



Galway Community Circus

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Child Protection Policy and Guidelines

Guidelines for GCC staff regarding Child Protection and Welfare Concerns

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Galway Community Circus Company Limited by Guarantee. Company No. 453185. Registered Charity 20064747

St Joseph's Community Centre, Ashe Road, Shantalla, H91 A4VW Galway, Ireland

info@galwaycircus.com Tel: +353 85 1117224

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Galway Community Circus

Child Protection Statement

The Board of Directors, the Executive Creative Director and all staff and volunteers of the Galway Community Circus believes that the protection and welfare of children and young people is of paramount importance in their work as a youth arts organisation.

Galway Community Circus is committed to a young-person centred approach in our work. It is the policy of the organisation that all staff and volunteer leaders take all reasonable care to ensure that all children and young people involved in it's services are protected from abuse of any kind. We undertake to provide a safe environment and positive experience, where the welfare of the young person is paramount. Such a policy is an invaluable tool in helping our staff involved in working with young people, to safeguard both the young person and themselves.

Galway Community Circus has completed the Code of Practice for Good Governance of Community, Voluntary and Charitable Organisations in Ireland in 2017 and this child protection policy and guidelines is to be taken in light of all other policies within the organisation relating to HR, Health and Safety, Welfare and Data Protection. In particular in relation to children and young people the Code of Good Practice for staff and volunteers, Guidelines for Overnight and Day trips away go hand in hand with this Child Protection Policy and Guidelines as does the Arts Council Guidelines for taking & using images of young people.

The Board of Directors commits to reviewing this Child Protection Policy and the Guidelines for Staff/Volunteers regarding Child Protection and Welfare every two years.

Section 1: Introduction

These guidelines are produced in response to staff needs to be able to deal effectively with matters relating to child protection and child welfare which they may encounter in their role. It is important to note that these guidelines are in place to serve as a tool to dealing with matters of child protection, if there is any doubt of necessary steps to take, staff must always speak with the Designated Person in the organisation. Seeking the help and support of this person is key in responding effectively to the child protection concern.

This policy and Guidelines are derived from and consistent with the current Children's First: National Guidance (2011).

1. Responsibility to Report Child Abuse or Neglect

1.1 Everyone must be alert to the possibility that children and young people with whom they are in contact may be suffering from abuse or neglect. It is an important responsibility. The Tusla Child and Family Agency should always be informed when a person has reasonable grounds for concern that a child/young person may have been, are being or are at risk of being abused or neglected.

1.2 Any reasonable concern or suspicion of abuse or neglect must elicit a response. Ignoring the signals or failing to intervene may result in ongoing or further harm to the child. Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of reckless endangerment of children.¹

2. Purpose of these Guidelines

2.1 These guidelines are for use by GCC staff in their role within the organisation.

2.2 The purpose of these guidelines is to:

- (a) Provide GCC staff with the basic information on the nature of child² abuse and child welfare concerns
- (b) Inform staff on the procedures they should follow, in their roles when they are told that a case of child protection or welfare concern is occurring or has occurred, or they themselves witness it or are suspicious that it is occurring.

¹ Please refer to Section 6

² The Child Care Act, 1991 defines "child" as a "person under the age of 18 years other than a person who is or has been married". In these guidelines the word child and young person are used interchangeably and refer to a person under 18 years of age.

- (c) Ensure consistent best practice within GCC in responding to and recording of child protection or welfare concerns

2.3 All GCC staff/volunteers receive mandatory training appropriate to their roles in relation to good practice in child welfare and protection and in the implementation of the organisations child protection policy and guidelines.

2.4 Good Practice in relation to child protection and also in relation to how we go about our day to day work and interaction with young people in GCC will help minimise the risk of children and young people experiencing any form of child abuse within GCC itself. Therefore the Code of Good Practice of GCC which supports these Guidelines provides the base for staff and volunteers in their preparation and planning for all interactions with young people.

Section 2: Child Protection and Child Welfare Concerns

Child abuse or neglect is unfortunately not a rare occurrence. Abusers can come from many different backgrounds and may be relations, members of the child or young person's immediate family, strangers, people in positions of trust in relation to children or other young people themselves. Child abuse can occur in many different situations including in the home, in school, in youth activities and elsewhere.

This section outlines the principle type of child abuse and describes what might constitute a child welfare concern. It also looks at peer abuse and organised abuse.

1. Child Welfare Concerns & Child Protection Concerns

1.1 Child Welfare Concerns

Often cases encountered are of a welfare nature and may not be recognised as obvious or deliberate but the effect of the problem may have similarly negative consequences for the child and so needs to be responded to. It is equally important that we apply the same procedures to matters relating to the welfare of young people as well as that of abuse

Definition of Child Welfare Concern

“A problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child’s welfare or development, which warrants assessment and support.”

- HSE Child Protection and Welfare Practice Handbook

Examples may include:

- There may be a hygiene issue with the young person because of insufficient finances of the parents/guardians to provide clean clothes for the young person.
- A series of concerns which when combined, creates an overall picture of the circumstance which the child may be living in.
- Young person has mental health issues and the parents/guardians are unable to meet their children’s need and support is required.

1.2 Child Protection Concerns

Child abuse occurs when a child is ill treated in some manner and requires protection. Child abuse can be categorised into four different types: neglect, physical abuse, sexual and emotional abuse, abuse. A child may be subject to one or more forms of abuse at any given time. More detail on each type of abuse is given below.

A staff member or volunteer could encounter a situation regarding child abuse in a number of ways including the following:

- A young person discloses to the staff/volunteer that he or she is being abused
- A young person discloses to a third party who in turn tells the staff/volunteer
- A staff member/volunteer leader overhears other young people discussing their concerns about a particular young person
- A staff member or volunteer leader witnesses the abuse
- A staff member become suspicious for some other significant reason such as unexplained injuries, especially if repeated, to a young person.
- A third party informs the staff member in confidence of his/her suspicions or concerns that a young person is being subjected to abuse.
- A staff member or volunteer leader witnesses signs of neglect over a period of time
- A person causing the abuse tell you.

2. Definitions of different types of Child Abuse³

³ Definitions as contained in revised Children’s First National Guidance for the Protection and Welfare of Children, DCYA, 2011

2.1 Definition of Neglect: Neglect can be defined in terms of an omission, where the child suffers significant harm and impairment of development by being deprived of such things as 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 and 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 whose height or weight is significantly below average may be being deprived of adequate nutrition.

The threshold of significant harm is reached when the child's needs are neglected to the extent that his or her wellbeing and/or development are severely affected.

2.2 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.

2.3 Definition of Sexual Abuse

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

Examples of child abuse include:

- Exposure of the sexual organs or any sexual act intentionally performed in the presence of the child.
- Intention 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 acts. Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the purposes of sexual arousal, gratification or sexual act, including its recording (on film or other media) or the manipulation, for the 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.

2.4 Definition of Emotional Abuse

Emotional abuse is normally to be found in the relationship between a parent/carer and child rather than in a specific 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/symptoms. It includes, for example, persistent criticism and sarcasm, unresponsiveness of the parent/carer, use of over harsh disciplinary measures and exposure to domestic violence.

Other 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 behaviour or actions.
- Premature imposition of responsibility on a child
- Under or over protection of a child

Emotional abuse can be manifested in terms of the child 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.

2.5 Special Considerations

There are a range of situations where abuse can occur and it is imperative in the case of peer abuse or organised abuse as defined below that the response remains consistent and the procedures are adhered to.

2.6 Definition of Peer Abuse⁴

In some cases of child abuse the alleged perpetrator will also be a child. In a situation where child abuse is alleged to have been carried out by another young person, the child protection procedures must be adhered to for both the victim and the alleged abuser, that is, it should be considered a child care and protection issue for both children.

Abusive behaviour that is perpetrated by a young person must be acted upon. If there are any conflict of interest between the welfare of the alleged abuser and the victim, the victim's welfare is of paramount importance. It is known that some abusers begin abusing during childhood and adolescence, that significant numbers will have suffered abuse themselves and that the abuse is likely to become progressively worse. Early referral and intervention is essential.

2.7 Definition of Organised Abuse

Organised abuse occurs when either one person moves into an area or institution and systematically entraps children for abusive purposes or when two or more adults conspire to similarly abuse children, using inducements. Organised abuse can occur in different settings such as the community, the family or extended family or an institution.

Section 3: Recognising Risk of Child Protection or Welfare Concerns

Child neglect or abuse can often be difficult to identify and may present in many forms. In some instances a disclosure is made by an alleged victim of abuse or by a third party in relation to abuse. However, at other times a person may become suspicious of child neglect or abuse as a result of signs and symptoms they become aware of. A list of signs and symptoms as defined in Children's First and the Child Protection Welfare Practice Handbook (HSE, 2011) can be referred to and it is important to note that no one indicator should be seen as conclusive in itself as abuse. All signs and symptoms must be examined in the context of the child's situation and family circumstances.

⁴ Definitions as contained in revised Children First National Guidance for the Protection and Welfare of Children, DCYA, 2011

1. Guidelines for Recognition⁵

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

- (a) Stage 1: Considering the possibility
- (b) Stage 2: Looking out for signs of neglect or abuse
- (c) Stage 3: Recording of information

Stage 1: Considering the possibility

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

Stage 2: Looking out for signs of neglect or abuse

Signs of neglect or abuse can be physical, behavioural or developmental. They can exist in the relationships between children and parents/carers or between children and other family members/other persons. A cluster or pattern of signs is more likely to be indicative of neglect or abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should always be taken very seriously and should be acted upon.

Stage 3: Recording of information

If neglect or abuse is suspected and to be acted upon it is important to establish the grounds for concern. Observations should be accurately recorded and should include dates, times, names and locations, context and any other information that may be relevant. All documentation relating to such information must be kept securely by the Designated Person.

⁵ Adapted from the revised Children First National Guidance for the Protection and Welfare of Children, DCYA, 2011.

NOTE: GCC staff do not investigate child protection concerns or welfare concerns. We record what we see and hear and pass it on to the Tusla Child and Family Agency or to the Gardai in an emergency situation.

2. Reasonable Grounds for Concern

2.1 The following extract from Childrens First sets out examples, which are by no means an exhaustive list, of reasonable grounds for concern to report to the Tusla Child and Family Agency.

- (a) A specific indication from the young person that he/she was abused.
- (b) A specific indication from a third party that a young person was abused.
- (c) Evidence, such as an injury, of behaviour which is consistent with abuse and unlikely to be caused another way.
- (d) Signs of injury which are consistent with abuse and unlikely to be caused another way.
- (e) An injury or behaviour which is consistent both with abuse and with an innocent explanation but there are indicators supporting the concern that it may be a case of abuse. Eg. A pattern of injuries with an implausible explanation
- (f) Consistent indication, over a period of time, that a child is suffering from emotional and physical neglect.

2.2 Risk Factors for Consideration in Child Protection

Alongside the signs and symptoms of abuse there may also be a number of known risk factors that need to be considered when responding to child protection concerns. Risk factors are features of a child's circumstances that are known to be associated with heightened risk to health, development and welfare. They can be grouped into four main domains: parent/caregiver factors, family factors, child factors, environmental factors.

Other factors that need to be considered are:

- Age of the child
- Domestic violence/Sexual violence
- Parental mental health problems
- Parental substance misuse
- Parental intellectual disability
- Unknown partners
- Poverty and social exclusion

2.3 Considering whether there is a Welfare Concern

Listed below are questions that may help staff when they are concerned about a child's or young person's welfare:

- Is the child or young person behaving normally for his or her age and stage of development?
- Does the child or young person present a change in behaviour?
- For how long has this behaviour been observed?
- How often does it occur? Where?
- Has something happened that explains the child's or young person's behaviour?
- Is the child or young person showing signs of distress?
- Does the behaviour restrict the child or young person socially?

Section 4: Procedures to be Followed by Staff in Responding to Child Protection & Welfare Concerns

This section provides guidance to staff in Galway Community Circus who may be concerned about young people or children being at risk of abuse or neglect and how to appropriately respond.

In this instance, the term staff refers to paid staff members and full-time European Voluntary Service volunteers. All other volunteers who give their time on an occasional or one off basis will follow the procedure set out in the Volunteer Policy of GCC.

1. Procedures to be followed

When a GCC staff member is told or becomes otherwise aware or suspicious that a young person/child may have been, is being or is at risk of being abused or neglected, he/she should consider the situation calmly and be guided by the **paramountcy principle**, that the young person's protection and welfare must be the staff member's over-riding concern.

To abide by this principle staff must act confidentially and implement the following procedures:

- A.** Write down accurate notes as soon as possible.
- B.** Contact the designated liaison person in GCC
- C.** The designated person will decide, based on the information given by the staff member and on consultation with him/her
 - Whether to make a report to the Child Protection Social Work Department and whether this will be a verbal and written report or just a written report.

OR

- Whether the matter should be discussed informally with the Duty Social Worker.

D. Reporting (this step is to be carried out with the Designated Person or Deputy Designated Person in GCC)

If decision is to make a report:	If decision if not to report:
<ul style="list-style-type: none"> ● Inform parents, if appropriate ● From your notes prepare the standard Tusla Reporting form even if a report has been submitted verbally ● Submit the report to the local Tusla Child and Family Social Work Department ● The designated child protection officer in GCC will keep a copy of the report on file securely. 	<ul style="list-style-type: none"> ● Note the reason for not reporting and keep securely alongside any other notes regarding protection and welfare concerns for the individual young person ● Continue to record any additional worrying observations, suspicions or concerns in this file relating to Child Protection or child welfare matters. These notes could lead to a future report being made if necessary.

Note: When Child protection concerns arise with a child/young person, the designated person will complete the internal reporting form for Child Protection/Child Welfare concerns in conjunction with the staff member and based on the written record of the matter. Any ongoing concerns, suspicions or disclosures should be recorded in this document. This document must be kept securely and only accessible by the designated child protection officer.

Procedures to be followed (in detail):

A. Write down accurate notes as soon as possible, on everything that is relevant

- Record all **facts** that support your concerns
- Stick to the facts of what you have seen and heard, no opinions necessary.
- Do not try to interpret the situation
- Be as concrete and specific as possible in establishing the basis for your concern
- Write down as accurately as possible what you were told
- Write specifically where, when and by whom you were told it.
- Write, if possible, the exact words used by the person.
- Write down as accurately and specifically as possible anything you observed and when and where you observed it.
- Submit any notes to the DP who will complete the internal reporting form and file it securely.

It is important to note that unlike a disclosure, a suspicion or concern may be arrived at over a period of time and this is why all worrying concerns or observations should be recorded.

B. Contact the designated Child Protection Officer in GCC as soon as possible

The matter should be discussed in confidence and it is to help the staff member clarify what they have seen or heard and to offer support to the staff member and in the steps in responding to the concern. The matter should not be discussed with any other persons any further.

If the designated person is unavailable please contact the Deputy.

C. The designated person will decide, based on the information given by the staff member and on consultation with him/her, if a report is to be made or not

The designated person will decide if the matter will be reported to Tusla duty social worker, unless you both conclude that there is no definite knowledge or reasonable grounds for concern of child protection or a child welfare issue.

In conjunction with the designated person, the internal reporting form for child protection or welfare concerns is to be completed and stored in a secure location by the designated person.

If only one of you concludes that there is definite knowledge or reasonable grounds for concern of abuse of a child welfare issue, then the report should be made. A staff member should never be instructed not to make a report.

For the designated person, the process of making a decision to report or not may involve an informal consultation with the duty social worker by the designated person. If this is necessary, phone the relevant contact number and make it clear that you want to have an informal consultation in confidence, describe what you have seen and heard. If the duty social worker believes there is reasonable grounds for concern, the DP will make a formal report. Make a record of the consultation and any decisions arising out of it.

It is important to remember here that the GCC designated Child protection officer or staff have no function in investigating child protection matters. If the duty social worker does not consider that the matter needs to be reported, but you still have concerns, you should record this in the individual files opened for that young person the outcome of your discussions with the social worker.

If you still think a report should be made then do so on the basis of the paramountcy principle and the overriding concern for the young person and the risk they are in or the potential risk that may be apparent.

D. Making a decision

- If the decision is made not to report the matter to Tusla

Note the reason for not making a report to Tusla in the internal reporting form

Continue to record any worrying observations, suspicions, concerns or behavioural changes in the internal reporting document. This may lead to a future report being made.

- If the decision is made to report the matter

The designated person will decide if it is appropriate to inform the parents/guardians and will take responsibility for this. If you suspect child abuse or neglect and are making a report to TUSLA, the parents/guardians of the child should be informed unless doing so is likely to

endanger the child. The DP will take advice from the Duty Social Worker in deciding on whether to inform the parents or not.

Guidance for the Designated Person in completing the the standard reporting form for reporting Child protection and/or welfare concerns.

- a. For any sections which you do not have the information, please indicate this by putting a line through the question
- b. Submit a cover letter with the report form marking both the cover letter and envelope private and confidential. The cover letter may note any comments you wish to make regarding the disclosure of the referral source.
- c. TUSLA should also be asked in writing to acknowledge receipt of the report.
- d. File a copy of the report in and store securely.
- e. The DP will inform the relevant staff member or volunteer if a report has been made to Tusla.

E. After a report is submitted

After a report has been submitted, leave the matter be, apart from:

- Any necessary contact with Tusla regarding the matter
- Being available to listen to and reassure the young person as appropriate
- Maintaining contact with the designated person to acquire support for yourself.
- Any additional and/or ongoing concern, in which case report the matter using the same procedures.

2. Dealing with Emergency Situations

An emergency situation is one in which a child or young person's immediate safety is deemed to be at risk. In circumstances where a child's or young person's immediate safety is deemed to be at risk, the staff member must make contact with the designated person and maintain regular contact.

Under no circumstances should a child be left in a situation that exposes him/her to harm or to risk of harm pending an intervention by the relevant authority. Therefore follow the procedures outlined below if an immediate threat to safety is apparent.

It is important to note here that is this emergency situation arises out of office hours of the duty social work team, the An Garda Siochana should be contacted.

- Procedure to be followed in an Emergency Situation

Reassure the young person first and take necessary steps to make them feel safe and comfortable.

Immediately contact the designated person and tell them what has happened. Take steps to ensure that the young person does not overhear the conversation. The designated person will instruct or assist in dealing with the situation and will make any calls to the duty social worker or parents/guardians.

SAFE for the young person to go home	UNSAFE for the young person to go home
<ul style="list-style-type: none"> - With the designated person, decide if it is appropriate to inform the parents about the matter. You may need to consult with the duty social worker or a Garda before making a decision - As soon as possible after the young person is safely home, the DP will prepare the standard TUSLA form, submit it and file a copy securely. 	<ul style="list-style-type: none"> - Discuss a course of action with the duty social work or Garda - It is important to handle the situation as sensitively as possible by giving due consideration to the welfare of the young person - If a young person does have to be taken to a place of safety by someone they don't know, you should remain with them until he/she has had a chance to become more comfortable with the social worker of Garda. When you do have to leave reassure the young person that you will continue to be available to listen to and reassure him/her if that is possible. - As soon as possible after the young person is safe the DP will prepare the standard TUSLA form, submit it and file a copy securely.

- Follow up with an Emergency Situation

It may be appropriate to arrange to check in with the young person later that day or the next day either by phone or in person. The designated person will decide what is appropriate here for the staff member and in the best interest of the young person.

After completing the above and following the procedures, leave the matter be, apart from:

- (a) Any necessary contact with the Gardai or the Tusla Social work department

- (b) Being available to listen to and reassure the young person as appropriate
- (c) Maintaining contact with the designated person to acquire support for yourself.
- (d) Any additional and/or ongoing concern, in which case the matter should be reported using the same procedures as above.

3. Dealing with an allegation against another GCC staff member or volunteer.

All allegations against staff or volunteers who work with children and young people must be reported to the Designated person. The same reporting procedures , as outlined above will be applied to these allegations.

4. Dealing with Retrospective Disclosures

An increasing number of adults are disclosing abuse that took place in their childhoods. The National Counselling Service is in place to listen to, value and understand those who have been abused in childhood. This service is professional, confidential and free of charge in all regions of the country and can be access by self-referral. (Freephone 1800477477).

If it felt by a GCC staff member that, arising from a retrospective disclosure by an adult to the staff member, there is any risk to a child or young person who may be in contact with an alleged abuser, the allegation must be reported to Tusla Child and Family agency without delay following the same reporting procedures outlined above.

A concern about a potential risk to children posed by a specific person, even if the children are unidentifiable, should also be communicated to the TUSLA Child and Family agency.

5. Common Difficulties in dealing with Child Abuse

Dealing with child abuse is rarely straightforward. Many complications can arise including the following:

- (a) Disclosure is made and then withdrawn
- (b) The child or young person makes a disclosure to a staff member and then attempts to swear them to secrecy.
- (c) The child and young person threatens self harm if the staff/volunteer tells anyone else
- (d) The child or young person will often seek to protect and even express love and concern for his/her abuser.

Despite these complications and difficulties the staff member must always follow the procedures set out in these guidelines.

6. Confidentiality

Confidentiality is about managing sensitive information that arises in a trusting relationship and doing so in a manner that is respectful, professional and purposeful.

GCC is committed to ensuring people's rights to confidentiality. However in relation to child protection and welfare it is important that:

- Information will only be shared on a need to know basis in order to safeguard the young person.
- Giving such information to others for the protection of a child or young person is not a breach of confidentiality
- The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection
- No guarantee of confidentiality is given where the best interests of the child or young person are at risk
- Parents and children have a right to know if personal information is being shared, unless doing so could put the child at further risk.

Summary of Do's and Dont's regarding child abuse and child welfare concerns

DO write down accurate notes based on what you have heard and observed

DO discuss the matter in confidence with the designated person

DO report the matter to the TUSLA Child protection social work Department unless both you and the designated person conclude that reasonable grounds for concern do not exist.

DO treat the matter in the strictest confidence

DON'T make accusations or allegations against anyone

DON'T investigate any alleged instances or suspected instances of child abuse or child welfare concerns

DON'T attempt to diagnose cases of child abuse

DON'T make promises that cannot be kept, for example, a promise not to tell anyone.

Section 5: Responding to and Supporting Young People, Volunteers, Parents/Guardians and Staff

Galway Community Circus aims to provide a safe space for the young person and they may feel more comfortable talking about any concerns and difficulties in their lives than in other settings.

1. Responding to a child or young person who discloses abuse

A young person may disclose an abuse/abuses perpetrated against him/her. It is essential that they feel supported in what may be an extremely traumatic experience for them. The act of disclosing is a huge act of trust and must be treated with respect, sensitivity and care. A child or young person may allege or disclose abuse or a welfare concern to any adult leader during their work with them. For this reason all adults involved in the organisation need to be aware of the possibility and familiar with these guidelines on handling a disclosure.

The following advice on handling a disclosure of abuse is adapted from ***Code of Good Practice – Child Protection for the Youth Work Sector*** (2003):

- React calmly, create an atmosphere of trust and openness with the young person.
- Be aware that disclosures can be very difficult for the child or young person. The child or young person may be under severe emotional distress and you are being approached because you are trusted.
- Listen carefully and attentively; take the young person seriously and give them time and opportunity to tell as much as they are able to. Allow him or her to disclose at their own pace and in their own language.
- Reassure the young person that they have taken the right action in telling. Accept what the child or young person has to say.
- Conceal and signs of disgust, anger or disbelief. It is important to avoid expressing any judgement on, or anger towards, the alleged perpetrator while talking with the child or young person.
- Do not make promises that cannot be kept, particularly regarding secrecy. Instead tell the child or young person that have being given the information you are obliged to pass on the information in your duty to care for them and to protect and support them.

When asking questions:

- Questions should be supportive and for the purpose of clarification only
- Do not ask the young person to repeat the story unnecessarily
- Ask questions only for the purpose of clarification. Be supportive, but do not ask leading questions or seek intimate details beyond those volunteered by the child. Check with the young person to ensure that what has been heard and understood by you is accurate.

NOTE: Important Points To Remember If you receive a disclosure of abuse or have a suspicion of abuse

1. The well being of the young person is the most important consideration
2. The one thing you must not do is nothing.
3. Never attempt to confront an alleged abuser.
4. Do not investigate yourself. This is the job of the Child and Family Agency and/or Gardai.

2. Supporting the Child or Young Person after a disclosure

It is important for staff to consider how to support a child or a young person after a disclosure or allegation of abuse or a welfare concern. Disclosure is a huge step for a child or young person. It is important that the staff member continues in an appropriate supportive relationship with the child or young person. This includes:

- Keeping in contact with the child or young person and maintaining a positive relationship with them
- Keeping in touch with the child or young person's family if appropriate
- Keeping lines of communication open by listening carefully to the child or young person while being sensitive to the vulnerability they may feel
- Continuing to include the child or young person in the usual activities.
- Being aware of support services which they could access to refer the young person to as necessary.

3. Supporting a volunteer in dealing with child protection or welfare concerns

3.1 In some instance a child or young person may make a disclosure of child abuse or a child welfare concern to a volunteer adult leader in GCC. Equally a suspicion or concern may arise over a period of time for a volunteer. In these instances the volunteer will contact the designated person and procedures will be followed as set out.

3.2 For the designated person, there are some guidelines here in assisting volunteers in making a report and dealing with a disclosure.

- (a) The DP should be mindful that the volunteer may have concerns regarding his or her own position in the situation. The alleged abuser, may be known to the volunteer and the young person may be a neighbour's child or relative. This can lead to feelings of conflict about reporting for a volunteer.
- (b) The DP should listen to and empathise with the volunteer on all of this, checking how the volunteer is feeling about what he/she has heard and about the need to report it. Feeling of fear, shock and anger may be surfacing and the volunteer may need space and time to talk through this.
- (c) The DP should remind them gently but clearly that despite any reservations they may have, the protection of the young person comes first, and so the child protection policy must be followed which may or may not lead to a report.

- (d) The DP can offer to facilitate the volunteer to write their notes by asking questions to help them order and clarify their memories. Also volunteers should be reassured that they do not have to deal with the matter alone.
- (e) The DP will decide whether to report the matter to the Duty Social Worker without delay, unless concluded that there is no definite knowledge or reasonable grounds for concern of child protection of a child welfare issue.
- (f) In the case where a decision is made to report, the DP will decide on whether it is appropriate to inform the parents/guardians of the child or young person that a report will be or has been made. If a decision is reached not to inform parents/guardians due to perceived risk to the child or young person or to the volunteer themselves, then this needs to be notified to TUSLA. If parents/guardians are to be informed the DP will take responsibility for this.
- (g) The DP will take responsibility for completing the standard report form and will ensure the volunteer knows, understands and accepts the confidentiality involved in the situation.
- (h) Staff will remind the volunteer not to ask more questions of the young person but to be available to listen to them if they wish.
- (i) Staff will inform the volunteer that once the report is made to TUSLA that their part is largely over and they must leave it to the statutory authorities to respond to the report. However if they remain concerned or if other issues arise they should contact the DP.

4. Guidelines on Speaking to Parents/Guardians about a TUSLA report

Children First (2011) makes it clear that parents should be informed if a report is being submitted to the Child and Family Agency or an Gardai Síochana, unless doing so will endanger the child.

The Designated person takes responsibility for informing a parent about a child protection concern/report. The Designated Person must discuss the situation with the Welfare committee or Deputy Designated Person before they inform a parent about a child protection report, to ascertain whether that they are putting themselves or a young person in any danger. The DP will liaise with the Child and Family Agency before informing a parent. If a decision is taken to go ahead and inform the parents/primary carers, the duty social worker can advise the Designated Person on the best way to do so.

The Designated Person should keep in mind any knowledge they have of the family and also the information the young person has provided regarding the family. They should consider some of the following:

- What is the existing relationship with the parents?
- What are the perceived possible responses from the parents?
- Are there likely to be any communication difficulties or conflict?

When informing parents it is important to:

- Be clear, honest and constructive
- Explain that the decision to report is based on a genuine concern for the welfare of the child
- Express the hope that the child and the family will get the necessary help and support they need
- Continue to liaise with the Child and Family Agency.

5. Supporting Staff in dealing with child protection or welfare concern

A child protection concern can be difficult for a staff member or a volunteer and it is important that the staff member is supported effectively and appropriately.

The Designated Person along with the welfare committee should provide the following support to a staff member making a Child Protection report:

- Being available to listen to the staff member and helping them talk through the disclosure
- Advising on the best course of action in an emergency situation.
- Reminding the staff member to make notes based on a factual account.
- The DP should use all information from the staff member or volunteer when deciding on informing parents/guardians about the matter and how best to do that.
- Reassurance that the staff member has followed the procedure correctly and support and supervision in relation to the disclosure and any consequences relating to it.

Section 6: The Legal Position, Legislation and Key Agencies

1. The Legal Position

1.1. Should a GCC staff member or volunteer make a report or furnish information with regard to suspicions or an allegation of child abuse to the appropriate person, such communication is privileged. Privilege in this case means immunity from civil liability. This means that they will not be liable in damages in respect of that communication if they acted reasonably and in good faith in forming the opinion and communicating it to the appropriate person, namely the designated person.

1.2. Those making a report should not accuse or bring a charge but merely pass on a report. They are expected to act in the best interests of the young person.

- 1.3. Privilege can be displaced where it is established that the person making the report acted maliciously or recklessly. The Protection of Persons Reporting Child Abuse Act 1988 also creates a new criminal offence of false reporting of child abuse where a person makes a report of child abuse to the appropriate authorities knowing that statement to be false.
- 1.4. In very rare circumstances there is a possibility that parties reporting suspicions of child abuse under these guidelines would be required to attend court in the event of civil or criminal proceedings arising. The circumstances of the particular case may result in such a situation. In all cases, the Designated Person must consult with the welfare committee of the Board and where appropriate the Chairperson of the Board of Directors, for further guidance and advice in the event of being requested to give evidence in civil or criminal proceedings relating to abuse cases which affect or involve GCC.
- 1.5. Please note that GCC, in providing guidelines on the legal position, does not attempt to give legal advice in relation to these issues. Parties with a legal query should seek appropriate legal advice on the issues concerned.

2. Relevant Legislation

There is a range of guidance and legislation underpinning who should take action, what the action should be and when it should be taken in child protection and child welfare concerns. Some of the key legislation is outlined below in the below extract from Children First.

2.1 Protection for Persons reporting Child Abuse Act 1998

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

2.2 Freedom of information

- Notwithstanding the requirement of all professionals involved in child protection and welfare cases to share relevant information, records are nevertheless confidential. They do not belong to individuals (except for independent practitioners) and are the property of the organisations that keep them. Under the **Freedom of Information Acts 1997 and 2003**, members of the public have a right of access to records concerning them held by any public body and a right to have official information about themselves

amended where it is incorrect, incomplete or misleading. Members of the public also have a right to be given reasons for decisions made concerning themselves. Requests to see records are processed in the first instance through the public body that holds the records. In the event of refusal of access, the decision may be appealed and the ultimate arbiter is the Information Commissioner. At present, these Acts apply to the Child and Family Agency, but not to An Garda Síochána.

2.3 Data Protection Act 1988 and 2003

- The **Data Protection Acts 1988 and 2003** afford similar rights to individuals to access personal data held about them by any entity whether in the public or private sector. The right to access applies to records held by the Child and Family Agency and An Garda Síochána. However, the right to access does not apply in a range of circumstances that may be relevant in a child welfare context. Equally, the right of access does not extend to any information that identifies a third party where that third party had an expectation of confidence. Accordingly, it would not be necessary to provide any information that would identify a person making a child welfare report in response to a request under the Data Protection Acts.

2.4 Children Act 2001

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

2.5 Child Care Act 1991

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

The main provision of the Act are:

- (a) The placing of a statutory duty on the HSE to promote the welfare of children who are not receiving adequate care and protection up to the age of 18.
- (b) The strengthening of the powers of the HSE to provide child care and family support service.
- (c) The improvement of the procedures to facilitate immediate intervention by the HSE and An Garda Síochána where children are in danger
- (d) The revision of the provisions to enable the Courts to place children who have been, are being or are likely to be assaulted, ill-treated, neglected or sexually abused or the child health, development or welfare has been, is being or likely to be avoidably impaired or neglected, in the care of or under the supervision of the HSE
- (e) The introduction of arrangements for the supervision and inspection of pre-school services

- (f) The revision of provisions in relation to the registration and inspection of residential centres for children

2.6 Criminal Justice Act 2006

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

‘A person, having authority or control over a child or abuser, who intentionally or recklessly endangers a child by -

- (a) Causing or permitting any child to be placed or left in a situation which creates a substantial risk to the child of being a victim of serious harm or sexual abuse, or
- (b) Failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence.’

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

3. Key Agencies

Formerly the HSE were one of the key agencies empowered by law to carry out assessments and investigations, respectively, of suspected child abuse and neglect. This role has now been handed over to TUSLA the Child and Family Agency. We are awaiting relevant updates to legislation before updating this section of the policy.

An Garda Síochána are another of the key agencies that are empowered by law to carry out assessments and investigations of suspected child abuse and neglect. Each agency manages the responsibility within its brief and their joint efforts are designed to ensure that the protection of vulnerable children and young people receives priority attention.

4. Designated Person for Child protection

In GCC for its staff and volunteers, if a child protection or child welfare concern arises the point of contact is the designated person.

The role of the Designated Person is to manage a child protection concern including:

- Receiving and considering a child protection concern from staff and volunteers
- Making a report directly to TUSLA
- Supporting implementation of GCC's child protection policies
- Maintaining confidential records and ensure adherence to best practice in keeping with record keeping guidelines
- Facilitating staff training opportunities
- Providing information and advice
- Keeping up to date on relevant policy and legislation

APPENDIX 1

Terminology and Definitions used

Designated Person A Child Protection Designated Person has been appointed by the organisation. The Designated Person acts as a resource to any young person, staff member and volunteer who have Child Protection concerns. All dealings of a Child Protection nature go through the Designated Person who in turn may make a referral to the Child and Family Agency or Gardaí.

Deputy Designated Person has also been nominated by the organisation in the event or occurrence of the Designated Person for Child Protection being unavailable. The Deputy is a member of the welfare committee of the Board of Directors.

Welfare Committee

Galway Community Circus has a welfare sub committee of the board of directors which is comprised of the the Executive Creative Director and one other Board member and the lead tutors. The Executive Creative Director who is also the designated person can come to this committee for support in dealing with child protection matters as they arise. Also when the designated person is unavailable the board member sitting on the welfare committee becomes the deputy designated person.

APPENDIX 2

Signs and Symptoms of Child Abuse

1. Signs and symptoms of neglect

Child neglect is the most common category of abuse. A distinction can be made between 'wilful' neglect and 'circumstantial' neglect. 'Wilful' neglect would generally incorporate a direct and deliberate deprivation by a parent/carer of a child's most basic needs, e.g. withdrawal of food, shelter, warmth, clothing, 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 fulfill the developmental needs of the child in terms of cognitive stimulation'.

Child neglect should be suspected in cases of:

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

2. Characteristics of neglect

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

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

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

- **Disorganised/chaotic neglect:** This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding

accommodation, finances and food. This type of neglect results in attachment disorders, promotes anxiety in children and leads to disruptive and attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe from accidental harm, with a high incident of accidents occurring.

- **Depressed or passive neglect:** This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.
- **Chronic deprivation:** This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays

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

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

3. Signs and symptoms of emotional neglect and abuse

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

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

substituted’.

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

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

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

4. Signs and symptoms of physical abuse

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

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

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

Bruises

Accidental

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

Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be 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:

- (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.

5. Signs and symptoms of sexual abuse

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

Cases of sexual abuse principally come to light through:

- (a) disclosure by the child or his or her siblings/friends;
- (b) the suspicions of an adult;
- (c) physical symptoms.

Colburn Faller (1989) provides a description of the wide spectrum of activities by adults, which

can constitute child sexual abuse. These include:

Non-contact sexual abuse

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

Sexual contact

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

Oral-genital sexual abuse

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

Interfemoral sexual abuse

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

Penetrative sexual abuse, of which there are four types:

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

Sexual exploitation

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.
- 'Child pornography' includes still photography, videos and movies, and, more recently, computer-generated pornography.
- 'Child prostitution' for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way.

The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim.

It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place.

Carers and professionals should be alert to the following physical and behavioural signs:

- bleeding from the vagina/anus;
- difficulty/pain in passing urine/faeces;
- an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease. Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area;
- noticeable and uncharacteristic change of behaviour;
- hints about sexual activity;
- age-inappropriate understanding of sexual behaviour;
- inappropriate seductive behaviour;
- sexually aggressive behaviour with others;
- uncharacteristic sexual play with peers/toys;
- unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming.

Particular behavioural signs and emotional problems suggestive of child abuse in **young children (aged 0-10 years)** include:

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

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

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

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

Appendix 3

Support & Advice Organisations/Services

Youth Theatre Ireland

Youth Theatre Ireland is the development organisation for youth theatre in Ireland. The organisation offers a range of supports, resources and advice to youth theatres. Youth Theatre Ireland's Designated Person can provide guidance on dealing with child protection/welfare issues.

Phone: 01-8781301

www.youththeatre.ie

National Youth Council of Ireland: Child Protection Programme

This NYCI programme aims to build the capacity of youth organisations to safeguard and protect their children/young people. The programme offers training in child protection including training for Designated Persons. It has also developed a range of resources.

Phone: 01-4784122

www.childprotection.ie

Foroige Galway

Various supports for young people in Galway City and County, through youth development projects, Big Brother Big Sister and Garda Youth Diversion Projects. Foroige Galway provides young people aged 10 to 18 years with a safe social space to be empowered to participate actively and consciously in their own development and that of their communities.

Youth Mental Health

www.reachout.com

ReachOut.com is a service dedicated to taking the mystery out of mental health. They aim to provide quality assured mental health information and inspiring real life stories by young people to help other young people get through tough times.

Features include:

- **Getting Help:** Outlines the various options for a young person who is seeking help. Gives an easy to understand explanation of the various services available.

- **Help a Friend**
- **Minding your Mental Health**
- **Inform Yourself:** covers a range of topics such as Anxiety, Depression, Eating Disorders, Bullying, Sex and Relationships. Loss and Grief, Sexuality and Coming Out.
- **Ask the Expert:** videos of mental health experts talking about a range of topics. Also provides a forum where you can ask questions.

Headstrong

Phone: 01-4727010

www.headstrong.ie

The National Centre for Youth Mental Health – a non-profit organisation supporting young people’s mental health in Ireland. Headstrong works with communities and statutory services to empower young people to develop the **skills, self-confidence and resilience** to cope with mental health challenges. Their vision is to give every young person in Ireland *somewhere to turn to and someone to talk to*. They also work with the government, media and direct community outreach to *change the way Ireland thinks about youth mental health*. *Headstrong is committed to the development of youth-friendly mental health services and includes young people in the development of their services.*

Jigsaw Galway

091 549252

Jigsaw Galway is part of a national network of Jigsaw Services supported by Jigsaw the National Centre for Youth Mental Health, all aiming to provide tailored community-based help for young people’s mental health needs. Jigsaw is a free and confidential service supporting the mental health and well-being of people aged 15 – 25 in Galway city and county. Jigsaw’s aim is to support young people in Galway who are struggling, to ensure they get the support they need, when and where they need it.

Teen-line Ireland

Phone: 1800 833 634

www.teenline.ie

A free-phone service open every day of the week from 7pm to 10pm (3pm – 10pm on Wednesday)

Set up to provide a listening ear for young people who want to talk about anything that is on their mind.

www.letsomeoneknow.ie

Interactive website developed by the National Office for Suicide Prevention to help young people cope with a range of issues that may be getting them down such as bullying, appearance, self-harm etc.

Childline

Phone: 1800 66 66 66

Text 'Talk' to 50101

Childline is a service provided by the Irish Society for the Prevention of Cruelty to Children. Free and confidential for children/young people who are experiencing difficulties at home, school etc. Also provides an online bullying support service.

Pieta House

Phone: 01-601 0000

www.pieta.ie

The centre for the prevention of self-harm and suicide. Has a number of outreach centres and provides direct support to those who are suicidal or self-harming. Free of charge.

Offers advice to friends and family members on the best way to help their loved one who is experiencing difficulty.

Youth Mental Health Resources

Most of the websites detailed above have resource sections.

One very useful source of information for those who work with young people is ***A Mental Health Resource for Youth Workers and Volunteers***. (Produced by Headstrong, in association with BelongTo, Foroige and ReachOut.com).

Among the areas covered are the

- development needs of young people,
- factors that affect young people's mental health,
- an explanation of terms associated with mental health,
- what to do if you have a concern about a young person,
- how best to support a young person experiencing mental health difficulties.

You can download *A Mental Health Resource for Youth Workers and Volunteers*:

<http://www.foroige.ie/sites/default/files/Youth%20Mental%20Health%20Resource.pdf>

National Youth Council of Ireland: Youth Health Programme.

NYCI have a dedicated National Youth Health Programme. They offer training/resources on a range of youth health topics including youth mental health and bullying:

For more information on all these programmes go to <http://www.youthhealth.ie>

Eating Disorders

Bodywhys

www.bodywhys.ie

Phone: 01-2834963

Bodywhys is the national voluntary organisation supporting people affected by eating disorders. Their mission is to ensure support, awareness and understanding of eating disorders amongst the wider community as well as advocating for the rights and healthcare needs of those affected by eating disorders. Their website has advice on getting help and support.

Supporting LGBT Young People

BeLonGTo

www.belongto.org

Phone: 01 670 6223

BeLonG To is an organisation for Lesbian, Gay, Bisexual and Transgendered (LGBT) young people, aged between 14 and 23.

Their aim is to provide safe and fun services to LGBT young people across Ireland. They have a number of groups for young people all around Ireland. Their website has a dedicated mental health section.

Appendix 4

GCC Internal Recording Form for Child Protection/Welfare Related Issues

Date: _____ Location: _____
 Name of Child: _____ DOB: _____
 Parent/guardian Name: _____

Nature of Concern:

- Unsupervised Other Neglect
 Domestic Violence Other Emotional Abuse
 Sexual Abuse Physical Abuse
 Missing Other (please state)

Further information regarding the concern:

Any previous related incidents?:

Please outline steps taken: (tick as appropriate and state name of contact)

	Name	Contact No.	Spoken to (tick)	Written to (tick)
Designated Person				
HSE				
Gardaí				
RIA				
Parent/ Guardian				
Other				

Other action?

What was the outcome? e.g. action taken

Signed:
Name :

Contact Phone Number: _____

Appendix 5

Link to Standard Reporting form For TUSLA

<http://www.tusla.ie/services/child-protection-welfare/publications-and-forms/>