

Policy 19

Treoir – Safeguarding Children

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The National Federation of Services for
Unmarried Parents and their Children

Child Safeguarding Policy

Signed: Chairperson:

Ruth Barrington

Signed: CEO:

Damien Peelo

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The operation of this policy will be reviewed annually and the content of the policy will be reviewed every 3 years or earlier if required.



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1. Introduction

Founded in 1976, Treoir is the national federation of services for unmarried parents and their children. Treoir, in partnership with its member agencies, has promoted the rights and best interests of unmarried parents and their children through its National Specialist Information Service and by advocating for their rights.

1.1 Statement of Policy

Treoir is opposed to all forms of child abuse and neglect and believes that children have a right to be brought up in an environment free from any harm or neglect and which is supportive of their development.

All Treoir staff are required to report any concerns about child abuse or neglect according to Treoir's procedures.

The aim and purpose of this Policy is to safeguard children, young people, families and staff. Treoir's Child Safeguarding Statement is a guidance document for Treoir's 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.

Treoir's Child Safeguarding Statement and Child Safeguarding Policy are displayed prominently on Treoir's website and in Treoir's offices. Please refer to the Staff Handbook for information on other Treoir policies and procedures.



1.2 Reason for this Policy

The welfare of children is of paramount importance.

All children have a right to be protected from child abuse or neglect. Unfortunately, some children in Ireland today are subject to child abuse and neglect.

To provide staff with a policy and procedures to support the recognition of child abuse and neglect and to offer guidance to staff as to the appropriate action to be taken in accordance with the Children First National Guidance for the Protection and Welfare of Children (2011).

1.3 Who must observe this Policy

Treoir's staff do not work directly in providing services to children and families. This policy is for staff and management who do not work directly in providing services to children and families. This policy must be observed by the following:

- Staff
- Contractors
- Board members
- Volunteers

The Child Safe Guarding Statement (<http://www.treoir.ie/policy/safeguarding-children/>) applies when working in Treoir's offices and while representing Treoir at other venues.



2. Key Principles of the Safeguarding Statement

The following principles underpin the Child Safeguarding Statement:

The welfare and best interests of children are of paramount importance. Treoir 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.

Treoir board members and staff 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).

Treoir fully accepts and endorses the Children First Act 2015 and the Children First Guidance

Treoir 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 2015 and the Children First: National Guidance for the Protection and Welfare of Children (2011).

Treoir 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).

Treoir ensures that staff receives the appropriate training in child protection and welfare.



Treoir recruitment policy adheres to best practice and Treoir will ensure that all necessary staff are vetted by the Garda Central Vetting Unit (GCVU).

Anyone contracted on a consultancy basis to work on projects that involve contact with children will be required to demonstrate that they have been vetted by the GCVU.

2.1 Statement of Risk

Treoir maintains a Risk Register that contains a statement of risk in relation to child safeguarding and child protection.

Treoir does not work directly with children in its day-to-day activities but does engage with parents whose children maybe present on an occasional basis and supports parents by telephone whose children may be present.

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

- Where allegations/suspensions of abuse are made to Treoir staff by telephone, email, and letter or in person.
- Where children are present in Treoir's office for other reasons (such as the children of clients or staff members); and
- Where children are at events in which Treoir staff and Board members participate.



3. Definitions of Child Abuse

Treoir's Child Safeguarding Statement is informed by the Children First: National Guidance for the Protection and Welfare of Children (henceforth the National Guidance) document.

Treoir 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.

Throughout the rest of this document the term "Child Abuse and Neglect" is inclusive of these four categories.

4. Recognising Child Abuse

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 a Treoir 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 of neglect or abuse;
2. Looking out for signs of neglect or abuse; and
3. Recording of relevant information.

4.1 Reasonable Grounds for Concern

Where a Treoir 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(s) with delegated responsibility (see 5.9 Designated Officer) must report their concerns to Tusla, the Child and Family Agency (see Appendix 2, Child Protection Reporting Form).

The Designated Officer 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 behavior 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 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.

5. Safeguarding Children and Reporting

5.1 Responsibilities of staff/volunteers not working directly with children when a child protection concern arises.

As Treoir does not work directly with children, Treoir does not expect this group of staff/volunteers to deal with child protection concerns directly but to listen sympathetically and attentively to the person who is presenting the child protection concern and to collect enough information to report to and allow the Designated Officer to follow up the inquiry in accordance with Treoir's Child Protection Policy. The Designated officer is the CEO of Treoir.

Observing or hearing about something that causes concern, creates a responsibility to raise the issue. No concern is too trivial.

A child protection or child welfare concern can arise or be observed in a number of different ways. The following are some of the more likely ways in which child protection or child welfare concerns can arise for staff/volunteers:

- A report by a third party of having witnessed or suspected a child is being abused. This could include a parent, or a relative, another child, another agency or a community groups or a member of the public.



- A staff member/volunteer witnessing the abuse of a child. This could occur either in the workplace or outside the workplace.
- A disclosure or specific indication from a child that suggests they have been, or are being, abused.
- A disclosure from a parent that they have abused or neglected a child.
- A phone call, email or letter raising a concern
- A disclosure or specific indication from the child or parent that suggests that the child is considering suicide
- A disclosure or specific indication from the child or parent that suggests that the child is self-injuring.

The priority is to ensure the Designated Officer considers the enquiry and makes contact, if appropriate with Tusla in accordance with Treoir’s Child Protection Policy on the same day wherever possible.

Where a staff member/volunteer or student becomes aware of an act of non-compliance with this policy, they have a responsibility to bring it to the attention of the designated officer. You can refer to Treoir’s Whistle Blowing Policy.

5.2 General Procedures for Safeguarding Children

It should be noted that Treoir does not usually work directly with children in its day- to-day activities.

The following procedures are adhered to on occasions when Treoir staff engage with children while working with adults in the Treoir offices.



Treoir endeavors to ensure that individual staff members are not left alone with a child at an event or in the Treoir offices. However, this may not always be feasible and Treoir ensures, on all occasions, an appropriate balance is maintained between meeting the needs of the child, and the discharging of our professional responsibilities.

5.3 Reporting Alleged/Suspected Abuse

The following procedures apply to all Treoir staff members to whom allegations or suspicions of child abuse are made or who engage in work involving contact with children. 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 a Treoir employee (see Section 5, Reporting Alleged/Suspected Abuse by An Employee/Volunteer/Intern).

For additional information and guidance, see Appendix 5, Guidelines for Responding to Disclosures

The following steps must be adhered to by the Treoir 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.

5.4 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 Liaison Person.



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

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

The contact details of the Designated Officer and the 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 Tusla Child and Family Agency in advance of making a formal report.

Notes are taken using the Child Protection Reporting Form (Appendix 2) detailing as much information as possible.

The notes are emailed to the Designated Officer, who must be informed immediately of the concern.

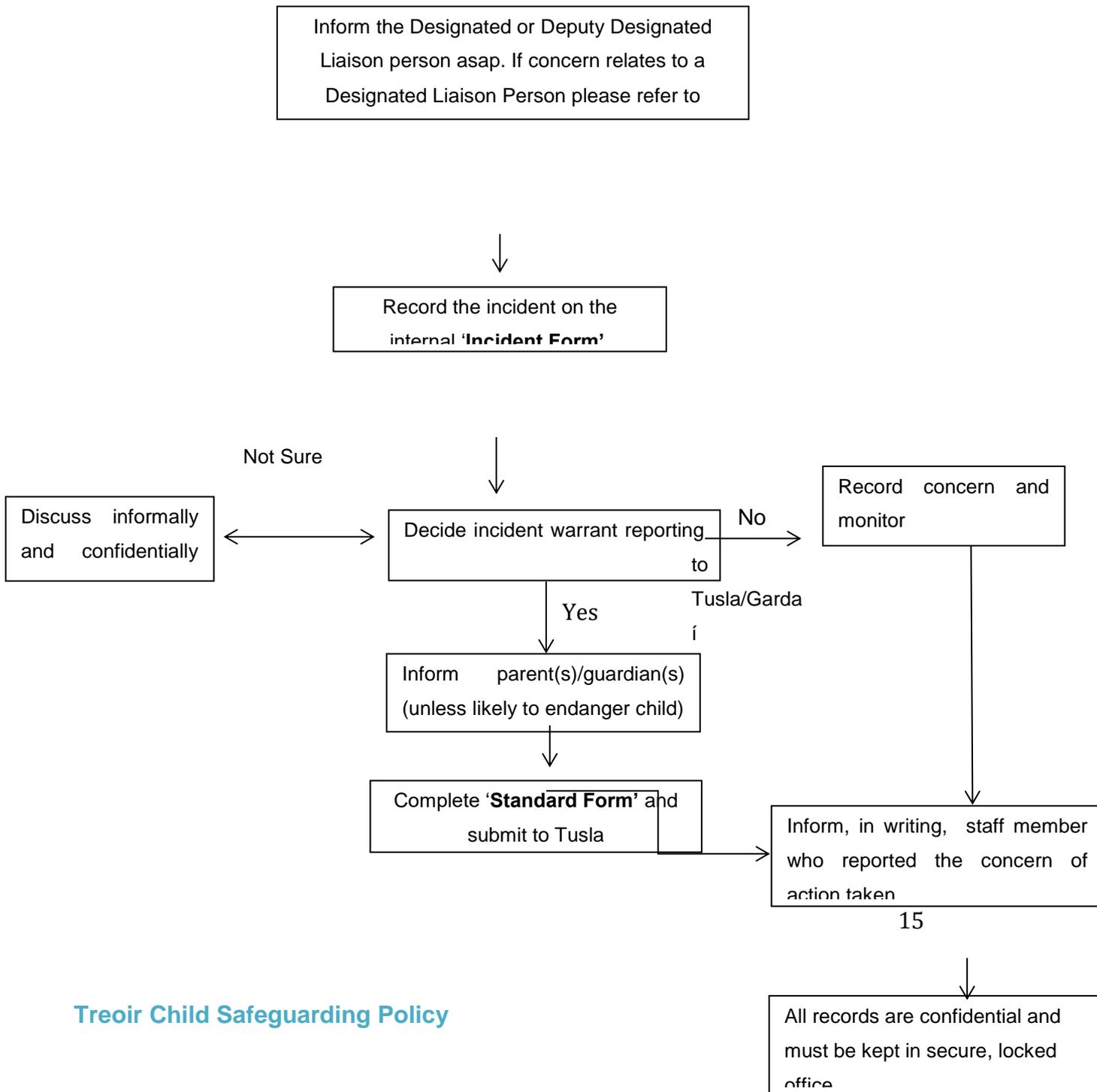
The Designated Officer or Deputy Designated Officer reports to the appropriate Tusla Child and Family Agency Office by telephone and by email.

A request is made of the appropriate Tusla contact to send an email to the Designated Officer or delegated staff member acknowledging receipt of the report.

The Designated Officer will identify if any follow-up reporting is necessary.



5.5 Summary of Steps to be followed when a Child Welfare concern is raised:





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

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

If a report is made outside of office hours, and Tusla Children and Family Services cannot be contacted, the Designated Officer or Deputy Designated Officer member will contact An Garda Síochána.

If the Designated Officer cannot be contacted, then that individual must 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.

Follow-up contact is made with Tusla Children and Family Services the next morning (or Monday morning if it happens on Friday evening).

5.7 Guiding Principles

In the event that a Treoir member of staff has identified the need to contact Tusla, the Child and Family Agency or An Garda Síochána, without first contacting the Designated Officer or Deputy Officer, then it is important to obtain and record as much information as possible (see Appendix 2) and then forward this information to the Designated Officer or delegated staff member. 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:

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

All Treoir 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.

Reports should be made without delay to Tusla, the Child and Family Agency.

5.8 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 Treoir 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, Treoir 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 delegated staff member. No other persons and staff members are permitted to access this information (see Appendix 4).

Where possible, Treoir retains personal information relating to allegations/suspensions of abuse made to Treoir 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).

5.9 Designated Officer

The Chief Executive Officer of Treoir is the Designated Child Protection Officer. The function of the Designated Officer is as follows:

- Ensure that the Treoir Child Safeguarding Statement is followed.
- The Designated Officer may delegate responsibility to the appropriate member(s) of staff.



- The Designated Officer remains responsible for all cases of abuse or neglect reported by Treoir staff ensuring that details of all such cases are reported (using the Child Protection Reporting Form, Appendix 2) to Tusla, the Child and Family Agency or An Garda Síochána.
- The Designated Officer ensures that the Treoir Child Safeguarding Statement and documents implement the principles and procedures of the National Guidance and Children First legislation.
- The Designated Officer is responsible for reviewing and updating the Treoir Child Safeguarding Statement and procedures.
- The Designated Officer acts as a resource person to Treoir staff, providing support and guidance in matters relating to child safeguarding.
- The Designated Officer ensures 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, a Designated Officer's 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 delegated staff member. No other persons and staff members are permitted to access this information (see Appendix 4).



6. Procedure for Allegations against Employees

6.1 Reporting Alleged/Suspected Abuse by an Employee

In the case of an allegation of abuse by an employee, 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 employee to:

- Inform the individual that an allegation has been made against him/her
- 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 4, 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 Chair of the Board, or a person that he or she nominates, will carry out the above steps.



7. Safe Recruitment and Training

7.1 Safe Recruitment

It should be noted that Treoir does not work directly with children in its day-to-day activities. The following procedures are observed by Treoir when engaging paid staff:

- Prospective positions within Treoir 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 from previous employers (if possible) are required.
- 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 explicit acknowledgement of this policy and statement and all codes and policies, as outlined in the Staff Handbook.

Treoir recruitment policy adheres to best practice.



7.2 Training and Supports

The Designated Officer (see 5.9 Designated Officer) is responsible for ensuring that Treoir staff and Board members receive induction training in the child protection policy and procedures.

The Designated Officer is responsible for ensuring that the ongoing training needs of staff and Board members in 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 Treoir is involved in organising or attending events involving the participation of children, the Designated Officer will ensure that all staff and Board members follow the procedures outlined in the Treoir Code of Behaviour (see Appendix 9 Code of Behaviour).

8. Appendices

8.1 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/carers 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 (see Appendix 1 for details);
- 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 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 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



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.

8.2 Appendix 2: Child Protection Reporting Form

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 to allow for the secure submission of

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CPWRFs to Tusla. 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](#).

8.3 Appendix 3: Risk Assessment Form 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.

The following factors need to be considered:

CONTENT OF ALLEGED INCIDENT:	CONSIDERATION
Duration and frequency of alleged abuse Degree of threat or cohesion Extent of premeditation Degree and nature of alleged harm	
INFORMATION RE ACCUSED ADULT:	



<p>Previous concerns</p> <p>Previous allegations</p> <p>Attitude to allegation</p> <p>Contact with child</p>	
<p>INFORMATION RE CHILD:</p> <p>Age and level of understanding</p> <p>Special needs and vulnerability</p> <p>Impact on health and development</p> <p>Previous allegations</p>	
<p>INFORMATION RE PARENT/CARER:</p> <p>Attitude to allegation</p> <p>Expectations</p> <p>Previous allegations</p>	
<p>ESTABLISHMENT/AGENCY PROCEDURES AND POLICY:</p> <p>Policy/procedure in place</p>	



Degree of compliance	
Training	

Risk identified and action plan:

Decision to suspend: YES / NO

Date of decision

Name and Signature of CEO

8.4 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 Treoir's 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. Treoir is committed to making available such support systems as required in these situations.

8.5 Appendix 5: Treoir's Data Protection Policy

In accordance with the Data Protection GDPR, Treoir 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.

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

Policy for Obtaining and Processing Information Fairly

- Treoir Data Controller (the Information Officer or another delegated staff member) records information relating to allegations/suspicious of abuse made to Treoir 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.

- Treoir 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

Treoir retains personal information relating to allegations/suspicious of abuse made to Treoir 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

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

Treoir 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 Treoir security procedures; and
- The Treoir Information Officer or another delegated staff member is responsible for ensuring periodic reviews of security procedures.
- Data Scope (Accurate, Adequate, Relevant and not Excessive)
- Treoir 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).

Treoir ensures that when recording information for this purpose, only information pertinent to the allegation/suspicion of abuse is recorded.

Retention Period Policy

Treoir retains personal information relating to allegations/suspicious of abuse made to Treoir 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 Treoir 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 Treoir 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.

8.6 Appendix 6: Contact Details for Tusla, the Child and Family Agency

Contact details if there is a need to report a concern about a child or to discuss a concern.

Dublin North City: Child and Family Agency, Wellmount Health Centre Finglas, Dublin 11. Telephone: 01 8567704



8.7 Appendix 7: 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, Treoir 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, Treoir 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.



Treoir’s 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	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
	Minor	2	4	6	8	10
	Insignificant	1	2	3	4	5
		1	2	3	4	5
		Remote	Unlikely	Possible	Probable	Highly probable
		Likelihood				

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



8.8 Appendix 8: Code of Behaviour between Treoir Staff Members, Board and Children

Treoir 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 Treoir can offer appropriate support in such circumstances. Treoir ensures that staff 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 Treoir staff and Board members.

Treoir 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 Treoir has one-to-one contact with a child.
- ensure that staff, volunteers and interns and Board members are vigilant about the signs of abuse as defined in the Treoir 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 any child(ren) with special needs attending Treoir events.
- No board member, member of staff, intern or volunteer representing Treoir will
- develop sexual, or inappropriately intimate, relationships with children.
- spend excessive time alone with a child.
- socialise with children outside of structured Treoir or interagency activities.
- 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.