EXCHANGE HOUSE IRELAND
National Travellers Service

Protecting Children, Young People and Vulnerable Adults Policy and Procedure

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Policy Area	Clinical Governance	Responsible Dept.	Health & Social Care

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1. Introduction

Exchange House Ireland National Travellers Service (EHINTS) works from a social inclusion, equality and human rights perspective to provide Education, Youth, Mental Health, Family Support and Crisis Intervention Services to the Traveller community. EHINTS aims to create a safe environment for all children and young people using EHINTS facilities and services where they feel secure, knowing that if they have concerns, they will be listened to with understanding and respect and their concerns will be addressed.

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm. While protecting children from abuse is one part of safeguarding, children and young people also need safeguarding in order for them to grow, develop and achieve their full potential. Our service believes that the welfare of children is paramount. We are committed to a child-centred practice in all our work with children. We are committed to upholding the rights of every child and young person, who attends our service, including the rights to be kept safe and protected from harm, listened to and heard.

Our Child Protection Policy has been developed in line with Children First, National Guidance for the Protection and Welfare of Children, 2011 document and the current Children First Act 2015, which puts the responsibilities of EHI on a statutory footing.

2. Child Protection Legislation, Policy, and Principles of Best Practice

This policy has been developed within the context of the framework of child protection policy in Ireland. In this section, you'll find key child protection legislation, policy, and principles of best practice.

2.1 Current Legislation:

- Child Care Act 1991
- Criminal Law (Sexual Offences) Act, 2006
- Child Trafficking and Pornography Act 1998
- The UN Convention on the Rights of the Child (Ireland signed 1992)
- Domestic Violence Act 1996
- Children Act 2001
- Education Act 1998
- Education (Welfare) Act 2000
- Non-Fatal Offences against the Person Act 1997
- Protection for Persons Reporting Child Abuse Act 1998
- Data Protection Acts 1988 & 2003
- Criminal Justice Act 2006 - Reckless Endangerment
- Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012
- National Vetting Bureau (Children and Vulnerable Persons) Act 2012
- Children and Family Agency Act 2013
- Freedom of Information Act 2014
- Children (Amendment) Act 2015*

  *The Children (Amendment) Act 2015 has been signed into law by the President of Ireland but has not commenced at the time of writing this document.

2.2 Policy Context:

- Our Duty to Care (2002)
- Child Protection and Welfare Practice Handbook (2011)
- Children First: National Guidance for the Protection and Welfare of Children (2011)*
  *The purpose of the Children (Amendment) Act 2015 is to put the Children First National Guidelines on a statutory basis to implement the Programme for Government commitment in that regard. This policy is the main reference point in Ireland for Child Protection at the time of writing this document.

2.3 Children First: National Guidance for the Protection and Welfare of Children (2011)

Key Message

The aim of the Children First: National Guidance is to promote the safety and well-being of children. Parents and guardians have the primary responsibility for the care and protection of children. Many parents from time to time require support and help from the State in carrying out their parental role.

Some parents, for a range of reasons, are not able to provide proper care for their children. These families need more intensive assessment, support and direct interventions to ensure the safety and well-being of their children. People working with children and the wider public should know that early action by them is very often the best way to protect children and to enable a family to stay together. Professionals also have an important part to play and their actions need to reflect the principles and objectives of the Child Care Act 1991 and of this national guidance.

Professionals and others working with children need to pay particular attention to the needs of children who may be at risk of abuse. Research tells us that children whose parents misuse drugs or alcohol are more at risk of neglect or maltreatment. Parents who have a learning disability or mental illness may need particular support in carrying out their parenting role.

Research indicates that most abuse occurs in the family home. Children may be abused by persons other than those living in the immediate family. This may happen where a child is in contact with a relative, a family friend or acquaintance, or a person whose professional or voluntary activity brings them into contact with a child. In all instances, the best interests and safety of the child must be prioritised.

Good practice at the front line is based on clear policies and principles. The Government's policy underpinning this Children First: National Guidance is:

- The welfare and safety of children, which is central to all Government policy;
- The promotion of and support for family life;
- The use of the minimum necessary intervention, in a timely way, to keep children safe;
- Agencies working together to help children reach their full potential;
- Agencies working together to provide safer and more effective services;
- The State and civil society working together to promote children's welfare.

This national guidance sets out the particular statutory responsibility of the HSE Children and Family Services and An Garda Síochána when they are alerted to concerns about the welfare and safety of a child.

The broader group of health, educational and other professionals and organisations, including voluntary groups, whose work brings them into contact with children and families also have a responsibility to be aware of the signs, symptoms and possibilities of neglect and abuse. They need to share their concerns or seek advice from the HSE, make a formal report and cooperate in whatever way possible, including attending at meetings, in order to share information and contribute to good decision-making. In an emergency situation, the Gardaí should be informed of children at risk.

The wider community of relatives, friends, and neighbours are well placed to be aware of a child's welfare and need to know how to respond to ensure the most effective steps are taken to protect a child.

2.4 Key Principles for Best Practice in Child Protection and Welfare

The key principles that should inform best practice in child protection and welfare are:

(i) The welfare of children is of paramount importance.

(ii) Early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection. Family support should form the basis of early intervention and preventative interventions.

(iii) A proper balance must be struck between protecting children and respecting the rights and needs of parents/carers and families. Where there is conflict, the child's welfare must come first.

(iv) Children have a right to be heard, listened to and taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions that may affect their lives. Where there are concerns about a child's welfare, there should be opportunities provided for their views to be heard independently of their parents/carers.

(v) Parents/carers have a right to respect and should be consulted and involved in matters that concern their family.

(vi) Factors such as the child's family circumstances, gender, age, stage of development, religion, culture and race should be considered when taking protective action. Intervention should not deal with the child in isolation; the child's circumstances must be understood within a family context.

(vii) The criminal dimension of any action must not be ignored.

(viii) Children should only be separated from parents/carers when alternative means of protecting them have been exhausted. Re-union should be considered in the context of planning for the child's future.

(ix) The prevention, detection and treatment of child abuse or neglect requires a coordinated multidisciplinary approach, effective management, clarity of responsibility and training of personnel in organisations working with children.

(x) Professionals and agencies working with adults who for a range of reasons may have serious difficulties meeting their children's basic needs for safety and security should always consider the impact of their adult client/patient's behaviour on a child and act in the child's best interests.

Taken from Children First: National Guidance for the Protection and Welfare of Children, Department of Children and Youth Affairs, 2011

3 Definition and Recognition of Child Abuse

This policy, in accordance with the Children First guidelines, categorises child abuse into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. Abuse and neglect can occur within the family, in the community or in an institutional setting. The abuser may be someone known to the child or a stranger, and can be an adult or another child. In a situation where abuse is alleged to have been carried out by another child, you should consider it a child welfare and protection issue for both children and you should follow child protection procedures for both the victim and the alleged abuser.

According to Children First, a 'child' means a person under the age of 18 years, excluding a person who is or has been married.

3.1 Neglect

Child neglect is the most frequently reported category of abuse, both in Ireland and internationally. Ongoing chronic neglect is recognised as being extremely harmful to the development and well-being of the child and may have serious long-term negative consequences.
Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment difficulties. The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect.

Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence, and parental mental illness and disability.

A reasonable concern for the child's welfare would exist when neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent where you see the child over a period of time, or the effects of neglect may be obvious based on having seen the child once.

The following are features of child neglect:

- Children being left alone without adequate care and supervision
- Malnourishment, lacking food, unsuitable food or erratic feeding
- Non-organic failure to thrive, i.e. a child not gaining weight due not only to malnutrition but also emotional deprivation
- Failure to provide adequate care for the child's medical and developmental needs, including intellectual stimulation
- Inadequate living conditions – unhygienic conditions, environmental issues, including lack of adequate heating and furniture
- 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

- Abandonment or desertion

3.2 Emotional abuse

Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse. Abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met, due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur 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 abuse is not easy to recognise because the effects are not easily seen. A reasonable concern for the child's welfare would exist when the behaviour becomes typical of the relationship between the child and the parent or carer.

Emotional abuse may be seen in some of the following ways:

- 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
- Persistent criticism, sarcasm, hostility or blaming of the child
- Bullying
- Conditional parenting in which care or affection of a child depends on his or her behaviours or actions
- Extreme overprotectiveness
- Inappropriate non-physical punishment (e.g. locking child in bedroom)
- Ongoing family conflicts and family violence
- Seriously inappropriate expectations of a child relative to his/her age and stage of development

There may be no physical signs of emotional abuse unless it occurs with another type of abuse. A child may show signs of emotional abuse through their actions or emotions in several ways. These include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, risk taking and aggressive behaviour. It should be noted that no one indicator is conclusive evidence of emotional abuse. Emotional abuse is more likely to impact negatively on a child where it is persistent over time and where there is a lack of other protective factors.

3.3 Physical abuse

Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents. A reasonable concern exists where the child's health and/or development is, may be, or has been damaged as a result of suspected physical abuse.

Physical abuse can include the following:

- Physical punishment
- Beating, slapping, hitting or kicking

- Pushing, shaking or throwing
- Pinching, biting, choking or hair-pulling
- Use of excessive force in handling
- Deliberate poisoning
- Suffocation
- Fabricated/induced illness
- Female genital mutilation

The Children First Act 2015 includes a provision that abolishes the common law defence of reasonable chastisement in court proceedings. This defence could previously be invoked by a parent or other person in authority who physically disciplined a child. The change in the legislation now means that in prosecutions relating to assault or physical cruelty, a person who administers such punishment to a child cannot rely on the defence of reasonable chastisement in the legal proceedings. The result of this is that the protections in law relating to assault now apply to a child in the same way as they do to an adult.

3.4 Sexual abuse

Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography.
Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and in some instances occurs over a number of years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members. Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings/friends, from the suspicions of an adult, and/or by physical symptoms.

It should be remembered that sexual activity involving a young person may be sexual abuse even if the young person concerned does not themselves recognise it as abusive.

Examples of child sexual abuse include the following:

- Any sexual act intentionally performed in the presence of a child
- An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification
- Masturbation in the presence of a child or the involvement of a child in an act of masturbation
- Sexual intercourse with a child, whether oral, vaginal or anal
- Sexual exploitation of a child, which includes:
    - Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means]
    - Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act
    - Showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse

- Exposing a child to inappropriate or abusive material through information and communication technology
- Consensual sexual activity involving an adult and an underage person

An Garda Síochána will deal with any criminal aspects of a sexual abuse case under the relevant criminal justice legislation. The prosecution of a sexual offence against a child will be considered within the wider objective of child welfare and protection. The safety of the child is paramount and at no stage should a child's safety be compromised because of concern for the integrity of a criminal investigation.

In relation to child sexual abuse, it should be noted that in criminal law the age of consent to sexual intercourse is 17 years for both boys and girls. Any sexual relationship where one or both parties are under the age of 17 is illegal. However, it may not necessarily be regarded as child sexual abuse.

*It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offence of sexual assault. For more information, see Criminal Law (Sexual Offences) Act 2006; http://www.irishstatutebook.ie/eli/2006/act/15/enacted/en/print

3.5 Circumstances which may make children more vulnerable to harm

If you are dealing with children, you need to be alert to the possibility that a welfare or protection concern may arise in relation to children you come in contact with. A child needs to have someone they can trust in order to feel able to disclose abuse they may be experiencing. They need to know that they will be believed and will get the help they need. Without these things, they may be vulnerable to continuing abuse. Some children may be more vulnerable to abuse than others. Also, there may be particular times or circumstances when a child may be more vulnerable to abuse in their lives. In particular, children with disabilities, children with communication difficulties, children in care or living away from home, or children with a parent or parents with problems in their own lives may be more susceptible to harm.

The following list is intended to help you identify the range of issues in a child's life that may place them at greater risk of abuse or neglect. **It is important for you to remember that the presence of any of these factors does not necessarily mean that a child in those circumstances or settings is being abused.**

Parent or carer factors:

- Drug and alcohol misuse
- Addiction, including gambling
- Mental health issues
- Parental disability issues, including learning or intellectual disability
- Conflictual relationships
- Domestic violence
- Adolescent parents

Child factors:

- Gender
- Age
- Sexuality

- Disability
- Mental health issues, including self-harm and suicide
- Communication difficulties
- Trafficked/Exploited
- Previous abuse
- Young carer

Community factors:

- Cultural, ethnic, religious or faith-based norms in the family or community which may not meet the standards of child welfare or protection required in this jurisdiction
- Culture-specific practices, including:
  – Female genital mutilation
  – Forced marriage
  – Honour-based violence
  – Radicalisation

Environmental factors:

- Housing issues
- Children who are out of home and not living with their parents, whether temporarily or permanently
- Poverty/Begging
- Bullying
- Internet and social media-related concerns

Poor motivation or willingness of parents/guardians to engage:

- Non-attendance at appointments
- Lack of insight or understanding of how the child is being affected
- Lack of understanding about what needs to happen to bring about change
- Avoidance of contact and reluctance to work with services
- Inability or unwillingness to comply with agreed plans

You should consider these factors as part of being alert to the possibility that a child may be at risk of suffering abuse and in bringing reasonable concerns to the attention of Tusla.

3.6 Bullying

It is recognised that bullying affects the lives of an increasing number of children and can be the cause of genuine concerns about a child's welfare.

Bullying can be defined as repeated aggression – whether it is verbal, psychological or physical – that is conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating, and occurs mainly among children in social environments such as schools. It includes behaviours such as physical aggression, cyberbullying, damage to property, intimidation, isolation/exclusion, name calling, malicious gossip and extortion. Bullying can also take the form of abuse based on gender identity, sexual preference, race, ethnicity and religious factors. With developments in modern technology, children can also be the victims of non-contact bullying, via mobile phones, the internet and other personal devices.

While bullying can happen to any child, some may be more vulnerable. These include: children with disabilities or special educational needs; those from ethnic minority and migrant groups; from the Traveller community; lesbian, gay, bisexual or transgender (LGBT) children and those perceived to be LGBT; and children of minority religious faiths.

There can be an increased vulnerability to bullying among children with special educational needs. This is particularly so among those who do not understand social cues and/or have difficulty communicating. Some children with complex needs may lack understanding of social situations and therefore trust everyone implicitly. Such children may be more vulnerable because they do not have the same social skills or capacity as others to recognise and defend themselves against bullying behaviour.

Bullying in schools is a particular problem due to the fact that children spend a significant portion of their time there and are in large social groups. In the first instance, the school authorities are responsible for dealing with such bullying. School management boards must have a code of behaviour and an anti-bullying policy in place. If you are a staff member of a school, you should also be aware of your school's anti-bullying policy and of the relevant guidelines on how it is handled.

In cases of serious instances of bullying where the behaviour is regarded as possibly abusive, you may need to make a referral to Tusla and/or An Garda Síochána.

3.7 Recognition of Child Abuse

Children First suggests that identifying child abuse can be difficult and may present in many different forms. In order to support staff and volunteers a list of indicators of child abuse is contained in Appendix B. No one indicator should be seen in itself as conclusive in itself of abuse. It may indicate conditions other than child abuse. All signs and symptoms must be examined in the context of the child's situation and family circumstances.

Guidelines for Recognition

The ability to recognise child abuse can depend as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. There are commonly three stages in the identification of child neglect or abuse:

(i) considering the possibility;
(ii) looking out for signs of neglect or abuse;
(iii) recording of information.

Stage 1: Considering the possibility

The possibility of child abuse should be considered if a child appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioural problems. The possibility of child abuse should also be considered if the child displays unusual or fearful responses to parents/carers or older children. A pattern of ongoing neglect should also be considered even when there are short periods of improvement.

Stage 2: Looking out for signs of neglect or abuse

Signs of neglect or abuse can be physical, behavioural or developmental. They can exist in the relationships between children and parents/carers or between children and other family

members/other persons. A cluster or pattern of signs is more likely to be indicative of neglect or abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should always be taken very seriously and should be acted upon, for example, by informing the HSE Children and Family Services. The child should not be interviewed in detail about the alleged abuse without first consulting with the HSE Children and Family Services. This may be more appropriately carried out by a social worker or An Garda Síochána. Less obvious signs could be gently explored with the child, without direct questioning. Play situations, such as drawing or story-telling, may reveal information.

Some signs are more indicative of abuse than others. These include:

(i) Disclosure of abuse by a child or young person;
(ii) Age-inappropriate or abnormal sexual play or knowledge;
(iii) Specific injuries or patterns of injuries;
(iv) Absconding from home or a care situation;
(v) Attempted suicide; 10 Children First: National Guidance for the Protection and Welfare of Children Chapter 2: Definition and Recognition of Child Abuse
(vi) Underage pregnancy or sexually transmitted disease;
(vii) Signs in one or more categories at the same time. For example, signs of developmental delay, physical injury and behavioural signs may together indicate a pattern of abuse.

Many signs of abuse are non-specific and must be considered in the child's social and family context. It is important to be open to alternative explanations for physical or behavioural signs of abuse.

Stage 3: Recording of information

If neglect or abuse is suspected and acted upon, for example, by informing the HSE Children and Family Services, it is important to establish the grounds for concern by obtaining as much information as possible. Observations should be accurately recorded and should include dates, times, names, locations, context and any other information that may be relevant. Care should be taken as to how such information is stored and to whom it is made available.

Taken from Children First: National Guidance for the Protection and Welfare of Children, Department of Children and Youth Affairs, 2011

4 Staff Recruitment and Garda Vetting

Exchange House Ireland is committed to ensuring that all staff and volunteers are recruited through a strict recruitment and vetting process in order to support the safety and welfare of children and young people accessing the service.

We are committed to being an equal opportunities employer and encourage applications from all sections of the community. Information from applicants with criminal convictions is sought in the application stage and this information will only be deemed relevant if the offence is identified as being a risk to the safety and welfare of children, young people, clients, staff and volunteers.

Staff and volunteers will be recruited in-line with the Exchange House Ireland Recruitment Policy and shall include written applications, face-to-face interviews, written references, and Garda vetting. New employees will be asked to provide official documentation to prove their identity,

such as a passport or driving license, and all education and training certificates as necessary. Staff will receive additional training as needed.

4.1 Garda Vetting

All staff and volunteers will undertake Garda vetting, conducted by Garda Central Vetting Unit, and organised in-house by the organisation. This is part of a safe recruitment process in order to protect children and young people who access the services in Exchange House Ireland.

Please see Exchange House Ireland Garda Vetting Policy for further information.

5 Training of Staff and Volunteers

Training aims to provide staff and volunteers with clear and accurate information on effective child protection, best practice, recognising abuse, and responding to concerns appropriately. According to Children First, one of the core issues identified in child abuse enquiries is the breakdown in communication between disciplines and agencies.

All staff and volunteers working within the organisation must have the appropriate skills, knowledge, and training in order to provide children and young people with effective child protection. They must ensure that they have read and understood the Child Protection Policy, can access and complete the standard reporting form, and must communicate the concern and their response with the Designated Liaison Officer within an appropriate timeframe.

5.1 Objectives of Child Protection Training (Children First)

(i) To ensure that personnel are equipped with appropriate skills, knowledge and values to deliver an effective service to children;
(ii) To ensure that personnel are aware of relevant legislation, national guidelines and local child protection procedures and protocols;
(iii) To translate learning into a better service for children and families in collaboration with other service providers;
(iv) To strengthen relationships through interagency training.

5.2 Levels of Training

All staff and volunteers within the organisation must undertake *basic level training* in child protection. This training should provide them with knowledge of relevant childcare legislation, national and local agency policies, procedures, and protocols and skills in the use of these. Discussion between staff and volunteers is strongly encouraged in order to share knowledge, experiences and perspectives for continued reflective and best practice.

Advanced level training should provide staff with knowledge, skills and critical perspectives in specific areas of policy and practice, for example risk assessment and working in partnership with parents/carers. This training should be appropriate to person's professional role and level within their team and the organisation. Staff who plan activities and core service provision, who supervise other staff and volunteers, and who will take responsibility when there is no manager present must undertake this level of training.

Child protection training for Managers is required by all service managers who manage staff, volunteers and support children, young people, and families as part of their work. This is to ensure the highest standard of support is in place at all times and across all services. (If a manager is

undertaking the Designated Liaison Person training they may be exempt from this due to a crossover of information and materials). The training should include an overview of child protection activity and interventions, the statutory responsibilities delegated within the HSE, the management functions of Children First and the information requirements of the manager in order to monitor and support good quality practice within the area. This training should assist with decisions relating to planning, resourcing, staffing, and budgeting and management oversight.

5.3 Formal Reporting required from all Staff

Administration staff, receptionists, and other staff working (including maintenance) within EHI that may come into contact with a client, child, or young person wishing to report an incident, or having suspected or witnessed an incident must make a formal report to their line manager and together with their line manager report the issue to the Designated Liaison Person. The Designated Liaison Person must ensure the incident has been responded to and reported externally as appropriate.

All front-line staff in each service, having undertaken the basic child protection training, must take action, respond and report incidents of suspected child abuse, neglect or harmful behaviour. They have a responsibility respond appropriately in-line with their training, complete a standard report form, discuss the issue with their line-manager, and communicate with the Designated Liaison Person. If support is needed in dealing with the issue and for any reason feel they cannot report it to their own line-manager they should seek support from a social worker and/or another line-manager within the organisation. If the issue needs external support they should contact the Duty Social Work Service (see Appendix C) in the local area and/or contact TUSLA the Child and Family Agency.

5.4 Re-Training and Garda Vetting

The needs of children and the subsequent training required is constantly changing and evolving. All staff within the organisation must refresh their training every three years to ensure they are up to-date with the latest legislation, policy, interagency protocols, and reporting. This applies to basic child protection, advanced level training and child protection training for managers. It is the responsibility of the Chief Executive Officer to ensure this is implemented accordingly.

All staff must also submit their details for Garda Vetting every three years as this check only allows for the Central Vetting Unit to check their convictions at the time of vetting and not thereafter. Each service manager and the Chief Executive Officer must ensure this is conducted within the specified timeframe.

6 Reporting Procedures

6.1 Responsibility to Report Child Abuse or Neglect

Every staff member must be alert to the possibility that children they're working or in contact with may be suffering child abuse or neglect. They have a responsibility to be observant of possible signs of abuse or neglect and to report it, following the guidelines outlined below. This responsibility is particularly relevant for front-line staff within Exchange House Ireland.

6.2 Early Reporting and Protection for Staff

Early reporting and intervention in child abuse cases may reduce the risk of serious harm occurring to the child in future (Barnardos, 2011). If you feel unsure about a possible case of abuse or neglect, discuss it with the Designated Liaison Person or a social worker first. Staff members are

protected under the Persons Reporting Child Abuse Act, 1998. This provides immunity from civil liability to people that report child abuse 'reasonably and in good faith' to designated officers of the HSE or any member of An Garda Síochana. This means that, even if a reported suspicion of child abuse proves unfounded, a plaintiff who took an action would have to prove that the reporter had not acted reasonably and in good faith of the report. This protection applies to both the staff within the organisation and the organisation itself.

6.3 Normalisation of Abuse

There may be the risk of certain behaviours seeming normal because they have been happening for a long period of time. This does not mean they're right and if you are concerned that a child is being neglected or abused you must take action and raise your concerns with a social worker or the Designated Liaison Officer.

6.4 Reckless Endangerment of Children

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 (of no upper limit) and/or imprisonment for a term not exceeding 10 years.

6.5 Reasonable Grounds for Concern

Barnardos (2011) provides a list of examples that would constitute reasonable grounds for concern:

1. A specific indication from a child that they were abused.
2. A statement from a person who witnessed abuse.
3. An illness, injury or behaviour consistent with abuse.
4. A symptom which may not be in itself totally consistent with abuse, but which is supported by corroborative evidence of deliberate harm or negligence.
5. Consistent signs of neglect over a period of time.

6.6 Reporting Procedure

If a staff member has a concern about child abuse or neglect, they should act on it immediately. A first step, if unsure about the seriousness of the concern, is to speak with the Designated Liaison Person or a social worker. If it is felt that you cannot speak with internal staff members you can contact a social worker from one of the Dublin HSE Offices (numbers in Appendix C).

A report should then be made to the HSE in writing. It is duty of staff to ensure a report is made and that all information submitted is clear and accurate. It is more helpful for the HSE if the staff member concerned writes the report, as the person who witnessed or suspected the abuse. If you need support with the form, please ask a social worker or the Designated Liaison officer.

In the event of an emergency a report may be made to An Garda Síochána at any Garda Station.

The report submitted must be using the 'standard report form' provided by the HSE. This can be found in Appendix A. In order to deal with the matter quickly and effectively, please provide as much of the following information as possible:

- Names and addresses of the child, parents/carers and any other children in the family
- Name and address of the person alleged to be causing harm to the child
- A full objective account of the current facts leading to the concern about the child's safety or welfare
- The source of any information which is being discussed with the HSE • Dates of any incidents being reported
- Circumstances in which the incident or concern arose
- Any explanation offered to account for the risk, injury or concern
- The child's own statement if relevant
- Any other information about the family, particularly any difficulties which they may be experiencing
- Any factors relating to the family which could be considered supportive or protective, e.g. helpful family members, neighbours or services
- Name of child's school
- Name of child's general practitioner
- Reporter's own involvement with child and parents/carers
- Details of any action already taken in relation to the child's safety and welfare
- Names and addresses of any agency or key person involved with the family 21
- Identity of person reporting, including name, address, telephone number, occupation and relationship with the family In cases of emergency, where a child appears to be at immediate and serious risk, and a duty social worker is unavailable, An Garda Síochána should be contacted.

Note: Under no circumstances should a child be left in a dangerous situation

6.7 Retrospective Disclosures by Adults

As an organisation that works with vulnerable adults and families in crisis we must be alert to adult disclosures. Adult disclosures may be in the form of an adult disclosing an abuse that happened during their childhood or an incident that has recently happened to a vulnerable adult who needs support.

It is essential to establish if there is a current risk to any child who may be in contact with the alleged abuser revealed in such disclosures and to act on this immediately, if it is the case.

Vulnerable adults must be listened to and protected. Staff should discuss any concerns with social workers and make a formal report to the HSE if needed.

For more information on the protection of vulnerable adults, please see (SECTION) and the current policy:

Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures: frequently asked questions (2014)

7 Designated Liaison Person

Every public and private organisation that works with children and young people must have a designated liaison person. The role of this person is to:

- Ensure, with the support of management, that all staff and volunteers have been Garda Vetted and must be re-vetted on a three year rolling basis.
- Ensure, with the support of management, all staff and volunteers have undertaken a minimum of basic level child protection training (see section five for more information)
- Keep records of all training and vetting within the organisation
- Provide information and advice on child protection within the organisation
- Act as a co-ordinator for referrals and reporting of suspected incidents for all staff, with support of the Deputy Designated Liaison Person
- Keep records of referrals and reported cases in a secure and confidential manner
- Give advice and support on individual cases as needed
- Inform the Chief Executive Officer and the Family Support and Crisis Intervention Service Manager of any reported incidents of suspected child abuse
- Stay informed and up to-date with child protection legislation and policy on a National and European level
- Ensure that child protection practices are considered and undertaken with any service and organisational level changes and activities

Exchange House Ireland has both a Designated Liaison Person and a Deputy Designated Liaison Person in order to support the children, young people and vulnerable adults engaged with our services.

The role of the Deputy Designated Liaison Person is to support the execution of all activities outlined above.

8 Dealing with Allegations against Staff and Volunteers

If an allegation is made against a member of staff or a volunteer Exchange House Ireland has a dual responsibility.
Two separate procedures must be followed:

- The reporting procedure in respect of the child
- The procedure for dealing with the member of staff or volunteer

The Chief Executive Officer, with support from the Designated Liaison Person, must ensure that the staff or volunteer in question has no further contact with the child, young person or vulnerable adult until the matter has been dealt with and is concluded appropriately.

As the staff member of volunteer may be subject of false allegations the case must be treated sensitively and support for the accused should be provided.

It may be difficult for staff to accept that one of their colleagues, who may also be a friend or family member, has harmed a child. Strict adherence to protocol must be taken and agreed with by staff and management involved. The Chief Executive Officer and Designated Liaison Person may contact Tusla and/or An Garda Síochána, if deemed necessary to ensure appropriate and transparent measures are taken.

9 Record Keeping

Taken from Children First: National Guidance for the Protection and Welfare of Children

Record-keeping is of critical importance in this area of work. Unless accurate records are maintained, the ability to adequately protect vulnerable children may be severely curtailed. It is essential that professionals keep contemporaneous records of all reported concerns in a safe place. These should include details of contacts, consultations and any actions taken.

Case notes must be kept for the following reasons:

- to record details of referral, investigation and assessments of child care concerns;
- to record essential details concerning the child and his or her parents/carers;
- to record the nature and level of services offered, as well as those that are required;
- to establish a record that may be accessed by a number of professionals and agencies where this arises in the assessment of the child care concern;
- to record and review developments in a case;
- to provide a tool for use in the supervision of professional work;
- to establish a measure of accountability between practitioners and their line managers;
- to facilitate case transfers or the transfer of information between key professionals from different areas in line with the *Children First: National Guidance*.

Comprehensive, standardised case notes, consistent with *Children First* principles, must be kept in accordance with best practice and in a manner to be prescribed by the HSE. The management of child protection records within the HSE is to be strengthened through the development of a National Child Care Information System.

The management of records held by the HSE social worker or other designated key worker should be standardised throughout the HSE. Each child should have an individual file containing the following:

- a summary sheet containing family details;
- a record of all enquiries made about the case and the response obtained;
- a record of all contacts between the worker and the child and his or her parents/carers;
- a record of all contacts between the worker and other professionals, including working arrangements and agreements;
- a summary, to be updated regularly, on recent events and their significance;

A report of all Court proceedings, child protection conferences, reviews and any other meetings, as well as any other relevant documentation in the worker's possession; details of assessment and outcomes;

- a record of any decisions made;
- a copy of any child protection plans;
- a copy of all correspondence about the case.

Records should be factual, accurate and legible; should be dated and signed after each entry; and should be recorded on the day that the action took place or, at the latest, the following day. If an assessment or evaluation is made, an explanation for its basis must be offered.

Records should be signed off by the line manager.

Records should be accessible at all times during a key worker's absence from the office, but must be stored in a secure manner that ensures they are only available on a strictly 'need to know' basis. It is the responsibility of line managers to ensure that files are kept up to date and good recording practices are maintained.

10 Guidelines on Confidentiality

It is essential that all information, referrals and reports of suspected abuse are treated with utmost confidentiality in order to protect and safeguard children and families involved. This is key in supporting children, young people and their families for any subsequent legal proceedings that may follow.

- The matter should never be discussed with other people inside or outside of the organisation, including staff, friends or family members, if they are not directly involved.
- In the case of a child protection concern, no member of staff or volunteer should promise a person disclosing information that the information will be kept secret. As they are charged with reporting any suspicions or abuse or situations where a child is deemed to be unsafe.
- In line with Children First: National Guidance for the Protection and Welfare of Children;
- Regard must be taken of the Freedom of Information Acts 1997 and 2003 when considering a request for confidentiality (*see Appendix 7*). At present, these Acts apply to the HSE, but not to An Garda Síochána.
- HSE records containing references to communications with An Garda Síochána, including records of meetings where Gardaí are in attendance, will be considered 'third party' records and, as such, will be referred to the Garda Commissioner when any request for information release under the Freedom of Information Acts is being considered.
- Similar considerations will apply to requests received under the provisions of the Data Protection Acts 1988 and 2003

11 Checklist for Service Managers:

Each Service Manager has an obligation to ensure compliance and adoption of child protection practices in their service and with their staff. This checklist should be reviewed regularly and approved by the Chief Executive Officer and the Designated Liaison Person.

Support and information will be provided by the Designated Liaison Person as needed.

Service Manager Checklist:	
All staff have been Garda Vetted and hired in-line with recruitment policy	
All staff have had the minimum child protection training	
The manager has read through and discussed the Child Protection Policy and the Code of Behaviour with all staff and volunteers	
Individual staff and volunteers have signed the Child Protection Policy and the Code of Behaviour.	
Staff and volunteers know who the Designated Liaison Person and Deputy Designated Liaison Persons are	
Staff and volunteers know where to access and are able to adequately complete a 'standard reporting form'	
Manager, staff and volunteers have signed a copy of the Exchange House Ireland confidentiality policy and agreement	
Manager, staff and volunteers are compliant with the Irish policy; Children First: National Guidance for the Protection and Welfare of Children	

Appendix: A

Standard Reporting Form

FORM NUMBER: CC01:01:00

STANDARD REPORT FORM

(For reporting CP&W Concerns to HSE)

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

A. To Principal Social Worker/Designate: _____

1. Date of Report

2. Details of Child

Name:		Male ☐		Female ☐	
Address:		DOB		Age	
		School			
Alias		Correspondence address (if different)			

3. Details of Persons Reporting Concern(s)

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

4. Parents Aware of Report

	Yes	No
Are the child's parents/carers aware that this concern is being reported to the HSE?	☐	☐

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.)

STANDARD REPORT FORM

(For reporting CP&W Concerns to HSE)

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

6. Relationships

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

7. Household composition

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

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

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

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

Relationship to child:		Age		Male	☐	Female	☐
Name:		Occupation:					
Address:							

10. Details of person completing form

Name:		Occupation:	
Signed		Date:	

Guidance Notes on using the Standard Report Form
Taken from Children First Act:

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

This Report Form is for use by:

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

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

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

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

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

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

Appendix: B

Signs and Symptoms of Child Abuse
Taken from the Children First Act:

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'.

B.1 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.

B.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.

B.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.

B.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 diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

Non-accidental
Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth.

Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing).

Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired. Other injuries may feature – ruptured eardrum/fractured skull.

Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle-feeding.

Bone injuries
Children regularly have accidents that result in fractures. However, children's bones are more flexible than those of adults and the children themselves are lighter, so a fracture, particularly of the skull, usually signifies that considerable force has been applied.

Non-accidental
A fracture of any sort should be regarded as suspicious in a child less than 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child under 3 years. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

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

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

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

Non-accidental

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

Poisoning

Children may commonly take medicines or chemicals that are dangerous and potentially life-threatening. Aspects of care and safety within the home need to be considered with each event.
Appendix 1: Signs and symptoms of child abuse

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 prescribed medication or poisons in the blood or urine.

B.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 C

HSE Duty Social Work Contact Numbers & Garda Contact Numbers for Dublin

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

HSE Area	Address	Telephone No.
DUBLIN NORTH	Health Centre, Cromcastle, Coolock, Dublin 5	(01) 816 4200 (01) 816 4244
DUBLIN NORTH CENTRAL	Social Work Office, 22 Mountjoy Square, Dublin 1 Social Work Office, Ballymun Health Centre, Dublin 11	(01) 877 2300 (01) 846 7236
DUBLIN NORTH WEST	Health Centre, Wellmount Park, Finglas, Dublin 11 Social Work Department, Rathdown Road, Dublin 7	(01) 856 7704 (01) 882 5000
DUBLIN SOUTH EAST	Social Work Department, Vergemount Hall, Clonskeagh, Dublin 6	(01) 268 0320 (01) 2680333
DUBLIN SOUTH CITY	Duty Social Work Carnegie Centre, 21-25 Lord Edward Street, Dublin 2 Public Health Nursing, 21-25 Lord Edward Street, Dublin 2 Family Support Service, 78B Church House, Donore Avenue, Dublin 8	(01) 648 6555 (01) 648 6730 (01) 416 4441
DUBLIN SOUTH WEST	Milbrook Lawn, Tallaght, Dublin 24	(01) 452 0666 (01) 427 5000
DUBLIN WEST	Social Work Department, Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10	(01) 620 6387
DUBLIN SOUTH	Social Work Department, Our Lady's Clinic, Patrick Street, Dun Laoghaire, Co. Dublin	(01) 663 7300

Appendix D

Sample Garda Vetting Form

-Taken from www.iaba.ie

(Front page)

An Garda Síochána Use Only
Reference No.:

An Garda Síochána

GARDA VETTING APPLICATION FORM

NOTE TO APPLICANT

- *The Application Form must be completed in full using BLOCK CAPITALS (Please state N/A if details are not applicable)*
- *Writing must be clear and legible*
- *Return the completed form to Mr Larry Morrison, Irish Amateur Boxing Association, National Stadium, South Circular Road, Dublin 8.*
- *Do not send this form to The Garda Central Vetting Unit or to any Garda Station*

To be completed by the Applicant

SURNAME: DOE	PREVIOUS NAME (if any): N/A
FORENAME: JOHN	ALIAS: N/A
DATE OF BIRTH: (dd/mm/yy) 03/03/90	PLACE/CITY OF ORIGIN: DUBLIN
HAVE YOU EVER CHANGED YOUR NAME? Yes [ ] No [x]	
IF YES PLEASE STATE FORMER NAME: N/A	
CONTACT NUMBER: 086-000000	
CLUB INVOLVED WITH: WILDCARD B.C DUBLIN	

Please state all addresses from year of birth to present date

House No.	Street	Town	County	Post Code	Country	Year From	Year To
03	JOHN MCNALLY WOODS	BOXTOWN	DUBLIN	N/A	IRELAND	1990	2000
25	KENNY EGAN AVENUE	BOXTOWN	DUBLIN	N/A	IRELAND	2000	2005
13	JOHNNY CALDWELL CLOSE	BOXTOWN	DUBLIN	N/A	IRELAND	2005	2009
89	KATIE TAYLOR TERRACE	BOXTOWN	DUBLIN	N/A	IRELAND	2009	2011
33	JOE WARD WAY	BOXTOWN	DUBLIN	N/A	IRELAND	2011	2015

(Back page)

Please Continue Overleaf

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?

No [X] **Yes** [ ] **Please provide details**

DATE	COURT	OFFENCE	COURT OUTCOME

DECLARATION OF APPLICANT

I, the undersigned, who have applied for a position as a *_____COACH_____ hereby authorise An Garda Siochána to furnish to *Irish Amateur Boxing Association* a statement that there are no convictions against me in the Republic of Ireland or elsewhere, or a statement of convictions and / or prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be, subject to the administrative filter implemented by the Minister for Justice and Equality on 31st March 2014.

Signature of Applicant: __John Doe_____ **Date:** __13/09/15_____

( )

* this field is mandatory

To be completed by *Irish Amateur Boxing Association*

Line Manager/Contact Person: _____ **Location:** _____
PLEASE PRINT ALSO ( )

Authorized Signatory: _____ *(Irish Amateur Boxing Association)*
PLEASE PRINT ALSO ( )

Authorized Signatory Registration Number: _____ **Date:** _____

To be completed by the Garda Central Vetting Unit

Checks were carried out by this office in accordance with current Garda Vetting policy and based on the information supplied in this application form. The results are as indicated below:

No convictions [ ]

Convictions [ ]

Prosecutions are pending [ ]

Appendix E

Relevant Legislation

E.1 Children Act 2001

The Children Act 2001 replaced provisions of the Children Act 1908 and associated legislation with a modern comprehensive statute.

The 2001 Act covers three main areas of the law. Firstly, and predominantly, it provides a framework for the development of the juvenile justice system. Secondly, it re-enacts and updates provisions in the 1908 Act protecting children against persons who have the custody, charge or care of them. Thirdly, it provides for family welfare conferences and other new provisions for dealing with children where there is a real and substantial risk to their life, health, safety, welfare and development.

E.2 Child Care Act 1991

The purpose of the Child Care Act 1991 is to 'update the law in relation to the care of children who have been assaulted, ill-treated, neglected or sexually abused, or who are at risk'. The main provisions of the Act are:

(i) the placing of a statutory duty on the HSE to promote the welfare of children who are not receiving adequate care and protection up to the age of 18;
(ii) the strengthening of the powers of the HSE to provide child care and family support services;
(iii) the improvement of the procedures to facilitate immediate intervention by the HSE and An Garda Síochána where children are in danger;
(iv) the revision of provisions to enable the Courts to place children who have been assaulted, ill-treated, neglected or sexually abused, or who are at risk, in the care of or under the supervision of the HSE;
(v) the introduction of arrangements for the supervision and inspection of pre-school services;
(vi) the revision of provisions in relation to the registration and inspection of residential centres for children.

E.3 Criminal Justice Act 2006

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.

E.4 Domestic Violence Act 1996

The Domestic Violence Act 1996 introduced major changes in the legal remedies for domestic violence. There are two main types of remedies available:

(i) Safety Order: This Order prohibits a person from further violence or threats of violence. It does not oblige that person to leave the family home. If the parties live

apart, the Order prohibits the violent person from watching or being in the vicinity of the home.

(ii) Barring Order: This Order requires the violent person to leave the family home.

The legislation gives the HSE the power to intervene to protect individuals and their children from violence. Section 6 of the Act empowers the HSE to apply for Orders for which a person could apply on his or her own behalf but is deterred from doing so through fear or trauma. The consent of the victim is not a prerequisite for such an application, although he or she must be consulted. Under

Section 7 of the Act, the Court may, where it considers it appropriate, adjourn proceedings and direct the HSE to undertake an investigation of the dependent person's circumstances with a view to:

(i) applying for a Care Order or a Supervision Order under the Child Care Act 1991;
(ii) providing services or assistance for the dependent person's family; or
(iii) taking any other action in respect of the dependent person.

E.5 Protections for Persons Reporting Child Abuse Act 1998

This Act came into operation on 23 January 1999. The main provisions of the Act are:

(i) the provision of immunity from civil liability to any person who reports child abuse 'reasonably and in good faith' to designated officers of the HSE or to any member of An Garda Síochána;
(ii) the provision of significant protections for employees who report child abuse. These protections cover all employees and all forms of discrimination up to, and including, dismissal;
(iii) the creation of a new offence of false reporting of child abuse, where a person makes a report of child abuse to the appropriate authorities 'knowing that statement to be false'. This is a new criminal offence, designed to protect innocent persons from malicious reports.

A wide range of nursing, medical, paramedical and other staff has been appointed as designated officers for the purposes of this Act (*see Appendix 10 of the Children First: National Guidance*). Section 6 of the Act is a saving provision, which specifies that the statutory immunity provided under the Act for persons reporting child abuse is additional to any defences already available under any other enactment or rule of law in force immediately before the passing of the Act.

E.6 Data Protection Acts 1988 and 2003

The Data Protection Act 1988 applies to the processing of personal data. It gives a right to every individual, irrespective of nationality or residence, to establish the existence of personal data, to have access to any such data relating to him or her, and to have inaccurate data rectified or erased. It requires data controllers to make sure that the data they keep are collected fairly, are accurate and up-to-date, are kept for lawful purposes and are not used or disclosed in any manner incompatible with those purposes. It also requires both data controllers and data processors to protect the data they keep, and imposes on them a special duty of care in relation to the individuals about whom they keep such data.

E.7 Education Act 1998

The Education Act 1998 places an obligation on those concerned with its implementation to give practical effect to the constitutional rights of children as they relate to education and, as far as practicable and having regard to the resources available, to make available to pupils a level and quality of education appropriate to meeting their individual needs and abilities.

E.8 Education (Welfare) Act 2000

The Education (Welfare) Act 2000, which was fully commenced in July 2002, replaced previous school attendance legislation and provided for the creation of a single national agency, the National Educational Welfare Board (NEWB), which has statutory responsibility to ensure that every child either attends school or otherwise receives an education or participates in training. The NEWB also assists in the formulation and implementation of Government education policy.

E.9 Non-Fatal Offences against the Person Act 1997

The two relevant provisions of this Act are:

(i) it abolishes the rule of law under which teachers were immune from criminal liability in respect of physical chastisement of pupils;
(ii) it describes circumstances in which the use of reasonable force may be justifiable.

E.10 Freedom of Information Acts 1997 and 2003

The Freedom of Information Acts 1997 and 2003 enable members of the public to obtain access, to the greatest extent possible consistent with the public interest and the right to privacy, to information in the possession of public bodies. The specific provisions of the Acts include:

(i) to provide for a right of access to records held by such public bodies, for necessary exceptions to that right and for assistance to persons to enable them to exercise it;
(ii) to enable persons to have corrected any personal information relating to them in the possession of such bodies;
(iii) to provide for independent review by an Information Commissioner both of decisions of such bodies relating to that right and of the operation of the Acts generally;
(iv) to provide for the publication by public bodies of guides to their functions and national guidelines, such as these, for the public.
(v) Under the Acts, a person about whom a public body holds personal information has:
(vi) right of access to this information, subject to certain conditions;
(vii) the right to correct this information if it is inaccurate.

Where a public body makes a decision that affects an individual, that individual has a right to relevant reasons and findings on the part of the body reaching that decision.

The Acts are also designed to protect the privacy of individuals and, in general, require the prior consent of an individual before releasing personal information about them. Where the release of social work or medical records contains information that would be harmful to a person's well-being, the release may be made to a health professional who acts on the person's behalf. Under the Acts, there are regulations and guidelines relating to access by parents to their children's records; these emphasize that the overriding concern is the best interests of the child.

The exemptions and exclusions that are relevant to child protection include the following:

(i) protecting records covered by legal professional privilege;
(ii) protecting records that would facilitate the commission of a crime;

(iii) protecting records that would reveal a confidential source of information.