Safeguarding Policy

for

The Protection and Welfare of

Young People and Children

in

ATD Fourth World Ireland Ltd (LbG)

Based on: *Children First: National Guidance for the Protection and Welfare of Children, 2011,* Department of Children and Youth Affairs

***Document revised by the board in** October 2016 and adopted at the board meeting on the Monday 24th October 2016. The current **"Designated person"** to report to is: **Mark Hogan**, current board member*

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Chapter 1: Introduction

1.1. Background

All Together in Dignity – ATD Fourth World is a movement of solidarity among and in collaboration with the most excluded families around the world. Founded in 1957 by Joseph Wresinski, All Together in Dignity is a human rights organisation that works through grassroots projects to bring together women and men from all cultures and social classes. Active in 34 countries, it is an international non-governmental organization with no religious or political affiliation.

All Together in Dignity (ATD) Ireland was founded in 2001 and is part of the international movement ATD Fourth World**.** It is a company limited by guarantee not having a share capital, registered in Dublin. (Registered Number 475746; Charity Number CHY 18678; Registered Office, 26 Mountjoy Square East, Dublin 1, D01 K2F6).

The ethos promoted by ATD Ireland is one in which young people and children can feel confident that, not only will they have the opportunity to realise their potential as individuals, but they will also feel protected and secure during their time with ATD Ireland.

There is a clear moral and legal responsibility on the part of all permanent and part-time volunteers working with ATD Ireland to ensure that every young person and child participating in the various activities of the organisation has a fundamental right to a safe environment in which he/she is protected, free from any form of harm, abuse or neglect.

1.2. Purpose of the Safeguarding Policy

ATD Ireland Safeguarding Policy on Child Protection and Welfare is based on *Children First: National Guidance for the Protection and Welfare of Children, 2011.* It is designed as an aid to permanent and part-time volunteers in identifying and responding to child abuse while keeping the best interests of the young person/ child a priority at all times.

The Safeguarding Policy aims to ensure that no young person/child, or a volunteer to whom a discloser of abuse has been made, is left alone to address the problem.

The Safeguarding Policy also recognises that an effective response to a suspected or alleged incident of abuse is dependent on a partnership approach involving:

- the young person or child who is the victim of the abuse;
- his/her family or carers;
- the relevant statutory authorities with legal responsibility for child protection, i.e. Tusla, Child and Family Agency and An Garda Síochána.

It is important to remember that, while the Safeguarding Policy provides necessary advice on important aspects of child protection and welfare, it does not, and cannot, aim to cover every eventuality and circumstance that may occur in any given incident of suspected abuse. Therefore, in some cases the best judgement and experience of volunteers will also be relied on. **However, at no time should an individual volunteer attempt to handle a disclosure of abuse on his/her own without consulting the Designated Person responsible in the organisation.**

Summary of the Safeguarding Policy.

The policy is presented herein as follows:

Chapter 2

- A statement of the rights of the young and child as expressed in international charters and in the Irish national context.
- A set of First Principles for best practice in child protection.

Chapter 3

- A definition of the four key forms of recognised child abuse, namely neglect, physical abuse, emotional abuse and sexual abuse.

Chapter 4

- The problem of recognising child abuse and how to identify signs of abuse.

Chapter 5

- Handling and reporting disclosures and suspected incidents of abuse.
- Specific procedures to be followed i.e. what information to gather, who to report to, when to report, how to store and retain information, third party reporting, and how to deal with a retrospective disclosure by an adult.

Chapter 6

- The role of the Designated Person.

Chapter 7

- Protocols to be followed in dealing with confidentiality and sharing information.

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- A Code of Behaviour for permanent and part-time volunteers of ATD Ireland to be followed in their work practices with young people and children.

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- Young people and children who are especially vulnerable, e.g. those who are homeless, in the care of the State, or who have disabilities.

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- Policy and procedures governing allegations of child abuse against a volunteer working for ATD Ireland.

Chapter 11

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Chapter 12

- Supervision, training and support issues for staff and volunteers.

Chapter 2: The Rights of the Young Person and Child

The Safeguarding Policy of ATD Ireland for dealing with suspected child abuse has been influenced by both national and international policy.

2.1 UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child is, in essence, a "bill of rights" for all children. The Convention defines a child as any person under 18 years of age, which includes some of the age group engaging with the activities provided by ATD Ireland.

2.2 The Irish Policy Context of Child Protection

Key milestones in the development of Child Care Policy in Ireland during the period 1991 - 2011 are as follows:

- **The Child Care Act, 1991**, provided the key legislative basis in Ireland for dealing with children in need of care and protection.
- In **1994**, and **1997**, the incoming governments appointed a **minister of state** with special, cross-departmental responsibility for child services in the areas of health, education and justice with the aim of improving co-ordination of child policy and service provision.
- **'Putting Children First – Promoting and Protecting the Rights of Children', 1997** - a number of initiatives to strengthen arrangements for reporting child abuse were announced in this document.
- **Action Plan for the Millennium, 1997,** contained key commitments in the area of child care services including mandatory reporting of child abuse and a review of community care child protection services.
- **The Protection for Persons Reporting Child Abuse Act, 1998**, provided a statutory immunity to persons reporting allegations of child abuse to the Health Service Executive or An Garda Síochána once they did so reasonably and in good faith.
- Child Care (Pre-School Services) (No 2) Regulations 2006 and **Child Care (Pre-school Services) (No 2) (Amendment) Regulations 2006.**
- **Children First: National Guidelines for the Protection and Welfare of Children, 1999**.
- **Our Duty To Care: The principles of good practice for the protection of children and young people, 2002,** which offers specific guidance to the community and voluntary sectors on the promotion of child protection and welfare practices.
- **Children First: National Guidance for the Protection and Welfare of Children, 2011.** (*This supersedes Children First 2002*). This guidance is intended to assist people in identifying and reporting child abuse and neglect, and in dealing effectively with concerns. It emphasises that the needs of children and families must be at the centre of child protection and welfare services, and that the welfare of children is of paramount importance at all times. Draft legislation for *Children First* is expected to be enacted by the Irish Legislature in 2015/16.

Children First and At All Times.

2.3. Our Duty of Care

People involved in organisations working with children and young people have a particular **duty of care** to these children and young people. They need to be alert at all times to the possibility of them being harmed, or at risk of being harmed, in any way. They are also obliged to convey any reasonable concerns or suspicions to the relevant authorities and to be informed of the correct procedure for doing so. Those who accept responsibility for children may be legally responsible for their failure to provide adequate care. Therefore, our duty of care has both moral and legal dimensions.

Developing a Safeguarding Policy in respect of the care and protection of children/ young people involved with ATD Ireland helps protect:

- the children/young people in our care
- ATD Ireland itself.

2.4. Principles for Best Practice in Child Protection

By adopting the principles for good practice outlined on the following page, ATD Ireland ensures that:

- **children** are listened to, given a sense of belonging, and are kept safe.
- **parents / guardians** are supported and encouraged as the persons with the primary responsibility for the welfare of their children.
- **Permanent and part-time volunteers** who work with children and young people are supported and protected.

Principles of Good Practice

1. Promote the general welfare, health and full development of children and young people, and protect them from harm of all kinds. The protection and welfare of children and young people is paramount at all times.

2. Recognise that children and young people have rights as individuals and treat them with dignity and respect. This includes their right to be heard, listened to and to be taken seriously.

3. Taking account of their age and level of understanding, children should be consulted and involved in all matters and decisions which may affect their lives.

4. Raise awareness among children, young people, parents, and volunteers about what children and young people are entitled to be protected from.

5. Parents / guardians / carers have a right to respect and should be consulted in matters which concern their children. Children should not be dealt with in isolation, but rather in the context of their families.

6. Adopt and consistently apply a thorough and clearly defined method of recruiting and selecting permanent and part-time volunteers. This includes adhering to Garda Vetting regulations and the effective management of volunteers.

7. Plan the work of ATD Ireland so as to minimise opportunities for children and young people to suffer harm.

8. Develop effective procedures in responding to accidents, complaints and to alleged or suspected incidents of abuse. Actions taken to protect a child or a young person should not in themselves be abusive or cause the child unnecessary distress.

9. Recognise the importance of compulsory training and clarity of responsibility for personnel working with children and young people.

10. Share information about concerns of alleged or suspected child abuse in an appropriate manner with agencies and parties who need to know, and involve parents and children in the most sensitive way possible.

Chapter 3: Definitions of Child Abuse

➢ Permanent and part-time volunteers of ATD Ireland should be clear about what abuse is and who potentially can abuse.

- This does **NOT** mean that they are responsible for investigating or deciding whether or not abuse has in fact occurred.
- Our main duty is to be alert to behaviour by adults or children that suggest something may be wrong.

3.1. Definitions of Abuse

As volunteers with ATD Ireland, it is important that we understand the different definitions of abuse since they are central to the statutory child protection system. Any action taken by statutory child agencies, such as Tusla, the Child and Family Agency, will be based on these definitions. In their child protection practice, voluntary organisations are also required to adopt these definitions since in the event of any reported incidents of child abuse, they will necessarily interact closely with the statutory agencies.

Four main types of abuse:

1. Neglect
This type of abuse is normally described in terms of an **omission** or a failure to protect, where a child suffers significant harm or impairment of development by being deprived of an essential human need, such as food, clothing, warmth, hygiene, medical care, safety, supervision, intellectual stimulation or affection. **What is pertinent here is not a once-off incident of neglect, but the persistence and severity of the neglect** suffered by the child. The **threshold of significant harm** is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

2. Physical Abuse
Physical abuse of a child is that which results in actual or potential harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. These may be single or repeated incidents. Examples of physical injury may include severe physical punishment, beating, slapping, hitting or kicking, shaking, suffocation, deliberate poisoning, terrorising with violence, observing violence, or allowing or creating a substantial risk of significant harm to a child.

3. Emotional Abuse
All abuse involves some emotional ill-treatment. However, emotional abuse in itself is normally to be found in the **relationship between a caregiver and a child**. This is the critical context in which most incidences of emotional abuse happen. It occurs when a child's need for affection, approval, consistency and security are not met. It is rarely manifested in terms of physical symptoms; however, it is possible that any form of severe stress may have physical symptoms, such as pain, a rash or nausea.

Examples of emotional abuse include:
- persistent criticism, sarcasm, putting down, hostility or blaming;
- the child not being taken seriously, or being continuously rejected;
- all forms of bullying, including cyber bullying;

- intimidation by threats or taunts;
- inconsistent or inappropriate expectations of a child;
- favouritism to others where the child is excluded;
- under or over-protection of a child;
- conditional parenting or care in which the level of care shown to a child is made conditional on his or her behaviour or actions;
- use of unreasonable or overly-harsh disciplinary measures.

4. Sexual Abuse.
This form of abuse refers to actual or likely sexual exploitation of a child for the purpose of personal gratification or sexual arousal. It includes children being forced to either participate in, or to observe, any form of sexual activity. Children and adolescents forced to be involved in sexual activity do not truly understand and, therefore, are unable to give informed consent.

In relation to child sex abuse, it should be noted that:
- For the purposes of the criminal law, the age of consent to sexual intercourse is 17 years.
- Consensual sexual activity between an adult and a child under 17 years is illegal (a felony if the child is under 15 years and a misdemeanour if the child is between 16 and 17 years, unless it can be shown to be a serious crime).
- Sexual intercourse between a 16 year old girl and her 17 year old boyfriend, however, while illegal, might not necessarily be regarded as child sexual abuse, depending on the circumstances involved.
- Downloading child pornography on the internet or through social media generally is also categorised as a crime.

Other forms of common abuse:

Bullying
Bullying can be defined as repeated verbal, psychological or physical aggression conducted by an individual or group such as to cause harm or stress to an individual. There is an increased awareness today of the dangers posed by cyber bullying and its impacts on the victim of this form of bullying.

Peer Abuse
The perpetrator can be a child acting alone or sometimes with other children. In such incidences, the standard child protection procedures should be followed both for the child abused and the alleged child abuser. If there is any conflict of interest between the welfare of the alleged abuser and the victim, the victim's welfare is of paramount importance. One form of peer abuse is bullying, but it could also include sexual exploration and sexually abusive behaviour.

Organised Abuse
Organised abuse occurs when either one person moves into an area or institution and systematically entraps children for abusive purposes (mainly sexual) or when a group of

adults conspire to similarly abuse children, using inducements. Organised abuse can occur in different settings, such as the family, extended family, institution or the community. Features of organised abuse are:

- More than one child, possibly a large number of children, are abused or are vulnerable to abuse.
- It can sometimes involve active or passive collusion of other adults involved in the care of children.

Fatal Child Abuse.

The *Children First: National Guidance* identifies a category of abuse which is called fatal child abuse. This refers to circumstances where a child dies as a result of abuse or neglect. Four important aspects to be considered are: criminal, child protection, bereavement and notification aspects.

In conclusion, in identifying and responding to different forms of child abuse, it is essential that the interests of the child or young person are kept paramount.

Children First And At All Times

Chapter 4: Recognising Child Abuse

While the recognition of child abuse is not usually a straightforward matter, permanent and part-time volunteers of ATD Ireland have a responsibility to be aware and alert to signs that all is not well with a child, or a vulnerable young adult. If a volunteer suspects a child/young person in ATD Ireland is being abused in any way, **s/he should report it to the Designated Person with lead responsibility in ATD Ireland for handling child protection issues.** (For further information on the role of the Designated Person, see Chapter 6).

4.1 Rights of the Child

Remember that children have the following basic rights:

- to be safe
- to protect their own bodies
- to say NO
- to get help against bullying
- to tell
- to be taken seriously and reassured
- not to be forced to keep secrets

As volunteers, we need to be aware that **our role in recognising child abuse is a supportive, not an investigative, role.** It is the job of the statutory authorities, i.e. Tusla, Child and Family Agency and An Garda Síochána to investigate any allegation or suspicion of abuse that may be brought to the notice of a volunteer.

4.2 Indicators of Child Abuse

The following are important factors to be considered when faced with symptoms or signs of child abuse:

- No one single indicator by itself is conclusive of abuse. Any one sign may indicate conditions other than child abuse. A pattern or cluster of signs is likely to be more indicative of abuse.

- Most indicators are non-specific and must be viewed, not in isolation, but rather in the total context of the child / young person's situation and family circumstances. Signs of abuse exist mainly in the relationships between children and parents / carers, between children and other family members and, less frequently, between children and strangers.

- It is important to be always open to alternative explanations.

- **Some indicative signs of abuse**:

- direct disclosure by a child or young person of abuse or neglect;

- age-inappropriate or abnormal sexual knowledge or play;
- specific injuries or patterns of injuries;
- attempted suicide or repeated incidents of self-harming;
- absconding from home or a care situation;
- under-age pregnancy or sexually transmitted disease;
- signs in one or more grouping at the same time; for example, signs of physical injury, developmental delay and behavioural signs may together indicate a pattern of abuse.

➢ You may become aware of abuse if a child or young person discloses it or communicates it in some way. However, in the case of sexual abuse in particular, secrecy imposed by the offending adult may often be part of the abuse pattern, so the child / young person will not readily disclose what is happening.

➢ While all forms of abuse are important, emotional or psychological abuse is often more likely to be prevalent in an organisational setting. Although such abuse can be difficult at times to detect, its importance should not be underestimated.

See Appendix 1 for a range of possible signs and symptoms of abuse, as described in *Children First: National Guidance.*

Chapter 5: Handling and Reporting Disclosures and Suspected Abuse

5.1. Responsibility to Report Child Abuse

➢ Remember that the consequences of failing to report an allegation or suspicion could far outweigh the risk of being wrong and may result in the continued harm, or even fatality, of the child or young person. **We, as volunteers and as an organisation, have a moral and legal responsibility to report any suspected incident of child abuse.**

➢ The *Protection for Persons Reporting Child Abuse Act, 1998* provides immunity from civil liability to persons who report child abuse "reasonably and in good faith" to designated officers of Tusla, Child and Family Agency or to any member of An Garda Síochána.

5.2. Ways of Becoming Aware of Abuse

These could include:

- a child or young person may tell you i.e. **a direct disclosure**;
- someone else may tell you that a child has told them or that they strongly believe a child has been or is being abused i.e. **a third party disclosure**;
- a child or young person may show some signs of physical injury for which there appears to be no satisfactory explanation;
- a child's or young person's behaviour may indicate to you that it is likely that he or she is being abused;
- a consistent indication, over a period of time, that a child or young person is suffering from emotional or physical neglect;
- something in the behaviour of a volunteer or in the way he/she relates to a child or young person alerts you or makes you feel uncomfortable in some way.

(See also 'Indicators of Abuse', Chapter 4.)

The rule-of-thumb as to whether or not a suspected case of abuse needs to be reported is having reasonable grounds, supported by indicators, for the suspicion. The one thing you must not do is NOTHING.

5.3. Procedures for Handling and Reporting a Disclosure or Suspected Abuse

(A). Handling the Disclosure

In the case of a young person or child disclosing abuse, it is important to……..

- Be as **calm** and natural as possible. Remember that you have been approached because you are trusted and/or liked – not because you are an expert counsellor.
- Be aware that disclosure is **very difficult** for the young person involved.
- **Listen** to the young person and take what he/she says seriously. Give the young person **time** to speak about the disclosure **at his/her pace**.
- Remember that initially a young person may be **testing** your reactions and may only fully open up over a period of time.
- **Never stop** a young person who is freely recalling significant events.
- **While some initial clarification may be required as to the nature of the abuse disclosure made by the child or young person, it is important not to adopt a questioning or investigative mode or approach. Do not question the young person directly about intimate details** of the abuse or **seek to interpret** for the young person – this could later complicate the official investigation; avoid leading questions; do not make the young person repeat the story unnecessarily, and **avoid making judgements**.
- **Differentiate** between the person who carried out the abuse and the act of abuse itself. The young person may love, or strongly like, the abuser while also disliking what was done to him/her by the abuser.
- **Do not promise the young person that you will keep secret what has been revealed.** You may tell the young person that there are secrets which are not helpful and which should not be kept because they make matters worse. By refusing to make a commitment to secrecy to the young person, you run the risk that they may not tell you everything or, indeed, anything, there and then, but this is preferable to promising to keep secrets.
- **Offer him / her reassurance** that they have done the right thing in talking to you and tell him / her that you are willing to give help and support. Reassure the child / young person that your feelings towards him / her have not been affected in a negative way as a result of what s/he has disclosed.
- **Explain** to the young person what will happen next and seek their consent, if possible. Tell the young person that you will **keep him / her informed** of anything that you intend to do based on what you have been told.
- Try not to become **over-involved** with the young person, lest you become part of the problem rather than the solution.

(B) Reporting the Disclosure

- **As soon as possible after the disclosure (no later than 24 hours), record the discussion accurately using the *Reporting Form for Allegations or Suspicions of Abuse, ATD Ireland* (see section 5.4. below and Appendix 2).** The Reporting form should be filled out by the volunteer to whom the disclosure was made.

- Your record should be **clear, factual and concise** – this may be important information to professionals investigating the incident and may at some time in the future be used as evidence in court.

- **In recording the disclosure, write the exact words used by the child / young person. Avoid giving personal opinions or interpretations** of the facts presented.

- **Remember to sign and date your report.**

- Once this is done**, you should not subsequently change the contents of the report in any way.**

- In the event of a disclosure or suspected case of abuse**, immediately contact the Designated Person** within ATD Ireland. For effective communication, it is important that all volunteers know who the Designated Person is in ATD Ireland and how to contact him/her. The DP for ATD Ireland is Mr. Mark Hogan who can be contacted at 01-8558191 or 087-6526898.

- Ensure that the Designated Person receives your written report as soon as possible.

- The Designated Person is responsible for making contact with the relevant statutory authority in the event of a reported disclosure of alleged abuse against a child / young person.

- The **parents or primary carers** of a child or young person affected by suspected abuse must be notified as early as possible. It is recommended that this task be left to, or done in conjunction with, the community care social worker, or if this is not possible by the Designated Person.

- **Under no circumstances should any individual volunteer attempt to deal with a disclosure alone.**

- **The primary responsibility of the volunteer involved is to listen to, record and pass on the disclosure or suspected incident of abuse,** and to ensure that their report is subsequently taken seriously. **Under no circumstances should he / she attempt to investigate the incident.**

- In some situations, a volunteer may receive information that persons who are not involved with ATD Ireland, but whom they believe may present a risk, are in contact through other organisations. The matter should be reported by the volunteer to the Designated Person who in turn should seek advice from Tusla, Child and Family Agency as to how this information ought best be communicated.

- **It is very important that everyone in ATD Ireland knows that if they raise a concern which, through the process of investigation, is not subsequently validated,**

they have not in any way been wrong in their initial action. ATD Ireland encourages responsible action and is committed to supporting a volunteer faced with a disclosure by a child / vulnerable adolescent.

5.4. Information Required When a Report is Being Made

➢ The information requested in the *Reporting Form for Allegations or Suspicions of Abuse* (see Appendix 2) is broadly similar to that stipulated in *Children First: National Guidance* and other related child protection guidance.

5.5. Basis for Reporting to Tusla, Child and Family Agency

➢ When ATD Ireland has reasonable grounds for concern that a child or young person may have been abused, or is being abused, or is at risk of abuse, it has a responsibility to inform Tusla, Child and Family Agency. **The Designated Person should communicate with the Tusla Children and Family Duty Social Worker on any case of alleged or suspected child abuse.**

➢ **The organisation should not question the child or the child's parents / carers about the alleged abuse, as this is a role carried out by the Tusla social work service or An Garda Síochána.**

➢ In cases of emergency, where a child or young person appears to be at immediate and serious risk, and a duty social worker is unavailable, An Garda Síochána should be contacted without delay.

➢ **Under no circumstances should a child / young person be left in a dangerous situation pending Tusla / Garda Síochána intervention.**

5.6. Storage and Retention of Information

➢ **Information about an incident or allegation of child abuse should only be shared with those who need to know, or who have a legal right of access to, this information.**

➢ Having clear procedures for storing and retaining information will help to protect ATD Ireland and its young people / children.

5.7. Retrospective Disclosures by Adults

➢ In certain circumstances, an adult may disclose an incident of abuse which occurred when he / she was a child. In these situations, it is very important that consideration is given to the current risk to any child (regardless of whether or not s/he is engaged with ATD Ireland) who may be in contact with the alleged abuser. **This matter should be immediately reported to the Designated Person using the protocol**

outlined in Chapter 5 of this document. The Designated Person will communicate this information to the relevant Tusla social work service or An Garda Síochána.

5.8 Abuse By Visitors

- The possibility of abuse by visitors must at all times be recognised.

- A suspected or alleged incident of abuse by a visitor should be dealt with in the same way as other incidents where abuse has been thought to have occurred.

5.9. Third Party Reports

A third party report is an expression of concern by a person relating to a possible abuse of a child. (This is in contrast to a first party report which is a disclosure by the child directly). In the event of any volunteer of ATD Ireland receiving information from a third party about a suspicion or concerns of abuse / neglect to a child (who may or may not be known to the organisation), this must be recorded by the volunteer in accordance with standard procedure (i.e. *Reporting Form for Allegations or Suspicions of Abuse*) and reported to the Designated Person.

All concerns relating to third party reporting, regardless of any consideration in respect of confidentiality, should be immediately reported by the Designated Person to the local Tusla Duty Social Work, which will make a decision on whether to investigate the concerns.

The third party concerned should be made aware at the time of sharing the concerns of the obligation on the organisation to report the information to Tusla, Child and Family Agency, as well as being encouraged himself / herself to pass on this information to the Agency directly. The organisation should offer the third party support as appropriate throughout this process via the Designated Person.

Tusla Child and Family Agency will respect the wishes of non-professionals reporting concerns in good faith who ask to remain anonymous in as much as possible, but cannot give a guarantee that the information would not be sought and given within judicial proceedings. (The Data Protection Acts offer protection under privacy, but should the information be sought directly within legal proceedings, there is no guarantee.) As part of a possible investigation by the Child and Family Agency, the person who reported the child protection concerns / allegations and the person who communicated the concerns / allegations may be interviewed by the Agency.

Chapter 6: The Role of the Designated Person

The first line of internal reporting of any incident of suspected or actual abuse against a young person or child within ATD Ireland is to the **Designated Person**. The Designated Person is the person, appointed by the Board of management of ATD Ireland, who **carries the lead responsibility for the handling of child protection issues in the organisation**.

After revision of this document and its adoption by ATD's Board of Management at the Board meeting on the Monday 24th October 2016, the Board appointed Mark Hogan, former chair of ATD's board and fully trained in Child protection matters to be the "Designated Person".

6.1. Who is the Designated Person?

The Designated Person should be someone who:

- ✓ occupies a recognised position within ATD Ireland.
- ✓ has a good knowledge of ATD Ireland and, in particular, of the protection and welfare needs of the young people and children who participate in the activities of ATD Ireland.
- ✓ has undertaken training in child protection and issues.
- ✓ has good listening and feedback skills.
- ✓ is easily accessible.
- ✓ is at ease with the subject matter.

6.2. The Role of the Designated Person

In his / her role, the Designated Person is required to operate within the legislation for the handling and reporting of suspected or actual child abuse as determined by the appropriate statutory authorities and as followed by ATD Ireland. Principally, this involves:

- Receiving and considering child protection concerns as initially reported by a permanent or part-time volunteer of ATD Ireland in accordance with the agreed procedures (ref. chapter 5).

- Consulting with, and making formal referrals to Tusla Children and Family Agency or An Garda Síochána on suspicions and allegations of child abuse in accordance with the procedures set out in *Children First: National Guidance for the Protection and Welfare of Children, 2011* (ref. chapters 4 and 5).

- Reporting as soon as possible to the Board of Management of ATD Ireland. Aside from specific reported cases, the Designated Person should prepare a general report for the Board of Management on child protection issues in ATD Ireland every six months.

- Liaising between volunteers, ATD Ireland and the statutory authorities, where this is necessary.

- Advising volunteers and ATD Ireland on individual cases as necessary and advising ATD Ireland on good practice in relation to child protection and welfare.

- Maintaining proper records on all cases reported to him / her in a secure and confidential manner (see chapter 7).

- Facilitating the provision of support to the victim of abuse, the volunteer making a report or, if appropriate, the volunteer against whom an allegation has been made.

- As required, organising / facilitating training on child protection issues for volunteers.

- Keeping up to date with current policy and practice issues in the field of child protection and welfare.

- Building up networks with authorities and other relevant agencies / resource groups.

6.3. What the Designated Person does if reasonable grounds for concern exist

The Designated Person examines the report received by looking at the information that has been provided and asking open-ended, non-leading questions, if necessary, to give further clarity.

A referral by the Designated Person to Tusla, Child and Family Agency may be made in the following circumstances where a reasonable concern has been identified:

- 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 or emotional abuse;

- 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;
- suspicion of fabricated or induced illness;
- where a child under one year is present in a home where domestic violence is a concern.

6.5. <u>If a person, including third parties, reports suspected child abuse, the Designated Person is responsible for</u>

- Establishing, in consultation with the individual who has raised the concern, if reasonable grounds for concern exist.
- Forwarding the information to the Tusla Duty Social Worker if reasonable grounds for concern exist, regardless of whether the source wishes to be identified or not. The source should be made aware that the Designated Person will be reporting the information.
- If the Designated Person is unsure whether the reported information constitutes reasonable grounds for concern, he / she may consult informally with the Tusla Duty Social Worker for advice and guidance.
- Further to consultation with Tusla, where the Designated Person decides not to pass on the concern brought to his / her attention, he / she must inform the person of this in writing and indicate to them that they have the right to report directly to Tusla Children and Family Agency and that the provisions of the *Protection for Persons Reporting Child Abuse Act* would pertain.
- If a report is to be submitted to Tusla Child and Family Agency or to An Garda Síochána, the Designated Person should inform the parents / carers, unless doing so is likely to endanger the child.
- The Designated Person will inform the Board of Management of ATD Ireland when a formal report of a concern of child abuse has been made in accordance with *Children First.* The Designated Person may recommend that a member of the Board of Management attend related meetings in a supporting capacity and where it is appropriate to do so.

6.6. Other DLP-Related Issues

The Designated Person, through the Board of Management, may seek legal guidance from ATD Ireland's legal advisers when deemed necessary in relation to particular child protection issues.

It is recommended that the Designated Person not be directly involved for dealing with any allegation / disclosure concerning a volunteer of ATD Ireland. (See chapter 10 for the recommended procedure in this case).

In the event of the Designated Person receiving reported information on an alleged incident of abuse which concerns another organisation that ATD Ireland has a protocol or working relationship with, the report to this organisation should be made by the Board of Management of ATD Ireland.

The name and contact details of the Designated Person should be displayed publicly in an appropriate place within the organisation. The contact number/s of the Designated Person should be made available to all volunteers of ATD Ireland, so as to facilitate effective communication in incidents of suspected or actual abuse. The Designated Person should have the contact numbers of the relevant Tusla social work office and the local Gardai to facilitate external reporting on suspected abuse cases. This latter information should also be given to responsible persons in ATD Ireland in the event that the Designated Person is not contactable or is unavailable.

Chapter 7: Confidentiality and Exchange of Information

The effective protection of a child / young person participating in the services of ATD Ireland is greatly influenced by the willingness of the volunteers, and ATD Ireland itself, to share and exchange relevant information in an appropriate way.

It is critical, therefore, that there is a clear understanding of the professional and legal responsibilities in regard to confidentiality and exchange of information relating to child protection issues.

7.1 Confidentiality

Key principles which should guide our practice on confidentiality in regard to child protection and abuse issues are:

- **The legal principle that "the welfare of the child or vulnerable adolescent is paramount" means that considerations of confidentiality should not be allowed to override the right of children / young people to be protected from harm**.

- It is important to understand that information regarding a concern of child abuse **should only be shared on "a need to know" basis** in the interests of the child / young person.

- **No undertakings regarding secrecy can be given.** Volunteers working with children and their families should make this clear, while endeavouring to be as supportive as possible.

- **Personal information concerning the family of a child who is the subject of an alleged or suspected incident should be kept confidential** and should only be communicated to appropriate people if this information has a bearing, directly or indirectly, on the incident.

7.2. Exchanging Information

Exchanging information should be based on a partnership approach in which the above principles relating to confidentiality are adhered to by all parties concerned. The following are general guidelines for the exchanging of information on child abuse concerns.

- In sharing significant information, and in any investigation**,** ATD Ireland will at all times strive to act in good faith, without malice and on the basis that the interests of the child or vulnerable adolescent are paramount.

- 'Significant information' refers to a cause for concern that is based on the balance of probabilities rather than conclusive proof.

- In cases where ATD Ireland is the initiating agency in passing on information, it should inform all relevant agencies with which the alleged individual has had known contact. This should be decided in consultation with the statutory child protection agencies.

- Information which is gathered for one purpose must not be used for an altogether different purpose.

- While initial contact with the agencies to be notified might be by telephone, any subsequent written notification should be addressed by Board of Management of ATD Ireland to the appropriate person in that agency and marked **"Strictly Confidential"**.

- **Informing the parents / carers of the child about whom there are concerns should be handled carefully and sensitively.**

- **It should be remembered that a number of the young people participating in ATD Ireland may be residing in hostels, or in youth justice, high support or special care units. In such cases, the manager of the hostel / unit, or the young person's key worker in the hostel / unit, must be informed immediately, along with the assigned statutory social worker, care worker or probation officer.**

- Any individual under suspicion, whether s/he is an ATD volunteer or not, has a right to be notified of the cause of concern.

- Statutory child protection procedures are child-centred; this means that only relevant people within those agencies who have the task of deciding what action/s to take are informed.

- In cases where ATD Ireland is the initiating agency in passing on information, it should notify the eventual outcome to all other agencies / parties it has informed of the case.

Chapter 8 : A Code of Behaviour for the Protection and Safety of Young People / Children and Staff / Volunteers

The following Code of Behaviour seeks to minimise the occurrences of accidents and to contribute to the protection of young people / children engaged with ATD Ireland from intentional harm. The code is not only in the best interests of the young people and children, but it also helps volunteers, and ultimately ATD Ireland itself, to be protected.

It is set out in terms of a number of *"dos"* and *"donts"* designed to guide how volunteers should interact with young people and children. These are as follows:

DOs

- ✓ Work with young people and children in order to build on and develop their self-esteem and self-confidence.
- ✓ Provide opportunities for young people / children to develop and display their own skills and talents.
- ✓ Foster positive relationships with young people / children in accordance with proper boundaries.
- ✓ When dealing with young people or children who are in care and who have been referred to ATD Ireland by a statutory agency, be aware of the wider care plan in place for their welfare.
- ✓ Treat everyone with respect, regardless of age, sex, race or creed.
- ✓ Treat everyone equally and in a non-judgmental manner.
- ✓ Behave in a professional manner at all times toward the young people/children.
- ✓ Whenever necessary in a given situation, provide criticism in a positive manner.
- ✓ Be clear at all times about your role and responsibilities as a staff member or volunteer.
- ✓ Provide induction, training and support to new volunteers, particularly in child protection policy and practice.
- ✓ Respect the boundaries of the relationship between volunteers and young people / children.
- ✓ Work together in order to provide a safe and trusting environment for everyone involved in ATD Ireland.

- ✓ Help to develop networks with the families and local communities of the young people and children we are involved with.

In addition to this general practice guidance, there are a number of specific practice issues which need to be followed in the practical management of all outdoor recreation and educational activities involving young people and children. **Outdoor trips present particular challenges and dangers for child protection.** Accordingly, volunteers need to carefully plan outdoor activities in advance, to be fully alert at all times during a trip, and to be able to deal effectively with situations which may arise that threaten the protection and safety of a young person or a child.

DOs (Outdoor Trips)

- ✓ Ensure that volunteers and parents are fully aware of the details of any proposed trip.
- ✓ Ensure that parental consent forms have been completed for all young people / children going on a trip who are not in the company of their parents, including information on any relevant medical conditions.
- ✓ Ensure that young people / children and their parents are aware of the contract for behaviour to be followed for the duration of the trip.
- ✓ Ensure there is adequate insurance cover.
- ✓ Ensure that there is a sufficient ratio of volunteers to young people / children.
- ✓ Ensure that a checklist of equipment has been circulated and adhered to.
- ✓ Provide a telephone contact list for parents and volunteers regarding the trip. This should include mobile numbers of the responsible staff involved.
- ✓ Provide a telephone contact list of local doctors.
- ✓ Ensure adequate supervision at night, including sleeping arrangements, to ensure the young people / children do not come to any harm.
- ✓ Check the condition of premises on arrival and departure and note any breakages, faulty equipment, etc.
- ✓ Ensure that adequate transport is available to deal with any emergencies that may arise.
- ✓ Ensure that first aid kits and volunteers with first aid training are available.

- ✓ Ensure immediate and good quality communication with all relevant parties in the event of an incident.

- ✓ Write up a report as soon as possible on an incident which occurs during a trip (ref. chapter 5).

The Code identifies a number of examples of poor practices which are potentially harmful to a young person / child and which, therefore, should be avoided.

DONTs

- × Do not use threatening behaviour (verbal or physical) towards a young person / child.

- × Do not criticise or bully a young person / child unfairly.

- × Do not talk down to young people / children.

- × Do not allow inappropriate behaviour / language to go unchallenged.

- × Do not promise to keep secrets.

- × Do not be deliberately out of view of others with a young person / child. If, for any reason, you have to be alone in a room with a young person / child, inform another volunteer before you do so and keep the door of the room open.

- × Do not send a young person / child away from a planned activity before the closing time without first notifying the parent / carer.

- × Do not take a youth / child alone on a journey without accompaniment.

- × Do not become overly involved with a young person at the expense of others. Nor should you get so personally involved in a protection issue involving a young person / child that your judgement of the situation ceases to be objective.

- × Do not allow camera-mobile telephones to be used for taking pictures of children / young people involved with ATD activities without prior parental permission, as this could possibly expose children / young people to risk.

- × Do not permit unsupervised access to the Internet by young people which could possibly expose them to pornographic or otherwise inappropriate viewing material, or which, through engaging with popular social media outlets (e.g. Facebook), could expose them to the possible risks of deceit, manipulation, exploitation, encounter, or harm by unscrupulous persons.

ATD Ireland is fully committed to communicating and reviewing the Code of Behaviour with its volunteers, parents / carers and young people / children.

Chapter 9: Vulnerable Young People and Children

ATD Ireland has developed a well-established reputation for its work with young people and children who may be especially vulnerable. While all of the young people / children participating in ATD Ireland will have individual needs, a significant number are additionally disadvantaged. These may include young people / children who are separated from parents or families and who are in the care of the State, those who are homeless, or those who have disabilities, including learning disabilities.

9.1. Protection Measures

The recommended practices and procedures as described in this Safeguarding Policy for the protection and welfare of all young people / children participating in ATD Ireland should apply to young people / children who are deemed to be especially vulnerable for one reason or another.

However, the following additional measures should also be adhered to:

- Volunteers need to inform themselves, as practically possible, of any relevant risk factors concerning a young person / child who is especially vulnerable.

- In the case of a young person / child who is homeless and who is suspected of having been abused, specific procedures are to be followed under the direction of Tusla social worker staff. These procedures are described in *Children First*: *National Guidance,* pages 58 - 59.

- In the case of young people / children in residential settings, close liaison and communication between hostel and ATD Ireland personnel should be maintained at all times.

- In the case of a young person / child placed in foster care, Tusla, Child and Family Agency, has responsibility for arranging, providing and supervising such placements. In the event of a suspected or alleged incident of abuse involving a young person / child in foster care, the first point of contact should be with the Agency which will then carry out a thorough investigation of the incident.

- Research shows that abuse of children with disabilities is a significant problem. Where a young person / child with a disability has special needs, ATD Ireland should avail of any available expertise and knowledge in addressing such needs. I

In summary, all ATD Ireland volunteers have a duty of care towards all young people / children engaged in activities it provides, particularly those who are especially vulnerable.

Chapter 10 : Allegations Against Vounteers Concerning Abuse of Young People and Children

Given the nature of its work, ATD Ireland is committed to supporting its volunteers in their work responsibilities for the protection and welfare of the young people and children engaged in its various activities.

It is natural to assume that people who work in voluntary and community organisations are caring and dedicated individuals. However, it is also very important to have a clear policy and set of procedures for dealing with allegations of abuse by a volunteer of the organisation.

10.1. ATD Ireland Policy on Allegations Against Volunteers

- The organisation must demonstrate a due regard for the rights and interests of the child on the one hand and those of the volunteer against whom the allegation is made on the other hand. **ATD Ireland has a dual responsibility in respect of both the child and the volunteer.**

- Actions taken in reporting an allegation of child abuse against a volunteer should be **based on an opinion formed reasonably and in good faith**. When an allegation is received it should be initially assessed promptly and carefully.

- An allegation should be treated as such until the facts are established; **a person is innocent until proven otherwise.**

- **The right of that volunteer to natural justice and due process** will be respected at all times.

- **Confidentiality, sensitivity, and professionalism** should be demonstrated by those involved.

- It will be necessary following the initial assessment to decide whether a formal report should be made to Tusla, Child and Family Agency; **this decision should be based on reasonable grounds for concern.**

- **ATD Ireland will cooperate fully with any Tusla-conducted investigation / assessment or Garda criminal investigation** in relation to a volunteer/s of the organisation against whom an allegation of abuse of a young person / child has been made.

10.2. Procedures for the Management of Allegations Against Staff

A volunteer who observes, or who has a high level of suspicion, that a young person/child is being abused by another volunteer should report this immediately in the first instance to the Designated person who will, in turn, hand the matter over to the Board of Management of ATD Ireland.

In order to respond quickly and effectively to allegations involving staff, **the Board of Management will convene an emergency meeting in order to decide upon an appropriate course of action.** The Committee of Management will have an opportunity to ratify any decisions taken at the earliest opportunity, with due regard to issues of confidentiality.

An initial assessment of the allegation will be carried out immediately by the Board of Management (or members delegated by the Board to do so). The Board may seek the assistance of external professional expertise to provide advice and support, as deemed appropriate by the organisation. Ideally, the Designated Person does not have a direct role in the assessment of an allegation against a volunteer, although s/he may be consulted by the Board of Management.

The assessors will:

- Decide who is to be interviewed and carry out the interviews.

- **Determine what arrangements are required to protect the young person / child.**

- Establish if there is a case to be answered. This must be done **before** approaching the volunteer against whom the allegation has been made.

- Ensure that the assessment is carried out and completed as soon as is reasonably practical.

- Ensure that records are kept and retained on file. Records must be accurate, comprehensible, dated, signed and legible.

When a decision has been taken by the Board to interview the person who is the subject of the allegation, the following procedures will apply:

- The allegation of abuse will be given in written form to the volunteer prior to being invited to attend a meeting to discuss the allegation (unless it is considered that children / young people may be at immediate risk, in which case guidance should be sought from the statutory authorities). The volunteer concerned will be informed in this communication that the allegation is currently being considered as a child protection issue.

- If appropriate, the volunteer will be informed that they are required to absent themselves from work pay (administrative leave), or of a reassignment of duties, or other such measures until the assessment is concluded and any consequent action implemented. Any measures undertaken are without prejudice pending further consideration and should not be considered as a disciplinary measure.

- The volunteer will be asked to attend a meeting with the people carrying out the assessment and will be advised that he /s he is entitled to bring a representative to any meeting with the Board or its delegated members.

- At the meeting, the volunteer will be presented with the statements concerning the allegation. He / she will be offered an adjournment before responding. This adjournment may be very brief (a half-hour) or, if he / she requests a longer period to consider his / her response, it may be for a day or two, but no longer. If the adjournment is to be longer than an hour or so, the protection of the young people / children will need to be addressed at this stage. No identifying details of the person raising the concern will be provided or confirmed at the meeting.

- The response of the volunteer when received will be recorded.

There are two possible outcomes of this assessment exercise:

- **The allegation may be shown to be unfounded.** In this case, the Board of Management must notify, in writing, the individual who initially made the complaint, giving the reasons why the allegation has been shown to be unfounded. If the individual concerned is dissatisfied with this outcome, he / she has the right to report his / her concerns to the relevant statutory authorities and he / she should be informed of this right.

- Where the allegation is judged to be unfounded, the volunteer may be ***either*** informed that no misconduct is suspected and that the matter is concluded.

or

As a child protection issue, the matter is concluded. However, there are indications that the volunteer is not meeting the professional standards expected by the organisation. The volunteer will be informed of any next steps being taken. These may include attendance at further training, and / or supportive intervention, and / or other such measures as deemed necessary.

The allegations may be substantiated in which case the Board assessment team will submit a report with recommendation to the Chairperson of the Committee of Management of ATD Ireland on what action is to be taken. Such action will depend on the nature / level of the abuse, **but may include that a formal report of the concern be made to Tusla, Child and Family Agency in accordance with *Children First*: *National Guidance, 2011*.**

- The person who is the subject of the allegation will also receive a copy of the final outcome report presented to the Chairperson.

- Tusla Child and Family Agency should provide feedback to the Board of Management on the progress of a child abuse assessment / investigation involving a volunteer. **The Agency should seek to complete its assessment as quickly as possible, bearing in mind the serious implications for innocent volunteers.** The Board should be notified of the outcome of the Tusla assessment and / or the Garda investigation. This will assist the Board in reaching a decision about the action to be taken in the longer term concerning the volunteer.

10.3. Protection of Young People and Children

- Where an allegation of abuse by a volunteer is made it will usually be necessary to make special arrangements for the protection of the young people / children engaging in activities provided by the organisation.

- The responsibility for making these arrangements rests with the Board of Management of ATD Ireland.

- The nature of the special arrangements, and when to implement them, will depend on a number of factors such as the nature of the allegation and the likely duration of the assessment.

Chapter 11: Personnel Recruitment and Employment

While ATD Ireland does not currently employ staff in the Irish jurisdiction, it avails of the services of permanent and part-time-volunteers, and may in the future have paid staff to support its various activities. Accordingly this chapter (and Chapter 12) is written with this scenario in mind, while some of the principles and procedures outlined apply to permanent and part-time volunteers in any event.

Parents, guardians and relevant statutory agencies may entrust children to the care of ATD Ireland in the belief that they will be safeguarded physically and emotionally in a trusting environment. This clearly places a great responsibility on ATD Ireland. A proper selection procedure is one of the most sensible and effective ways of assessing a person's suitability to work with young people / children.

This involves the following key elements:

✓ A request to prospective staff and volunteers to provide application information relating to the declaration of any past convictions or cases pending. The fact that an individual has been convicted of an offence should not automatically preclude him / her from being employed. However, a person with a previous conviction for any offences of an abuse of a sexual nature, or offences of an otherwise serious nature, should not be permitted to work with young people / children.

✓ The request to prospective staff and volunteers to provide the application information relating to their personal interests, hobbies and any other voluntary activities in which they are involved.

✓ The provision by all prospective staff and volunteers of the names of two independent referees (not family members) and who are willing to attest to the applicant's character and suitability to work with young people / children. The checking by ATD Ireland of personal references in respect of a selected staff member or volunteer prior to commencement of work. Ideally, this should be done by written correspondence or, if for any reason this does not prove possible, by a telephone call or a personal visit to the referee.

✓ **The application for and attainment of Garda vetting from The Garda Central Vetting Unit in respect of any successful applicant who has been offered and has accepted a position of employment or a voluntary placement with ATD Ireland, prior to commencing work with the organisation**. In cases of volunteers from abroad, the necessary police security clearance should first be obtained by the sending agency before the placement is approved by ATD Ireland.

✓ As part of the contract of employment, a detailed description of the new employee's work duties and responsibilities, along with a formal assurance (as per the contract) by the new employee of confidentiality in respect of the work of ATD Ireland and its participants.

✓ On appointment, all new staff and volunteers will be given a copy of ATD Safeguarding Policy for Child Protection and Welfare based on *Children First: National Guidance, 2011*.

✓ Participation in a structured induction programme for all new employees and volunteers.

✓ The training, as periodically organised, of new staff and volunteers in ATD Ireland's child protection policy and procedures, and the provision of ongoing supervision and support (ref. chapter 12).

✓ Ensuring that all staff and volunteers have access to ATD Ireland's complaints procedure.

✓ The successful completion of a six-month probation period by the new employee.

✓ A structured annual appraisal of each member of staff and all volunteers.

In summary, remember that **ATD Ireland has a duty to properly scrutinise all new staff and volunteers appointed to work with young people / children in its care. One of the most effective ways to determine the safety of young people / children is to ensure that the approved organisational procedures in relation to the recruitment, employment, and management and supervision of staff and volunteers are fully adhered to.**

Chapter 12 : Supervision, Training and Support of Staff and Volunteers

12.1. Sources of Stress in Child Protection Work

Sources of stress in child protection work are common and may include the following:

- The distressing nature of specific incidents or circumstances of alleged or suspected abuse.
- The need to make complex judgements and to take difficult decisions regarding levels of risk for a young person / child.
- The lack of agreed procedures, or commitment to agreed procedures, for the proper supervision of staff / volunteers and young people / children and for dealing with abuse concerns.
- Insufficient support to a staff member or volunteer to whom a disclosure concerning abuse has been made.
- Poor levels of communication and co-operation between agencies or professionals.

12.2. Supervision of Staff and Vulnerable Adolescents and Children

- Agreeing and following approved procedures for the supervision of staff, volunteers and young people / children is the most effective way of minimising opportunities for young people / children in ATD Ireland to suffer harm of any kind.
- Adherence to the Code of Behaviour (see chapter 8).
- Proper supervision is also demonstrated by the commitment of staff and volunteers to maintain proper records in relation to any significant care or protection issues about a young person or child.

12.3. Training in Child Protection

- It is the responsibility of the Designated Person for child protection within ATD Ireland to play a central role in developing and monitoring basic level training in child care and protection for all staff and volunteers.
- Whenever possible, training should include a cross-service, multi-disciplinary and inter-agency approach.
- Ways of training include: staff induction, dedicated training workshops, and staff and volunteer supervision / appraisal reviews.

12.4. Support to Staff and Volunteers

- Child protection work can bring a staff or volunteer into situations which may present risks to their emotional, psychological, or physical well-being.

- Necessary support and assistance to a staff member or volunteer dealing with an abuse disclosure is to be provided by the Designated Person in particular and by ATD Ireland in general. Stress and anxiety in such circumstances is a legitimate reaction and not a sign of personal weakness, or a lack of professionalism.

Appendix 1: Signs and Symptoms of Child Abuse

Signs and Symptoms of Neglect

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

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

Child neglect should be suspected in cases of:

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

Characteristics of Neglect

Child neglect is the most frequent category of abuse, both in Ireland and internationally. In addition to being the most frequently reported type of abuse; neglect is also recognised as being the most harmful. Not only does neglect generally last throughout a childhood, it also has long-term consequences into adult life. Children are more likely to die from chronic neglect than from one instance of physical abuse. It is well established that severe neglect in infancy has a serious negative impact on brain development.

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

Neglect may be categorised into different types (adapted from Dubowitz, 1999):

- Disorganised/chaotic neglect: This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding accommodation, finances and food. This type of neglect results in attachment disorders, promotes anxiety in children and leads to disruptive and attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe with regard to accidental harm, with a high incident of accidents occurring.

- Depressed or passive neglect: This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.

- Chronic deprivation: This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

The following points illustrate the consequences of different types of neglect for children:

- inadequate food – failure to develop;
- household hazards – accidents;
- lack of hygiene – health and social problems;
- lack of attention to health – disease;
- inadequate mental health care – suicide or delinquency;
- inadequate emotional care – behaviour and educational;
- inadequate supervision – risk-taking behaviour;
- unstable relationship – attachment problems;
- unstable living conditions – behaviour and anxiety, risk of accidents;
- exposure to domestic violence – behaviour, physical and mental health;
- community violence – anti social behaviour.

Signs and Symptoms of Emotional Neglect and Abuse

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are not met; the parent's relationship to the child may be without empathy and devoid of emotional responsiveness.

Emotional neglect and abuse occurs when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional neglect and abuse is not easy to recognise because the effects are not easily observable. Skuse (1989) states that 'emotional abuse refers to the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule, and the inversion of love, whereby verbal and non-verbal means of rejection and withdrawal are substituted'.

Emotional neglect and abuse can be identified with reference to the indices listed below. However, it should be noted that no one indicator is conclusive of emotional abuse. In the case of emotional abuse and neglect, it is more likely to impact negatively on a child where there is a cluster of indices, where these are persistent over time and where there is a lack of other protective factors.

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

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

Signs and Symptoms of Physical Abuse

Unsatisfactory explanations, varying explanations, frequency and clustering for the following events are high indices for concern regarding
physical abuse:

• bruises (*see below for more detail*);
• fractures;
• swollen joints;
• burns/scalds (*see below for more detail*);

• abrasions/lacerations;
• haemorrhages (retinal, subdural);
• damage to body organs;
• poisonings – repeated (prescribed drugs, alcohol);
• failure to thrive;
• coma/unconsciousness;
• death.

There are many different forms of physical abuse, but skin, mouth and bone injuries are the most common.

Bruises

Accidental
Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards.

Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

Non-accidental
Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth. Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body.

Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect.

Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing).

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

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

Bone injuries

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

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

Burns

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

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

Bites

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

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

Poisoning

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

Non-accidental
Non-accidental poisoning can occur and may be difficult to identify, but should be suspected in bizarre or recurrent episodes and when more than one child is involved. Drowsiness or hyperventilation may be a symptom. Shaking is a frequent cause of brain damage in very young children.

Fabricated/induced illness

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

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

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 needs and situation.

Appendix 2: Reporting Form for Allegations or Suspicions of Abuse, ATD Ireland

In the event of an alleged or suspected incident involving a young person / child who is a participant in ATD Ireland, a report should be written by the permanent or part-time volunteer to whom the affected young person / child first disclosed the incident. This information should be written up **as soon as practically possible by the volunteer and the report passed on immediately to the Designated Person** with lead responsibility for child protection in the organisation.

The report can be written in one of two ways: (1) filling in the blank lines under each heading, as below, or (2) using the headings as a guide for your own hand-written report.

Please ensure your report is signed and dated.

_____

1. Name of Child _____

2. Age _____

3. Parent's names _____

4. Contact address (and phone number, if available)

_____

_____

5. Is the person making the report expressing their own concerns, or passing on those of somebody else? Record the details.

_____

_____

_____

6. What has prompted the concerns? Include dates, times, context and any specific information on the alleged or suspected abuse communicated to you by the child and/or observed by you and/or others.

_____

_____

_____

_____

_____

_____

_____

_____

7. Describe any indications of physical signs, behavioural signs or indirect signs

_____

_____

_____

_____

8. Has the child been spoken to? If so, what was said?

_____

_____

_____

9. Have the parents been contacted? If so, what was said?

_____

_____

_____

10. Has anybody been alleged to be the abuse? If so, record the details.

_____

_____

_____

_____

11. Has anyone else been consulted? If so, record details.

_____

_____

12. What has been provided to the child in the way of support up to now?

_____

_____

_____

_____

_____

13. Is there any other information which you feel to be important? If so, record the details.

_____

_____

_____

_____

_____

Signature of staff member: _____

Date: _____