preventative programmes.
3. Counselling Services are always carried out in DIT locations in designated counselling rooms by the Student Counselling Service Team, Trainees, Interns or Sessional Contractors.
4. Where DIT students under 18yrs of age request counselling services, a consent form must be signed by the parents/guardians/carers or other suitable nominated adult (e.g. older sister brother, aunt/uncle) giving permission for the minor to attend counselling.
5. The Student Counselling Service respects the interests, integrity and welfare of all students with whom they work. Counselling sessions are private and confidential with all team members, trainees, interns and sessional contractors adhering to policies governing child protection and reporting.
6. Where any event involving the counselling service takes place outside of DIT, the policies and procedures of the DIT are observed.
7. Any inappropriate behaviour by a child may be reported by the staff member to the Head of Service and/or Designated Liaison Person whereupon appropriate action will be taken.
8. The Child Protection Support Team member for the Student Counselling Service is the Head of Service (see Appendix 16 for contact details).

APPENDIX 16
CONTACT DETAILS

DESIGNATED LIAISON PERSON

Noel O'Connor

Director of Student Services
DIT Grangegorman
Dublin 1
Ph: 8676075 / 087 9956263
E-Mail: Noel.OConnor@dit.ie

DEPUTY DESIGNATED LIAISON PERSON

Julie Bernard

Manager Access & Civil Engagement Service
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APPENDIX 17

HEADS OF SCHOOL

COLLEGE OF ENGINEERING & BUILT ENVIRONMENT

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Architecture: Orna.Hanly@dit.ie / tel. 402 3689

Spatial Planning & Transport: Henk.Vanderkamp@dit.ie / tel. 402 3745

Civil Engineering: John.Turner@dit.ie / tel. 402 3654

Mechanical & Design Engineering: TBA

Electrical & Electronic Engineering: Gerald.Farrell@dit.ie / tel. 402 4577

Multi Disciplinary Technologies: Kevin.Kelly@dit.ie / tel. 402 3655

COLLEGE OF ARTS & TOURISM

Art, Design & Printing: Kieran.Corcoran@dit.ie / 402 4141

Culinary Arts & Food Technology: Frank.Cullen@dit.ie / tel. 402 4474

Hospitality Management & Tourism: Dominic.Dillane@dit.ie / tel. 402 4391

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Conservatory of Music & Drama: Gordon.Monro@dit.ie / tel. 402 7816

COLLEGE OF BUSINESS

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