

Child Protection Policies and Procedures

November 2022

Document Control		
	Developed by:	Date:
Origination:	Julie Ahern	June 2017
Authorisation	Tanya Ward, Board of the Alliance	

Document Review History				
Date:	Reviewed by:	Documented amended: Y/N	Version date saved as:	Next day for review
June 2018	Julie Ahern	Yes	Child Protection Policies and Procedures July 2018	
June 2020	Julie Ahern	No	Child Protection Policies and Procedures 2020	
November 2020	Julie Ahern	Yes	Child Protection Policies and	

November 2022	Julie Ahern	Yes	Procedures 2020 (Nov) Child Protection Policies and Procedures 2022	
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The Children's Rights Alliance unites over 100 members working together to make Ireland one of the best places in the world to be a child. We change the lives of all children in Ireland by making sure that their rights are respected and protected in our laws, policies and services.

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Ag Eisteacht
Alcohol Action Ireland
Amnesty International Ireland
An Cosán
ASH Ireland
AsIAM
Assoc. for Criminal Justice Research and Development (ACJRD)
Association of Secondary Teachers Ireland (ASTI)
ATD Fourth World – Ireland Ltd
Atheist Ireland
Barnardos
Barretstown Camp
Bedford Row Family Project
BeLonG To Youth Services
Care Leavers' Network
Catholic Guides of Ireland
Child Care Law Reporting Project
Childhood Development Initiative
Children in Hospital Ireland
COPE Galway
Cork Life Centre
Crosscare
Cybersafe
Daughters of Charity Child and Family Service
Dental Health Foundation of Ireland
Department of Occupational Science and Occupational Therapy, UCC
Disability Federation of Ireland
Down Syndrome Ireland
Dublin Rape Crisis Centre
Dyspraxia/DCD Ireland
Early Childhood Ireland
Educate Together
EPIC
Extern Ireland
Focus Ireland
Foróige
Gaelscoileanna Teo
Good Shepherd Cork
Home-Start National Office
Immigrant Council of Ireland
Inclusion Ireland
Independent Hospitals Association of Ireland
Institute of Guidance Counsellors
Irish Aftercare Network
Irish Association for Infant Mental Health
Irish Association of Social Workers
Irish Centre for Human Rights, NUI Galway
Irish Congress of Trade Unions (ICTU)
Irish Council for Civil Liberties (ICCL)
Irish Foster Care Association
Irish Girl Guides
Irish Heart Foundation
Irish National Teachers Organisation (INTO)
Irish Penal Reform Trust
Irish Primary Principals Network
Irish Refugee Council
Irish Second Level Students' Union (ISSU)
Irish Society for the Prevention of Cruelty to Children

Irish Traveller Movement
Irish Youth Foundation (IYF)
Jack & Jill Children's Foundation
Jesuit Centre for Faith and Justice
Jigsaw
Kids' Own Publishing Partnership
Lifestart National Office
Mecpaths
Mental Health Reform
Mercy Law Resource Centre
Migrant Rights Centre Ireland
Mothers' Union
Mounttown Neighbourhood Youth and Family Project
Museum of Childhood Project
Music Generation
My Mind
National Childhood Network
National Parents Council Post Primary
National Parents Council Primary
National Youth Council of Ireland
Novas
One Family
One in Four
Parentstop
Pavee Point
Peter McVerry Trust
Rainbows Ireland
Rape Crisis Network Ireland (RCNI)
Realt Beag
Respond Housing
SAFE Ireland
Saoirse Housing Association
SAOL Beag Children's Centre
Scouting Ireland
School of Education UCD
Sexual Violence Centre Cork
Simon Communities of Ireland
Social Care Ireland
Society of St. Vincent de Paul
Sonas Domestic Violence Charity
Special Needs Parents Association
SPHE Network
SpunOut.ie
St. Nicholas Montessori College
St. Nicholas Montessori Teachers' Association
St. Patrick's Mental Health Services
Step by Step Child & Family Project
Suas Educational Development
Teachers' Union of Ireland
Terenure Rugby Football Club
The Ark, A Cultural Centre for Children
The Prevention and Early Intervention Network
The UNESCO Child and Family Research Centre, NUI Galway
Traveller Visibility Group Ltd
Treoir
UNICEF Ireland
Youngballymun
Young Social Innovators
Youth Advocate Programme Ireland (YAP)
Youth Work Ireland

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1. Introduction

1.1 Statement of Policy

The Children's Rights Alliance unites over 100 organisations working together to make Ireland one of the best places in the world to be a child. We improve the lives of all children and young people by ensuring Ireland's laws, policies and services comply with the standards set out in the United Nations Convention on the Rights of the Child.

The Children's Rights Alliance has a Child Safeguarding Statement here the purpose of which is to safeguard children, young people, families and staff. This Policy and Procedures document underpins and supports the Safeguarding Statement and is a guidance document for Children's Rights Alliance staff in identifying and responding to allegations and suspicions of child abuse or neglect. The document is based on and adheres to the Children First Act 2015 and the Department of Children and Youth Affairs *Children First: National Guidance for the Protection and Welfare of Children*, (henceforth the *National Guidance*) published in 2011.

This Safeguarding Statement is displayed prominently on the Children's Rights Alliance website and in the Children's Rights Alliance offices. This Policy and Procedures document is also displayed prominently on the Alliance website. Please refer to the Staff Handbook for information on other Alliance policies and procedures.

1.2 Scope of Policy

The Alliance adheres to the Children First Act 2015 and Article 1 of the UN Convention on the Rights of the Child's definition of a child as anyone below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

The Safeguarding Statement and the supporting policies and procedures apply to;

- all staff of the Children's Rights Alliance
- interns
- volunteers
- Board members
- Contractors/consultants

The Child Safeguarding Statement and the supporting policies and procedures apply when working in the Alliance offices and while representing the Alliance at other venues.

1.3 Key Principles of the Safeguarding Statement

The Children's Rights Alliance is committed to the protection of children and young people with whom we work and to promoting good practice within our organisation.

The Alliance is committed to promoting the rights of the child including the participation of children and young people in matters that affect them.

The Children's Rights Alliance is committed to adherence to the Children First Act 2015 and the Children First National Guidance 2017.

The following principles underpin the Child Safeguarding Statement and the supporting policies and procedures:

- The welfare and best interests of children are of paramount importance. The Alliance is committed to respecting the right to dignity and bodily integrity of every child and to protecting those rights in line with the core principles of the UN Convention on the Rights of the Child (UNCRC) as articulated in Articles 2, 3 and 6.
- All Alliance staff members have a responsibility to protect children and therefore have a duty to report child abuse as set out in the Children First Act 2015 and *Children First: National Guidance for the Protection and Welfare of Children (2011)*.
- The Alliance fully accepts and endorses the Children First Act and the *Children First Guidance* and encourages its member organisations to develop child protection policies in line with the legislation and endorsing *Children First Guidance*.
- The Alliance will not knowingly engage with any person, organisation or fund any project that poses a risk to children or that does not meet the child protection and safeguards outlined in the Children First Act and the *Children First: National Guidance for the Protection and Welfare of Children (2011)*.
- The Alliance upholds and is guided by the principles of the UNCRC and, in this regard, is committed to ensuring that all children with whom staff members have contact are treated equally and that all children have a right to voice their opinion in matters affecting them (Articles 2, 12 and 13).
- The Alliance ensures that staff receives the appropriate training in child protection and welfare.
- Alliance recruitment policy adheres to best practice and the Alliance ensures that all staff in contact with children are vetted by the National Vetting Bureau.
- Interns working with children and young people will be vetted by the National Vetting Bureau or will work alongside an Alliance member of staff who has been vetted by the National Vetting Bureau.
- Anyone contracted on a consultancy basis to work on projects that involve contact with children will be vetted by the National Vetting Bureau or will work alongside an Alliance member of staff who has been vetted by the National Vetting Bureau.

1.4 Statement of Risk

The Children's Rights Alliance engages with children aged 0-18 years in the following ways:

- As part of the Access to Justice Initiative the Alliance through a consultant provides face to face legal advice to children, young people and their families in clinic based settings throughout the country
- The Alliance provides free basic legal information to children, young people and their families on the dedicated information line
- The Children's Rights Alliance sometimes makes referrals to Tusla and Gardaí when we receive information from third parties
- On an occasional basis the Alliance works directly with children and young people on Legal and Policy projects and consultations as well as liaises with organisations that work directly with children

The Child Safeguarding Statement identifies procedures to follow to mitigate risks that may present in the following identified scenarios:

Risk Identified	Policies and/or Procedures in place to manage Risk
<p>A child is harmed by an Alliance staff member (for the purpose of the Safeguarding Statement to include volunteers, interns and Board members) through coming into contact with the Children’s Rights Alliance</p>	<p>Child Protection Policy and Procedures document in particular the sections on:</p> <ul style="list-style-type: none"> • general procedures for safeguarding children (section 4.1 of the child Protection Policy and Procedures document) • the management of allegations of abuse or misconduct against workers/ volunteers of a child availing of our service (section 5 of the child Protection Policy and Procedures document) • the procedure for the safe recruitment and selection of workers (section 6.1 of the child Protection Policy and Procedures document) • procedure for engaging with children on the information line (section 7 of the child protection policy and procedures document) • procedure on working from home (section 8 of the child protection policies and procedures document)
<p>A child is harmed by another person (including another child) through coming into contact with the Children’s Rights Alliance</p>	<p>Child Protection Policy and Procedures document in particular the sections on:</p> <ul style="list-style-type: none"> • general procedures for safeguarding children (section 4.1 of the child Protection Policy and Procedures document) • the procedure for the provision of child safeguarding training and information (section 6.2 of the child Protection Policy and Procedures document) • the procedure for the reporting of child protection or welfare concerns to Tula (section 4.2 of the child Protection Policy and Procedures document)
<p>A child is harmed by a failure on the part of a staff member to report or the filing of a poor report of allegations/suspicions of abuse made to Alliance staff by telephone, email, and letter or in person</p>	<p>Child Protection Policy and Procedures document in particular the sections on:</p> <ul style="list-style-type: none"> • the procedure for the provision of child safeguarding training and information (section 6.2 of the child Protection Policy and Procedures document) • the procedure for the reporting of child protection or welfare concerns to Tula (section 4.2 of the child Protection Policy and Procedures document)

The procedures to mitigate the risks identified are contained in this document.

2. Definitions of Child Abuse

The Children's Rights Alliance Child Safeguarding Statement and the supporting policies and procedures are informed by the *Children First: National Guidance for the Protection and Welfare of Children* (henceforth the *National Guidance*) document.

The Alliance recognises that child abuse falls into four main categories as identified in the *National Guidance*. These are neglect, emotional abuse, physical abuse and sexual abuse. For detailed definitions and examples of these types of abuse, please refer to *Appendix 1: Types of Child Abuse and Symptoms of Abuse*.

2.1 Neglect

Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care.

Harm can be defined as the ill-treatment or the impairment of the health or development of a child.

Whether it is significant is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age.

2.2 Emotional Abuse

Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental needs for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms.

2.3 Physical Abuse

Physical abuse of a child is that which results in actual or potential physical 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. There may be single or repeated incidents.

2.4 Sexual abuse

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others.

3. Recognising Child Abuse

3.1 Guidelines for Recognition

It can be difficult to recognise the signs and symptoms indicating that a child has suffered neglect or abuse. Moreover in the case of neglect, a distinction can be made between 'wilful' and 'circumstantial' neglect.

For a detailed description of the signs, symptoms and characteristics of abuse please refer to *Appendix 1: Types of Child Abuse and Symptoms of Abuse*.

There are commonly three stages in the identification of child neglect or abuse. If an Alliance staff member has identified the possibility that a child with whom they are in contact has suffered abuse (with or without disclosure by the child or a third party) then the following stages will normally occur.

1. considering the possibility;
2. looking out for signs of neglect or abuse; and
3. recording of information.

3.2 Reasonable Grounds for Concern

Where an Alliance member of staff has reasonable grounds for concern (see below) that a child may have been, is being, or is at risk of being abused or neglected, then the staff member must contact the Designated Officer or deputy Designated Officer who will report concerns to Tusla, the Child and Family Agency. The Designated Officer is Tanya Ward, Chief Executive and the deputy Designated Officer is Julie Ahern, Legal, Policy and Services Director. Anyone who suspects child abuse or neglect should inform the parents/carers if a report is to be submitted to Tusla, the Child and Family Agency or to An Garda Síochána, unless doing so is likely to endanger the child. A suspicion that is not supported by any objective indication of abuse or neglect would not constitute a reasonable suspicion or reasonable grounds for concern.

Grounds for Concern include:

- a specific indication from the child that he or she was abused;
- an account by a person who saw the child being abused;
- evidence, such as an injury or behavior, that is consistent with abuse and unlikely to be caused in another way;
- an injury or behaviour that is consistent both with abuse and with an innocent explanation, but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indications of abuse and/or dysfunctional behavior; and
- consistent indication, over a period of time, that a child is suffering from emotional or physical neglect.

4. Safeguarding Children and Reporting

4.1 General Procedures for Safeguarding Children

The following procedures are adhered to on occasions when Alliance staff/volunteers/interns engage with children at events or while working with or meeting with children in the Alliance offices.

- The Alliance endeavors to ensure that individual staff members are not left alone with a child at an event or in the Alliance offices. However, this may not always be feasible and the Alliance ensures that, on all occasions, an appropriate balance is maintained between meeting the needs of the child, and the discharging of our professional responsibilities.
- When children and young people are part of any project, service or work staff members will complete a written assessment of risk outlining measures to manage any identified risk in line with the Children First Act 2015. This will be done prior to engaging with children and young people (see Appendix 6).
- On all occasions when the Alliance runs an event involving children, a parental consent form (Appendix 2) will be forwarded to the parent(s)/guardian(s) of each child and formal permission will be sought and obtained for their child to attend and participate in the event. Parent(s)/guardian(s) will be responsible for bringing and collecting their child from any Alliance events unless otherwise stated.
- When the Alliance hosts events that involve the participation of children, any supervision of children carried out by Alliance staff, volunteers and interns will be done at a ratio of no more than five children per adult.

4.2 Reporting Alleged/Suspected Abuse

The following procedures apply to all Alliance staff members who engage in work involving contact with children or to whom allegations or suspicions of child abuse are made. These procedures are also appropriate in the case of anonymous reports, or reports from adults who experienced childhood abuse. The same procedures also apply in relation to reporting allegations of abuse made against an Alliance employee (see Section 5, *Reporting Alleged/Suspected Abuse by An Employee/Volunteer/Intern*) volunteer or intern. For additional information and guidance, see Appendix 4, *Guidelines for Responding to Disclosures*

The following steps must be adhered to by the Alliance staff member reporting an allegation or disclosure of abuse. These steps apply to a disclosure made in person, in writing (post or email) or by telephone.

Steps for Reporting an Allegation or Disclosure of Abuse

Staff are obliged to report any allegation, concern, suspicion or disclosure of abuse or neglect to the Designated Officer or Deputy Designated Offer



Staff members will not guarantee confidentiality to anyone (including Alliance member organisation staff) alleging, reporting or disclosing abuse or neglect, unless by doing so, it exposes a child or puts a child at risk of harm



Alliance staff will guarantee that professional confidentiality is maintained at all times and that identifying information shared with statutory agencies is done so in confidence.



Any allegation, concern, suspicion or disclosure of abuse or neglect is reported to the Designated Officer or Deputy Designated Officer immediately.



The contact details of the Designated Officer or Deputy Designated Officer may be given to the person alleging or disclosing abuse if they request it.



The Designated Officer or Deputy Designated Officer will determine whether it is appropriate or not to make a formal report. In such a case, the Designated Officer or Deputy Designated Officer may discuss their concerns with the Tusla, the Child and Family Agency in advance of making a formal report.



The Designated Officer or Deputy Designated Officer reports to the appropriate Tusla Child and Family Agency Office using the madated persons online portal.

Steps for Reporting an Allegation or Disclosure of Abuse Outside of Office Hours

If an allegation or disclosure is made to an Alliance staff member outside of normal office hours, or outside of the Alliance offices, then it is the responsibility of the individual to contact the Designated Officer or Deputy Designated Officer immediately.



If a report is made outside of office hours the Designated Officer or Deputy Designated Officer will assess the risk (for example, if it seems that a child is facing an immediate risk) and make an immediate referral to the Tusla Children and Family Services or (if a report is made outside of office hours) to An Garda Síochána if appropriate



The Designated Officer or Deputy Designated Officer will log the referral in the Tusla mandated persons portal the next morning (or Monday morning if it happens on Friday evening).

4.3 Guiding Principles

If an Alliance member of staff has suspicions that a child is at risk, then it is important to obtain and record as much information as possible and then forward this information to the Designated Officer or deputy Designated Officer. Observations should be accurately recorded, including the following, where applicable:

- dates;
- times;
- names,
- location;
- contact details; and
- context.

The guiding principles in regard to reporting child abuse or neglect may be summarised as follows:

1. The safety and well-being of the child must take priority.

2. All Alliance staff members have a responsibility to ensure that all allegations and suspicions of child abuse are treated seriously and with the utmost professional integrity, and must therefore be familiar with and adhere to the Child Safeguarding Statement.

4.4 Confidentiality

All staff members are obliged to report any allegation, concern, suspicion or disclosure of abuse or neglect.

Staff members will not guarantee confidentiality to anyone (including Alliance staff members) alleging, reporting or disclosing abuse or neglect, unless by doing so, exposes a child or puts a child at risk of harm. However, Alliance staff will guarantee that professional confidentiality is maintained at all times and that identifying information shared with statutory agencies is done so in confidence.

It is essential that all information regarding concern or assessment of child abuse should be shared only on “a need to know basis” in the interests of the safety and welfare of the child. The number of people who are informed of the allegation/disclosure must be kept to a minimum.

All notes and email correspondence relating to child protection concern and reports are kept in electronic form by the Designated Officer and the deputy Designated Officer. No other persons and staff members are permitted to access this information (see Appendix 5).

The Alliance retains personal information relating to allegations/suspicions of abuse made to Alliance staff by telephone, email, letter or in person in order to be able to report such information to the appropriate authorities as specified in *Children First: National Guidance for the Protection and Welfare of Children (2011)*.

4.5 Designated Officer and Relevant Person

The Alliance Chief Executive, acts as the Designated Child Protection Officer and as the Relevant Person for the purposes of section 11 (1)(c) for the Children First Act 2015. The function of the Designated Officer and Relevant Person is as follows:

- To be the first point of contact in respect of the Alliance’s child safeguarding statement.
- Ensure that the Alliance Child Safeguarding Statement is followed.
- To be responsible for reviewing and updating the Alliance Child Safeguarding Statement and policy and procedures document.
- To carry out an assessment of risk and ensure policies and procedures are put in place to manage any risk identified.
- Delegate responsibility to the appropriate member(s) of staff.
- To be responsible for all cases of abuse or neglect reported to the Alliance ensuring that details of all such cases are reported (using the *mandated persons portal on the Child and Family Agency website*) to Tusla, the Child and Family Agency or An Garda Síochána.
- Ensure that the Alliance Child Safeguarding Statement and documents implement the principles and procedures of the Children First Act 2015 and the National *Guidance*.
- To act as a resource person to the staff of the Alliance, providing support and guidance in matters relating to child safeguarding.

- Ensure that a detailed record of all persons working on behalf of the Alliance who have access to children is kept by the organisation. This must include the following: full contact name and address, description of their role, confirmation that they have been vetted (if required for the duties being undertaken), and any other relevant information, such as training or qualifications.
- Ensure that all staff members who have access to children have received sufficient training in accordance with guidance and standards set down by Tusla, the Child and Family Agency under the *Safeguarding Guidance for Organisations*.
- Where an allegation or concern is not reported to Tusla, records should clearly indicate the basis of his/her decision not to report and any actions taken by him/her.
- All notes and email correspondence relating to the report are kept in electronic form by the Designated Officer and the deputy Designated Officer. No other persons and staff members are permitted to access this information (see Appendix5).

The Alliance also has appointed a deputy Designated Officer who, on the direction of the Designated Officer, will carry out any of the tasks listed above. The deputy Designated Officer is the Legal, Policy and Services Director.

4.6 Mandated Persons

The Children First Act 2015 places a legal obligation on certain people, many of whom are professionals, to report child protection concerns at or above a defined threshold to Tusla - Child and Family Agency. Mandated persons are required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. 'as soon as is practicable' to Tusla. These mandated persons must also assist Tusla, on request, in its assessment of child protection concerns about children who have been the subject of a mandated report.

Mandated persons are people who have contact with children and/or families who, by virtue of their qualifications, training and experience, are in a key position to help protect children from harm. The Children First Act 2015, Schedule 2, provides a full list of people who are classified as mandated persons.

Tusla has two forms for reporting child protection and welfare concerns – the Child Protection and Welfare Report Form (CPWRF) and the Retrospective Abuse Report Form (RARF). The Child Protection and Welfare Report Form is to be completed and submitted to Tusla for concerns about children under the age of 18. A web portal has been developed for mandated persons to securely submit CPWRFs. The Retrospective Abuse Report Form is to be completed and submitted to Tusla for cases of adults disclosing childhood abuse. It is not currently possible to submit RARFs using the web portal. Both the CPWRF and RARF can be downloaded here.

If you feel urgent intervention may be required to make the child safe, you can alert Tusla of the concern in advance of submitting a written report. You must then submit a mandated report to Tusla on the report form or via the web portal within three days.

If your concern does not reach the threshold for mandated reporting, but you feel it is a reasonable concern about the welfare or protection of a child, you should report it to Tusla under Children First: National Guidance for the Protection and Welfare of Children.

The mandated persons in the Alliance are the Chief Executive and the Legal, Policy and Services Director.

5. Procedure for Allegations against Employees

5.1 Reporting Alleged/Suspected Abuse by an Employee/Volunteer/Intern

In the case of an allegation of abuse by an employee, volunteer or intern, the Designated Officer (on receiving the complaint) will immediately ensure that no child is or continues to be exposed to unnecessary risk. The Designated Officer will then seek legal advice and will liaise with the deputy Designated Officer who, acting on behalf of the employee, volunteer or intern will:

- inform the individual that an allegation has been made against them;
- explain to the employee the details of the allegation;
- tell the employee whether or not a report has been made to Tusla, the Child and Family Agency;
- perform a risk assessment (see Appendix 3, *Risk Assessment Form*) to identify whether or not suspension of the individual is appropriate;
- give the employee copies of any written records relating to the allegation;
- offer the employee an opportunity to respond to the allegation within a specific time frame; and
- forward the employee's response to the Tusla Child and Family Agency (if appropriate).

If an allegation is made against the Designated Officer, then the deputy Designated Officer.

The contact details of the Designated Officer are as follows:

Tanya Ward
Chief Executive
Ph: +353 1 662 9400
Mob: +353 87 653 1069
tanya@childrensrights.ie

The contact details of the deputy Designated Officer are as follows:

Julie Ahern
Legal, Policy and Services Director
Ph: +353 1 8605563
julie@childrensrights.ie

6. Safe Recruitment and Training

6.1 Safe Recruitment

The following procedures are observed by the Children's Rights Alliance when recruiting paid staff or long-term volunteers:

- Prospective positions within the Alliance are advertised widely.
- Advertised positions include a job/role description and person specification, detailing attributes identified as being associated with the position.
- Ideally, interviews are undertaken by at least two representatives of the organisation who are suitably qualified and/or have proven experience to undertake such interviews.
- At least two verbally confirmed references are required.
- Successful applicants are required to consent to undergo Garda vetting on commencing employment. Staff whose roles involve contact with children and young people will be required to undergo vetting.
- Alliance recruitment policy adheres to best practice and the Alliance ensures that all staff are vetted by the National Vetting Bureau.
- Employment contracts are written so as to include an employment probationary period.
- Newly employed staff members are required to agree to the terms and conditions of employment, as well as all codes and policies, as outlined in the Staff Handbook.
- Interns working with children and young people will be vetted by the National Vetting Bureau or will work alongside an Alliance member of staff who has been vetted by the National Vetting Bureau.
- Anyone contracted on a consultancy basis to work on projects that involve contact with children will be vetted by the National Vetting Bureau or will work alongside an Alliance member of staff who has been vetted by the National Vetting Bureau.

6.2 Training and Supports

- The Designated Officer (see 4.5 Designated Officer) is responsible for ensuring that all Alliance staff, interns and volunteers and Board members receive induction training in the child protection policy and procedures.
- The Alliance is responsible for ensuring that the ongoing training needs of staff, interns and volunteers and Board members in the area of child protection and welfare are fully addressed.
- All training and guideline documents will be regularly reviewed and updated as appropriate and all staff, interns and volunteers will be informed of these updates.
- When children and young people are part of any project, service or work staff members will complete a written assessment of risk outlining measures to manage any identified risk in line with the Children First Act 2015. This will be done prior to engaging with children and young people (see Appendix 6).

- When the Alliance is involved in organising or attending events involving the participation of children, the Designated officer will ensure that all staff, interns and volunteers and Board members follow the procedures outlined in the Alliance Code of Behaviour (see Appendix7 Code of Behaviour).

7. Procedure for Engaging with Children on the Information Line

The Alliance provides free basic legal information to children, young people and their families on the dedicated information line. The following procedures apply when staff and volunteers are engaging with children on the legal information line;

- All staff and volunteers working on the information line will be vetted by the National Vetting Bureau and will undertake the Tusla child protection training.
- All calls and emails will be documented on the CRM database and will be reviewed on a regular basis by the Chief Executive or by another person designated by the Chief Executive.
- All calls will be recorded and will be reviewed on a regular basis by the Chief Executive or by another person designated by the Chief Executive.
- Staff and volunteers working on the phonenumber will undergo periodic supervision.
- Staff and volunteers will not disclose any personal information to persons calling on the information line
- Staff and volunteers will not make appointments to meet any children without a parent or guardian being in attendance unless in exceptional circumstances and with the permission of the Chief Executive. If a meeting is schedule with the permission of the Chief Executive a second member of staff who has been vetted by the National Vetting Bureau will be in attendance.
- Where there are suspicions that a child is at risk the procedure for reporting a concern under section 4.2 will be followed

8. Procedures on Working from Home

Staff working from home do not engage in direct face to face contact with children and young people. The only direct work takes place as part of the Information Line (see section above).

The following procedures apply when staff are working from home:

- All of the policies and procedures contained in this document apply equally when working from home as they do in the office.
- All staff are required to comply with the obligations in section 4 regarding the safeguarding of children and reporting of concerns.
Content filters are in place on Alliance laptops and desktops.

9. Appendices

9.1 Appendix 1: Types of Child Abuse and Symptoms of Abuse

The following information has been reproduced from *Children First: National Guidance for the Protection and Welfare of Children* (2011).

Types of child abuse

This chapter outlines the principal types of child abuse and offers guidance on how to recognise such abuse. Child abuse can be categorised 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.

In the *Children First: National Guidance*, 'a child' means a person under the age of 18 years, excluding a person who is or has been married.

Definition of 'neglect'

Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care.

Harm can be defined as the ill-treatment or the impairment of the health or development of a child.

Whether it is significant is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

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.

Signs and symptoms of neglect

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

Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability, addictions or psychological disturbance.

The neglect of children is 'usually a passive form of abuse involving omission rather than acts of commission' (Skuse and Bentovim, 1994). It comprises 'both a lack of physical caretaking and supervision and a failure to fulfil the developmental needs of the child in terms of cognitive stimulation'.

Child neglect should be suspected in cases of:

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

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.

Definition of ‘emotional abuse’

Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child’s developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples may include:

- the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
- conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- emotional unavailability of the child’s parent/carer;
- unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
- premature imposition of responsibility on the child;
- unrealistic or inappropriate expectations of the child’s capacity to understand something or to
- behave and control himself or herself in a certain way;
- under- or over-protection of the child;
- failure to show interest in, or provide age-appropriate opportunities for, the child’s cognitive and
- emotional development;
- use of unreasonable or over-harsh disciplinary measures;

- exposure to domestic violence;
- exposure to inappropriate or abusive material through new technology.

Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour. The threshold of significant harm is reached when abusive interactions dominate and become typical of the relationship between the child and the parent/carer.

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.

Definition of 'physical abuse'

Physical abuse of a child is that which results in actual or potential physical 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. There may be single or repeated incidents. Physical abuse can involve:

- severe physical punishment;
- beating, slapping, hitting or kicking;
- pushing, shaking or throwing;
- pinching, biting, choking or hair-pulling;
- terrorising with threats;
- observing violence;
- use of excessive force in handling;
- deliberate poisoning;
- suffocation;
- fabricated/induced illness;
- allowing or creating a substantial risk of significant harm to a child.

Signs and symptoms of physical abuse

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

- bruises (see below for more detail);
- fractures;
- swollen joints;
- burns/scalds (see below for more detail);
- abrasions/lacerations;
- haemorrhages (retinal, subdural);
- damage to body organs;
- poisonings – repeated (prescribed drugs, alcohol);
- failure to thrive;
- coma/unconsciousness;
- death.

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

Bruises

Accidental

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

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

Non-accidental

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

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

Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired.. Other injuries may feature – ruptured eardrum/fractured skull. Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle feeding.

Bone injuries

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

Non-accidental

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

Burns

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

Non-accidental

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

Bites

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

Non-accidental

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

Poisoning

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

Non-accidental

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

Shaking violently

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

Fabricated/induced illness

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

- 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;
- high level of demand for investigation of symptoms without any documented physical signs;
- 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:

- disclosure by the child or his or her siblings/friends;
- the suspicions of an adult;
- 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 they 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.

Definition of 'sexual abuse'

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Examples of child sexual abuse include:

- exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- masturbation in the presence of the child or the involvement of the child in an act of masturbation;
- sexual intercourse with the child, whether oral, vaginal or anal;
- sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modeling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse;
- consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years for both boys and girls. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

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.

9.2 Appendix 2: Alliance Parental Consent Form

Name of Child / Young Person: _____

Address of Child / Young Person

Date of Birth of Child / Young Person: _____

Contact Phone Number (parents or guardians) for Child/Young Person: _____

Gender (tick as appropriate): Male Female

Other Relevant Information (Please mention any medical conditions, allergies, special needs or dietary requirements): _____

Please tick one of the following boxes:

I give permission for the young person named above to attend this event:

On their own

With a friend Name of Friend _____

With an Organisation Name of Organisation _____

I agree to allow the young person named above to attend **XXX** on **XXX 2012**. I understand that there will be suitable supervision for the event and that those attending will not be allowed to leave the premises during the event. I understand that the proceedings may be photographed/filmed and that this may be used for promotional purposes.

Signed (Parent / Guardian): _____

Signed (Child / Young Person): _____

Date: _____

9.3 Appendix 3: Risk Assessment Form for Suspension

RISK ASSESSMENT FOR SUSPENSION

Suspension should only be considered if one or more of the following apply:

- A child or children are at risk of significant harm
- The allegation warrants investigation by the police
- The allegation is so serious that dismissal / gross misconduct is possible

A plan to manage risk may be a suitable alternative; police/social care/LADO view should be taken into account where involved

The following factors need to be considered:

CONTENT OF ALLEGED INCIDENT: Duration and frequency of alleged abuse Degree of threat or cohesion Extent of premeditation Degree and nature of alleged harm	CONSIDERATION:
INFORMATION RE ACCUSED ADULT: Previous concerns Previous allegations Attitude to allegation Contact with child	
INFORMATION RE CHILD: Age and level of understanding Special needs and vulnerability Impact on health and development Previous allegations	
INFORMATION RE PARENT / CARER: Attitude to allegation Expectations Previous allegations	
ESTABLISHMENT/AGENCY PROCEDURES AND POLICY: Policy/procedure in place? Degree of compliance Training	

Risk identified and action plan:

Decision to suspend: YES/NO

Date of decision

Name and signature of responsible manager:

9.4 Appendix 4: Guidelines for Responding to Disclosures

This information is adapted from The *Southern Health Service Executive – Child Protection Policy 1996* and gives advice to staff on what to do if a child discloses that they are being abused, ill-treated or neglected. It should be noted that this is general advice, and is no substitute for proper training in dealing with child abuse. It outlines for staff members the initial steps staff must take in such a situation. It must not be seen as constituting a comprehensive assessment or investigative interview, as these are the responsibility of specialist staff in the Health Service Executive and/or Gardaí.

Receive: It is essential that staff listen to what the child is saying, without communicating shock or disbelief (verbally or non-verbally). The child needs to see that the staff member accepts what they are saying, and that it is being taken seriously.

Reassure: Children who disclose abuse need to be reassured by the adult they are talking to, but it is essential that you reassure only as far as it is reliable to do so. This means that staff should not make promises, no matter how well intentioned, that they cannot reasonably keep. Telling a child that “everything will be alright” might seem like an appropriate response to a child in distress, but if you cannot be certain that this is the outcome from the disclosure, it is better not to say it at all. Equally important is not to make promises about confidentiality. Remember that child abuse survives in a climate of secrecy, so it is important not to collude with the child’s sense of having secrets, by promising that you won’t tell anyone – this is a promise staff cannot keep, as these procedures require staff to follow a pathway of referral after a disclosure. Lastly, it is appropriate to reassure the child that the alleged abuse or neglect is not their fault. No child is responsible for the abusive actions of adults.

React: Staff should react to the child only as far as is necessary for them to establish whether there are grounds for reasonably believing that the child is being ill-treated, abused or neglected. This means that staff need to probe the child in a non-intrusive or investigative way to ascertain exactly what it is the child wishes to say, and thereafter whether there are grounds for referring the matter further. Such questioning of the child should not constitute an interrogation of the child, and should be conducted using “open questions” that facilitate the child to say what they need to say without having words put in their mouth by the adult. It is important that staff do not criticise the alleged perpetrator, and that they explain what they need to do next and who you have to tell about this information.

Record: An essential part of the disclosure process is to ensure that staff take contemporaneous notes of what the child says, **in the child’s own words**, and that such records are dated and signed by the staff member. Where staff members record an opinion in respect of the disclosure, they are required to identify it as such. Staff should also be aware of the information required in the Standard Reporting Form, so as to try to ascertain as much of the needed information as possible. Lastly, in complying with this procedure, staff members that record a disclosure should record that they passed the information on to the Designated Officer.

Remember: In order to ensure that the child protection processes of the Children’s Rights Alliance contribute to the promotion of children’s welfare, it is necessary to follow these guidelines in conjunction with those contained in Department of Children and Youth Affairs *Children First: National Guidance for the Protection and Welfare of Children* (2011).

Relax: It is important to remember that dealing with child disclosures of neglect and abuse is stressful, and can have an impact on one’s emotional well-being. Therefore, staff should actively seek out support from peers and line management. The Alliance is committed to making available such support systems as required in these situations.

9.5 Appendix 5: Children's Rights Alliance Data Protection Policy

Note: this will be updated when the new Data Protection Policy is put in place in 2018.

In accordance with the Data Protection Acts 1988 and 2003, the Children's Rights Alliance complies with the seven data protection principles regarding personal data kept. These include:

- the data must be obtained and processed fairly;
- the data should be accurate and up to date;
- the data shall be kept only for one or more specified and lawful purposes;
- the data shall not be used or disclosed on any matter incompatible with those purposes;
- the data shall be adequate, relevant and not excessive in relation to that purpose/purposes;
- the data must not be kept for longer than is necessary; and
- appropriate security measures must be taken against unauthorized access to, or alteration, disclosure or destruction of the data and against their accidental loss or destruction.

The Alliance is obliged to record pertinent information arising out of individuals reporting allegations/suspicious of abuse made to Alliance staff by telephone, email, letter or in person. For this purpose, the Alliance acts as a data controller. That is, the Alliance collects stores or processes data about living people on computer.

Policy for Obtaining and Processing Information Fairly

- The Alliance Data Controller (the Information Officer or another delegated staff member) records information relating to allegations/suspicious of abuse made to Alliance staff by telephone, email, and letter or in person.
- This information must be fairly obtained; that is, the individual alleging or having suspicion of abuse is aware that the information they are disclosing is being recorded for the purpose of reporting to the appropriate authorities and that they have been informed of the name of the data controller or the person initially receiving that information.
- The Alliance processes this information for the purpose of the legitimate interests pursued by a data controller except where the processing is unwarranted in any particular case by reason of prejudice to the fundamental rights and freedoms or legitimate interests of the data subject.

Retention and Disclosure Policy

The Alliance retains personal information relating to allegations/suspicious of abuse made to Alliance staff by telephone, email, letter or in person in order to be able to report such information to the appropriate authorities as specified in *Children First: National Guidance for the Protection and Welfare of Children (2011)*.

Data Security Policy

The Alliance undertakes appropriate security measures against unauthorised access to, or alteration, disclosure or destruction of, the data and against their accidental loss or destruction.

Alliance safeguards are as follows:

- access to the IT server is restricted to a limited number of staff and external IT contractors;
- access to the data is limited to the Data Controller and the Designated Officer;
- all IT systems are password-protected;
- daily back-up tapes of server data are retained off-site;
- all sensitive paper data is first transferred to electronic form and then destroyed;
- all staff are aware of Alliance security procedures; and
- The Alliance Information Officer or another delegated staff member is responsible for ensuring periodic reviews of security procedures.

Data Scope (Accurate, Adequate, Relevant and not Excessive)

- The Alliance ensures that only a minimum amount of personal information retained in order to satisfy our reporting obligations under *Children First: National Guidance for the Protection and Welfare of Children (2011)*.
- The Alliance ensures that when recording information for this purpose, only information pertinent to the allegation/suspicion of abuse is recorded.

Retention Period Policy

- The Alliance retains personal information relating to allegations/suspicions of abuse made to Alliance staff by telephone, email, letter or in person as well as responses from the Health Service Executive or the Gardai for an indefinite period. This data is confidential and kept securely in electronic form. Only the Data Controller and Designated Officer have access to this data. This policy will be reviewed in line with relevant legislative changes.

Giving Individuals Copies of their Personal Data

On making an access request, any individual about whom the Alliance retains personal data is entitled to:

- a copy of the data;
- know the purpose for processing that data;
- know to whom that data has been forwarded (relevant Tusla staff or member of an Garda Síochána); and
- know the source of the data, unless it is contrary to public interest.

In response to an access request the Alliance will:

- supply the information to the individual promptly and within 40 days of receiving the request; and
- provide the information in a form that will be clear to the ordinary person.

9.6 Appendix 6: Child Safeguarding Risk Assessment Template.

No.	Risk event	Implications	Score			Strategy Treat? Etc?	Mitigations (a)=Actions taken (b)=Intended Action (c) = Intended controls in place	Risk Owner	Status
			Likelihood	Impact	Total				
1.									
2.									
3.									
4.									
5.									

When completing this template, the Alliance will have to consider how likely a risk is to occur. If a risk is unlikely to happen, the organisation is likely to be less concerned. However, the Alliance also needs to think about 'Black Swan' events. These are events which are unlikely to occur but if they do, they will have catastrophic consequences for the organisation.

The Children's Rights Alliance has adopted a scoring system to work out which risks are most important based on the UK Institute of Risk Management's risk heat map¹, reproduced here:

Impact	Extreme/Catastrophic	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15
	Minor	2	2	4	6	8	10
	Insignificant	1	1	2	3	4	5
		1	1	2	3	4	5

¹ Institute of Risk Management, *Risk Management for Charities*, <https://www.theirm.org/media/1238690/CharitiesGuidanceV6FINAL.pdf>, accessed on 3 Jan 2017.

	Remote	Unlikely	Possible	Probable	Highly probable
	Likelihood				

9.7 Appendix 7: Code of Behaviour between Alliance Staff Members, Board and Children

The Alliance recognises that physical contact with children is often a valid way to offer comfort and reassurance to children. In particular, children who have suffered significant trauma in their lives may seek out such contact and it is important that individuals representing the Alliance can offer appropriate support in such circumstances. The Alliance ensures that staff, volunteers and interns and Board members exercise vigilance in their relationship with children, ensuring that the appropriate balance between the needs of the child and the discharge of professional responsibility is reached. No physical contact will take place unless it is acceptable to all parties concerned.

The following procedures apply to all Alliance staff, volunteers and interns and Board members.

The Alliance will:

- ensure it treats all children equally as defined under the Equal Status Act 2000 to 2004.
- respect a child's dignity and their right to privacy.
- if necessary, discuss boundaries on behaviour with children and young people, particularly when a representative of the Alliance is working one-to-one with a child.
- ensure that staff, volunteers and interns and Board members are vigilant to the signs of abuse as defined in the Alliance child protection policy and report such concerns as well as any concerns regarding a colleague's behaviour with regard to a child or children.
- ensure appropriate intimate care supports are provided by suitably qualified third-parties to child(ren) with special needs attending Alliance events.

The Alliance will not:

- develop sexual, or inappropriately intimate, relationships with children.
- spend excessive time alone with a child.
- socialise with children outside of structured Alliance or interagency activities.
- permit staff, volunteers and interns and Board members to favour one child or children over others.
- engage in sexually provocative activities, jokes or make suggestive comments.
- shame, humiliate or single-out a child in a degrading way.
- hit, physically chastise or verbally abuse children.

The Alliance will:

- ensure that at Alliance sponsored events and activities involving children, the appropriate staff supervision ratio of one adult to five children is maintained.
- ensure that a parental/guardian consent form has been completed and returned for all participating children.
- ensure that at events, being organised by Alliance member organisations or other agencies, in which the Alliance is participating, that those organisations have in place adequate child

protection procedures to which Alliance representatives can adhere and that representatives of the Alliance are made aware of their obligations to report any child protection concerns using the procedures of that organisation.