



Child Protection Policy

Contents

1. About AsIAM.....	1
2. Introduction.....	2
3. Policy Statement.....	2
4. Legislative Provisions.....	3
5. Confidentiality, Information Sharing and Record Keeping.....	5
6. Training.....	6
7. Designated Liaison Persons	7
8. Recognising Child Abuse.....	8
9. Responding to Concerns about a Child’s Welfare or possible Abuse.....	9
10. Amendments to Policy	12
Appendix 1.....	13
Appendix 2.....	14
Appendix 3.....	17
Appendix 4.....	26
Appendix 5.....	27

Revision History

2.	June 2022	Approved by the Board: 27/06/2022
1.	March 2020	

1. About AsIAM

AsIAM Is Ireland’s National Autism Charity.

Our vision is an inclusive Ireland where all Autistic people are accepted as they are - equal, valued and respected. Our purpose is to advocate for an inclusive society for Autistic people that is accessible, accepting and affirming. We work to support the Autistic community and families to fully engage in Irish life and build the capacity of society to facilitate true inclusion.



2. Introduction

ASIAM is an organisation committed to safeguarding the well-being of all children that we work with.

The ASIAM Child Protection Policy is a set of best practice guidelines aimed at providing a safe environment for young service users and young volunteers. The policy also aims to safeguard and support ASIAM employees and volunteers when they are working with children. This policy acts as a template for best practice in how employees, Board Directors, sponsors, partners, volunteers and ASIAM ambassadors (often collectively referred to in this policy document as “employees”) behave when working with children. The policy applies to all work processes, including in-person, online and remote communications. It also applies to all interaction between employees and children regardless of where it takes place.

It is important to read the policy carefully in order to understand the level of protection both provided and expected.

This policy has been designed in accordance with child protection legislation, the existing [Children First: National Guidance for the Protection and Welfare of Children](#)

3. Policy Statement

ASIAM believes that all children have the right to access our services and programmes in an accessible, inclusive, youth-friendly and safe way. ASIAM believes that children are entitled to the full respect, protection and promotion of their human rights and fundamental freedoms. In providing information to children, ASIAM adopts a rights-based approach and integrates the norms, standards, and principles of the international human rights system into the development, implementation and evaluation of its policies.

The human rights-based approach means that ASIAM:

- Empowers children to claim, exercise and defend their rights and fulfil their responsibilities through active participation in society
- Actively works against discrimination of children on age or any other grounds, and towards ensuring the full inclusion of youth within society.

The protection of children is a national and international requirement. The [UN Convention on the Rights of the Child](#) upholds the best interests of children and says that “*children have the right to be protected from all forms of violence*”.

Management, employees and volunteers in ASIAM recognise that the welfare of children is paramount and will endeavour to safeguard children by:

- Having a Child Safeguarding Statement, as required by Children First Legislation
- Having procedures to recognise, respond to and report concerns about children’s protection and welfare
- Having a confidentiality policy
- Having a code of behaviour for management, employees and volunteers



- Having a recruitment procedure
- Having procedures for managing/supervising employees and volunteers
- Having a procedure for responding to accidents and incidents
- Having a complaints procedure
- Having procedures to respond to allegations of abuse and neglect against employees.

Meaning of Child

For the purposes of this policy, and consistent with the [Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020](#), “child” is:

- **Child:** Any person under the age of 18 years, in line with the United Nations Convention on the Rights of the Child.

Geographical Boundaries of This Policy

This policy applies to all work processes, including face to face, online and remote communications. It also applies to all interaction between employees and children regardless of where it takes place.

Principles of Best Practice

- The safety and welfare of children are of paramount importance.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents/guardians/carers and families, while understanding that if there is a conflict, the safety of the child comes first.
- Children have a right to be heard, listened to, treated with respect and taken seriously.
- Having due regard to their age, gender, background and understanding, children should be consulted and involved in all matters and decisions which may affect their lives.
- Parents/guardians/carers have a right to respect and should be consulted and involved in matters concerning their family.
- Co-operation with the Child & Family Agency, other child protection agencies/services and professionals is vital to ensuring children’s safety.
- Records of all incidents occurring during contact hours between employees, volunteers, students, and children will be maintained appropriately.
- Employees, volunteers and students coming into contact with children will be provided with appropriate training in child protection.
- All employees, volunteers and students, where relevant, will be Garda vetted in accordance with ASIAM Garda Vetting Policy.
- A minimum of two ASIAM employees will supervise work experience volunteers under the age of 18.

4. Legislative Provisions

This policy has been designed in accordance with child protection legislation.

[The Children First Act 2015](#)



The Act puts Children First: National Guidance for the Protection and Welfare of Children on a statutory footing and provides for a number of key child protection measures:

- A requirement on organisations providing services to children to keep children safe and to produce a Child Safeguarding Statement
- A requirement on defined categories of persons (mandated persons) to report child protection concerns over a defined threshold to the Child and Family Agency (the Agency)
- A requirement on mandated persons to assist the Agency in the assessment of a child protection risk, if so requested to do so by the Agency
- Provisions of the Act ensure that concerns about children are brought to the attention of the Agency without delay and improve the quality of reports made to the Agency and the quality of follow up on concerns.

Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012

The Act creates an offence of withholding information in relation to specified offences, including (but not limited to) murder, manslaughter, false imprisonment, rape, sexual assault and incest, committed against a child or vulnerable person. The offence arises where a person knows or believes that a specified offence has been committed against a child or vulnerable person and they have information which would be of material assistance in securing the apprehension, prosecution, or conviction of another person for that offence and fails without reasonable excuse to disclose that information to the Gardaí.

National Vetting Bureau (Children and Vulnerable Persons) Act 2012

The Act provides the legislative basis for the mandatory vetting of persons who wish to undertake certain work or activities, including in a voluntary capacity, relating to children or vulnerable persons or to provide certain services to children or vulnerable persons.

- Any work or activity which is carried out by a person, a necessary and regular part of which consists mainly of the person having access to, or contact with, children or vulnerable adults.

To comply with the legislation, AsIAM must vet everyone who falls into this category. Not everyone has to be or can be vetted, and each position will be assessed in accordance with the Act and in line with the AsIAM Garda Vetting Policy.

Other relevant legislative provisions include:

Child Care Act, 1991

The purpose of The Act is to “up-date the law in relation to the care of children who have been assaulted, ill-treated, neglected or sexually abused or who are at risk”. The main provisions of the act are:

- The placing of a statutory duty on the Health Service Executive (“H.S.E”) to promote the welfare of children who are not receiving adequate care and protection up to the age of 18 (Sec. 3.1)
- The strengthening of the powers of the H.S.E to provide childcare and family support services
- The improvement of the procedures to facilitate immediate intervention by H.S.E and An Garda Síochána where children are in danger



- The revision of provisions to enable the courts to place children, who have been assaulted, ill-treated, neglected, or sexually abused or who are at risk, in the care of or under the supervision of H.S.E.
- The introduction of arrangements for the supervision and inspection of pre-school services.
- The revision of provisions in relation to the registration and inspection of residential centres for children.

Protection for Persons Reporting Child Abuse Act, 1998

The main provisions of The Act are:

- The provision of immunity from civil liability to any person who reports child abuse “reasonably and in good faith” to designated officers of H.S.E. or any member of An Garda Síochána
- The provision of significant protections for employees who report child abuse. These protections cover all employees and all forms of discrimination up to, and including, dismissal
- The creation of a new offence of false reporting of child abuse where a person makes a report of child abuse to the appropriate authorities “knowing that statement to be false”. This is a new criminal offence designed to protect innocent persons from malicious reports.

Data Protection Acts 1988 and 2003

This legislation gives a right to every individual, irrespective of nationality or residence, to establish the existence of personal data, to have access to any such data relating to them and to have inaccurate data rectified or erased. It requires data controllers to make sure that the data they keep are collected fairly, are accurate and up to date, are kept for lawful purposes, and are not used or disclosed in any manner incompatible with those purposes. It also requires both data controllers and data processors to protect the data they keep and imposes on them a special duty of care in relation to the individuals about whom they keep such data.

Additional related policies/documents having a bearing on child protection:

- Garda Vetting Policy and Procedures
- Recruitment and Selection Policy
- Volunteer Policy / Code of Conduct for Volunteers
- Data Protection
- Employee Handbook

5. Confidentiality, Information Sharing and Record Keeping

ASIAM will operate a strict code of confidentiality as outlined below. The effective protection of a child often depends on the willingness of the employee in statutory and voluntary organisations involved with children to share and exchange relevant information. It is therefore critical that there is a clear understanding of professional and legal responsibilities about confidentiality and the exchange of information.

5.1 Information Sharing



Employees should never promise to keep secret any information that is shared by a child when that information relates to concerns of possible abuse. Those working with a child and his/her family should clearly explain that such information cannot be kept secret but will only be shared on a “need to know” basis, in the interests of the child concerned and only with the relevant statutory authorities. They should be assured that all information will be handled taking full account of legal requirements.

Every effort should be made to make sure the child understands this strategy and consents to it.

Parents and guardians must be given information relating to the child unless this would place the child in danger. This should be undertaken in consultation with the statutory agency. Parents, guardians, children have a right to know if their personal information is being shared, unless doing so could put the child at risk.

The person under suspicion also has a right to be notified of the cause of concern. This should be considered carefully and should only be undertaken in consultation with the statutory agency.

It must be clearly understood that information gathered for one purpose must not be used for another without consulting the person who provided that information.

If a child protection concern arises, ASIAM will undertake to speak to a Duty Social Worker via the Designated Liaison Person for relevant counsel/advice. The [Protection for Persons Reporting Child Abuse Act 1998](#) protects people who have reported child abuse concerns from civil liability when this is done “reasonably and in good faith” to designated officers of the Child & Family Agency or to any member of An Garda Síochána.

Ethical and statutory codes concerned with confidentiality and data protection provide general guidance. They are not intended to limit or prevent the exchange of information between different professional employees with a responsibility for ensuring the protection and welfare of children. Providing information to statutory agencies for the protection of a child is not a breach of confidentiality or data protection legislation.

5.2 Record Keeping

All records and information of a personal nature will be uploaded and stored onto the secure CRM (Customer Service Management) system. Only the named Designated Liaison Person, the Deputy Designated Liaison Person and the relevant employees will have access to these records and information.

A Cause for Concern Form will be used for reporting concerns to the Designated Liaison Person and this form will be securely stored. When a referral is made to Tusla, this information will be uploaded to their reporting system.

6. Training

All employees mandated under the [Children First Act 2015](#) will receive child protection training, including training around confidentiality, information sharing and record keeping.

The issue of confidentiality should be part of the general training for employees and volunteers working with ASIAM who interact with children.



Employees that work directly with children will undergo the relevant training prior to interaction with service users that is in line with ASIAM's ethos, values and policies.

First aid training is made available to the relevant employees.

7. Designated Liaison Persons

The Designated Liaison Person has responsibility for dealing with any concerns about the protection and welfare of children.

ASIAM has designated the following officers:

Designated Liaison Person (DLP):
Adam Harris, Chief Executive Officer
Tel: 087-136-65-27
adam@asiam.ie

Deputy Designated Liaison Person (DDL):
Katie Quinn, Autism Friendly University Coordinator
Tel: 086-779-3651
katie@asiam.ie

Board Designated Liaison Person:
Amanda McGuinness
Amandalittlepuddins@gmail.com

7.1 Responsibilities of the Designated Liaison Person & Deputy Designated Liaison Person

The Designated Liaison Person will:

- Operate within the guidelines set by the statutory authorities and those approved by ASIAM
- Be available to receive and consider child protection concerns and to report suspicions and allegations of child abuse to the statutory authorities, i.e., Tusla or An Garda Síochána
- Liaise between the organisation, children, employees, volunteers and the statutory authorities where necessary
- Create and maintain links with the statutory authorities and other relevant agencies and resource groups and to informally consult and seek advice from Tusla regarding referral
- Facilitate the provision of support to anyone making a disclosure or wishing to make a referral to the statutory authorities
- Advise the organisation, members, or employees/volunteers on individual cases within the limits of confidentiality
- Maintain proper records on all cases referred to them in a secure and confidential manner
- Advise on good practice
- Organise/facilitate training and workshops on child protection
- Keep up to date on current developments regarding provision, practice, support services, legal obligations/requirements and policy.



8. Recognising Child Abuse

Child abuse usually consists of one or more of the following: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time and abuse can often be difficult to identify.

All employees, volunteers and action panel members should be familiar with the definitions of abuse as outlined in Children First (see [Appendix 2](#)) and the signs and symptoms of abuse (see [Appendix 3](#)).

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

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.

Sexual Abuse: Where a child is used by another person for their gratification or sexual arousal, or for that of others.

8.1 Reasonable Grounds for Concern

The statutory authorities should always be informed when a person has reasonable grounds for concern that a child may have been abused, is being abused, is at risk of abuse or is at risk of harming themselves or of harming others.

The following examples would constitute reasonable grounds for concern:

- The child tells you or indicates that they were or are being abused or are in danger of harming themselves or another
- A person who saw the child being abused provides information
- There is evidence of an injury or behaviour which is consistent with abuse and unlikely to be caused in any other way
- An injury or behaviour, which is consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indicators of abuse, or dysfunctional behaviour
- Consistent indication, over a period of time that a child is suffering from emotional or physical neglect
- Concern about the behaviour or practice of a colleague.



If anyone has misgivings about the safety of a child and would find it helpful to discuss their concerns with a professional, they should not hesitate to contact the duty social worker in their local area (see [Appendix 6](#)). This should help them decide whether to formally report their concerns to the Child & Family Agency.

9. Responding to Concerns about a Child’s Welfare or possible Abuse

The welfare and protection of the child is of paramount importance to ASIAM. Therefore, ASIAM is committed to ensuring there is no delay in reporting to the Child & Family Agency and/or An Garda Síochána if there are reasonable grounds for concern. It is ASIAM’s aim to cooperate with statutory agencies to ensure the well-being of children.

9.1 Dealing with a Disclosure of Abuse

If a child discloses an incident of abuse to any employee, this must be dealt with sensitively and professionally by that person.

The following are guidelines to support employees in this regard:

- React calmly
- Listen carefully and attentively – take the child seriously
- Give the child time to say what they want and do not interrupt, express opinions or pass judgment
- Reassure the child that they have taken the right action in talking to you
- Do not promise to keep anything secret
- Be careful when seeking clarification. Do not ask leading questions, such as asking whether a certain person carried out the abuse. A leading question is usually one that can be answered with yes or no
- Conversation should be supportive but do not seek intimate details beyond those volunteered and do not suggest that something else may have happened other than what you have been told
- Check back with the child that what you have heard is correct and understood
- Do not express any opinions about the alleged abuser
- Do not arrange to meet a child outside of ASIAM working hours
- Ensure that the child understands the next steps which will be taken.

In the event that a child is at immediate risk of harm, and it is outside of ASIAM office hours, the Designated Liaison Person will contact the Child and Family Agency. In the event of an emergency and the unavailability of a Duty Social Worker (Monday – Friday, 9am – 5pm) the Designated Liaison Person will contact the local Garda Síochána.

9.2 Next Steps

- Take detailed notes of the conversation in writing as soon as possible and in as much detail as possible
- Sign and date the notes.



- Treat the information confidentially. All information should be shared on a “need to know” basis and must not be used for any other purpose.
- Pass the information to the Designated Liaison Person as soon as possible; do not attempt to deal with the problem alone.
- Do not confront the alleged abuser or any witnesses.

Where an allegation or suspicion of abuse has been made you MUST REFER these to the Designated Liaison Person immediately. DO NOT INVESTIGATE.

9.3 Reporting Procedure

The first priority is to ensure that no child is exposed to unnecessary risk.

If an employee or volunteer knows or suspects that the welfare of a child has been or is at risk, they have a duty to convey this concern to AsIAM’s Designated Liaison Person.

Where an employee does not feel comfortable reporting an incident internally; where they are dissatisfied with the internal response or where they are unable to contact the Designated Liaison Person, the contact details of the relevant authorities can be found at [Appendix 6](#).

9.4 Procedures following the Reporting of a Child Protection Concern

Where an employee has reported a suspected or alleged child protection concern, it is then the Designated Liaison Person’s duty to deal with the case, and if there are reasonable grounds for concern, they must report the matter to the Child & Family Agency as soon as possible. In the event of not being able to contact the Duty Social Worker, the Designated Liaison Person will contact An Garda Síochána at any Garda Station.

A report can be made in person, by telephone or in writing.

In making a child protection concern report an individual must take the following into consideration:

- The protection and safety of the child is paramount
- The protection of natural justice requires that a person is innocent until proven otherwise
- The principle of confidentiality requires that only those that need to know should be told of child protection concerns and that the number of people that need to be kept informed should be kept to a minimum.

Situations that must be reported:

The reporting procedure should be followed when there is concern that children are being harmed or at risk of harm, including:

- Child abuse disclosures, concerns or allegations
- When a child is at risk of harming themselves
- When a child is at risk of harming others.



Section 176 of the [Criminal Justice Act 2006](#) introduced the criminal charge of reckless endangerment of children. It states:

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

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

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

The second priority is that protective measures are precautionary and not disciplinary. Employees, volunteers and action panel members have a right to natural justice and due process which must also be respected.

Where an allegation of abuse has been made against an employee, urgent protective measure will be taken. These measures should be proportionate to the level of risk and should not unreasonably penalise the employee, financially or otherwise, unless necessary to protect children. Where protective measures penalise the employee, it is important that early consideration be given to the case. Any action taken should be guided by agreed procedures, the applicable employment contract, and the rules of natural justice. This may or may not include suspension from work with pay while the investigation is ongoing, or the case is pending and any steps taken must be in line with the recommendations of the investigating bodies such as the Child and Family Agency and An Garda Síochána to ensure that ASIAM’s actions do not frustrate any investigations.

In an emergency a report should be made directly to An Garda Síochána.

9.5 Where a Referral is not Made to the Child and Family Agency

Not all concerns will be reasonable grounds for concern. In these cases, the concern and any informal consultation must be documented and kept confidentially and securely.

The Designated Liaison Person will inform the employee, volunteer or student who raised the concern that it is not being referred in writing, indicating the reasons. The Designated Liaison Person will advise the individual that they may make a report themselves or contact the Duty Social Work Team and that the provision of the [Protection for Persons Reporting Child Abuse Act, 1998](#) will apply.

9.6 Informing Parents and Guardians about Child Protection and Welfare Concerns

Good communication with parents is very important in ensuring best outcomes for children and any concerns about the health and well-being of a child will always be discussed with parents from the outset.



When a child protection concern is being reported to the Child & Family Agency, good practice indicates that parents should be informed about the report unless doing so may put the child at further risk. The Designated Liaison Person may seek advice from the Child and Family Agency Social Work Department in relation to this.

9.7 Responding to a Retrospective Disclosure by an Adult of Abuse as a Child

In relation to retrospective disclosures, all child protection concerns must be examined and addressed. An increasing number of adults are disclosing abuse that took place during their childhood. If an employee becomes aware of a retrospective concern, they should follow the reporting procedure and speak with the Designated Liaison Person. If any risk is deemed to exist to a child who may be in contact with an alleged abuser, the Designated Liaison Person should report the concern to the Children and Family Agency without delay.

Information about relevant support services may be provided to the adult if appropriate.

10. Amendments to Policy

The Board of Directors will review this policy on foot of legislative changes or on an annual basis.

This Policy was approved by the Board of Directors:

Signed: *Alan Cox*

Date: 11 / 08 / 2022

Chairperson of the Board of Directors

Signed: *Alan Cox*

Chief Executive Officer

Date: 11 / 08 / 2022



Appendix 1

Acceptance of AsIAM's Child Protection Policy

Declaration from all employees, volunteers and members working/interacting with children

Surname:

Forename:

Date of Birth:

Address:

Contact Number:

I have read AsIAM's Child Protection Policy and code of behaviour and agree to abide by its contents.

Signature:

Date:

There is no reason why I would be considered unsuitable to work with children .

Signature:

Date:



Appendix 2

Definition and Recognition of Child Abuse - taken from the [Children First: National Guidance for the Protection and Welfare and of Children](#).

2.1 Types of child abuse

2.1.1 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. More detail on each type of abuse is given below.

2.1.2 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.

2.2 Definition of 'neglect'

2.2.1 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.

2.2.2 Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age.

2.2.3 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 their 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.

2.2.4 The threshold of significant harm is reached when the child's needs are neglected to the extent that their well-being and/or development are severely affected.

2.3 Definition of 'emotional abuse'

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

- (i) the imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming
- (ii) conditional parenting in which the level of care shown to a child is made contingent on their behaviours or actions
- (iii) emotional unavailability of the child's parent/carer
- (iv) unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child
- (v) premature imposition of responsibility on the child

- (vi) unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself/herself- in a certain way
- (vii) under- or over-protection of the child
- (viii) failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development
- (ix) use of unreasonable or over-harsh disciplinary measures
- (x) exposure to domestic violence
- (xi) exposure to inappropriate or abusive material through new technology.

2.3.2 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.

2.4 Definition of 'physical abuse'

2.4.1 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:

- (i) severe physical punishment
- (ii) beating, slapping, hitting or kicking
- (iii) pushing, shaking or throwing
- (iv) pinching, biting, choking or hair-pulling
- (v) terrorising with threats
- (vi) observing violence
- (vii) use of excessive force in handling
- (viii) deliberate poisoning
- (ix) suffocation
- (x) fabricated/induced illness (see [Appendix 1](#) for details)
- (xi) allowing or creating a substantial risk of significant harm to a child.

2.5 Definition of 'sexual abuse'

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

- (i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child

- (ii) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification
- (iii) masturbation in the presence of the child or the involvement of the child in an act of masturbation
- (iv) sexual intercourse with the child, whether oral, vaginal or anal
- (v) 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, modelling 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
- (vi) 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.

2.5.2 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.

Appendix 3

Signs and Symptoms of Child Abuse - taken from the [Children First: National Guidance for the Protection and Welfare and of Children](#).

1. Signs and Symptoms of Neglect

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

2. Characteristics of Neglect

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

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

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

- **Disorganised / chaotic neglect:** This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding accommodation, finances and food. This type of neglect results in attachment disorders promotes anxiety in children and leads to disruptive and attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe from accidental harm, with a high incident of accidents occurring.
- **Depressed or passive neglect:** This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.
- **Chronic deprivation:** This is most likely to occur where there is absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

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

- Inadequate food – failure to develop
- Household hazards – accidents
- Lack of hygiene – health and social problems
- Lack of attention to health – disease
- Inadequate mental health care – suicide or delinquency
- Inadequate emotional care – behaviour and educational
- Inadequate supervision – risk-taking behaviour
- Unstable relationship – attachment problems
- Unstable living conditions – behaviour and anxiety, risk of accidents
- Exposure to domestic violence – behaviour, physical and mental health
- Community violence – anti social behaviour.

3. Signs and Symptoms of Emotional Neglect and Abuse

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with 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 reason) 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 their age and stage of development.

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

4. Signs and Symptoms of Physical Abuse

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

- Bruises (see below for more detail)
- Fractures
- Swollen joints
- Burns / scalds (see below for more detail)
- Abrasions / lacerations
- Haemorrhages (retinal, subdural)
- Damage to body organs
- Poisonings – repeated (prescribed drugs, alcohol)
- Failure to thrive
- Coma / unconsciousness
- Death.

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

Bruises:

Accidental



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

5. Signs and Symptoms of Sexual Abuse

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

Cases of sexual abuse principally come to light through:

- Disclosure by the child or their 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/she they would like to do to the child and other sexual comments.
- Obscene phone calls.
- Independent “exposure” involving the offender showing the victim his/her their 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 / of masturbate them. Fondling can be either outside or inside the clothes. Also includes “frottage”, i.e., where the offender gains sexual gratification from rubbing their 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 pornography, 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 four or five 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 definite 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 in 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 which involve undressing, e.g., games/swimming.

Particular behavioural signs and emotional problems suggestive of child abuse in young children (**aged 0-10 yrs**) 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 + yrs**) 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.

Children with additional vulnerabilities

Certain children are more vulnerable to abuse than others. Such children include those with disabilities, children who are homeless and those who, for one reason or another, are separated from parents or other family members and who depend on others for their care and protection. The same categories of abuse – neglect, emotional abuse, physical abuse and sexual abuse – are applicable, but may take a



slightly different form. For example, abuse may take the form of deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medications or physical restraints.

Fatal child abuse

In the tragic circumstances where a child dies as a result of abuse or neglect, there are four important aspects to be considered: criminal, child protection, bereavement and notification.

Criminal aspects: This is the responsibility of An Garda Síochána and they must be notified immediately. The coroner must also be notified and his/her instructions complied with in relation to post mortems and other relevant matters.

Child protection aspects: These will be particularly relevant if there are other children in the family in the same situation, and will therefore require immediate intervention by the HSE Children and Family Services to assess risk.

Bereavement aspects: The bereavement needs of the family must be respected and provided for and all family members should be given an opportunity to grieve and say goodbye to the deceased child.

Notification aspects: The HSE should notify the death of a child to the National Review Panel and to the Health Information and Quality Authority in accordance with the HIQA's Guidance for the Health Service Executive for the Review of Serious Incidents, including deaths of children in care (HIQA, 2010):

- All deaths of children in care, including natural causes
- All deaths of children known to the child protection system
- Serious incidents involving a child in care or known to the child protection services.

Managers and employees should cooperate fully with any review undertaken to establish the facts of the case and any actions that should be taken, to identify learning that will improve services in the future and to provide assurance to the public.

Points to Remember:

The severity of a sign does not necessarily equate with the severity of the abuse.

Severe and potentially fatal injuries are not always visible. Neglect and emotional and/or psychological abuse tends to be cumulative, and effects may only be observable in the longer term. Explanations which are inconsistent with the signs should constitute a cause for concern.

Neglect is as potentially fatal as physical abuse.

It can cause delayed physical, psychological and emotional development, chronic ill-health and significant long-term damage. It may place children at serious risk of harm. It may also precede, or co-exist with, other forms of abuse and must be acted upon.

Experiencing recurring low-level abuse may cause serious and long-term harm.

Cumulative harm refers to the effects of multiple adverse circumstances and events in a child's life. The unremitting daily impact of these circumstances on the child can be profound and exponential and diminish a child's sense of safety and well-being.

Child abuse is not restricted to any socio-economic group, gender or culture.



All signs must be considered in the wider social and family context. Serious deficits in child safety and welfare transcend cultural, social and ethnic norms and must elicit a response.

Challenging behaviour by a child should not render them liable to abuse.

Children in certain circumstances may present with behaviours that challenge. 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 psychological well-being.

The adverse effects of domestic violence have been well established.

While the impact of neglect is most profound on young children, it also adversely affects adolescents.

Neglect renders young people liable to risk-taking behaviours, such as running away, early school leaving, anti-social behaviour, mental health and addiction problems, including the risk of suicide.

It is sometimes difficult to distinguish between indicators of child abuse and other adversities suffered by children and families.

Deprivation, stress, addiction or mental health problems should not be used as a justification for omissions of care or commissions of harm by parents/carers. The child’s welfare must be the primary consideration.

Neglectful families may be difficult to engage.

Research shows that families may be reluctant to seek help in response to experiencing the factors associated with neglect.

Families where neglect and abuse are prevalent may go to considerable lengths to deceive professionals.

It is important for professionals to approach cases with a wary trustfulness, seek evidence to substantiate claims of improvement and speak with the children concerned individually.

Social Workers need good observation and analytical skills in order to be able to understand the nature of the relationship between a parent and child, to understand signs of non-compliance, to work alongside a family and to come to safe and evidence-based judgements about the best course of action.

Working in the area of child abuse and neglect is dealing with uncertainty

Social Workers and other professionals should adopt a “respectful uncertainty” on parental reporting of improvement until supported by clear evidence.



Appendix 4

Contact Details:

Child and Family Agency

ASIAM's nearest social work office is:

Duty Social Work Department
Child and Family Agency,
Dublin South East / Wicklow,
Carysfort House,
Carysfort Avenue,
Blackrock, Co Dublin.
Tel 01 2155758
am.dsdseww@tusla.ie

Reporting Procedures:

Out of Hours:

An Garda Síochána

Blackrock, Dublin
Call: +353 1 666 5200
Blackrock Garda Station,
15 Sweetmans Avenue,
Blackrock,
Co. Dublin
A94 X660
01 666 5200

District HQ: Blackrock
District HQ Tel: 01 666 5282

Divisional HQ: Dun Laoghaire
Divisional HQ Tel: 01 666 5092

Outside of Ireland:

Discuss with the Designated Liaison Person who will ascertain the appropriate authority in the jurisdiction concerned.

Emails are monitored during normal office hours.

Call 999/112 or your local Garda Station if an immediate response is required.



Appendix 5

CODE OF CONDUCT FOR EMPLOYEES AND VOLUNTEERS – STANDARDS OF BEHAVIOUR

We expect everyone working with children and young people in a paid or voluntary capacity for ASIAM to take every possible precaution to avoid situations that could be misinterpreted and/or a breach our Child Safeguarding Procedures. By setting out appropriate and inappropriate behaviour, this code will not only help to protect children, but also employees and volunteers.

DO

- Listen and hear – and give time to the child to say what they want to say. Thoughts and words are important, and they deserve respect.
- Promote an atmosphere of creativity, openness and acceptance during in all ASIAM programmes and events involving children and young people.
- Be aware of situations that present risks and manage these risks appropriately – always ask a manager or colleague if you are unsure.
- Remember that someone else might misinterpret your interaction with children, no matter how well intentioned.
- Use only age appropriate language, media products and activities in working with children and young people.
- Always treat children with respect - don't embarrass them. Do not ridicule, insult or make little of anyone during an activity.
- Recognise that caution is required, particularly sensitive moments such as dealing with a child who becomes upset.
- Make sure that a responsible adult, e.g., a teacher, is always present for group programmes, when visiting a school or conducting programmes with third party organisation on behalf of ASIAM.

DO NOT

- Allow yourself to be drawn into inappropriate behaviours.
- Take children alone in a car, even for short journeys.
- Physically punish or be in any way verbally abusive to a child.
- Ever give a child your personal contact details, e.g., telephone number, social media contact information or email address.
- Use alcohol, tobacco or drugs in the company of children or young people.
- Arrange external meetings or contact children outside the group or project.



- Take pictures of children or young people unless you have prior school/organisation or parental consent to do so.
- Allow or engage in suggestive remarks, gestures or touching of a kind which could be misunderstood.
- Under any circumstances attempt to deal with any problems or behaviour that challenges alone. If an activity – the event itself or peer activities between children – is becoming unmanageable or unsafe, notify a manager or colleague immediately.

TITLE	Child Protection Policy
FILE NAME	Child Protection Policy FINAL Jul22.pdf
DOCUMENT ID	2fa9305f6b4205d515862ef107c31acc00531114
AUDIT TRAIL DATE FORMAT	DD / MM / YYYY
STATUS	● Signed

Document History



SENT

19 / 07 / 2022

10:09:19 UTC+1

Sent for signature to Adam Harris (adam@asiam.ie) and Alan Cox (alan.cox@refly.ie) from claire@asiam.ie
IP: 194.165.184.163



VIEWED

02 / 08 / 2022

10:25:49 UTC+1

Viewed by Adam Harris (adam@asiam.ie)
IP: 89.100.74.218



SIGNED

11 / 08 / 2022

12:32:35 UTC+1

Signed by Adam Harris (adam@asiam.ie)
IP: 89.100.74.218



VIEWED

11 / 08 / 2022

18:08:40 UTC+1

Viewed by Alan Cox (alan.cox@refly.ie)
IP: 88.10.184.122



SIGNED

11 / 08 / 2022

18:08:52 UTC+1

Signed by Alan Cox (alan.cox@refly.ie)
IP: 88.10.184.122



COMPLETED

11 / 08 / 2022

18:08:52 UTC+1

The document has been completed.