




St. Michael's House

St. Michael's House Children's Safeguarding Policy and Procedures

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Versions of Policy

Version	Date	Amendments	Written By / Reviewed by
1.0	January 2016		Tracey McKenna – Head of Social Work & Ed Beausang Principal Social Worker
2.0	April 2020	Policy Revised to incorporate Implementation of Children’s First National Guidelines 2017- revised Reporting procedures, Role of Designated Liaison Person, Role of Mandated Person	Catherine Rafter Principal Social Worker & Deirdre Kennedy
3.0	September 2023	Some minor edits to reflect organisational changes including introduction of Children’s Disability Network Teams.	Catherine Rafter Principal Social Worker & Karina O’Doherty Social Work Team Leader

SECTION 1: St Michael's House Child Safeguarding Policy

POLICY STATEMENT:

St Michael's House has developed this policy and these procedures as part of its commitment to providing safe services to all children using its services and protecting them from abuse and neglect.

Research has shown that children with disabilities are particularly vulnerable to all forms of abuse and neglect. This is because of the nature of their disability, which can impact on their understanding, their communication, isolation and their physical well-being.

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm. While protecting children from abuse is one part of safeguarding, children and young people also need safeguarding in order for them to grow, develop and achieve their full potential

Fundamental to the delivery of St. Michael's services, is the belief that services should be safe and trustworthy and contribute to the wellbeing of children and young people. That the safety and welfare of children is everyone's responsibility. St. Michael's House is explicit in promoting a 'no tolerance' approach to any form of abuse and endeavours to promote a culture which supports this ethos.

All children have the right to be protected from harm and discrimination whatever their:

- race, religion, first language or ethnicity
- gender or sexuality
- age
- health or disability
- location or placement
- political or immigration status (Article 2 UN convention on the Rights of the Child 1989)

This policy and these procedures aims to give clear guidance about how St. Michael's House will address the issue of abuse and neglect of children using its services, while taking into account the many complexities inherent in this subject. This includes the following;

- Families/carers who receive services and supports from St Michael's House.
- Staff of St Michael's House.
- Volunteers of St Michael's House.
- Agencies & persons contracted to provide services to St Michael's House
- the general public

This Policy and these Procedures:

- Provides information on the structure for the reporting of all child protection and welfare concerns
- Outlines staff's roles and responsibilities in terms of child protection and welfare
- Describes the organisational and managerial structures in place and specifies how St. Michael's House interfaces with Tusla (The Child and Family Agency), who together with an Garda Síochána have statutory responsibility for the assessment and investigation of child protection concerns.
- Employees of St Michael's House Special National schools who are paid by the department of Education and Skills, must follow the Department of Education & Skills Child Protection Policy and Procedures and report child safeguarding concerns to the school's nominated Designated Liaison Person which is typically the school principal

This policy and these procedures recognise the obligation that St. Michael's House has in;

- Ensuring that the effective implementation of the Children First Act forms an integral part of the governance arrangements of St. Michael's House and that performance in this regard is managed and monitored as part of its overall performance management and assurances processes.
- Ensuring an organisational Child Safeguarding Statement (CSS) is in place. As legally required under the Children's First Act 2015, the CSS outlines potential risks to children using St Michael House services and the policies, procedures and control measures to mitigate against these risks. (Appendix 1).
- Child Safeguarding Statements may be developed in specific service areas to ensure specific risk assessment and safeguarding measures are in place for that service area. (e.g. Children's residential services)
 - Promoting the wellbeing and welfare of children using our service, and the best interest of the child should be paramount.
 - Ensuring that all children using St Michael's House services are treated with dignity and respect. Children have a right to be heard, listened to and taken seriously. Taking into account their age and understanding they should be consulted and involved in all matters and decision that may affect their lives.
 - Preventing the abuse and neglect of children using our services and recognising signs and symptoms.
 - Ensuring a proper balance is struck between protecting children and respecting the rights and needs of parents / carers and families. Parents have a right to respect and should be consulted and involved in matters that concern their family. Where there is conflict, the child's welfare must come first.
 - Ensuring that all concerns or suspicions regarding a child being abused or at risk of abuse are reported through the correct procedures to Tusla without delay and that effective systems are in place and maintained to support staff members to report their concerns or suspicions.
 - Ensure that staff meet their Mandatory obligations under Children's First Act 2015, Co-operate with the statutory authorities in the, reporting, sharing of information and records where required to, as well as attendance at child protection and welfare conferences when requested.
 - Ensuring that all staff of St Michael's House, volunteers and those contracted to provide services are aware that they have a responsibility for the welfare and protection of children
 - Ensuring that structures are in place to ensure compliance with this policy

GUIDING PRINCIPLES:

Responsibilities of St. Michael's House:

Prevention

St. Michael's House will take all possible actions to prevent the abuse and neglect of all children receiving services and supports from St Michael's House and to prevent a culture of abuse and neglect from developing in St Michael's House Services.

Respect and Dignity

St. Michael's House will take all possible care in its recruitment processes to employ people and to recruit volunteers who will not abuse and neglect children.

Legislation

St. Michael's House will ensure that it implements and follows Children First Act 2015, in addition to other current and future legislation in relation to abuse and neglect of children.

Training

Children's First training is mandatory for all staff and volunteers of St Michael's House, people participating in shared living home based respite schemes (host families) and those contracted to provide services.

St. Michael's House will provide ongoing training to its employees, volunteers, host families and those contracted to provide services, in relation to safeguarding children so that they are aware of the signs and symptoms of abuse and neglect, and what to do if they have concerns about abuse and neglect of children.

St Michael's House are required by the HSE to gather and retain records of Children's Safeguarding training completed by all staff including mandatory Children's First eLearning programme.

Reported Concerns

St. Michael's House will take all reports of abuse and neglect of children very seriously. Assessments will be carried out when necessary and in a timely fashion. This will be done, in consultation with Tusla and in adherence to the procedures set out in this document.

St. Michael's House believes that any form of behaviour, which undermines the physical, sexual, and emotional well-being of children who receive its services and supports is unacceptable and must not, therefore, be ignored.

St. Michael's House recognises the potential for collusion in the nature of abuse and neglect. All parties should be mindful of this in the course of their work.

A Designated Liaison Person is appointed to ensure reporting procedures and pathways are in place for child safeguarding concerns. (refer to section 3)

Agencies Contracted to Provide Services

St. Michael's House requires that agencies contracted to provide services to St Michael's House commit to upholding this Policy and these Procedures. They will be required to complete a declaration to that effect when the contract is being issued.

They are also expected to report any concerns they have in relation to abuse and neglect to their senior management, who in turn must furnish the Designated Liaison Person of St. Michael's House with a full written report detailing the concerns.

Support

St. Michael's House will support children and families where an allegation of abuse has been made involving their child. St. Michael's House will provide support to those involved in assessments as appropriate.

St. Michael's House will support employees and host families who have erroneous or vexatious allegations made against them in their right to a fair and impartial investigation of the allegation

Statutory and Regulatory Bodies

St. Michael's House will inform the relevant statutory and regulatory bodies as prescribed by Children's First, (such as the Gardaí, Tusla and HIQA) and the regulatory bodies of the various professions (e.g. the Medical Council, Bord Altranais, and CORU).

Records

A record of all allegations of abuse and neglect against children will be kept by St Michael's House, in a manner that respects the right to confidentiality of all concerned and in accordance to recommendations of the Children First Act. Records of all reports made by the Designated Liaison Person and mandated persons to Tulsa will also be kept in a restricted access file for the purposes of audit by the Children First Office.

Records will be used to provide organisational learning, through statistical and data analysis, which will be anonymous. This data will be shared with relevant external agencies such as the HSE, Tulsa and HIQA.

St Michael's House is fully compliant with the Data Protection Act (2018) and the Freedom of Information Act (1997 and 2003).

St Michael's House will store confidential child safeguarding information in restricted access files, which can only be accessed when appropriate by written request to the Designated Liaison Person (deputy DLP).

Continuous Review and Improvement

St Michael's House will engage in continuous review and improvement of its systems and processes to ensure best practice standards in the safeguarding of children and the prevention of abuse and neglect. The Designated Liaison Person will report to the Organisations Quality and Safety Governance structures to provide updates and ensure widespread learning from all safeguarding enquiries.

Regulation and Legal Framework

The Children's First Guidelines were placed on a statutory footing with the enactment of the Children First Act [2015]. The Children First Guidelines were updated in 2017 to reflect this. The guidance sets out a number of key messages relating to the duty to protect children.

Children's residential and residential respite centres are described as designated centres' in the Health Act 2007 (Care and Support of residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations, 2013. The Health Information and Quality Authority (HIQA) has, among its functions under law, responsibility to regulate the quality of services provided in designated centres for people with disabilities, and to safeguard people with disabilities who are receiving residential services. These regulations came into operation on November 1st, 2013.

This Policy and these Procedures link with the following national standards, guidelines, and legislation.

- Children First, National Guidance for the Protection and Welfare of Children (2017).
- Children First Act (2015)
- National Quality Standards: Residential Services for People with Disabilities (HIQA 2009).
- Health Act (2007) care and support of residents in designated centres for persons (children & adults) with disabilities Regulations 2013.
- Department of Education and Skills Child Protection Policy and Procedures for Primary and Post Primary Schools. (2011)
- Safeguarding Adults and Children with Disabilities against Abuse. Council of Europe (2003).
- HSE Child Protection & Welfare Policy
- Tulsa Child Protection and Welfare Handbook
- Child Care Act (1991)
- Child Care (Amendment) Act 2007
- Child and Family Agency Act 2013

- Children's Act 2001.
- Child and Family Relationships Act 2015
- Criminal Justice (Female Genital Mutilation) Act 2012
- Criminal Justice (Reckless Endangerment of Children) Act 2006
- Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012
- Data Protection Acts 1988, 2003 and 2018
- Equal Status Acts 2000 – 2011
- Freedom of Information (FOI) Act 2014
- National Vetting Bureau (Children and Vulnerable Persons Act) Act 2012
- Trust in Care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients / Clients and the Procedure for Managing Allegations of Abuse against Staff Members; HSE 2005
- Non-Fatal Offences against the Person Act 1997
- Offences against the State (Amendment) Act 1998
- Our Duty To Care: the principles of good practice for the protection of children and young people - DOH (2002)
- Protected Disclosures Act 2014
- Protection for Persons Reporting Child Abuse Act 1998
- National Vetting Bureau (Children and Vulnerable Persons) Acts 2012–2016
- Criminal Law (Sexual Offences) Act 2017

Also informed by the following St. Michael's House documents:

- Policy for supporting the Personal and Sexual Development of People who use St. Michael's House Services
- Principles and Practices in Intimate Physical Care policy
- Positive behaviour Support Policy
- Service Users' Monies Policy
- St. Michael's House Health and Safety Statement
- St. Michael's House Standards for Report Writing and Record Keeping
- St. Michael's House Volunteer Policy and Guidelines
- St. Michael's House Human Resources Policies and Procedures Manual, including the Dignity at Work Policy
- St. Michael's House Rights Policy
- Personal and Intimate Relationships Committee (PAIRS)
- St. Michael's House Risk Management Policy
- St. Michael's House Visitors' Policy
- St. Michael's House Nutrition Policy
- St. Michael's House Feds Policy

In the event that policies and/or procedures which are referred to in this document are updated or rewritten, the most recent version will be consulted.

SECTION 2: Definition of Abuse and Neglect

Children First National Guidance for the Protection and Welfare of Children (2017) defines child abuse as follows:

NEGLECT

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/carers 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 over-protectiveness
- 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

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

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 on page 28 dealing with the obligations of mandated persons.

The National Quality Standards as set out by the Health Information and Quality Authority (HIQA) use the Council of Europe definition of abuse as follows:

Abuse: *Any act or failure to act, which results in a significant breach of a vulnerable person's human right, civil liberties, bodily integrity, dignity or general well-being, whether intended or inadvertent, including sexual relationships or financial transactions to which the person has not or cannot validly consent, or which are deliberately exploitative.*

CHILD WELFARE CONCERNS:

Some concerns do not fit within a categorisation of abuse or neglect and relate to the ongoing welfare of a child. A child welfare concern is a problem experienced directly by a child or by the family of a child that is seen to impact negatively on the child's welfare or development but may, or may not require a child protection response.

RETROSPECTIVE ABUSE:

Some adults may disclose abuse that took place during their childhood. If you receive a disclosure from a service user or family member that they were abused as a child, you should report this information to Tusla, as the alleged abuser may pose a current risk to children.

If you provide counselling, individual work, or group work, with service users or their families, it is recommended that you let them know, before the work starts, that if any child protection issues arise and the alleged perpetrator is identifiable, you must pass the information on to Tusla. If the service user or family member does not feel able to participate in any investigation, Tusla may be seriously constrained in their ability to respond to the retrospective allegation.

SECTION 3: When to Report / How to Report

INTRODUCTION

St. Michael's House expects all staff, volunteers, people participating in home sharing, students on placement and agencies, which are contracted to provide services to St. Michael's House and staff employed by St Michael's House working in St. Michael's House schools to take all possible actions to prevent the abuse and neglect of all children and adults receiving services and supports.

Staff play a key role in protecting those who use St. Michael's House services from abuse and neglect. They do this by being alert to signs that may concern them and reporting these concerns to those in the organisation who can take action.

Reporting such concerns and alerting others about them does not mean that staff break confidentiality if such information has been given in confidence. And in fact in these circumstances staff cannot give guarantees of confidentiality.

Duty to Report Concerns and Allegations

If child welfare or child protection concerns meet the threshold of reasonable grounds for reporting to Tusla you should follow these reporting procedures, even if the identity of the children is unknown. Definition of reasonable grounds for concern as outlined under the Children's First Act will be detailed later in this section.

It is important to note that professional regulatory bodies, (for example, the Medical Council, Bord Altranais, CORU), which register the various professionals, require their members to report issues relating to abuse and neglect.

For the particular legal responsibilities of mandated persons please see section 4.

What to Report

The definition of abuse and neglect as stated in Children's First Act 2015, is provided in this policy. A description of the types of abuse and how they might be recognised will assist staff in deciding what to be concerned about. (**Appendix 3**)

Wherever appropriate, any issues should be checked with the parents/guardians when considering whether or not a concern exists, unless doing so may further endanger the child or the person considering making the report.

However if in doubt, err on the side of caution and seek advice from the Designated Liaison Person on anything that is making you uncomfortable, so that the matter can be discussed and worries and fears allayed or followed up as necessary.

Staff Must Report

- Concerns regarding abuse and neglect
- Suspicions of abuse and neglect
- Allegations of abuse and neglect which are made to them
- If they witness abuse and neglect
- Disclosures of abuse and neglect, whether past or present

WHO DO YOU REPORT CONCERNS TO?

Employees of St. Michael's House and St Michael's House Services: -

Members of staff, host families, volunteers, employees of St Michael's House who work in St. Michael's House schools and students on placement are required under this policy to report their concern by **direct communication** either via telephone or face-to-face **verbally** to their Line Manager and the Designated Liaison Person (Principal Social Worker for service).

If the Designated Liaison Person or deputy Designation Liaison Persons (**Section 4**), is unavailable staff can report to the Head of Social Work or Social Work Team leaders on another CDNT.

If your line manager is unavailable, staff in residential, respite and support services should notify your service manager of the concern, but the staff member must progress with reporting your concern to the DLP on the day of the concern.

Section 4 of this document outlines the role of the Designated Liaison Person and the deputy Designated Liaison Person.

If an incident occurs out of hours in a residential setting, host family setting or within St Michael's House support services then the Nurse Manager on Call should be contacted. Remember to inform people directly, either in person or on the phone. It is not sufficient to leave phone messages or send emails.

Use of email at this point in the reporting process is not appropriate, and should only ever be used on specific direction from the Designated Liaison Person. On the advice of the Designated Liaison Person you may be requested to complete the Tusla Child Protection and Welfare Report form (**Appendix 4**). Completing the CPWRF constitutes a formal notification of abuse.

This policy provides detailed flow charts to support staff on reporting child safeguarding concerns within both residential and non-residential settings, and during office hours and out of office hours. (**Appendix 5**)

In cases of suspected poor practice it is important that staff raise and report concerns with someone whom they can trust and with whom they can speak freely. In most instances, this is the Line Manager. In the event that concerns are about a Line Manager, clinicians or senior members of staff in the organisation, concerns should be reported to the DLP or a senior member of management.

Poor practice which is causing a safeguarding concern to the welfare of the child should be reported to the Designated Liaison Person. See section 5 for more details how concerns relating to members of St. Michael's House staff are dealt with.

St Michael's House Working Alone policy provides for guidance for staff working alone or in vulnerable situations (**Appendix 6**).

Service Users and Families/Carers

Service users or their family / carers can report abuse and neglect to any member of staff. If the concern is about a third party, the staff member can support the service user or family member/carer to make a direct referral to Tusla and follow this policy in relation to their obligations to report.

St. Michael's House Special School

The Department of Education and Skills expect teachers and other staff paid by the Department to follow their own guidelines and procedures to managing and reporting child safeguarding concerns.

St Michael's House staff who work in a St. Michael's House Special School are obliged to follow this policy and to report, as employees of the organisation, any child safeguarding concern to St Michael's House Designated Liaison Person. However, it is best practice that these concerns are also shared with the Designated Liaison Person for the school.

It is best practice for the Designated Liaison Person of St Michaels House and a St Michael's House Special National School to inform each other of any allegations or concerns of child abuse or neglect, so that there is a co-ordinated response to all allegations.

How to Report

Concerns must be reported verbally first and then in writing to the Designated Liaison Person (Principal Social Worker).

The following points will help when writing the report:

- Complete the report as soon as possible after being told or becoming aware of the concern or allegation. Those who attend our service do not always report concerns or allegations verbally. Instead it may be something staff see or notice.
- Include as many details as possible, even if they seem irrelevant.
- Name other people who may have been present, times, dates and contextual information.
- Separate fact from opinion. Remember this report may be required for disciplinary or legal or criminal proceedings.
- Avoid over use of adjectives, e.g. "he was very distressed" , " he was physically restrained" state what exactly you were informed or witnessed - such as" he was strapped in his chair, continually crying and asking to get out for over a 10 minutes period ."
- Remember that when people are named in reports, they are entitled to receive the information about them. The relevant parts of the report will be passed to them.
- If you are a mandated person and the allegation meets the threshold of concern to report to Tusla, you are required to fill in the Tusla Child Protection and Welfare Report Form which can be co-signed by the Designated Liaison Person or Deputy/DLP.

Remember - it is your responsibility as a member of staff of St. Michael's House, host family, volunteer or student to report incidents and suspicions and concerns of child abuse and neglect. It is not your duty to investigate these issues. That is for others to do.

The Decision to Report to Tusla / An Garda Síochana

The decision to report to Tusla is made if the concerns regarding the child reach the threshold of '*reasonable grounds for concern that a child may have been, is being, or is at risk of being abused or neglected.*'

Children First Act 2017 outlines reasonable grounds for concern as;

- Evidence that is consistent with abuse and unlikely to have been caused in any other way. This evidence, for example, could be in the form of an injury or behaviour.
- 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.

The Designated Liaison Person will make a decision based on the information you provide, whether or not the concern or allegation reaches the threshold for reasonable grounds for concern. Where it is suspected that a crime may have been committed, the Designated Liaison Person will inform the Gardaí.

If the Designated Liaison Person decides that the threshold is **not** reached, they will, in line with Children First Policy, ensure the following steps are taken:

- The reasons for not reporting are recorded;
- If any actions are taken as a result of the concern, these should be recorded;
- The worker 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 worker 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. The worker or volunteer who raised the concern should also be reassured that if they do choose to further pursue the matter, they are covered by the Protections for Persons Reporting Child Abuse Act 1998.

The Designated Liaison Person may recommend that a safeguarding and wellbeing plan be put in place by the clinician/team before the decision to report is made. This plan may outline a number of actions **which should be agreed with the parents to ensure** the safety and wellbeing of the child. The parents should be aware of the reasons for putting the plan in place and the circumstances in which the plan would lead to a referral to Tusla.

The Designated Liaison Person may also make the decision that a certain concerns should also be referred to the Gardaí as it may be suspected that a crime has been committed. This is in line with the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, which are in addition to any reporting requirements under the Children First Act 2015.

Employees, volunteers staff, host families are required to inform the Designated Liaison Person if they make the decision themselves to report to Tusla / Gardaí, despite the Designated Liaison Person recommending that this is not required. This is so that accurate records are maintained and so that the family can be supported with the referral. It is also St. Michael's House policy that you inform the family of the decision to report and record this conversation on the file.

Informing Parents / Guardians of Concerns & Reports

It is best practice, in consultation with your line manager and the Designated Liaison Person, to inform parents or guardians of concerns or allegations as soon as you become aware of them. This is so that the parents' views and responses can be included in any referral.

However, families must **not** be contacted without consultation with the Designated Liaison Person, or in their absence, the Head of Social Work/Social Work Team Leader on a CDNT

If both parents are guardians **both** need to be informed of concerns, consulted in relation to safety plans, and informed of any decisions to report or not report. See **Appendix 8** for information about how to know whether a parent has guardianship.

It is not necessary to inform the parent/guardian that a report is being made if by doing so the child will be placed at further risk or where the family's knowledge of the report could impair Tusla's ability to carry out a risk assessment. Also, you do not need to inform the family if you reasonably believe that by doing so it may place you at risk of harm.

It is important that any decision not to inform the parents of a report be made in consultation with the Designated Liaison Person and your line manager and it is clearly recorded on the file the reasons for not informing the parents.

HIQA

If the person about whom the allegation or concern has been raised is resident in a designated centre, then Regulation 31(1)(f) of the Statutory Instruments S.I. No. 367 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 applies.

Regulation 31(1)(f) stipulates that the Person In Charge (P.I.C.) shall give the chief inspector in HIQA (Health Information and Quality Authority) notice in writing within 3 working days of any allegation, suspected or confirmed, of abuse of any resident (NF06 form – see (**Appendix 7**)). The NF06 must be completed at all times in consultation with the Designated Liaison Person and/or Principal Social Worker for the Region, and a copy of the NF06 form placed by the Designated Liaison Person in the restricted access file of the service user(s) to whom it refers.

In addition to this notification, a follow-up report into the alleged abuse must be submitted within 20 working days to the Authority, again in consultation with the Designated Liaison Person.

Where allegations or concerns raised relate to a member of St. Michael's House staff, no information that can identify that person, including gender-specific references, will be included either in the notification or in the follow-up report.

Section 4. Designated Liaison Person

DESIGNATED LIAISON PERSON'S ROLE:

Children's First National Guidance (2017) requires that each organisation should identify a Designated Liaison Person to act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection concerns

The Designated Liaison Person in St. Michael's House is the Principal Social Worker. If the DLP/Principal Social Worker for the service area is absent, an alternative St Michael's House Principal Social Worker or the Head of Social Work will act as Designated Liaison Person for service area.

The Designated Liaison Person for children's services will report to the Head of the Social Work Department and Director of Children's services. Contact details for the Designated Liaison Person will be available in all units of St. Michael's House and on the Intranet.

Note: The Designated Liaison Person for St Michael's House is not the Designated Person for St Michael's House special national schools. The school appoints its own Designated Liaison Person, typically the school principal. Staff employed by the school follow the child safeguarding policy as set out by the Department of Education & Skills. As mentioned in Section 3 staff employed by St Michael's House working in the school setting are obliged to follow this policy and must report child safeguarding concerns to the St Michael's House Designated Liaison Person.

KEY RESPONSIBILITIES

Reporting

The Designated Liaison Person will manage all reports of concerns or allegations of abuse and neglect against children made in St. Michael's House in line with this policy and procedures.

The Designated Liaison Person or Deputy Designated Person where appropriate will make reports in conjunction with mandated persons in line with the Children First Act [2015].

The Designated Liaison Person for children's services reports to the Head of Social Work and Director of Children's services.

Allegations of Abuse & Neglect

The Designated Liaison Person or deputy Designated Person where appropriate, will in conjunction with the relevant people, consult and gather information in order to ascertain if allegations meet the threshold for referral to Tusla, i.e. are there reasonable grounds for concern.

If the Designated Liaison Person is of the opinion that the concern does **not** meet the threshold of reasonable grounds for concern do, they will;

- Ensure the reasons for not reporting are to be recorded;
- Ensure that if any actions are taken as a result of the concern, these are recorded;
- Give a clear written explanation of the reasons why the concern is not being reported to Tusla to the worker or volunteer;
- Advise the worker or volunteer that if they remain concerned about the situation, they are free to

make a report to Tusla or An Garda Síochána. The worker or volunteer who raised the concern should also be reassured that if they do choose to further pursue the matter, they are covered by the Protections for Persons Reporting Child Abuse Act 1998.

The Designated Liaison Person or the Deputy Designated Liaison Person, as appropriate, will be the primary link person with Tusla in relation to all reports of concerns or allegations in relation to the abuse and neglect of children.

The Designation Liaison Officer will be informed of any child safeguarding concerns relating to staff members, volunteers and home sharing hosts. The DLP in conjunction with the staff's line manager may be involved in creating safety plans for the children the person subject to the abuse allegation has contact with, while a Tusla assessment and/or Garda investigation is ongoing or waiting to commence. The DLP will, if required, work with Tusla and An Gardaí in regard to devising safety plans when the outcome of the assessment/investigation is known.

Human Resources

The Designated Liaison Person will work closely with the Director of the Human Resources Department or delegate to ensure he/she is aware of concerns in relation to staff and to ensure liaison and co-operation when preliminary screenings and assessments relating to staff are being carried out.

Education and awareness of Service Users and families

The Designated Liaison Person will in conjunction with St Michael's House Staff support service users and families to increase their awareness of abuse and neglect, in order that they may be able to take steps to prevent and protect themselves from abuse and neglect.

Education and Awareness

The Designated Liaison Person will, in conjunction with the Training Department, increase awareness in St. Michael's House staff, families and volunteers and those contracted to provide services, of the issue of abuse and neglect. This will involve supporting them, through information sharing and training.

The Designated Liaison Person will ensure where necessary that staff are supported to develop relevant skills to assist in interviewing and investigations where required.

The Designated Liaison Person will be available to all staff of St. Michael's House, carers and those who use St. Michael's House services, volunteers, host families and those contracted to provide services, to provide information and/or support if they wish to express concerns or report allegations of abuse or neglect.

Note: The Designated Liaison Person will also be available for consultation and advice to the Designated Liaison Person in St Michael's House schools.

Legislation

The Designated Liaison Person will ensure that legislation which is enacted in relation to the abuse and neglect of children is implemented and followed. The Designated Liaison Person will ensure that St. Michael's House policy and procedures are in line with future legislation when enacted.

External Agencies

The Designated Liaison Person will be responsible for ensuring that all reports of abuse and neglect are made to the appropriate external agencies, such as the Gardaí or Tusla. This will be done in conjunction with the mandated person as appropriate.

The Designated Liaison Person will ensure co-operation with relevant external agencies where appropriate, such as the Gardaí, Tusla, HIQA and the Department of Education and Skills.

The Designated Liaison Person will develop links with external agencies, such as the Gardaí, Tusla and the HSE community services to increase their understanding of the vulnerability of people with intellectual disabilities.

Audit and Reviews

The Designated Liaison Person will audit all reports from abuse assessments to ensure that action plans have been implemented, where relevant.

The Designated Liaison Person will carry out reviews and audits of cases in order to facilitate organisational learning and ensure good practice.

Governance and Oversight

St Michael's House Child Safeguarding is under the Children & Young Persons directorate.

The Designated Liaison Person will produce a bi-annual report for the Children's Directorate Management Team (CDMT) and an annual report to EMT.

The Designated Liaison person will also provide safeguarding reports to the organisation's Quality and Safety Committees as prescribed.

Records and Data Base

The Designated Liaison Person will ensure that appropriate records and files are kept in relation to investigations of abuse and neglect. She/he will maintain a database of all cases and ensure that such information is maintained in a confidential and secure manner.

St. Michael's House is fully compliant with the Data Protection Act (2018) and the Freedom of Information Act (1997 and 2003).

The Social Work Team Leader (or nominated Senior Social Worker) on St Michael's House Children's Network teams (CDNT) will act as Deputy Designated Liaison Person for the team.

ROLE OF DEPUTY DESIGNATED LIAISON PERSON

The Deputy Designated Liaison Person is a resource to the team in regard to child safeguarding concerns and ensures that the reporting procedure within the organisation is followed so that suspected cases of child abuse or neglect are referred promptly to the Designated Liaison Person and Tusla if required.

- The Deputy Designated Liaison Person is the point of contact for all potential child safeguarding concerns on the CDNT
- The Deputy Designated Liaison Person will screen the concern to assess if grounds for a safeguarding concern exist.
- If grounds for safeguarding concern do exist the Deputy Designated Liaison Person will promptly contact the Designated Liaison Person. If a decision is made to make a referral to Tusla and the person with the original concern is a mandated person the Deputy Designated Liaison Person will jointly complete a Child Protection and Welfare Referral Form (CPWRF) to Tusla with the Mandated person.
- If the person with the concern is not a mandated person, the Deputy Designated Liaison Person will complete the CPWRF to Tusla.
- If the Deputy Designated Liaison Person assesses there are no grounds for a safeguarding concern, they will advise the person with the concern as to the reason why. If the person wishes they can request reasons in writing and this must be signed jointly by the Deputy Designated Liaison Person and the

Designated Liaison Person.

- The Deputy Designated Liaison will record all child safeguarding concerns raised even those that are assessed as not meeting the threshold for a reportable concern, this information will be kept on the DLP database.
- The D/Designated Liaison Person will also develop and review safeguarding plans, which may involve input from other team members.
- The D/Designated Liaison Person will also be involved in delivering Child Safeguarding training to St Michael's House staff.

Where a D/Designated Liaison Person is not available all suspected Child Safeguarding concerns must be promptly reported to the Designated Liaison Person.

All child safeguarding concerns arising in a St Michael's House residential or respite service must be reported directly to the Designated Liaison Person.

If a child welfare concern arises for a staff member working in adult services during the course of their work, they must report this concern to the relevant Principal Social Worker/ Designated Liaison Person in adult services.

Section 5. Mandated Persons

Introduction

Schedule 2 of the Children First Act 2015, defines categories of persons as mandated persons (*see Appendix 2*). Mandated persons have two main legal obligations under the Children First Act 2015. These are:

- 1) To report the harm of children above a defined threshold to Tusla as outlined in the next paragraph;
- 2) To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report.

What does harm mean?

Mandated persons are obliged under law to report allegations of abuse or neglect meeting a legally defined threshold of harm. The Children First Act 2015 defines harm as;

“harm” means, in relation to a child;-

- assault, ill-treatment or neglect of the child in a manner that seriously affects or is
- likely to seriously affect the child’s health, development or welfare, or
- sexual abuse of the child,

whether caused by a single act, omission or circumstance or a series or combination of acts, omissions or circumstances, or otherwise.

The act also defines what is meant by sexual abuse, neglect, and welfare, when looking at the threshold of harm to a child:

“neglect” means, in relation to a child, to deprive the child of adequate food, warmth, clothing, hygiene, supervision, safety or medical care;

“sexual abuse” means, in relation to a child—

- an offence against the child (as defined under specific pieces of legislation, which are listed in the act, (*see Appendix 9*)).
- wilful exposure of the child to pornography, or
- wilful sexual activity in the presence of the child;

“welfare” includes, in relation to a child, the moral, intellectual, physical, emotional and social welfare of the child.

This threshold of harm is significantly higher than the threshold of ‘reasonable grounds for concern’ for reporting to Tusla outlined above. As such, if, as a mandated person, you follow St Michael’s House policies and procedures, you will be upholding your obligations under the law.

However, it is important to note that concerns reaching the threshold of harm ***must*** be reported ***jointly*** with the Designated Liaison Person. It is ***not*** sufficient to meet your obligations under the act to just inform the Designated Liaison Person without also jointly reporting to Tusla

What does the Act and Children's First say about reporting?

The Children First Act 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

- has been harmed,
- is being harmed, or
- 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 the Agency.

and 'Where a child believes that he or she has been harmed, is being harmed, or is at risk of being harmed, and discloses that belief to a mandated person in the course of the mandated person's employment or profession as such a person, the mandated person shall,, as soon as practicable, report that disclosure to the Agency.

If you become aware of an allegation or concern that a child has been, is or will be harmed or the child tells you that they have been, are being or will be harmed, then you are obliged to report this to Tusla.

It is not sufficient to solely inform the Designated Liaison Person; you will not have discharged your obligations under the act without making a report to Tusla. In these circumstances you should follow this policy and make a joint report with the Designated Liaison Person to Tusla.

When the decision to report has been made, you should in consultation with the Designated Liaison Person, inform the parents that the report will be made. As noted above, it is not necessary to inform the family that a report is being made if by doing so the child will be placed at further risk or where the family's knowledge of the report could impair Tusla's ability to carry out a risk assessment.

Also, you do not need to inform the family if you reasonably believe that by doing so it may place you at risk of harm from the family. It is important that any decision not to inform the parents of a report be made in consultation with the Designated Liaison Person and it is clearly recorded on the file the reasons for not informing the parents.

If the Designated Liaison Person decides, based on the information reported, that the concern does not meet the threshold a Tusla referral and you don't agree with this decision, and you proceed to report to Tusla, it is St. Michael's House policy that the mandated person informs the Designated Liaison Person of this decision. This is so that it can be recorded on the file and appropriate supports are put in place for the child and family. It is also St. Michael's House policy that the mandated person informs the family of the decision to report and records this conversation on the file.

Exemptions to the Requirement for a Mandated Person to Report

Underage Consensual Sexual Activity

Under the Criminal Law (Sexual Offences) Act 2006 the legal age of consent is 17 years. While a sexual relationship where one or both parties is under 17 years of age is illegal, when making a mandated report to Tusla, it might not be regarded as child sexual abuse. There are certain exemptions from reporting underage consensual sexual activity under section 14(3) of the Children First Act 2015.

If you are satisfied that all of the following criteria are met, you are not required to make a report to Tusla:

- The young person(s) concerned are between 15 and 17 years old
- The age difference between them is not more than 24 months
- There is no material difference in their maturity or capacity to consent
 - The relationship between the people engaged in the sexual activity does not involve intimidation or exploitation of either person
 - The young person does not believe that they have been, are, or will be harmed, by the sexual activity
 - The young person's concerned state clearly that they do not want any information about the activity to be disclosed to Tusla

In effect, this means that if all of the above criteria are met, you as a mandated person do not have to report consensual sexual activity between older teenagers as sexual abuse to Tusla but you must uphold the key principle that the welfare of the child is paramount and if you have any concerns, even where all the above criteria are met, you may make a report to Tusla.

Concerns Developed Outside Of Professional Duties

The legal obligation to report under the Act applies only to information that you acquire in the course of your professional work or employment. It does not apply to information you acquire outside your work. While the legal obligation to report only arises for employment or professional duties, you should still report all reasonable concerns to Tusla.

What happens if a mandated person doesn't report?

The Children First Act 2015 does not impose criminal sanctions on mandated persons who fail to make a report to Tusla. However, there are a number of administrative actions that Tusla could take if, after an investigation, it emerges that you did not make a mandated report and a child was subsequently left at risk or harmed.

Tusla may:

- Make a complaint to the Fitness to Practise Committee of a regulatory body of which you are a member.
- Pass information about your failure to make a report to the National Vetting Bureau of An Garda Síochána. This information could therefore be disclosed to your current or future employers when you are next vetted.

Also, as stated in this document, St. Michael's House considers a failure to report a child protection concern to be a disciplinary matter.

The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 requires that any person who has information about a serious offence against a child, which may result in charges or prosecution, must report this to An Garda Síochána. Failure to report under the Act is a criminal offence under that legislation. This obligation is in addition to any obligations under the Children First Act 2015.

What is Mandated Assisting?

Mandated assisting is the phrase used to describe how Tusla use information given by mandated persons to inform their assessment of risk of harm to a child or children. It is St. Michael's House policy to support and co-operate with Tusla's assessment.

Written reports from mandated persons should improve the quality of information available to Tusla and therefore improve the assessment process. In some instances Tusla will need further information from the person making the report. The better the quality of the initial report, and the more comprehensive and relevant the information given at that stage, the more likely Tusla can make an early and effective decision about how to deal with the reported concern.

It is usual practice for professionals, who have ongoing contact with a child and where there is concern about possible abuse, to continue to engage with Tusla's social work team to assist in the protection of the child. To support and reinforce this practice, the Children First Act 2015 provides that all mandated persons can be asked by Tusla to provide any necessary and proportionate assistance to aid Tusla in assessing the risk to a child arising from a mandated report. Mandated persons must comply with this request, regardless of who made the report. Mandated assistance may include a request to supply further information over the phone, produce a verbal or written report or attend a meeting.

Section 6: Staff Support

STAFF SUPPORT

St. Michael's House are committed to supporting staff, Shared Living hosts, and volunteers in recognising and reporting safeguarding concerns through communicating of this policy and safeguarding training.

St. Michael's House recognise that it is not always easy for staff to report concerns and allegations. There can be many reasons for this which can include:

- They may not always be clear about what kind of concerns to report.
- They may be afraid to express concerns.
- They may not know how to report concerns or allegations.
- They may not understand what abuse is.
- They may not know what signs to look for.

Staff may be fearful of reporting concerns and/or allegations for a number of reasons which may include:

- Fear of what may happen.
- Fear of not being listened to.
- Confusion regarding confidentiality and keeping secrets.
- Knowledge of the person who is alleged to have carried out the abuse.
- Friendship or relationship with the person who is alleged to have carried out the abuse, particularly if they are a colleague.
- Not understanding the seriousness of the abuse.

While all of these are understandable, they are insufficient reasons for not alerting people to concerns of abuse and neglect. If in doubt, staff should report as it is better to err on the side of caution rather than let fear or disbelief take over.

St. Michael's House will provide support to staff that come forward with concerns or allegations of abuse and neglect.

If for some reason it is difficult for staff to report internally, staff may report externally to the Health Service Executive (HSE) under the provisions of the 2004 Health Act, as amended by Health Act 2007 (Section 103). This provides protection for those making disclosures of information. A document entitled Procedures on Protected Disclosures of Information in the Workplace was produced by HSE Working Group to meet the requirements in the Act. The legislation required the appointment by the HSE of an "Authorised Person" to discharge this function on behalf of the HSE and all service providers.

When allegations are made against a Staff Member

Trust in Care: Policy for Health Services Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse Against Staff Members (HSE, Employment Representative Division (2005)) points out that "the Common Law provides a defence, in particular circumstances, to individuals who make verbal or written statements of a kind which could expose their author to a claim of defamation if such statements were made in different circumstances".

This *defence of qualified privilege* exists in recognition of the fact that there are circumstances in which individuals have to be able to speak freely without fear of adverse legal consequences.

In general, the privilege covers situations where the maker of the statement has a duty to speak or is obliged to protect some interest. The duty in question does not have to be a strictly legal one: moral or social duty, to make the statement or report is sufficient. The recipient of the statement must have a corresponding duty to receive the statement. The defence only applies where the individual who makes the statement is not motivated by malice in making his statement.

In circumstances where an individual has a duty to speak and does so without malice, he can be assured that the defence of qualified privilege will protect him from any defamation claim to which his statement could possibly give rise. The defence will apply, for example, when an employee reports to his Line Manager (or HR manager or some specially designated person); his bona fide suspicion that a fellow employee may have committed an act of abuse in the course of the latter's employment

If an allegation is made against a Home Sharing host or Volunteer, the principles of the Trust in Care policy will apply.

Section 55(B) of the 2007 Health Act (Section 103) also provides protection for those making disclosures of information. It states that where an employee of a relevant body makes, in good faith, a disclosure to an authorised person, the disclosure shall be a protected disclosure under this Act.

A document entitled Procedures on Protected Disclosures of Information in the Workplace was produced by the Health Service Executive (HSE) Working Group to meet the requirements in the Act. The legislation required the appointment by the HSE of an "Authorised Person" to whom protected disclosures may be made.

SECTION 7: APPENDICES

APPENDIX 1: St Michael's House Child Safeguarding Statement

St. Michael's House Child Safeguarding Statement

St. Michael's House provides a comprehensive range of services and supports to over 2,000 Children and adults with intellectual disabilities in 170 locations in the greater Dublin area and Navan, Co. Meath.

St. Michael's House Children's and Young Person's Services incorporates residential and respite services, clinical and social support services for Children and young people with complex needs and is the Patron body for six Special National Schools.

St. Michael's House employs over 2,000 staff. The safety, welfare and development of Children and young people is a core objective and key priority for St. Michael's House. Every staff member has a responsibility and duty of care to ensure that every child and young person is safe and protected from harm in the form of physical, emotional and sexual abuse or neglect.

St. Michael's House policies and procedures have been developed to promote safe environments for Children and young people; to mitigate the potential for risk to arise and to manage it safely where it does. The policies, procedures and control measures outlined in this Child Safeguarding Statement apply to all St. Michael's House staff and contractors. The Child Safeguarding Statement is informed by the following risk assessment.

Risk Assessment

	Risk identified	Procedure / Controls in place to manage risk identified
1.	Risk of harm to a child from a member of staff	<ul style="list-style-type: none"> • Garda clearance • Volunteers policy • Pre-employment checks • Professional standards for healthcare staff • Professional registration for healthcare professionals • Code of Conduct for staff • Trust in Care Policy • St. Michael's House Child Safeguarding Policy and Procedures • Developing on-line Child Safeguarding staff training, relevant for Mandated Persons and all employees. • Children's First Online Training mandatory for all staff • All staff are inducted to safeguarding practices as part of the organisational orientation • All staff complete an in-house six hour programme on Safeguarding which is consistent with HSE training and national policy • Incidents of Harm of a child when availing of services is reported in line with HSE Incident Management Framework (2018) • Further information on policies, protocols, procedures and guidelines regarding safe practice and service delivery can be found in our policy.
2.	Risk of harm to a child from a service user (adult or child), visitor or member of the public	<ul style="list-style-type: none"> • Appropriate levels of supervision for Children using St. Michael's House Services • Staff supervision and training policies • Reporting procedure • Anti-bullying policy • Positive Behaviour Support policy incorporating restrictive practices. • Developing online safety awareness training
3.	Risk of non-compliance with Children's First Act and National Guidance	<ul style="list-style-type: none"> • Children's First compliance checklist for Section 38 and 39 funded and contracted services • Clear reporting procedures are in place • Maintaining a list of Mandated Persons employed by the organisation. • Review & learning from each screening/investigation.

		<ul style="list-style-type: none"> • Garda clearance now required for all contracted staff or volunteers. • Children's Safeguarding panel is in place. • Staff sign off on they have read and understood Children's First policy • Contractors sign off on compliance with Children's First policy
4.	Risk of harm or concern not being recognised or reported	<ul style="list-style-type: none"> • New staff members must have completed Children's First online training and the in-house safeguarding training before beginning work with service users • All staff members receive safeguarding refresher training on a three yearly basis • Contact details of the Designated Liaison Person are available in every St. Michael's House unit • Clear reporting procedures are in place • Legal and administrative consequences for non-reporting • Safeguarding is an item on agenda at staff meetings.

Procedures

St. Michael's House's policies and procedures have been developed to promote safe environments for Children and young people; to mitigate the potential for risk to arise; and to manage it safely where it does.

In addition to the procedures outlined in the risk assessment, the following policies and procedures support our intention to safeguard Children availing of any St. Michael's House service:

- Recruitment policies to ensure the selection and recruitment of staff who are suitable to work with Children, including Garda vetting policy and obtaining three references;
- "An Introduction to Children's First" mandatory eLearning training for all staff;
- Trust in Care policy and related procedures to investigate an allegation made against a staff member;
- St. Michael's House Child Safeguarding Policy and Procedures outlining St. Michael's House reporting procedure;
- Integrated Risk Management Forum to assess and manage any risk of harm;
- Maintain a list of Mandated Persons;
- Child Safeguarding Statement.
- HSE National Open Disclosures Policy.
- I. T. Policy and Standards.

Implementation

St. Michael's House 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 Quarter One 2024, or as soon as practicable after there has been a material change in any matter to which the statement refers.



Signed: _____
(Director of Children's and Young Persons Service)

APPENDIX 2: Schedule of Mandated Persons under the Children First Act 2015

Schedule 2 of the Children First Act 2015 specifies the following classes of persons as Mandated Persons for the purposes of the Act:

- 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) Person employed in any of the following capacities:
 - (a) manager of domestic violence shelter;
 - (b) manager of homeless provision or emergency accommodation facility;
 - (c) manager of asylum seeker accommodation (direct provision) centre;

- (d)** addiction counsellor employed by a body funded, wholly or partly, out of moneys provided by the Oireachtas;
 - (e)** psychotherapist or a person providing counselling who is registered with one of the voluntary professional bodies;
 - (f)** manager of a language school or other recreational school where children reside away from home;
 - (g)** member of the clergy (howsoever described) or pastoral care worker (howsoever described) of a church or other religious community;
 - (h)** director of any institution where a child is detained by an order of a court;
 - (i)** 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;
 - (j)** child care staff member employed in a pre-school service within the meaning of Part VIIA of the Child Care Act 1991;
 - (k)** 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—
- (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.
- 16)** Foster carer registered with the Agency.
- 17)** A person carrying on a pre-school service within the meaning of Part VIIA of the Child Care Act 1991

APPENDIX 3: Types of Child Abuse and How They May be Recognised

Child abuse can be categorised into four different types:

1. Neglect,
2. Emotional abuse,
3. Physical abuse
4. Sexual abuse.

A child may be subjected to one or more forms of abuse at any given time. Abuse and neglect can occur within the family, in the community or in an institutional setting. The abuser may be someone known to the child or a stranger, and can be an adult or another child. In a situation where abuse is alleged to have been carried out by another child, you should consider it a child welfare and protection issue for both children and you should follow child protection procedures for both the victim and the alleged abuser. The important factor in deciding whether the behaviour is abuse or neglect is the impact of that behaviour on the child rather than the intention of the parent/carer. The definitions of neglect and abuse presented in this section are not legal definitions. They are intended to describe ways in which a child might experience abuse and how this abuse may be recognised.

1. 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.

2. 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 over protectiveness
- 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.

3. 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.

4. 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 Chapter 3 of this *Guidance*.

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, cyber bullying, 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;
- 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. If you are a staff member of a school, you should also be aware of your school's anti-bullying policy and of the relevant guidelines on how it is handled. 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 2017 Chapter 2 pg 7 - 13](#)

APPENDIX 4: TUSLA CHILD PROTECTION & WELFARE REPORT FORM



Child Protection and Welfare Report Form

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

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

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

2. Date of Report*	
---------------------------	--

3. Details of Child

First Name*		Surname*	
Male*	<input type="checkbox"/>	Female*	<input type="checkbox"/>
Address*			
	Date of Birth*		
	Estimated Age*		
	SchoolName		
	SchoolAddress		
Eircode			

4. Details of Concerns*

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

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

5. Type of Concern

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

6. Details of Reporter

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

Child Protection and Welfare Report Form

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

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

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

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

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

8. Parents Aware of Report

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

9. Relationships

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

Is the Mother a Legal Guardian?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
----------------------------------	-----	--------------------------	----	--------------------------

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



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Child Protection and Welfare Report Form

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

Is the Father a Legal Guardian?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
----------------------------------	-----	--------------------------	----	--------------------------

10. Household Composition

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

11. Details of Person(s) Allegedly Causing Harm

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

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

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

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

Child Protection and Welfare Report Form

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

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

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

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

Please ensure you have indicated if this is a mandated report in section 6.

Thank you for completing the report form.

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

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

Report Received by				
First Name		Surname		Date

Mandated Report Acknowledgement by



An Ghníomhaireacht um
Leanai agus an Teaghlach
Child and Family Agency

Child Protection and Welfare Report Form

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

First Name		Surname		Date Sent	.
------------	--	---------	--	-----------	---

Authorised Person Signature*

Date*

Child Previously Known

Yes

☐

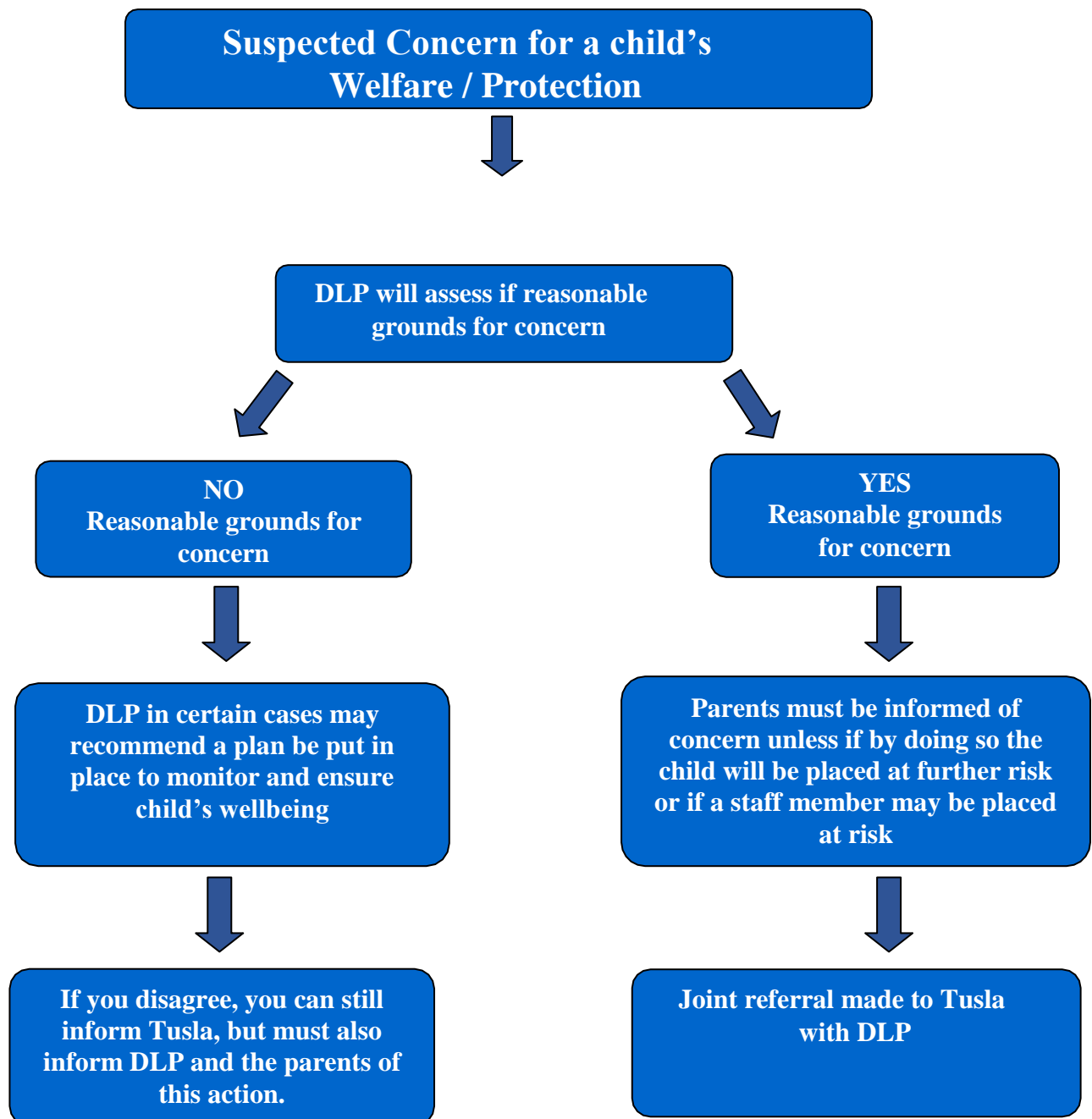
No

☐

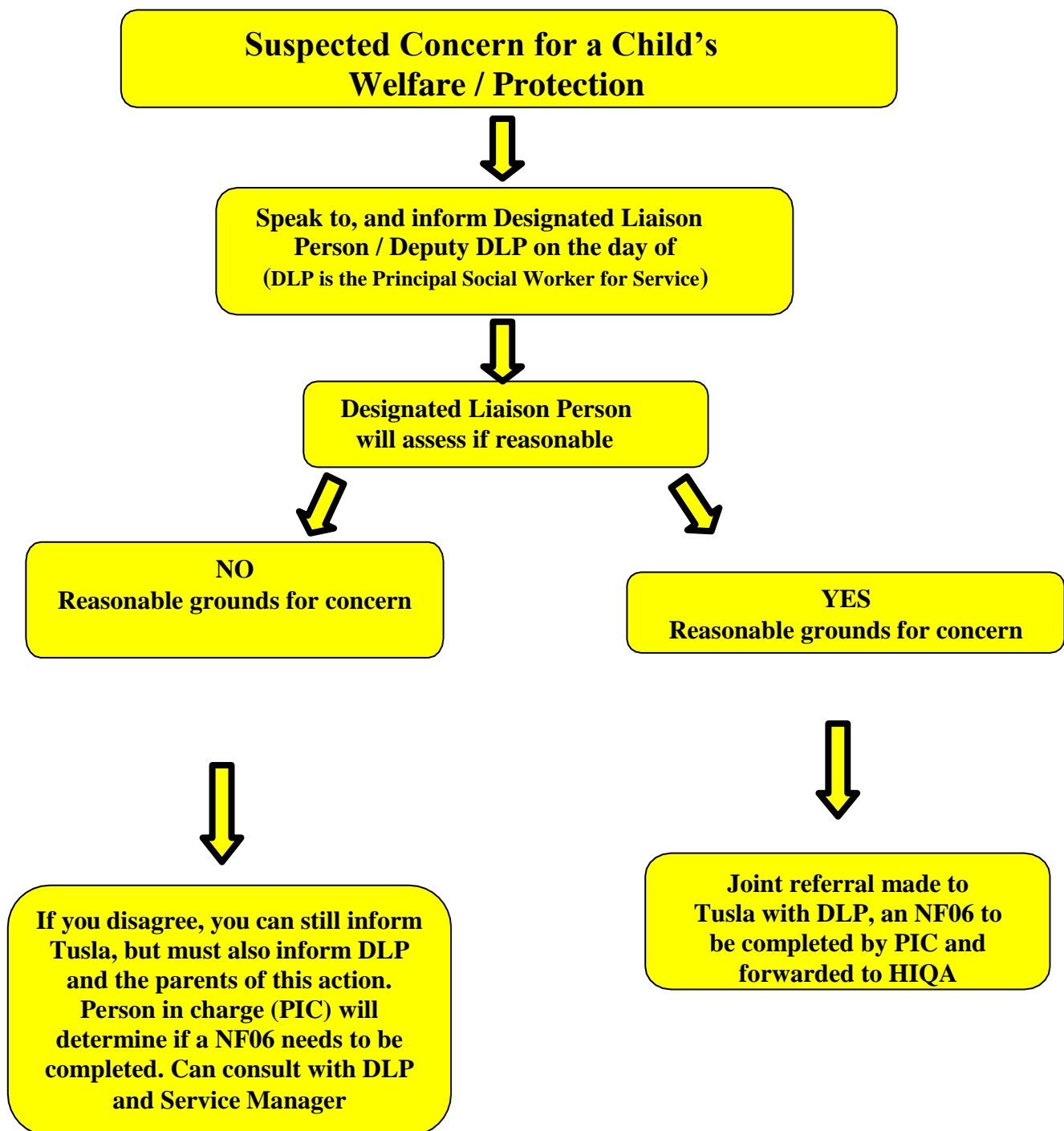
Allocated Case No

APPENDIX 5: Child Safeguarding Concern Referral Flow Chart

(A)

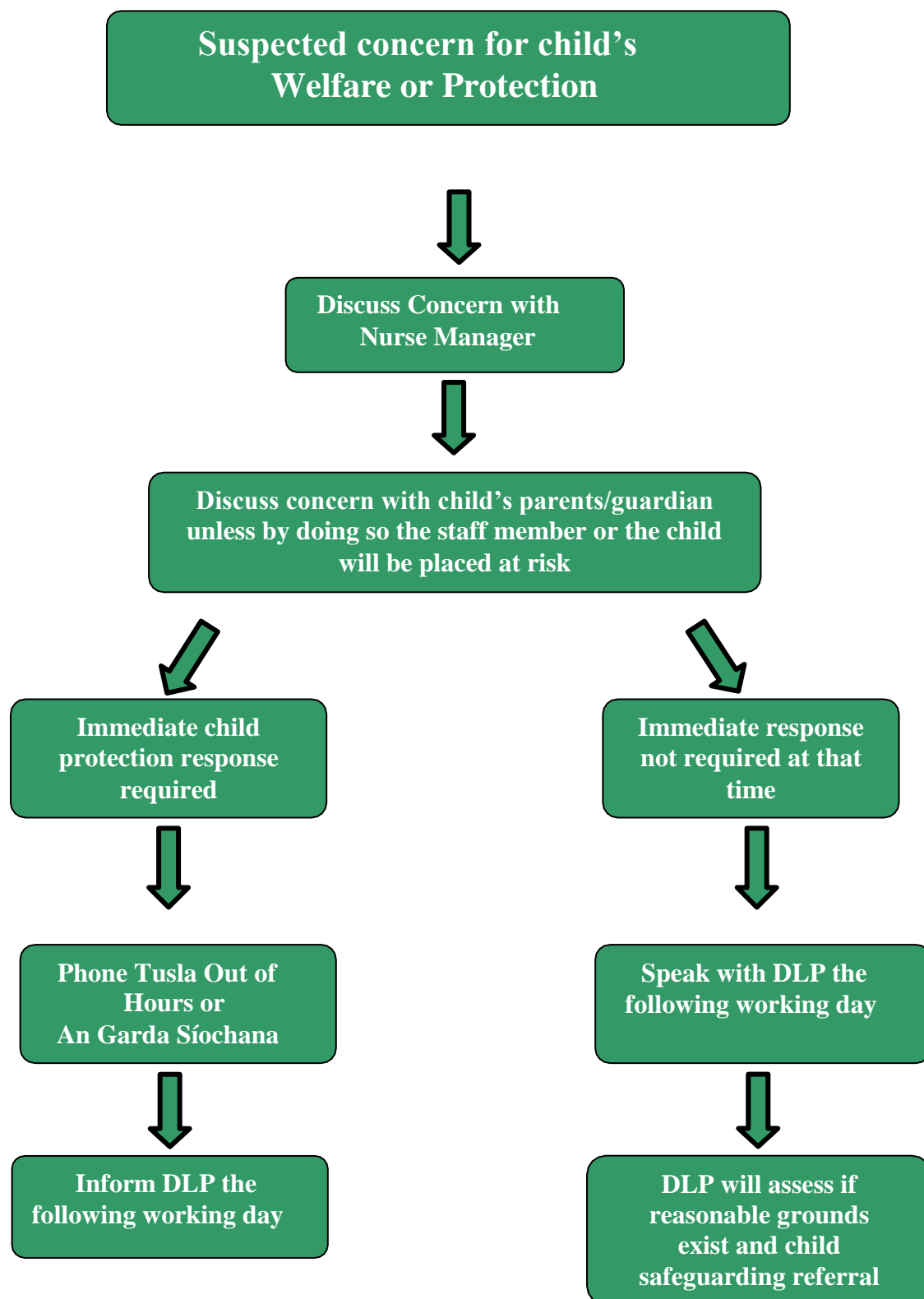


(B) Child Safeguarding Concern Referral Flow Chart for Residential Service



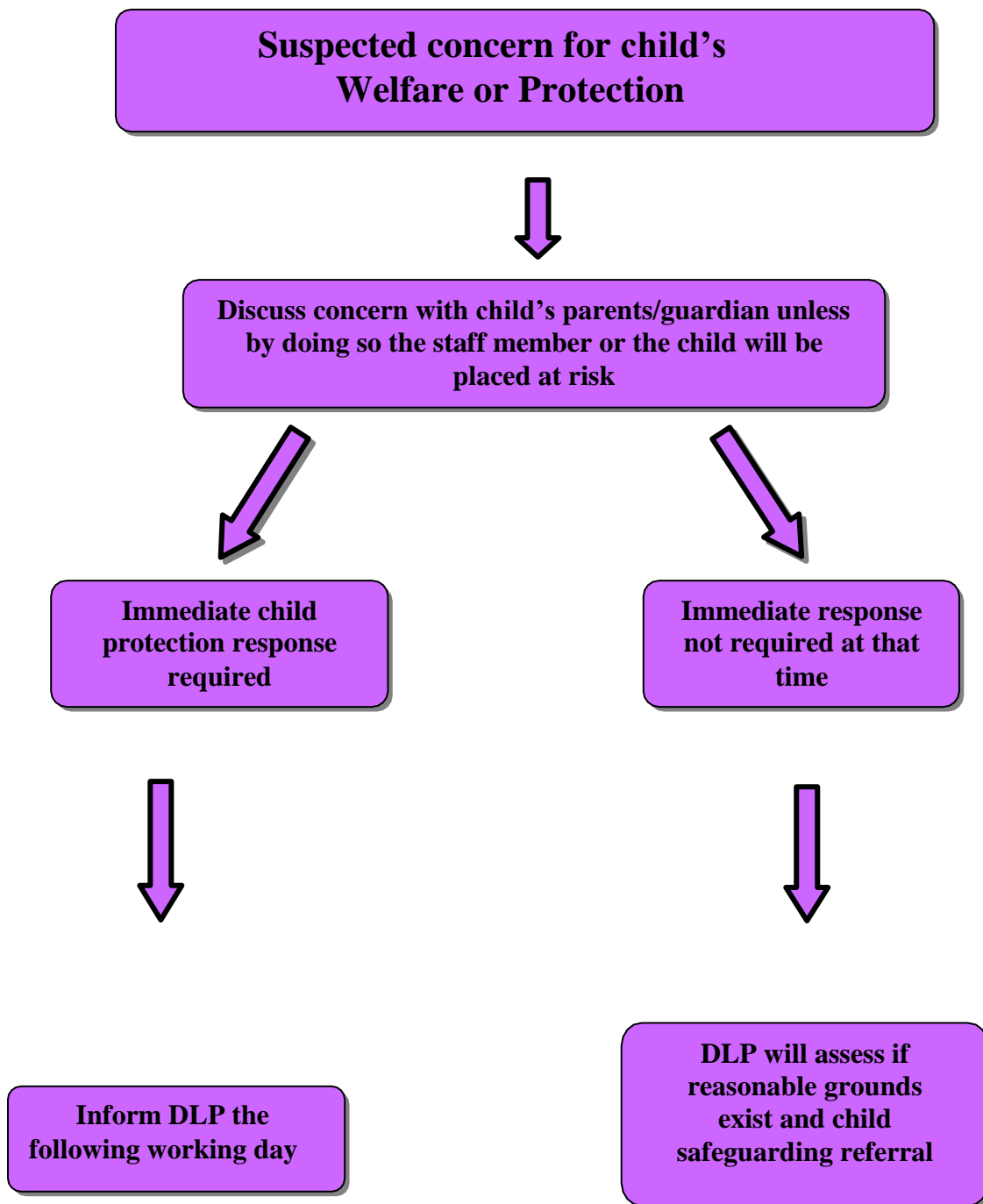
ALWAYS ENSURE THE SAFETY OF THE CHILD

**(C) Child Safeguarding Concern Out of Hours
(Residential Setting Out of Hours)**



**Always ensure the safety of the child
If in doubt contact TUSLA Duty Out of Hours Social Worker on 0818776315**

(D) Safeguarding Concern Out of Hours (Non-residential setting)



Always ensure the immediate safety of the child - If in doubt contact the TUSLA Out of hours Social Worker on 0818776315

APPENDIX 6: Guide for Staff Working Alone or in Vulnerable Situations

Purpose:

The Person in Charge or Head of Department must ensure that any significant lone working task(s) in their respective areas, particularly those that pose the greatest risk of injury, are identified, assessed and protective measures are applied. This will ensure that the lone working activity can be managed to minimise risk to the individual and ensure safe service provision.

Types of Lone Working:

Lone working comes with its unique set of risks and lone workers may be exposed to a number of hazards such as violence and aggression, physical and verbal abuse, and difficult work environments. They may also be at greater risk in the event of an emergency or if involved in a work related accident.

This guidance outlines some examples of routine lone working tasks carried out within St. Michael's House services and identifies some areas where there is potential risk. These are risk rated based on nature and purpose of particular types of lone working in St. Michael's House; rating High, Medium or Low, depending on the nature of the lone working tasks. This list is not exhaustive; each centre or department will require a review of the local lone working arrangements to ensure all types of lone working activities (routine / non-routine) have been covered.

Type of Risks related to Lone Working:

- Home visits out of normal working hours / office Hours (weekends and evening time)
- Emergency call out carried out by Nurse Manager On Call (NMOC) / Psychiatrist on Call / Doctor on Call, out of hours
- Home visit to areas that could pose a risk to your safety out of normal working hours
- Home visits carried out in severe weather
- Working in a confined space carrying out maintenance works
- Staff working in the centre during the day on their own with service users who may present behaviour risks in the centre
- Unit visits carried out by NMOC / Clinicians on call during normal working hours **where there is a heightened situation that has the potential to cause harm**
- Staff providing support to a service user in their own family home or in the community after normal hours (evenings and weekends) LINK or Individualised Services
- Use of power tools on maintenance works
- Home visit to areas that could pose a risk to your safety during normal working hours
- Staff on sleepovers in the centre
- Centre visits carried out during normal working hours
- Staff working in centres/residence during the day on their own
- Centre visits carried out by NMOC / Clinicians on call during normal working hours

Procedure:

Outlined below is the approach to take in relation to ensuring that the necessary protective measures are in place for managing lone working activities. The responsibility for implementing the planned and effective safe systems of work for those who work alone is that of the person who manages the work activity. This responsibility cannot be delegated to those who work unaccompanied although they do have responsibility for maintaining their own personal safety.

1. Assess the Risks

Lone working activities come with their own unique set of risks. The Person in Charge and Head of Department should assess all lone working activities by considering the tasks to be carried out in the workplace and type of interactions between the staff and the service-user. The Person in Charge or Head of Department should consider:

- the organisation of the work and the work environment
- the Service User, service users family and friends
- Employees - consider factors such as their training and experience in managing aggressive behaviour.
- Take account of best available information for the service or function including:-
 - Staff or department knowledge of the particular lone working task
 - Care provision or service documentation/specifications information
 - Best practice specific to the lone working


Where current protective measures cannot reduce the risk to as low as is reasonably practicable, then arrangements for providing additional resources or assistance must be provided and other means of carrying out the lone working must be considered i.e. have two staff carry out a home visit, etc.

2. Set up Local Guidelines

All departments/units that carry out lone working activities should have in place local guidelines. These will include:

- The lone working activities specific to the department/unit
- Local protocol for ensuring staff who lone work are provided with information of their planned location on a daily basis
- System for communication of information
- Staff details and emergency contact numbers
- Contingency plan for when staff encounter situations in the workplace outside of the employer's immediate control. In such situations lone workers should continually assess the work location, taking account of hazards that cannot necessarily be detected in advance. It is vital that in such circumstances workers are empowered to make the decision as to whether or not it is safe to continue working or whether to withdraw from the situation
- Escalation procedure where staff do not return or report back when expected

APPENDIX 7 : HIQA NFO6 NOTIFICATION FORM

NF06* Form	Health Information and Quality Authority Allegation, suspected or confirmed, of abuse to a resident[†]	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Centre details	
Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	

Section 2. Resident's details	
Residents unique identifier [†]	
Is this resident under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the current status of the resident , such as physical or mental state:	
Has an NF06 form been submitted for this person in the	Yes <input type="checkbox"/> No <input type="checkbox"/>

* Please complete this form with the Authority's statutory notification guidance. You can download the guidance at www.hiqa.ie

[†] As defined in the Authority's statutory notification guidance.

Section 3. Details of the allegation

Who is the person alleged to have abused the resident?
Please tick the relevant box or boxes

Nursing staff	<input type="checkbox"/>
Care staff	<input type="checkbox"/>
Administrative staff	<input type="checkbox"/>
Visiting consultant	<input type="checkbox"/>
Relative	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>
Unknown	<input type="checkbox"/>
Other	<input type="checkbox"/>

If you have ticked **other**, please provide details:

If you have identified a **staff member**, is the employee currently reporting for duty?

Yes ☐ No ☐

Please **provide details** of alleged abuse and immediate actions taken including:

1. actions taken with the **resident**.
2. actions taken with the **person** the allegation has been made against.

Section 4. Additional information

Please state the measures you have taken to ensure that **all** residents are safe:

Please state if you have notified the **resident's family** of the alleged abuse and provide details:

Please state if you have notified **An Garda Síochána** of the alleged abuse and provide an outline of the investigation:

Section 5. Declaration

I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.

Name (print)		
Position	Person in charge	<input type="checkbox"/>
	Other	<input type="checkbox"/>
If you ticked other , please specify your role in the designated centre		
Date		
Contact number (during office hours)		

The most secure and convenient way to submit the notification form is through the [HIQA Portal](#).

Should you wish to continue in hardcopy, please return the completed, signed form by email to notify@hiqa.ie **or** by post to:

Notifications Team
Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7

Tel: 01 814 7400

APPENDIX 8: Definition of Guardianship

What is Guardianship?

Guardianship is the collection of rights and duties that a parent (or non-parent – see below) may have in respect of a child. For example, a guardian has a duty to maintain and properly care for the child and has the right to make decisions in the major areas of the child's life e.g. religion, school, adoption, consent to medical treatment, passports and decisions about taking the child out of the country, where the child lives and other matters affecting the welfare of the child. A person can apply for guardianship up until a child reaches 18 years of age, unless the child has married.

Guardianship should not be confused with **custody**, which is the day-to-day care of the child.

➤ **For a parent:**

Where a parent has guardianship s/he has the full collection of rights and duties in respect of her/his child. All parents have a duty to financially maintain their children, whether or not they are guardians.

➤ **For non-parents:**

The court will decide what guardianship rights it will grant to a non-parent. These rights could include all or some of the guardianship rights granted to a parent.

When a Child is born, who is automatically the child's guardian?

When a child is born to parents who have not married each other only the mother is automatically the sole guardian of her child.

How does an unmarried father get guardianship rights?

1. By agreement with the mother

A father and mother can complete and sign the statutory declaration for joint guardianship (S.I. No. 5 of 1998), in the presence of a peace commissioner, a commissioner for oaths, or a solicitor.

2. By satisfying the cohabitation period

A father who lives with the child's mother for at least 12 consecutive months, including not less than 3 months after the child's birth, will automatically be the guardian of his child. The three months period does not have to take place directly after the birth of the child. It can be fulfilled any time before the child turns 18 provided that it is part of the 12 consecutive months during which the parents have lived together. The cohabitation period can only be calculated going forward from the commencement date of the Children and Family Relationships Act 2015. This means that guardianship will only be acquired automatically where parents live together for at least 12 months after the 18th of January 2016.

A declaration that a person is (or is not) a guardian can be applied for through the courts if there is uncertainty, or disagreement, as to whether or not the father has been cohabiting for the required length of time. The application can be made by a guardian of the child or by the person wishing to seek a declaration that they are or are not a guardian of the child. The court shall make a declaration where it is proved on the balance of probabilities that the person named is or is not a guardian of the child.

3. Going to court

The father can apply to the local District Court to become a joint guardian of his child, whether or not his name is on his child's birth certificate.

4. Marriage following the birth

If the parents of a child marry each other following the birth of their child, then the father automatically becomes a joint guardian.

If a parent (who is a guardian) marries someone other than the parent of the child, his/her spouse will not have an automatic legal relationship to the child. However, the spouse can apply for (limited) guardianship rights if she/he has shared the responsibility of the day-to-care of the child for at least 2 years

The only way the spouse can have full legal rights in relation to the child is through adoption. Step-parents can apply to adopt their spouse's or partner's child without the partner, who is already the biological parent of the child, also applying to adopt the child. This is called 'step-parent adoption'. If the child is adopted the other biological parent will lose all legal rights in relation to the child.

Who else can become a Guardian?

Since commencement of the relevant legislation contained in the Children and Family Relationships Act 2015, *18th January 2016*, it is possible for a person other than a parent to apply to court to be appointed as guardian of a child.

An application can be made by:

- a person who is married to or is in a civil partnership with, or has been for over 3 years a cohabitant of, a parent of the child **and** has shared the responsibility of the day-to-day care of the child for at least 2 years
- a person who has provided for the day-to-day care of the child for a continuous period of 12 months or more and where there is no parent or guardian willing or able to exercise guardianship rights and responsibilities in respect of the child. TUSLA the Child and Family Agency will be notified of such an application.

NOTE: The appointment of additional guardians shall not affect the guardianship rights of existing guardians. Guardianship rights for non-parents may be limited to making decisions on day-to-day matters in respect of the child. The court will make its decision in the best interests of the child and may have regard to the views of the child where possible given the child's age and understanding. Each parent or guardian of the child will be notified of an application to appoint a person other than a parent as a guardian of a child. The consent of all guardians will be required. However, the court may make an order dispensing with the consent of a guardian if it is satisfied that the consent is unreasonably withheld and that it is in the best interest of the child to make such an order.

A court-appointed guardian continues to be a guardian of a child up until the child reaches 18 years of age.

Temporary Guardianship

A qualifying guardian may nominate a person (nomination form) to act as a guardian if he/she is unable, through serious illness or injury, to exercise his/her guardianship rights. The nomination must be made in writing and can specify the rights and responsibilities that the nominated person can exercise. The nominated person must then apply to the court for guardianship rights when and if necessary. Each guardian, parent and TUSLA the Child and Family Agency will be informed of such an application. The decision of the court will be made in the best interests of the child and may take the views of the child into account where possible given the child's age and understanding.

What if a person obtained guardianship rights, or equivalent, in another State?

Guardianship rights and/or similar rights e.g. parental responsibility obtained in other jurisdictions are recognised in this State. The courts in Ireland may have the right to remove, vary or enforce these rights depending on the habitual residence of the child and the specific circumstances.

If guardians don't agree

Where guardians cannot reach agreement on important issues concerning the child they can consider **mediation** and/or **collaborative law** and/or apply to the court for direction.

APPENDIX 9: Definition of offence against a child when defining sexual abuse in the Children First Act 2015

OFFENCES FOR PURPOSES OF PARAGRAPH (A) OF DEFINITION OF “SEXUAL ABUSE” IN SECTION 2

- 1)** Rape.
- 2)**
- 3)** Rape under section 4 of the Criminal Law (Rape) (Amendment) Act 1990.
- 4)** Sexual assault.
- 5)** Aggravated sexual assault within the meaning of section 3 of the Criminal Law (Rape) (Amendment) Act 1990.
- 6)** An offence under section 1 of the Punishment of Incest Act 1908 (incest by males).
- 7)** An offence under section 2 of the Punishment of Incest Act 1908 (incest by females of or over 17 years of age).
- 8)** An offence under section 6(1) of the Criminal Law (Sexual Offences) Act 1993 (soliciting or importuning for purposes of commission of sexual offence).
- 9)** An offence under section 2 of the Criminal Law (Sexual Offences) Act 2006 (defilement of child under 15 years of age).
- 10)** An offence under section 3 of the Criminal Law (Sexual Offences) Act 2006 (defilement of child under 17 years).
- 11)** An offence under either of the following provisions of the Child Trafficking and Pornography Act 1998:
 - (a) section 3 (child trafficking and taking, etc., child for sexual exploitation);
 - (b) section 4 (allowing child to be used for child pornography).
- 12)** An offence under section 5 of the Criminal Law (Human Trafficking) Act 2008 in so far as it relates to a child who has been trafficked for the purpose of his or her exploitation (soliciting or importuning for purposes of prostitution of trafficked person).
- 13)** An offence under section 176 of the Criminal Justice Act 2006 (reckless endangerment of children).
- 14)** An offence under section 249 of the Children Act 2001 (causing or encouraging sexual offence upon a child).

APPENDIX 10: Confidential Files and Restricted Access Protocol

Contents of Confidential and Restricted Access Files

- Report(s) of concern(s) / allegation(s)
- Completed St. Michael's House Report Form
- Clinical Reports
- Letters/memos/faxes/emails
- Minutes of Meetings
- Case Conference notes if relevant
- Notes from meetings with people who have been interviewed
- Statements
- Review Notes
- Final Report
- Any other relevant information

Michael's House Guidelines for Restricted Access Files

These are files which contain confidential information concerning abuse of service users by family members, other service users, or other people who are not staff. When a staff member is the subject of an allegation of abuse, a separate file is opened which the Designated Officer / Designated Liaison Person, who is a Principal Social Worker, keeps and these files are called staff confidential files.

This document only relates to restricted access files or the first group above.

Storage

- Restricted access files are stored in the records department of each region in a separate filing cabinet to any other files.
- They must be kept locked at all times. The key is held in the records department and may not be accessed by anyone except the secretary in the records department (or her/his designate in case of absence) or the social work secretaries.
- Restricted access files may not be taken from the building.

Opening a Restricted Access file

- Permission to open a new restricted access file must be obtained from the Regional Principal Social Worker or the Designated Officer / Designated Liaison Person or the Head of Social Work.
- When the decision is taken that a restricted access file is to be opened, the Designated Officer or Principal social worker in the region will inform the secretary in the records department that a file is to be opened. This information will be added to the list which is on the green form on the main file. The secretary will also put a notification that the service user has a restricted access file on the front of the main file.
- If the secretary is requested to open a restricted access file by any person other than the regional principal social worker (or Designated Officer / Designated Liaison Person), she must inform the regional principal social worker that there is a request to open a file and must get agreement for this from the regional principal social worker.

- The secretary in the records department will number and date the file and add the name to the list of files already opened.
- The secretary of the records department will request the investigation team to sign their names on the relevant form on the front of the file so that she/he will know who is entitled to access the file.

Accessing a Restricted Access file

These files can only be accessed by the following people:

- The Designated Officer / Designated Liaison Person in St. Michael's House who is the Head of the Social Work Department or her/his deputy.
- The CEO.
- The Deputy CEOs.
- The principal social workers and the Head of Social Work
- FOI decision makers may access these files through the Designated Officer / Designated Liaison Person or the Deputy CEOs.
- Named clinicians/CDNMs (2021)
- If for some reason a person other than the above needs access to a file, he/she must do so through the Designated Officer / Designated Liaison Person or Principal Social Worker.
- Family members or guardians of a service user who has a restricted access file can access this through the Principal Social worker or designate and can view the file as appropriate in the company of one of the named clinicians.

Maintaining Restricted Access files

- If a file is being taken from the records department by any of the above, the secretary will complete the tracer card.
- Information and reports in the file will be kept in the relevant sections of the file.
- Reports and information in the file must be dated and signed.
- Forms on the front of the file must be completed.

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APPENDIX 11: SOME DOs AND DON'Ts IF A SERVICE USER SAYS THEY HAVE BEEN ABUSED

Do

- stay calm
- look after the alleged victim and ensure their safety, seek medical attention if required.
- listen sympathetically and attentively
- reassure the person
- let the person take their time
- assure the person that only those who need to know must be informed of what he/she has said
- explain what will happen, for example that you will talk to your Line Manager, that you will write a report and others who need to be informed will be told about what they have said
- get advice and know the correct procedure, except if you need to take emergency action in the event of someone being injured or ill, or to protect him/her from the person who they allege is abusing them
- assure the person that only those who need to know must be informed of what he/she has said
- Preserve forensic evidence (forensic evidence means usable in court and includes physical evidence, such as clothes and DNA, and may include a physical examination by designated services)
- look after the person who is alleged to have carried out the abuse if he/she is another service user

Don't

- promise to keep secrets
- be judgemental
- ask for more details than you need
- offer guarantees that the abuse will stop immediately
- start to investigate – that is for others to do

When They Have Finished Telling You

Do

- record the information as soon as possible, using the words of the service user as much as possible
- record factually
- complete and date the report
- discuss it with your Supervisor/Manager
- inform the Designated Liaison Person, if possible on the day of the concern, of what is in the report

Don't

- discuss the matter with anyone else except your Line Manager / School Principal or Designated Liaison Person/ Social Worker (or in their absence, the Service Manager ; Chairperson of the Board of Management, Regional Principal Social Worker or the Designated Person or if out of hours, the Nurse On Call or the Psychiatrist on Call)
- contact the person who is alleged to have carried out the abuse
- give your opinions in the report

APPENDIX 12: Whether or not to report a Concern

Children First 2017 has useful guidance on what questions to consider when making a decision about whether or not to report a concern;

1) What are we worried about?

What have I seen or heard that worries me about the child?

- If nothing changes, what am I most worried about that will happen to the child?
- What are the adults that are caring for the child doing that is bad for or harming the child?
- What has been the impact of their behaviour on the child?
- What would the child say they are most worried about?

2) What's working well?

- Who helps or supports the family and child?
- How do they help?
- Thinking about the problems I am worried about who has helped the child and family deal with this problem in the past?
- What do I like about the child/parents?
- What would the child say are the best things about their life?

3) What needs to happen?

- What do I think needs to happen to make the situation better?
- Who do I think is best placed to help this family?
- What services do I think this family/parent/children need most?

4) How worried are we on a scale of 1 to 10?

