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Child Protection Procedure

**PROTECTION AND WELFARE
CHILD/YOUNG PERSON SERVICE USER CONCERN
REPORTING PROCEDURE FLOW CHART**

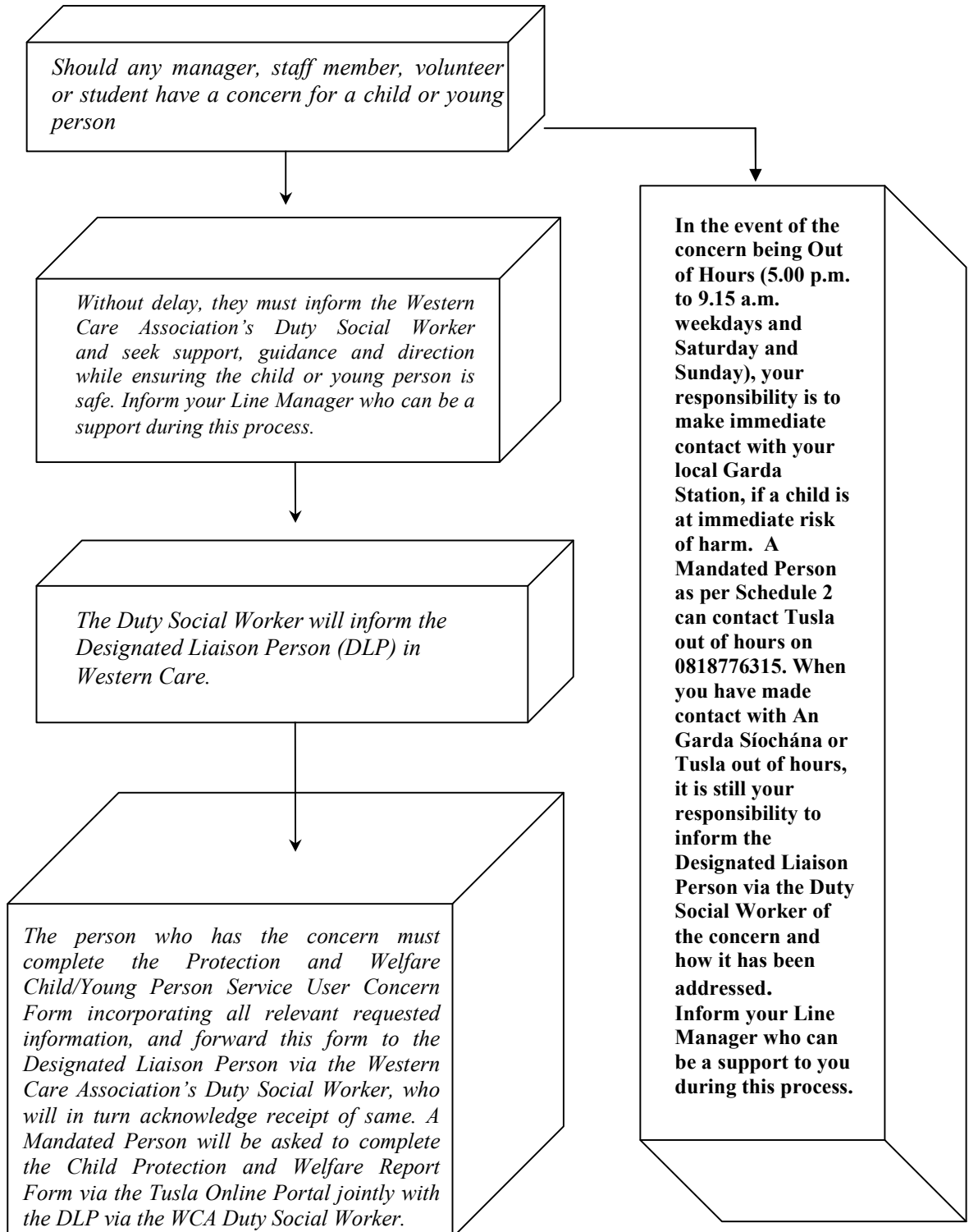


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SECTION A

1. WESTERN CARE ASSOCIATION'S CHILD PROTECTION SAFEGAURDING STATEMENT

Western Care Association exists to empower people, with a wide range of learning and associated disabilities in Co. Mayo, to live full and satisfied lives as equal citizens.

The organisation has a Service Level Agreement with the Health Service Executive on whose behalf it provides supports and services to people with intellectual disabilities in Co. Mayo.

The Association is a voluntary (non-statutory) organisation and this voluntary status ensures that;

- Parents and friends of its services users, make up the members of the Board of Directors of the Association.
- That voluntary workers are recruited and engaged in supporting service users and staff to enhance service quality and to support community integrations.
- That volunteers are engaged in fundraising and community awareness activities, which also enhance service quality and social opportunities.

Western Care Association is a company limited by guarantee and a Registered Charity with a Head Office at John Moore Road, Castlebar, Co. Mayo, Ireland (094) 9025133

2. NATURE OF SERVICE AND PRINCIPLES TO SAFEGUARD CHILDREN FROM HARM

Western Care Association exists to empower and support children and young people from 0-18 with a wide range of learning and associated disabilities to access appropriate supports, and opportunities to learn and develop their potential, and to live as equal citizens.

Western Care Association supports children in a variety of ways. These include therapeutic interventions, family support and respite. This can involve working with children and young people on a 1:1 or group basis. The support can be offered in the family home, in the community or in our direct services e.g. respite houses.

Western Care Association believes in the principles of Person and Family Centred practice which recognises the natural authority of the family and the value of healthy family relationships. Where there is a concern about the protection and welfare of the child in the family, Western Care Association places the welfare of the child first.

Western Care Association is committed to a practice which protects children from harm. The principle that the welfare of the child is of paramount importance is enshrined in this policy and all practices and procedures relating to children receiving supports from Western Care Association. Western Care Association acknowledges the rights of children to be protected, treated with respect, listened to and to have their views taken into consideration with regard to important events in their lives.

3. RISK ASSESSMENT

An assessment of any potential for harm to a child while availing of services has been carried out.

Below is a list of the areas of identified risks and the list of procedures for managing these risks.

Identified Risk	Policy in Place in Managing Identified Risk
Risk of Harm to a child from a staff member	<ul style="list-style-type: none"> • 2A.1 Western Care Association’s Child Protection and Welfare Policy, Procedures and Practice <i>including the Code of Behaviour when working with children</i> • 3A.1 Recognised Qualification Procedure • 3A.2 Inclusive Recruitment Policy • 3A.3 Garda Vetting Procedure • 3A.4 Code of Conduct for Western Care employees • 3A.5 Induction Procedure • 3A.7 Staff Development through Training • 3A.12 Managing Investigations • 3A.31 Trust in Care • List of Mandated Person’s held by HR.
Risk of Harm to a child from themselves, a service user, visitors or a member of the community	<ul style="list-style-type: none"> • 1.1 Individual Planning Childrens Respite/Autism • 1.2 Communication • 1.8 Risk Management • 1.9 Listening and Responding to People • 1.10a Incident Reporting • 1.11 Rights • 1.12 Regulation for Service Users Monies • 2A.1 Western Care Association’s Child Protection and Welfare Policy, Procedure and Practice • 2A.6 Visitors Policy • 2A.19 Anti-Bullying and Harassment Policy for People Using Services
Risk of non-compliance of staff with Western Care Association’s Child Protection and Welfare Policy, Procedure and Practice	<ul style="list-style-type: none"> • 2A.1 Western Care Association Child Protection and Welfare Policy, Procedure and Practice • 3A.10 Disciplinary Procedure • 3A.31 Trust in Care
Risk of harm or concern not being recognised or reported	<ul style="list-style-type: none"> • Children First E-Learning programme compulsory for all staff of Western Care Association • Internal Face to Face training on Child Protection and Welfare and Reporting delivered by Social Work Department. This training is mandatory training for staff working with children and is refreshed every 36 months. • Sign off on agreement to comply with Policy and Training. • Supervisory Support • Children First Implementation and Compliance Checklist for HSE Funded and Contracted Services

4. PROCEDURES

The Child Safeguarding Statement has been developed in line with requirements under the *Children First Act 2015*, the *Children First National Guidance 2017*, and *HSE Child Protection and Welfare Policy 2018*. In addition to the procedures listed in our Risk Assessment, the following procedures support our intention to safeguard children while they are availing of our service.

- List of Western Care Association Mandated Personnel
- 1.3 Natural Support and Volunteer Networks
- 1.4 Personal Intimate Care
- 2A.3 Procedure for the Resolution of Concerns and Complaints to Western Care Association
- 2A.7 Organisational Safety Statement
- 3A.11 Protected Disclosures of Information in the Work Place.
- 3A.25 Lone Workers Procedure

All procedures listed are available on request.

5. IMPLEMENTATION

Implementation of organisational policies is an ongoing process. Our service is committed to the implementation of this Child Safeguarding Statement and the procedures that support our intention to keep children safe from harm while availing of our service. This Child Safeguarding Statement will be reviewed in March 2020 or as soon as practicable after there has been a material change in any matter to which the statement refers. This Child Safeguarding Statement is displayed in a prominent place(s) where the relevant service relates or is provided and is also available on Western Care Association's Intranet.

Designated Liaison Person/Deputy Designated Liaison Person

- As part of Children First National Guidance 2017 and in keeping with best practice in Child Safeguarding, Western Care Association has an appointed Designated Liaison Person and a Deputy Designated Liaison Person.
- Role of the Designated Liaison Person: The Designated Liaison Person is responsible for ensuring that reporting procedures within the organisation are followed, so that child welfare and protection concerns are referred promptly to Tusla, Child and Family Agency. The Designated Liaison Person should record all concerns of allegations of child abuse brought to his or her attention, and actions taken in relation to a concern or allegation of child abuse.

If as a Designated Liaison Person, you decide **not** to report a concern to Tusla, the following steps should be taken:

- The reasons for not reporting should be recorded
- Any actions taken as a result of the concern should be recorded
- The employee or volunteer who raised the concern should be given a clear written explanation of the reasons why the concern is not

being reported to Tusla.

- The employee or volunteer should be advised that if they remain concerned about the situation, they are free to make a report to Tusla or An Garda Síochána.
- In Western Care Association both a Designated Liaison Person/Deputy Designated Liaison Person (DLP/DDLP) and Mandated Persons are employed by the organisation. Schedule 2 of the Children First Act 2015 is a list of Mandated Persons. These Mandated Persons have a legal responsibility to report child welfare and protection concerns.
- The role of the Designated Liaison Person is to ensure all management, staff, students and volunteers will be required to sign up and comply with Western Care Association's Child Protection and Welfare Policy, Procedures and Practice.
- To inform management, staff, students and volunteers that abuse, neglect, mistreatment and exploitation of children is forbidden and reported incidents will be managed in line with Children First National Guidance 2017 under Western Care Association's Child Protection and Welfare Policy, Procedures and Practices and other policies deemed as appropriate i.e. WCA Guidance for Implementing Trust in Care.
- To make explicit to management, staff, students and volunteers that they have a responsibility to report any concern regarding a child, whether or not they are mandated persons, as detailed in Schedule 2.
- To make explicit to all management, staff, students and volunteers the reporting procedure when they suspect that a child has or is being abused.
- To provide mandatory induction training in Western Care Association's Child Protection and Welfare Policy, Procedures and Practice and also provide follow up mandatory refresher training every 36 months.
- To make available accessible information on the protection and welfare of children in an easy read format based on the Child Protection and Welfare Policy, Procedures and Practice.
- To update the organisation's Child Protection and Welfare Policy, Procedures and Practices.
- In accordance with the Children First Act 2015, Western Care Association has appointed the Designated Liaison Person and the Deputy Designated Liaison Person as 'Relevant Persons'. These are:

David Tuomey, Designated Liaison Person – 087 2930391

Regina Chambers, Deputy Designated Liaison Person – 087 9536600

SECTION B

6. REPORTING PROCEDURE

Safe Services Mandatory Reporting

As stated, it is the aim of Western Care Association to provide services to children which promotes their welfare and protection. This is achieved through the provision of a clear reporting procedure, which all management, staff, students and volunteers in Western Care Association are trained and refreshed in.

All management, staff, students and volunteers in Western Care Association will be informed that they have statutory obligations as a HSE Funded Agency and that mandatory reporting of concerns is the organisational requirement. This duty requires management, staff, students and volunteers to **Recognise, Respond** and **Report** Child Abuse.

7. TYPES OF CHILD ABUSE AND HOW THEY MAY BE RECOGNISED

Western Care Association will ensure that all management, staff students and volunteers are made aware and understand the definitions of abuse as outlined in Children First National Guidance for the Protection and Welfare of Children 2017.

Neglect

Child neglect is the most frequently reported category of abuse, both in Ireland and internationally. Ongoing chronic neglect is recognized as being extremely harmful to the development and wellbeing 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 reasons) to meet their children's emotional and developmental; needs. Emotional abuse is not easy to recognize 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
- 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

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.

It should be remembered that sexual activity involving a young person may be sexual abuse even if the young person concerned does not themselves recognize it as abusive.

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, 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) of 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.

8. REASONABLE GROUNDS FOR CONCERN

When you have reasonable grounds for concern that a child may have been, is being, or is at risk of being abused or neglected, you need to highlight the concern as per this policy which is in line with Children First National Guidance 2017. If you ignore what may be symptoms of abuse, it could result in ongoing harm to the child. It is not necessary for you to prove that abuse has occurred to report a concern. All that is required is that you have reasonable grounds for concern. All concerns reported will be taken seriously.

Reasonable concerns for a child protection or welfare concern 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 the child being abused.

9. RESTROSPECTIVE ABUSE

Retrospective abuse is the recall and disclosure by an adult of an abuse they experienced during their childhood years.

Disclosures of abuse by adults which took place in their childhood years must also be reported to the Designated Liaison Person via the Western Care Association's Duty Social Worker. When a retrospective disclosure is made, serious consideration must be given to the current risk to any child who may be in contact with the alleged abuser.

Where retrospective disclosures occur, Western Care Association's Designated Liaison Person will have contact with the Duty Social Worker of Tusla in the interest of all concerned as so they can investigate any potential risk to any unidentified children.

A Retrospective Abuse Report Form is completed and sent by registered post to Tusla in the area where the alleged abuser resides (if known) or to Tusla where the adult making the disclosure lives, if it is not known where the alleged abuser lives.

The adult making the allegation will be facilitated and supported to make a full disclosure to An Garda Síochána.

The HSE National Counselling Service (NCS) provides free professional counselling/therapy to any adult who experienced abuse or neglect while they were a child. The service encourages people where possible to self-refer by ringing the **FREE PHONE NUMBER 1800 235 234** during weekday hours.

While waiting for an appointment with NCS, you may also avail of telephone counselling/therapy. Connect is a free confidential helpline and telephone counselling and psychotherapy service which operates on Wednesday, Thursday, Friday, Saturday and Sunday evenings from 6pm to 10pm. They can also be contacted on the Freephone number above.

Western Care Association also provides services to adults. In the event of Western Care Association becoming aware of an incident of potential abuse between an adult Service User and Child, this information will be shared with Tusla. The provision of information to statutory agencies for the protection of a child is not a breach of confidentiality or data protection.

10. 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 children 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. (*Children First National Guidance, 2017: 11-12*)

BULLYING

It is recognized 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 preferences, 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.

Bullying in schools is a particular problem due to the fact that children spend a significant portion of their time there and are in large social groups. In the first instance, the school authorities are responsible for dealing with such bullying. School management

boards must have a code of behaviour and an anti-bullying policy in place.

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. (Children First National Guidance, 2017: 12-13)

Western Care Association also has an easy read Anti-Bullying and Harassment Policy for people using services.

11. TIME FRAME FOR REPORTING

In the interest of, both the child and the concerned individual, immediate reporting of a concern is essential. This ensures that children will be able to recall events more clearly, thus ensuring that they receive appropriate and immediate protection. It also ensures that staff and volunteers do not finish work leaving the child in a situation of further risk or holding on to information that can be disturbing.

Under no circumstances should a child be left in a situation which exposes them to harm or risk of harm pending intervention. In the event of an emergency where you think a child is in immediate danger and you cannot make contact with the Designated Liaison Person or your line manager, you should contact the Gardaí who have a statutory responsibility to safeguard children. This may be done through any Garda Station. Notify the Designated Liaison Person and your Line Manager that this has been done as soon as possible afterwards.

12. GUIDELINES FOR RESPONDING TO A DISCLOSURE OF ABUSE FROM A CHILD

You should deal with disclosures of abuse sensitively and professionally. The following approach is suggested as best practice for dealing with these disclosures:

- React calmly
- Listen carefully and attentively
- Take the child seriously
- Reassure the child 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 that what you have heard is correct and understood
- Do not express any opinions about the alleged abuser
- Ensure that the child understands the procedures that will follow
- Make a written record of the conversation as soon as possible, in as much detail as possible
- Treat the information confidentially, subject to the requirements of this Guidance and legislation

(Children First National Guidance, 2017: 22)

13. REPORTING PROCEDURE

Roles and Responsibilities

All management, staff, students and volunteers are responsible for ensuring the protection and welfare of children in Western Care Association. Some staff have additional responsibilities arising in relation to their position as a manager, or in relation to a specific role they may hold, such as a Mandated Person or Designated Officer. These roles and responsibilities are outlined below.

Management, Staff, Students and Volunteers

The welfare and protection of children is the responsibility of all Western Care Association staff. Staff must commit to supporting each other and working in partnership in the best interests of children and young people, as well as committing to ensure full organisational compliance with the law and policies governing Children First National Guidance 2017 in Ireland. All staff must be aware of and understand their responsibilities under the relevant Children First National Guidance 2017 and Western Care Association's Child Protection and Welfare Policy, Procedures and Practice.

All Western Care Association management, staff, students and volunteers, whether listed on Schedule 2 or not, have a **compulsory** requirement to report any concern relating to a child or young person.

Staff must ensure they:

- Have read and understand this policy document and Western Care Association's Child Safeguarding Statement
- Complete the HSE eLearning module 'An Introduction to Children First' in line with requirements and attend additional mandatory Western Care Association's Child Protection and Welfare Training every 36 months
- Are aware of who the Designated Liaison Person and Deputy Designated Liaison Person are in Western Care Association
- Are aware if they are a Mandated Person under the Children First Act 2015, and are familiar with their role in this regard
- Are aware of compulsory reporting of child protection and welfare concerns in accordance with the procedures outlined in this policy
- Provide any necessary and proportionate assistance to assist Tusla in their assessment of a child protection or welfare children
- Safeguard children and support families as relevant to their role
- Are aware that this policy forms part of the induction process for new staff

- Are aware that records of concerns that have not reached the threshold for reporting to Tusla, but which have been subject of consultation within and/or outside of the organisation, are retained and will be recorded on the child's confidential file with a plan for agreed action. The referrer will be informed in writing that their concern has been received by Western Care Association. They will be advised to make further contact if they remain concerned
- They raise awareness of child protection and welfare issues through supervision, support, training, assistance and advice and are clear on their role in ensuring that staff are compliant with Western Care Associations Child Protection and Welfare Policy, Procedures and Practice.

Mandated Persons

Mandated persons are people who have contact with children and/or families and who, because of their qualifications, training and/or employment role, are in a key position to help protect children from harm. Mandated persons include professionals working with children in the education, health, justice, youth and childcare sectors. Certain professionals who may not work directly with children, such as those in adult counselling or psychiatry, are also mandated persons.

Mandated persons have two main legal obligations under the Children First Act 2015. These are:

- To report the harm of children to Tusla
- To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report

As a mandated person, under the legislation you are required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed to the point where the child's health, development or welfare have been or are being seriously affected or are likely to be seriously affected. The Act defines harm as assault, ill-treatment, neglect or sexual abuse, and covers single and multiple instances. Mandated Persons also have a legal obligation to report disclosures of harm by a child.

Mandated Persons who fail to adhere to their legal obligation to report child protection concerns can be sanctioned by Tusla as follows:

- Complaint to the Fitness to Practice Committee of a regulatory body if which you are a member.
- Pass information about your failure to make a report to the National Vetting Bureau of An Garda Síochána.

Mandated Persons are aware that information shared by Tusla in the course of carrying out an assessment shall not be disclosed to a third party, except in accordance with law or with an authorisation in writing from Tusla.

Table 1: Schedule 2 of the Children First Act 2015: Mandated Persons

1	Registered medical practitioner within the meaning of section 2 of the Medical Practitioners Act 2007.
2	Registered nurse or registered midwife within the meaning of section 2(1) of the Nurses and Midwives Act 2011.
3	Physiotherapist registered in the register of members of that profession.
4	Speech and language therapist registered in the register of members of that profession
5	Occupational therapist registered in the register of members of that profession.
6	Registered dentist within the meaning of section 2 of the Dentists Act 1985.
7	Psychologist who practises as such and who is eligible for registration in the register (if any) of members of that profession.
8	Social care worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register of that profession.
9	Social worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register (if any) of that profession.
10	Emergency medical technician, paramedic and advanced paramedic registered with the Pre-Hospital Emergency Care Council under the Pre-Hospital Emergency Care Council (Establishment) Order 2000 (S.I. No. 109 of 2000).
11	Probation officer within the meaning of section 1 of the Criminal Justice (Community Service) Act 1983.
12	Teacher registered with the Teaching Council.
13	Member of An Garda Síochána.
14	Guardian ad litem appointed in accordance with section 26 of the Child Care Act 1991.
15	<p>Person employed in any of the following capacities:</p> <ul style="list-style-type: none"> • Manager of domestic violence shelter; • Manager of homeless provision or emergency accommodation facility; • Manager of asylum seeker accommodation (direct provision) centre; • Addiction counsellor employed by a body funded, wholly or partly, out of moneys provided by the Oireachtas; • Psychotherapist or a person providing counselling who is registered with one of the voluntary professional bodies; • Manager of a language school or other recreational school where children reside away from home; • Member of the clergy (howsoever described) or pastoral care worker (howsoever described) of a church or other religious community; • Director of any institution where a child is detained by an order of a court; • Safeguarding Officer, Child Protection Officer or other person (howsoever described) who is employed for the purpose of performing the child welfare and protection function of religious, sporting, recreational, cultural, educational and other bodies and organisations offering services to children;

	<ul style="list-style-type: none"> • Child care staff member employed in a pre-school service within the meaning of Part VIIA of the Child Care Act 1991; • Person responsible for the care or management of a youth work service within the meaning of section 2 of the Youth Work Act 2001
16	Youth worker who— <ul style="list-style-type: none"> (a) holds a professional qualification that is recognised by the National Qualifications Authority in youth work within the meaning of section 3 of the Youth Work Act 2001 or a related discipline, and (b) is employed in a youth work service within the meaning of section 2 of the Youth Work Act 2001.
17	Foster carer registered with the Agency.
18	A person carrying on a pre-school service within the meaning of Part VIIA of the Child Care Act 1991.

HOW TO REPORT

If there is any concern about the welfare or safety of a child/young person who is involved in Western Care Association within their home or community context the following procedure will be followed:

All management, staff, student and volunteers with a concern for a child or young person will contact the Designated Liaison Person via the Western Care Association's Duty Social Worker and advise their line manager.

To speak to the Duty Social Worker in Western Care, please contact Head Office on 0949025133 between 9.15am-5pm Monday-Friday.

The Designated Liaison Person, Mr. David Tuomey, Principal Social Worker (094)9029114 / (087)2930391.

Or Deputy Designated Liaison Person Ms. Regina Chambers, Social Work Team Leader (094)9286998 / (087)9536600.

The Designated Liaison Person

In the event of a concern being highlighted to Western Care's Duty Social Worker, they will inform Western Care's Designated Liaison Person. The staff will be required to complete a Protection and Welfare Child/Young Person Service User Concern Form.

Following on from this, the Western Care Association's Duty Social Worker will contact the Tusla Duty Social Work Service for informal advice, i.e. discussing their concerns without identifying the child or family.

Following discussion with the Tusla Duty Social Worker and when advised to do so, Social Work personnel make a formal report on the Tusla Child Protection and Welfare Report Form via the Tusla Online Portal which is forwarded to the Tusla Social Work Department.

Western Care staff will inform families that a concern has arisen in relation to their child unless doing so would place the child at further risk. In such an event, this would be discussed with Tusla in the best interest of the child and liaise with the service in relation to who undertakes this.

To discuss a concern the Mayo Dedicated Contact Point is:

The Child and Family Agency,
2nd Floor Mill Lane,
Bridge Street, Castlebar, Co. Mayo
Telephone: 094 9049137

Emergency situation / outside of social work department hours:

Designated Liaison Person and staff should be aware to contact An Garda Síochána in an emergency situation. The local number for the Garda is Castlebar 0949038200; Ballina (096)20560; Swinford 0949252990; Claremorris 0949372080.

Mandated Persons can contact a Tusla Out Of Hours Service on 0818776315

Notification to HIQA

Any allegation, suspected or confirmed abuse of any child in a HIQA Designated Centre will be notified to HIQA within *three working days*, as part of our reporting requirements under HIQA.

LEGISLATION

Child Care Act 1991

The Child Care Act 1991 is the key piece of legislation which regulates child care policy in Ireland. Under this Act, Tusla has a statutory responsibility to promote the welfare of children who are not receiving adequate care and protection. If it is found that a child is not receiving adequate care and protection, Tusla has a duty to take appropriate action to promote the welfare of the child. This may include supporting families in need of assistance, and in exceptional circumstances, making alternative care arrangements for children. This act defines a child as a person under the age of 18 years, other than a person who is or has been married.

Children First Act 2015

The Children First Act 2015 was fully commenced on 11/12/17 and puts elements of Children First: National Guidance for the Protection and Welfare of Children (2017) on a statutory footing. The legislation is a key Programme for Government commitment, and forms part of a suite of child safeguarding legislation. The Act provides for a number of key child safeguarding measures, as follows:

- A requirement on organisations providing Relevant Services to children to keep children safe and to produce a Child Safeguarding Statement

- A requirement on defined categories of persons (Mandated Persons) to report child protection concerns over a defined threshold to Tusla
- A requirement on Mandated Persons to assist Tusla in the assessment of a child protection risk, if so requested to do so by Tusla
- The establishment of the Children First Interdepartmental Implementation Group on a statutory footing

Criminal Justice Act 2006 (Reckless Endangerment)

The Criminal Justice Act 2006 was commenced on 1st August 2006. Section 176 outlines that a person having authority or control over a child, is guilty of an offence where they intentionally or recklessly endanger a child by:

- Causing or permitting that child to be placed or left in a situation which creates substantial risk to the child of being a victim of serious harm or sexual abuse
- Failing to take reasonable steps to protect a child from such a risk

Serious harm in the Act is defined as an “injury which creates a substantial risk of death, or which causes permanent disfigurement or loss or impairment of the mobility of the body as a whole or of the function of any particular member or organ”. The penalty, if convicted, is a fine (no upper limit) and/or a maximum of 10 years imprisonment.

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

This act makes it an offence to withhold specific information from An Garda Síochána on certain offences, where that information could lead to a prosecution. Offences include sexual offences and offences causing harm, abduction, manslaughter or murder of children and vulnerable adults (See Act for list of Schedule 1 offences under this act). The offence arises where:

- A person knows or believes that a serious offence has been committed against a child or vulnerable person
- His/her information would be of material assistance in securing the apprehension, prosecution or conviction of another person for that offence
- He/she fails without reasonable excuse to disclose this information as soon as it is practicable to An Garda Síochána

The offence is punishable by a fine or imprisonment, or both. The offence applies to a person acquiring information after the passing of the Act on 18th July 2012. The offence exists even if the information acquired is about an offence which took place prior to the Act being enacted, and if the victim or vulnerable adult is no longer a child. The emphasis is on the person ‘acquiring the information’ and this does not apply to the child/adult to whom the information refers. While the commission of an offence can only apply to information not shared after the passing of the Act, it does not exclude information gathered prior to the Act, which may become relevant in the present.

In situations where a decision is taken not to report to An Garda Síochána under this Act, a report to Tusla under Children First 2017 may still be required.

Protections for Persons Reporting Child Abuse Act, 1998

The Protections for Persons Reporting Child Abuse Act 1998 makes provision for the protection from civil liability, or penalisation by an employer, of persons who have communicated child abuse reports 'reasonably and in good faith' to Designated Officers of the HSE, Tusla or to any member of An Garda Síochána

This legal protection means that even if a report of suspected child abuse proves unfounded, a plaintiff who took an action would have to prove that the person who communicated the concern had not acted reasonably and in good faith in making the report. Section 4 of the Act also protects employees from penalisation by employers for having made a report of child abuse. If you make a report in good faith and in the child's best interests, you may also be protected under common law by the defence of qualified privilege. The Act also created an offence of false reporting in cases where a report was made knowing the statement to be false.

Protected Disclosures Act 2014

This procedure was devised to give effect to the legislation on the protected disclosures of information as provided in the 2007 Act. The purpose of this Act is to facilitate employees to make protected disclosures in good faith where they have reasonable grounds for believing that the health or welfare of people and families using services or the public may be put at risk or where there is waste of public funds or legal obligations are not being met, so the matter can be investigated.

The legislation provides protection for employees from penalisation as a result of making a protected disclosure in good faith in accordance with this procedure.

There is an appointed authorised person in Western Care Association to receive a protected disclosure. The Western Care Association website for staff has a Protected Disclosures Form available for completion. This is then submitted to Annette Joyce, HR Department, Head Office.

14. STAFF AND VOLUNTEER RECRUITMENT

Western Care Association operates a staff and recruitment policy to ensure Best Practices when recruiting staff and volunteers. This policy is in line with national standards.

All management, staff, students and volunteers are required to complete the HSE e-Learning module 'An Introduction to Children First'.

15. CONFIDENTIALITY STATEMENT

It is the policy of Western Care Association to keep confidential all personal information about families and children, in line with GDPR 2018. An exception to this is when child protection concerns arise in relation to a child. In this situation information will be

shared on a need to know basis in the best interest of the child. Management, staff, students and volunteers in Western Care Association will be advised of our confidentiality statement. Western Care Association also have the responsibility to report on third party concerns (as per 2A.4 Records Management Procedure and 3A.4 Code of Conduct for Western Care Employee's Procedure) to the Child and Family Agency.

16. RECORDS

Western Care Association operates a Record Management Policy. All information regarding child protection concerns are stored securely as a confidential file, access to the same can only be obtained through the Designated Liaison Person. Any correspondence to or from Tusla will be held on the child's confidential file. A note to the child's Main File will only note the existence of a confidential file.

Management, staff, students and volunteers will co-operate with Children First National Guidance 2017 on the sharing of reports where a child welfare or protection issue arises. All relevant staff will be released to attend, as required, formal child protection welfare meetings as organised by Tusla.

All record Management in Western Care Association is in accordance with the EU General Data Protection Regulation 2018. Please refer to the Association's Data Protection Policy and 2A.4 Records Management Procedure.

17. CODE OF BEHAVIOUR WHEN WORKING WITH CHILDREN

We in Western Care Association believe that management, staff, students and volunteers must have a clear understanding of what is acceptable with respect to their behaviour with children. This is in order to protect children from harm, and staff and volunteers from misinterpretations of their actions. We aim to do this by:

- Valuing, respecting, and promoting the rights of children as individuals
- Providing children with information in a form they understand
- Listening to children and having their views taken into consideration
- Encouraging and involving children in decision making as appropriate
- Treating all children as equals, regardless of gender, race, culture and/or disability.
- A young person's support person, be it a parent, relative, friend or guardian, should also be included in communications where necessary and if available.

Western Care will not tolerate any conduct by management, staff, students and volunteers which places a child at risk of abuse, neglect, mistreatment or exploitation. Examples include:

- Engage in or allow inappropriate touching in any form
- Verbally abuse or physically punish any child
- Engage in practices which demean children
- Undertake intimate care needs without consulting and agreeing with the child and their parents
- Developing bias in interactions and relationships

- Condone bullying or abusive behaviour by any staff/volunteer or other children.

In addition to the above Code of Behaviour, specific activities undertaken by Western Care Association will require additional guidance for staff supporting children. The guidance required will be identified through training or staff meetings.

If staff are unsure about their actions or feel that they have breached the agreed code for their role in supporting children by omission or commission, they should consult their line manager. Deliberate breaches of the Code of Behaviour is a serious issue and will be investigated.

18. MISSING CHILDREN

In relation to missing children, please refer to Western Care Association's Missing Person Procedure.

19. COMPLAINTS

In the event that families have any issues or concerns, Western Care Association has a Complaints Procedure which is aimed at resolving these issues. All allegations which falls under the definition of abuse and which names a staff member of Western Care Association will be addressed in line with this Child Protection and Welfare Policy, Procedures and Practice and with Trust in Care 'Policy for Health Service Employers on Upholding the Dignity and Welfare of patient/clients and the procedure for Managing Allegations of Abuse against staff members'. In addition to this procedure, staff can also highlight a concern through the Protected Disclosures of Information.

20. TAKING AND USING IMAGES AND/OR VIDEOS OF CHILDREN

In our work supporting children, we may sometimes become involved in taking images of children for specific events, e.g. describing the activities of a service support. The following are good practice guidelines when taking and using images of children and young people as described in the Association's Records Management Procedure. Specific guidance is provided below:

- Children, young people and their parents/carers, Home Sharer's, Foster Carers should be informed in advance if and when images will be taken and their consent sought for image retention and use. This process is known as informed consent
- Recorded images should only be made, kept and used where there is a valid reason associated with the activity involved
- In general, individual children should not be identified with the exception being, where they are publically acknowledged (e.g. an award, performance, achievement for which consent has been given)
- For publicity purposes, group photographs are preferable to individual ones
- Ensure that all children are appropriately dressed

- Ensure that images do not contribute to expose children to embarrassment, distress or upset
- Ensure images and recordings are removed immediately from the device
- Any distribution of an image/recording should not take place unless you have consent to do so.

21. DESIGNATED LIAISON PERSON

The role of the Designated Liaison Person (DLP) in Western Care Association is to ensure best practice in the management of allegations of concern regarding children as outlined in “Our Duty to Care” (Department of Health & Children) which focuses on the principles of good practice for children and young people.

The Principal Social Worker in Western Care Association holds the position of Designated Person in regard to allegations of child concerns and has responsibility for the following:

- Establish contact with senior members of Tusla, who are responsible for child protection in the organisation’s catchment area. In practice this follows the protocol that is in place between Western Care Association’s Social Work Department and Tusla Social Work Department
- To provide information, advice and guidance on child protection within the organisation
- To ensure that the organisations Child Protection and Welfare Policy, Procedures and Practice are followed and to inform Tusla of relevant concerns about individual children and the Gardai if appropriate
- To ensure appropriate information is available at the time of the referral of the concern and that this information is communicated on to the Duty Social Worker in Tusla with the referral then being confirmed in writing using the Tusla Child Protection and Welfare Report Form via the Tusla Online Portal which is forwarded to the Tusla Social Work Department
- To liaise with Tusla, the Gardai and other agencies either directly or by delegation
- To provide a quarterly analysis to the Leadership Team on Tusla Child Protection and Welfare Report Forms, Service User Concern Forms and Peer to Peer Incidents
- To advise the Executive Director regarding robust systems and practices that have been put in place to protect the safety and welfare of children in our services
- To identify barriers of a systems and individual nature which require a response from the Executive Director with regard to child protection

- To ensure that a Confidential File is created to capture all the information required with regard to the concern (all original copies of concern regarding children to be forwarded on to Tusla Social Work Department), recording the action taken by Western Care Association and their contact with other agencies ensuring that there is a record of the final outcome for the individual concerned
- To provide training to management, staff, students and volunteers on the recognition and prevention of child abuse and the responsibility of each individual to report concerns and understand their particular role in the process
- To review complaints coming into the organisation to ensure that they do not have a Protection and Welfare concern for service users
- To ensure an annual review of garda vetting stats within the organisation
- To provide a report to the child care manager regarding a child placed with Western Care under a voluntary order.

22. DEPUTY DESIGNATED LIAISON PERSON

The role of the Deputy Designated Liaison Person is to assist the Designated Liaison Person in responding to issues of concern and in the absence of the Designated Liaison Person or where there are a number of concerns that require a response, the Deputy Designated Liaison Person can take a lead role. The Deputy Designated Liaison Person is a new responsibility role introduced by Tusla as a requirement in all services charged with responsibility of children. The Deputy Designated Liaison Person will be a senior member of the Social Work Department, currently this role is the responsibility of Regina Chambers, Team Leader.

23. INCIDENT INJURY REPORTING PROCEDURE

Western Care Association recognises that incidents of concern do arise between service users (peer to peer) in our direct services (Respite, Residential and Day Services). The recording of incidents of concern ensures that a response is put in place. The definitions of abuse as defined in our Child Protection and Welfare Policy, Procedures and Practice are printed in the Incident Report Book to support staff in recognising the category of concern experienced by the service user. Where a concern of this nature arises the incident is brought to the attention of the Designated Liaison Person and dealt with in line with this Child Protection and Welfare Policy, Procedures and Practice. This procedure gives guidance and specifies the required response for different categories of incident severity on a scale of 1 – 5. In the case of a higher severity level incident rating of 4 or 5 there is an elevated response. Where a concern of this severity level arises the incident is brought to the attention of the Designated Liaison Person. The Designated Liaison Person has identified the following steps that should be taken to ensure a robust plan of action is put in place. Service Managers must ensure that:

- a. A Critical Incident meeting takes place and that clear actions are agreed with regard to addressing the issue of concern and that the Minutes of the Critical Incident Meeting have been forwarded to the Designated Person
- b. A Personal Risk Management Plan is updated or put in place to address the particular issue of concern to successfully protect the individual. This Personal Risk Management Plan (PRMP) must be forwarded to the Designated Liaison Person
- c. The Service Managers satisfy themselves that the plan is robust enough to ensure the safety of those involved
- d. The plan identifies what the problem is that caused the concern so that a similar occurrence can be avoided in the future (this then looks at not just the symptoms but concentrates on the cause)
- e. The Service Manager is clear with regard to the solution that is proposed to address the issue concerned, recognises that this is feasible and ensures that the resources and the time implications are addressed. It is the responsibility of the Service Manager to ensure that this solution has been approved
- f. Clear lines of responsibility are outlined to all relevant staff and there is clarity of understanding with regard to each individual's role
- g. The Service Manager ensures a plan is put in place, that it is actioned and monitored
- h. The Service Manager looks at the learning from this intervention and if it is transferable ensures that they promote this, either themselves or by delegation to ensure that the learning is read and understood across the Agency.

Where Incidents of Peer to Peer concerns are rated at a level 1, 2 or 3, these incidents should be forwarded onto the Designated Person who will examine the data. The purpose of this is to examine if any individual is experiencing repeated low level severity 1 – 3 incidents which may reflect a more serious underlying pattern that needs to be addressed, noting that incidents rated level 3 will receive elevated levels of scrutiny. This will enable the identification of both individual and organisational issues arising in our systems and practice that need attention. Where a pattern of low level/low severity incidents is identified the Designated Liaison Person will require the following from the Service Manager regarding the safety of the service user involved.

- a. Service Manager to provide information on what is happening in relation to addressing the identified concern
- b. Service Manager will forward the written Action Plan to the Designated Liaison Person including identified personnel such as Behaviour Support Specialists, Psychologists or other individuals who are involved in the intervention

- c. Service Manager will communicate to the Designated Liaison Person their satisfaction and their degree of confidence with regard to the intervention plan and any implications arising from this approach.

The Designated Person will review this Data and will identify recommendations for managerial consideration.

REFERENCES:

Children First National Guidance for Protection and Welfare of Children 2017 (Internet)
Available at:
http://www.tusla.ie/uploads/content/Children_First_National_Guidance_2017.pdf

Policy and Procedure Feedback Form

A Policy and Procedure Feedback Form is available on the Western Care Association Intranet (under Procedures) which will provide an opportunity to comment on any policy/procedure.

Your comments will be forwarded to the person who has the lead for the on-going development of the policy/procedure.

All comments will be collated by the person responsible and will inform the three-yearly review cycle for updating procedures.



**Protection and Welfare Child/Young Person Service
User Concern Form**

<p>For the Registering of Concerns for Child with a Learning Disability (Please complete with as much detail as possible)</p>
<p>1. Name and Address of Child Service User (to whom concern relates)</p>
<p>2. D.O.B.</p>
<p>3. Gender</p>
<p>4. Name and Work Address of Person Reporting Concern</p>
<p>5. Contact Number of Person Reporting Concern</p>
<p>6. Is there any previous concern for this individual that you are aware of? (please give brief description)</p>
<p>7. When was the disclosure made (dates and times), and to whom did the Child make the disclosure e.g. staff member, family member, etc.?</p>

8. Describe as fully as possible what the child has said and the nature of the concern

9. Describe any signs or indicators of concern

10. Has the child alleged that any particular person has caused this abuse? (if so, please record details, relationship if any to the child)

11. As far as possible, describe the current state of the child's physical, mental and emotional wellbeing, noting any changes which have occurred in the person

12. Describe (in detail) any known risks to which the child in this situation is being exposed and any immediate action that has been taken to address this

13. Is the child in question aware that the concern is, or has been passed on? Have they expressed any reservations or worries with regard to the sharing of this information?

14. Is the child's family aware that a concern is being reported? Yes/No

15. Are there any factors which could be considered protective or helpful for the person at this time? Does the child have any particular communication needs that need to be considered?

16. Any other comments:

Signed: _____
Service User
(If applicable)

Date: _____

Signed: _____
Person Reporting Concern

Date: _____

Date Received by Social Work Department: _____