GALWAY RURAL DEVELOPMENT COMPANY LTD.

CHILD & VULNERABLE ADULTS' PROTECTION POLICY

May 2022

Ratified by Board June 2022

Table of Contents

Company Safeguarding Policy for Children, Young People and Vulnerable Adults

Introduction

Galway Rural Development (GRD) was established in 1994 to enhance the lives of those living in rural communities through a variety of social and community schemes. Through this company, staff[1] have contact with members of the public including children[2]. The board of directors of GRD is responsible for ensuring that the company maintains an effective Child and Vulnerable Adults' Protection Policy and all related procedures are adhered to.

GRD's guidelines are based on the following principles:

- a child is a person under 18 (Child Care Act 1991, Children First Act 2015), excluding a person who is married or who has been married;
- a vulnerable adult is someone who is or may be in need of support services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

GRD values children and seeks to ensure that any activities involving children are safe, enjoyable and comfortable. GRD will look to develop children's self-esteem, encourage each child to contribute to and participate in activities and to reward their efforts as well as their achievements. GRD acknowledges that an atmosphere built on good relationships, mutual respect and support is less favourable to the development of bullying and other abusive behaviours. Similarly, when children have trusting relationships with staff, they are more likely to let them know about things that are making them unhappy.

The aim and purpose of this policy is to safeguard children, their families and staff. This document is a guidance document for GRD staff in identifying and responding to allegations and suspicions of child abuse or neglect. The document is based on and adheres to the Department of Children and Youth Affairs Children First: National Guidance for the Protection and Welfare of Children, (henceforth the National Guidance) published in 2011 and the Children First Act 2015 and follows the standards and guidance for safeguarding children and young people as outlined by *Keeping Children Safe: Our Duty to Care*.

[1] For the purposes of this document the term staff refers to anyone who is in paid employment in GRD, students on work experience, volunteers and the board of directors.

[2] For the purposes of this document, references to 'child' or 'children' also refers to young people under the age of 18 and vulnerable adults.

Safeguarding Children Policy Statement

We in GRD are committed to engaging in practices which protect children from harm. GRD acknowledges that the rights of children need to be protected, that children need to be treated with respect, listened to and have their own views taken into consideration.

GRD staff recognise that the welfare of children is paramount and our service will endeavour to safeguard children by having a Child Protection Policy which comprises of the following:

- A reporting procedure to respond to concerns around children's welfare and safety
- A code of behaviour for staff
- A confidentiality statement
- A procedure to respond to complaints
- A safe recruitment procedure

As part of the policy this service will:

- Appoint a Designated Liaison Person (DLP)[3]
- Ensure that all relevant staff who are likely to have contact with children as part of their normal work attend appropriate child protection training
- Ensure that relevant staff have access to supervision, support and training as needed including in areas such as appropriate ways to behave with children
- Ensure all relevant health and safety procedures are adhered to
- Follow the procedures laid down for recruitment and selection of staff
- Share information about the Child Protection Policy and good practices with families and children who are receiving support from GRD
- Review of the company Child Protection and Vulnerable Adult Policy and practices at regular intervals, at least every three years, by staff and the executive committee of GRD
- Ensure that GRD staff also adhere to related policies, which help to protect and keep children safe from harm including its Quality Management Systems (QMS) Policy and Staff Handbook
- Report concerns to statutory agencies and involve parents[4] and children in an appropriate manner.

Scope of Policy

GRD will seek to ensure that:

All staff and especially those who work with children are:

- clear about what abuse is

[3] For the purposes of this document DLP refers to both the individual appointed to this position and their deputy.

[4] For the purposes of this document parents refers to either parents or guardians.

- know how to recognise and respond to it
- are aware of who can abuse children
- know what steps to take to report suspected abuse

Good child protection practice means ensuring that staff know how to recognise the signs and symptoms of child abuse. This does not mean that they are responsible for deciding whether or not abuse has taken place – even for an expert that is a difficult decision – but they do have a responsibility to be alert to behaviour by children or staff which suggests that something is wrong. GRD staff are expected to report but not investigate the concerns raised. It is Tusla's role to assess the level of risk to the child and the Gardaí's role to investigate a report of a crime.

It is always GRD policy to take action if child abuse or neglect is suspected and to provide safe child centred environments from where GRD programmes operate. GRD staff accept a Duty of Care to all children participating in GRD programmes and will appropriately share concerns with the relevant person whether the source of the concern is internal or external to the programme.

Sharing Information about the Policy

GRD will ensure that everyone involved with the organisation, including children and their families who are receiving a service or supports from GRD, have a copy (or access to a copy) of this policy and it will be published on GRD's website.

Families:

- On initial contact with GRD all parents will be made aware of the company's Child Protection Policy.
- Parents will be made aware of all GRD documentation such as registration forms, attendance sheets and parental consent forms and these will be explained in full.
- There will be open communication between GRD and parents concerning the child's welfare. Parents will be informed of any referrals made to Tusla about their children if it does not put the child at risk.
- Children should also, as developmentally appropriate and in consultation with their parents, be made aware of their rights under this policy.

Staff:

- A Copy of GRD's Child Protection Policy will be sent to all staff and all staff should sign and agree policy.
- A copy of GRD's Child Protection Policy will be prominently displayed in all premises from where GRD programmes operates.
- The management committee- (GRD executive and board of directors) also has a responsibility to be aware of the policy and ensure that everyone involved with the organisation implements and takes ownership of it.

Child Abuse

All staff should be aware that child abuse occurs when the behaviour of someone in a position of greater power than a child causes the child harm. Because children can be abused in a number of ways, sometimes at the same time, it is not always easy to categorise it, but four broad definitions can be considered and may be briefly summarised as *neglect; physical abuse; sexual abuse and emotional abuse*[5].

Children who are especially Vulnerable to Abuse

Children in certain situations are especially vulnerable to abuse. These include children who, for short or long periods, are separated from parents or other family members and depend on other adults for their care and protection.

Children with disabilities may also be particularly at risk as the nature of their disability sometimes makes communication between themselves and others difficult and they may depend more than most children on a variety of adults to help them, for example, for care and transport. The same categories of abuse – neglect, emotional abuse, physical abuse, sexual abuse – may be applicable, but may take a slightly different form. For example, abuse may take the form of taking away basic rights, harsh punishments or overuse of medications or physical restraints.

Other Forms of Abusive Behaviour

Apart from the above very serious forms of abuse, staff should also be on the alert for other forms of behaviour that may be harmful to children. These behaviours may take place in any setting. Incidents like these should be dealt with immediately and not tolerated under any circumstances. The following behaviours are unacceptable for either staff or children:

Verbal Abuse

This can include name-calling, sarcasm, and criticism, making reference to some physical characteristic, destructive criticism, derogatory remarks and gestures.

Bullying

Bullying can be defined as repeated aggression be it verbal, psychological or physical which is conducted by an individual or group against others. Examples of bullying include teasing, taunting, threatening, hitting and extortion.

Unwelcome Behaviour

This can include favouritism, exclusion, sexual harassment and sexual innuendo, humiliating and embarrassing others, deprivation of basic rights and harsh punishments.

Who Abuses Children?

It is important to remember that children can be abused by a variety of people, including those in trusted positions. Nobody really knows what causes people to abuse children.

[5] For definitions, signs and symptoms see Appendix 1.

Sometimes it is because abusers have had bad experiences themselves or because they have limited understanding of how to care for children properly or that they are unable to do it consistently. Child abuse is often associated with, though not directly caused by, poverty and other social problems like addiction or domestic violence and is sometimes the result of stress. Sexual abuse is different and is almost always involves careful planning and manipulation of children and situations.

Take a minute to consider this:

- Abusers appear just like anyone else – you can't tell by looking.
- People who abuse children come from all types of backgrounds
- Sometimes strangers abuse children, but it is more often someone that the child knows, and is in a position of authority or trust over him or her
- Children can be abused by other children and young people.

Recognising Child Abuse

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

Children will sometimes confide that they are being harmed, and sometimes other people witness incidents which suggest that children are being harmed. However, it is often necessary to rely on signs – some are more obvious like under-nourishment, lack of suitable clothing, lack of proper care and supervision, injuries, sexual knowledge that is unusual for the child's age, or running away. Others are less clear and may show up in a child's behaviour or their reaction to adults. This need to be considered in relation to other features of a child's situation and other reasons for explaining the situation should also be considered. However, it is important to always put the child's safety and well being first, over and above any other considerations. Further information on the signs and symptoms of child abuse are available in Appendix 1 of this document.

Suspecting Child Abuse

Staff in community and voluntary organisations may have concerns in relation to actual or suspected child abuse in different contexts or situations. Firstly, the suspected abuse may be taking place within the family or home environment. Secondly, the concern may emerge in relation to inappropriate behaviour by a staff member or person in the organisation or another service accessed by the child.

Stages in Recognising Child Abuse

Child abuse might come to light because a child tells someone, or because someone sees it happening. However, this does not always happen, and it is often a question of someone feeling uneasy and concerned about a child, and needing to find out more. There are roughly three stages in recognising child abuse to the point where a staff member knows that action must be taken.

These are:

1) Considering the possibility – if a child has a mark, bruise or injury for which there is no reasonable explanation, or if she or he is behaving unusually or seems fearful or anxious in the presence of anybody.

2) Looking out for signs – a cluster of signs is likely to be more indicative of abuse than a single one. Sometimes children will hint or directly tell that they are being harmed – these disclosures should always be listened to and the information accepted as true in the first instance.

3) Recording the information – observations about suspected child abuse should be recorded with dates, times and any other relevant information about the incident or behaviour.

Staff should always be alert to the possibility of abuse. However, it is important to remember that no one sign should be seen as certain evidence of abuse, and there may be other explanations for it. Staff who are suspicious about child abuse should consult with Appendix 1 at the end of this document or the relevant sections of "Children First: National Guidance for the Protection and Welfare of Children or discuss this with GRD's DLP.

Reporting Procedures

Initial Response to a Child Disclosing Child Abuse

- Stop what you are doing and listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and wish to. Do not pressurise the child. Allow them to disclose at their own pace and in their own language.
- Be as calm and natural as possible and tell the child that they have done nothing wrong and assure them that they have done the right thing by telling somebody.
- Conceal any signs of disgust, anger or disbelief.
- Assure the child that you accept what they are telling you. (False disclosures are very rare).
- Tell the child that you cannot keep this information secret, explain why you cannot keep it secret and who you will share the information with. Such secrets hide things that need to be known if people are to be helped and it is necessary to involve those whose job it is to help in these situations. Promises that cannot be kept should not be made to children.
- Inform the child that you will take notes so that you have all the correct information.
- Remember that these notes must be very factual and not include your own opinions on what has happened.
- Remember the child may initially be testing your reactions and may only fully open up over a period of time.

- The child, quite possibly, may love or strongly like the alleged abuser while also disliking what was done to them. It is important therefore to avoid expressing any judgement on, or anger towards, the alleged perpetrator, while talking with the child.
- It may be necessary to reassure the child that your feelings towards them have not been affected in a negative way as a result of what they have disclosed.

Asking Questions

- Questions should be supportive and for the purpose of clarification.
- Avoid leading questions such as asking whether a specific person carried out the abuse. Also, avoid asking about intimate details or suggesting that something else could have happened other than what you have been told. Such questions and suggestions could complicate the official investigation.

Following a disclosure by a child, it is important that the staff member continues a supportive relationship with the child. Disclosure is a huge step for many children. Adults should continue to offer support, particularly through:

- Maintaining a positive relationship with the child.
- Keeping lines of communication open by listening carefully to the child.
- Continuing to include the child in the usual activities.

A concern about a *potential risk* to children posed by a specific person, even if the children are unidentifiable, should also be communicated to Tusla (the dedicated contact point for Galway is the Tusla office based in 25 Newcastle Road, Galway 091 546235).

Procedure for Reporting the Abuse of a Child

Concerns should never be ignored.

Any GRD worker who suspects that a child is being or has been abused is obliged to verbally relay their concern to the DLP (Steve Dolan), or in their absence to the Deputy DLP (Mary Claire Brennan), as a matter of urgency. Steve Dolan is contactable at the main GRD Office, Mellows Campus, Athenry on 091 844335/087 4068766. Mary Claire Brennan is contactable at the main GRD Office, Mellows Campus, Athenry on 091 844335/087 9904494.

The dedicated contact number for Tusla is 091 546235 (Child and Family Agency, 25 Newcastle Rd., Galway). This number is available during regular business hours. For out of hours' services the local garda station should be contacted.

The DLP will provide support to individuals who are dealing with/or have dealt with a child protection concern or report.

All concerns, however small, should be shared with the DLP on the standard GRD Child Protection and Welfare Form (Appendix 2). Concerns that may not initially need to be reported to Tusla, for example, incidents, will be recorded on the GRD Child Protection and Welfare Form. They will be retained by the DLP.

The GRD staff member should record on the GRD Child Protection and Welfare Form the concern in writing including what the child has said, including as far as possible, the exact words used by the child. Collect any information you have with regard to:

- the concern about the child
- where the information came from
- other information known about the family
- the family's view of the situation, if known
- the workers view of the situation

This information should be completed by the person raising the concern and the DLP. The DLP signs and takes all the information. These two people should also then complete the Standard Reporting Form, which is available on the Tusla website at: https://www.tusla.ie/uploads/content/Child_Protection_and_Welfare_Report_Form_FINAL.pdf. The information provided on the Standard Reporting Form will be used by Tusla and An Garda Síochána in any follow up on an allegation of abuse.

It is appropriate for the DLP to communicate to the chairperson of the board of directors that a concern has been reported, on what date and by whom.

Where appropriate the DLP will contact the parents/guardians to discuss the concern. They may need to consult with the Duty Social Worker in determining the timing of this and/or to discuss any possible risk to the child or young person in so doing. A written record will be kept of this meeting with the parents. Only if the DLP feels that the nature of the concern would put the child or young person at greater risk then they should not contact the parents.

In the case of an emergency, where the immediate safety of a child is under threat, the worker with the concern should contact a Duty Social Worker or An Garda Síochána immediately and notify the DLP afterwards. Under no circumstances should a child or young person be left in a dangerous situation pending Tusla intervention.

The following examples would constitute reasonable grounds for concern:

1. An injury or behaviour that is consistent both with abuse and an innocent explanation, but where there are corroborative indicators supporting the concern that may be a case of abuse.
2. Consistent indication over a period of time that a child or young person is suffering from emotional or physical neglect.
3. Admission or indication by someone of an alleged abuse.
4. A specific indication from a child or young person that they were abused.
5. An account from a person who saw the child or young person being abused.
6. Evidence (e.g. injury or behaviour) that is consistent with abuse and unlikely to have been caused in any other way.

Referrals about the protection and welfare of a child should be made to the Duty Social Worker involved with the family in the first instance (if there is one allocated). Where there are no Social Worker involvement referrals should be made to the local Tusla's Duty Social Worker immediately. When making a referral, speak directly to the Social Worker on the same day if possible. If the DLP is unsure whether to make a report they can have an informal consultation with the Duty Social Worker to discuss the concerns.

GRD will take care to ensure that actions taken by them do not undermine or frustrate any investigations being conducted by the relevant Tusla agents or An Garda Síochána. A close liaison will be maintained with these authorities to achieve this.

In the event of any concerns regarding child protection issues not being reported the disciplinary procedure may be invoked by the board of directors of GRD. Certain staff are mandated reporters, which means that they are legally obliged to report any child protection concerns. Mandated staff are persons who have contact with children and/or families by virtue of their qualifications, training and experience are, in a key position to help protect children from harm. As a mandated person under the legislation such staff are required to report any knowledge, belief or reasonable suspicion that a child has been harmed, or is at risk of being harmed.

In those cases, where GRD decides not to report concerns to Tusla or An Garda Síochána, the individual employee or volunteer who raised the concern should be given a clear written statement of the reasons why the organisation is not taking such action. The employee or volunteer should be advised that if they remain concerned about the situation, they are free as individuals to consult with, or report to Tusla or An Garda Síochána. The provisions of the Persons Reporting Child Abuse Act 1998 apply once they communicate 'reasonably and in good faith'.

If a staff member or participant witness an incident in a public place during working hours, but is unrelated to their work, they should call An Garda Síochána directly and inform the DLP.

Cross Organisation Agreements/Information Sharing Protocol for RSS/Tús/CE Participants

- When participants are placed in another organisation where they may be in contact with children; the Child Protection Policy of the host organisation will apply. This is written down and agreed.
- On commencement of training a copy of the policy will be given to the participant and supervisors. When there is no policy in place, GRD takes responsibility.
- If there is a concern/welfare issue, the participant will report to the supervisor of the host organisation on the same day.
- The participant will inform their own RSS/Tús/CE Supervisor that they have activated the report procedure of the host organisation.

- The DLP of the host organisation has to come back to the participant directly. If the participant is still concerned the Supervisor informs the participant that they have the right to follow up through the proper channels.

The role of the Supervisor is to support the participant in the implementation of the policy of the host organisation. If GRD is taking responsibility, where the host organisation has no policy, the Supervisor goes directly to the DLP in GRD.

Cross Organisation Agreements/Information Sharing Protocol for Other Programmes

On any other programme where there is a collaboration with other organisations on projects involving children that includes the use of Service Level Agreements (SLA) or contracts, the partner organisation's Child Protection Policy applies. In this case the partner's DLP would also be the primary point of contact should any concerns emerge. If any concern is raised against a GRD staff member working in this joint project then GRD's Child's Protection Policy applies in this situation while the partner organisation deals with the child. This should be included in any contract or SLA.

Retrospective Disclosures by Adults

An increasing number of adults are disclosing abuse that took place during their childhoods. Such disclosures often come to light when adults attend counselling or training. It is essential to establish whether there is any current risk to any child who may be in contact with the alleged abuser revealed in such disclosures.

If any risk is deemed to exist to a child who may be in contact with an alleged abuser, it should be brought to the attention of the DLP and then reported to the Tusla Duty Social Worker without delay.

Designated Liaison Person

- Each DLP and Deputy DLP will have completed Children's First training and DLP training and should be available and committed to undergoing further training in the area of child protection and positive childcare practices as necessary and appropriate.
- Any child protection concerns which are reported to GRD's Deputy DLP will be brought to the attention of the DLP as soon as possible.
- All GRD staff should be informed whom the DLP and Deputy DLP are.
- The role of the DLP and the Deputy DLP should be written into a job description and contract of employment.
- The DLP when making a report to Tusla in good faith is protected by law. The law does not require proof that the abuse in fact happened, only that there are reasonable grounds for concern that the abuse may have occurred.

  The DLP shall:

- Establish contact with the members of community services responsible for child protection in the organisation's catchment area, i.e. the Principal Tusla Social Worker.

- Liaise with Tusla/An Garda Síochána and other agencies as appropriate either informally to discuss concerns or formally to report a suspicion or allegation.
- Report any reasonable suspicion or allegation of child abuse by a staff member to Tusla and the chairperson of GRD. Any concerns in relation to the behaviour of the DLP or Deputy DLP must be passed onto the chairperson of GRD's board of directors.
- Act as a resource to any GRD staff who has child protection queries or concerns. The DLP will also be responsible for reporting suspicions or allegations of child abuse to Tusla.
- Ensure appropriate information is available at the time of referral and that the referral is confirmed in writing, under confidential cover by completing the standard reporting form based in the Chief Executive Officer's (CEO) office.
- Fill out a GRD Child Protection and Welfare Form, which is located in the CEO's office at GRD. The form is filled out in the event of any incident/accident which has occurred (see Appendix 2).
- Ensure that an individual case record is maintained of the action taken by the organisation, the liaison with other agencies and the outcome.
- Inform the person who reported an incident as to the follow up procedure that took place.
- Inform the child's family if a report is likely to be submitted to Tusla, unless doing so is likely to endanger the child. A decision not to inform a parent/guardian shall be briefly recorded together with the reasons for not doing so. If, for any reason, it is not possible to inform the child's family the DLP should discuss with Tusla what action will be taken to inform the parents of the child / young person. Tusla must be told if the child's parents have not been informed.
- Contact An Garda Síochána in cases of an emergency, where it is believed that a child is at serious and imminent risk, and it is not possible to make contact with Tusla.

Safe Recruitment Procedures for Staff

GRD's board of directors and senior management team is responsible for the recruitment of staff and will ensure that all staff are carefully selected. For more information on this please see GRD's Staff Handbook, Garda Vetting Policy and QMS Policy.

Procedures for Dealing with Allegations against Staff

GRD Policy

GRD will undertake to ensure all complaints are taken seriously and dealt with fairly and confidentially.

We will endeavour to quickly and informally resolve complaints through discussion with the children/youths, parents, volunteers and members of staff as appropriate.

The Children First Guidelines are in place to assist all, taking into account the rights and interests of the child on the one hand, and those of the staff member against whom the allegation is made, on the other hand. Staff may be subjected to erroneous or malicious

allegations. Therefore, any allegation of abuse should be dealt with sensitively and support provided for staff including counselling where necessary. However, the primary goal is to protect the child while taking care to treat the staff member fairly.

It is important to note that the reporting procedures for dealing with staff are distinct from the reporting procedures in respect of the child.
If an allegation is made against GRD staff, it is essential that everyone involved gets a proper response. This involves making sure that two separate procedures are followed:

1) The reporting procedure in respect of the child
2) The procedure for dealing with the staff member

The same person should not have the responsibility of dealing with both the child reporting issues and allegations against a GRD staff member. It is preferable to separate these issues and manage them independently.

All concerns relating to the behaviour of a GRD staff member must be shared with the DLP in writing. Any concerns in relation to the behaviour of the DLP or Deputy DLP must be passed onto the chairperson of the board of GRD.

Employer's Responsibility to Report to Statutory Authorities

When an allegation is received it should be assessed promptly and carefully. It will be necessary to decide whether a formal report should be made to Tusla. This decision should be based on reasonable grounds for concern. On the basis that there are reasonable grounds for concern, the Duty Social Worker within Tusla must be informed immediately. This will be done by the DLP.

Employers' Responsibility Towards Staff

The DLP when advised of the allegation, will communicate to the alleged perpetrator that an allegation has been made against them and the nature of the allegation. The worker about whom the allegation has been made will be offered the opportunity to respond to the allegations. They should also be informed of their right to an adjournment of the meeting until such time as they can seek appropriate representation (e.g. colleague, Union Representative or solicitor). The action will be guided by the agreed procedures, the applicable employment contract and the rules of natural justice. However, the vulnerability of the alleged victim must be foremost at all times. The GRD chairperson will carry out this process when an allegation is made against the DLP or Deputy DLP.
When an allegation is made against a staff member, the following steps should be taken:

- Following appropriate enquiries, the DLP in conjunction with the executive committee of the board of directors should promptly undertake any necessary protective measures. This may include suspending the staff member against whom the allegation has been made immediately with full pay if appropriate until an investigation has been completed. At this time due recognition must be given to the worker's employment rights and the impact of such an

allegation. The use of increased level of supervision pending investigation should be considered if it is decided that suspension is not required.

- The first priority should be to ensure no child is exposed to unnecessary risk. Action taken should be proportionate to the level of risk to the child.
- Any action following an allegation of abuse against a worker should be taken in consultation with Tusla and An Garda Síochána.
- GRD will take care to ensure any actions taken do not undermine or frustrate any investigations being conducted by Tusla or An Garda Síochána. A close liaison will be the maintained with these authorities to achieve this.
- The complainant must not, under any circumstances, approach the worker or any other person against whom the allegations are made.
- The parents will be advised of the allegations and kept informed of proceedings, unless doing so would put the child at risk.
- The complainant should be informed that the matter is being dealt with and reminded of their obligation to confidentiality.
- The name of the person against whom the allegation has been made should be known only by the complainant who makes the report, the DLP, the executive committee of the board of directors, the parent and the Duty Social Worker.
- Where following an initial investigation the staff member is not reported to Tusla but is found to have been engaged in poor practice (e.g. shouting at a child), the staff member must be warned about the poor practice and additional training and supervision provided if necessary. The incident should also be noted in the staff member's file.

There will be situations in which suspicions or allegations may turn out to be unfounded. It is very important that everyone in GRD knows that if they raise a concern which, through the process of investigation, is not validated they have not in any way, been wrong in their initial action.

Responsible action should be encouraged and 'whistle-blowers' enabled to feel confident of support. Staff may be subjected to erroneous or malicious allegations. Therefore, any allegation of abuse should be dealt with sensitively and support provided for staff including counselling where necessary. The primary goal is to protect the child while taking care to treat the staff member fairly.

Procedures for Dealing with Allegations Against Staff in the Host Organisation

1. The host organisation informs GRD's DLP of any allegations.
2. The DLP lets the participant know of the allegation.
3. The DLP calls in the Supervisor and Team Leader/Co-Ordinator to inform them of the allegation against the participant.
4. The DLP informs the chairperson of the incident.
5. The chairperson writes a letter to Tusla stating that action has been taken and that they want to be part of the information/feedback process.

Confidentiality Statement

It is GRD's policy to keep confidential all personal information about the families and children accessing our services and supports.

There are exceptions to this:

- When child protection concerns arise in relation to a child. In this situation information will be shared on a need to know basis in the best interest of the child. No undertakings regarding secrecy can be given. Those working with a child and their family should make this clear to all parties involved, although they can be assured that all information will be handled taking full account of legal requirements. Sharing information in this regard is not a breach of confidentiality. Parents and children have a right to know if personal information is being shared, unless doing so could put the child at further risk.
- If there is considered to be a risk to the child and/or to someone else (suicide).

Keeping Records

All relevant confidential records will be kept in a safe and confidential manner in the CEO's office in GRD. Access in GRD will be limited to the DLP and Deputy DLP. Parents will have access to the files and records of their own children on request but will not have access to any information about other children.

Where there are on-going child protection issues, observation/records should be kept on an on-going basis and information shared with Tusla as appropriate. Consideration needs to be given to any risk to the child if a parent requests to see such record. Advice is always sought from the DLP in such a situation, unless to do so would put the child at risk.

GRD is committed to attending and sharing relevant information at formal meetings as organised by Tusla such as Meitheal conferences. GRD will retain records with regard to Child Protection for five years, after which all records will be destroyed.

Code of Behaviour

Staff should have a child-centred approach and a clear understanding of what is acceptable with respect to their behaviour with children. Staff should receive adequate training so that they understand their responsibilities under this code and appropriate forms of behaviour to be shown towards child and among any group they are working with. Staff will be provided with support and supervision by management to ensure best practice is adhered to around child protection. GRD is also committed to ensuring that children are not discriminated against due to their cultural backgrounds or beliefs or because an individual has additional needs. Staff will work towards overcoming any barriers caused by language or other communication difficulties to ensure needs are identified and met.

All GRD staff will adhere to the following code of behaviour:

Child-Centred Approach:

- Treat all children equally

- Listen to and respect children
- Provide encouragement, support and praise
- Use appropriate language
- Have fun and encourage a positive atmosphere
- Treat all children as individuals
- Respect a child's personal space
- Discuss boundaries on behaviour and related sanctions, as appropriate, with children and their primary carers
- Be cognisant of a child's limitations, due, for example, to a medical condition
- Create an atmosphere of trust
- Respect differences of ability, culture, religion, race and sexual orientation
- Physical punishment is never permitted.
- Positive behaviours including respect, listening, patience, support, encouragement, providing clear instruction, equality and fairness, and being approachable should be demonstrated at all times
- Other positive behaviours that are encouraged may include: being supportive, approachable and reassuring; showing respect, patience and treating children and young people as individuals; being respectful of a young person's right to privacy; treating and valuing children and young people as individuals; being consistent, fair and equitable with all children and young people; being supportive in a manner appropriate to age and stage of development.

Communication with Children

Staff should make and maintain communication with the child's parent, rather than directly with the child themselves, including online and over the telephone. Where a parent states that contact can be made with the child directly then parental permission in writing is required prior to any communications. If working online with a child a parent should be asked to be present. If this is not possible then you should get written consent from the parent before any meeting takes place.

Good Practice

- Have emergency procedures in place and make all staff aware of these procedures
- Report any concerns to the DLP and follow reporting procedures
- Report and record any incidents and accidents
- Don't be passive in relation to concerns, i.e., don't "do nothing"
- Don't let a problem get out of control
- Ensure that any time spent with children and young people takes place in as open a setting as possible
- A Consent Form relevant to the proposed activities will be provided by the GRD staff member (see Appendix 3)
- All organisations contracted by or collaborating with GRD to organise, for example, trips, events and training must check that adequate insurance is in place to cover the activities.

Physical Contact

- Seek consent of the child in relation to physical contact (except in an emergency or a dangerous situation)
- Physical touch should only ever be in response to the need of the child and not the adult
- Avoid horseplay or inappropriate touch
- Any support that is needed in terms of intimate and personal care should be agreed where possible in advance with the parents, and where appropriate the child themselves, and consent received around this
- For staff and volunteers involved in sport and interactive activities (e.g. dance, music or drama) specific guidance should be given on physical contact relevant to the activity.

Health and Safety

- Don't leave children unattended or unsupervised
- Manage any dangerous materials
- Avoid smoking near children
- Avoid the use of a mobile phone unless agreed or in an emergency
- Staff should avoid giving lifts to children in their cars
- Provide a safe environment
- Be aware of accident procedure and follow accordingly.

Supervision

GRD's child-staff ratio guidelines are based on Tusla guidelines (a minimum of 1 adult to 12 children at all times). This ratio changes the younger the child.

Adult to Child ratio

0-1 year	1:1
1-2 years	1:5
2-3 years	1:6
3-6 years	1:8

For youth activities organised directly by GRD such as Summer Camps and Homework Clubs we must have a minimum of two staff at all times.

GRD may carry out projects that involve one-to-one work with children or young people to support them, for example, Play Therapy in schools under the SICAP Programme.

There are strict guidelines with and agreements adopted in this case with all involved-children, parents/guardians, school, tutor and GRD.

This involves:

1. Adopting an agreement document by all involved regarding the activity involving the one to one activity with the young person (play therapy)
2. A specific referral form for schools that requests such activity.
3. The facilitator doing the activity (play therapy) is allowed to work 1-1 with children and adhering to the child protection policy of the school.

4. The facilitator has to provide Garda Vetting to the school and GRD etc.
5. The facilitator must work in a room with a glass panel on the door.
6. The facilitator must have their own insurance for the activity (play therapy).

Behaviours to be Avoided

These refer to behaviours that staff may slip into through lack of experience or training. While not intentionally harmful, such behaviour might be misconstrued, which could ultimately lead to allegations of abuse being made. GRD can reduce abusive situations for children and help protect staff from false accusations by ensuring everyone is aware of behaviours to be avoided which include:

- Spending excessive amounts of time alone with children
- Engaging in any kind of direct communication with children including, for example, through social media platforms without the express written permission of their parent
- Any form of bullying behaviour, including emotional, physical, racial, sexual, verbal and cyber/online, towards a child or allowing a child be bullied by another
- Taking children alone in car journeys, however short
- Using or allowing offensive or sexually suggestive physical and/or verbal language
- Allowing/engaging in inappropriate touching of any form
- Hitting or physically chastising children
- Letting allegations, a child or young person makes go unchallenged or unrecorded
- Doing things of a personal nature for children that they can do themselves
- Promising to keep secrets
- Allowing children or young people to use inappropriate language unchallenged.

GRD may employ one or more of the following responses to any breach of the code of behaviour by a worker as appropriate.

Breech of the Code of Behaviour

GRD staff should understand that if they are unsure about their actions and feel they may have breached the code of behaviour; they should consult with their Line Manager. Any breech is a serious issue that will be investigated and could lead to the following steps being taken by GRD management:

- Re-training
- Support and supervision
- Disciplinary proceedings as outlined in the Staff Handbook.

The Use of Photography

Please refer to GRD's Photography Policy for further details on this.

Participation in GRD Activities

The following procedures should be followed in organising activities for children:

- Parents will be informed of all documentation relating to their children's participation in GRD activities such as registration forms and attendance sheets.
- Consent from parents must be obtained prior to children's participation in any GRD activities including specific consent for one-off events such as day trips.
- Where an activity is organised in collaboration with another agency, agreement should be reached on which organisation's procedures will be followed.
- Participants should be made aware of expected standards of behaviour including around bullying, physical contact etc. and what the sanctions might be if these are breeched.
- Adequate provision should be made for emergencies including identifying a trained first aider, having access to necessary phone numbers such as An Garda Síochána and carrying a first aid kit.
- It is the parents' responsibility to provide the organisation with relevant information, such as medical details or dietary requirements in order to keep children safe.
- Parents and, where developmentally appropriate, children should be aware of who to contact if they are unhappy or concerned about anything involving GRD and the organisation's complaints procedure should be highlighted to them as needed.

Accidents/Incidents Procedure

Should an accident or incident occur, please refer to GRD's QMS Policy for further details on this.

Complaints Procedures for Staff, Parents, Children and Host Organisations

There is a complaints procedure in operation in GRD. The aim of the complaints procedure is to facilitate a fair and quick resolution of a complaint. In the first instance every effort should be made to address issues of concern directly with the GRD staff member. If the complainant is not satisfied at the outcome they will be requested to put their complaint in writing to the CEO (if the complaint is against the CEO the matter can be brought to the attention of the chairperson of the board of directors).

The written complaint should include the following information:

- The name and address of the child affected
- If the complaint is being made by a parent or other adult, the name and address of the parent or other adult
- Exactly what they are dissatisfied with
- The name of the GRD staff member who dealt with this matter.

If there is a complaint in relation to a particularly serious incident, where abuse is suspected, then the reporting procedure takes precedence over the complaints procedure and it may ultimately be necessary to make a referral to statutory agencies at which point the steps in this process will be followed.

Should the complaint not be deemed an issue where abuse is suspected, GRD will seek to respond to the complaint within 10 working days. The CEO will seek further information and will meet with all parties in order to bring about a satisfactory resolution. Written records of any discussion and agreements made will be kept and copies will be made available to the relevant parties.

If the matter is not resolved to the complainant's satisfaction the complaint will be brought to the attention of the chairperson and the executive committee of the board of directors.

The executive committee will make a recommendation to the board of directors. The decision of the executive committee will be final. The chairperson will write to the complainant and the person complained against and inform them of the outcome.

Appendix 1 Definitions, Signs and Symptoms of Child Abuse

Definitions of Child Abuse

All staff should be aware that, essentially, child abuse occurs when the behaviour of someone in a position of greater power than a child causes the child harm. Because children can be abused in a number of ways, sometimes at the same time, it is not always easy to categorise it, but **four broad definitions** can be considered and may be briefly summarised as *neglect; physical abuse; sexual abuse and emotional abuse.*

Neglect

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

Neglect generally becomes apparent in different ways *over a period of time* rather than at one specific point. For instance, a child who suffers a series of minor injuries is not having his or her needs met for supervision and safety. A child whose on-going failure to gain weight or whose height is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation. The *threshold of significant harm* is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

Emotional Abuse

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

Physical Abuse

Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

Sexual Abuse

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

Reference for this appendix: Children First: National Guidance for the Protection and Welfare of Children 2011

1. Signs & Symptoms of Neglect

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

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

The neglect of children is 'usually a passive form of abuse involving omission rather than acts of commission' (Skuse and Bentovim, 1994). It comprises 'both a lack of physical caretaking and supervision and a failure to 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;
- Lack of protection and exposure to danger, including moral danger or lack of supervision appropriate to the child's age;
- Persistent failure to attend school;
- Non-organic failure to thrive i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation;
- Failure to provide adequate care for the child's medical and developmental problems;
- Exploited, overworked

2. Characteristics of Neglect

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

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

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

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

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

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

3. Signs & Symptoms of Emotional Neglect and Abuse

Emotional neglect and abuse is found in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are

not met; the parent's relationship to the child may be without empathy and devoid of emotional responsiveness.

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

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

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

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

4. Signs and Symptoms of Physical Abuse

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

- Bruises (see below for more detail);
- Fractures;
- Swollen joints;
- Burns/Scalds (see below for more detail);
- Abrasions/Lacerations;
- Haemorrhages (retinal, subdural);
- Damage to body organs;
- Poisonings - repeated (prescribed drugs, alcohol);
- Failure to thrive;

- Coma/Unconsciousness;
- Death

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

Bruises

Accidental

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

Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can 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 tissue, eg cheek, buttocks, lower back, thighs, calves, neck, genitalia and mouth.

Marks from slapping or grabbing may form a pattern. Slap marks may form 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 onto 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 of thighs (areas covered by clothing).

Bruises may be associated with shaking, which can cause serious hidden bleeding inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired. Other injuries may feature – rupture eardrum/fractured skull. Mouth injury may be a cause of concern. Eg 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 the 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 reult 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 (eg dogs) commonly puncture and tear the skin, and usually the history is definite. Small children can also bite other children.

Non-accidental

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

Poisoning

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

Non-accidental

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

Shaking Violently

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

Fabricated / Induced Illness

This occurs where parents, usually the mother (according to current research and case experience), fabricate stories of illness about their child or cause physical signs of illness.

This can occur where the parent secretly administers dangerous drugs or other poisonous substances to the child or by smothering. The symptoms that alert to the possibility of fabricated/induced illness include:

i. Symptoms that cannot be explained by any medical tests; symptoms never observed by anyone other than the parent/carer; symptoms reported to occur only at home or when a parent/carer visits a child in hospital;
ii. High level of demand for investigation of symptoms without any documented physical signs;
iii. Unexplained problems with medical treatment, such as drips coming out or lines being interfered; presence of un-prescribed medication or poisons in the blood or urine.

5. Signs & Symptoms of Child Sexual Abuse

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

Cases of sexual abuse principally come to light through:

- Disclosure by the child or his or her siblings/friends;
- The suspicions of an adult;
- Physical symptoms

Colburn Faller (1989) provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include:

Non-contact sexual abuse

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

Sexual contact

- Involving any touching of the intimate body parts.

Sexual exploitation

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.

- 'Child pornography' includes still photography, videos and movies, and, more recently, computer-generated pornography.
- 'Child prostitution' for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way.

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

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

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

- Bleeding from the vagina/anus;
- Difficulty/pain in passing urine/faeces;
- An infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease. Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area;
- Noticeable and uncharacteristic change of behaviour;
- Hints about sexual activity;
- Age - inappropriate understanding of sexual behaviour;
- Inappropriate seductive behaviour;
- Sexually aggressive behaviour with others;
- Uncharacteristic sexual play with peers/toys;
- Unusual reluctance to join in normal activities which involve undressing, e.g. games/swimming.

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

- Mood change where the child becomes withdrawn, fearful, acting out;
- Lack of concentration, especially in an educational setting;
- Bed wetting, soiling;
- Pains, tummy aches, headaches with no physical cause;
- Skin disorders;
- Reluctance to go to bed, nightmares, changes in sleep patterns;
- School refusal;
- Separation anxiety;
- Loss of appetite, overeating, hiding food

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

- Depression, isolation, anger;

- Running away;
- Drug, alcohol, solvent abuse;
- Self-harm;
- Suicide attempts;
- Missing school or early school leaving;
- Eating disorders

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

Appendix 2 GRD Child Protection and Welfare Form

Note that the Tusla Report Form must also be completed. This is available at: https://www.tusla.ie/uploads/content/Child_Protection_and_Welfare_Report_Form_FINAL.pdf

Date

Time

The concern about the child

Where the information came from

Other information known about the family

The family's view of the situation, if known

The staff view of the situation

Signed **Date**

Appendix 3 Consent Form for Children to Participate in GRD Activities

Please complete this form and return to at Galway Rural Development Company Limited.
A signed consent form is a condition of participation in this activity.

Child's name
Date of Birth
GP Name
I am happy for (child's name) to participate in and confirm that they are happy to participate as fully as possible.

(Child's Name) has the following medical condition and requires medication.
Condition Details

Food Allergies / Intolerance Details

I am happy for photographs to be taken of my child during this activity. Yes No

Signature
Date
Address
Contact number
Print Name
Relationship to child
Consent must be provided by the person with parental responsibility.