SCOIL TREASA NAOFA

CILL FLAINN

AG FÁS, AG FOGHLAIM, AG FORBAIRT

CHILD PROTECTION POLICY

INTRODUCTION

Scoil Treasa Naofa is committed to the creation of a happy, secure environment conducive to the physical, emotional, spiritual and academic development of its pupils in all their individual uniqueness.

BACKGROUND

This policy document takes account of the provisions of the following legislation, guidelines and procedures:

- *Freedom of Information Act 1997*
- *The Education Act 1998*
- *The Child Welfare Act 2000*
- *Children First–National Guidance for the Protection & Welfare of Children 2011*
- *'Children First' (Department of Children and Youth Affairs 2011)*
- *Child Protection Procedures for Primary and Post Primary Schools (DES 2011)*

AIMS

This policy aims to

- create a safe, responsive and caring school environment;
- provide all pupils in the school with education in personal safety skills which specifically addresses abuse prevention;
- develop among the whole school community a sense of awareness and sense of responsibility regarding the area of child protection;
- put in place procedures for best practice to protect pupils and staff;
- ensure that all staff members are familiar with the documents outlined above.

ROLES & RESPONSIBILITIES

1.Board of Management (BoM)

The BoM of Scoil Treasa Naofa recognises that child protection and welfare considerations permeate all aspects of school life and must be reflected in all school policies, practices and activities. Consequently, the Board has adopted and will fully implement without modification the Department of Education and Skills' Child Protection Procedures for Primary and Post-Primary Schools 2011 as part of this overall policy.

The following key personnel have been identified and ratified by the BoM:

The Designated Liaison Person (DLP): Nora Falvey
The Deputy Designated Liaison Person (Deputy DLP): Maria Cunningham

The BoM will

- undertake an annual review of this policy and its implementation by the school;
- ensure that an action plan is put in place by the school should any areas for improvement be identified by the review;
- inform school personnel, via the Principal, that the review has been undertaken;
- inform the Parents' Association in writing that the review has been undertaken;
- provide a record of the review and its outcome to the Patron and DES, if requested;
- ensure that the school policies, protocols and practices listed below are monitored and reviewed by staff in light of experience.

The specific policies listed hereunder are key elements of this overall document and must be referred to in the context of this policy:

- Attendance & Participation Policy
- Code of Behaviour/ Anti-Bullying Policy
- Supervision Policy
- Health & Safety Statement
- Enrolment Policy
- Swimming Policy
- Intimate Care &Toileting Policy
- Data Protection and Record Keeping Policy
- Special Education Needs Policy

- School Tours/Educational Outings Policy
- Critical Incident Policy
- Internet Acceptable Use Policy
- School Visitors Policy
- Substance Use Policy

2. School Staff

The school staff will

- co-operate fully with the relevant statutory authorities in relation to child protection and welfare matters;
- adopt safe practices to minimise the possibility of harm or accidents happening to children and protect workers from the necessity to take unnecessary risks that may leave themselves open to accusations of abuse or neglect;
- develop a practice of openness with parents and encourage parental involvement in the education of their children;
- implement the Stay Safe Programme which is the primary resource used in this school to educate the pupils on abuse prevention.The formal lessons of the programme will be taught in their entirety every second year in accordance with the SPHE two-year cycle plan; and
- fully respect confidentiality requirements in dealing with child protection matters.

DESIGNATED LIAISON PERSON (DLP)

The Principal is the Designated Liaison Person (DLP). Should circumstances warrant it, the Deputy Principal shall take on this role. The DLP has specific responsibility for Child Protection Procedures and will represent the school in all correspondence with the HSE, An Garda Síochána and other parties in connection with allegations of abuse. All matters pertaining to child abuse concerns should be processed through the DLP.

In addition to informing the BoM of those cases where a report involving a child in the school has been submitted to the HSE, the DLP shall also inform the Board of cases where the DLP sought advice from the HSE and as a result of this advice, no report was made. At each BoM meeting, the Principal's Report shall include the number of all such cases and this shall be recorded in the minutes of the subsequentBoM meeting.

REPORTING CASES OF SUSPECTED CHILD ABUSE

School staff will faithfully follow the guidelines and procedures outlined in *Children First* 2011 and *Child Protection Procedures for Primary & Post-Primary*

Schools 2011 in relation to defining/recognising child abuse (Appendix 1) and recording/reporting suspected instances of child abuse (Appendix 2).

Should an allegation of abuse be made against a school employee the above documents shall provide the basis on which to proceed (Appendix 3).

COMMUNICATION

- This policy has been made available to all school personnel and the Parents' Association and is readily accessible to parents in the school foyer. It is also available in hard copy in each classroom.
- A copy of this policy is available for the attention of the DES and the patron if requested.
- An information letter regarding Child Protection is also circulated to parents of junior infants (Appendix 4).

MONITORING & REVIEW

This policy will be monitored on an on-going basis. It will be reviewed by the Board of Management each year using the *Checklist for Annual Review* (Appendix 5). Should the review indicate matters to be addressed, the Board of Management will do so without delay.

RATIFICATION AND COMMUNICATION

This policy was circulated and communicated to members of the school community following its ratification by the Board of Management (BoM).

Signed
Caroline Lynch
Chairperson Date: 25/10/2022

Checklist for Annual Review of the Child Protection Policy

The Board of Management must undertake an annual review of its Child Protection Policy and the following checklist shall be used for this purpose.

Date:25/10/2022

1.	As part of the overall review process, Boards of Management should also assess other school policies, practices and activities vis a vis their adherence to the principles of best practice in child protection and welfare as set out in the school's Child Protection policy	YES	NO
2.	Has the Board formally adopted a child protection policy in accordance with the 'Child Protection Procedures for Primary and Post Primary Schools'?	YES	NO
3.	As part of the school's child protection policy, has the Board formally adopted, without modification, the 'Child Protection Procedures for Primary and Post Primary Schools'?	YES	NO
4.	Are there both a DLP and a Deputy DLP currently appointed?	YES	NO
5.	Are the relevant contact details (HSE and An Garda Síochána) to hand?	YES	NO
6.	Has the DLP attended available child protection training? Both DLP & Deputy DLP have completed tusla training	YES	NO
7.	Has the Deputy DLP attended available child protection training?	YES	NO
8.	Have any members of the Board attended child protection training? All members completed online training in May 2021	YES	NO
9.	Has the school's child protection policy identified other school policies, practices and activities that are regarded as having particular child protection relevance?	YES	NO
10.	Has the Board ensured that the Department's 'Child Protection Procedures for Primary and Post Primary Schools' are available to all school personnel?	YES	NO
11.	Does the Board have arrangements in place to communicate the school's child protection policy to new school personnel?	YES	NO
12.	Is the Board satisfied that all school personnel have been made aware of their responsibilities under the 'Child Protection Procedures for Primary and Post Primary Schools'?	YES	NO
13.	Since the Board's last annual review, was the Board informed of any child protection reports made to the HSE/An Garda Síochána by the DLP?	YES	NO
14.	Since the Board's last annual review, was the Board informed of any cases where the DLP sought advice from the HSE and as a result of this advice, no report to the HSE was made?	YES	NO
15.	Is the Board satisfied that the child protection procedures in relation to the making of reports to the HSE/ An Garda Síochána were appropriately followed? N/A	YES	NO
16.	Were child protection matters reported to the Board appropriately recorded in the Board minutes? N/A	YES	NO
17.	Is the Board satisfied that all records relating to child protection are appropriately filed and stored securely?	YES	NO
18.	Has the Board ensured that the Parents' Association has been provided with the school's child protection policy?	YES	NO

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Dear Parents/Guardians,

In recent years, as a society, we have become very aware of the problem of child abuse through neglect, emotional, physical or sexual abuse.

Each one of us has a duty to protect children and Children First, the National Guidelines, for the Protection and Welfare of Children noted that teachers, who are the main care givers to children outside the family, are particularly well placed to observe and monitor children for signs of abuse.

In response to this, the Department of Education and Skills published procedures for all schools in relation to child protection and welfare. These guidelines promote the safety and welfare of all children and are to be welcomed.

The Board of Management of Scoil Treasa Naofa has adopted these guidelines as school policy. Consequently, if school staff suspect or are alerted to possible child abuse, they are obliged to refer this matter to the Health Service Executive (HSE). The HSE will then assess the situation and provide support for the child concerned.

Children First, the National Guidelines for the Protection of Children may be assessed on the website of the Department of Children and Youth Affairs.(www.dcya.ie) and the Department of Education and Skills Child Protection Procedures can be read on the Department's website (www.education.ie). Parents/Guardians are also welcome to look through the guidelines here at the school.

Yours sincerely,

Principal

Appendix 1: Signs and symptoms of child abuse

All school personnel shall familiarise themselves with the signs and symptoms of child abuse outlined below. No one sign or symptom should be seen as conclusive in itself and may indicate conditions other than child abuse. It is important that all school personnel would liaise with the DLP where they have concerns that a child may have been abused or neglected, or is being abused or neglected, or is at risk of abuse and neglect.

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, and contact with others. 'Circumstantial' neglect more often may be due to stress/inability to cope by parents or carers.
The neglect of children is 'usually a passive form of abuse involving omission rather than acts of commission'. 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'.

2. Characteristics of neglect

Child neglect is the most frequently reported type of abuse and is recognized as being the most harmful. 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:

• **Disorganised/chaotic neglect**: this is typically where 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 characterized 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. 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 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 & anxiety, risk of accidents
• Exposure to domestic violence – behaviour, physical and mental health
• Community violence - anti social behaviour

3. Signs and symptoms of emotional abuse

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 necessarily associated with physical deprivation and is not easy to recognise because the effects are not easily observable.
Emotional neglect and abuse can be defined with reference to the indices listed below. However, it should be noted that no one indicator is conclusive of emotional abuse. In the case of emotional abuse and neglect, it is more likely to impact negatively on a child where there is a cluster of indices, where these are persistent over time and where there is a lack of other protective factors:

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

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

4. Signs and symptoms of physical abuse

Unsatisfactory explanations or varying explanations, frequency and clustering of 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.

Accidental Bruises

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.

Non-accidental Bruises

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.

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.

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.

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.

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 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.

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;

5. Signs and symptoms of sexual abuse

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

Cases of sexual abuse principally come to light through:

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

(b) the suspicions of an adult;

(c) physical symptoms.

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

Non-contact sexual abuse

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

• Obscene phone-calls.

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

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

Sexual contact

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

Oral-genital sexual abuse

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

Interfemoral sexual abuse

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

Types of penetrative sexual abuse

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

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

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

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

Appendix 2: Recording/ Reporting Suspected Instances of Child Abuse

Dealing with Disclosures from Children
An abused child is likely to be under severe emotional stress and a member of staff may be the only adult the child is prepared to trust.

When information is offered in confidence, the member of staff must establish the basis for concern as comprehensively as possible, while adhering the following advice:

1. Stay calm and do not show any extreme reaction to what the child is saying. Listen compassionately and take what the child is saying seriously;

2. 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 other adults who will be informed.

3. Tell the child that everything possible will be done to protect and support him/her, but promises that cannot be kept are not to be made e.g. promising not to tell anyone else.

4. 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?"

5. No judgmental statement should be made about the person against whom the allegation is made.

6. The child should understand that it is not possible that any information will be kept a secret; so explain the need for action which will necessarily involve other adults being informed.

7. The child should be given some indication of what would happen next, such as informing the Designated Liaison Person, 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;

8. Record the disclosure immediately afterwards using, as far as possible, the child's own words.

9. This record shall be signed, dated and given to the Designated Liaison Person (DLP).

Recording Cases of Suspected Abuse or Neglect

When child abuse or neglect is suspected, school personnel shall note carefully what they have observed and when they observed it. Signs of physical injury shall be described in detail and, if appropriate, sketched. Any comment by the child concerned, or by any other person, about how an injury occurred shall be recorded, quoting words actually used, as soon as possible after the comment has been made. The record of the discussion shall be signed, dated and given to the DLP

who shall retain it.

Reporting Cases of Suspected Abuse or Neglect

In reporting child abuse or neglect:

- The safety and well-being of the child must take priority:
- Reports should be made without delay to the Children and Family Services of the HSE.

Any reasonable concern or suspicion of abuse or neglect must elicit a response. Ignoring signals or failing to intervene may result in ongoing or further harm to the child.

Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of reckless endangerment of children. It states:

'A person, having authority or control over a child or abuser, who intentionally or recklessly endangers a child by –
(a) causing or permitting any child to be placed or left in a situation which creates a substantial risk to the child of being a victim of serious harm or sexual abuse, or
(b) failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence.'

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

Appendix 3: Procedure following Allegation(s) against a School Employee:

- School employees may be subject to erroneous or malicious allegations. Therefore any allegation of abuse or neglect shall be dealt with sensitively and support, including counselling, should be provided for staff where necessary. The Employee Assistance Service for teachers may be in a position to offer assistance to teachers. The employee shall be treated fairly which includes the right not to be judged in advance of a full and fair enquiry.

- In general the same person shall not have responsibility for dealing with the reporting issue and the employment issue. The DLP is responsible for reporting the matter to the appropriate HSE area while the employer (BoM) is responsible for addressing the employment issues. However, where the allegation/suspicion relates to the DLP, the employer shall assume the responsibility for seeking advice from and/or for reporting the matter to the HSE, as appropriate.
- School employees other than the DLP, who receive allegations against another school employee, will immediately report the matter to the DLP. School employees who form suspicions regarding the conduct of another school employee will consult with the DLP.

- A written statement of the allegation will be sought from the person/agency making the report.

- When an allegation of abuse is made against a school employee, the Designated Liaison Person(DLP) will immediately act in accordance with the '*Child Protection Procedures for Primary and Post Primary Schools*' and inform the chairperson of the BoM and the HSE.

- The chairperson of the BoM will seek legal advice.

- An emergency meeting of the BoM will be convened to invoke the following protocol which is in accordance with the 'Child Protection Procedures for Primary and Post Primary Schools': *In the context of these procedures, where circumstances warrant it, as a precautionary measure in order to protect the children in the school and in accordance with the principles of natural justice and the presumption of innocence, the chairperson of the Board of Management is authorised by the school authority to direct an employee to immediately absent himself/herself from the school without loss of pay until the matter has been considered by the employer. The employee will be invited to a meeting with the chairperson, the purpose of which is to inform the employee of the allegation and the action being taken. The employee may be accompanied by an appropriate person of his or her choice and will be so advised. In any event, the employee will also be advised of the matter, in writing.*

- The BOM will ensure that no child is exposed to unnecessary risk and the employer shall as a matter of urgency ensure that any necessary protective measures are taken. These measures should be proportionate to the level of risk and should not unreasonably penalise the employee,

financially or otherwise, unless necessary to protect children. Where protective measures penalise the employee, it is important that early consideration be given to the case.

Helpline Numbers

ORGANISATION	ADDRESS	PHONE NO:
National Adult Counselling Service		1800 477 477
INTO Employee Assistance		1800 411 057
One In Four		01 6624070
Rape Crisis Centre		1800 778888
HSE Community Services Kerry	Social Work Dept. Rathass, Tralee,	066 7121566
HSE Community Services Kerry	Social Work Dept. Margaret's Road, Killarney	064 6636030