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# CHILD PROTECTION AND WELFARE POLICY

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**DYSPRAXIA/DCD IRELAND**

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Approval date: September 2020

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Revision date: October 2022

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1. Responsibility for approval of policy	<i>Board of Directors</i>
2. Responsibility for implementation	<i>Chief Executive Officer / Designated Liaison Person</i>
3. Responsibility for ensuring review	<i>Designated Liaison Person</i>

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## **1. Child Protection Policy Statement**

Dyspraxia/DCD Ireland is fully committed to safeguarding the well-being of all the children and young people with whom our staff come into contact. It is a priority of the organisation to protect and promote the welfare of children. Our policy on child protection is in accordance with the Children First Act, 2015, Children First” the National Guidelines for the Protection and Welfare of Children 2017. Dyspraxia/DCD Ireland is committed to promoting the rights of the child including the participation of children and young people<sup>1</sup> in matters that affect them. We are committed to child centred practice in all our work with children and full compliance with Children First and Our Duty to Care.

Child protection is everyone's responsibility and it is the policy of Dyspraxia/DCD Ireland to promote and protect the welfare of children. We recognise the right of children to be protected from harm, treated with respect, listened to and have their views taken into consideration in matters that affect them. Management, staff, volunteers and students in this service recognise that the welfare of children is paramount and our service will endeavour to safeguard children by:

- Having procedures to recognise, respond to and report concerns about children’s protection and welfare
- Having a confidentiality policy
- Having a code of behaviour for management, employees and volunteers
- Having safe recruitment procedures
- Having procedures for managing/supervising employees and volunteers
- Having a procedure to respond to accidents and incidents
- Having a procedure to respond to complaints
- Having procedures to respond to allegations of abuse and neglect against staff members

As part of the policy, this service will:

- Appoint a Designated Liaison Person for dealing with child protection concerns.
- Provide induction training on the Child Protection and Welfare Policy to all staff, volunteers and members of the board of management.
- Ensure that staff attend child protection training as appropriate. All staff and volunteers will be required to complete Tusla’s Child First free online training programme on child protection(<https://www.tusla.ie/children-first/children-first-e-learning-programme/>). A copy of the certificate of completion must be sent to the Designated Liaison Person within four weeks of commencing.
- Provide supervision and support for staff and volunteers in contact with children.
- Share information about the Child Protection and Welfare Policy with families and children.
- Work and cooperate with the relevant statutory agencies as required.
- This policy will be shared with parents on enrolment with our service.

We are also committed to reviewing our policy and good practice every 2 years or immediately after an incident is report (whichever occurs first).

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<sup>1</sup> All references to “young people and young persons” shall be deemed to include “vulnerable adults”.



2. **Note:** Throughout this document Child Protection Officer is referred to as Designated Liaison Person.

### **Confidentiality**

In matters of child abuse, an employee/volunteer should never promise to keep secret, any information which is divulged. It should be explained to the child/young person (or adult in the case of an adult disclosure of child abuse) that this information cannot be kept secret but only those who need to know, will be told in order to safeguard the child or others who may be at risk.

It is essential in reporting any case of alleged/suspected abuse that the principle of confidentiality applies. The information should only be shared on a 'need to know' basis which means sharing information with persons who have a need to know in order to safeguard a child/young person and it is not a breach of confidentiality. The number of people that need to be informed should be kept to a minimum.

If an employee has any doubt as to whether a report should be made, he or she should consult with the Designated Liaison Person.

All current Data Protection legislation do not prevent the sharing of information on a reasonable and proportionate basis for the purposes of child protection.

**Note:** For all other matters relating to confidentiality please consult Dyspraxia DCD Ireland's Confidentiality and Data Management Policy.

### **3. Role of Designated Liaison Person**

A Designated Liaison Person and a Deputy Designated Liaison Person have been appointed in Dyspraxia/DCD Ireland. The Designated Liaison Person acts as a resource to any young person, staff member and volunteer who have Child Protection concerns. All dealings of a Child Protection nature go through the Designated Liaison Person who in turn may make a referral to Tusla or An Garda Síochána.

The role of the Child Protection Officer/Designated Liaison Person involves the following duties:

- To be familiar with the "Children First" National Guidelines for the Protection and Welfare of Children and "Our Duty to Care", the principles of good practice for the protection of children and young people and to have responsibility for the implementation and monitoring of the child protection and welfare policy of Dyspraxia/DCD Ireland.
- To provide support to staff members who are dealing with /have dealt with a child protection concern or disclosure.
- To receive reports of alleged/suspected or actual child abuse and act on these in accordance with the guidelines.
- To ensure that appropriate information is available at the time of referral and that the referral is confirmed in writing, under confidential cover as appropriate.
- To ensure that training is provided for all new and existing staff on the child protection policy, and to provide information and advice on child protection within the organisation.

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- To ensure that the standard reporting procedure is followed, so that suspected cases of child neglect or abuse are referred promptly to relevant contact person in Tusla or in the event of an emergency and the unavailability of Tusla, to An Garda Síochána.
- To build a working relationship with Tusla, An Garda Síochána and other agencies, as appropriate.
- To ensure that supports are put in place for the young person, employees or volunteers in cases of allegations being made.
- To keep up to date and undertake relevant training on child protection policy and practice, in order to ensure the relevance and appropriateness of Dyspraxia/DCD Ireland policy and procedures in this area.
- To review Dyspraxia/DCD Ireland's policy and procedures on child protection on an annual basis and amend as appropriate in consultation with the Board of Directors.
- To ensure that systems are in place for recording and retaining all relevant documentation in a confidential manner in relation to child protection issues.

### ***Designated Liaison Person for Dyspraxia/DCD Ireland***

Fay Dunn

Dyspraxia/DCD Ireland

Carmichael House

North Brunswick Street

Dublin 7

Phone: 01 8747085

Email: fay@dyspraxia.ie

### **Mandated Persons**

Mandated Persons (in accordance with the provisions of the Children First Act 2015) are people who have contact with children or adults, who because of their qualifications, training and employment role, are in a key position to help protect children from harm. Mandated Persons have two main legal obligations under the Children First Act, 2015. These are:

- To report to Tusla the harm of child above a defined threshold;
- To assist Tusla, if requested, is assessing a concern which has been the subject of a mandated report.

Dyspraxia/DCD Ireland, under its current structure and practices, does not employ or instruct persons who would be deemed Mandated Persons. In the event of any changes such that Dyspraxia/DCD Ireland employs or instructs Mandated Persons at a future time, Dyspraxia/DCD Ireland shall ensure that all relevant staff shall cooperate and share relevant information to assist Tusla in the assessment of any report by a Mandated Person.

### **3. Safe Recruitment and Selection Procedures**

Putting in place good procedures in the recruitment and selection of staff and volunteers is a central element in ensuring the safety and welfare of all children and young people<sup>2</sup>involved in the organisation. Dyspraxia/DCD Ireland endeavours to advertise all posts, paid and unpaid, as widely as possible, through the most appropriate means for the organisation.

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<sup>2</sup> All references to “young persons” shall be deemed to include “vulnerable adults”.



### **Dyspraxia/DCD Ireland Employees**

The normal recruitment practice of Dyspraxia/DCD Ireland will apply, full job description made available to candidates followed by submission of C.V. and Interview process (this to include the applicant providing the names of two recent referees (not family members) who are contacted in writing and confirmed verbally). Where the employee will be interacting with children and young people and could be in a position to build a relationship of trust with children and young people then they must be Garda Vetted before they will be allowed to work with children and young people . All employees working with children and young people will be required to submit to Garda Vetting every 3 years to ensure it is up to date.

Staff will be given a copy of Dyspraxia/DCD Ireland's Child Protection Policy and code of behaviour and will be asked to sign the Declaration Form certifying that they read it and agree to abide by its content and that there is no reason why they would be considered unsuitable for working with children and young people and will sign the Declaration Form. (see Appendix 2).

### **Dyspraxia/DCD Ireland Volunteer**

The majority of people who apply for Dyspraxia/DCD Ireland do so on a voluntary basis. Therefore the following criteria relates to volunteers:

- All Dyspraxia/DCD Ireland volunteers will be given a clear role description and briefed on their duties and responsibilities.
- All volunteers are asked to supply information in writing in the form of a volunteer application form (see Appendix 3). This should include personal details, past and current work/volunteering experience and any qualifications or skills relevant to the volunteering position.
- All Dyspraxia/DCD Ireland volunteers must attend an informal interview with the Dyspraxia/DCD Ireland CEO to discuss volunteering and to explore information contained in the application form.
- All volunteers must supply the names of two recent referees (not family members). Referees will be asked to complete a standard form (see Appendix 3) and will also be contacted personally if deemed to be necessary.
- Where the volunteer will be interacting with children and young people and could be in a position to build a relationship of trust with children and young people then the volunteer must be Garda Vetted before they will be allowed to work with children and young people .
- All volunteers working with children and young people will be required to submit to Garda Vetting every 3 years to ensure it is up to date.
- Dyspraxia/DCD Ireland volunteers (working with Children's Group) will be given a copy of the Child Protection Policy and code of behaviour and will be asked to sign the Declaration Form certifying that they have read it and agree to abide by its contents and that there is no reason why they would be considered unsuitable for working with children/young people and will sign the Declaration Form. (see Appendix 2).
- Documentation may be requested to confirm the identity of the applicant, such as a passport or driving licence.
- All new employees and volunteers must attend induction training which will include training on the Dyspraxia/DCD Ireland Child Protection Policy when relevant. All new employees and volunteers are informed when they start that they are on a three month trial period.

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- All staff and volunteers will be required to complete Tusla's Child First free online training programme on child protection(<https://www.tusla.ie/children-first/children-first-e-learning-programme/>). A copy of the certificate of completion must be sent to the Designated Liaison Person within four weeks of commencing.
- Dyspraxia/DCD Ireland will not employ, contract or involve as a volunteer, any person to work with children or young people or vulnerable adults who has criminal conviction for violent crime, sexual crime, drugs related offences, or any other offences deemed inappropriate in relation to work with children.

### 4. Code of Behaviour for Staff/Volunteers

It is important that our behaviour reflects the child-centred ethos of our organisation. All parents, staff, volunteers and children will be given guidance on what is expected and what is not accepted with respect to behaviour within the organisation.

Dyspraxia/DCD Ireland would strive to encourage the following behaviour:

- Listening to children
- Valuing and respecting children as individuals
- Involving children in decision making as appropriate
- Encouraging and praising children
- Encouraging the ability in each child

Dyspraxia/DCD Ireland believes that it is important for the protection of all concerned that staff, volunteers, children and young people have guidelines on what is expected, and what is not accepted, with respect to their behaviour:

- Staff/Volunteers should be sensitive to the risks involved in participating in contact sports or other activities.
- While physical contact is a valid way of comforting, reassuring and showing concern for children, it should only take place when it is acceptable to all persons concerned. It should be in response to the needs of the child and not of the adult. And in an open and not secretive environment. Resistance from the child should be respected.
- Staff/Volunteers should never physically punish or be in any way verbally abusive to a child. Dyspraxia/DCD Ireland has a policy of no slapping, shouting, name calling or ridiculing of any sort.
- Staff/Volunteers should not use language of a sexual nature in the presence of children.
- Staff/Volunteers should encourage children to report cases of bullying to either a designated person or a volunteer of their choice. Complaints must be brought to the attention of the Designated Liaison Person or Dyspraxia/DCD Ireland management.
- It is not recommended that workers give lifts in their cars to individual young people unless they have another staff member or volunteer present and with the full knowledge and consent of parents.
- Volunteers should always remain with the group and never leave the premises in the company of a child. This is especially important when the group is on a day outing.
- Staff/Volunteers should be sensitive to the possibility of developing favouritism, or becoming over involved or spending a great deal of time with any one child.

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- Staff/Volunteers should always alert a group leader or another free volunteer when taking a child to the bathroom.
- When assisting a child or young person with any personal care, there should always be two staff members or volunteers present. Only provide assistance if the child or young person is unable to perform the task themselves.
- Consult the Designated Liaison Person if concerns arise and report any safeguarding concern or complaint the Designated Liaison Person.

### Never:

- Engage in rough physical games including horseplay that make a child uncomfortable.
- Allow or engage in inappropriate touching of any form.
- Allow children or adults to use inappropriate language unchallenged.
- Allow children or adults to use inappropriate physical force unchallenged.

## 5. Anti-Bullying Code

Bullying behaviour 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
- Extortion
- Exclusion

Dyspraxia/DCD Ireland will not tolerate any bullying by children/young people or adults and will deal with any incidents immediately in accordance with Dyspraxia/DCD Ireland's anti-bullying policy when working with children and young people (Appendix 4).

## 6. Safe Practices

For the day to day safe running of Dyspraxia/DCD Ireland and to minimise opportunities for accidents or harm to the children the following is Dyspraxia/DCD Ireland policy:

### Good Management

- Careful attention is given to the application of criteria for admission of new members, volunteers or staff.
- Careful attention is given to the gathering, recording and sharing of necessary information about children's needs, abilities, medical conditions etc.
- Careful attention is given to the necessary preparation, support or training of all staff and volunteers. All staff and volunteers will have received induction training and will be given

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the necessary information regarding children, activities, emergency information, first aid box etc.

### Supervision of Children

- Activities will be chosen that are age appropriate and ability appropriate.
- Children should never be left unattended. Dyspraxia/DCD Ireland operates a five to one system within a group system that should ensure that this never happens.

### Health and Safety

Attention is paid to the general condition and safety of the physical environment, equipment and transport used during Dyspraxia/DCD Ireland activities. Dyspraxia/DCD Ireland has a Health and Safety Policy in place and all employees/volunteers are made aware of it at induction training.

## 7. Dealing with Challenging or Disruptive Behaviour

Staff and volunteers who deal directly with children and young people will be given guidance and support in dealing with difficult behaviour. Dyspraxia/DCD Ireland ensures that the safety and welfare of the children and young people is a priority and that staff and volunteers will deal sensitively and professionally with any difficult issues that may arise.

Dyspraxia/DCD Ireland believes that all children have a right to discipline that should not be confused with punishment. Dyspraxia/DCD Ireland will endeavour to assist children in developing self-esteem and positive behaviour patterns in the following ways.

- Praising or criticising the behaviour rather than the child.
- Encouraging and building a child's self-esteem.
- Using play and games with rules to help the child learn and understand boundaries.
- Using play as a means of distraction from disruptive behaviour which may be unintentional and part of an overall disability.
- Staff and volunteers leading by example as children imitate behaviour.
- Being consistent by meaning "No" when they say "No".
- Clarifying rules and expectations of behaviour.
- Reinforcing positive behaviour at all times.

In order for behaviour modification to work effectively rules must be established and the children need to be aware of them. Behaviour which will not be tolerated in Dyspraxia/DCD Ireland is as follows:

- Repeated physical aggression
- Verbal aggression
- Excessive temper tantrums

Such behaviour will be dealt with by using the following three stages by one of the supervising volunteers or staff members:

- (1) A member of staff or a volunteer will speak to the child displaying inappropriate behaviour.



- (2) A child will always be given several opportunities to change their behaviour before being asked to go on “time out” therefore it is the child’s decision to go on “time out”.
- (3) If the unpleasant behaviour continues the child will be removed from the situation in “time out” for an age appropriate length of time or standard time out of five minutes. “Time out” allows the child to calm down and regain control.

Dyspraxia/DCD Ireland acknowledges that this system will not be suitable for every child and success may vary due to a particular issue with their Dyspraxia/DCD. Therefore Dyspraxia/DCD Ireland will discuss each child’s needs with a parent or guardian and adapt this procedure or indeed follow a procedure that the parent finds successful. Dyspraxia/DCD Ireland will inform parents and guardians of all action taken regarding the behaviour of their child.

## **8. Complaints Procedure in Relation to Child Safety and Protection**

Dyspraxia/DCD Ireland is committed to ensuring the safety and welfare of all children/young people with whom we work. Dyspraxia/DCD Ireland has put in place a complaints procedure (Appendix 5) to cover any situations that may arise, when children/young people or their parents/guardians are not happy with the way the children/young people were treated by Dyspraxia/DCD Ireland. Complaints regarding the safety and welfare of children/young people should be directed to the Designated Liaison Person in Dyspraxia/DCD Ireland. Other complaints should be directed to the Dyspraxia/DCD Ireland Complaints Officer.

## **9. Reporting Procedure in Respect of Child Abuse**

Dyspraxia/DCD Ireland has put in place a standard reporting procedure for dealing with disclosures, concerns or allegations of child abuse.

### **Definition and Recognising Child Abuse**

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. Definitions of the four types of abuse, how to recognise abuse and an explanation of “reasonable grounds for concern” are included in Appendix 6, which is based on “Children First – National Guidelines for the Protection and Welfare of Children 2017” .

### **Responsibility to Report Child Abuse**

Everyone must be alert to the possibility that children with whom they are in contact may be experiencing abuse or have been abused in the past. This is an important responsibility for staff and volunteers when working with children and young people.

The guiding principles in regard to reporting children abuse are summarised as follows:

- The safety and well-being of the child or young person must take priority
- Reports should be made without delay to Tusla.

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The reporting procedure for dealing with disclosures, concerns or allegations of child abuse is outlined in the following steps:

- (1) The employee or volunteer who has received a disclosure of child abuse or who has concerns of abuse should bring it to the attention of the Designated Liaison Person immediately.
- (2) The employee or volunteer must immediately make a written record of the concern.
- (3) The Designated Liaison Person will review the information that has been provided to see if there are reasonable grounds for concern. The Designated Liaison Person can refer to Tusla and can seek informal advice relating to the allegation, concern or disclosure.
- (4) The parents of the child need to be advised of the concern unless to do so would put the child further at risk.

After consultation with Tusla, the Designated Liaison Person will then take one of two options:

Report the allegation, concern or disclosure to the relevant authority (e.g. Tusla or An Garda Síochána, etc.). This can be done verbally initially and then followed up in writing using the standard reporting form. **Note: In an emergency a report should be made directly to An Garda Síochána.**

- Not make a formal report to Tusla but keep a record of the concerns on file. The reasons for not reporting the allegation, concern or disclosure will be clearly recorded. The employee/volunteer who made the initial report will be informed if a formal report is not being made to Tusla and it is open to him/her to make a formal report themselves, directly to the relevant authority if they feel this is necessary.

Where a formal report is made Tusla will then liaise with An Garda Síochána. It is likely that the Tusla and or An Garda Síochána will want to speak to the person who first made the report to clarify facts and the circumstances of the report.

In making a report on suspected or actual child abuse, the individual must ensure that the first priority is always for the safety and welfare of the young person and that no young person is ever left in an un-safe situation.

### **Information required when making a report**

The more information which is gathered and put together on the Standard Reporting Form which has been adopted by Dyspraxia/DCD Ireland (see Appendix 7) the easier it will be to assess an allegation, concern or disclosure of abuse. The ability of the relevant authority (Tusla or An Garda Síochána) to assess and investigate suspicions or allegations of child abuse or neglect will depend on the amount and quality of information conveyed to them by the people reporting concerns. As much as possible of the following detail should be provided:

- (1) The name, address and age of the child (or children) for whom the report is being made;
- (2) The name of the child's school;
- (3) The name and contact details of the person reporting concerns;
- (4) Whether the person reporting is a professional, a person working with children or a member of the public;
- (5) The relationship to the child of the person making the report;



- (6) A full account of what constitutes the grounds for concern in relation to the protection and welfare of the child or children, e.g. details of the allegation, incident, dates, description of any injuries, etc;
- (7) The names and addresses of the parents/carers of the child or children;
- (8) The names of other children in the household;
- (9) The name, address and details of the person allegedly causing concern in relation to the child or children;
- (10) The child's and/or parents/carers' own views, if known and relevant;
- (11) The names and addresses of other personnel or agencies involved with the child or children, e.g. gp, social worker, public health nurse, gardaí, etc;
- (12) Any other relevant information.

### **Confidentiality**

In matters of child abuse, an employee/volunteer should never promise to keep secret, any information which is divulged. It should be explained to the child/young person (or adult in the case of an adult disclosure of child abuse) that this information cannot be kept secret but only those who need to know, will be told in order to safeguard the child or others who may be at risk.

It is essential in reporting any case of alleged/suspected abuse that the principle of confidentiality applies. The information should only be shared on a 'need to know' basis which means sharing information with persons who have a need to know in order to safeguard a child/young person and it is not a breach of confidentiality. The number of people that need to be informed should be kept to a minimum.

### **The Protections for Persons Reporting Child Abuse Act, 1998**

This Act provides immunity from civil liability to persons who report child abuse 'reasonably and in good faith' to a designated officer, Tusla or An Garda Síochána (see Appendix 6 for further details).

## **10. Dealing with Disclosures**

In the event of a child/young person disclosing an incident of abuse it is essential that this is dealt with sensitively and professionally by the staff member/volunteer involved. The following are guidelines to support the employee/volunteer in this:

- React calmly;
- Listen carefully and attentively; take the young person seriously;
- Reassure the young person that they have taken the right action in talking to you;
- Do not promise to keep anything secret;
- Ask questions for clarification only. Do not ask leading questions;
- Check back with the child/young person that what you have heard is correct and understood, being careful that you don't ask the child/young person to repeat the story and also don't give the child the impression that you are double checking their story;
- Do not express any opinions about the alleged abuser;
- Record the conversation as soon as possible afterwards, in as much detail as possible. Sign and date the record;
- Ensure that the child/young person understands the procedures which will follow;



- Pass the information to the Designated Liaison Person, do not attempt to deal with the problem alone;
- Treat the information confidentially.

### **Retrospective Disclosures**

When a disclosure is made by an adult of abuse suffered during their childhood and it comes to the attention of either an employee or volunteer of Dyspraxia/DCD Ireland that must immediately be reported to the Designated Liaison Person. As 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 the adult's disclosure, the Designated Liaison Person should immediately report the disclosure to Tusla or An Garda Síochána. It is essential that all relevant information in relation to any of the above eventualities is carefully collated and passed on to Tusla or An Garda Síochána.

The need to refer an adult for counselling, treatment and/or other support services for victims of assaults should also be considered/recommended to the adult making the disclosure. The HSE National Counselling Service is in place to listen to, value and understand those who have been abused in childhood. The service is a professional, confidential counselling and psychotherapy service and is available free of charge in all regions of the country (see <https://www.hse.ie/eng/services/list/4/mental-health-services/national-counselling-service/>). The service can be accessed either through healthcare professionals or by way of self-referral.

### **11. Allegations Against Staff or Volunteers**

Where an allegation of abuse is made against an employee or volunteer of Dyspraxia/DCD Ireland, there are two procedures that Dyspraxia/DCD Ireland will put in place:

- (1) The reporting procedure in respect of the child;
  - a. The safety of the child is the first priority of Dyspraxia/DCD and all necessary measures will be taken to ensure that the child and other children/young persons are safe. The measures taken will be proportionate to the level of risk.
  - b. The allegation will be assessed by the Designated Liaison Person to establish if there are reasonable grounds for concern and whether a formal report will be made to the statutory authorities, at this point. The Designated Liaison Person may wish to contact Tusla for advice on the issue.
  - c. Parents/guardians should be advised of the allegations and kept informed throughout the process.
- (2) The procedure for dealing with the employee or volunteer.
  - a. The same person will not deal with both the young person and the alleged abuser.
  - b. Employment/contractual issues will be dealt with separately.
  - c. It will be the responsibility of the Complaints Officer (or other person designated by the Board of Directors if the complaints officer is unavailable or a conflict arises) of Dyspraxia/DCD Ireland to deal with a staff member or volunteer against whom an allegation has been made and will inform the employee of the allegation and they will be given the right to respond.

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If there is an allegation or suspicion in relation to the Complaints Officer or Designated Other, one of the Directors of Dyspraxia/DCD Ireland will deal with all aspects of the case, including the reporting procedure.

If there is an allegation or suspicion in relation to the Designated Liaison Person, one of the Directors of Dyspraxia/DCD Ireland will deal with all aspects of the case, including the reporting procedure.

The measures which can be taken to ensure the safety of children and young people can include the following:

- suspension of duties of the person accused,
- re-assignment of duties where the accused will not have contact with children/young people,
- working under increased supervision during the period of the investigation
- or other measures as deemed appropriate.

If a formal report is being made Dyspraxia/DCD Ireland will notify the employee/volunteer that an allegation has been made and what the nature of the allegation is. The employee/volunteer has a right to respond to this and this response should be documented and retained.

Dyspraxia/DCD Ireland will ensure that the principle of 'natural justice' will apply whereby a person is considered innocent until proven otherwise.

Dyspraxia/DCD Ireland will work in co-operation with An Garda Síochána and Tusla and any decisions on action to be taken in regard to the employee will be taken in consultation with these agencies.

The person against whom the allegation is made will need support during this period and Dyspraxia/DCD Ireland will provide advice on how to access the relevant support services.

### **12. Parental Involvement/Sharing of Information**

Dyspraxia/DCD Ireland will keep parents and guardians informed of all aspects of the programme that their child is involved in. Parents/guardians will be asked to sign a consent form for all Dyspraxia/DCD Ireland activities (see Appendix 8). It is our policy to share information relating to the programme of activities, trips away, transport to and from events etc with the parents/guardians. It is our practice to inform parents/guardians first in the event of a child disclosing an incident of abuse, unless this could put the child in danger.

### **13. Accidents**

- Emergency numbers of parents or guardians must be available to staff and volunteers at all times.
- In the event of an accident parents or guardians will be contacted immediately.
- All accidents or major incidents will be recorded by filling out the incident/accident form (see Appendix 9).
- A first aid box will be available at all times.



#### **14. Procedures for Travel involving Children/Young People**

As Dyspraxia/DCD Ireland is a voluntary organisation, with no transport it generally encourages parents to organise transport to and from events.

Where Dyspraxia/DCD Ireland arranges transport by taxi, private bus or with a volunteer Dyspraxia/DCD Ireland will request consent from the parent(s)/guardian(s) which will indicate an agreed pick-up and drop-off point. Dyspraxia/DCD Ireland will take all reasonable steps to ensure that "Garda vetted" drivers are used when transporting children and young people. Dyspraxia/DCD Ireland will also ensure that there be an extra volunteer present on all such journeys.

#### **15. Record Keeping**

The Designated Liaison Person is responsible for keeping the following records related to Child Protection in a locked filing cabinet. The Designated Person and the directors of Dyspraxia/DCD Ireland are the only people who have access to these records. All items listed below will be kept in accordance the Data Management Policy of Dyspraxia/DCD Ireland:

- Any complaints about the safety and welfare of children/young people while working with Dyspraxia/DCD Ireland.
- Any disclosures, concerns or allegations of child abuse.
- The follow up to any complaints, disclosure, concerns or allegations, including informal advice from Tusla, reports to Tusla and informing parents/guardians.
- Any bullying complaints related to Dyspraxia/DCD Ireland's work with children/young people and the follow up action.

#### **16. Feedback**

Dyspraxia/DCD Ireland seeks to make ongoing improvements to the way it operates this policy. Constructive feedback on the policy is always welcomed and will be recorded. It should be given to the CEO who will ensure that it is given due consideration.



## **SCHEDULE 1**

### **Activities involving Overnight Stays away from Home**

Where the activities involve staying away from home overnight a number of additional concerns need to be taken into account. In all cases of residential work with young people Dyspraxia/DCD Ireland follows the guidelines set out below.

#### **General guidelines**

- Adequate and safe transport arrangements will be made;
- There will be adequate insurance cover for the activities being undertaken;
- Parent/guardian consent will be obtained for each participant, prior to the trip, including information on each participant about the following:
  - Contact details of parent/guardian and another person named by the parent/guardian in the event of the parent/guardian not being available in an emergency
  - All relevant medical information for the participant and consent for medical intervention, if necessary
  - Any special needs which the participant may have, including diet, medical needs, support needs, etc;
  - All relevant information including contact details, allergies, medicines, dietary needs etc. for the child or young person will be kept with a leader/staff member on the trip;
- Parents/guardians will be fully informed of the programme or timetable for the event;
- Parents will be given full contact details of the centre/hotel/accommodation and also of the staff member in charge of the event;
- Dyspraxia/DCD Ireland will ensure that the physical surroundings are safe, comfortable, accessible and appropriate for the work being undertaken;
- There will be an appropriate ratio of adults to young people at the event – this may vary depending on the age and ability of the group involved;
- There will be appropriate gender based supervision for the event;
- Accommodation will be provided in single sex rooms, and dormitories will not be shared with non-group members;
- All staff/volunteers and leaders of Dyspraxia/DCD Ireland, who work on a residential event with young people, will have received Garda vetting;
- Dyspraxia/DCD Ireland has a system in place for recording any accidents or incidents while in the care of Dyspraxia/DCD Ireland;
- One staff member or volunteer will be designated as the 'key contact person' for the event and parents/guardians and participants will be given contact details of this person. All complaints, concerns, etc should be directed to this person (with the exception of complaints in relation to the safety and welfare of the children/young people).
- Parents/guardians will also be given the contact details of Dyspraxia/DCD Ireland's Designated Liaison Person. Complaints in relation to the safety and welfare of the children/young people should be made to the Designated Liaison Person in Dyspraxia/DCD Ireland.

## APPENDIX ONE - Permission to use Photographs/Videos



### Code of behaviour for events

- All staff/volunteers and leaders will show respect and understanding for the children/young people involved;
- Inappropriate behaviour/language will not go unchallenged;
- A list of 'ground rules' will be drawn up for each event, with the participation of the children/young people and these will be distributed to all participants and will be signed up to, prior to the event. The ground rules will be displayed in the meeting rooms during the event;
- The privacy of the participants will be respected at all times and particularly in dormitories, changing rooms, showers and toilets;
- Participants should be encouraged to report to a staff member or volunteer any cases of bullying and the staff member or volunteer in charge must be made aware of this;
- Staff/volunteers or leaders should avoid showing favouritism towards any one participant.

### Staff/Volunteer Training

- Staff and Volunteers working on the event will have received full briefing in the following areas:
- The work and the policies of Dyspraxia/DCD Ireland;
- Particular skills training appropriate to the nature of the work and the specific event taking place;
- Child protection training with reference to the policy of Dyspraxia/DCD Ireland.

## PERMISSION TO USE PHOTOGRAPHS/VIDEOS

**Name of Person in the Photograph/Video:**

\_\_\_\_\_

1. I hereby give my consent for the photograph(s)/video(s) of the above entitled person, taken on the \_\_\_\_\_, to be reproduced in the Dyspraxia/DCD Ireland newsletter for online and physical publication.
2. I hereby give my consent for future photographs/videos of the above entitled person to be reproduced in the Dyspraxia/DCD Ireland newsletter for online and physical publication.

(I understand that I will first be contacted before any publication of future photographs)

**APPENDIX ONE - Permission to use Photographs/Videos**



3. I hereby give my consent for the photograph/video of the above entitled person, taken on the \_\_\_\_\_, to be reproduced in other publications produced by Dyspraxia/DCD Ireland and on the Dyspraxia/DCD Ireland website

4. I hereby give my consent for future photographs/videos of the above entitled person to be reproduced in other publications produced by Dyspraxia/DCD Ireland and on the Dyspraxia/DCD Ireland website

(I understand that I will first be contacted before any publication of future photographs)

**Person Giving Permission:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to person in photograph/video: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If at any time you wish to withdraw your permission for future publications please contact the Dyspraxia/DCD Ireland office on 01 8747085*



**Acceptance of Dyspraxia/DCD Ireland Child Protection Policy (and Code of Conduct)**

**DECLARATION FORM**

I, the undersigned, understand the objectives of Dyspraxia/DCD Ireland and the duties and obligations of my association with them.

I have read the Dyspraxia/DCD Ireland Child Protection Policy and code of conduct and agree to abide by its contents.

I confirm that I have never been charged, prosecuted or investigated, with any matter relating to a child protection concern. I agree that Dyspraxia/DCD Ireland may, if they so wish, have this information verified by the appropriate authority.

I declare that the information given by me in this Declaration Form is correct and there is no reason why I would be considered unsuitable to work with children or young people.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**APPENDIX TWO - Acceptance of Dyspraxia/DCD Ireland Child Protection Policy (And Code of Conduct)**





## VOLUNTEER APPLICATION FORM

*If you have any difficulty completing this form please contact the administration office at 01 8747085.*

### Confidentiality

The information supplied in this application form is completely confidential to Dyspraxia/DCD Ireland's Board of Directors and administrative staff and will not be shared with anybody else.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Availability

Please indicate your general availability:

	10a.m. – 1.p.m.	1 p.m. – 4 p.m.	4 p.m. – 7 p.m.	7p.m.- 9.30 p.m.
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

*(These days are general guidelines and may be varied in line with personal circumstances)*

**1. What are your reasons for wishing to become involved with Dyspraxia/DCD Ireland as a volunteer?**

APPENDIX THREE - Volunteer Application & Referral Form



**2. Please indicate what skills, qualifications, experience or interests you have that would help with your role as a volunteer.**

**3. Please give a brief summary of previous (if any) voluntary or community work you have done**

**4. Please list any additional information you wish us to know**

How did you hear of Dyspraxia/DCD Ireland?

Are you willing to complete a Garda Clearance Form?    Yes \_\_\_\_\_    No \_\_\_\_\_

Would you be available to come to Carmichael House for a meeting with the CEO?

Yes \_\_\_\_\_    No \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please provide us with a copy of your CV if possible*

**REFERENCES**

Please supply names, address and telephone numbers of two people, who are not related to you, from whom the Dyspraxia/DCD Ireland could obtain references. This is a standard requirement and nobody will be contacted until you have been accepted as a volunteer with Dyspraxia/DCD.



**APPENDIX THREE - Volunteer Application & Referral Form**



1. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Capacity in which you know this person:  
\_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Capacity in which you know this person:  
\_\_\_\_\_

*The Referees will be sent a copy of the following letter.*



**APPENDIX THREE - Volunteer Application & Referral Form**



[Insert Date]

Dear (Referee's name)

**(Volunteer's name and address)** has applied to us to become a volunteer with our organisation and has given your name as a referee. I should be grateful if you would assist us by completing the enclosed Reference Form. Your replies will be treated in strict confidence.

I would be grateful for any information you may be able to give us about **(volunteer's name)** to indicate his or her suitability or unsuitability to act as a volunteer.

I look forward to hearing from you and I enclose a stamped, addressed envelope for your convenience.

I appreciate your help in this matter.

Yours sincerely,

---

Harry Conway  
CEO



Official Use Only

Date Received: \_\_\_\_\_

Signed: \_\_\_\_\_

**Reference Check Form for Dyspraxia/DCD Ireland**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Confidential Report by Personal Referee**

1. How long have you known the applicant? \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

3. How would you describe the applicant's ability to get along with others?  
\_\_\_\_\_

4. Please evaluate the applicant in the following areas using the scale where:

1 = Poor and 5 = Excellent:

Reliability	1	2	3	4	5	Communication Skills	1	2	3	4	5
Flexibility	1	2	3	4	5	Responsibility	1	2	3	4	5
Time Management	1	2	3	4	5	Honesty	1	2	3	4	5

5. Are you aware of any circumstances which would make this applicant unsuitable to work with children?  
\_\_\_\_\_

6. Is there anything else you would like to tell us about the applicant that might help us make a suitable match?  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



## ANTI BULLYING POLICY WHEN WORKING WITH CHILDREN/YOUNG PEOPLE

Dyspraxia/DCD Ireland **will not tolerate** any bullying behaviour by children/young people or adults and will deal with any incidents immediately in accordance with this policy. This policy covers:

- Children/young people bullying other children/young people;
- Adults bullying children/young people;
- Children/young people bullying adults.

### What is bullying?

Bullying behaviour can be defined as repeated aggression be it verbal, psychological or physical which is conducted by an individual or group against others. A child is being bullied when he/she is exposed repeatedly and over time to physical or verbal abuse by one or more children, young person or adult. Attacks/assaults may not necessarily be direct but take a less visible/more indirect form such a social isolation and exclusion from the group. More effective weapons of the bully are threat and fear. Bullying knows no boundaries of age, sex or socio-economic background.

Examples of bullying include:

- Teasing
- Taunting
- Threatening
- Hitting
- Extortion
- Exclusion

### Dyspraxia/DCD Ireland's policy on bullying is as follows:

- (1) All children/young people and adults who participate in activities run by the Dyspraxia/DCD Ireland will be treated with dignity and respect by adults and by other children/young people and will not be subject to bullying.
- (2) All children/young people and adults who participate in activities run by the Dyspraxia/DCD Ireland have a responsibility to treat other children/young people and adults with dignity and respect and refrain from bullying behaviour.
- (3) It will be made clear to all children/young people and adults participating in Dyspraxia/DCD Ireland events/activities that bullying is not acceptable and that other children/young people and adults should be treated with dignity and respect.
- (4) There will be adequate supervision by Dyspraxia/DCD Ireland or other staff/volunteers at all events/activities involving children/young people. This will help to prevent bullying.
- (5) Dyspraxia/DCD Ireland or other staff/volunteers will monitor all events/activities run by Dyspraxia/DCD Ireland involving children/young people to ensure that no bullying is taking place.

## APPENDIX FOUR - Anti Bullying Policy when working with Children/Young People



- (6) If Dyspraxia/DCD Ireland or other staff/volunteer witnesses bullying or suspects that bullying is taking place he/she will follow the procedure outlined below.
- (7) If a child/young person witnesses bullying or suspects that bullying is taking place he/she should report it to a Dyspraxia/DCD Ireland member of staff/volunteer who will follow the procedure outlined below.
- (8) If a child/young person is the victim of bullying he/she should report it to a Dyspraxia/DCD Ireland member of staff/volunteer who will follow the procedure outlined below

### Procedure for dealing with bullying

- (1) All reports of bullying will be recorded, investigated and dealt with by an appropriate Dyspraxia/DCD Ireland staff member or other staff/volunteer.
- (2) The Dyspraxia/DCD Ireland member of staff/volunteer who has received the complaint or witnessed the bullying will consult with the Dyspraxia/DCD Ireland Designated Person, if present or the most senior Dyspraxia/DCD Ireland staff member present to decide who is the most appropriate person to follow up on the complaint.
- (3) The member of staff/volunteer dealing with the complaint will keep a record of the alleged bullying incident/s and the investigation and action taken.
- (4) The member of staff/volunteer dealing with the complaint will speak separately to all involved in order to get all sides of the story. This person should also speak to others who may have witnessed the incident/s, if appropriate. They will interview all involved in a calm manner and will seek answers to what, where, when, who and why.
- (5) If the victim of the alleged bullying is a child their parent/guardian will be informed of the complaint and the outcome of the investigation.
- (6) If the perpetrator of the alleged bullying is a child their parent/guardian will be informed of the complaint and the outcome of the investigation.
- (7) If the perpetrator of the alleged bullying is an adult, the Chairperson of Dyspraxia/DCD Ireland or the parent organisation of the staff member/volunteer (if appropriate) will be informed of the complaint and the outcome of the investigation.
- (8) If the member of staff/volunteer dealing with the complaint concludes that bullying has not taken place, the following action will be taken:
  - (a) The complainant, alleged victim and alleged perpetrator/s will be informed of the outcome of the investigation and the reasons why it was concluded that bullying did not take place;
  - (b) Support will be given to the complainant, alleged victim and alleged perpetrator/s if necessary;
  - (c) A meeting will be arranged between the alleged victim and alleged perpetrator to discuss the issues involved if both are agreeable and it is deemed appropriate.

## APPENDIX FOUR - Anti Bullying Policy when working with Children/Young People



- (9) If the member of staff/volunteer dealing with the complaint concludes that bullying has taken place, the following action will be taken:
- (a) The complainant, alleged victim and alleged perpetrator/s will be informed of the outcome of the investigation and the reasons why it was concluded that bullying took place;
  - (b) Support will be given to the victim;
  - (c) A meeting will be arranged between the alleged victim and alleged perpetrator to discuss the issues involved if both are agreeable and it is deemed appropriate;
  - (d) A meeting will be held with the perpetrator to discuss the bullying behaviour. They will be informed of the disciplinary action, which will be taken as a result of this bullying behaviour.

### **Disciplinary Action**

When the inquiry into the alleged bullying incident has taken place and it has been concluded that bullying occurred, it will be necessary to take some disciplinary action against the perpetrator of the bullying. The disciplinary action should be agreed between the CEO and at least one directors of the Board of Dyspraxia/DCD Ireland (or between at least two directors of the Board of Dyspraxia/DCD Ireland should the disciplinary action need to be taken against the CEO) and should be appropriate to the seriousness of the incident/s. If the perpetrator of the bullying is a child/young person, the parent/guardian of the child/young person and the child/young person will be informed of the disciplinary action which will be taken. If the perpetrator of the bullying is an adult the following people will be informed of the disciplinary action, which will be taken:

- the Chairperson of Dyspraxia/DCD Ireland
- the director of the organisation which the adult works for (if relevant); and
- the perpetrator.

The options for disciplinary action include:

- For serious incidents involving children/young people, sending the child/young person home and not allowing them to participate in any further Dyspraxia/DCD Ireland events/activities;
- For less serious incidents involving children/young people, allowing the child/young person to continue to participate in the event/activity once they have apologised to the victim and stated that they would not engage in any further bullying behaviour. Their behaviour would then be closely monitored;
- Providing support to the child/young person to get them to understand that their behaviour is not acceptable and monitoring their behaviour;
- For serious incidents involving a member of staff/volunteer of Dyspraxia/DCD Ireland, transferring the person out of Dyspraxia/DCD Ireland or transferring them to an area within Dyspraxia/DCD Ireland where they will not have any dealings with children/young people.
- For offences involving staff/volunteers from other organisations, informing their parent organisation of the offence and not working with that staff member or volunteer again.



## **COMPLAINTS PROCEDURE IN RELATION TO WORKING WITH CHILDREN/YOUNG PEOPLE**

Dyspraxia/DCD Ireland is committed to ensuring the safety and welfare of all children/young people with whom we work. We also try to ensure that children/young people have a positive and enjoyable experience when working with Dyspraxia/DCD Ireland.

Dyspraxia/DCD has a complaints policy in place which can be found on our website - [www.dyspraxia.ie/Complaints-Procedure](http://www.dyspraxia.ie/Complaints-Procedure). This complaints policy aims to cover any situation which may arise in respect of individuals using our service and is intended to ensure that a formal process for registering complaints is put in place and that all complaints are taken seriously and addressed in an appropriate and professional manner.

The below information aims to cover a situation which may arise when children/young people or their parents/guardians are not happy with the way the children/young people were treated while they were in Dyspraxia/DCD Ireland, working with Dyspraxia/DCD Ireland or at an event/activity run by Dyspraxia/DCD Ireland or another organization on behalf of Dyspraxia/DCD Ireland. It should be read in conjunction with the Complaints Policy referred to above.

### **Who can make a complaint?**

Complaints can be made by:

- Children/young people involved with Dyspraxia/DCD Ireland;
- Their parents/guardians;
- Youth workers/Volunteers working with the children/young people;
- Other advocates on behalf of children/young people.

### **How can complaints be made:**

Complaints may be made in any form. However, once a complaint moves to Stage 2 (see below), it must be recorded in writing.

### **Information you need to provide:**

By providing the following information you can help to speed up the investigation of your complaint:

- The name and address of the child/young person affected and the project which they were working on;
- If the complaint is being made by a parent/guardian or other adult, the name and address of the parent/guardian or other adult;
- Exactly what you are dissatisfied with;
- The name of the person(s) who dealt with you.

If your complaint is complicated, you may find it best to put it in writing so that no important detail is overlooked. Remember to give copies of all relevant documentation/correspondence that you may have.

## APPENDIX FIVE - Complaints Procedure



If you have special needs that may affect your ability to make a complaint, please let us know at the earliest opportunity. We will make every effort to assist you.

### The Complaint Process

There are four stages to the complaints procedure:

- Stage 1 Local resolution at the point of contact
- Stage 2 Managing a written complaint
- Stage 3 Tusla review (if applicable)
- Stage 4 Independent review

#### Stage 1 - Local resolution at the point of contact

If a complainant has a problem with an aspect of the service provided by Dyspraxia/DCD Ireland they should inform a staff member. The staff member will make every effort to resolve the problem locally at first point of contact. The staff member may seek assistance from management at this stage in resolving the problem.

In the event that the problem cannot be resolved locally it must be recorded as a formal complaint to be progressed further.

#### Stage 2 - Managing a Written Complaint

The complainant will be asked to complete the Complaint Form. A copy of the Complaints Form is available on our website [www.dyspraxia.ie/Complaints-Procedure](http://www.dyspraxia.ie/Complaints-Procedure) or can be requested from a member of staff. If the complainant needs help completing this form, they should contact a member of staff. The staff member will forward the complaint to the Complaints Officer, or if the complaint is in relation to the safety and welfare of children/young people the Designated Person in Dyspraxia/DCD Ireland.

#### Stage 2a - Informal resolution of a complaint

- The Complaints Officer will consider whether it is practicable having regard to the nature and circumstances of the complaint, to seek the consent of the complainant and any other person to whom the complaint relates to finding an informal resolution of the complaint by the parties concerned.
- If the complaint relates to a specific person, that person will be informed and given a fair opportunity to respond.
- The Complaints Officer may suggest mediation be used in an attempt to resolve the complaint at this stage however both parties agree must agree to mediation.
- Where the Complaints Officer deems the complaint to be of a trivial nature the Complaints Officer has the right not to investigate the complaint.
- The Complaints Officer will inform the complainant in writing within 5 working days of the making of the decision/determination that the complaint will not be investigated and the reasons for it.
- If at any stage the complainant is dissatisfied with the manner in which the complaint has been dealt the complainant may, at any time, request a review of the complaint by Tusla or Ombudsman or Ombudsman for Children, as outlined below.

## APPENDIX FIVE - Complaints Procedure



Where an informal resolution was not successful or deemed inappropriate the Complaints Officer will proceed to Stage 2b and initiate a formal investigation of the complaint.

### Stage 2b - Formal resolution of a complaint

- The complaint should be reviewed by the Complaints Officer, to confirm that they are in possession of a written record of the complaint, which is signed and dated by the complainant and clearly sets out the nature of the complaint, why the initial response was unsatisfactory and what the complainant's desired outcome is.
- The Complaints Officer will write to the complainant acknowledging receipt of the complaint in line with the procedure outlined above.
- The Complaints Officer will investigate the complaint and may draw on appropriate expertise, skills etc. as required.
- The complainant and other persons to whom the complaint relates will be given the opportunity to discuss the complaint with the Complaints Officer individually in private.
- The Complaints Officer will complete an investigation of the complaint within 30 working days of acknowledging the complaint. If this is not possible, within 30 working days of acknowledging the complaint, the complainant will be informed of the delay and given an indication of the time it will take to complete the investigation. The complainant and other persons to whom the complaint relates must be updated by the Complaints Officer every 20 working days.
- Where the investigation passes the 30 working days timeframe, the complainant must be informed of the delay and the Complaints Officer must endeavour to complete the investigation within 6 months.
- Where deadlines are not met, the complainant must be informed that they can choose to move to stage 3 (if relevant) / stage 4 of the complaints management process.
- The Complaints Officer will inform the complainant and other persons to whom the complaint relates of the outcome of the investigation in writing. The letter must state whether the complaint has been upheld, and whether any further action will be taken.

If the complainant is not satisfied with the outcome of the investigation, they will be informed of the Stage 3 and 4 reviews.

### Stage 3 – Tusla Review

Where a complainant is not satisfied with the outcome of an investigation in Dyspraxia/DCD Ireland, the complainant may request a review of the complaint by Tusla.

Please refer to the Tusla website using the link below:

<https://www.tusla.ie/about/feedback-and-complaints/making-a-complaint-sample-holding/>

### Feedback

Dyspraxia/DCD Ireland seeks to make ongoing improvements to the way it operates this policy. Constructive feedback on the policy is always welcomed and will be recorded. It should be given to the CEO who will ensure that it is given due consideration.



## RECOGNISING CHILD ABUSE

### Summary of Definitions and Possible Physical and Behavioural Indicators of Child Abuse. See also Children First Guidance 2017.

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time.

#### **Neglect**

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

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

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 ongoing 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.

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.

#### **Emotional Abuse**

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

## APPENDIX SIX - Recognition of Child Abuse (Children First Guidelines)



- (1) The imposition of negative attributes on a child, expressed by persistent criticism, sarcasm, hostility or blaming;
- (2) Conditional parenting in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- (3) Emotional unavailability of the child's parent/carer;
- (4) Unresponsiveness of the parent/carer and/or inconsistent or inappropriate expectations of the child;
- (5) Premature imposition of responsibility on the child;
- (6) Unrealistic or inappropriate expectations of the child's capacity to understand something or to behave and control himself or herself in a certain way;
- (7) Under- or over-protection of the child;
- (8) Failure to show interest in, or provide age-appropriate opportunities for, the child's cognitive and emotional development;
- (9) Use of unreasonable or over-harsh disciplinary measures;
- (10) Exposure to domestic violence;
- (11) Exposure to inappropriate or abusive material through new technology.

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

The *threshold of significant harm* is reached when abusive interactions become *typical* of the relationship between the child and parent/carer.

Possible indicators of this type of abuse are:

- 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.

### **Physical Abuse**

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

- (1) Severe physical punishment;
- (2) Beating, slapping, hitting or kicking;
- (3) Pushing, shaking or throwing;
- (4) Pinching, biting, choking or hair-pulling;
- (5) Terrorising with threats;

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- (6) Observing violence;
- (7) Use of excessive force in handling;
- (8) Deliberate poisoning;
- (9) Suffocation;
- (10) Fabricated/induced illness;
- (11) Allowing or creating a substantial risk of significant harm to a child.

Possible indicators of this type of abuse are:

- Bruises;
- Fractures;
- Swollen joints;
- Burns/scalds;
- 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.

### **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.

The definition of child sexual abuse presented here is **not** a legal definition, and is not intended to be a description of the criminal offence of sexual assault. Examples include:

- (1) Exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- (2) Intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- (3) Masturbation in the presence of a child or involvement of the child in the act of masturbation;
- (4) Sexual intercourse with the child, whether oral, vaginal, or anal;
- (5) Sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modeling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse;
- (6) Consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of

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consent to sexual intercourse is 17 years for both boys and girls. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

Possible indicators of this type of abuse are:

- 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.

The above lists of signs and symptoms are by no means exhaustive, nor are they mutually exclusive. It is important to remember that most children you know will demonstrate one or more of these symptoms at some stage – don't jump to conclusions, but if concerned in any way do ask for help and advice from your Designated Person.



### **Indicators of Abuse are Not Facts**

It is important to stress that no one indicator should be seen as conclusive in itself of abuse; it may indeed indicate conditions other than child abuse. A cluster or pattern of signs is likely to be more indicative of abuse. All signs and symptoms must be examined in the context of the child's situation and family circumstances as child abuse is not restricted to any socio-economic group, gender or culture. It is important to always be open to alternative explanations for possible physical or behavioural signs of abuse.

### **Guidelines for Recognising Child Abuse**

The ability to recognise child abuse depends as much on a person's willingness to accept the possibility of its existence as it does on knowledge and information. It is important to note that child abuse is not always readily visible, and may not be as clearly observable as the 'text book' scenarios. There are commonly three stages in the identification of child neglect or abuse:

- (i) considering the possibility;
- (ii) looking out for signs of neglect or abuse;
- (iii) recording of information.

#### Stage 1: Considering the possibility

The possibility of child abuse should be considered if a child appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioural problems. The possibility of child abuse should also be considered if the child displays unusual or fearful responses to parents/carers or older children. A pattern of ongoing neglect should also be considered even when there are short periods of improvement.

#### Stage 2: Looking out for signs of neglect or abuse

Signs of neglect or abuse can be physical, behavioural or developmental. They can exist in the relationships between children and parents/carers or between children and other family members/other persons. A cluster or pattern of signs is more likely to be indicative of neglect or abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should always be taken very seriously and should be acted upon, for example, by informing Tusla Children and Family Services. The child should not be interviewed in detail about the alleged abuse without first consulting with Tusla Children and Family Services. This may be more appropriately carried out by a social worker or An Garda Síochána. Less obvious signs could be gently explored with the child, without direct questioning. Play situations, such as drawing or story-telling, may reveal information.

Some signs are more indicative of abuse than others. These include:

- (1) Disclosure of abuse by a child or young person;
- (2) Age-inappropriate or abnormal sexual play or knowledge;
- (3) Specific injuries or patterns of injuries;
- (4) Absconding from home or a care situation;
- (5) Attempted suicide;
- (6) Underage pregnancy or sexually transmitted disease;

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- (7) Signs in one or more categories at the same time. For example, signs of developmental delay, physical injury and behavioural signs may together indicate a pattern of abuse.

Many signs of abuse are non-specific and must be considered in the child's social and family context. It is important to be open to alternative explanations for physical or behavioural signs of abuse.

### Stage 3: Recording of information

If neglect or abuse is suspected and acted upon, for example, by informing Tusla Children and Family Services, it is important to establish the grounds for concern by obtaining as much information as possible. Observations should be accurately recorded and should include dates, times, names, locations, context and any other information that may be relevant. Care should be taken as to how such information is stored and to whom it is made available.

### **Children with Additional Vulnerabilities**

Certain children are more vulnerable to abuse than others. Such children include those with disabilities, children who are homeless and those who, for one reason or another, are separated from their parents or other family members and who depend on others for their care and protection. The same categories of abuse – neglect, emotional abuse, physical abuse and sexual abuse – are applicable, but may take a slightly different form. For example, abuse may take the form of deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medications or physical restraints.

### **Fatal Child Abuse**

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

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

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

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

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

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



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

**Points to Remember**

- (1) The severity of a sign does not necessarily equate with the severity of the abuse. Severe and potentially fatal injuries are not always visible. Neglect and emotional and/or psychological abuse tend to be cumulative and effects may only be observable in the longer term. Explanations that are inconsistent with the signs should constitute a cause for concern.
- (2) Neglect is as potentially fatal as physical abuse. It can cause delayed physical, psychological and emotional development, chronic ill-health and significant long-term damage. It may place children at serious risk of harm. It may also precede, or co-exist with, other forms of abuse and must be acted upon.
- (3) Experiencing recurring low-level abuse may cause serious and long-term harm. Cumulative harm refers to the effects of multiple adverse circumstances and events in a child's life. The unremitting daily impact of these circumstances on the child can be profound and exponential, and diminish a child's sense of safety and well-being.
- (4) Child abuse is not restricted to any socio-economic group, gender or culture. All signs must be considered in the wider social and family context. Serious deficits in child safety and welfare transcend cultural, social and ethnic norms, and must elicit a response.
- (5) Challenging behaviour by a child or young person should not render them liable to abuse. Children in certain circumstances may present management problems. This should not leave them vulnerable to harsh disciplinary measures or neglect of care.
- (6) Exposure to domestic violence is detrimental to children's physical, emotional and psychological well-being. The adverse effects of domestic violence have been well established.
- (7) While the impact of neglect is most profound on young children, it also adversely affects adolescents. Neglect renders young people liable to risk-taking behaviors, such as running away, early school leaving, anti-social behavior, mental health and addiction problems, including the risk of suicide.
- (8) It is sometimes difficult to distinguish between indicators of child abuse and other adversities suffered by children and families. Deprivation, stress, addiction or mental health problems should not be used as a justification for omissions of care or commissions of harm by parents/carers. The child's welfare must be the primary consideration.
- (9) Neglectful families may be difficult to engage. Research shows that families may be reluctant to seek help in response to experiencing the factors associated with neglect.
- (10) Families where neglect and abuse are prevalent may go to considerable lengths to deceive professionals. It is important for professionals to approach cases with a wary trustfulness, seek evidence to substantiate claims of improvement and speak with the children concerned individually.



- (11) Social workers need good observation and analytical skills in order to be able to understand the nature of the relationship between a parent and child, to understand signs of non-compliance, to work alongside a family and to come to safe and evidence-based judgements about the best course of action.
- (12) Working in the area of child abuse and neglect is dealing with uncertainty. Social workers and other professionals should adopt a 'respectful uncertainty' on parental reporting of improvement until supported by clear evidence.

### **Reasonable Grounds for Concern**

Everyone must be alert to the possibility that children with whom they are in contact may be suffering from abuse or neglect. This responsibility is particularly relevant for professionals such as teachers, child care workers, health professionals and those working with adults with serious parenting difficulties. It is also an important responsibility for staff and people involved in sports clubs, community activities, youth clubs, religious/faith sector and other organisations catering for children.

Tusla Child and Family Services should always be informed when a person has reasonable grounds for concern that a child may have been abused, or is being abused, or is at risk of abuse. Child protection concerns should be supported by evidence that indicates the possibility of abuse or neglect. 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 Children and Family Services. The guiding principles in regard to reporting child abuse or neglect may be summarised as follows:

- (i) the safety and well-being of the child must take priority;
- (ii) reports should be made without delay to Tusla Children and Family Services.

The following examples would constitute reasonable grounds for concern:

- (1) Specific indication from the child that s/he was abused;
- (2) An account by the person who saw the child being abused;
- (3) Evidence such as injury or behaviour which is consistent with abuse and unlikely to be caused in any other way;
- (4) An injury or behaviour, which is consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indications of abuse, dysfunctional behaviour;
- (5) Consistent indication, over a period of time, that a child is suffering from emotional or physical neglect.

### **Protection For Persons Reporting Child Abuse**

The Protection for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to persons who report child abuse "reasonably and in good faith" to designated officer of Tusla or An Garda Síochána. This means that even if a reported suspicion of child abuse proves unfounded a plaintiff who took an action would have to prove that the reporter had not acted reasonably and in good faith in making the report.

This protection applies to organisations and to individuals. It is considered therefore that organisations should assume full responsibility for reporting suspected child abuse to the

## APPENDIX SIX - Recognition of Child Abuse (Children First Guidelines)



appropriate authorities. Reports to the Tusla and to the Gardaí should be made by the Designated Person, as per the organisation's policy and guidelines.

**APPENDIX SEVEN - Reporting Child Protection and/or Welfare Concerns to the Health Service Executive**



**APPENDIX SEVEN**

Reporting child protection and/or welfare concerns to the Children and Family Agency Tusla:  
<https://www.tusla.ie/children-first/report-a-concern/>

**APPENDIX EIGHT - Parental/Guardian Consent Form**



**PARENTAL/GUARDIAN CONSENT FORM**

This parental consent covers the [NAME OF THE EVENT] of Dyspraxia/DCD Ireland. Any exceptional travel or residential trips will require an additional form to be completed by the parent/guardian.

Name of Child / Young Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: Day \_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_

Gender (circle as appropriate): Male Female

Contact Phone Number(s): \_\_\_\_\_

**Other Relevant Information**

(Please mention any medical conditions, special needs or dietary requirements)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact details for parents/guardians**

1. Name \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email: \_\_\_\_\_

**APPENDIX EIGHT - Parental/Guardian Consent Form**



2. Name \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email: \_\_\_\_\_

In case of a medical emergency:

In the event of illness or accident, I give permission for medical treatment to be administered where considered necessary by a suitably qualified medical practitioner and/or hospital. I understand that every effort will be made to contact me as soon as possible. In an emergency I can be contacted at the following telephone numbers:

I agree to allow the child named above to attend Dyspraxia/DCD Ireland [NAME OF EVENT] during the period \_\_\_\_\_ to \_\_\_\_\_.

I understand that there will be suitable supervision while the young people are in the care of Dyspraxia/DCD Ireland. I understand that the proceedings may be occasionally photographed/videoed and used for promotional purposes however my permission will first be sought before Dyspraxia/DCD Ireland use any photo/video of my child for promotional purposes.

Signed: \_\_\_\_\_

(Parent/Guardian)

Name (block letters) \_\_\_\_\_

(Parent/Guardian)

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Phone No. \_\_\_\_\_

Relationship to Child/Young Person: \_\_\_\_\_



## INCIDENT/ACCIDENT REPORT FORM

Name of event/meeting where the incident/accident occurred:

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Date: \_\_\_\_\_

Location:

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Briefly describe what happened:

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Who was involved:

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Any injury sustained?

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Who dealt with the situation?

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How was it resolved/dealt with?

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Any follow up required?

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***Please attach any additional information if required.***

Signature: \_\_\_\_\_

Name (block letters): \_\_\_\_\_