



Vision Sports Ireland Child Safeguarding Policy

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Vision Sport Ireland is the National Governing Body (NGB) for sport for vision impaired people in Ireland. Vision Sports Ireland is a subsidiary of NCBI and will adapt the organisations Child Safeguarding Policy and Safe-Guarding Statement 2018.

Vision Sports Ireland recognises the duty of care to safeguard and promote the welfare of children and young people. The organisation is committed to ensuring our safeguarding practices reflect statutory and legal responsibilities, government guidance and best practice.

For the purposes of this policy “**Vision Sports Ireland Leaders**” refers to any person, including full time and part time staff, volunteers, coaches, contracted instructors, persons on work experience, work schemes or placement, board/committee members who have direct contact with children while providing programmes and events.

Child Safeguarding Statement and Welfare Policy 2021

1. Vision Sports Ireland - Our Organisation

1.1 Mission Statement

To provide blind and vision impaired people with the opportunity to participate fully in sport and physical activity of their choice. To facilitate a participation pathway should they wish to climb the sports and leisure ladder. Vision Sports Ireland will endeavour to deliver on this mission through collaboration and innovation.

Vision Sports Ireland provides a variety of programmes to support people who are blind and vision impaired to engage in physical activity.

- Advice and information
- Programmes and events
- Lifelong pathway to participation

2. Vision Sports Ireland Child Safeguarding Policy

2.1 Vision Sports Ireland Safeguarding Statement

Child Safeguarding Statement Vision Sports Ireland

Vision Sport Ireland is the National Governing Body (NGB) for sport for vision impaired people in Ireland. Vision Sports Ireland recognises the duty of care to safeguard and promote the welfare of children and young people. The organisation is committed to ensuring our safeguarding practices reflect statutory and legal responsibilities, government guidance and best practice.

- **Safety of Child** - Vision Sports Ireland has a duty of care to ensure all members are safe, and are never put at risk. Before becoming a registered volunteer with Vision Sports Ireland, applicants **will** be Garda vetted through Vision Sports Ireland/NCBI.
- **Importance of childhood** - The importance of childhood should be understood and valued by everyone involved in sport.
- **Needs of the child** - All children's sport experiences should be guided by what is best for children. This means that adults should have a basic understanding of the emotional, physical and personal needs of young people.
- **Integrity in relationships** - Adults interacting with children in sport are in a position of trust and influence. They should always ensure that children are treated with integrity and respect, and the self-esteem of young people is enhanced.
- **Fair Play** - All children's sport should be conducted in an atmosphere of fair play. The principles of fair play should always be emphasised, and organisers should give clear guidelines regarding acceptable standards of behaviour.
- **Quality atmosphere & ethos** - Children's sport should be conducted in a safe, positive and encouraging atmosphere.

- **Competition** - Competition is an essential element of sport and should be encouraged in an age appropriate manner. A child-centred ethos will help to ensure that competition and specialisation are kept in their appropriate place.
- **Equality** - All children should be valued and treated in an equitable and fair manner regardless of ability, age, gender, religion, social and ethnic background or political persuasion.
- **Awareness of Vision Impairment** – All our children and young people have a vision impairment and we are committed to ensuring our volunteers understand that this can create an additional vulnerability.

Our Child Safeguarding Statement has been developed in line with requirements under the Children First Act 2015, (the Children First: National Guidance, and Tusla’s Child Safeguarding: A Guide for Policy, Procedure and Practice, Safeguarding Guidance for Children and Young People in Sport- Sport Ireland and the guidelines produced by Gateway NI).

Procedures for the management of allegations of abuse or misconduct by staff or volunteers against a child availing of our activities.

- Procedures for the safe recruitment of staff and volunteers to work with children in our activities.
- Procedures for access to child safeguarding training and information, including the identification of the occurrence of harm.
- Procedure for reporting of child protection or welfare concerns to statutory authorities.
- Procedure for appointing a relevant person. Please note that all procedures listed are available on request. We recognise that implementation is an ongoing process.

Vision Sports Ireland is committed to the implementation of this Child Safeguarding Statement and the procedures that support our intention to keep children safe from harm while availing of our activities.

Please note the following:

- That all **Vision Sports Ireland Leaders** have been furnished with a copy of this statement.
- This statement is available to parents/guardians and members of the public on request.
- Where Vision Sports Ireland are collaborating with a partner NGB, all volunteers should be vetted through that organisation and coaches will have completed safe guarding training.
- This statement will be displayed in a prominent place by Vision Sports Ireland.

National Children’s Officer – Rosie Keogh



2.2 Purpose of policy

Vision Sports Ireland has in place a Vision Sports Ireland Code of Conduct and Volunteering Policy to assist in assuring that we carry out our duty of care with regard to the safety, welfare and protection of people who access our programmes and events. This policy forms a central part of our child centred framework alongside:

- Sport Ireland Safeguarding Guidance
- Vision Sports Ireland Safeguarding Vulnerable Adults
- Vision Sports Ireland Complaints Policy
- Vision Sports Ireland Code of Conduct
- Vision Sports Ireland Safety Statement
- Vision Sports Ireland Volunteers Policy
- Vision Sports Ireland Vulnerable Person Policy
- NCBI HR policies of Recruitment and Selection, Performance management, Dignity at Work, Grievance and Disciplinary Policies

2.3 Scope of policy

This policy covers the safeguarding and protection of all children with whom **Vision Sports Ireland Leaders** come into contact, either directly or indirectly during the course of programmes and events.

All Vision Sports Ireland Leaders are bound by this policy and supporting procedures. They are required to have an awareness and understanding of their responsibilities in recognising abuse and neglect of children and of their duty to report their concerns at an early stage.

2.4 Legal and Policy Framework

The *Child Care Acts 1991–2011* provide the Irish legislative framework for the care and protection of all children under the age of 18 years which gives the HSE the statutory responsibility for the care and protection for children.

Practice guidance documents:

- *Child Protection and Welfare Practice Handbook: HSE 2011*
- *Children First Act 2015*
- *Children First: National Guidelines for the Protection and Welfare of Children 2017*
- *Child Safeguarding: A Guide for Policy, Procedure and Practice 2017*
- *Children First: Guidance on Developing a Child Safeguarding Statement 2017*
- *Safeguarding and guidance for young people in sport – Sport Ireland*

2.5 Key Principles of the Safeguarding Statement

The following principles underpin Vision Sports Ireland Child Safeguarding Statement and practice in child protection and welfare:

- The welfare and best interest of children is of paramount importance.
- All Vision Sports Ireland Leaders have a responsibility to protect children and therefore have a duty to report abuse as set out in the *Children First Act 2015* and *Children First: National Guidance for the Protection and Welfare of Children 2017*.
- Vision Sports Ireland ensures that Vision Sports Ireland Leaders who work with children complete a minimum of Sport Ireland Safeguarding *Child Welfare and Protection Basic Awareness Workshop*.
- Vision Sports/NCBI recruitment policy adheres to best practice and ensures that all staff and volunteers are vetted by the Garda Central Vetting Unit (GCVU).
- Anyone contracted by Vision Sports Ireland to work on projects that involve contact with children will be vetted by the GCVU.
- Where there is conflict between the protection of children and respecting the rights and needs of parents/carers and families, the welfare of the child must come first.
- Children have a right to be heard, listened to and taken seriously.
- Parents/carers have a right to respect and should be consulted and involved in matters that concern their family.
- The criminal dimension of any action must not be ignored.
- The prevention, detection and treatment of child abuse or neglect requires a coordinated multidisciplinary approach, effective management, clarity of responsibility and training of personnel in organisations working with children.

2.6 Statement of Risk

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

The Child Safeguarding Statement identifies procedural guidelines, adhered to by Vision Sports Ireland Leaders, to mitigate risks that may present in the following identified scenarios:

- When children are attending Vision Sports Ireland programmes and events.
- When children are working with Vision Sports Ireland (as volunteers or students on work placements).
- Where allegations/suspicious of abuse are made to Vision Sports Ireland Leaders by telephone, email, and letter or in person.

2.7 Safe Practice Guidelines

In ensuring safe practice Vision Sports Ireland has committed to the following:

- Rigorous recruitment and selection practices.

- Ensuring best practice in the supervision and management of staff to promote the Child Safeguarding Statement.
- Provision of a consistent framework for the management of child safety concerns, including identification and reporting of child abuse.
- Development of best practice and procedure amongst Vision Sports Ireland Leaders in relation to the awareness of and identification of child abuse and neglect.
- Vision Sports Ireland will work in co-operation with Sport Ireland, HSE or other designated agencies concerned with the safety and welfare of children.
- Vision Sports Ireland is committed to adopting the safest possible practices to minimise the possibility of harm or accident to children.
- Vision Sports Irelands Code of Behaviour protects Vision Sports Ireland Leaders from the necessity to take risks and leave themselves open to accusations of abuse or neglect (see [Appendix 1](#)).
- Vision Sports Ireland has appointed a National Children’s Officer to deal with all concerns and allegations of abuse, in line with the *National Guidance for the Protection and Welfare of Children 2011*.

3. What Constitutes Abuse?

3.1 Definition of abuse

Defining abuse is a difficult and complex issue and the term abuse can be subject to wide interpretation. For the purposes of this policy the following definition will be used:

“Abuse or maltreatment constitutes all forms of physical and / or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the person’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (*WHO definition in relation to child abuse*).

3.2 Four Categories of Child Abuse

Definition of categories cited from ‘*Child Protection and Welfare Practice Handbook: HSE 2011*’

Child abuse can be categorised into four different types: emotional abuse, sexual abuse, physical abuse and neglect. A child may be subjected to one or more forms of abuse at any given time. The abuse may be a single act or repeated over a period of time and may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse.

Definition of ‘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 the 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. Emotional abuse can be manifested in terms of the child's behavioural, cognitive, and affective or physical functioning. Examples of these include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour.

Definition of 'sexual abuse':

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others (this is not a legal definition and not intended to be a description of the criminal offence of sexual assault).

Definition of 'physical abuse':

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

Definition of 'neglect':

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

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety.

Child neglect is the most common form of child abuse and frequently goes unreported. For comprehensive information and indicators of abuse (see [Appendix 2](#)).

4. Safeguarding Children and Reporting

4.1 Role of Designated Liaison Person

In line with Children First National Guidance 2017 Vision Sports Ireland have appointed a National Children's Officer (NCO) to manage reports of child protection concerns.

The role of the NCO is as follows:

- To ensure that the Vision Sports Ireland Safeguarding Statement is followed in the event of suspected cases of child abuse or neglect.
- Delegating responsibility to the deputy or appropriate staff members when necessary.
- The NCO acts as a resource person to Vision Sports Ireland Leaders, providing support and guidance in relation to child safeguarding.

- The NCO acts as liaison person with outside agencies and as a resource person to any Vision Sports Ireland Leader who has a child protection concern.
- The NCO remains responsible for all child safety concerns reported to Vision Sports Ireland, ensuring that details of all such concerns are reported (using the CPWRF - *Child Protection and Welfare Report Form*, [Appendix 3](#)) to Tusla - Child and Family Agency and An Garda Síochána.
- The NCO is responsible for the maintenance of all records relating to child safety concerns. Maintaining a confidential log of all child safety concerns, child protection issues and queries. Records will be collated and managed centrally. All records will be managed in compliance with NCBI's confidentiality protocols.
- The National Children's Officer reports to senior management in respect of all her/his duties.
- The National Children's Officer promotes appropriate and sufficient training of all Vision Sports Ireland Leaders who have access to children in accordance with the standards set out by Tusla - Child and Family Agency under Sport Ireland *Safeguarding Children* Training Framework.
- Contact details for National Children's Officer will be provided to Vision Sports Ireland Leaders and published on our website.

4.2 General Procedures for Safeguarding Children

When Vision Sports Ireland Leaders work directly with children a risk assessment will be completed ([Appendix 6](#)).

4.3 Guidelines for Recognition

The Children First guidelines state that the relevant HSE representative should always be notified where a person has a reasonable suspicion or reasonable grounds for concern that a child may have suffered abuse, is being abused or is at risk of abuse.

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

The following are examples of how suspicion or reasonable grounds for concern may arise:

- Vision Sports Ireland Leader receives an allegation of abuse from a child, him/herself, from a family member or a member of the public (disclosure).
- Vision Sports Ireland Leader directly witnesses abuse.
- Vision Sports Ireland Leader has suspicion of abuse.
- Vision Sports Ireland Leader receives an allegation of retrospective abuse.
- Evidence, for example an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way.
- Any concern about possible sexual abuse.
- Consistent signs that a child is suffering from emotional or physical neglect.

- A child saying or indicating by other means that he or she has been abused.
- Admission or indication by an adult or a child of an alleged abuse they committed.
- An account from a person who saw a child being abused.

There are commonly three stages following the identification of child neglect or abuse. If a Vision Sports Ireland Leader has identified the possibility that a child with whom they are in contact with is at risk, through any of the above examples, the following will normally occur:

1. The possibility of child neglect and/or abuse will be given due consideration.
2. Vision Sports Ireland Leader in direct contact with the child will observe for signs of neglect or abuse; and
3. All information and observations will be recorded.

For a detailed description of the signs and symptoms of abuse refer to [Appendix 2](#).

4.4 Handling Disclosures

Suggested guidelines for responding to a child who discloses abuse:

If Vision Sports Ireland Leader receive a disclosure of harm from a child it must be reported to Tusla. As a Vision Sports Ireland Leader, you are not required to judge the truth of the claims or the credibility of the child.

If you receive a disclosure of harm from a child, you may feel reluctant to report this for a number of reasons. For example:

- ❖ The child may say that they do not want the disclosure to be reported.
- ❖ You may take the view that the child is now safe and that the involvement of Tusla may not be desired by either the child or their family.

However, you need to inform Tusla of all risks to children as the removal of a risk to one child does not necessarily mean that there are no other children at risk.

You should deal with disclosures of abuse sensitively and professionally.

Remember, a child may disclose abuse to you as a trusted adult at any time during the course of your work. It is important to be prepared for this if the situation arises. The following approach is suggested as best practice for dealing with disclosures:

- Remain as calm and natural as possible.
- The child has approached you because they trust and like you.
- Remember that disclosures can be extremely difficult for the child.
- An abused child is likely to be under severe emotional stress.
- Remember that the child may initially be testing your reactions and may only fully open up over a period of time.
- The child will need reassurance, in order to retain his or her trust.

- An explanation should be given for the need for action and necessity to inform other adults.
- Remember, not to make promises that cannot be kept e.g. promising not to tell anyone else.
- The child will need reassurance that everything possible will be done to protect and support him/her.
- Listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and comfortable to.
- Do not ask leading questions nor make suggestions to the child. Do not stop a child recalling significant events.
- Conceal any signs of disgust, anger or disbelief.
- Remember to accept what the child has to say – false disclosures are very rare.

This information should then be immediately recorded and reported as outlined.

Steps for Reporting an Allegation or Disclosure of Abuse

- Action to be taken by Vision Sports Ireland Leaders.

If a Vision Sports Ireland Leader receives an allegation or has a suspicion that a child participant/service user is being abused, they should, in the first instance, report the matter to the National Children's Officer. In their absence, the allegation *must* be reported to the National Services Manager. The need for confidentiality, as referred to in Chapter 4.6 of these guidelines, should be borne in mind.

Furthermore, a Vision Sports Ireland Leader who witnesses abusive behaviour towards a child should intervene or seek help to stop the behaviour and ensure that the child is not in any immediate danger whilst also following the procedure above.

4.5 Guiding Principles

If a Vision Sports Ireland Leader has identified a need to contact Tusla – the Child and Family Agency or An Garda Síochána, then it is vital that as much information and detail as possible is obtained and forwarded to the National Children's Officer.

Record Keeping: The following information should be accurately recorded, where applicable: Dates, times, names, location, contact details and context in which the meeting took place and a record of what was said and what allegations were made.

All notes pertaining should be formally recorded on the same day or as soon as is practicable thereafter. A written record must be kept of all meetings, phone calls and conversations with the person making the disclosure or allegation.

All records must be kept confidentially and securely in specifically designated areas. The NCBI Service Data Protection Policy and Procedures in relation to the retention of child protection records will apply. Access to records is restricted to the relevant NCO, DLP and NCBI Services Senior Management Team.

The guiding principles on reporting child abuse or neglect may be summarised as follows:

1. The safety and well-being of the child must take priority
2. All Vision Sports Ireland Leaders have a responsibility to ensure that all allegations and suspicions of child abuse are treated seriously and with the utmost professional integrity and must therefore be familiar with and adhere to the Child Safeguarding Statement.

All reports should be made without delay to Tusla – the Child and Family Agency.

4.6 Confidentiality

It is important to note that giving information for the protection of a child is not a breach of confidentiality. In the context of instances of alleged child abuse, it is inevitable that informants cannot be guaranteed confidentiality and may as a result be involved in an ongoing investigation process. This includes disclosures of abuse or information from third parties in relation to suspicions of abuse. However, the “Protection for Persons reporting Child Abuse Act, 1998” provides immunity from civil liability and from penalisation by the employer, to people who report child abuse reasonably and in good faith to the HSE or to an Garda Síochána.

However information in this regard must be treated as being received or given in confidence, and should only be shared on a “need to know” basis. Communication of information must be confined to those who have an obligation to receive it and others should not be privy to the allegation unless it is necessary to involve them. The exchange of information in this regard does not constitute a breach of confidentiality or the Data Protection Act.

It should be noted that parents and children have the right to know if personal information is being shared except in cases where to do so would place the child at further risk.

Vision Sports Ireland commits to Leaders attending and sharing information as required at formal child protection and welfare meetings as organised by the HSE Children and Family Services i.e. Child Protection Conferences and Strategy Meetings.

5. Agency Reporting Procedures

5.1 Action to be taken by Vision Sports Ireland Leaders

If a Vision Sports Ireland Leader receives an allegation or has a suspicion that a child with whom we have contact, is being abused, they should, in the first instance, report the matter to the National Children’s Officer. In their absence, the allegation *must* be reported to a member of the NCBI Services Senior Management Team. Furthermore, a Leader member who witnesses abusive behaviour towards a child should intervene or seek help to stop the behaviour and ensure that the child is not

in any immediate danger whilst also following the procedure above. See [Appendix 2](#) for Signs and Symptoms of Abuse.

5.2 Action to be taken by National Children's Officer

It is the responsibility of the NCO to establish, in consultation with the HSE if necessary, whether there are reasonable grounds for suspicion of abuse. If unsure as to whether the concerns warrant a report, the NCO should consult the appropriate HSE staff, stating that they are requesting advice and consultation but not making a report. If HSE advises that a referral should be made to Tusla by the Designated Liaison Person. For the national contact details for duty social workers for Tusla - Child and Adolescence Agency visit their website at www.tusla.ie/ or [click here](#).

If it is decided that the concerns should not be referred to the HSE, the Vision PSorts Ireland Leader should be given a clear statement in writing as to why action is not being taken. The VSI Leader should be advised that, if he/she remains concerned about the situation, he/she is free to consult with or report to the HSE.

If the decision is to make a report to the HSE, the NCO will do so without delay, in person, by telephone or in writing. In the event of an emergency or the non-availability of HSE staff, a report will be made to the Gardaí.

If reasonable grounds exist and an investigation is recommended, this investigation is the responsibility of the HSE. While the HSE is responsible for all aspects of the investigation, Vision Sports Ireland will support and co-operate with the HSE throughout the investigation.

The NCO must inform the child's parents/carers that a report is being made to the HSE unless doing so would endanger the child. The NCO will co-ordinate and maintain close communications with the HSE, NCBI Services Senior Management Team and family, as appropriate throughout the investigation.

6. Allegation/Suspicion of Abuse by a Staff Member

6.1 Duty as employer

In instances where an allegation is made against a staff member, the most important consideration is the protection of children, their safety and well-being. However, as an employer, the organisation also has duties in respect of its employees. Therefore, the organisation should have due regard to the rights and interests of the children under their care and those of the employee against whom an allegation is made.

In instances of suspicion or allegation of abuse against an employee, there are two separate procedures to be followed:

- i) Procedure in respect of the allegation/suspicion
- ii) Procedure for dealing with the employee.

The same person should not have responsibility for dealing with reporting and employment issues.

6.2 Procedures for dealing with suspicion or allegation against a staff member

Where there is an allegation/suspicion of abuse made against an employee, the NCO should immediately act in accordance with the procedures outlined in this policy. Vision Sports Ireland management, NCBI Services SMT in conjunction with HR will be responsible for addressing the employment issues. However, in an instance where the allegation of abuse is against the DLP, the CEO of Services or a member of NCBI services Senior Management team will assume responsibility for reporting the matter to the HSE.

6.3 Procedure for dealing with employee against whom an allegation has been made

Vision Sports Ireland priority will be to ensure that no child is exposed to unnecessary risk and will therefore, as a matter of urgency, take any necessary protective measures, proportionate to the level of risk. Such measures should not unreasonably penalise the employee, financially or otherwise, unless necessary for the protection of children during the process. The employee concerned must be given the opportunity to respond fully to any allegations or complaints. The employee must also be given the opportunity to avail of the right to be represented.

If an allegation of abuse towards a child by a Vision Sports Ireland staff member is substantiated following a HSE/Garda investigation, NCBI Disciplinary Procedures will be invoked. Where this ensues the employee has the right to a fair and impartial determination of the issues concerned, taking into account any representations made by or on behalf of the employee and other relevant or appropriate evidence, factors or circumstances.

Where it is decided following an allegation of child abuse against a staff member, that there are no reasonable grounds for concern, the NCO should provide a clear written statement of the reasons why the agency is not taking action to the person who referred the matter.

This person should be advised that, if they remain concerned about the situation, they are free to consult with, or report to the HSE or the Gardaí themselves.

7. Advice, Information and Training

Vision Sports Ireland Leaders are requested to read Vision Sports Irelands Child Protection Policy and associated documents on induction and when documents are reviewed. All Vision Sports Ireland Leaders working with children must complete Sport Ireland Safeguarding 1 Training *Child Welfare and Protection Basic Awareness Workshop*. Vision Sports Leaders are requested to make themselves aware of the reporting procedures in line with statutory obligations and NCBI's policy and procedures when abuse is suspected. This includes recording details of concerns and actions taken, who to report to, the process for discussing a concern with parents/guardians and cases that not reported to Tusla.

Appendices

Appendix 1: Code of Behaviour

Code of Behaviour for Vision Sports Ireland Leaders

For the purposes of this document “**Vision Sports Ireland Leaders**” refers to any person, including full time and part time staff, volunteers, coaches, contracted instructors, Partner NGB staff and volunteers, persons on work experience, work schemes or placement, board/committee members who have direct contact with children while providing programmes and events.

“**Participants**” being children and adults with a vision impairment who avail of Vision Sports Ireland programmes.

Vision Sports Ireland seeks to maintain an environment in which all people who avail of our programmes, especially children, are listened to, given a sense of belonging and kept safe, and where Vision Sports Ireland Leaders are supported in their role.

In order to protect all Vision Sports Ireland Leaders and participants, and particularly children, the following guidelines of appropriate behaviour will apply:

- Vision Sports Ireland Leaders should strive to build and maintain positive, supportive relationships with children which are mindful of their age and stage of development.
- Whilst the development of friendly, trusting relationships is important, undue over-familiarity should be avoided.
- Vision Sports Ireland Leaders must respect the wishes and choices of participants and their parents/carers (in the case of children).
- Avoid doing things for participants, which they can safely do and wish to do for themselves and always ask if assistance is required.
- Avoid spending unnecessary time alone with participants.
- Vision Sports Ireland Leaders should be mindful at all times of the need to maintain professional boundaries with service users.
- It is not recommended that Vision Sports Ireland Leaders give lifts to individual children.
- Vision Sports Ireland Leaders should not engage in rough, physical, or sexually provocative games, including horseplay with participants.
- They should not engage in inappropriate touching of any kind with participants.
- They should not engage in sexual activities of any nature with service users.
- They should not use inappropriate language or make sexually suggestive comments about or to a person even in fun.
- They should not develop special relationships with individual participants.
- Vision Sports Ireland Leaders should not engage in any form of communication with child participants via social networking sites, etc and should ensure that their use of mobile phones and other electronic equipment is appropriate at all times.
- Photos and recordings reproduced for the purposes of the organisation of children must have parental consent.

- They should not favour one service user over another.
- If a Vision Sports Ireland Leader should become the recipient of inappropriate advances from a participant, the National Sports Development Manager of Vision Sports Ireland should be informed.

Where Vision Sports Ireland Leaders have any concerns or worries in regard to a colleague's behaviour, any such issues should be raised in the first instance in confidence with the National Sports Development Manager.

Appendix 2: Signs and Symptoms of Abuse

Cited from *Children First – National Guidance for the Protection and Welfare of Children*.

Signs and symptoms of neglect

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

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

The neglect of children is 'usually a passive form of abuse involving omission rather than acts of commission' (Skuse and Bentovim, 1994). It comprises 'both a lack of physical caretaking and supervision and a failure to fulfil the developmental needs of the child in terms of cognitive stimulation'.

Child neglect should be suspected in cases of:

- Abandonment or desertion;
- Children persistently being left alone without adequate care and supervision;
- Malnourishment, lacking food, inappropriate food or erratic feeding;
- Lack of warmth;
- Lack of adequate clothing;
- Inattention to basic hygiene;
- Lack of protection and exposure to danger, including moral danger or lack of supervision appropriate to the child's age;
- Persistent failure to attend school;
- Non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation;
- Failure to provide adequate care for the child's medical and developmental problems;
- Exploited, overworked.

Characteristics of neglect

Child neglect is the most frequent category of abuse, both in Ireland and internationally. In addition to being the most frequently reported type of abuse; neglect is also recognised as being the most harmful. Not only does neglect generally last throughout a childhood, it also has long-term consequences into adult life. Children are more likely to die from chronic neglect than from one instance of physical abuse. It is well established that severe neglect in infancy has a serious negative impact on brain development. Neglect is associated with, but not necessarily caused by, poverty. It is strongly correlated with parental substance misuse, domestic violence and parental mental illness and disability.

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

Disorganised/chaotic neglect: This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding accommodation, finances and food. This type of neglect results in attachment disorders, promotes anxiety in children and leads to disruptive and attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe from accidental harm, with a high incident of accidents occurring.

Depressed or passive neglect: This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.

Chronic deprivation: This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

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

- Inadequate food – failure to develop;
- Household hazards – accidents;
- Lack of hygiene – health and social problems;
- Lack of attention to health – disease;

- Inadequate mental health care – suicide or delinquency;
- Inadequate emotional care – behaviour and educational;
- Inadequate supervision – risk-taking behaviour;
- Unstable relationship – attachment problems;
- Unstable living conditions – behaviour and anxiety, risk of accidents;
- Exposure to domestic violence – behaviour, physical and mental health;
- Community violence – anti social behaviour.

Signs and symptoms of emotional neglect and abuse

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

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

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

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

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

Signs and symptoms of physical abuse

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

- bruises (*see below for more detail*);

- Fractures;
- Swollen joints;
- burns/scalds (*see below for more detail*);
- Abrasions/lacerations;
- haemorrhages (retinal, subdural);
- damage to body organs;
- Poisonings – repeated (prescribed drugs, alcohol);
- Failure to thrive;
- Coma/unconsciousness;
- Death.

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

Bruises

Accidental

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

Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

Non-accidental

Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth.

Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing).

Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired.. Other injuries may feature – ruptured eardrum/fractured skull. Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle-feeding.

Bone injuries

Children regularly have accidents that result in fractures. However, children's bones are more flexible than those of adults and the children themselves are lighter, so a fracture, particularly of the skull, usually signifies that considerable force has been applied.

Non-accidental

A fracture of any sort should be regarded as suspicious in a child under 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child under 3 years. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

Burns

Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot object. The history that parents give is usually in keeping with the pattern of injury observed. However, repeated episodes may suggest inadequate care and attention to safety within the house.

Non-accidental

Children who have received non-accidental burns may exhibit a pattern that is not adequately explained by parents. The child may have been immersed in a hot liquid. The burn may show a definite line, unlike the type seen in accidental splashing. The child may also have been held against a hot object, like a radiator or a ring of a cooker, leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought.

Bites

Children can get bitten either by animals or humans. Animal bites (e.g. dogs) commonly puncture and tear the skin, and usually the history is definite. Small children can also bite other children.

Non-accidental

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

Poisoning

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

Non-accidental

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

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

Fabricated/induced illness

This occurs where parents, usually the mother (according to current research and case experience), fabricate stories of illness about their child or cause physical signs of illness. This can occur where the parent secretly administers dangerous drugs or other poisonous substances to the child or by smothering.

The symptoms that alert to the possibility of fabricated/induced illness include:

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

Signs and symptoms of sexual abuse

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

Cases of sexual abuse principally come to light through:

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

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

Non-contact sexual abuse

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

Sexual contact

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

- Sometimes referred to as 'dry sex' or 'vulvar intercourse', involving the offender placing his penis between the child's thighs.
- Penetrative sexual abuse, of which there are four types:
 - 'Digital penetration', involving putting fingers in the vagina or anus, or both. Usually the victim is penetrated by the offender,
 - but sometimes the offender gets the child to penetrate them.
 - 'Penetration with objects', involving penetration of the vagina, anus or occasionally mouth with an object.
 - 'Genital penetration', involving the penis entering the vagina, sometimes partially.
 - 'Anal penetration' involving the penis penetrating the anus.

Sexual exploitation

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

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

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

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

- bleeding from the vagina/anus;
- Difficulty/pain in passing urine/faeces;
- an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease.

Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area;

- Noticeable and uncharacteristic change of behaviour;
- Hints about sexual activity;
- Age-inappropriate understanding of sexual behaviour;
- Inappropriate seductive behaviour;
- Sexually aggressive behaviour with others;
- Uncharacteristic sexual play with peers/toys;
- Unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming.

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


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

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

- Depression, isolation, anger;
- Running away;
- Drug, alcohol, solvent abuse;
- Self-harm;
- Suicide attempts;
- missing school or early school leaving;
- Eating disorders.

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

Appendix 3: Reporting Forms
CPWRF - Child Protection and Welfare Report Form



An Ghníomhaireacht um
 Leanaí agus an Teaghlach
 Child and Family Agency

Child Protection and Welfare Report Form

MANDATED PERSONS AND NON MANDATED PERSONS
(Children First Act 2015 & Children First National Guidance)

Use block letters when filling out this form.
Fields marked with an * are mandatory.

1. Tusla Area (this is where the child resides)*

2. Date of Report*

3. Details of Child

First Name*	<input style="width: 90%;" type="text"/>	Surname*	<input style="width: 90%;" type="text"/>
Male*	<input type="checkbox"/>	Female*	<input type="checkbox"/>
Address*	<input style="width: 100%; height: 100%;" type="text"/>	Date of Birth*	<input style="width: 100%; height: 20px;" type="text"/>
		Estimated Age*	<input style="width: 100%; height: 20px;" type="text"/>
		School Name	<input style="width: 100%; height: 20px;" type="text"/>
		School Address	<input style="width: 100%; height: 20px;" type="text"/>
Eircode	<input style="width: 100%; height: 20px;" type="text"/>		

4. Details of Concerns*

Please complete the following section with as much detail about the specific child protection or welfare concern or allegation as possible. Include dates, times, incident details and names of anyone who observed any incident. Please include the parents and child's view, if known. Please attach additional sheets, if necessary

Please see 'Tusla Children First – A Guide for the Reporting of Child Protection and Welfare Concerns' for additional assistance on the steps to consider in making a report to Tusla

5. Type of Concern

Child Welfare Concern	<input type="checkbox"/>		
Emotional Abuse	<input type="checkbox"/>	Physical Abuse	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	Sexual Abuse	<input type="checkbox"/>

6. Details of Reporter

First Name	<input style="width: 90%;" type="text"/>	Surname	<input style="width: 90%;" type="text"/>
Address if reporting in a professional capacity, please use your professional address	<input style="width: 100%; height: 100%;" type="text"/>	Organisation	<input style="width: 100%; height: 20px;" type="text"/>
		Position Held	<input style="width: 100%; height: 20px;" type="text"/>
		Mobile No.	<input style="width: 100%; height: 20px;" type="text"/>
		Telephone No.	<input style="width: 100%; height: 20px;" type="text"/>
Eircode	<input style="width: 100%; height: 20px;" type="text"/>	Email Address	<input style="width: 100%; height: 20px;" type="text"/>



An Ghnóimhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Child Protection and Welfare Report Form

MANDATED PERSONS AND NON MANDATED PERSONS
(Children First Act 2015 & Children First National Guidance)

Is this a Mandated Report made under Sec 14, Children First Act 2015?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mandated Person's Type				

7. Details of Other Persons Where a Joint Report is Being Made

First Name		Surname	
Address if reporting in a professional capacity, please use your professional address		Organisation	
		Position Held	
		Mobile No.	
		Telephone No.	
Eircode		Email Address	

First Name		Surname	
Address if reporting in a professional capacity, please use your professional address		Organisation	
		Position Held	
		Mobile No.	
		Telephone No.	
Eircode		Email Address	

8. Parents Aware of Report

Are the child's parents/carers aware that this concern is being reported to Tusla?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If the parent/carer does not know, please indicate reasons:				

9. Relationships

Details of Mother			
First Name		Surname	
Address		Mobile No.	
		Telephone No.	
		Email Address	
Eircode			

Is the Mother a Legal Guardian?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Details of Father			
First Name		Surname	
Address		Mobile No.	
		Telephone No.	
		Email Address	
Eircode			

Child Protection and Welfare Report Form

MANDATED PERSONS AND NON MANDATED PERSONS
(Children First Act 2015 & Children First National Guidance)

Is the Father a Legal Guardian?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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10. Household Composition

First Name	Surname	Relationship	Date of Birth	Estimated Age	Additional Information e.g. school, occupation, other

11. Details of Person(s) Allegedly Causing Harm

First Name*		Surname*	
Male*	<input type="checkbox"/>	Female*	<input type="checkbox"/>
Address		Date of Birth	
		Estimated Age	
		Mobile No.	
		Telephone No.	
Eircode		Email Address	
Occupation		Organisation	
Position Held			

Relationship to Child	
Address at time of alleged incident	
If name unknown please indicate reason	

First Name*		Surname*	
Male*	<input type="checkbox"/>	Female*	<input type="checkbox"/>
Address		Date of Birth	
		Estimated Age	
		Mobile No.	
		Telephone No.	
Eircode		Email Address	
Occupation		Organisation	
Position Held			

Relationship to Child	
Address at time of alleged incident	
If name unknown please indicate reason	

Child Protection and Welfare Report Form

MANDATED PERSONS AND NON MANDATED PERSONS
(Children First Act 2015 & Children First National Guidance)

12. Name and Address of Other Organisations, Personnel or Agencies Known to be Involved Currently or Previously with the Family

Profession	First Name	Surname	Address	Contact Number	Recent Contact e.g. 3/6/9 months ago
Social Worker					
Public Health Nurse					
GP					
Hospital					
School					
Gardaí					
Pre-school/ crèche					
Other					

13. Any Other Relevant Information, Including any Previous Contact with the Child or Family

Please ensure you have indicated if this is a mandated report in section 6.
Thank you for completing the report form.

In completing this report form you are providing details on yourself and on others. Details such as name, address and date of birth fall under the definition of 'Personal Data' in the Data Protection Acts, 1988 & 2003. Tusla has a responsibility under these Acts in its capacity as a Data Controller to, amongst other things, obtain and process this data fairly; keep it safe and secure; and to keep it for a specified lawful purpose. That purpose is to fulfil our statutory responsibility under the Child Care Act 1991 to promote the protection and welfare of children. Tusla may, during the course of the assessment of this report disclose such Personal Data to other agencies including An Garda Síochána. Further details about Tusla's responsibilities as a Data Controller and your rights as a Data Subject can be found on our website, www.tusla.ie. As you are providing Personal Data on others, you are a Data Processor. We ask that you only provide those details that are necessary for the report and that you keep this report and the Personal Data contained in it secure from unauthorised access, disclosure, destruction or accidental loss.

14. For Completion by Tusla Authorised Person on Receipt of Report

Report Received by			
First Name	Surname	Date	
Mandated Report Acknowledgement by			

Child Protection and Welfare Report Form

MANDATED PERSONS AND NON MANDATED PERSONS
(Children First Act 2015 & Children First National Guidance)

First Name		Surname		Date Sent	
Authorised Person Signature*					
Date*					
Child Previously Known	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Allocated Case No					

RARF – Retrospective Abuse Report Form

Retrospective Abuse Report Form

*MANDATED PERSONS AND NON MANDATED PERSONS
(Children First Act 2015 & Children First National Guidance)*

Use block letters when filling out this form.
Fields marked with an * are mandatory.

1. Tusla Area (this is where the person subject to allegations of abuse resides (PSAA))*	
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2. Date of report*	
---------------------------	--

3. Date information was received by reporter*	
--	--

4. Reporter details if third party*

First name		Surname	
Address if reporting in a professional capacity, please use your professional address		Organisation	
		Position held	
		Mobile no.	
		Telephone no.	
Eircode		Email address	

Reporter's relationship to adult complainant	
---	--

Is this a mandated report made under Sec 14, Children First Act 2015?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mandated person's type				

5. Details of other persons where a joint report is being made

First Name		Surname	
Address if reporting in a professional capacity, please use your professional address		Organisation	
		Position Held	
		Mobile No.	
		Telephone No.	
Eircode		Email Address	

First Name		Surname	
Address if reporting in a professional capacity, please use your professional address		Organisation	
		Position Held	
		Mobile No.	
		Telephone No.	
Eircode		Email Address	

Retrospective Abuse Report Form

*MANDATED PERSONS AND NON MANDATED PERSONS
(Children First Act 2015 & Children First National Guidance)*

6. Details of person disclosing abuse (adult complainant)*

First name		Surname	
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address		Date of birth	
		Estimated age	
		Previous address, if known	
Eircode			

7. Type of abuse being reported*

Emotional abuse	<input type="checkbox"/>	Physical abuse	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	Sexual abuse	<input type="checkbox"/>

8. Details and description of alleged abuse*

Date of alleged abuse		Period of alleged abuse	
Location of alleged abuse		Reason for report at this time	

Further detail (include, if known, age of adult complainant at time of abuse, age of PSAA at time of abuse). Please attach additional sheets if necessary.

9. Details of person subject to allegations of abuse (PSAA)

First name*		Surname*	
Male*	<input type="checkbox"/>	Female*	<input type="checkbox"/>
Address		Date of birth	
		Estimated age	
		Mobile no.	
		Telephone no.	
Eircode		Email address	
Occupation			

Retrospective Abuse Report Form

MANDATED PERSONS AND NON MANDATED PERSONS
(Children First Act 2015 & Children First National Guidance)

10. Details of PSAA's social and employment status

--

11. PSAA household composition

First name	Surname	Relationship	Date of birth	Estimated age	Additional information, e.g. school, occupation, etc.

12. Does the PSAA have contact with children?*

	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

If Yes, please complete information below. If No, proceed to 11.

Details of child					
First name		Surname			
Address		Mobile no.			
		Telephone no.			
		Email address			
		Date of birth			
Eircode		Age			
Parent/carers' names		Parent/carers' names			
Relationship to adult complainant		Relationship to PSAA			
Frequency of contact, if known					
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

Please attach additional sheets for additional children, if necessary.

13. Based on information known at this time, is the PSAA known to the Tusla Social Work Department?

	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

If yes, please provide detail:

14. Based on information known at this time, is the adult complainant known to the Tusla Social Work Department?

	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

If yes, please provide detail:

Retrospective Abuse Report Form

MANDATED PERSONS AND NON MANDATED PERSONS
(Children First Act 2015 & Children First National Guidance)

15. Based on information known at this time, has a report been made to An Garda Síochána?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Garda name:		Telephone no.			
Garda district:		Email:			
Address:		PULSE ID number:			
		Date notification made:			
Eircode		Date report made			

16. Is the PSAA aware of this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide further details:				

17. Any additional information	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please provide any further information that will assist Tusla in assessing and prioritising this report:				

In completing this report form you are providing details on yourself and on others. Details such as name, address and date of birth fall under the definition of 'Personal Data' in the Data Protection Acts, 1988 & 2003. Tusla has a responsibility under these Acts in its capacity as a Data Controller to, amongst other things, obtain and process this data fairly; keep it safe and secure; and to keep it for a specified lawful purpose. That purpose is to fulfil our statutory responsibility under the Child Care Act 1991 to promote the protection and welfare of children. Tusla may, during the course of the assessment of this report disclose such Personal Data to other agencies including An Garda Síochána. Further details about Tusla's responsibilities as a Data Controller and your rights as a Data Subject can be found on our website, www.tusla.ie. As you are providing Personal Data on others, you are a Data Processor. We ask that you only provide those details that are necessary for the report and that you keep this report and the Personal Data contained in it secure from unauthorised access, disclosure, destruction or accidental loss.

Please ensure you have indicated if this is a mandated report in section 2.

Thank you for completing the report form.

18. For completion by Tusla authorised person on receipt of report

Report received by			
First name	Surname	Date	

Mandated report acknowledgement by			
First name	Surname	Date sent	

Retrospective Abuse Report Form

MANDATED PERSONS AND NON MANDATED PERSONS
(Children First Act 2015 & Children First National Guidance)

Authorised person signature*				
Date*				
Child previously known	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Allocated case no				

Appendix 4: Safeguarding Officers

National Children’s Officer

Rosie Keogh

rosie.visionsports@ncbi.ie

086 152 6642

Designated Liaison Person

Pádraig Healy

0858500193

Padraig.visionsports@ncbi.ie

Appendix 5: Risk Assessment Form Template

Risk Assessment & Child Safeguarding Statement (CSS)

Risk Assessment (RS) This risk assessment considers the potential for harm to come to children whilst they are in (insert Club/Region/NGB)’s care. This risk assessment precedes the Child Safeguarding Statement (Section 11 (1b) Children First Act 2015) which is developed following this risk assessment process. In accordance with the requirements of Section 11 (1) of the Children First Act 2015 (ROI) the risk is of abuse and not general health and safety risk (covered under a separate H&S policy and risk assessment). Section 11 (1) of the Children First Act 2015 (ROI) states that where a person proposes to operate as a provider of a relevant service, he or she shall, within 3 months from the date on which he or she commences as such a provider — Undertake an assessment of any potential for harm to a child while availing of the service (in this section referred to as a “risk”).

Potential risk of harm to children	Likelihood of harm happening L-M-H	Required Policy, Guidance and Procedure document	Responsibility Club/Region/ National	Further action required ...
CLUB & COACHING PRACTICES				
Lack of coaching qualification		<ul style="list-style-type: none"> - Volunteers Policy - Recruitment Policy 		Proof of qualification to be confirmed
Supervision issues		<ul style="list-style-type: none"> - Volunteer Policy 		Ongoing Review
Unauthorised photography & recording activities		<ul style="list-style-type: none"> - Code of Conduct - Safeguarding Level 1 - Complaints Policy 		Ongoing Review

No guidance for travelling/away trips		- Safeguarding Policy		Ongoing Review
Behavioural Issues		- Code of Conduct - Safeguarding Level 1 - Complaints Policy		Ongoing Review
Lack of adherence with misc procedures in Safeguarding policy (i.e. mobile, photography, transport)		- Safeguarding Policy - Complaints Policy		Ongoing Review
COMPLAINTS & DISCIPLINE				
Lack of awareness of a Complaints & Disciplinary policy		- Complaints & Disciplinary procedure/policy - Communications Procedure		Immediate action needed Greater communication required
Difficulty in raising an issue by child & or parent		- Complaints & Disciplinary procedure/policy - Communications Procedure		Review the communication/responsibilities of the procedure/policy as required
Complaints not being dealt with seriously		- Complaints & Disciplinary procedure/policy		Ongoing Review
REPORTING PROCEDURES				
Concerns of abuse or harm not reported		- Reporting Procedures - Child Safeguarding Training Level 1		Include in Safeguarding Training (L1) Publicise names of CCOs, DLPs, MP(s) Publicise internal and external reporting procedures
Lack of knowledge of organisational and statutory reporting procedures		- Reporting Procedures - Code of Conduct - Volunteer Procedures		Make policies and procedures available Include in Safeguarding Training (L1) Include in Coach

				Education Training
Not clear who YP should talk to or report to		- Names & Contact details of CCOs, DLPs and MP on website		Communicate in Club. Include in Safeguarding Training (L1)
FACILITIES				
Unauthorised exit from children's areas		- Volunteer Policy		Clarify responsibilities before session starts
Unauthorised access to designated children's play/ practice areas and to changing rooms, showers, toilets etc		- Volunteer Policy		Clarify responsibilities before session starts
Photography, filming or recording in prohibited areas		- Safeguarding Training - Volunteer Policy		Enforce policy in private changing and wet areas
Missing or found child on site				Inform Gardai
Children sharing facilities with adults e.g. dressing room, showers etc		- Safeguarding Policy		Plan with facilities management to create a suitable child centred environment in shared facilities
RECRUITMENT				
Lack of clarity on roles		- NCBI Recruitment Policy		Check job description Put supervision in place
Recruitment of inappropriate people		- NCBI Recruitment Policy		Ongoing review
Unqualified or untrained people in role		- NCBI Recruitment Policy		Check qualification Ongoing review
COMMUNICATIONS AND SOCIAL MEDIA				
Lack of awareness of 'risk of harm' with members and visitors		- Child Safeguarding Statement		Communicate Child Safeguarding Statement

No communication of Child Safeguarding Statement or Code of Behaviour to members or visitors		<ul style="list-style-type: none"> - Child Safeguarding Statement - Code of behaviour 		Communicate Child Safeguarding Statement Distribute Code or Sections as appropriate
Unauthorised photography & recording of activities		<ul style="list-style-type: none"> - Safeguarding Training - Volunteer Policy 		Ongoing Review
Inappropriate use of social media and communications by under 18's		<ul style="list-style-type: none"> - Communications Policy - Code of Conduct 		Ongoing Review
Inappropriate use of social media and communications with under 18's		<ul style="list-style-type: none"> - Communications Policy - Code of Conduct 		Ongoing Review
GENERAL RISK OF HARM				
Harm caused by - child to child - coach to child - - volunteer to child - member to child - visitor to child		<ul style="list-style-type: none"> - Safeguarding policy - Child Safeguarding Training 		Ongoing Review
Harm not being recognised		<ul style="list-style-type: none"> - Safeguarding Policy - Safeguarding Training 		Ongoing Review
General behavioural issues - issues of bullying - vetting of staff/volunteers - issues of online safety		<ul style="list-style-type: none"> - Code of conduct - Safeguarding Policy - Recruitment policy / vetting policy - 		Take disciplinary action where necessary Sign code of conduct

Explanation of terms used:

- Potential risk of harm to children – these are identified risks of harm to children whilst accessing activities in the Club/Region/Province/NGB.
- Likelihood of harm happening – the likelihood of the risk occurring in the club/region/NGB measured by you as Low/Medium or High.
- Required Policy, Guidance and Procedure document – indication of the policy required to alleviate the risk.

- Responsibility – provider should indicate where the responsibility for alleviating the risk lies.
- Further action... - indicates further action that might be necessary to alleviate any risk ongoing. This Risk Assessment document has been discussed and completed by (insert Club/Region/NGB as provider) on ___ / ___ /2018

Signed:

Name:

Role: (insert role on Committee)