



Making hospital a happier place for children through play and advocacy

# Child Welfare and Safeguarding Policy

Version 2021

(next review date by January 2023)

## **Children in Hospital Ireland**

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**January 2021**

# **Children in Hospital Ireland**

## ***Child Welfare and Safeguarding Policy***

**January 2021**

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**Children in Hospital Ireland**  
**Child Welfare and Safeguarding Policy**  
**October 2018**

**Foreword**

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The Child Welfare and Safeguarding Policy of Children in Hospital Ireland has been developed following the coming into force in full of the Children First Act 2015. The final parts of that legislation were commenced in December 2017.

Children in Hospital Ireland has reviewed its existing policy and procedures and examined the requirements of current legislation, regulations and guidelines so as to ensure that the provisions of this revised Child Welfare and Safeguarding Policy are in line with best practice requirements.

Where relevant, this policy takes note of the provisions of other Children in Hospital Ireland policies, including its Recruitment Policy, Vetting Policy, Volunteer Policy and Data Protection Policy.

The Child Welfare and Safeguarding Policy of Children in Hospital Ireland is applicable to both staff and volunteers working with the organisation. All Children in Hospital Ireland staff and volunteers are trained in the provisions of this policy and the procedures which are associated with it.

At a minimum, this policy will be reviewed every two years. However, earlier reviews will be undertaken if changes in legislation, regulations or best practice in respect of safeguarding make this necessary.

Margaret Burns

Chairperson

Anna Gunning

CEO

**Children in Hospital Ireland**  
**4–5 Burton Hall Road**  
**Sandyford**  
**Dublin 18**

## 1. Children in Hospital Ireland: Mission Statement, Aims and Activities

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Children in Hospital Ireland is a voluntary organisation set up in 1970; it is a registered charity and a company limited by guarantee.

The mission of Children in Hospital Ireland is to promote the wellbeing of children within the healthcare system in Ireland, in particular, before, during and after hospitalisation.

The work of Children in Hospital Ireland is informed by the principles and provisions of the UN Convention of the Rights of the Child and by the EACH Charter (the charter on children's healthcare developed by the European Association for Children in Hospital).

Children in Hospital Ireland is committed to the development of a system of healthcare for children which is sufficiently resourced to provide prompt access to appropriate services, in which children are cared for by staff trained and equipped to understand and respond to their physical, social and emotional needs, and in which children's experiences and views are taken into account.

To this end, Children in Hospital Ireland engages in a number of activities, including:

- Providing information and support for parents, before, during and after the hospitalisation of a child. It does this by publishing leaflets, providing information on its website and answering queries. Children in Hospital Ireland also provides a *JustAsk* welcoming and information service in CHI at Crumlin;
- Providing a play and recreation service for children and young people in hospital. This service is delivered by over 400 trained volunteers supported by Children in Hospital Ireland staff members and is available in 14 sites across Ireland;
- Advocating for the provision of adequate, accessible and appropriate healthcare services for children and young people, including by engaging in regular discussion with Children's Health Ireland and with management representatives in hospitals providing paediatric services;
- Promoting awareness and understanding of the particular needs of children in hospital by means of presentations to professional bodies, students, like-minded organisations and interest groups, and through the Children in Hospital Ireland Annual Lecture.

Because of the nature of Children in Hospital Ireland's work with children and young people in hospital, the organisation is considered to be a 'relevant service' as defined by the Children First Act 2015.

## 2. Introduction to and Scope of the Policy

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Children in Hospital Ireland has a long history of working to promote the interests of children in hospital and their families. In particular, Children in Hospital Ireland is committed to providing children and young people with opportunities for play, recreation, and relaxation even though they are in a setting which can often be difficult and strange for them.

One of its key activities, therefore, is to recruit and train volunteers to provide a play service for children and young people in hospital. All Children in Hospital Ireland volunteers and the paid staff who support them are Garda vetted. Volunteers work in play rooms, wards, emergency departments and outpatient departments; they work alongside and support the work of hospital play specialists, where those positions are in place.

The use of the term 'safeguarding' throughout this document is intended to convey the commitment of Children in Hospital Ireland to protecting children from harm as well as to promoting their welfare and development while they are availing of any service provided by the organisation.

Children in Hospital Ireland believes that all children should be safe and protected from harm and it has put in place measures to ensure that all children with whom it works will be treated with respect and that their welfare will be of paramount importance. The Children in Hospital Ireland [Child Safeguarding Statement](#) is available publicly; it outlines the organisation's commitment to children and their families, identifies potential areas of risk and highlights, in summary, the key strategies adopted by Children in Hospital Ireland to ensure safe practice.

In this document, a 'child' means any person under the age of 18 years.

All staff, volunteers, Board members, and those carrying out work experience or work internships with Children in Hospital Ireland are required to follow this policy and the procedures outlined in this document.

### 3. Guiding Principles

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The key principles of child protection and welfare set out in *Children First: National Guidance for the Protection and Welfare of Children* (2017) are the basis for the guidelines outlined in this policy.<sup>1</sup>

These principles are:

- *The safety and welfare of children is everyone's responsibility*
- *The best interests of the child should be paramount*
- *The overall aim in all dealings with children and their families is to intervene proportionately to support families to keep children safe from harm*
- *Interventions by the State should build on existing strengths and protective factors in the family*
- *Early intervention is key to getting better outcomes. Where it is necessary for the State to intervene to keep children safe, the minimum intervention necessary should be used*
- *Children should only be separated from parents/guardians when alternative means of protecting them have been exhausted*
- *Children have a right to be heard, listened to and taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions that may affect their lives*
- *Parents/guardians have a right to respect and should be consulted and involved in matters that concern their family*
- *A proper balance must be struck between protecting children and respecting the rights and needs of parents/guardians and families. Where there is conflict, the child's welfare must come first*
- *Child protection is a multiagency, multidisciplinary activity. Agencies and professionals must work together in the interests of children*

Using these principles as a starting point, Children in Hospital Ireland sets out below its beliefs and principles specifically in relation to safeguarding children with whom it works:

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<sup>1</sup> *Children First: National Guidance for the Protection and Welfare of Children*, Department of Children and Youth Affairs, 2017, pp 2-3. Tusla - Child and Family Agency, *Child Safeguarding: A Guide for Policy, Procedure and Practice*, 2nd edition, 2019, section 3.2, pp 36-37.

Children in Hospital Ireland believes that all children should have the opportunity to grow, learn and develop in an environment which is not only free from harm but actively seeks to support and protect them. While a period of hospitalisation can present challenges for a child and his or her family and can be a stressful time, Children in Hospital Ireland believes that this should not mean that the child does not continue to have the opportunities for play and recreation in a safe environment.

Children in Hospital Ireland is committed to ensuring that the children with whom it works are kept safe from harm while they are using its services. Children in Hospital Ireland is fully committed to and guided by the UN Convention on the Rights of the Child (UNCRC) and is compliant with the legislation and guidelines in the Children First Act 2015 and in *Children First: National Guidance for the Protection and Welfare of Children* (2017).

Children in Hospital Ireland has developed and made publicly available its Child Safeguarding Statement. This Child Welfare and Safeguarding Policy and the Child Safeguarding Statement will be reviewed every two years or earlier if circumstances dictate.

The Child Welfare and Safeguarding Policy of Children in Hospital Ireland is applicable to all staff, volunteers, Board members, interns and students who are engaged in the work of the organisation: all such personnel are required to sign up to and abide by this Policy and the Children in Hospital Ireland Safeguarding Statement.

**Designated Liaison Person:** Elizabeth Morrin, Volunteer Manager (087 7949291)

**Deputy Designated Liaison Person:** Anna Gunning, CEO (087 1159256)

## 4. Key Roles in Safeguarding in Children in Hospital Ireland

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As a provider of a 'relevant service' to children, as defined in the Children First Act 2015, Children in Hospital Ireland has identified key people to carry out the necessary roles in relation to safeguarding. This section of the policy identifies the key roles and the responsibilities attached to each.

### 4.1 Named Person

The CEO of Children in Hospital Ireland, Anna Gunning, is the 'named person' responsible for the overall development, monitoring and review of welfare and safeguarding policies and procedures within the organisation. This includes ensuring that the organisation is compliant with relevant legislation and guidance.

### 4.2 Designated Liaison Person (DLP)

Children in Hospital Ireland has appointed Elizabeth Morrin, Volunteer Manager, as its Designated Liaison Person. The key functions of this role are to:

- Give advice and information on child protection and welfare;
- Support the development and implementation of child protection and welfare procedures;
- Make contact and liaise with Tusla and An Garda Síochána as appropriate;
- Receive child protection and welfare concerns from staff or volunteers and consider if reasonable grounds for reporting to Tusla exist;
- Make child protection reports in a timely manner to Tusla or, in emergency, to An Garda Síochána;
- Inform the child's parents or guardians that a report is to be submitted to Tusla or An Garda Síochána, unless:
  - Informing the parents or guardians is likely to endanger the child or young person;
  - Informing the parents or guardians may place the Designated Liaison Person, as the reporter, at risk of harm from the family;
  - The family's knowledge of the report could impair Tusla's ability to carry out an assessment.
- Record all concerns or allegations of child abuse brought to the attention of the Designated Liaison Person as well as any action/inaction taken in response to these concerns;
- Provide feedback to the referrer, as appropriate;
- Ensure that a secure system is in place to manage confidential records;
- Act as a liaison with Tusla and An Garda Síochána, as appropriate;
- Where requested, jointly report with a mandated person;

- Ensure there are support structures and training for all involved in safeguarding and child protection;
- Act as a resource to the organisation.

The CEO of Children in Hospital Ireland is the organisation’s Deputy Designated Liaison Person; she will act as DLP where the DLP is unavailable.

### **4.3 Mandated Person**

Children in Hospital Ireland does not have staff members or volunteers who would come within the definition of ‘mandated person’, as set out in the Children First Act 2015. In each hospital, however, nurses and doctors are mandated persons and carry the statutory responsibility for reporting a concern to the statutory authorities if they become aware of a child safeguarding concern which meets or exceeds the threshold for ‘harm’ as defined in the Children First Act 2015.

Section 14 of the Act outlines the obligations of a mandated person to report known or suspected abuse.

Section 14(1) states:

“... where a mandated person knows, believes or has reasonable grounds to suspect, on the basis of information that he or she has received, acquired or becomes aware of in the course of his or her employment or profession as such a mandated person, that a child—

- (a) has been harmed,
- (b) is being harmed, or
- (c) is at risk of being harmed,

he or she shall, as soon as practicable, report that knowledge, belief or suspicion, as the case may be, to [Tusla].”

Section 14(2) of the Act places an obligation on mandated persons to report any disclosures made by a child. This section states:

“Where a child believes that he or she –

- (a) has been harmed,
- (b) is being harmed, or
- (c) is at risk of being harmed,

and discloses this belief to a mandated person in the course of a mandated person's employment or profession as such a person, the mandated person shall ... as soon as practicable, report that disclosure to [Tusla]."

#### **4.4 Relevant Person**

The 'relevant person' in Children in Hospital Ireland is the CEO, Anna Gunning. The relevant person is the first point of contact in relation to the Child Safeguarding Statement and the contact details of the relevant person are available on the Statement.

## 5. Categories of Abuse

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*Children First: National Guidance for the Protection and Welfare of Children (2017)* defines four categories of abuse: neglect, emotional abuse, physical abuse, and sexual abuse. These definitions are reproduced in full in Appendix 1. Below are summaries of the definitions.

### ***Neglect***

Neglect, which is the most frequently reported category of abuse, occurs where a child is deprived of adequate emotional or physical care and supervision to the extent that he or she suffers physical harm or the impairment of their development or welfare.

Neglect is generally defined in terms of an omission or deprivation which becomes typical of the parent's or carer's relationship with the child. It may be indicated by the child being deprived of adequate food, clothing, warmth, accommodation, or medical care; by a lack of adequate supervision and protection from exposure to danger; by an absence of attachment to and affection from adults or a lack of intellectual stimulation for the child.

### ***Emotional Abuse***

Emotional abuse is the persistent emotional or psychological ill-treatment of a child. Such abuse may take different forms, and may be evident in, for example, rejection of a child; bullying; the absence of comfort and love; the lack of proper stimulation; persistent criticism or hostility directed towards a child; the absence of continuity of care; extreme over-protectiveness; continuous lack of praise and encouragement; seriously inappropriate expectations of a child relative to his/her age and stage of development.

Emotional abuse may not be easy to recognise since there may not be any physical signs of such abuse; instead, it may become evident in the actions or emotions of a child – for example, insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, risk-taking and aggressive behaviour.

### ***Physical Abuse***

Physical abuse occurs where a child is deliberately hurt or is placed at risk of being physically hurt. Such abuse may be a single incident of physical harm or a series of incidents.

Physical abuse may include: physical punishment; beating, slapping, hitting or kicking a child; pushing, shaking, throwing, biting or pinching a child; deliberate poisoning; suffocation; female genital mutilation; fabricated or induced illness.

### **Sexual Abuse**

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

- involving a child in sexual acts (masturbation, fondling, oral or penetrative sex);
- inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act;
- exposing a child to sexually explicit material, whether in printed or electronic form;
- the sexual exploitation of a child, including inviting, inducing or coercing a child to engage in prostitution or the production of child pornography;
- ‘consensual’ sexual activity involving an adult and an underage person.

### **Bullying**

*Children First* also notes the risk to children’s welfare posed by bullying (see Appendix 1). It defines bullying as repeated aggression by a person or group against an individual or group of individuals. Bullying may take the form of physical aggression, verbal aggression, intimidation, cyberbullying, the isolating of an individual, damage to property, extortion.

*Children First* states that in cases of serious bullying, where the behaviour is regarded as possibly abusive, the matter may need to be referred to Tusla and/or An Garda Síochána.

### **Circumstances which might make children more vulnerable**

*Children First* also draws attention to the fact that there are particular circumstances which may make a child more vulnerable to abuse. The *Children First* outline of such circumstances is reproduced in Appendix 1. In summary, these circumstances include:

- *Where a child has a disability, mental health or communications difficulty, or is living apart from their parents;*
- *Where parents face problems in their own lives, such as substance misuse or family relationships marked by conflict or abuse;*
- *Where there exist cultural, ethnic, religious or faith-based norms in the family or community which may not meet the standards of child welfare or protection required in this country;*
- *Where detrimental environmental factors are present – such as poverty, housing difficulties, internet and social media-related concerns;*
- *Where parents or guardians are unable or unwilling to engage with services needed for a child’s welfare.*

***However, Children First emphasises that the presence of any of these factors does not necessarily mean that a child in those circumstances or settings is being abused.***

## 6. Responding to and Reporting Child Protection and Welfare Concerns

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Children in Hospital Ireland takes every necessary step to ensure the safety and welfare of all children with whom it works. Most of its work with children takes place in a hospital setting and therefore the organisation has a dual reporting procedure whereby a Children in Hospital Ireland volunteer or staff member who has a concern regarding the safety or welfare of a child will report that concern to the relevant hospital staff and also to the Children in Hospital Ireland Volunteer Manager who is the DLP for the organisation.

Where a staff member or volunteer is uncertain about reporting a concern, they should always seek advice from the Children in Hospital Ireland DLP.

In reporting concerns relating to child protection and welfare, all Children in Hospital Ireland staff and volunteers must remember that the key consideration is the welfare and safety of the child and this takes precedence over any other considerations.

It must also be remembered that the responsibility to report child protection and welfare concerns belongs to everyone who works with children and their families; it should never be assumed that someone else will report the concern or allegation.

### 6.1 Reasonable Grounds for Concern

*Children First: National Guidance for the Protection and Welfare of Children* states that: “Tusla should always be informed when a person has **reasonable grounds for concern** that a child may have been, is being, or is at risk of being abused or neglected”.

*Children First* notes that reasonable grounds for a child protection or welfare concern would include:

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.

A child may be subject to or at risk of abuse by a family member, someone in their community, a peer, or someone outside of their family and community. Staff and volunteers should also be aware that abuse is sometimes committed through the means of social media or the internet.

## 6.2 Reporting a Concern

Where a Children in Hospital Ireland staff member or volunteer becomes aware of a child welfare or safeguarding concern in the course of his or her work with the organisation, that concern should always be brought to the attention of the **Designated Liaison Person, Elizabeth Morrin**.

A Children in Hospital Ireland volunteer or worker who wishes to report a concern to the DLP should complete a Children in Hospital Ireland Incident Report Form, giving details of the incident or situation observed or the concern which has arisen. (The Children in Hospital Ireland Incident Report Form is reproduced in Appendix 2.)

The DLP will discuss the concern with the worker or volunteer. If the DLP decides that reasonable grounds for concern exist, she will make a report to the statutory authorities on the Standard Report Form.

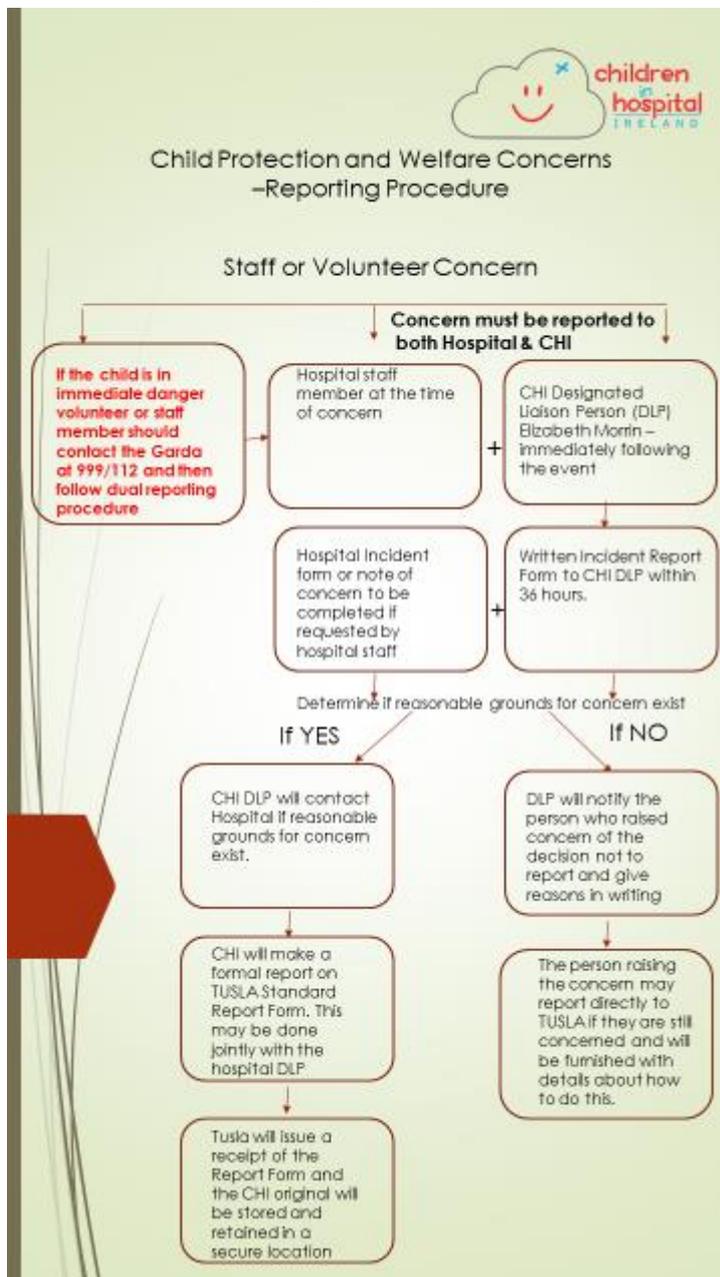
If an issue arises in the hospital setting which gives cause for *immediate* concern regarding the welfare of a child, the Children in Hospital Ireland staff member or volunteer should report this concern to a health professional in the hospital at the time of the event. The hospital staff will require the Children in Hospital Ireland volunteer or staff member to complete a report form, giving details of the concern. The volunteer or staff member should also inform the DLP of Children in Hospital Ireland as soon as possible. The DLP will contact the hospital and if it is decided that reasonable grounds for concern exist, a report will be made to Tusla using the Standard Report Form. This may be done directly by Children in Hospital Ireland or jointly with the hospital DLP.

In all cases where it is decided that a report will be made to the statutory authorities, the DLP should inform the parents or guardians, unless doing so may further endanger the child or represent a risk to the person considering making the report.

Where it has been decided that the matter does not constitute reasonable grounds for concern and a report is not to be made to Tusla, Children in Hospital Ireland will inform the person who raised the concern that it has been decided not to report and will let them know, in writing, the reasons for this decision. The person who raised the concern will be advised that they may make the report directly to Tusla themselves if they are still concerned and that, in so doing, they are protected under the Protection for Persons Reporting Child Abuse Act, 1998. Contact details for the local Tusla team can be found on the Tusla website ([www.tusla.ie](http://www.tusla.ie)). The initial Children in Hospital Ireland Incident Report Form will be retained by Children in Hospital Ireland in a secure location and in line with the requirements of its [Data Protection Policy](#).

### 6.3 Immediate Risk to a Child

If a Children in Hospital Ireland staff member or volunteer feels that a child is in immediate danger, he or she should contact An Garda Síochána on 999/112 without delay. Once the incident has been reported to the Gardaí, the DLP in Children in Hospital Ireland should be contacted and a Children in Hospital Ireland Incident Report Form completed. The DLP will, in turn, contact the hospital DLP, if relevant, and Tusla.



### 6.4 Confidentiality

In relation to child protection or child welfare concerns, it is vital that all Children in Hospital Ireland staff and volunteers understand the importance of confidentiality. If a staff member or volunteer has a concern about a child, the information should be shared only with those

who have a need to know and who can help to address the concern. Information is shared in the best interests of the child with the statutory authorities and with parents or guardians.

Parents or guardians and children and young people have a right to know if information is being shared about them and Children in Hospital Ireland will tell them about any such sharing of information except where this might put the child at further risk or endanger the reporter.

If a child or young person discloses to a Children in Hospital Ireland volunteer or staff member that they themselves have been abused or that they are aware of, or suspect, abuse, no undertaking can be given that this information will not be shared. However, the child or young person should be assured that the sensitive and confidential nature of the information will be fully respected at all times and that the information will be shared only with those who have a right to know and who are in a position to help.

### **6.5 Dealing with a Disclosure by a Child**

Children in Hospital Ireland recognises the importance of its volunteers and staff knowing how to respond if a child or young person discloses abuse to them during the course of their work with the organisation. It aims to help its volunteers and employees feel confident they can provide an appropriate immediate response, and to this end it provides information and training that will enable them to understand and fulfil their role, including passing on information to those who need to know, and recognising where their role in relation to the matter ends.

It is important that Children in Hospital Ireland workers/volunteers are aware and prepared for responding to a child/young person who may disclose abuse. The Tusla/Children First document, *Child Safeguarding: A Guide for Policy, Procedure and Practice*, outlines best practice as to how a worker or volunteer should respond when a child makes a disclosure:<sup>2</sup>

*If a child or young person hints at or tells a worker or volunteer that he or she is being harmed by someone, be it a parent/carer, another adult or by another child/young person (peer abuse), it should be treated in a sensitive way. Remember, a child/young person may disclose abuse to you as a trusted adult at any time during your work with them.*

- *Be as calm and natural as possible.*
- *Remember that you have been approached because you are trusted and possibly liked. Do not panic.*
- *Do not promise to keep secrets.*
- *Be aware that disclosures can be very difficult for the child/young person.*

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<sup>2</sup> Tusla – Child and Family Agency, *Child Safeguarding: A Guide for Policy, Procedure and Practice*, 2<sup>nd</sup> edition, 2019, section 3.2, pp 36–37.

- *Remember, the child or young person may initially be testing your reactions and may only fully open up over a period of time.*
- *Listen to what the child/young person has to say. Give them the time and opportunity to tell as much as they are able and wish to.*
- *Do not pressurise the child/young person. Allow him or her to disclose at their own pace and in their own language.*
- *Conceal any signs of disgust, anger or disbelief.*
- *Accept what the child or young person has to say – false disclosures are very rare.*
- *It is important to differentiate between the person who carried out the abuse and the act of abuse itself. The child/young person quite possibly may love or strongly like the alleged abuser while also disliking what was done to them. It is important therefore to avoid expressing any judgement of, or anger towards the alleged perpetrator while talking with the child/young person.*
- *It may be necessary to reassure the child/young person that your feelings towards him or her have not been affected in a negative way as a result of what they have disclosed.*
- *Reassure the child/young person that they have taken the right action in talking to you.*
- *Questions should be supportive and for the purpose of clarification only. Do not ask leading questions.*
- *Explain to the child/young person that this information will only be shared with people who can help.*

*By refusing to make a commitment to secrecy to the child/young person, you do run the risk that they may not tell you everything (or, indeed, anything) there and then. By being honest, it is more likely that the child/young person will return to you at another time.*

*At the earliest possible opportunity:*

- *Record in writing, in a factual manner, what the child/young person has said, including, as far as possible, the exact words used by the child/young person.*
- *Inform the DLP immediately and agree measures to protect the child/young person, e.g. report the matter directly to Tusla.*
- *Maintain appropriate confidentiality.*

## **6.6 Responding to Adults who Disclose Past Abuse**

It may happen that an adult with whom a Children in Hospital Ireland worker or volunteer comes into contact through their work with the organisation may disclose an incident of past abuse in their childhood. Such disclosures may, for example, come to light during discussion with parents or guardians and families. If the volunteer or staff member becomes aware that there may be a current risk to a child or young person who may be in contact

with the person alleged to have abused, this must be reported to the DLP. This is important even though the children who are potentially at risk are not yet identified.

If any risk is deemed to exist, the Children in Hospital Ireland child protection and welfare procedure will be followed and the DLP will report the allegation to Tusla without delay.

### **6.7 Allegation made against a Worker or Volunteer in Children in Hospital Ireland**

An allegation or suspicion of abuse of a child may relate to a person who is an employee or volunteer with Children in Hospital Ireland.

It may, for example, be alleged that a Children in Hospital Ireland staff member or volunteer has:

- Behaved in a way that has or may have harmed a child or young person;
- Possibly committed a criminal offence in relation to a child or young person;
- Behaved towards a child or young person or children or young people in a way that indicates they may pose a risk of harm to a child or young person;
- Behaved in a way that is contrary to the Code of Conduct for Children in Hospital Ireland Volunteers or, in the case of staff members, the Code of Conduct included in the Employee Handbook.

Where an allegation is made against a Children in Hospital Ireland worker or volunteer, the priority will always be to protect the child or young person, while taking account of the right to due process of the worker or volunteer.

Children in Hospital Ireland will strive to ensure that everyone involved is dealt with appropriately and in accordance with the organisation's guiding principles and child safeguarding procedures, and in keeping with the requirements of natural justice and relevant employment law.

Reflecting the dual responsibility of the organisation where an allegation is made against an employee or volunteer, two separate procedures will be followed:

- The reporting procedure to Tusla in respect of the child or young person and the person alleged to have abused;
- The internal personnel procedure for dealing with the worker or volunteer.

#### ***Reporting Procedure for Child Protection Concern***

As soon as the DLP of Children in Hospital Ireland is made aware of an allegation of abuse made against a worker or volunteer, the CEO must be alerted. The CEO will take any steps

necessary to ensure that no child is exposed to any identifiable risk. The Children in Hospital Ireland reporting procedure outlined above (6.2) will be implemented without delay. The parents or guardians of the child will be informed of any action planned while having regard to the right to confidentiality of others such as the person in respect of whom an allegation or suspicion has arisen.

***Internal Procedures Following an Allegation against an Employee or Volunteer***

Following receipt of an allegation, the CEO will, as a matter of urgency, make a decision about the worker's or volunteer's presence and role in the organisation. The actions proposed will be proportionate to the level of risk posed to children or young people; 'protective measures' do not presume guilt. The worker or volunteer may be asked to step back from their role while the matter is being investigated.

The CEO will privately inform the worker or volunteer that an allegation has been made against him or her and the nature of the allegation.

The worker or volunteer will be afforded an opportunity to respond and should be informed that any response may be shared with Tusla. The CEO will note the response and pass on this information if making a formal report to Tusla. The worker or volunteer will be offered the option to have representation at this stage.

The CEO will liaise closely with the investigating bodies to ensure that any actions taken by Children in Hospital Ireland do not undermine or interfere in any way with the investigations by the statutory bodies.

Once the formal investigation has taken place and the worker or volunteer has had the opportunity to respond to the allegation and any findings and decisions of Tusla, Children in Hospital Ireland's disciplinary procedures will be followed, as detailed in the Employee Handbook or Volunteer Manual, as applicable.

Any allegation of abuse against a worker or volunteer in Children in Hospital Ireland will be dealt with sensitively and support can be provided by the organisation if required. Appropriate levels of confidentiality will be ensured.

## **7. Children in Hospital Ireland Working Safely with Children and Young People**

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Children in Hospital Ireland has developed a Recruitment Policy which outlines the steps to be taken when recruiting staff and volunteers and which ensures best practices are in place to protect children and young people.

### **7.1 Recruitment and Selection Procedures**

For each post in Children in Hospital Ireland, whether paid or voluntary, a job description is drawn up which outlines the key duties and tasks, the reporting procedure, the skills and qualities sought for the position and the expected timeline for the recruitment process.

The opportunity is posted extensively to ensure the widest possible circulation and the advertisement stresses that one of the main activities of the organisation is to provide play and recreation services for children and young people in hospital.

#### ***Volunteer Recruitment***

All prospective volunteers are required to attend a Volunteer Introduction and Interview evening where an overview of Children in Hospital Ireland and its work and an outline of the role of the volunteer are given. Attendees are advised about the process of recruitment, training, induction and placement. They are also informed of the requirements in relation to Garda vetting, police clearance (if relevant), the application process and the provision of references.

At the Volunteer Information and Interview evening, those who wish to proceed to apply to become a volunteer are interviewed in small groups by a Children in Hospital Ireland representative. At this stage, attendees can also seek clarification and ask any questions they may have. Interviewees are assessed and an initial selection is made of those who will be invited to attend training.

Those selected at this initial stage are then informed in writing of the requirements for proceeding with their application.

They are asked to:

- Complete an application form, including providing the names of two people who have known them for over two years and to whom they are not related;
- Provide a Curriculum Vitae, using a short template drawn up by Children in Hospital Ireland;
- Complete an application for Garda vetting;

- Apply for police clearance from any country other than Ireland in which they have lived for more than six months after the age of 16 years; potential volunteers are provided with information as to how to do this.

Potential volunteers are provided with copies of the following Children in Hospital Ireland documents and asked to read them carefully as they will be required to sign them should they be accepted as a volunteer:

- Volunteer Agreement;
- Confidentiality Statement;
- Data Sharing Agreement (so that basic data may be shared with the hospital in which the volunteer may be placed).

In addition, they are given details of how to access the HSE Children First E-Learning Programme and are informed that this must be completed by all volunteers before they begin working with Children in Hospital Ireland.

Potential volunteers are then invited to a one-day training programme. Training is an essential part of the recruitment process and participants are expected to engage fully in the programme in order to gain a better understanding of the role of Children in Hospital Ireland volunteer. The training includes a module on Child Safeguarding.

Garda vetting and police clearance are essential elements of the safe recruitment practices in Children in Hospital Ireland. All volunteers must obtain Garda vetting and if they have lived in another country for six months or more after the age of 16 they must obtain police clearance from that country. Children in Hospital Ireland has a Vetting Policy to risk-assess any relevant information that comes to light through the Garda vetting and police clearance processes. **A Board subcommittee exists to monitor and review vetting decisions made by the Volunteer Manager and CEO and to support decision-making in complex cases. Further details are provided in the Vetting Policy.**

Once the training and paperwork are completed, a decision will be made by the Children in Hospital Ireland Volunteer Manager as to the suitability of applicants. Successful applicants are given the Children in Hospital Ireland Volunteer Manual (which includes safeguarding information), their name badge and Children in Hospital Ireland t-shirt/tabard and will be placed in a hospital to commence volunteering.

Children in Hospital Ireland provides each hospital where a new volunteer is to be placed with a summary of information about that person. There is a service level agreement and a vetting reciprocal agreement in place in some hospitals which outlines how relevant information may be shared between Children in Hospital Ireland and the hospital.

Before commencing fully, the volunteer will be given an induction to working in the hospital by a senior volunteer. Volunteers have on-going support from their local Children in Hospital Ireland volunteer team leader and also from the Children in Hospital Ireland Volunteer Manager. Any concerns can be raised and addressed through this mechanism.

### ***Staff Recruitment***

For all employee roles in Children in Hospital Ireland, a detailed job description and person specification is drawn up. The key tasks and duties are outlined and the requirement for the post-holder to obtain Garda vetting and police clearance (where relevant) is made clear.

An application form is drawn up which includes a section for the self-disclosure of any reason the person may be unsuitable for working with children or young people.

Children in Hospital Ireland's Recruitment Policy sets out the procedures for staff recruitment and selection which includes short-listing and interviewing processes, assessment of candidates, Garda vetting and police clearance requirements.

Candidates are required to provide the names of two referees. Verbal references are sought in respect of any candidate who has been successful at interview. The successful candidate is required to present evidence of identification. Garda vetting will then be carried out and the candidate will be required to obtain police clearance from any country they have lived in for over six months, after the age of 16 years. The candidate is asked to provide copies of professional qualifications, if these are required for the position.

Each new employee is required to complete the HSE Children First E-Learning Programme and present the certificate obtained to their line manager. He or she is given the Children in Hospital Ireland Child Welfare and Safeguarding Policy and asked to sign off that they have read and understood this.

The new employee is also given the Children in Hospital Ireland Employee Handbook to read and is provided with an opportunity to raise questions or queries in relation to this. This Handbook includes all relevant employment rights and policies and procedures, including complaints and disciplinary procedures.

As part of their induction, new employees attend a Children in Hospital Ireland Volunteer Information and Interview evening and are also encouraged to attend the one-day training programme for prospective volunteers.

During their probationary period, the employee will be supported, and their performance reviewed regularly, with a final probation meeting being held with the line manager to review performance. The line manager will make a recommendation to retain or not retain the employee.

Throughout their employment with Children in Hospital Ireland, employees are given regular one-to-one supervision by their line manager.

## **7.2 Safe Management of Activities**

### ***Maintaining Records***

Children in Hospital Ireland has in place in each hospital a system of record-keeping in relation to attendance of volunteers. This record is sent to the Volunteer Manager by the local team leader on a monthly basis; any issues arising are reviewed and action taken as appropriate.

All volunteers have a copy of the Children in Hospital Ireland Incident Report Form and are required to complete this and submit it to the Volunteer Manager where an incident has occurred.

Children in Hospital Ireland uses a Salesforce system for recording requirements in respect of volunteers, such as training attended, Garda vetting completed, dates on which renewal of vetting is due, as well as noting any periods of leave from volunteering. A hard copy report of attendance of volunteers at the hospital to which they are assigned is maintained.

### ***Health and Safety***

The Children in Hospital Ireland training day which all volunteers are required to attend as part of their initial training includes an overview of good practice, and specifically covers issues of health and safety. These issues are particularly important in the context of working in a hospital. Included in this training is the hand hygiene and infection control measures for hospitals. In addition, volunteers attend any mandatory health and safety training in their designated hospital; a record is kept by Children in Hospital Ireland of the training attended and notice is given to the volunteer when this training is due for renewal.

Children in Hospital Ireland staff members are also trained in the relevant health and safety procedures for working in the hospital setting.

### ***Use of Photography and Video and Digital Media***

All volunteers and staff are instructed that they must never use cameras or other recording equipment when volunteering or working in the hospital. On occasion, where there is a special event in a hospital, a procedure will be drawn up jointly by Children in Hospital Ireland and the hospital and an agreed consent form developed for the event to allow photographs or video records to be taken and used for specific purposes.

### ***Working in Partnership with other Organisations***

Children in Hospital Ireland occasionally works in partnership with other organisations to provide play and recreation opportunities – such as arts workshops, creative activities, and special events – for children in hospital. Where this occurs, Children in Hospital Ireland

works with the partner organisation and the hospital to agree on the child safeguarding policy and procedure to be used for the event. Agreement is reached on who is to be the contact person should a concern arise and how this concern is to be dealt with in terms of recording and reporting.

### **7.3 Managing Workers and Volunteers**

#### ***Code of Conduct***

All volunteers are required to sign the Code of Conduct for Children in Hospital Ireland Volunteers; this Code, which is reproduced in Appendix 3, is included in the Children in Hospital Ireland Volunteer Manual.

Staff members are required to sign the Code of Conduct which is included in the Children in Hospital Ireland Employee Handbook.

All volunteers and staff members are brought through the key points of the relevant Children in Hospital Ireland Code of Conduct in their initial training with the organisation. Any breach of the requirements in the Codes of Conduct may result in disciplinary action up to and including dismissal.

#### ***Ongoing Support for Staff and Volunteers***

A system of support is in place for staff and volunteers. For staff members, this is through regular meetings with their line manager. For volunteers, their first contact for support is their local team leader and if necessary they can also contact the Children in Hospital Ireland Volunteer Manager. All volunteers are provided with the contact details of their team leader and of the Children in Hospital Ireland Volunteer Manager.

Children in Hospital Ireland holds meetings of team leaders on a regular basis to enable them to discuss issues of concern and to highlight and share best practice. These meetings also provide an opportunity for Children in Hospital Ireland Head Office to update team leaders on any new issues relevant to the role of volunteers.

## **8. Communicating, Monitoring and Reviewing the Child Safeguarding and Protection Policy**

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In line with the Children First Act 2015 and best practice requirements Children in Hospital Ireland has developed a Safeguarding Statement which sets out its commitment to safeguarding children and young people with whom it works. The organisation has conducted a risk assessment and has outlined in its Safeguarding Statement how those risks are managed in its day-to-day practice.

The Safeguarding Statement is circulated to each hospital in which Children in Hospital Ireland volunteers are placed and hospitals are asked to display this in relevant areas so that families and professionals in the hospital can be informed about Children in Hospital Ireland's safeguarding practices.

The Safeguarding Statement is also posted on the Children in Hospital Ireland website and so is available to interested members of the public and to organisations and institutions, including funders; hard copies of the Statement are provided on request.

The relevant person for enquiries about the Safeguarding Statement is the CEO of the organisation. The Safeguarding Statement is reviewed at a minimum every two years or as necessary arising from changes in legislation or regulations in this area.

In addition to reviewing the policy and safeguarding statement every two years, all child safeguarding incidents and concerns brought to the DLP are reviewed annually through a Board subcommittee in regard to type of incident, actions taken, reports, and current status.

## Appendix 1: Categories and Indicators of Abuse

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There are four categories of abuse as defined in *Children First: National Guidance for the Protection and Welfare of Children* (2017) and the following definitions are taken directly from this guidance.

### **Neglect**

*Child neglect is the most frequently reported category of abuse, both in Ireland and internationally. Ongoing chronic neglect is recognised as being extremely harmful to the development and well-being of the child and may have serious long-term negative consequences.*

*Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment Difficulties. The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect.*

*Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence, and parental mental illness and disability. A reasonable concern for the child's welfare would exist when neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent where you see the child over a period of time, or the effects of neglect may be obvious based on having seen the child once.*

*The following are features of child neglect:*

- *Children being left alone without adequate care and supervision*
- *Malnourishment, lacking food, unsuitable food or erratic feeding*
- *Non-organic failure to thrive, i.e. a child not gaining weight due not only to malnutrition but also emotional deprivation*
- *Failure to provide adequate care for the child's medical and developmental needs, including intellectual stimulation*
- *Inadequate living conditions – unhygienic conditions, environmental issues, including lack of adequate heating and furniture*
- *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*
- *Abandonment or desertion*

### **Emotional abuse**

*Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse. Abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met, due to incapacity or indifference from their parent or caregiver. Emotional abuse can also occur 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 abuse is not easy to recognise because the effects are not easily seen.*

*A reasonable concern for the child's welfare would exist when the behaviour becomes typical of the relationship between the child and the parent or carer.*

*Emotional abuse may be seen in some of the following ways:*

- *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*
- *Persistent criticism, sarcasm, hostility or blaming of the child*
- *Bullying*
- *Conditional parenting in which care or affection of a child depends on his or her behaviours or actions*
- *Extreme overprotectiveness*
- *Inappropriate non-physical punishment (e.g. locking child in bedroom)*
- *Ongoing family conflicts and family violence*
- *Seriously inappropriate expectations of a child relative to his/her age and stage of development*

*There may be no physical signs of emotional abuse unless it occurs with another type of abuse. A child may show signs of emotional abuse through their actions or emotions in several ways. These include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, risk taking and aggressive behaviour.*

*It should be noted that no one indicator is conclusive evidence of emotional abuse. Emotional abuse is more likely to impact negatively on a child where it is persistent over time and where there is a lack of other protective factors.*

### **Physical abuse**

*Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents. A reasonable concern exists where the child's health and/or development is, may be, or has been damaged as a result of suspected physical abuse.*

*Physical abuse can include the following:*

- *Physical punishment*
- *Beating, slapping, hitting or kicking*
- *Pushing, shaking or throwing*
- *Pinching, biting, choking or hair-pulling*
- *Use of excessive force in handling*
- *Deliberate poisoning*
- *Suffocation*
- *Fabricated/induced illness*
- *Female genital mutilation*

*The Children First Act 2015 includes a provision that abolishes the common law defence of reasonable chastisement in court proceedings. This defence could previously be invoked by a parent or other person in authority who physically disciplined a child. The change in the legislation now means that in prosecutions relating to assault or physical cruelty, a person who administers such punishment to a child cannot rely on the defence of reasonable chastisement in the legal proceedings. The result of this is that the protections in law relating to assault now apply to a child in the same way as they do to an adult.*

### **Sexual abuse**

*Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography.*

*Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and in some instances occurs over a number of years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members.*

*Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings/friends, from the suspicions of an adult, and/or by physical symptoms.*

*Examples of child sexual abuse include the following:*

- *Any sexual act intentionally performed in the presence of a child*
- *An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification*
- *Masturbation in the presence of a child or the involvement of a child in an act of masturbation*
- *Sexual intercourse with a child, whether oral, vaginal or anal*
- *Sexual exploitation of a child, which includes: Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means]*
- *Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act*
- *Showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse*
- *Exposing a child to inappropriate or abusive material through information and communication technology*
- *Consensual sexual activity involving an adult and an underage person*

*An Garda Síochána will deal with any criminal aspects of a sexual abuse case under the relevant criminal justice legislation. The prosecution of a sexual offence against a child will be considered within the wider objective of child welfare and protection. The safety of the child is paramount and at no stage should a child's safety be compromised because of concern for the integrity of a criminal investigation.*

*In relation to child sexual abuse, it should be noted that in criminal law the age of consent to sexual intercourse is 17 years for both boys and girls. Any sexual relationship where one or both parties are under the age of 17 is illegal. However, it may not necessarily be regarded as child sexual abuse. Details on exemptions for mandated reporting of certain cases of underage consensual sexual activity can be found in Children's First Guidance 2017*

### ***Circumstances which may make children more vulnerable to harm***

*If you are dealing with children, you need to be alert to the possibility that a welfare or protection concern may arise in relation to children you come in contact with. A child needs to have someone they can trust in order to feel able to disclose abuse they may be experiencing. They need to know that they will be believed and will get the help they need. Without these things, they may be vulnerable to continuing abuse.*

*Some children may be more vulnerable to abuse than others. Also, there may be particular times or circumstances when a child may be more vulnerable to abuse in their lives. In*

particular, children with disabilities, children with communication difficulties, children in care or living away from home, or children with a parent or parents with problems in their own lives may be more susceptible to harm.

The following list is intended to help you identify the range of issues in a child's life that may place them at greater risk of abuse or neglect. **It is important for you to remember that the presence of any of these factors does not necessarily mean that a child in those circumstances or settings is being abused.**

- **Parent or carer factors:**

- »Drug and alcohol misuse
- »Addiction, including gambling
- »Mental health issues
- »Parental disability issues, including learning or intellectual disability
- »Conflictual relationships
- »Domestic violence
- »Adolescent parents

- **Child factors:**

- »Age
- »Gender
- »Sexuality
- »Disability
- »Mental health issues, including self-harm and suicide
- »Communication difficulties
- »Trafficked/Exploited
- »Previous abuse
- »Young carer

- **Community factors:**

- »Cultural, ethnic, religious or faith-based norms in the family or community which may not meet the standards of child welfare or protection required in this jurisdiction
- »Culture-specific practices, including:
  - Female genital mutilation
  - Forced marriage
  - Honour-based violence
  - Radicalisation

- **Environmental factors:**

- »Housing issues

»Children who are out of home and not living with their parents, whether temporarily or permanently

»Poverty/Begging

»Bullying

»Internet and social media-related concerns

○ **Poor motivation or willingness of parents/guardians to engage:**

»Non-attendance at appointments

»Lack of insight or understanding of how the child is being affected

»Lack of understanding about what needs to happen to bring about change

»Avoidance of contact and reluctance to work with services

»Inability or unwillingness to comply with agreed plans

*You should consider these factors as part of being alert to the possibility that a child may be at risk of suffering abuse and in bringing reasonable concerns to the attention of Tusla.*

## **BULLYING**

*It is recognised that bullying affects the lives of an increasing number of children and can be the cause of genuine concerns about a child's welfare. Bullying can be defined as repeated aggression – whether it is verbal, psychological or physical – that is conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating, and occurs mainly among children in social environments such as schools. It includes behaviours such as physical aggression, cyberbullying, damage to property, intimidation, isolation/exclusion, name calling, malicious gossip and extortion. Bullying can also take the form of abuse based on gender identity, sexual preference, race, ethnicity and religious factors.*

*With developments in modern technology, children can also be the victims of non-contact bullying, via mobile phones, the internet and other personal devices. While bullying can happen to any child, some may be more vulnerable. These include: children with disabilities or special educational needs; those from ethnic minority and migrant groups; from the Traveller community; lesbian, gay, bisexual or transgender (LGBT) children and those perceived to be LGBT; and children of minority religious faiths.*

*There can be an increased vulnerability to bullying among children with special educational needs. This is particularly so among those who do not understand social cues and/or have difficulty communicating. Some children with complex needs may lack understanding of social situations and therefore trust everyone implicitly. Such children may be more vulnerable because they do not have the same social skills or capacity as others to recognise and defend themselves against bullying behaviour.*

*In cases of serious instances of bullying where the behaviour is regarded as possibly abusive, you may need to make a referral to Tusla and/or An Garda Síochána.*



## Appendix 2: Incident Report Form

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Please Post or e-mail to:

Elizabeth Morrin  
elizabeth@childreninhospital.ie  
Children in Hospital Ireland  
4-5 Burton Hall Road  
Sandyford, Dublin 18

This form is used for the purpose of reporting to the Children in Hospital Ireland Volunteer Manager and DLP an incident that you encountered while volunteering in a hospital, including accidents and injuries or child protection and safeguarding concerns. This report will be filed and stored securely and only shared on a 'need to know' basis.



Printed name of volunteer completing form: \_\_\_\_\_

## **Appendix 3: Code of Conduct for Children in Hospital Ireland Volunteers**

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Children in Hospital Ireland volunteers are expected to abide by the policies and procedures adopted by the organisation and to act in a way that reflects its ethos.

Any breach of these guidelines is considered serious by Children in Hospital Ireland and could result in disengagement.

### **Standards of behaviour**

- Be reliable. If not available for a session, inform another member of your Children in Hospital Ireland team by telephone as soon as possible.
- Be on time – not least because children expect play sessions to start on time.
- Keep Children in Hospital Ireland Volunteer Managers informed of progress and concerns, or any change of circumstances.
- Demonstrate respect and professionalism through your actions, appearance and behaviour to children, families, peers and hospital staff alike.
- Always wear your Children in Hospital Ireland Volunteer top and name badge.
- Do not offer advice or recount personal experiences to patients or family members.
- Check in with nurses/play specialists upon arrival; ask if there are special needs that day.
- Do not enquire about the reason a child is in hospital to the child or their families. It is important to remember the potentially sensitive nature of a child's stay in hospital.
- All accidents must be immediately reported to the hospital staff.
- Do not bring friends or relatives along while volunteering.
- Do not attend if you have an infection or are otherwise ill.
- Do not attend if under the influence of alcohol or illegal substances.
- Follow all Child Protection safeguards, and ensure incidents or concerns are reported to the hospital as well as the Children in Hospital Ireland Designated Liaison Person immediately, as well as with a written report within 36 hours.

### **Supervision**

It is our policy that two volunteers should always work together; in circumstances where there is just one volunteer on duty, he or she will work under the supervision of a member of the hospital staff.

Volunteers must call a nurse if a child becomes sick, is bleeding, needs to go to the toilet, or shows any signs that give rise to concern.

### **Confidentiality**

Volunteers are responsible for maintaining the confidentiality of all privileged information to which they are exposed while volunteering and are not permitted to discuss within or outside the hospital any matter relating to a child.

This does not preclude bringing to the attention of the hospital and Children in Hospital Ireland information which gives rise to concern regarding a child's well-being.

### **Infection control**

It is vital that volunteers adhere to the guidelines on infection control outlined in the Children in Hospital Ireland training and to any additional requirements set out by the hospital.

### **Maintaining appropriate boundaries**

The volunteer must learn to establish caring relationships while maintaining clear boundaries – to be friendly and supportive to patients and their families without building friendships.

The following behaviours are considered inappropriate and could be grounds for disengagement from the Children in Hospital Ireland volunteer programme:

- Visiting patients and/or families whom you have met through your volunteering with Children in Hospital Ireland during times other than the designated volunteer shift.
- Engaging with patients and/or families in person or through social media outside the hospital.
- Continuing to support families outside of your designated Children in Hospital Ireland volunteer hours.
- Buying personal gifts for patients and/or families.
- Withholding information from staff about concerns of patients and/or families.
- Giving patients and/or their families a lift in your vehicle.
- Using a mobile phone or camera to take photographs or to record in the hospital. Volunteers must switch off their phones for the entire duration of their time in hospital.

## **Representation of Children in Hospital Ireland**

Volunteers must not undertake anything with public implications for Children in Hospital Ireland without seeking and obtaining prior approval from Head Office. This includes, but is not limited to, engagements with the media, and joint initiatives with other bodies.

## Appendix 4: Useful Links

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There are many useful links providing information about the legislation and official guidelines in respect to child safeguarding and child protection in Ireland. Below are listed some which are particularly relevant to Children in Hospital Ireland staff and volunteers:

<https://www.tusla.ie/>

Tusla website gives information on legislation, reporting a concern and how to seek advice if concerned about a child.

<http://www.childprotection.ie/>

The website of the Child Protection Programme in the National Youth Council of Ireland provides information on training, vetting and resource materials.

<https://www.barnardos.ie/resources/child-protection>

Barnardos' website gives information on how to support a child in crisis and also includes many resources in the area of child protection.