



COMMUNITY GAMES CHILD PROTECTION POLICY

Board approval date: 07 March 2022

Review date: **May 2022**

All policies are to be read in conjunction with the Community Games Code of Conduct. All policies belong to the members of Community Games. Every member agrees to abide by the rules and policies set out by Community Games.

Túsla is the name of the Child and Family Agency where all reports of abuse or neglect are reported. Statutory Authorities includes Túsla and An Garda Síochána.

POLICY STATEMENT

‘The welfare and protection of children is paramount to everything that we do’

The Community Games is committed to creating and maintaining the safest possible environment for all children who participate in our activities. All children within Community Games regardless of age, gender, ethnicity, religion, sexual orientation, family status, disability or membership of the Traveller community have the right to be protected, treated with respect, listened to and have their views taken into consideration.

It is the responsibility of each member to maintain the highest possible standards in relation to child protection and welfare. Members can seek guidance from the National Children’s Officer and the appointed County or Area Children’s Officers.

Every member of the Community Games has a responsibility to familiarise themselves with this policy and to adhere by it at all times.

AIM OF POLICY

The aim of this policy is to afford protection for children and to ensure the welfare of each child participating in Community Games activities.

Objectives:

- To ensure that staff and volunteers are aware of how to recognise signs of child abuse or neglect.
- To give guidance and define clear procedures for staff and volunteers who have reasonable grounds for concern about the safety and welfare of children involved in the organisation.

Purpose of this Policy

This document includes updated and extended information, and aims to provide this in a clear and precise format so that all members can follow the necessary procedures to ensure the welfare of children at all times.

ROLES AND RESPONSIBILITIES

Every member of Community Games has a responsibility to take all the necessary precautions to ensure the safety and welfare of all children. Each member has a responsibility to act on any concerns by reporting these to the Designated Liaison Person or the appropriate authorities.

National Children's Officer- Appointed by the Chief Executive Officer and the Board of Directors

Mandated Person- The National Children's Officer or CEO in the absence of NCO.

County Children's Officer- Each County Executive Committee must appoint a County Children's Officer to its committee

Area Children's Officer & Designated Liaison Person- Each Area Committee must appoint an Area Children's Officer who also fulfils the role of Designated Liaison Person

The National Children's Officer (NCO)

- The NCO must be knowledgeable about child protection and undertake any training considered necessary
- The NCO ensures that policies are in place to safeguard children
- The NCO maintains and updates these policies in line with legislation and best practice
- The NCO ensures that members of the organisation are informed about policy, legislation and best practise in child protection
- The NCO ensures that the National Festivals are organised and delivered in a child centred manner
- The NCO is a point of contact for all members where there is a concern regarding the welfare of a child/children, Garda vetting and recruitment of volunteers
- The NCO ensures that staff is provided with child protection training, either in house or through Sport Ireland and Sport Northern Ireland 'Code of Ethics and Good Practise for Children's Sport'
- The NCO is the Mandated Person who will report suspected cases of child abuse as required under Childrens First Legislation
- The NCO is a paid employee of Community Games

The Mandated Person

- The Mandated Person has a legal responsibility to report allegations of abuse to the Statutory Authorities
- The Mandated Person liaises with outside agencies in matters concerning the welfare of a child/children
- The Mandated Person follows the standard reporting procedure
- The Mandated Person must be knowledgeable about child protection and undertake any training considered necessary
- The Mandated person is a paid employee of Community Games

County Children's Officer (CCO)

- A CCO must be appointed to the County Executive Committee
- The CCO is a member of the County Executive Committee
- The CCO reports any allegations or suspicions of abuse to the NCO or Mandated Person
- The CCO reports on updates to child welfare to the County Executive Committee
- The CCO is the first point of contact for Area and County Committees in matters relating to child welfare
- The CCO may be asked to disseminate information regarding child welfare sent by the NCO to all members within the county
- The CCO ensures that County and Provincial events are organised and delivered in a child centred manner
- The CCO ensures that only people vetted are involved in the running of events at County level. They must also ensure that only those vetted are put forward to volunteer at Provincial and National events

Area Children's Officer (ACO)

- An ACO must be appointed to each Area Committee
- The ACO is a member of the Area Committee
- The ACO ensures that events are child centred with an emphasis on safety and fun
- The ACO informs the Area Committee on matters relating to child welfare, any updates, new procedures or protocols, etc.
- The ACO liaises with the CCO or the NCO in matters relating to child welfare
- The ACO reports any suspected cases of child neglect or abuse to the NCO or the Mandated Person

Area Designated Liaison Person (DLP)

- An DLP must be appointed to each Area committee
- The DLP reports any suspected cases of child neglect or abuse to the designated person in Túsla or an Garda Síochána
- The DLP must also inform the Mandated Person and/or the NCO that a report has been submitted
- The DLP must be knowledgeable about child protection and undertake any training considered necessary
- The DLP should introduce themselves to the Duty Social Worker within Túsla in advance of any suspected cases of child neglect or abuse

Mandated Person in Community Games Areas

- Most Volunteers in Community Games Areas are not Mandated Persons as they are not fulfilling the role that makes them a Mandated Person when Volunteering with the Community Games. ***(e.g. A Teacher Registered with the Teaching Council will be a Mandated Person whilst fulfilling their Teaching Role but their Mandate will not follow with them should they decide to Volunteer as a coach in the Community Games)***
 - Exceptions to the above rule apply to members of An Garda Síochána, some members of the Clergy and Registered Foster Carers who's mandate always carries with them.
- Mandated persons are people who have contact with children and/or families who, by virtue of their qualifications, training and experience, are in a key position to help protect children from harm.
- Mandated persons have two main legal obligations under the Children First Act 2015
 - To report harm of children, above a defined threshold, to Tusla
 - To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report
- A full List of Mandated Persons can be sourced in Schedule 2 of the Children First Act 2015 or clicking on the link below.
[Am I a Mandated Person? Tusla - Child and Family Agency](#)
- Area Children Officers should maintain a List of mandated Persons if any, whose Mandate is applicable when Volunteering with Community Games. ***(for further information please contact the National Childrens Officer)***

DEFINITIONS

Child refers to any person under the age of 18.

Safeguarding refers to the actions we take to ensure **all** children are safe from harm when involved in Community Games activities.

Child protection is a set of procedures that are required for **specific** children who are at risk of/or are suffering significant harm.

Abuse refers to the acts of commission or omission that lead to a child experiencing harm.

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

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

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.

Definitions of Child Abuse, taken from '*Children First: National Guidance for the Protection and Welfare of Children*', Department of Children and Youth Affairs, 2011.

- **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
- **Emotional abuse** is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met
- **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
- **Sexual abuse** occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others

See Appendix 2 for Signs and Symptoms of Abuse

Points to remember

- The severity of a sign does not always equate with the severity of the abuse. Explanations that are inconsistent with the signs should constitute a cause for concern
- Neglect is potentially as fatal as physical abuse
- Experiencing recurring low level abuse may cause serious and long term harm
- Child abuse is not restricted to any socio-economic group, gender or culture
- Children in certain circumstances may present management problems, this should not leave them vulnerable to harsh disciplinary measures or neglect of care

- Exposure to domestic violence is detrimental to children's physical, emotional and mental well-being
- The child's welfare must be the primary concern. Deprivation, stress, addiction or mental health problems should not be used as a justification for omissions of care or commissions of harm by parents/guardians

Child abuse or neglect can often be difficult to identify and may present in many forms. No one indicator should be seen as conclusive in itself of abuse.

3 steps in the identification of child abuse or neglect

- 1. Consider the possibility**
- 2. Look out for the signs of abuse or neglect**
- 3. Record the information**

The guiding principles in regard to reporting child abuse or neglect:

1. The safety and well-being of the child must take priority
2. Reports should be made without delay to the Duty Social Worker in Túsła

It is good practise to inform the parents/guardians that a report is to be made to Túsła, unless doing so would put the child at further risk.

HANDLING A DISCLOSURE

Disclosures must always be taken seriously and must be acted upon

- Stay calm and listen- give the child time to say what he/she wants
- Don't ask leading questions or details, or make suggestions
- Don't stop the child recalling significant events, but don't make the child repeat the story unnecessarily
- Reassure the child but don't promise to keep it secret
- Explain what will happen next to the child
- Record the discussion as clearly as possible- facts only!!

Dealing with a Retrospective Disclosure by an Adult

- Establish if there is a current risk to any child who may be in contact with the alleged perpetrator
- If so then a report must be made to Túsła without delay
- Provide the adult with information on counselling services (see appendix 3)

Reporting Procedures

- Inform the Designated Liaison Person of your Area and/or the Mandated Person
- Reports should be made without delay to Túsła by phone initially (see appendix 4 for contact details)
- If it is an emergency and Túsła is not available, report to an Garda Síochána
- It is important to state that risks to unidentifiable children should also be reported. These are other children who have not made a disclosure but who may know or come in contact with the alleged perpetrator

- If unsure that a formal report should be made, consult with Túsla
- The DLP must inform the Mandated Person of the Community Games (see appendix 1) that a report is being made to Túsla and/or an Garda Síochána
- Failure to report could have serious consequences. Any reasonable concern or suspicion of abuse or neglect must elicit a response

Confidentiality

- Where a child protection and welfare concern arises, the information must be shared 'on a need to know basis', in the best interest of the child
- Do not offer an undertaking of secrecy- information may have to be shared with the DLP and/or the statutory authorities
- The provision of information to the statutory authorities for the protection of a child is not a breach of confidentiality or data protection
- Parents and children have a right to know if personal information is being shared, unless in doing so could put the child at further risk
- Records are to be kept in a safe and confidential manner
- Records are to be held in the headquarters of National Community Games. They are the property of Community Games
- Only the Mandated Person or the National Children's Officer has access to these records
- It is the policy of Community Games to cooperate with Túsla and an Garda Síochána on the sharing of records

If you have a concern that a child is missing, follow the reporting procedures as detailed above.

Procedure for Allegations of Abuse against another Staff Member or Volunteer

It is important that any concern or allegation of abuse made against a staff member or a volunteer is reported at the earliest opportunity. The welfare of the child is paramount and there must be no delay in reporting to Túsla and/or an Garda Síochána.

There must be 2 named people to deal with 2 separate procedures:

1. Procedures involving the child- reporting procedures to Túsla or an Garda Síochána
2. Procedures involving the staff member/volunteer- Community Games disciplinary procedures

The alleged perpetrator must be informed privately of:

1. the allegation made against him or her
 2. the nature of the allegation
- The alleged perpetrator must be afforded the opportunity to respond
 - All stages of the process must be recorded
 - Notify Túsla or an Garda Síochána if there are reasonable grounds for concern
 - Inform the parents/guardians of actions planned/taken- unless doing so would endanger the child or other children
 - Protective action should be proportionate to the level of risk to the child

- The actions taken should not unreasonably penalise that person, financially or otherwise, unless necessary to protect the child or other children
- Any actions taken must not undermine any investigations/assessments conducted by Túsła or an Garda Síochána

CRIMINAL JUSTICE ACT (2006): 'Reckless Endangerment of Children'

Under 'Reckless Endangerment of Children', section 176 of the Criminal Justice Act 2006 states that: 'A person, having authority or control over a child or abuser, who intentionally or recklessly endangers a child by-

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

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

- If the decision is made not to make a report to Túsła or an Garda Síochána, then the person who originally raised the concern will be given clear written statement of the reasons why action is not being taken
- This person is to be advised that if they still have a concern they are free to make an independent report to Túsła or an Garda Síochána
- The Protection for Person's Reporting Child Abuse Act 1998, makes the provision for the protection from civil liability of persons who have communicated child abuse 'reasonably and in good faith' to Túsła or an Garda Síochána. A person who makes a report in good faith and in the best interest of the child is protected
- Any concerns which are not deemed necessary to be reported to Túsła immediately must be recorded on the Community Games Incident Report form (see www.communitygames.ie)

RECRUITMENT AND MANAGEMENT OF STAFF AND VOLUNTEERS

Please see Community Games Volunteer Policy for full details of the recruitment procedure of volunteers and staff.

- All volunteers and staff must abide by the Community Games Vetting Policy
- All volunteers and staff are subject to a probationary period of 6 months
- All volunteers and staff must agree, sign up to and abide by the Code of Conduct
- All volunteers and staff will be asked to attend the Sport Ireland and Sport Northern Ireland's 'Code of Ethics and Good Practice for Children's Sport' or equivalent

CODE OF BEHAVIOUR BETWEEN STAFF/VOLUNTEERS AND CHILDREN

The trust implied in adult-child relationships in sport places a duty of care on all adults, to safeguard the health, safety and welfare of the child. Adults have a crucial leadership role to play, helping to create a positive environment for children.

- All children must be treated equally and in line with the Equal Status Acts 2000 and 2004, and in line with the Community Games Inclusion Policy
- Adults should always ensure that there is, where possible, one other adult present when dealing one to one with a child. Where this is not possible, there should be another child present
- Adults must be sensitive to the risks involved in participating in contact sports
- While physical contact is a valid way of comforting, reassuring and showing concern for children, it should only take place when it is acceptable to all persons concerned
- Children must never be physically punished or verbally abused
- Jokes of a sexual nature must never be told in the presence of children
- Adults must be sensitive to the possibility of developing favouritism, or becoming over involved or spending a great deal of time with one child
- Children should be encouraged to report cases of bullying to the DLP, the Children's Officer or to another adult with whom they trust
- Everyone in Community Games must respect the personal space, privacy and safety of all individuals
- Refer to the Community Games Photography and Filming policy for information on appropriate use of and storage of images
- Any concerns about the behaviour of another colleague or volunteer must be reported to the DLP or Children's Officer with a clear explanation for the concern. If possible take note of dates, times and details of incidents

Adult-child relationships should be:

- Open, positive and encouraging
- Entered into by choice
- Defined by a mutually agreed set of goals and commitments
- Carried out in a context where children are protected and where their rights are promoted
- Free from physical, emotional or sexual abuse and neglect or any threat of such harm
- Respectful of the needs and developmental stage of the child
- Aimed at the promotion of enjoyment and individual progress
- Respectful but not questioning of authority
- Mindful of the fact that children with disabilities or children from minority ethnic backgrounds might be more vulnerable

Parental Involvement

- All parents must be made aware of the Community Games Child Protection Policy and provided a copy on request. Please see User Friendly version appendix 7
- Volunteers at Area level should develop openness with parents that involve consulting them about everything that concerns their child, and encourage them to get involved wherever possible
- Parents/guardians shall complete the 'Registration and Consent' form for children participating in Community Games activities
- Parents/guardians of children with medical needs or who are on medication shall also complete the 'Medical Information Form'

Involving Children

- Children must be informed of the Child Protection Policy or the user friendly version (see appendix 6)
- Children must be notified of the complaints procedure and to whom to make a complaint
- Children must know the identity of the Children's Officer
- Children must be informed of their rights to be protected, treated with respect, listened to and have their views taken into consideration, in an age appropriate manner

Trips Away

When using another facility or venue there must be a discussion and exchange of child protection policies between Community Games and the host venue.

- If appropriate the Medical Information Form shall be held by the manager attending the event or other adult who holds responsibility for the welfare of the child
- When planning a trip away, the centre/venue should be visited to establish standards of safety
- There must be a ratio of one adult to eight children under 12 years of age or one adult to twelve children over 12 years of age

Overnight trips

- There should be at least one adult of each gender with mixed parties
- An adult must not enter children's accommodation on his/her own
- Children of mixed genders cannot share accommodation
- In the case of an emergency if an adult needs to enter children's accommodation and another adult is not available he/she should ensure that another child is present
- Children should not sleep in a room on their own

Accidents/Incidents Procedure

- Volunteers shall ensure that they have an up to date contact number for the parents/guardians of all children in their care
- At least one member of the team must be emergency first aid trained
- There must be a first aid box available during all activities
- The first aid box shall be checked regularly to ensure sufficient stock

- If an accident/incident does occur a record must be kept by completing the Community Games Incident Reporting Form, see appendix 6
- Any accidents or incidents shall be dealt with in a timely manner
- Where appropriate parents shall be informed verbally or in writing of an incident or accident involving their child

COMPLAINTS PROCEDURE FOR VOLUNTEERS, STAFF, PARENTS AND CHILDREN

See Community Games Complaints and Disciplinary Policy for further information

- All complaints which involve the welfare, safety or well-being of children must be reported to the Children's Officer, DLP or the Mandated Person as appropriate
- All complaints concerning the welfare and well-being children shall be taken seriously
- Children have a right to make a complaint. Ensure that children are aware to whom they can speak

COMMUNICATION OF THIS POLICY

This policy is available for download at www.communitygames.ie.

The Area/County Children's Officer, as appropriate, shall inform children, adults, parents and volunteers of the Community Games Child Protection Policy. The CEO shall inform staff of the Community Games Child Protection Policy.

Appendix 1

Contact Details for Community Games

National Children's Officer

Community Games, 20 Inish Carraig House, Golden Island, Athlone, Co. Westmeath
safeguarding@communitygames.ie 0906433388

Please complete the following for your individual County and Area

County Children's Officer

Name: _____

Address: _____

Phone: _____

Email: _____

Area Designated Liaison Person

Name: _____

Address: _____

Phone: _____

Email: _____

Area Children's Officer

Name: _____

Address: _____

Phone: _____

Email: _____

Appendix 2

Signs & Symptoms of Child Abuse

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.

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.

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.

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

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.

Bruises 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:

1. 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;
2. High level of demand for investigation of symptoms without any documented physical signs;
3. Un-explained problems with medical treatment, such as drips coming out or lines being interfered with; presence of un-prescribed medication or poisons in the blood or urine.

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) 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 (see below for more detail)

Sexual Contact involves 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 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)** 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 (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

Counselling Services

<http://www.hse-ncs.ie/en/AboutourServices/LocationsServicesProvided/>

<p>NORTH EAST FREEPHONE 1800 234 117 MEATH 34 Brews Hill, Navan, Co. Meath 046 9067010</p> <p>CAVAN Town Hall Street, Cavan, Co. Cavan 049 4377111</p> <p>MONAGHAN LOUTH Enquiries to Meath or Cavan Offices.</p> <p>WEST FREEPHONE 1800 234 114 Email: antoinette.hennessy@hse.ie GALWAY 58 Upper Newcastle Road, Newcastle, Galway 091 585927</p> <p>MAYO HSE Adult Counselling Service, Hill House, Mountain View, Castlebar, Co. Mayo 094 9049234, 1 800234 114</p> <p>Ballina Medical Centre, Kevin Barry Street, Ballina, Co. Mayo 096 80452, 1 800 234 114</p> <p>ROSCOMMON Church Road, Roscommon Town 09066 28810</p> <p>MID-WEST FREEPHONE 1800 234 115 Email: acs@hse.ie</p> <p>LIMERICK/CLARE/TIPPERARY NORTH</p>	<p>NORTH DUBLIN FREEPHONE 1800 234 110 LARAGH Counselling Service, 1 Prospect House, Prospect Road, Glasnevin, Dublin 9 01 8824110</p> <p>NORTH - WEST FREEPHONE 1800 234 119 Email: regional.counselling@hse.ie LEITRIM Community Services, Leitrim Road Carrick-on-Shannon, Co Leitrim 071 9650375</p> <p>SLIGO 68 John Street, Sligo Town 071 914 2161</p> <p>DONEGAL 5 St Eunan's Court, Convent Road, Letterkenny, Co Donegal 074 916 7250</p> <p>DUBLIN SOUTH WEST KILDARE WEST WICKLOW FREEPHONE 1800 234 112 Email: louise.butler@hse.ie or wendy.barry@hse.ie</p> <p>KILDARE 2 McElwain Terrace, Newbridge, Co. Kildare 045 448176</p> <p>DUBLIN COUNTY SOUTH-WEST 66 Old Bawn Road, Tallaght Dublin 24 01 4524519</p>
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<p>6th Floor, Bank House, , 106/108 O'Connell Street, Limerick City 061 411 900 KERRY & CORK FREEPHONE 1800 234 116 Email: harbour@hse.ie</p> <p>CORK Harbour Counselling Service, Penrose Wharf, Penrose Quay, Cork 021 4861360</p> <p>SOUTH EAST FREEPHONE 1800 234 118 WATERFORD Tyrone House, 223 Lismore Park, Waterford City 051 359017</p> <p>TIPPERARY SOUTH KILKENNY CARLOW WEXFORD Contact via Waterford Office above.</p>	<p>SOUTH COUNTY DUBLIN EAST WICKLOW FREEPHONE 1800 234 111 Avoca Counselling Service, Baggot Street Community Hospital, 18 Upper Baggot Street, Dublin 4 01 6681740 / 01 6681742</p> <p>Avoca Counselling Service First Floor, Centenary House, 35 York Road, Dun Laoghaire, Co. Dublin 01 6637400</p>
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NORTHERN IRELAND

Barnardos: Counselling for Children (province wide). Tel: (028) 90672366
Website: www.barnardos.org.uk

NSPCC: Advice, Counselling, Treatment. Tel: 0808 800 500

THRESHOLD Child and Adolescent Counselling Services:
Specialist counselling for young people 4-18 years of age. Tel: (028) 90871313

Appendix 4
Social Services Contact Details

Phone numbers may change from time to time and can be checked here

<https://www.tusla.ie/services/child-protection-welfare/contact-a-social-worker/>

REPUBLIC OF IRELAND – Duty Social Worker Contact details

Carlow

- Carlow Social Work Office, Ground Floor, St. Dymphna's Hospital, Athy Road, Co. Carlow
0599136587
- Kilkenny Social Work Office, 11 Patrick Street, Co. Kilkenny
056 7784782

Cavan

- HSE Community Child & Family Services, Drumalee Cross, Co. Cavan
049 4377305 / 049 4377306

Clare

- Rover House, Gort Road, Ennis, Co. Clare
065 686 3907

Cork

- North GouldsHill House, Mallow, Co. Cork
022 21484
- North Lee Child Protection Services North Lee Social Work Dept., Blackpool (adjacent to Shopping Centre), Blackpool, Co. Cork
021 4927000
- South Lee Child Protection Services, South Lee Social Work Dept., St. Finbarr's Hospital, Co. Cork.
021 4923001
- West Cork Child Protection Services, Social Work Department, Coolnagarrane, Skibbereen, Co. Cork
028 40447

Donegal

- Links Business Centre, Lisfannon, Buncrana, Donegal East
074 9320420
- Euro House, Killybegs Road, Donegal Town, Donegal West
074 9723540
- Millennium Court, Pearse Road, Letterkenny, Co. Donegal
074 9123672 / 3770

Dublin North

- Dublin North Child Protection Services, Social Work Department, 180-189 Lake Shore Drive, Airside Business Park, Swords
01 8708000
- Health Centre, Cromcastle Road, Coolock, Dublin 5
01 816 4200 / 44
- Social Work Office, 22 Mountjoy Square, Dublin 1
01 8557318

Dublin North Central

- Ballymun Civic Centre, Dublin 9
01 846 7236

Dublin North West Child Protection Services

- Health Centre, Wellmount Park, Finglas, Dublin 11
01 856 7704
- Rathdown Road, Dublin 7
01 882 5000

Dublin South East Child Protection Services

- The Social Work Department, Churchtown Primary Care Centre, Unit 9, Nutgrove Retail Park, Churchtown, Dublin 14
01 4916400

Dublin South City Child Protection Services

- Duty Social Work Carnegie Centre, 21-25 Lord Edward Street, Dublin 2
01 648 6555
- Public Health Nursing, 21-25 Lord Edward Street, Dublin 2
01 648 6500
- Family Support Service, Donore Avenue
01 416 4441

Dublin South West Child Protection Services

- Social Work Department, Old County Rd, Crumlin, Dublin 12
01 415 4700
- Chamber House, Chamber Square, Tallaght, Dublin 24
01 468 6200 Fax 01 468 6359

Dublin West Child Protection Services

- Social Work Department, Cherry Orchard Hospital, Ballyfermot, Dublin 10
01 620 6387

Dun Laoghaire Child Protection Services

- Our Lady's Clinic, Patrick Street, Dun Laoghaire
01 663 7300

Galway City

- Local Health Office, 25 Newcastle Road, Co. Galway
091 546366 /370/ 325 /369

Galway County

- Tuam Social Work Department, Health Centre, Vicar Street, Tuam, Co. Galway
093 24492
- Loughrea Social Work Department, Health Centre, Loughrea, Co. Galway
091 847820
- Ballinasloe Social Work Department, Health Centre, Brackernagh, Ballinasloe, Co. Galway
090 96 46200
- Oughterard Social Work Department, Health Centre, Oughterard, Co. Galway
091 552200

Kerry

- Tralee Social Work Department, Rathass, Tralee, Co. Kerry
06) 7184500
- Killarney Social Work Departments. Margaret's Road, Killarney, Co. Kerry
064 36030

Kildare

- Kildare/West Wicklow, Child Protection Social Work Team, St Mary's, Craddockstown Road, Naas, Co Kildare
045 882 400

Kilkenny

- Social Work - Child Care Department, Children, Youth & Families Carlow/Kilkenny, HSE South, St. Canice's Hospital, Dublin Road, Kilkenny

056 778 4532 or (056) 778 4057

Laois

- Social Work Department, Child and Family Centre, Dublin Rd, Portlaoise, Co. Laois
057 86 92567

Leitrim

- Community Care Office, Leitrim Road, Carrick on Shannon, Co. Leitrim
071 965 0324

Limerick

- Social Work Dept, Ballynanty Health Centre, Kileely Rd, Ballynanty Beg, Limerick
061 457100
- Roxtown Health Centre, Roxtown Terrace, Old Clare Street, Limerick
061 417622
- Newcastle West Health Centre, Newcastle West, Co. Limerick
069 62155
- Health Centre, South Hill, Limerick
061 209985

Longford

- Social Work Department, Tivoli House, Dublin Road, Co. Longford
043 33 50584

Louth

- Social Work Department, Local Health Care Unit, Wilton House, Stapleton Place, Dundalk,
Co. Louth
042 9392200
- Ballsgrove Health Centre, Ballsgrove, Drogheda, Co. Louth
041 9838574

Mayo

- Ballina Social Work Team, Ballina Health Centre, Mercy Road, Ballina, Co. Mayo
096 21511
- Castlebar Social Work Team, Castlebar Hill House, Mountain View, Castlebar, Co. Mayo
094 904 2283/4
- Swinford Social Work Team, Swinford Health Centre, Aras Attracta, Swinford, Co Mayo
094 905 0133

Meath

- Duty Social Work Department, 25 Brews Hill, Navan, Co. Meath
046 9030616/08
- HSE Children's Services, Navan Enterprise Centre, Trim Rd, Navan, Co. Meath
046 9097800
- Community Social Work Services, Dunshaughlin Health Care Unit, Dunshaughlin, Co. Meath
01 802 4102

Monaghan

- Social Work Department, Local Health Care Unit, Rooskey, Co. Monaghan 047
30426 / 427

Offaly

- Social Work Department, Derry Suite, Castle buildings, Tara Street, Tullamore, Co. Offaly
057 93 70700

Roscommon

- Social Work Team, Abbeystown House, Abbey Street, Co. Roscommon
090 66 37014
- Lanesboro Road, Co. Roscommon
090 66 37528

- Health Centre, Boyle, Co. Roscommon
071 966 2087
- Knockroe, Castlerea, Co. Roscommon
090 66 37843

Sligo

- Markievicz House, Barrack Street, Co. Sligo
071 915 5133
- One Stop Shop, Teach Laighne, Humbert Street, Tubbercurry, Co. Sligo
071 912 0454

Tipperary-North

- Social Work Department, Annbrook, Nenagh, Co. Tipperary
067 41934
- St.Mary's Health Centre, Parnell Street, Thurles, Co. Tipperary
0504 23211

Tipperary-South

- Social Work Team, South Tipperary Community Care Services, Western Road, Clonmel, Co. Tipperary
052 77303

Waterford

- Social Work Service, Waterford Community Services, Cork Road, Co. Waterford
051 842 827
- Social Work Department, Dungarvan Community Services, St. Joseph's Hospital, Dungarvan, Co. Waterford
058 20906

Westmeath

- Social Work Department, Athlone Health Centre, Coosan Road, Athlone, Co. Westmeath
09064 83106
- Social Work Department, Child and Family Centre, St. Loman's, Mullingar, Co. Westmeath.
044 93 84450

Wexford

- Gorey Health Centre, Hospital Grounds, Gorey, Co. Wexford
053 9430100
- Enniscorthy Health Centre, Millpark Road, Enniscorthy, Co. Wexford
053 9233465
- New Ross Health Centre, Hospital Grounds, New Ross, Co. Wexford
051 421445
- Social Work Department, Ely House, Ferrybank, Co. Wexford
053 912 3522 Ext 201

Wicklow

- Wicklow Town, Social Work Department, Seafront, Wicklow Town, Co. Wicklow
0404)60800
- Bray, Social Work Department, The Civic Centre, Main Street, Bray, Co. Wicklow
01 274 4180 / 4100
- Delgany, Social Work Department, Delgany Health Centre, Delgany, Co. Wicklow
01 287 1482
- Kildare/West Wicklow, Child Protection Social Work Team, St Mary's, Craddockstown Road, Naas, Co Kildare
045 882 400

NORTHERN IRELAND- Duty Social Worker Contact Details

Health and Social Care Trust

The Health and Social Care Trusts in Northern Ireland have Gateway services in all departments including the Children's Social Work department. Anyone reporting a concern or making an allegation of abuse should contact their local Health and Social Care Trust and ask for the Duty Social Worker.

Northern Health and Social Care Trust

- The Cottage, 5 Green Mount Avenue, Ballymena, County Antrim, BT43 6DA
028 9446 5211 info@northerntrust.hscni.net

South Eastern Health and Social Care Trust

- 028 9055 3100 public.relations@setrust.hscni.net

Southern Health and Social Care Trust

- Southern College of Nursing, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ
028 3833 4444 corporate.hq@southerntrust.hscni.net

Western Health and Social Care Trust

- MDEC Building, Altnagelvin Area Hospital site, Glenshane Road, Derry/Londonderry, BT47 6SB
028 7134 5171

Belfast Health and Social Care Trust

- Belfast Health and Social Care Trust, Trust Headquarters, A Floor, Belfast City Hospital, Lisburn Road, Belfast, BT9 7AB
028 9504 0100 info@belfasttrust.hscni.net

Alternatively Gateway can be contacted as below.

During office hours (9.00am – 5:00pm) - you should contact Gateway on **028 9050 7000**
At all other times (all through the night, at weekends and over Bank Holidays) - you should contact the out-of-hours Emergency Service: **028 9504 9999**

Appendix 5

Community Games Child Protection Policy for Parents

As an organisation that caters for children young people, aged 6 to 16, **the welfare and protection of young people is paramount to everything that we do.**

The Community Games is committed to creating and maintaining the safest possible environment for all young people who participate in our activities. All young people within Community Games regardless of age, gender, ethnicity, religion, sexual orientation, family status, disability or membership of the Traveller community have the right to be protected, treated with respect, listened to and have their views taken into consideration.

Definitions

- Safeguarding refers to the actions we take to ensure **all** children are safe from harm when involved in our Area activities.
- Child protection is a set of activities that are required for **specific** children who are at risk of/or are suffering significant harm.
- Abuse refers to the acts of commission or omission that lead to a child experiencing harm.
- Harm refers to the negative impact or consequences upon the child of those actions.

Please see the full Child Protection Policy document for definitions of child abuse and for procedures and protocols, available at www.communitygames.ie or from your Area Secretary and/or Children's Officer.

Guidelines for Parents

- Community Games encourages the involvement of parents and guardians at all levels; coaching, leadership, administration, support, or in any other capacity that will help us to ensure that our young people can participate in a fun and safe environment
- Parental consent is required for children and young people to participate in Community Games activities
- A parental consent form must be signed by the parent/guardian for trips away. A Code of Conduct must also be signed by the parent/ guardian and the participant
- For certain medical conditions, allergies, etc (please speak to your Area secretary or Children's Officer), a medical form must also be completed. This form is strictly confidential.
- All volunteers are Garda vetted. References from volunteers can also be requested
- Volunteers are required to attend Code of Ethics and Good Practice for Children's Sport training, as devised by the Irish Sports Council
- Parents/guardians will be informed immediately of any incident involving their child. Please ensure that your Area secretary and/or Children's Officer has your most up to date contact details

- As a parent you have a right to any information stored by Community Games about your child. Please speak to your Area secretary or Children’s Officer
- All personal information is confidential and shared on a ‘need to know’ basis
- Child protection is a concern for all. The Community Games and its members have a duty of care to report any concerns of child abuse, allegations or disclosures
- As a parent/guardian you have a right to be informed of a report being made to the statutory services (the HSE and/or an Garda Síochána), unless this is not appropriate to the situation
- If you wish to make a complaint please contact the Area Chairperson or Children’s Officer, details below, who will provide you with the information on this procedure
- Please familiarise yourself and your child/children with this policy.

IMPORTANT CONTACT DETAILS

Area Children’s Officer:

Name: _____ Phone: _____

Email: _____

Area Designated Officer:

Name: _____ Phone: _____

Email: _____

Area Secretary:

Name: _____ Phone: _____

Email: _____

Area Chairperson:

Name: _____ Phone: _____

Email: _____

County Children’s Officer:

Name: _____ Phone: _____

Email: _____

National Children’s Officer/Mandated Person: Donal Gillespie

00 353 0906433388

safeguarding@communitygames.ie

Updated Feb 2022

To download the full version of the Child Protection Policy and other policies please see www.communitygames.ie or Phone: 00 353 90 6433388 or
Post: Community Games, 20 Inish Carraig House, Golden Island, Athlone, Co. Westmeath,
Republic of Ireland

Appendix 6

COMMUNITY GAMES PROTOCOL FOR REPORTING CONCERNS AND ALLEGATIONS OF CHILD ABUSE TO TULSA (Child and Family Agency)

Details of person making the report:

Name: _____

Address: _____

Phone numbers: _____

Information about whom the report is being made:

Child's name: _____

Address: _____

Parent's name: _____

Address: _____

Phone number if known: _____

Nature of relationship between the reporter and the child:

Nature of the information and the abuse (sexual/ physical/ emotional/neglect):

Information regarding the alleged perpetrator:

Name: _____

Address: _____

Phone number (if available): _____

Source of Information

Where did the reporter get this information?

Is the parent/guardian aware that a report has been made?

Yes No

Is the parent/guardian in agreement regarding the making of the report?

Yes No Not applicable

Is the child aware that a report has been made?

Yes No

Is the child in agreement regarding the making of the report?

Yes No

Information in relation to previous reports regarding either A. the Child or B. the Alleged Perpetrator:

A. the Child

Dates: _____

Concerns: _____

Any other Information: _____

and/or

B. the Alleged Perpetrator:

Dates: _____

Concerns: _____

Any other Information: _____

Name & Signature of Designated Liaison Person/Children's Officer/Person making the Report (circle one):

Print name

Signature

Date: ____/____/____