



## **Naomh Olaf GAA Club**

### **CHILD AND ADULT PROTECTION POLICY AND PROCEDURE**



#### **Principle**

Naomh Olaf GAA club is committed to safeguarding the wellbeing of its members. This documents sets out the Club's policy regarding the protection of our underage players. It is intended to help provide guidelines for stakeholders to ensure that all our underage players can enjoy the Club's activities in a safe and fulfilling environment. Every individual in Naomh Olaf GAA Club should at all times show respect and understanding for the rights, safety and welfare of all members and of visitors to the club and conduct themselves in a way that reflects the principles of the Club and the guidelines contained in the Code of Ethics and Good Practice for Children's Sport.

Everyone must be alert to the possibility that children with whom they are in contact may be being abused. Any reasonable suspicion of abuse must elicit a response. Ignoring the signals or failing to intervene may result in on-going or further harm to the child. The welfare of children must always come first, regardless of all other considerations.

All persons who work with children must observe the following policy and procedures. Clarification on any point may be sought from the Children's Officer

#### **Statement of Intent**

The welfare of the child is paramount. Therefore we want to make sure that the children in our Club are protected and kept safe from harm while they are in our care by:

1. Making sure that our mentors, coaches and volunteers are carefully selected.
2. Having procedures to recognise, respond to and report concerns about children's protection and welfare.
3. Making sure all our team managers/mentors, coaches, volunteers and staff are Garda vetted prior to engagement.
4. Having clear codes of behaviour for team managers/mentors, coaches and volunteers.
5. Having a procedure to record and respond to accidents and incidents.

6. Having a clear reporting procedure to be followed should a team managers/mentor, coach or volunteer have a concern about a child.
7. Having a procedure to respond to allegations of abuse and neglect against team managers / mentors, coaches, staff and volunteers.
8. This policy will be reviewed annually by the Executive Committee

As part of the policy, we will:

- Appoint both a Children's Officer and Designated Liaison Person (DLP) for dealing with child protection concerns.
- Provide information on the Child Protection and Welfare Policy to all team managers/mentors coaches and volunteers.
- This policy will be available on the Club website for parents.
- Work and co-operate with the relevant statutory agencies as required.

## **Policy**

*Children First: National Guidance for the Protection and Welfare of Children* published by the Department of Health and Children in 2011 and *Our Duty to Care* form the basis of our Club's child protection policy and procedures. See also the Child Protection and Welfare Practice Handbook available at [http://www.tusla.ie/uploads/content/CF\\_WelfarePracticehandbook.pdf](http://www.tusla.ie/uploads/content/CF_WelfarePracticehandbook.pdf)

### **Overall Responsibility of all team managers/mentors, coaches, volunteers and staff.**

Although the Designated Liaison Person has a lead on issues relating to the protection and welfare of children, it is the responsibility of all members of our Club to ensure the safety, protection and well-being of children in our Club. All managers, mentors and coaches are required to read, understand and sign off on the Child Protection and Welfare Policy.

This policy is applicable at all times when children are in our care .

For the purpose of this policy, a "child" means anyone who is under 18 years of age.

## **Recognising Child Abuse**

See Page 8 *Children First* – National Guidance for the Protection and Welfare of Children

There are four principal types of child abuse as follows:

**Neglect:** An omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to affection from adults, medical care (Children First 2.2.1)

**Emotional Abuse:** When a child's need for affection, approval, consistency and security are not met. Emotional abuse is normally to be found in the relationship between a care-giver and a child (Children First 2.3.1)

**Physical Abuse:** Any form of non-accidental injury or injury which results from wilful or neglectful failure to protect a child (Children First 2.4.1)

**Sexual Abuse:** When a child is used by another person for his/her gratification or sexual arousal or for that of others (Children First 2.5.1)

Naomh Olaf GAA club endorses the National Guidelines that the ability to recognise child abuse depends as much on a person's willingness to accept the possibility of its existence as it does on knowledge and information. It is important to note that child abuse is not always readily visible.

### **The recognition of abuse normally runs along three stages:**

- i. Considering the possibility – if a child appears to have suffered an inexplicable and suspicious looking injury, seems distressed without obvious reason, displays unusual behavioural problems or appears fearful in the company of parents.
- ii. Observing signs of abuse – a cluster or pattern of signs is the most reliable indicator of abuse. Children may make direct or indirect disclosures, which should always be taken seriously. Less obvious disclosures may be gently explored with a child, without direct questioning (which the Tusla or An Garda Síochána may more usefully carry out). Indications of harm must always be considered in relation to the child's social and family context, and it is important to always be open to alternative explanations
- iii. Recording of information – it is important to establish the grounds for concern by obtaining as much detailed information as possible. Observations should be recorded and should include dates, times, names, locations, context and any

other information which could be considered relevant or which might facilitate further assessment/investigation

(Page 10-11 *Children First* – National Guidance for the Protection and Welfare of Children).

### **Designated Liaison Person**

The Designated Liaison Person for issues of child protection is Fin Máirtín  
0876739407

### **The Role of the Designated Liaison Persons is to:**

- Establish contact with the Duty Social Worker responsible for child protection in the organisation's catchment area and ensure that the organisation's child protection policy and procedures are followed where reasonable grounds for concerns exist about individual children.
- Be accessible at all times within reason.
- Ensure that they are knowledgeable about child protection and welfare and that they undertake any training considered necessary to keep updated on new developments.
- Ensure the Child Protection and Welfare Policy and procedures of Naomh Olaf GAA Club are followed.
- Be responsible for reporting concerns about the protection and welfare of children to TUSLA – Child and Family Agency or An Garda Síochána.
- Ensure the appropriate information is included in the report to the Child and Family Agency (TUSLA) and that the report is submitted in writing (under confidential cover) using the Standard Report Form (See Appendix 1).
- Liaise with the Child and Family Agency, An Garda Síochána and other agencies as appropriate.
- Provide information and advice on child protection and training within the Club.
- Keep relevant people within the Club informed of relevant issues, whilst maintaining confidentiality.

- Ensure that an individual case record is maintained of the action taken by the Club, the liaison with other agencies and the outcome.
- Maintain a central log or record of all child protection and welfare concerns in the Club. These will be held by the DLP and passed on to the succeeding DLP.
- Ensure appropriate information is available at the time of referral and that the referral is confirmed in writing, under confidential cover.

### **Disclosures, what to do, how to react and listen**

There may be a time when a child approaches a mentor, coach or volunteer as a trusted adult to discuss their life outside the Club. It is vital that individual adults in our Club know how to react to this in a sensitive and appropriate manner.

Team Managers/Mentors, coaches, volunteers and staff should be aware of the internal reporting procedures. They should also be aware of the appropriate authorities to whom they should report outside the Club if they are inhibited for any reason in reporting the incident internally or where they are dissatisfied with the internal response.

### **Recognising Concerns**

All mentors and coaches should be familiar with the definitions of abuse as outlined in *Children's First* and the signs and symptoms of abuse.

In accordance with *Children's First*:

- Everyone must be alert to the possibility that children with whom they are in contact may be suffering from abuse or neglect.
- The Child and Family Agency (TUSLA) should always be informed when a person has reasonable grounds for concerns that a child may have been, is being or is at risk of being abused or neglected. Child Protection concerns should be supported by evidence that indicates the possibility of abuse or neglect.
- A concern about a potential risk to children posed by a specific person, even if the children are unidentifiable, should also be communicated to the Child and Family Agency.
- The guiding principles in regard to reporting child abuse or neglect may be summarised as follows:
  - i) *The safety and well-being of the child must take priority*
  - ii) *Reports should be made without delay to the Child and Family Agency*

- Any reasonable concern or suspicion of abuse or neglect must elicit a response. Ignoring the 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 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 the offence.”*

The penalty for a person found guilty of this offence is a fine (upper limit) and/ or imprisonment for a term not exceeding 10 years.

Tusla has a statutory obligation to identify children who are not receiving adequate care and protection, to provide family support services and, where necessary, to take children into the care of Tusla. People who report concerns need to be assured that their information will be carefully considered with any other information available, and a child protection assessment will only proceed where sufficient risk is identified.

**A concern could come to your attention in a number of ways:**

- A child tells you or indicates that he/she is being abused. This is called a disclosure.
- An admission or indication from an alleged abuser.
- A concern about a potential risk to children posed by a specific person, even if the children are unidentifiable.
- Information from someone who saw the child being abused.
- Evidence of an injury or behaviour that is consistent with abuse and unlikely to be caused in any other way.
- Consistent indication over a period of time that a child is suffering from physical or emotional neglect.
- An injury or behaviour which is consistent with abuse, but an innocent explanation is given.
- Concern about the behaviour or practice of a colleague.

All personnel are expected to consult *Children First* and the *Child Protection and Welfare Practice Handbook* for detailed information on the signs and symptoms of abuse. See Appendix 2 – signs and symptoms of abuse.

## **Procedures for Responding to a Child Protection or Welfare Concern**

- Under no circumstances should a child be left in a situation that exposes him or her to harm or risk pending Child and Family Agency intervention. In the event of an emergency and the unavailability of a Duty Social Worker, the DLP will contact An Garda Síochána.
- If the child has made a disclosure, a written record will be made. If there are other grounds for concern that the child has been abused or neglected, a written record will be made.
- If there are reasonable grounds for concern, the DLP will complete the Standard Reporting Form without delay and send it to the Duty Social Work Team in the Child and Family Agency [www.tusla.ie/](http://www.tusla.ie/) (*Children First Handbook*).

## **Recognising, Responding to and Reporting Concerns about a Child's Welfare and Possible Abuse**

- If the concern is urgent and the child is in immediate danger, the report to the Child and Family Agency will be made by telephone and followed up with the completed Standard Report Form.
- In the event of an emergency and the unavailability of a Duty Social Worker, the DLP will contact An Garda Síochána.
- The DLP may use the process of informal consultation with the Duty Social Work Team to discuss the response to a child protection and welfare concern. Informal consultation is carried out without providing the name of the family or the child. If advised to do so, a formal report will be made.
- The DLP will record information about the concern, informal consultation (if carried out) and details regarding if and when the parents were informed.

## **Reporting Procedure**

1. Anyone who has a concern about a child currently being abused, abused in the past, or likely to be at risk of abuse, is obliged to verbally relay their concern to the Designated Liaison Person as a matter of urgency.

2. The person who has the concern should record in writing what the child has said, including as far as possible, the exact words utilised by the child.
3. The Designated Liaison Person must then record the details of this report, on the Tusla Standard Reporting Form which must then be signed by the person making the report. See Appendix 1 for Standard Reporting Form or <http://www.tusla.ie/services/child-protection-welfare/concerns/>
4. Unless it would put the child at further risk to do so, the Designated Liaison Person will make every effort to contact the parents to discuss the concern made by the child. A written record will be kept of this meeting with the parents.
5. The Designated Liaison Person will examine the information received to determine if it constitutes reasonable grounds for concern (see Reasonable Grounds for Concern paragraph above).
6. Immediate action must be taken to protect the child in question and indeed any other children who may be considered at risk.
7. A child will never be interviewed regarding the concern by any club member. However all comments made by the child will be noted.
8. Allegations against a team manager / mentor, coach or volunteer will be dealt with separately and the disciplinary procedure will be followed as necessary
9. In cases of emergency, where a child is deemed to be at immediate and serious risk and a Duty Social worker is unavailable, An Garda Síochána should be contacted. Under no circumstances should a child be left in a dangerous situation pending Tusla intervention.
10. The DLP will take care to ensure that actions taken by him / her do not undermine or frustrate any investigations being conducted by Tusla or An Garda Síochána.
11. Where there are reasonable grounds, a report should be made to Tusla in person, by phone or in writing without delay by the Designated Liaison Person. Each area has a social worker on duty for a certain number of hours each day. The duty social worker is available to meet with, or talk on the telephone to, persons wishing to report child protection concerns. The Duty Social Worker will assess the information available.
12. Once a report is submitted, the duty social worker may need to speak with the person who had the initial concern.



13. In the event that the Designated Liaison Person makes a decision not to report to Tusla, full details of the decision must be recorded including the reasons for not reporting plus any action taken. This report should be stored as confidential by the Designated Liaison Person and kept in a secure place until the child will have reached the age of twenty one.
14. Allegations or concerns should not be investigated by the Designated Liaison Person or any other Club member but passed on to Tusla /Gardaí to follow through.

### **Response if a Child Discloses Abuse**

- Be as calm and natural as possible.
- Remember that you have been approached because you are trusted and possibly liked.
- Do not panic.
- Be aware that disclosure can be very difficult for the child.
- Remember the child may initially be testing your reactions and may only fully open up over a period of time.
- Listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and wish to. Do not pressurise the child. Allow him/her to disclose at their own pace and in their own language.
- Be careful when asking questions. Questions should be supportive and for the purpose of clarification only. Avoid leading questions such as asking whether a specific person carried out the abuse. Also, avoid asking about intimate details or suggesting that something else could have happened other than what you have been told. Such questions and suggestions could complicate the official investigation.
- Assure the child that you believe them. False disclosures are very rare.
- It is important that the adult differentiates in their own mind between the person who carried out the abuse and the act of abuse itself. The child, quite possibly, may love or strongly like the alleged abuser while also disliking what was done to him/her.

- It is important therefore to avoid expressing any judgement on, or anger towards, the alleged perpetrator, while talking with the child.
- It may be necessary to reassure the child that your feelings towards him/her have not been affected in a negative way as a result of what she/he has disclosed.
- Do not promise to keep secrets. Explain to the child that you will only tell the people that really need to know so that they are kept safe.
- By refusing to make a commitment to secrecy to the child, you do run the risk that they may not tell you everything or indeed anything, there and then. However, it is better to do this than to tell a lie and ruin the child's confidence in yet another adult. By being honest, it is more likely, that the child will return to you at another time.
- **Do not make promises as you may not be in a position to follow through on them.**

### **At the Earliest Possible Opportunity**

- Inform the Designated Liaison Person immediately which is the formal internal reporting procedure to be followed.
- Record in writing what the child has said, including, as far as possible, the exact wording utilised by the child.

### **Ongoing Support**

Following a disclosure by a child, it is important to continue in a supportive relationship with the child. Disclosure is a huge step for many children.

**Mentors / Coaches / Staff to whom a disclosure has been made should continue to offer support, particularly through:**

- Maintaining a positive relationship with the child
- Keeping lines of communication open by listening carefully to the child
- Continuing to include the child in the usual activities.
- Through treating any further disclosure as a first disclosure and responding to it as in Reporting Procedures in this policy.

### **Procedure when a referral is not made to the Child and Family Agency, Tusla**

- A suspicion which is not supported by any objective indication of abuse or neglect would not constitute a reasonable suspicion or reasonable grounds for concern. In this case, the concern and any informal consultation will be documented and kept confidentially and securely.
- The DLP will inform the person who raised the concern that it is not being referred in writing, indicating the reasons. The DLP will advise the individual that they may make a report themselves or contact the Duty Social Work Team and that the provision of the *Protection for Persons Reporting Child Abuse Act, 1998* will apply.
- Persons reporting suspected child abuse or neglect should not interview the child or the child's parents in any detail about the alleged abuse. This may be more appropriately carried out by the Tusla Duty Social Worker or An Garda Síochána.
- If mentors, volunteers or staff have any concerns these should be discussed with the Designated Liaison Person.

### **Responding to a Retrospective Disclosure by an Adult of Abuse as a Child**

- In relation to retrospective disclosures, it is imperative that all child protection concerns are examined and addressed.
- An increasing number of adults are disclosing abuse that took place during their childhood. If a member becomes aware of a retrospective concern they should speak with the Children's Officer / DLP. If any risk is deemed to exist to a child who may be in contact with an alleged abuser, the service should report the concern to the Children and Family Agency without delay.

### **Confidentiality Statement (Child Protection)**

Confidentiality is of the utmost importance and extends to all areas of our service. Confidentiality is about treating sensitive information that arises in a trusting relationship and doing so in a manner that is respectful, professional and purposeful.

- All information regarding concern or assessment of child abuse should be shared on "a need to know" basis in the interests of the child.

- No undertakings regarding secrecy can be given. Giving information to others for the protection of a child is not a breach of confidentiality.
- It must be clearly understood that information which is gathered for one purpose must not be used for another without consulting the person who provided that information. All parties involved can be assured that all information will be handled taking account of legal requirements.
- Children First advises that the issue of confidentiality should be part of the training necessary for staff who work in the area of child protection and the general training of staff in organisations which work with children. Each organisation should have a written policy in this regard - ***Children First* pg. 92**
- It is our policy to keep all personal information about our children, families, volunteers and staff private. Confidential and personal information about our children/parents will only be shared by the Chairperson, Children's officer and Designated Liaison Person in relation to child safety, in line with this Child Protection Policy. Any breach of confidentiality by any mentor / coach/ member of staff will lead to disciplinary action.
- Ethical and statutory codes concerned with confidentiality and data protection provide general guidance. They are not intended to limit or prevent the exchange of information between different professional staff with a responsibility for ensuring the protection and welfare of children. The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection.

### **Allegations against Team Manager / Mentors / Coaches / Volunteers / Employees**

These reporting procedures should be followed in the event of suspicion or disclosure of abuse against any Team Manager / Mentor / Coach / Volunteer / Employee

Team managers/mentors/coaches and volunteers may be subjected to erroneous or malicious allegations. Therefore any allegation of abuse should be dealt with sensitively and support provided including counselling where necessary. However, the primary goal is to protect the child while taking care to treat all fairly.

The Club may seek external support in managing those allegations. Any investigation and/or disciplinary hearings related to this will be carried out by a

Disciplinary Committee / Executive Committee to keep it separate from Tusla investigations.

## **Policy and Procedure on Response to Allegations of Abuse against Team Managers / Mentors / Coaches / Volunteers / Employees**

Child Protection is about promoting the welfare of children who attend our Club . To this end it also encompasses the monitoring of professional practice within the Club. Naomh Olaf has a legal and moral responsibility to respond to any allegation of abuse either verbal or physical of a child by a member or employee of our Club.

This procedure is in line with the guidance given in *Children First - National Guidance*

### **Response to allegations of abuse against team managers/mentors, coaches and volunteers**

**Page 43 *Children First* – 6.2. Guidance on allegations against employees and volunteers**

Allegations of abuse may be made against adults working with children, employees and volunteers. The National Guidance is there to assist the Designated Liaison Persons in having due regard for the rights and interests of the child on the one hand, and those of the volunteers against whom the allegation is made on the other hand.

The following guidelines should be followed in the event of such an allegation of abuse against a member during the execution of that member's duties or where information about a team manager / mentor / coach / volunteer in relation to a situation outside of the work context is reported.

Our first duty of care in this situation is to the child and our first priority is to ensure that no child is exposed to unnecessary risk.

- If an allegation is made against a team manager / mentor / coach / volunteer or other person working within the Club to another member or other person they must inform the Designated Liaison Persons verbally and simultaneously record what they have been told or what they may have observed. Action taken in reporting an allegation of child abuse against any member in contact with children should be based on an opinion formed reasonably and in good faith.
- The details of this concern must be recorded on the Standard Reporting Form, which is available from the DLP, which must then be signed by the person making the report and they will be reminded of the need for confidentiality in this matter.

- The Chairperson in consultation with the DLP will inform the member that an allegation has been made against them. Naomh Olaf GAA Club's disciplinary procedure will be followed in this instance.

The Chairperson and DLP must privately inform the member, about whom the allegation is made, of the following:

- The fact that an allegation has been made against him/her.
- The nature of the allegation.
- The Member should be afforded an opportunity to respond. The DLP should note the response and pass on this information when making a formal report to Tusla.
- The member should also be informed of their right to an adjournment of the meeting until such time as they can seek appropriate representation. The action will be guided by the Disciplinary Procedures, the Code of Conduct and the rules of natural justice. While adhering to the principle of natural justice enshrined within our constitution in relation to the rights of the accused, the vulnerability of the alleged victim must be foremost in our mind, therefore any postponement must be afforded within a reasonable time frame that is 24 hours.
- The parents / guardians of the alleged victim must be informed immediately by the Designated Liaison Person.
- The name or any identifying information of the reporting adult will not be given to the member or other members against whom the allegation has been made by the Children's Officer, pending Tusla advice or consultation.
- When an allegation is received it will be assessed promptly and carefully.
- The Executive Committee may then ask the member about whom the allegation has been made to leave the premises immediately and they will be suspended until the matter has been fully investigated.
- However, all allegations may not require the person about whom the allegation is made to be suspended i.e. allegations of poor practice where increased levels of supervision may be sufficient until the matter is sorted out. Poor practice will be dealt with under the Disciplinary Procedure as necessary.

- At this point in the process it will be necessary to decide whether a formal report should be made to Tusla – this decision should be based on reasonable grounds for concern.
- If it is felt that there are grounds for concern, all matters relating to the allegations should be reported to the Duty Social Worker.
- At this point the Disciplinary Procedure will be invoked.
- Should a member or employee, following the investigation, be re-instated with no disciplinary action this should be taken as evidence that no blame/fault/suspicion attaches to them.
- Where the complaint is not upheld, the Executive Committee should ensure that the reputation of the member concerned is not adversely affected by reason of the complaint having been brought against him/her. The member or employee (who had the allegation made against them) should be offered counselling and any other support necessary to restore his/her confidence and morale.
- The member who made the complaint should be reassured that management appreciates that the complaint was made in good faith. If required the Club will ensure that the member receives support e.g. external counselling, if requested or warranted.

The **Protections for Persons reporting Child Abuse Act, 1998** makes provision for the protection from civil liability of persons who have communicated child abuse 'reasonably and in good faith' to designated officers of Tusla or to any member of An Garda Síochána. This protection applies to organisations as well as to individuals. This means that even if a communicated suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the person who communicated the concern had not acted reasonably and in good faith in making the report. A person who makes a report in good faith and in the child's best interests may also be protected under common law by the defence of qualified privilege.

In the case where the Designated Liaison Person reaches the conclusion that reasonable grounds do not exist that he/she should report the concern of the member / employee to the relevant Tusla Social Work Department or An Garda Síochána, the individual person who raised the concern should be given a clear written statement of the reasons why the centre is not taking action. The person should be advised that, if they remain concerned about the situation, they are free to consult with, or report to, the Tusla Social Work Department or An Garda Síochána.

## **Parents and Allegations of Abuse or Neglect against Members / Employees / Club**

- Parents have the right to contact the Child and Family Agency to report an allegation of abuse or neglect about a member of the Club.
- Parents of children who are named in an allegation of abuse or neglect will be kept informed of actions planned and taken, having regard to the rights of others concerned.
- If there is any concern that a child may have been harmed, their parents will be informed immediately.

## **Record Keeping**

- Naomh Olaf GAA Club will only share information with other professionals or agencies with consent from parents or without their consent in terms of legal responsibility in relation to a Child Protection issue.
- Records or reports should not be altered or adjusted, if there are new developments then a new record of this information should be completed.

## **Code of Behaviour for Team Managers / Mentors / Coaches / Volunteers / Employees**

For the protection of Managers / Mentors/ Coaches / Volunteers and children the GAA Code of Behaviour provides clarity on what is expected and what is not accepted, with respect to their behaviour as recommended in *Our Duty to Care*.

- We recognise that children have an equal right in our Club in line with the *Equal Status Act* and the *National Disability Strategy*.
- Team Managers / Mentors / Coaches / Volunteers / Employees should be sensitive to the risks involved in participating in contact sports or other activities.
- While physical contact is a valid way of comforting, reassuring and showing concern for children, it should only take place when it is acceptable to all persons concerned.
- Team Managers / Mentors / Coaches / Volunteers should never physically punish or be in any way verbally abusive to a child, nor should they even tell jokes of a sexual nature in the presence of children.



- Mentors / coaches / volunteers should be sensitive to the possibility of developing favouritism, or becoming over involved or spending a lot of time with any one child
- Children should be encouraged to report cases of bullying to either a mentor or the Children's officer. Complaints must be brought to the attention of the Executive Committee.
- Naomh Olaf GAA club promote a positive attitude amongst mentors/coaches/volunteers and children, that respects the personal space, safety and privacy of individuals
- It is not recommended that mentors / coaches / volunteers give lifts in their cars to individual children, especially for long journeys

(This code has been adapted from Our Duty to Care Fact sheet 1) ???

### **Under 18 years of age**

Transition Year students or students under 18 years of age who express a desire to help out with younger age groups must have the consent of their parent/guardian and will be required to complete and sign a Garda Parent/Guardian Consent Form. This form gives consent for the National Vetting Bureau to report any convictions to the service.

#### We are committed to:

- Valuing and respecting all children as individuals.
- Listening to children.
- Encouraging children to express themselves.
- Working in partnership with parents.
- Promoting Positive Behaviour.
- Valuing differences.
- Implementing and adhering to all relevant policies to keep children safe.

### **Working in a safe environment – Protection of Adults and Children**

The Executive Committee endeavours to ensure a safe environment exists for mentors/coaches/volunteers/staff and children by monitoring that all :

- Are listened to and any concerns expressed about unacceptable practice or behaviour of colleagues are followed up by the Executive Committee.

- Are supported when dealing with challenging behaviour of children and adults understand and follow positive behaviour management strategies.

### **Mentor Selection Procedures**

In accordance with the Child Care Act 1991 (Early Years Services) Regulations 2016 we will ensure that all mentors/coaches are Garda vetted.

- The Code of Behaviour is given to all Team Managers/Mentors and coaches at induction and they will be required to commit to and abide by the Child Protection and Welfare Policy. They are required to confirm that they have read and understand the Child Protection and Welfare Policy with their signature and a record will be kept on file.

### **Complaints**

- Our children/staff/parents/guardians have the right to voice their opinions and concerns. It is our policy to welcome all suggestions, comments and complaints in relation to our Club. Comments or suggestions can be made in writing to a member of the Executive. We will give careful attention and prompt and courteous response to any suggestions, comments or complaints.
- If a complaint involves a child protection concern, the reporting procedure will be followed in line with this Child Protection Policy

### **Accidents and Incidents**

The Safety, Health & Welfare at Work Act, 2005 and the Child Care Act (Early Years Services) Regulations 2016, are the governing legislation.

It is our policy to promote the health, well being and personal safety of all our children and members through developing and regularly reviewing accident prevention procedures and fire safety. Although we adhere to all safety precautions and follow Tusla guidelines, accidents can occur.

### **Social network, text and email.**

#### **Policy**

- Naomh Olaf regards individual texting and emailing of underage players by mentors or coaches as being inappropriate and unacceptable and a breach of our Code of Conduct. Texting and emailing information to underage players must be done via group text to the parent.

- Social networking sites must not be used to befriend children attending the Club or to exchange any information about children attending the Club.
- Do not publish any information regarding any child or their family
- Be aware that your actions captured via images, posts, or comments can reflect on the Club.

Any breach of this policy may invoke the disciplinary policy

## **CHILD PROTECTION POLICY APPENDICES**

<b>APPENDIX 1</b>	<b>STANDARD REPORTING FORM</b>
<b>APPENDIX 2</b>	<b>SIGNS AND SYMPTOMS OF ABUSE</b>
<b>APPENDIX 3</b>	<b>THE UN CONVENTION ON THE RIGHTS OF THE CHILD (1989)</b>
<b>APPENDIX 4</b>	<b>DUTY SOCIAL WORKER AND LOCAL GARDA CONTACT INFORMATION</b>
<b>APPENDIX 5</b>	<b>REASONABLE GROUNDS FOR REPORTING A CHILD PROTECTION AND WELFARE CONCERN FROM CHILDRENS FIRST</b>

## STANDARD REPORT FORM

(For reporting CP&W Concerns)

### 6. Relationships

Details of Mother		Details of Father	
Name:		Name:	
Address: (if different to child)		Address: (if different to child)	
Telephone No's:		Telephone No's:	

### 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:
Address:	Telephone No's:
Signed	Date:

## STANDARD REPORT FORM

*(For reporting CP&W Concerns)*

**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)			
Telephone		Telephone			

### 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

#### 4. Parents Aware of Report

4. Parents Aware of Report		Yes	No
Are the child's parents/carers aware that this concern is being reported	- Mother	<input type="checkbox"/>	<input type="checkbox"/>
	- Father	<input type="checkbox"/>	<input type="checkbox"/>
Comment			

## 5. Details of Report

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

Observed injuries, parents view(s), child's view(s), if known.

## **APPENDIX 2**

### **SIGNS AND SYMPTOMS OF ABUSE**

#### **Children First: National Guidance for the Protection and Welfare of Children**

**\*\*THIS LIST IS NOT EXHAUSTIVE\*\***

#### **Signs and symptoms of child abuse**

##### **1. Signs and symptoms of neglect**

Child neglect is the most common category of abuse. A distinction can be made between 'wilful' neglect and 'circumstantial' neglect.

'Wilful' neglect would generally incorporate a direct and deliberate deprivation by a parent/carer of a child's most basic needs, e.g. withdrawal of food, shelter, warmth, clothing, and 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.

## 2. 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.

### **3. 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

#### **4. 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 diffused, 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 less than 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child less than 3 years. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

### **Burns**

Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot object. The history that parents give is usually in keeping with the pattern of injury observed. However, repeated episodes may suggest inadequate care and attention to safety within the house.

#### ***Non-accidental***

Children who have received non-accidental burns may exhibit a pattern that is not adequately explained by parents. The child may have been immersed in a hot liquid. The burn may show a definite line, unlike the type seen in accidental splashing. The child may also have been held against a hot object, like a radiator or a ring of a cooker, leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought.

### **Bites**

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

***Non-accidental***

It is sometimes hard to differentiate between the bites of adults and children since measurements can be inaccurate. Any suspected adult bite mark must be taken very seriously. Consultant paediatricians may liaise with dental colleagues in order to identify marks correctly.

**Poisoning**

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

***Non-accidental***

Non-accidental poisoning can occur and may be difficult to identify, but should be suspected in bizarre or recurrent episodes and when more than one child is involved. Drowsiness or hyperventilation may be a symptom.

**Shaking violently**

Shaking is a frequent cause of brain damage in very young children.

**Fabricated/induced illness**

This occurs where parents, usually the mother (according to current research and case experience), fabricate stories of illness about their child or cause physical signs of illness. This can occur where the parent secretly administers dangerous drugs or other poisonous substances to the child or by smothering.

The symptoms that alert to the possibility of fabricated/induced illness include:

- (i) symptoms that cannot be explained by any medical tests; symptoms never observed by anyone other than the parent/carer; symptoms reported to occur only at home or when a parent/carer visits a child in hospital;
- (ii) high level of demand for investigation of symptoms without any documented physical signs;
- (iii) unexplained problems with medical treatment, such as drips coming out or lines being interfered with; presence of un-prescribed medication or poisons in the blood or urine.

**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 or her siblings/friends;
- (b) the suspicions of an adult;
- (c) physical symptoms.

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

### **Non-contact sexual abuse**

- 'Offensive sexual remarks', including statements the offender makes to the child regarding the child's sexual attributes, what he or she would like to do to the child and other sexual comments.
- Obscene phone calls.
- Independent 'exposure' involving the offender showing the victim his/her private parts and/or masturbating in front of the victim.
- 'Voyeurism' involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual gratification. These may include activities that others do not regard as even remotely sexually stimulating.

### **Sexual contact**

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

### **Oral-genital sexual abuse**

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

### **Interfemoral sexual abuse**

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

### **Penetrative sexual abuse, of which there are four types:**

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

### **Sexual exploitation**

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.

- 'Child pornography' includes still photography, videos and movies, and, more recently, computer-generated pornography.
- 'Child prostitution' for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way.

The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and 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 3**

### **THE UN CONVENTION ON THE RIGHTS OF THE CHILD (1989)**

The Convention stipulates the following general principles:

- States shall ensure each child enjoys full rights without discrimination or distinctions of any kind.
- The child's best interests shall be a primary consideration in all actions concerning children, whether undertaken by public or private social institutions, courts, administrative authorities or legislative bodies.
- Every child has the right to life and states shall ensure, to the maximum extent possible, child survival and development.
- Children have the right to be heard.

The Convention stipulates the following substantive provisions:

#### **Civil Rights and Freedom**

- The right to a name and a nationality
- The right to a sense of identity
- The right to freedom of expression
- The right to freedom of thought, conscience and religion
- The right to freedom of association
- The right to privacy
- No child shall be subjected to torture, or other cruel, inhuman or degrading treatment or punishment

#### **Family Environment and Parental Guidance**

- States must respect the responsibilities of parents and extended family members to provide guidance for children
- The convention gives parents a joint and primary responsibility for raising their children
- Children should not be separated from their parents unless this is deemed to be in the child's best interests

- Children and their parents have the right to leave any country and to enter their own for purposes of reunion
- Children have the right to an adequate standard of living
- The Convention obliges the state to provide special protection for children deprived of a family environment
- The state has the obligation to prevent and remedy the kidnapping or retention of children abroad by a parent or third party
- To protect children from all forms of abuse or neglect
- It is the responsibility of the state to ensure – in cases of children victims of armed conflict, torture, neglect, maltreatment or exploitation – that they receive appropriate rehabilitative care and treatment to facilitate their recovery and social integration into society
- A child placed by the state for reasons of care, protection or treatment is entitled to have that placement regularly evaluated

### **Basic Health and Welfare of Children**

- Every child has the right to life
- Parties shall ensure to the maximum extent the survival and development of the child
- The child has the right to the highest attainable standard of health/
- Disabled children have the right to special treatment, education and care
- Children have the right to benefit from social security
- Every child has the right to a standard of living adequate for the child's mental, physical, spiritual, value systems and social development

### **Education, Leisure and Recreation**

- Children have the right to education
- The aims of education are geared towards developing children's personalities as well as their mental and physical abilities to the fullest extent



- Children have a right to enjoy leisure, recreation and cultural activities

## **SPECIAL PROTECTION MEASURES**

### **(a) Situations of armed conflict:**

- State parties shall take all feasible measures to ensure that children under 15 years of age take no part in hostilities and that no child below 15 is recruited into the armed forces
- State parties shall take all feasible measures to ensure protection and care of children who are affected by armed conflict
- Children have the right to appropriate treatment for their recovery and social reintegration
- Special protection shall be given to refugee children or to a child seeking refugee status

### **(b) In situations where children are in conflict with the law:**

- Regarding the administration of juvenile justice, children who come in conflict with the law have the right to treatment that promotes their dignity and self-worth, and also takes into account the child's age and aims at his/her integration into society
- Children are entitled to basic guarantees as well as legal or other assistance for their defence and judicial proceedings and institutional placements shall be provided wherever possible
- Any child deprived of liberty shall not be kept apart from adults unless it is in the child's best interests to do so
- A child who is detained shall have legal and other assistance as well as contact with his/her family

### **(c) In situations of exploitation:**

- Children have the right to be protected from economic exploitation and from work that threatens their health
- Children have the right to protection from the use of narcotic and psychotropic drugs as well as from being involved in their production and distribution

- Children have the right to protection from sexual exploitation, and abuse, including prostitution and pornography
- It is the States obligation to make every effort to prevent the sale, trafficking and abduction of children

**(d) In situations of children belonging to a minority or indigenous group:**

- Children of minority communities and indigenous populations have the right to enjoy their own culture and to practice their own religion and language

## **APPENDIX 4**

### **DUTY SOCIAL WORKER & LOCAL GARDA CONTACT INFORMATION**

#### **Child Protection Social Work Services**

Duty Social Work Department, Our Lady's Clinic, Patrick Street, Dun Laoghaire, Co. Dublin

01 6637300

**Is this the only Duty Social Work Department to which a report should be made?**

If the Duty Social Worker is not available at the time of contact the caller should give sufficient details to the secretary to enable the Duty Social Worker to prioritise a response.

#### **Local Garda Station**

Dundrum Garda Station 01 6665200

## **APPENDIX 5**

### **REASONABLE GROUNDS FOR REPORTING A CHILD PROTECTION AND WELFARE CONCERN FROM CHILDRENS FIRST**

#### **2.2 What constitutes reasonable grounds for a child protection or welfare concern?**

- An injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse.
- Consistent indication over a period of time that a child is suffering from emotional or physical neglect.
- Admission or indication by someone of an alleged abuse.
- A specific indication from a child that he or she was abused.
- An account from a person who saw the child being abused.
- Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.

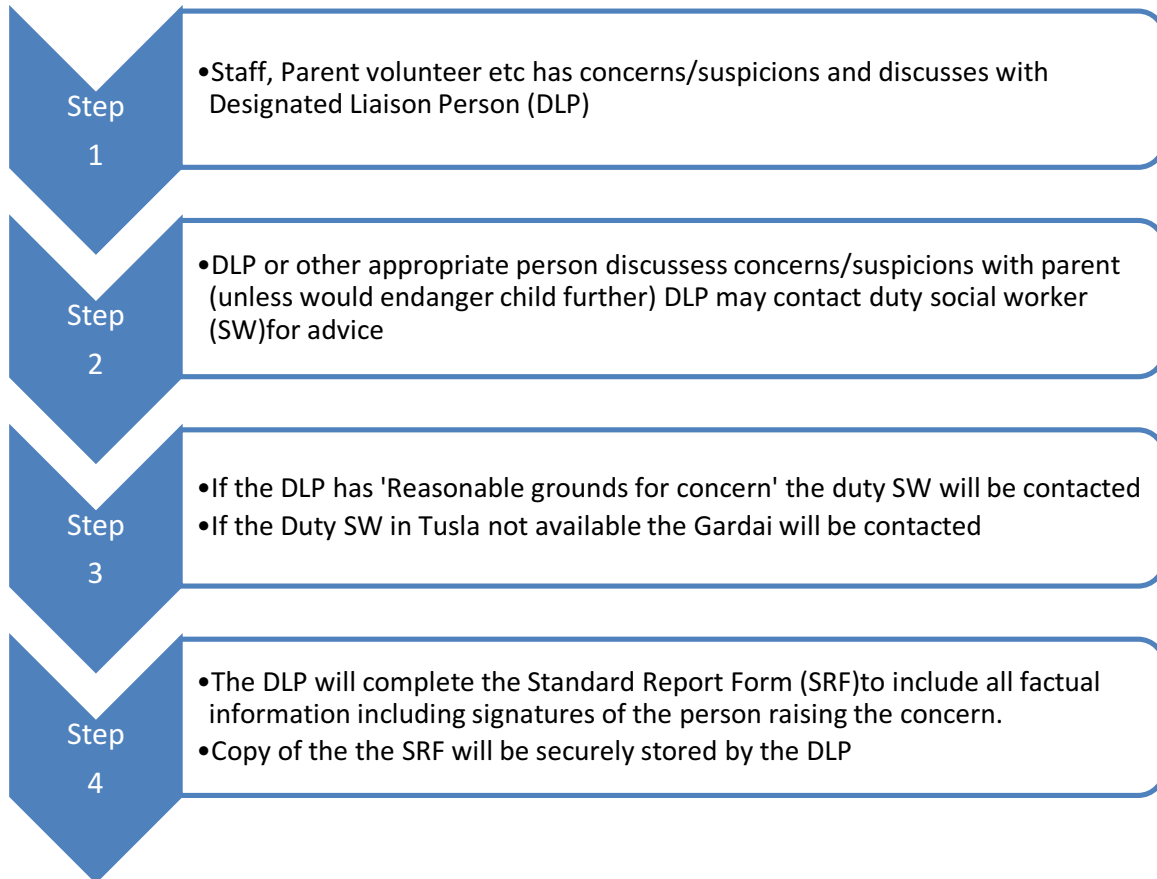
### **2.3 What to do if reasonable grounds for concern exist?**

Examine the report you receive by looking at the information that has been reported to you and asking open-ended, non-leading questions, if necessary, to give further clarity. It is recommended that a referral to Children and Family Services should always be made in the following circumstances (see Section 2.9):

- any concern about a child at risk of sexual abuse;
- physical injury caused by assault or neglect which may or may not require medical attention;
- incidents of physical abuse that alone are unlikely to constitute significant harm, but taken into consideration with other factors may do so;
- children who suffer from persistent neglect;
- children who live in an environment which is likely to have an adverse impact on their emotional development;
- where parents' own emotional impoverishment affects their ability to meet their child's emotional and/or physical needs, regardless of material/financial circumstances and assistance;
- where parents' circumstances are adversely affecting their capacity to meet the child's needs because of domestic violence, drug and/or alcohol misuse, mental health problems, intellectual disability;
- a child living in a household with, or having significant contact with, a person at risk of sexual offending or with previous convictions for offences against children;
- an abandoned child;
- children left home alone;
- bruising/injury to a pre-mobile baby;
- pregnancy where children have been previously removed;
- suspicion of fabricated or induced illness;
- where a child under one year is present in a home where domestic violence is a concern.

PLEASE NOTE: The above are examples of circumstances that may occur. There are other circumstances under which a referral should be considered. If you are in any doubt, discuss your concern with your Children's Officer / designated liaison person or call a member of your local Tusla Child and Family Agency Duty Social Worker Team for an informal consultation.

## Child Protection Reporting procedure steps 1 – 4



**Naomh Olaf Children Officer: Mary Shivnan 068818043**

**Naomh Olaf Designated Liaison Person: Fin Máirtín 0876739407 Mary Shivnan**

Social Worker: Duty Social Work Department, Our Lady's Clinic, Patrick Street, Dun Laoghaire, Co. Dublin

01 6637300

Garda: Dundrum Garda Station, 01 6665200

