Child and Vulnerable Adult Safeguarding and Protection Policy

Issue No	**1**
No of Pages	**67**
No of Appendices	**8**
Prepared by	**IASCT Committee**
Implementation By	**All members IACST**
Agreed and signed by:	
Review Date	**February 2024**

Appendix 1 – HSE Definition and Categories of Abuse Table

Appendix 2- Flow chart for responding to a child protection or welfare concern

Appendix 3 - Criteria for Mandated Persons

Appendix 4 – Information for Mandated Persons

Appendix 5 – Template for Child Safety Statement

Appendix 6- Tusla Reporting Forms – CPWRF, RARF. PSF1 –Adult Reporting Form

Appendix 7 - Training Resources Safeguarding including e-learning

Appendix 8 – Training Resources Suicide Prevention

Appendix 9 - A Guide for Reporting of Child Protection and Welfare Concerns Tusla – Child and Family Agency

Abbreviations

CFA: Child and Family Agency

CPWRF: Child Protection and Welfare Report Form

CST- Craniosacral Therapy

Children's First 2017: Children First: National Guidance for the Protection and Welfare of Children (DCYA, 2017)

CPNS: Child Protection Notification System

DLP: Designated Liaison Person

EOHS: Emergency Out of Hours Service

FGM: Female Genital Mutilation

HSE: Health Service Executive

IACST: Irish Association of Craniosacral Therapists

RARF : Retrospective Abuse Report Form

S.W.: Social Worker

ODC: Our Duty to Care: The Principles of Good Practice for the Protection of Children and Young People (DOHC 2002)

Glossary of Terms

Child - As per the Child Care Act 1991; a child is defined as a person under 18, excluding a person who is or has been married. This definition includes the term young people.

Child Safeguarding – ensuring safe practice and appropriate responses by workers and volunteers to concerns about the safety or welfare of children, including online concerns, should these arise. Child safeguarding is about protecting the child from harm, promoting their welfare and in doing so creating an environment which enables children and young people to grow, develop and achieve their full potential.

Guiding principles and child safeguarding procedures – previously referred to as child protection and welfare policy and procedures, the procedures an organisation has in place to safeguard children from harm and reduce the risks to children of being harmed.

Child Safeguarding Statement – defined in the Children First Act 2015, this is a statement which includes a written assessment of risk of harm to children while availing of the service, and the measures that will be taken to manage any identified risks. Child or young person – a person under the age of 18 years, who is not or has not been married.

Child Protection and Welfare Report Form –form for reporting suspected or alleged abuse or welfare concerns to Tusla (available on the Tusla website, here).

Child Safeguarding Guide – this document, Child Safeguarding: A guide for policy, procedure and practice Children First: National Guidance for the Protection and Welfare of Children – national, overarching guidance for the protection and welfare of children, published by the Department of Children and Youth Affairs. The current version was published in 2017.

Dedicated Contact Point - each Tusla area has a dedicated contact point that you can contact to discuss and/or report your child protection or welfare concern

Designated Liaison Person (DLP) – a resource to any staff member who has a child protection concern. DLPs are responsible for ensuring that reporting procedures are followed correctly and promptly and act as a liaison person with other agencies (see Children First: National Guidance).

IACST– Irish Association of Craniosacral Therapists

Mandated person – Mandated persons are people who have contact with children and/or families who, by virtue of their qualifications, training and experience, are in a key position to help protect children from harm. Mandated persons include key professionals working with children in the education, health, justice, youth and childcare sectors. Certain professionals who may not work directly with children, such as those in adult counselling or psychiatry, are also mandated persons. The list also includes registered foster carers (with specific support available here) and members of the clergy or pastoral care workers of a church or other religious community. The Children First Act 2015, Schedule 2, provides a full list of people who are classified as mandated persons.

Named person– a person appointed by an organisation to lead the development of guiding principles and child safeguarding procedures and for ensuring that policies and procedures are consistent with best practice as detailed in this Guide. Organisation – any department/sector/body/agency/organisation whether private, public or voluntary.

Provider – as defined in the Children First Act 2015, 'means, in relation to a relevant service, a person-

(a) who provides a relevant service, and

(b) who, in respect of the provision of such relevant service—

(i) employs (whether under contract of employment or otherwise) one or more than one other person to undertake any work or activity that constitutes a relevant service,

(ii) enters into a contract for services with one or more than one other person for the provision by the person of a relevant service, or

(iii) permits one or more than one other person (whether or not for commercial or other consideration and whether or not as part of a course of education or training, including an internship scheme) to undertake any work or activity, on behalf of the person, that constitutes a relevant service'.

Retrospective Abuse Report Form (RARF) – For reporting to Tusla cases of adults disclosing childhood abuse (available on the Tusla website, here). Relevant person – as defined in the Children First Act 2015, 'means a person who is appointed by a provider of a relevant service to be the first point of contact in respect of the provider's Child Safeguarding Statement'**.**

Relevant service – as defined in the Children First Act 2015, 'means any work or activity specified in Schedule 1 [of that Act]'.

Tusla– Tusla is Ireland's Child and Family Agency, the lead, statutory organisation for safeguarding children in Ireland.

Tusla Web Portal – A web portal has been developed to allow professionals to securely submit Child Protection and Welfare Report Forms and Retrospective Abuse Report Forms to Tusla. It can be accessed from the Tusla website, here.

Vulnerable Person - is defined as an adult who may be restricted in capacity to guard herself/himself against harm or exploitation or to report such harm or exploitation. The restriction of capacity may arise as a result of physical or intellectual impairment.

Worker and volunteer – inter alia, any staff member, volunteer, member of any board of management, or student engaged in an organisation to provide services to children or families.

Foreword

This document sets out the requirements for working with children and vulnerable adults for Craniosacral Therapists in accordance with: The Children's First Act 2015, Children First National Guidance for the Protection and Welfare of Children 2017 and Safeguarding Vulnerable Persons at Risk of Abuse 2017.

This document is intended to assist all our members to meet their obligations under Children First Act, 2015 while complying with the Ethical Standards of IACST. Members employed by statutory or non-statutory bodies will also need to familiarize themselves with their organizations policies and procedures in relation to Children First.

It is hoped that this document will provide a useful resource in guiding best practice in working with children, young people and vulnerable adults.

1.0 Introduction

The IACST is committed to safeguarding the well-being of children and vulnerable adults who avail of Craniosacral Therapy.

The aim of the IACST is to uphold the highest standard of practice of Craniosacral Therapy. The Craniosacral Therapist provides treatment of many conditions to both children and adults; where their safety and protection is paramount. To this end, the IACST adheres to the Children's First Act 2015 and all associated guidelines as well as Safeguarding Vulnerable Persons at Risk of Abuse- National Policy and Guidelines published by the HSE.

Everybody working with children and vulnerable adults has a responsibility for their well-being and protection. We have a collective responsibility to ensure that those we work with are supported in a safe and protected environment.

The purpose of this policy and its subsequent procedures is to outline a clear framework to safeguarding children, young people and vulnerable adults so that all CST therapists and those working on behalf of the IACST are aware of their roles and responsibilities in identifying concerns, sharing information, and taking prompt action.

All therapists are required to report any concerns over behaviour or other evidence that may potentially indicate the presence of child or vulnerable adult abuse.

1.1 Policy Principles

This policy Safe Guarding and Protection of Children and Vulnerable Adults stems from the following key principles highlighted by Children First National Guidance (2011) to inform best practice in child protection and welfare.

- Welfare of the child is of paramount importance.
- Children have a right to be heard, listened to and taken seriously.
- Parents and carers have a right to respect and should be consulted and involved in matters that concern their family.
- The prevention, detection and treatment of child abuse or neglect requires a coordinated multi-disciplinary approach, effective management, clarity of responsibility and training of personnel in organisations working with children.
- The safety and welfare of children and vulnerable adults is everybody's responsibility.

- The welfare and safety of the child and the vulnerable adult is paramount. This is a key guiding principle underpinning our work.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents, carers and families. Where there is conflict, the child's welfare must come first.
- The overall aim in all dealings with children and their families is to intervene proportionately to support families to keep children safe from harm
- As per the Child Care Act 1991; a child is defined as a person under 18, excluding a person who is or has been married. This definition includes the term young people.
- A vulnerable person is defined as an adult who may be restricted in capacity to guard herself/himself against harm or exploitation or to report such harm or exploitation. The restriction of capacity may arise as a result of physical or intellectual impairment.
- Vulnerability to abuse is influenced by both contexts e.g. social or personal circumstance and individual circumstances.
- The need to comply with current statutory requirements and guidance on the protection of children and vulnerable adults.

1.2 Purpose of This Policy

The purpose of this policy is to set out the framework for the management of protection and welfare concerns of the child and vulnerable adult by Craniosacral Therapists. It seeks to keep children safe by promoting children's rights; by encouraging an ethos where children are listened to and where Craniosacral Therapists who work with children are supported in their safeguarding responsibilities and duties.

It requires that all members of the IACST are aware of their duty of care to children under Children First**.**

The policy:

- provides information on the structures for reporting child and vulnerable adult protection and welfare concerns.
- outlines the IACST roles and responsibilities in child protection and welfare.

1.3 Policy Statement

IACST believes that all individuals have an equal right to protection from abuse, regardless of their age, gender, race, religion, ability, language, background, membership of the travelling community, or sexual identity and consider the welfare of the individual as paramount.

IASCT will take every reasonable step to ensure that children, young people and vulnerable adults are protected. We will safeguard individuals by:

- Valuing them, listening to and respecting them.
- Providing a safe therapeutic environment for children, young people and adults.
- Identifying individuals who are suffering, or likely to suffer, significant harm, and report concerns swiftly to relevant agencies.
- Working in partnership with other relevant agencies to support multi-agency safeguarding work.
- Responding effectively to any circumstances giving grounds for concern, or where formal complaints or expressions of anxiety are relayed.
- Promoting safeguarding training to all members to ensure they are aware of their responsibilities and are knowledgeable of the types and signs of abuse.

- Recruiting all staff safely by ensuring that all the necessary checks are made.
- Regularly monitoring, through review evaluation on how our policies, procedures and practices are working to safeguard children and adults.

1.4 Scope

This policy applies to all Craniosacral Therapists including student therapists who are members of the IASCST. It is expected that all members read, understand and adhere to this policy.

1.5 Governing Legislation

There are a number of pieces of legislation relevant to the safeguarding of children and vulnerable adults informing this policy. The following indicative list is not intended to be comprehensive but rather to give a sense of the breadth and wide array of relevant legislation.

- Child and Family Agency Act 2013
- Child Care Act 1991
- Children Act 2001
- Children First Act 2015
- Criminal justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012
- Criminal Justice Act 2006, Section 176: Reckless Endangerment of Children • Data Protection Acts 1988 and 2003
- Domestic Violence Act 1996
- Education (Welfare) Act 2000
- Education Act 1998 • Freedom of Information Act 2014
- National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016
- Non-Fatal Offences against the Person Act 1997
- Protected Disclosures Act 2014
- Protections for Persons Reporting Child Abuse Act 1998
- Copies of all legislation can be accessed at www.irishstatutebook.ie.

1.6 Linked Policies

- Ethics Policy
- Standards of Practice
- Guarda Vetting Policy
- Complaints Policy
- Continued Professional Development Policy (CPD)
- Data Protection Policy

The safeguarding policy is to be read in conjunction with these policies.

1.7 What is contained within the policy

In particular, the Policy outlines;

• Children's First Act 2015 statutory obligations.

• Child Welfare and Safeguarding roles within the IACST.

• The various types of abuse which can arise.

• Procedures for handling allegations and complaints relating to Children and vulnerable adults

• The process for involving parents and Children;

• Guidance on confidentiality.

• Principles of safe record keeping;

• Safe recruitment and management practices.

1.8 Who approves the Policy?

The IASCT Committee and its members.

2.0 Children First Act 2015 – Statutory Responsibilities of the IASCT / Registered Members who practice Craniosacral Therapy.

2.1. Child Safeguarding Statement

All registered members of the IACST are required to have a Child Safety Statement - written statement that specifies the service being provided and the principles and procedures to be observed in order to ensure, as far as practicable, that a child availing of the service is safe from harm. It should set out any potential risk of "harm" to a child that you have identified in your risk assessment, and procedures in place to reduce the identified risks, as specified in section 11 (3) of the Children First Act 2015.

The Child Safeguarding Statement should provide an overview of the measures that therapist has in place to ensure that children are protected from harm. See Template for the development of A Child Safety Statement Appendix 6.

2.2 Register Non Compliance

There is a provision in the Children First Act 2015 for Tusla to establish and maintain a register of non-compliance for service providers who fail to provide a copy of the Child Safeguarding Statement to Tusla when requested to do so.

3.0 Child Welfare and Safeguarding Roles

3.1 Mandated Person

The Children First Act 2015 places a legal obligation on certain people, many of whom are professionals, to report child protection concerns at or above a defined threshold to Tusla - Child and Family Agency. These mandated persons must also assist Tusla, on request, in its assessment of child protection concerns about children who have been the subject of a mandated report.

Guidance with a full list of people who are classified as Mandated Persons under the Act can be found in Appendix 4 along with the Mandated Persons thresholds for reporting in Appendix 5.

From 11th December 2017, mandated persons (including foster carers) must:

1. Report child protection and welfare concerns to Tusla;
2. Assist Tusla, if requested, in assessing a reported concern.

3.2. Designated liaison Person

The Craniosacral Therapist is considered the DLP under the Children First Act. Individual Craniosacral Therapists in private practice will be responsible for reporting allegations or suspicions of abuse to the Health Services Executive; Tusla – Child and Family agency and/or Garda Siochana in their own practice.

The IACST acknowledges that there may be an increased need for support in the event of a therapist needing to make a report to the Child and Family Agency or the Guardai.

(a) The IACST association nominated Designated Liaison Person shall be the Chairperson who will be responsible for supporting a therapist member dealing with any concerns about the protection of Children. The designated person on Child Protection issues will be the Chairperson of the Association. He/she will have responsibility to act as a resource to any member or who has child protection concerns. She will liaise with parents and outside agencies if required.
(b) The IACST should make the name and contact details of the Designated Liaison Person available to all members of the association. A Deputy Liaison Person who can fulfil the role when the Designated Liaison Person is not available. The deputy DLP will be the vice secretary of the IACST.
(c) The Designated Liaison Person should ensure that they are knowledgeable about child protection and undertake any training considered necessary to keep themselves updated on new developments.

3.3 The Designated Liaison Person Roles and Responsibilities are;

- Have a good knowledge of the Code of Ethics, and statutory requirements
- Have a knowledge of categories and indicators of abuse
- Be familiar with and able to carry out reporting procedures using the correct forms, (see appendix for forms).
- Communicate with parents and/or agencies as appropriate
- Assist with the ongoing development and implementation or child protection training needs
- Be aware of local contacts and services in relation to the protection of vulnerable persons, i.e. principal and duty social workers and their contacts.
- To inform duty social worker in Tusla – Child and Family agency and/ or an Garda Siochana of relevant concerns about individual Children, using the Reporting Form, keep a copy of this form and ensure acknowledgement of receipt of this form.
- Reporting poor practise to their relevant governing body having ensured that any concerns regarding Child protection issues have been reported to the relevant Statutory Authority.
- Advise Administrators on issues of confidentiality, record keeping and data protection**.**

Designated Liaison Persons do not have the responsibility of investigating or validating Child protection concerns and have no counselling or therapeutic role. This responsibility lies with the Gardaí, Tusla or the HSE.

4 .0 Child Abuse

4.1 Types of Abuse and Recognition

Tulsa categorizes child abuse in to four different categories; neglect, emotional abuse, physical abuse and 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.

4.2 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

4.3 Emotional Abuse

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

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

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

- Rejection
- Lack of comfort and love
- Lack of attachment
- Lack of proper stimulation (e.g. fun and play)
- Lack of continuity of care (e.g. frequent moves, particularly unplanned)
- Continuous lack of praise and encouragement
- Persistent criticism, sarcasm, hostility or blaming of the child
- Bullying
- Conditional parenting in which care or affection of a child depends on his or her behaviours or actions
- Extreme overprotectiveness
- Inappropriate non-physical punishment (e.g. locking child in bedroom)
- Ongoing family conflicts and family violence
- Seriously inappropriate expectations of a child relative to his/her age and stage of development

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

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

4.4 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.

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.

4.5 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 Children First: National Guidance for the Protection and Welfare of Children.

4.6. Other forms of 'Abuse'

(a) Bullying

- Bullying can be defined as repeated aggression – whether it is verbal, psychological or physical – that is conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating, and occurs mainly among Children in social environments such as schools. It includes behaviours such as physical aggression, cyberbullying, damage to property, intimidation, isolation/exclusion, name calling, malicious gossip and extortion. Bullying can also take the form of abuse based on gender

identity, sexual preference, race, ethnicity and religious factors. With developments in modern technology, Children can also be the victims of non-contact bullying, via mobile phones, the internet and other personal devices.

- While bullying can happen to any Child, some may be more vulnerable. These include: Children with disabilities or special educational needs; those from ethnic minority and migrant groups; from the Traveller community; lesbian, gay, bisexual or transgender (LGBT) Children and those perceived to be LGBT; and Children of minority religious faiths.
- There can be an increased vulnerability to bullying among Children with special educational needs. This is particularly so among those who do not understand social cues and/or have difficulty communicating. Some Children with complex needs may lack understanding of social situations and therefore trust everyone implicitly. Such Children may be more vulnerable because they do not have the same social skills or capacity as others to recognise and defend themselves against bullying behaviour.

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

4.7 Cyber, text and social media bullying

Cyber bullying can involve unwanted text messages, phone calls, video chats/ recordings or web posts being used to threaten abuse or harm someone. It is similar to physical or verbal bullying, but it uses technology instead. Cyber bullying, like all bullying, is difficult for the victim. It can be hard to prove and difficult to get the courage to report it. Text bullying or harassment can be texts that frighten, insult, threaten or make the recipient feel uncomfortable. Email, social networks like Facebook/Twitter and phone calls can be used to harass in the same way.

The above are some of the examples of abuse for more information see section 2 of Children First. Please follow the links below:

Child Protection & Welfare Practice Handbook - https://www.tusla.ie/uploads/content/CF_WelfarePracticehandbook.pdf

Children First: National Guidance for the Protection and Welfare of Children

https://www.tusla.ie/uploads/content/Children_First_National_Guidance_2017.pdf

4.8 Vulnerable Children

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

(b) It is important 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.

(c) Vulnerable Children and Children with additional needs may need extra support when accessing our services.

4.9 Reasonable grounds for concerns

Individuals should always inform Tusla when they have reasonable grounds for concern that a Child may have been, is being, or is at risk of being abused or neglected.

It is not necessary for the individual to prove that abuse has occurred to report a concern to Tusla. All that is required is that the individual have reasonable grounds for concerns. It is Tulsa's role to assess concerns that are reported to it.

Reasonable grounds for a Child protection or welfare concern include:

• Evidence, for example of an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way

• Any concern about possible sexual abuse

• Consistent signs that a Child is suffering from emotional or physical neglect

• A Child saying or indicating by other means that he or she has been abused

• Admission or indication by an adult or a Child of an alleged abuse they committed

• An account from a person who saw the Child being abused.

5.0 Recognising Abuse

Child abuse can often be difficult to identify and may be present in many forms, therefore according to Tusla it is necessary to follow some general guidelines.

Tusla states that there are commonly three stages in the identification of child abuse:

- Considering the possibility;
- Looking out for signs of abuse;
- Recording of information.

5.1. Stage 1: Considering the possibility The possibility of Child abuse should be considered if a Child appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioural problems. The possibility of Child abuse should also be considered if the Child displays unusual or fearful responses to parents/carers.

5.2 Stage 2: Looking out for signs of abuse

Signs of abuse can be physical, behavioural or developmental. They can exist in the relationships between Children and parents/carers or between Children and other family members/other persons. A cluster or pattern of signs is likely to be more indicative of abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should be believed.

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

• Disclosure of abuse and neglect by a Child or Young Person;

• Age-inappropriate or abnormal sexual play, language or knowledge;

• Specific injuries or patterns of injuries;

• Absconding from home or a care situation;

• Self-harm;

• Attempted suicide;

• Underage pregnancy or sexually transmitted disease;

• Signs in one or more categories at the same time may together indicate a pattern of abuse.

Most signs of abuse are non-specific and must be considered in the Child's social and family context with the aid of professionals.

5.3 Stage 3: Recording and reporting of information

If abuse is suspected, it is important to establish the grounds for concern by obtaining as much detailed information as possible. Observations should be accurately recorded and should include dates, times, names, locations, context and any other information that may be relevant. *Please refer to section 5- reporting procedures of the Policy for more information*.

Points to remember

• The severity of a sign does not necessarily equate with the severity of the abuse. Severe and potentially fatal injuries are not always visible. Emotional and/or psychological abuse tends to be cumulative and effects may only be observable in the longer term.

• Neglect is as potentially fatal as physical abuse. It can cause delayed physical, psychological and emotional development, chronic ill-health and significant long-term damage. It may also precede, or co-exist with other forms of abuse and must be acted upon.

• Child abuse is not restricted to any socio-economic group, gender or culture. All signs must be considered in the wider social and family context.

6.0 Responding to a Child Protection or Welfare Concern

6.1 Responding to a Disclosure of Abuse

The following approach is suggested by Tusla as best practice for dealing with these disclosures.

Do's	Don't 's
• React calmly • Listen carefully and attentively • Take the child seriously • Reassure the child that they have taken the right action in talking to you • Do not promise to keep anything secret • Ask questions for clarification only. Do not ask leading questions • Check back with the child that what you have heard is correct and understood • Do not express any opinions about the alleged abuser • Ensure that the child understands the procedures that will follow • Make a written record of the conversation as soon as possible, in as much detail as possible • Treat the information confidentially, subject to the requirements of Children First Guidance and legislation.	• Appear shocked • Question the child for details of what exactly happened • Promise to keep secrets • Confront alleged abuser • Express anger • Express disdain, shock • Do not make comments, judgements only to show sympathy and concern • Do not ask leading questions – rather say "is there anything else you wish to tell me "

Read Do's and Don'ts's in conjunction with Tulsa's standard report form

It is important to let the child know that 'relevant' persons will have to be informed and the primary responsibility will be to safeguard the child. Further guidance on responding to a child who discloses abuse is outlined in the HSE Child Protection and Welfare Practice Handbook.

https://www.tusla.ie/uploads/content/CF_WelfarePracticehandbook.pdf

6.2 Reporting Procedures / Children /Young People

Members of the IACST shall treat all concerns reported under the Policy in a serious manner and in line with the following principles as set out by Tusla.

Members of the IACST who have reasonable grounds for concerns that a Child or Vulnerable Person may have been, is being, or is at risk or being abused or neglected are advised, to immediately inform the relevant Designated Liaison Person of their Affiliated Member body.

The therapist as a Designated Liaison Person should record all concerns or allegations brought to his or her attention. The priority in all cases is the safety and wellbeing of the child. The duty of the individual therapist to report a concern rests with that individual member . The person who receives or has a child protection concern is the person who has the duty to report that concern. If there is doubt the member should err on the side of caution. The Statutory Authorities should also be advised and all necessary steps taken to protect the Child.

If, as a Designated Liaison Person, the therapist decides not to report a concern to Tusla, the following steps should be taken;

- The reasons for not reporting should be recorded
- Any actions taken as a result of the concern should be recorded
- The person who raised the concern should be given a clear written explanation of the reasons why the concern is not being reported to Tusla.
- The therapist should be advised that if they remain concerned about the situation, they are free to make a report to Tusla or An Garda Siochana.
- If there are concerns about a Child but the Designated Liaison Person is unsure if it should be reported to Tusla, it may be useful to contact Tusla to informally discuss the concern. This provides an opportunity to discuss the query in general and to decide whether a formal report of the concern to Tusla is appropriate at this stage. https://www.tusla.ie/get-in-touch/children-first-information-and-advice-officers/

- In the event of an emergency where a Child is believed to be in immediate danger and Tusla cannot be contacted then the Gardaí should be contacted.
  Reports can be made to Tusla in person, by telephone or in writing - including by email- to the local duty service in the area where the Child lives. Detail can be found on the Tusla website - https://www.tusla.ie/get-in-touch/duty-social-work-teams/

- To help Tusla staff assess the reasonable concern, they need all relevant information. Observations should be accurately recorded and should include dates, times, names, locations, context and any other information that may be relevant. It is not the role of the Designated Liaison Person to investigate the circumstances of an allegation of abuse prior to informing the Statutory Authorities. It should be ensured that all relevant information is recorded and provided to the Statutory Authorities. The reporting form can be found in Appendix 7 .

- Parents/carers of a Child who is a suspected victim of abuse should be advised that a report is being made unless doing so is likely to endanger the Child. Tusla has adopted the *Signs of Safety* approach as a way of working with children and their families. This uses four simple questions to ask when thinking about and working with a family. Tusla states that The Signs of Safety approach is helpful as it:
  - *provides a sound and well-structured focus for the conversations that take place when we believe children's needs are not being met and something else is needed to improve outcomes for children.*
  - *gives a clear and effective way to assess risk and find solutions.*
  - *provides a focus for consideration before contact is made with them.*
  - *The information provided can help Tusla to ensure children and families get a timely and appropriate response.*

https://www.tusla.ie/uploads/content/4214-TUSLA_Guide_to_Reporters_Guide_A4_v3.pdf

Reports received anonymously should be taken seriously and relevant enquiries made to establish if there is any substance to the complaint. The welfare of the Child is a priority in all cases.

Children who are being abused may hint that they are being harmed and sometimes make disclosures. Disclosures should always be believed and reported to Tusla without delay.

Any request to keep information anonymous cannot be guaranteed.

https://www.tusla.ie/uploads/content/Child_Protection_and_Welfare_Report_Form_FINAL.pdf

6.3 Retrospective Abuse Allegations

In cases of retrospective abuse, a report needs to be made where there is a current or potential future risk to children from the person against whom there is an allegation. The term retrospective abuse refers to abuse that an adult discloses that took place during their childhood. When attending for therapy, adults may disclose that they were abused during their childhood. If a therapist receives a disclosure from a client that they were abused as a child, this information must be reported to Tusla. This is because the person against whom there is an allegation may pose a current risk to children. The therapist may wish to seek guidance from the DLP IACST in discussing legal obligations with the client. Tusla states that while it will make every effort to examine these cases, it is a very complex area. It involves the accused's rights to their good name, privacy and the right to earn a living, as well as the requirements of natural justice. When the alleged victim can cooperate with Tusla, it can greatly help Tusla to examine the potential future risk to children. In cases of retrospective abuse, where there are no identified children, the therapist should complete a Retrospective Abuse Form(RARF) and send it to Tusla. This form can be found on the Tusla website: www.tusla.ie/children-first/ publications-and-forms. See RARF form Appendix 7.

In circumstances where Tusla's portal for submission is not accessible, the RARF should be sent to Tusla by registered post or delivered in person, to the most appropriate Tusla office as follows:

1. Where the person subject to an allegation of abuse is identifiable, the report should be sent to the Tusla office in the area where the person subject to the allegation of abuse lives. If the person lives abroad, the report should be sent to the Tusla office in the area where the adult disclosing the abuse lived at the time of the alleged abuse. If a person subject to an allegation of abuse is confirmed as deceased, a report to Tusla is not required unless there are broader issues of concern in the circumstances that Tusla may need to be aware of, in which case, consult with Tusla.

2. Where the person subject to an allegation of abuse is not identifiable, a consultation should be sought with Tusla, and where necessary, the report should be sent to the Tusla office in the area where the adult disclosing the abuse lived at the time of the alleged abuse. www.hse.ie/childrenfirst .

Where a retrospective abuse disclosure gives rise to a current concern for the protection or welfare of a child, a Child Protection and Welfare Report Form should also be submitted to Tusla without delay.

https://www.tusla.ie/uploads/content/Retrospective_Abuse_Report_Form_FINAL.pdf .

6.4 Protection from civil liability for persons reporting concerns of child abuse in good faith:

(a) Section 16 (3) of the Children First Act, 2015: "If a Mandated Person furnishes any information (including a report), document or thing to the Agency pursuant to a request made under subsection (1), the furnishing of that information, document or thing shall not give rise to

any civil liability in contract, tort or otherwise and nor shall the information, document or thing be admissible as evidence against that person in any civil or criminal proceedings."

(b) Section 3 Protections for Persons Reporting Child Abuse Act 1998: "Legislation makes provision for the protection from civil liability of persons who have communicated Child abuse 'reasonably and in good faith' to designated officers of Tusla or to any member of an Garda Síochána. This protection applies to Organisations as well as to individuals. This means that even if a communicated suspicion of Child abuse proves unfounded, a plaintiff who took an action would have to prove that the person who communicated the concern had not acted reasonably and in good faith in making the report."

6.5 Consequences of non-reporting

The Children First Act 2015 does not impose criminal sanctions on mandated persons who fail to make a report to Tusla. However, the therapist should be aware that there are possible consequences for a failure to report. There are a number of administrative actions that Tusla could take if, after an investigation, it emerges that the therapist 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 a therapist is a member
- Pass information about a therapist's failure to make a report to the National Vetting Bureau of An Garda Síochána.

This information could therefore be disclosed to a current or future employers when a practitioner is next vetted. In general, many employers consider a failure to report a child protection concern to be a disciplinary matter. Employers are encouraged to include references to obligations in relation to mandated reporting in codes of conduct and contracts of employment for relevant persons.

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.

7.0 Record Keeping

7.1 Importance of Record Keeping

Tusla states that a practitioner should record all significant conversations and interactions about their involvement in the lives of children and young people to show that the conversations and interactions took place and the agreed actions to be taken. The recording should be in keeping with the own organisations procedure. Tusla keeps records of all interactions with children and their families.

At Tusla, how suspicions or allegations of child abuse or neglect are assessed and investigated is influenced by the amount and quality of information it receives from the person or organisation reporting the concerns. Good guidance and record-keeping procedures will support the recording of relevant information in an accessible and practical way. The quality of the information shared with Tusla will greatly influence how it assesses and responds to the

concern. Tusla recommends that organisations should have a policy on the proportionate sharing of records with Tusla where necessary for the protection or welfare of a child.

- Ensure records are factual and include details of contacts, consultations and any actions taken.
- Cooperate with Tusla in the sharing of records, where a child protection or welfare issue arises. An example of this could be information needed for a Child Protection Conference or strategy meeting or information important for the assessment of risk to a child.
- Store records on child protection concerns, allegations and disclosures securely and safely.
- Use records for the purpose for which they are intended only.
- Share records on a need-to-know basis only in the best interests of the child or young person.

7.2 Feedback to the Reporter

Tusla acknowledge reports that are made about children and will usually contact the reporter for further information. Tusla states that it always seeks to cooperate fully with professional reporters. But at the same time, states the need to balance this with the wishes, consent and permission of parents or carers and the child. Tusla states that where possible, feedback will be provided to reporters. However, in some cases, to protect the privacy of the child and family, it may not always be possible for Tusla to inform the reporter on the outcome of a Tusla assessment of the child.

7.3 Confidentiality

All matters relating to the welfare and protection of Children shall be managed in accordance with the IASCT Policy Guidelines and the following principles shall be adhered to;

(a) All complaints, concerns and allegations shall be handled in the best interests of the child concerned and in a careful and sensitive manner. It is a matter for the Designated Liaison Person to determine the persons to be advised in such circumstances.

(b) No undertakings regarding secrecy shall be given to any party.

(c) All information regarding concerns relating to child protection and welfare shall be shared on 'a need to know' basis in the interests of the child. This shall not be deemed a breach of confidentiality.

(d) The exchange of information with the Statutory Authorities for ensuring the protection of children is not a breach of confidentiality.

(e) Any information gathered for one purpose will not be used for any another purpose without consultation with the persons who provided that information.

(f) All members of the IACST working with children and vulnerable persons will be familiar in respect of confidentiality and how information shall be disseminated to the parties involved. At all times, the protection of a child shall determine decisions made by therapist/IACST to share and exchange relevant information.

(g) All breaches of confidentiality shall be considered extremely serious and dealt with accordingly.

7.4 Sharing information

The Data Protection Acts 1988 and 2003 do not prevent the sharing of information on a reasonable and proportionate basis for the purposes of child protection. Tusla has the authority to share information concerning a child who is the subject of a risk assessment with a mandated person who has been asked to provide assistance. Tusla must only share what is necessary and proportionate in the circumstances of each individual case. Information that Tusla shares with the therapist, if assisting it to carry out an assessment, must not be shared with a third party, unless Tusla considers it appropriate and authorises in writing that the information may be shared. This is in keeping with the principles of data protection, which recognise that in certain circumstances information can be shared in the interests of child protection, but that such sharing must be necessary and proportionate.

Children Section 17 of the Children First Act 2015 makes it an offence for a person to disclose information to a third party which has been shared by Tusla during the course of an assessment, unless Tusla has given written authorisation to do so.

8.0 Vulnerable Adult Safeguarding

8.1 Definition of Abuse

Abuse may be defined as any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general well-being, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms. Please refer to the HSE document contained in Appendix -- provides definitions, examples and indicators of abuse with which all therapists must be familiar. This includes elder abuse.

https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/appendix%201-3.pdf

8.2 Definition of Vulnerable Person

The National Vetting Bureau (Children and Vulnerable Persons) Act 2012-2016 defines Vulnerable Adult as follows: "*Vulnerable Person" means a person, other than a child, who: a) is suffering from a disorder of the mind, whether as a result of mental illness or dementia, b) has an intellectual disability, c) is suffering from a physical impairment, whether as a result of injury, illness or age, or d) has a physical disability, which is of such a nature or degree as to restrict the capacity of the person to guard himself or herself against harm by another person, or that results in the person requiring assistance with the activities of daily living including dressing, eating, walking, washing and bathing; (e)is 60 years of age or older and who has the functional, mental or physical inability to care for himself/herself.*

8.3 Principles

All adults have a fundamental right to be respected, nurtured, cared for and protected from harm or the risk of harm. These basic rights are embedded within international and domestic laws. Concerns and allegations, historical and current, must be taken seriously, swiftly reported, appropriately recorded and dealt with according to clear procedures as required by the law.

A Rights-Based Approach: To promote and respect an adult's right to be safe and secure; to freedom from harm and coercion; to equality of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination.

An Empowering Approach: To empower adults to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm and enabled to manage their own decisions in respect of exposure to risk.

A Person-Centred Approach: To promote and facilitate full participation of adults in all decisions affecting their lives taking full account of their views, wishes and feelings and, where appropriate, the views of others who have an interest in his or her safety and well-being.

A Consent-Driven Approach: To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; and intervening in the life of an adult against his or her wishes only in particular circumstances, for very specific purposes and always in accordance with the law.

A Collaborative Approach: To acknowledge that adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community, independent and sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. Working in partnership and a person-centred approach will work hand-in-hand.

8.4 Legislation

Legislation unlike Child Protection, Adult Safeguarding does not have a single piece of legislation under which there are statutory responsibilities on agencies to respond to concerns of abuse.

Key relevant legislation within the Republic of Ireland is as follows:

- National Vetting Bureau (Children and Vulnerable Persons) Act 2012
- Criminal Justice (Withholding of Information of Offences against Children and Vulnerable Persons) Act 2012
- The Assisted Decision Making (Capacity) Act *(note is not in effect as yet).*

8.5 Regional Policy

In 2014, the HSE produced the national policy and procedures 'Safeguarding Vulnerable Persons at Risk of Abuse'.

This policy states:

The Social Care Division is committed to the safeguarding of vulnerable persons from abuse. It acknowledges that all adults have the right to be safe and to live a life free from abuse. All persons are entitled to this right, regardless of their circumstances. It is the responsibility of all service providers, statutory and non-statutory, to ensure that, service users are treated with respect and dignity, have their welfare promoted and receive support in an environment in which every effort is made to promote welfare and to prevent abuse.

All services must have a publicly declared 'No Tolerance' approach to any form of abuse and must promote a culture which supports this ethos. All policies and procedures must promote welfare, reflect inclusion and transparency in the provision of services, and promote a culture of safeguarding. A core governance responsibility of all services is to ensure that safeguarding policies and procedures and associated practices are in place and appropriate to the services provided.

8.6 Recognising Adult Safeguarding Concerns

There are a variety of ways that you could be alerted that an adult is suffering harm:

- They may disclose to you
- Someone else may tell you of their concerns or something that causes you concern
- They may show some signs of physical injury for which there does not appear to be a satisfactory or credible explanation
- Their demeanour/behaviour may lead you to suspect abuse or neglect
- The behaviour of a person close to them makes you feel uncomfortable (this may include a staff member, volunteer, peer or family member); or

Being alert to potential abuse plays a major role in ensuring that adults are safeguarded and it is important that all concerns about possible abuse are taken seriously and appropriate action is taken.

8.7 Responding to a Disclosure of Possible Abuse

Do

- Stay calm
- Listen attentively
- Express concern and acknowledge what is being said
- Reassure the person - tell the person that s/he did the right thing in telling you
- Let the person know that the information will be taken seriously and provide details about what will happen next, including the limits and boundaries of confidentiality
- If urgent medical/Guarda is required, call the emergency services;
- Ensure the immediate safety of the person
- Let the person know that they will be kept involved at every stage
- Record in writing (date and sign your report) and report to the Statutory Agency at the earliest possible time.
- Act without delay

Do not

- Stop someone disclosing to you
- Promise to keep secrets
- Press the person for more details or make them repeat the story
- Talk about the disclosure or pass on the information to anyone who does not have a legitimate need to know
- Contact the alleged person to have caused the harm
- Attempt to investigate yourself
- Leave details of your concerns on a voicemail or by email
- Delay

8.8 Reporting Procedure

Concern Noted or Disclosure Made	**Concern Noted or Disclosure Made**
Immediate Risk - Report to Gardai (Confidential Line- 1800 666 111) or Statutory agency immediately HSE Safeguarding and Protection Team - Follow up in writing within 24 hours	*Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures Preliminary Screening Form (PSF1)* Safeguarding Issue – Record all details – forward to Statutory Authority Elder Abuse concern- Report to Health Service Executive. There is a designated office of the HSE to receive complaints and to deal with elder abuse

HSC Safeguarding and Protection Teams Contact Details

- Dublin North, Dublin North Central, Dublin West 01 6250447
- Laois, Offaly, Longford, Westmeath, Louth and Meath 01 6914632
- Kildare, West Wicklow, Dublin West, Dublin South City, Dublin South West 045 920410
- Wicklow, Dun Laoghaire and Dublin South East 01 2164511
- South Tipperary, Carlow, Kilkenny, Waterford, Wexford 056-7784325
- Kerry and Cork 021 4923967 Clare, Limerick, North Tipperary and East Limerick 067 46470 Galway,
- Roscommon and Mayo 091 748488
- Donegal, Sligo, Leitrim, Cavan and Monaghan 071-9834660

https://www.hse.ie/eng/services/list/4/olderpeople/elderabuse/protect-yourself/safeguarprotectteams.html

9.0 Recording Concerns and Storage of Information

- Good record management standards and practices are required to ensure confidentiality and that the security of adults' information is respected.
- An accurate record should be made of the date and time that the therapist became aware of the concerns, the parties who were involved, and any action taken.
- The record should be clear and factual, and recorded at the time or as soon as possible thereafter. Information that the therapist has may be valuable to professionals investigating the incident and may at some time in the future be used as evidence in court.
- Details of your conversations and actions should be recorded clearly and signed and dated by you. Information recorded would normally include:

  a. As much information as possible about the circumstances that led to the concern/allegation being raised; the context of the conversation; any observations; who else was present etc.

  b. The exact words of the individual who reported the concern; and specifically what the person is worried about and why

  c. Any explanation offered to account for the risk, injury or concern

  d. Details of any action already taken about the incident/concern/allegation

  e. Any views expressed by the individual or their carer(s) about the matter

  f. Detail which, to you, may seem irrelevant. It may prove invaluable at a later stage in an investigation

- All original records must be passed immediately to the ---
- Any copies of records retained must be kept secure and confidential.
- All records may be needed in legal proceedings if required.

`

9.1 Confidentiality

Any notes or information held must be stored confidentially and in a secure place (including electronic filing) and shared only with those who need to know about the concerns, disclosures,

allegations or suspicions of abuse. Further guidance on the management of records, confidentiality and sharing of information is available in the GDPR regulations document. https://www.dataprotection.ie/

9.2 Consent and Capacity

The focus of any intervention must be on promoting a proportionate, measured approach to balancing the risk of harm with respecting an adult's choices and preferred outcome for their own life circumstances. The right of a person with capacity to make decisions and remain in control of their life must be respected. Consideration of 'capacity' and 'consent' are central to adult safeguarding; for example, in determining the ability of an adult to make lifestyle choices, such as choosing to remain in a situation where they risk being harmed or where they choose to take risks. There should always be a presumption of capacity to make decisions unless there is evidence to suggest otherwise; for example: when in a therapist's role you are aware that an individual has a diagnosis of dementia or a moderate to severe intellectual disability. However, there are also some circumstances when it may be necessary to consider the protection and rights of others, and overriding the withholding of consent may be necessary to ensure the protection of others. This decision will be made by the statutory services.

It is good practice for a therapist to explain to a vulnerable person that they cannot keep a concern a secret, and that there are agencies and organisations that are able to provide the adult with advice and support.

Where an adult who has capacity to make decisions refuses to give permission to report the concern it is important that this is noted and respected. The adult should be informed that their views are important and will be considered but that it is the therapist's responsibility to discuss the matter with the relevant person to ensure the safety and wellbeing of others. This may include allegations of a criminal nature which must be reported to the HSE and/or the Garda.

10.0 Allegation of Abuse against A Therapist

In the event of an allegation of abuse being made against a member of the IACST the following procedure will occur.

- If an allegation is made against a therapist - the Chairperson of the Association will be informed. A record will be kept of what was said and/or what was observed.
- The Chairperson of the Association will inform the accused member that an allegation has been made against him/her and the nature of the allegation.
- The name or any identifying information of the reporting adult will not to be given to the person against whom the allegation has been made.
- The therapist against whom the allegation has been made will be offered the opportunity to respond to the allegations. They should also be informed of their right to the adjournment of the meeting until such time as they can seek appropriate representation, (e.g. Legal representation).
- The agreed procedures and the rules of natural justice will guide the action.
- A written record of all matters relating to the allegations, including the response of the alleged member will be kept and sent to the relevant statutory body.
- Parents/guardians of the child will be informed of proceedings being taken.
- The therapist about whom an allegation has been made will be requested to undertake precautionary leave pending the investigation of the allegation.

- The name of the accused therapist should be known only by the person reporting the incident/s, the Chairperson and the Vice Chairperson of the Association and the investigating statutory personnel. Therapists must be reminded of their obligation to confidentiality and be offered support.

11.0 Guarda Vetting

The IACST expects that all Therapists will undergo Garda Vetting Procedures in order to attain membership of the Association. See IACST Garda Vetting Policy.

12.0 Supervision, CPD and Self-Care

- Therapists who work with children and young people must comply with all ethical and practice requirements in relation to clinical practice, and continuing professional development.
- Also, all therapists must be aware of the importance of self-care and take responsibility to protect and monitor their own physical, emotional, mental and psychological wellbeing at a level that enables them to work effectively with their clients. See IACST Code of Ethics.

13.0 Procedure for Provision of and Access to Child /Vulnerable Safeguarding Training and Information, Including the Identification of the Occurrence of Harm

- All members of the IACST will have access to this document.
- All members of the IACST are required to complete http://www.tusla.ie/children-first/children-first-elearning-programme and to submit their certificate of completion to be kept on file by the IACST.
- A list of training and educational resources is included in Appendix 7.

Implementation

The IASCT recognise that implementation is an ongoing process. Our association is committed to the implementation of this Child and Vulnerable Adult Policy and the procedures that support our intention to keep children and vulnerable adults safe from harm while availing of Craniosacral Therapy

Signe

Chairperson IACST

Vice Chairperson IACST

Secretary IACST

References

Child and Family Agency: Policy and Procedures for Responding to Allegations of Child Abuse and Neglect, Section 2.5, page 8 (2017).

Department of children and youth affairs (DCYA): -Children First: National Guidance for the Protection and Welfare of Children (2017)

Department of health and children: Our Duty to Care: The Principles of Good Practice for the Protection of Children and Young People (2002)

European Union: EU General Data Protection Regulation (GDPR) (2016)

Government Publications: Child and Family Agency Act (2013)

Government Publications: Child Care Act (1991)

Government Publications: Children First Act (1991)

Government Publications: Children First Act (2011)

Government Publications: Children First Act (2015)

Government Publications: Data Protection Act (2018)

Government Publications: Freedom of Information Act (2014)

Government Publications: National Vetting Bureau (Children and Vulnerable Persons) Act (2012)

Government Publications: Protection for Persons Reporting Child Abuse Act (1998)

Government Publications: The Health Act (2004)

Health Service Executive: Child Protection and Welfare Practice Handbook (2011)

Health Service Executive: Safeguarding Vulnerable Adults at Risk of Abuse- National Policy and Procedures (2014).

Health Service Executive: Child Protection and Welfare Policy (2018)

Health Service Executive: Data Protection: It's Everyone's Responsibility – An Introductory Guide for Health Service Staff

Health Service Executive: Female Genital Mutilation: Information for Health-Care Professionals Working in Ireland (2013).

Health Service Executive: National Healthcare Charter- you and your health service (2012) 31

Health Service Executive: Policy on Record Retention (2013)

Health Service Executive: Standards and Recommended Practices for Healthcare Records Management (2007)

Tulsa (2017) - A Guide for the Reporting of Child Protection and Welfare Concerns.

United Nations Human Rights: The UN Convention on the Rights of the Child (1997)

Appendix 1

Definitions and Categories of Abuse

The following table provides definitions, examples and indicators of abuse (not exhaustive) which all personel must be familiar with .

Type of Abuse: Physical	
Definition	The use of physical force, the threat of physical force or mistreatment of one person by another which may or may not result in actual physical harm or injury.
Examples	Physical abuse includes hitting, slapping, pushing, shaking, burning, scalding, pulling hair, kicking, exposure to heat or cold, force-feeding, misuse of medication, inappropriate restraint or sanctions. Physical abuse includes all forms of physical force contact which results in harm to another person including excessive force in the delivery of personal care, forced feeding, rough handling, unwarranted physical pressure (gripping, squeezing) shaking, misuse of incontinence wear, hitting with a weapon or implement, misuse of medication, failing to give medication, poisoning, restricting activities or forcing activities. Includes inappropriate deprivation of liberty (e.g. being locked in/forced confinement in an area), denied treatment or experiencing threat of physical violence.
Indicators	Unexplained signs of physical injury – bruises, cuts, scratches, burns, sprains, fractures, dislocations, hair loss, missing teeth. Unexplained/long absences at regular placement. Service user appears frightened, avoids a person, demonstrates new atypical behaviour; asks not to be hurt.

Type of Abuse: Sexual

Definition

Any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling; coercive, exploitative, harmful, or unwanted towards another person.

Examples

Abusive acts of a sexual nature include but are not limited to rape and sexual assault, indecent exposure, intentional touching, fondling, molesting, sexual harassment or sexual acts to which the adult has not consented, or could not consent, or to which he or she was compelled to consent.

Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as groping), exposure of the sexual organs and any sexual act intentionally performed in the presence of another without their consent. Examples of behaviours include inappropriate touch anywhere, masturbation of either or both persons, penetration or attempted penetration of the vagina, anus or mouth, with or by a penis, fingers or other objects. Exposure to pornography or other sexually explicit and inappropriate material enforced witnessing of sexual acts, sexual media harassment. Inappropriate and sexually explicit conversations, remarks, threats, intimidation, inappropriate looking/ touching, sexual teasing/innuendo, grooming, taking sexual photographs/video footage, making someone watch sexual acts/ pornography, making someone participate in sexual acts. Includes digital/ social media and online sexual abuse/ production of sexual images.

Female genital mutilation (FGM) is considered a form of both physical and sexual abuse.

Indicators

Trauma to the genitals, breast, rectum, mouth, injuries to face, neck, abdomen, thighs, buttocks, STIs and human bite marks.

An adult demonstrates atypical behaviour patterns such as sleep disturbance, incontinence, aggression, changes in eating patterns, inappropriate or unusual sexual behaviour and anxiety attacks.

Indicators of sexual exploitation would include poor concentration, withdrawal, sleep disturbance. Other indicators include excessive fear/apprehension of, or withdrawal from, relationships. Fear of receiving help with personal care and reluctance to be alone with a particular person could also be indicators.

Type of Abuse: Emotional/Psychological (including Bullying and Harassment)

Definition

Behaviour that is psychologically harmful to another person and which inflicts anxiety or mental distress by threat, humiliation or other verbal/non-verbal conduct.

Examples

Emotional or psychological abuse includes failing to value the individual, abuse of power in which the perpetrator places their opinion/view/judgement as superior to the individual, harsh value judgements, conveying to the individual that they are worthless, unloved, inadequate, or a nuisance.

Abusive acts of a psychological nature include, but are not limited to threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, patronising approaches to care and support for example 'elder speak' or spoken to like a child, intolerance of religious beliefs, intolerance of cultural beliefs, and in the case of married/cohabiting couples denying the right to shared and appropriate accommodation.

Failure to show interest in or provide opportunities for a person's emotional development or need for social interaction.

Outpacing – where information /choices are provided too fast for the adult to understand, putting them in a position to do things or make choices more rapidly than they can tolerate.

Denying the individual the opportunity to express their views in a manner which is comfortable to them, deliberately silencing them or ignoring them or their communications written or spoken, making a subjective comment about the way an individual chooses to express themselves, imposing unrealistic expectations on the individual.

Behaviours include deprivation of liberty, persistent criticism, sarcasm, humiliation, hostility, intimidation or blaming, shouting, cursing or invading someone's personal space. Unresponsiveness, not responding to calls for assistance or deliberately responding slowly to a call for assistance.

Includes risk of abuse via technology.

Indicators

Mood swings, incontinence, obvious deterioration in health, sleeplessness, feelings of helplessness/hopelessness, extreme low self-esteem, tearfulness, self-abuse or self-destructive behaviour.

Challenging or extreme behaviours; anxious, aggressive, passive or withdrawn.

The carer-person in need of care relationship may be vulnerable to abuse in both directions, neither deliberate but can be very harmful. Co-dependent relationships need to be considered as a new phenomenon with adults at risk of abuse and a potential risk from relatives with mental health or addiction issues.

Type of Abuse: Financial or material abuse

Definition	The unauthorised and improper use of funds, property or any resources including pensions, or others statutory entitlements or benefits. Financial abuse involves an act or acts where a person is deprived of control of their finances or personal possessions or exploited financially by another person or persons.
Examples	This may include theft, coercion, fraud, undue pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. It may also involve the misuse of power of attorney, and not contributing to household costs where this was previously agreed. Misusing or stealing the person's property, possessions or benefits, mismanagement of bank accounts, cheating the service user, manipulating the service user for financial gain or putting pressure on the service user in relation to wills property, inheritance and financial transactions. Examples include theft, fraud, exploitation, the misuse of property, possessions, bank accounts, grants, cash or benefits; internet scamming, phone scamming, putting someone under pressure in relation to their financial arrangements or property, including wills; denial of access to money or property, not contributing to household costs, use of bank and credit cards without permission, running up debts, forged signatures, deliberately overcharging for services activities/required treatments/therapies.
Indicators	No control over personal funds or bank accounts, misappropriation of money, valuables or property, no records or incomplete records of spending, discrepancies in the service user's internal money book, forced changes to wills, not paying bills, refusal to spend money, insufficient monies to meet normal budget expenses, etc.

Type of Abuse: Organisational

Definition

The mistreatment of people brought about by the poor or inadequate care or support or systemic poor practices that affect the whole care setting

This can occur in any organisation or service, within and outside Health and Social Care provision. Organisational abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

Organisational abuse can be brought about by poor or inadequate care or support services, or systematic poor practice that affects the whole care setting. It can occur when an individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation.

Examples

It can be a one-off incident or repeated incidents; it can be neglect or poor standards of professional practice, which might be because of culture, structure, policies, processes or practices within the organisation. Systematic and repeated failures culturally inherent within the organisation or service may be considered as organisational abuse.

It can result in a failure to afford people the opportunity to engage socially and be involved in hobbies/activities that are meaningful to them, which in turn results in a failure for their psycho-social needs to be met.

It can occur when service users are treated collectively rather than as individuals. Service user's right to privacy and choice not respected. Staff talking about the service users personal or intimate details in a manner that does not respect a person's right to privacy.

Indicators

Inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm.

Lack of, or poor-quality staff supervision and management. High staff turnover. Lack of training of staff and volunteers. Poor staff morale. Poor record keeping. Poor communication with other service providers. Lack of personal possessions and clothing, being spoken to inappropriately, etc. Weak governance of staff and breaches of professional codes of practices can be indicatives of institutional abuse. The absence of visitors, family and friends discouraged from visiting, lack of flexibility and choice for service users.

Type of Abuse: Neglect

Definition	The withholding of or failure to provide appropriate and adequate care and support which is required by another person. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time.
Examples	Neglect and acts of omission include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, social activities, leisure/ educational opportunities or adequate nutrition and heating. Neglect includes ignoring need, either physical or medical, knowing that a need exists, but choosing to not address that need, thereby leaving the person at risk of deterioration in health and wellbeing. Neglect includes withdrawing or not giving help that an adult needs causing them to suffer for example malnourishment, untreated medical conditions, unclean physical appearance, improper administration of medication or other drugs, being left alone for long periods when the person requires supervision or assistance. Neglect also includes not meeting the social, psychological or spiritual needs and not addressing required environmental factors/adaptations to adequately meet the needs of the adult.
Indicators	Poor personal hygiene, dirty and dishevelled in appearance e.g. unkempt hair and nails. Poor state of clothing. Non-attendance at routine health appointments for example dental, optical, chiropody, social isolation. Whilst there is a positive duty to provide care when in receipt of state carer's allowance there is no legal obligation on carers to continue in the caring role. Assessment of indicators needs to be mindful of identifying carer stress where the carer cannot cope or manage with the responsibilities.

Type of Abuse: Discriminatory

Definition	Unequal treatment, harassment or abuse of a person based on age, disability, race, ethnic group, gender, gender identity, sexual orientation, religion, family status or membership of the travelling community.
Examples	Being treated differently by individuals, family, organisations or society because of any of the above. Assumptions about a person's abilities or inabilities. Not speaking directly to the person but addressing an accompanying person.
Indicators	Isolation from family or social networks. Indicators of psychological abuse may also be present.

Type of Abuse: Human trafficking/Modern Slavery

Definition	Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting.
Examples	Victims of human trafficking/ modern slavery can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities. Any concerns that an adult at risk may be a victim of human trafficking/modern slavery must be reported to An Garda Síochána.
Indicators	People who have been trafficked may believe that they must work against their will. Victims may be unable to leave their work environment and show signs that their movements are being controlled. Victims may show fear or anxiety. They may be subjected to violence or threats of violence against themselves or against their family members. They may suffer injuries that appear to be the result of an assault.

Type of Abuse: Online or Digital Abuse

Definition	An abusive or exploitative interaction occurring online or in a social media context.
Examples	Includes risk of abuse via technology including exposure and uploading of inappropriate abusive material without consent. Includes digital/social media and online sexual abuse/ production of sexual images, online financial abuse, theft of personal information and persuasion towards self-harm.
Indicators	Becoming withdrawn, suddenly behaves differently, anxious, clingy, depressed, aggressive, problems sleeping, eating disorders. The exploitation on an online or digital platform can have a serious impact on the victim. This impact can result in the victim soiling their clothes, taking unnecessary risks, missing education/ training, changing eating habits, developing obsessive behaviours, having nightmares, increasing drug/alcohol usage.

Appendix 2

Reporting Procedure Flow Chart Tusla – Children/Young People Tusla

Mandated Person

Procedures for making mandated reports

If you are a mandated person and have a concern about a child, it is your legal responsibility to make a decision as to whether the concern meets the threshold for a mandated report under the Children First Act 2015 or not. If you are satisfied that this threshold has been reached, you should clearly identify on the report that it is a mandated report made under the Children First Act.

The Children First Act 2015 requires mandated persons to report a mandated concern to Tusla "as soon as practicable". The Children First Act requires Tusla to appoint authorised persons to receive mandated reports. Authorised persons are obliged to acknowledge in writing all mandated reports they receive.

If you feel urgent intervention may be required to make the child safe, you can alert Tusla of the concern in advance of submitting a written report. You must then submit a mandated report to Tusla on the report form or via the web portal within three days.

Individuals Working with Children

Process for reporting concerns to Tusla

You should always inform Tusla when you have reasonable grounds for concern that a child may have been, is being, or is at risk of being abused or neglected.

You can report your concern in person, by telephone or in writing to the local social work duty service in the area where the child lives. Contact details for local social work teams are available here.

Tusla has two forms for reporting child protection and welfare concerns – the Child Protection and Welfare Report Form (CPWRF) and the Retrospective Abuse Report Form (RARF). The Child Protection and Welfare Report Form is to be completed and submitted to Tusla for concerns about children under the age of 18.

If using a hardcopy CPWRF or RARF, the completed form should be sent to the Duty Social Work team in the area where the child resides.

Tusla has two Forms for reporting child protection and welfare concerns – the Child Protection and Welfare Report Form (CPWRF) and the Retrospective Abuse Report Form (RARF). The Child Protection and Welfare Report Form is to be completed and submitted to Tusla for concerns about children under the age of 18. The Retrospective Abuse Report Form is to be completed and submitted to Tusla for cases of adults disclosing childhood abuse, aka Retrospective Abuse. Both these Forms can be completed online using the Tusla Portal.

Joint Reporting

As a mandated person you can make a report jointly with another person, whether that person is also a mandated person or not.

As a mandated person, you should be aware that the legal obligations under the Children First Act 2015 to report mandated concerns rest with you and not with the designated liaison person.

Informing the Family

It is best practice to tell a family you are making a report. Families have a right to know what is being reported about them. It also helps them understand the reasons for reporting and what information is being reported. However, in exceptional circumstances you may be concerned that telling the family will put the child at further risk, could impact on Tusla's ability to carry out an assessment or could place you at risk of harm from the family. In these exceptional circumstances it is not necessary for you to tell the family you are making a report.

Informing the Family

It is best practice to tell a family you are making a report. Families have a right to know what is being reported about them. It also helps them understand the reasons for reporting and what information is being reported. However, in exceptional circumstances you may be concerned that telling the family will put the child at further risk, could impact on Tusla's ability to carry out an assessment or could place you at risk of harm from the family. In these exceptional circumstances it is not necessary for you to tell the family you are making a report.

Unsure

If you are concerned about a child but unsure whether you should report it to Tusla, you may find it useful to contact Tusla to discuss your concern.

This provides an opportunity to discuss the query in general and to decide whether a formal report of the concern to Tusla is appropriate at this stage. If the concern is below the threshold for reporting, Tusla may be able to provide advice in terms of keeping an eye on the child and other services that may be more suitable to meeting the needs of the child and/or family.

If you think the child is in immediate danger and Tusla cannot be contacted, you should contact the Guardai

Appendix 3

Mandated Persons

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 theYouth Work Act 2001.

17. Foster carer registered with the Agency.

18. A person carrying on a pre-school service within the meaning of Part VIIA of the Child Care Act 1991.

Information for Mandated Persons

The Children First Act 2015 places a legal obligation on certain people, many of whom are professionals, to report child protection concerns at or above a defined threshold to Tusla - Child and Family Agency.

The Department of Children and Youth Affairs and Tusla have developed a suite of resources to support the full implementation of the Act. Staff should check these resource documents or Schedule 2 of the Act to find out if they are a Mandated Person.

Mandated Persons have two main legal obligations under the Act:

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

1. Mandated Reporting

A Mandated Person is required to report to Tusla without delay, any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. This includes where a child discloses their belief to a Mandated Person that they have been, are being or are likely to be harmed.

'Harm' is defined in the Children First Act 2015 as –

- "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."

Mandated reports should be submitted to Tusla using the Tusla Web-portal. If your concern does not reach the threshold for mandated reporting, but you still have reasonable grounds for concern about the welfare or protection of a child, you should still report that concern to Tusla but do not tick the mandated report box.

As a Mandated Person, you should be aware that the legal obligation to report mandated concerns rests with you. You may make a report jointly with any other person who shares your concerns.

If a child is at immediate risk and you cannot speak to a Duty Social Worker in Tusla, contact An Garda Síochána without delay

HSE Children First National Office

All Mandated Persons must read chapter 3 of Children First: National Guidance (2017)

Mandated Persons should also read the following documents:

HSE Child Protection and Welfare Policy

A Guide for the Reporting of Child Protection and Welfare Concerns

Mandated Assisting Protocol for Tusla Staff
(www.tusla.ie)

Consequences of Non-reporting

The Children First Act 2015 does not impose criminal sanctions on Mandated Persons who fail to make a report to Tusla. However, the following consequences may apply:

- HR/Disciplinary procedures
- Fitness to practice complaint to the professional's regulatory body
- Information may be passed to the National Vetting Bureau of An Garda Síochána

2. Mandated Assisting

Tusla may request assistance from Mandated Persons when assessing a concern which has been the subject of a mandated report, regardless of who made the report.

Assistance will be relevant where a Mandated Person's existing knowledge of a child and/or their family are essential to the assessment or where a Mandated Person's professional expertise is required to ensure that the child's best interests are met.

According to the Children First Act 2015, mandated assistance is the provision of:

- verbal or written information or reports.
- attendance at any meeting arranged by Tusla in connection with an assessment of a child, e.g. Strategy Meeting, Child Protection Conference.
- the production to Tusla of any document or thing.

Sharing Information

If you are required to share information with Tusla when assisting in the assessment of risk to a child, you are protected from civil liability under Section 16 (3) of the Children First Act 2015.

Section 17 of the Children First Act 2015 provides that information shared by Tusla during the period of assessment of a mandated report must not be disclosed to a third party unless in accordance with law or authorised by Tusla in writing.

Appendix 5

Child Safeguarding Statement Sample Template- Tusla

Note: This is a sample template provided as a guide only. It is not a standardised format for a Child Safeguarding Statement. Please see the following documents for more information about developing a Child Safeguarding Statement:

- *Children First: National Guidance for the Protection and Welfare of Children*
- *Guidance on Developing a Child Safeguarding Statement* (www.tusla.ie)
- *Child Safeguarding: A Guide for Policy, Procedure and Practice* (www.tusla.ie)

1. Name of service being provided:

_____

2. Nature of service and principles to safeguard children from harm (*brief outline of what our service is, what we do and our commitment to safeguard children*):

_____

_____

_____

_____

3. Risk Assessment

We have carried out an assessment of any potential for harm to a child while availing of our services including the area of online safety when accessing the internet. Below is a list of the areas of risk identified and the list of procedures for managing these risks.

	Risk identified	Procedure in place to manage identified risk
1		
2		
3		
4		
5		

4. Procedures

Our Child Safeguarding Statement has been developed in line with requirements under the Children First Act 2015, *Children First: National Guidance for the Protection and Welfare of Children* (2017), and Tusla's *Child Safeguarding: A Guide for Policy, Procedure and Practice*. In addition to the procedures listed in our risk assessment, the following procedures support our intention to safeguard children while they are availing of our service:

- Procedure for the management of allegations of abuse or misconduct against workers/volunteers of a child availing of our service;
- Procedure for the safe recruitment and selection of workers and volunteers to work with children;

- Procedure for provision of and access to child safeguarding training and information, including the identification of the occurrence of harm;
- Procedure for the reporting of child protection or welfare concerns to Tusla;
- Procedure for maintaining a list of the persons (if any) in the relevant service who are mandated persons;
- Procedure for appointing a relevant person.

All procedures listed are available upon request.

5. Implementation

We recognise that implementation is an on-going process. Our service is committed to the implementation of this Child Safeguarding Statement and the procedures that support our intention to keep children safe from harm while availing of our service.

This Child Safeguarding Statement will be reviewed on _____, or as soon as practicable after there has been a material change in any matter to which the statement refers.

Signed: _____ (Provider)
[Provider's name and contact details]

For queries, please contact _____, Relevant Person under the Children First Act 2015.

Child Safeguarding Statement Sample Template

Section 2: Nature of service and principles to safeguard children from harm: Describe the nature of your services and specify the principles that you will observe to keep children safe from harm while they are availing of your service.

Section 3: Risk assessment: *Children First: National Guidance for the Protection and Welfare of Children* (2017) provides additional guidance on carrying out the risk assessment component of your Child Safeguarding Statement.

Section 4: Procedures: As this is only a sample list, you will need to add to this list as appropriate, based on the outcome of your risk assessment. Please see also Tusla's *Child Safeguarding: A Guide for Policy, Procedure and Practice*.

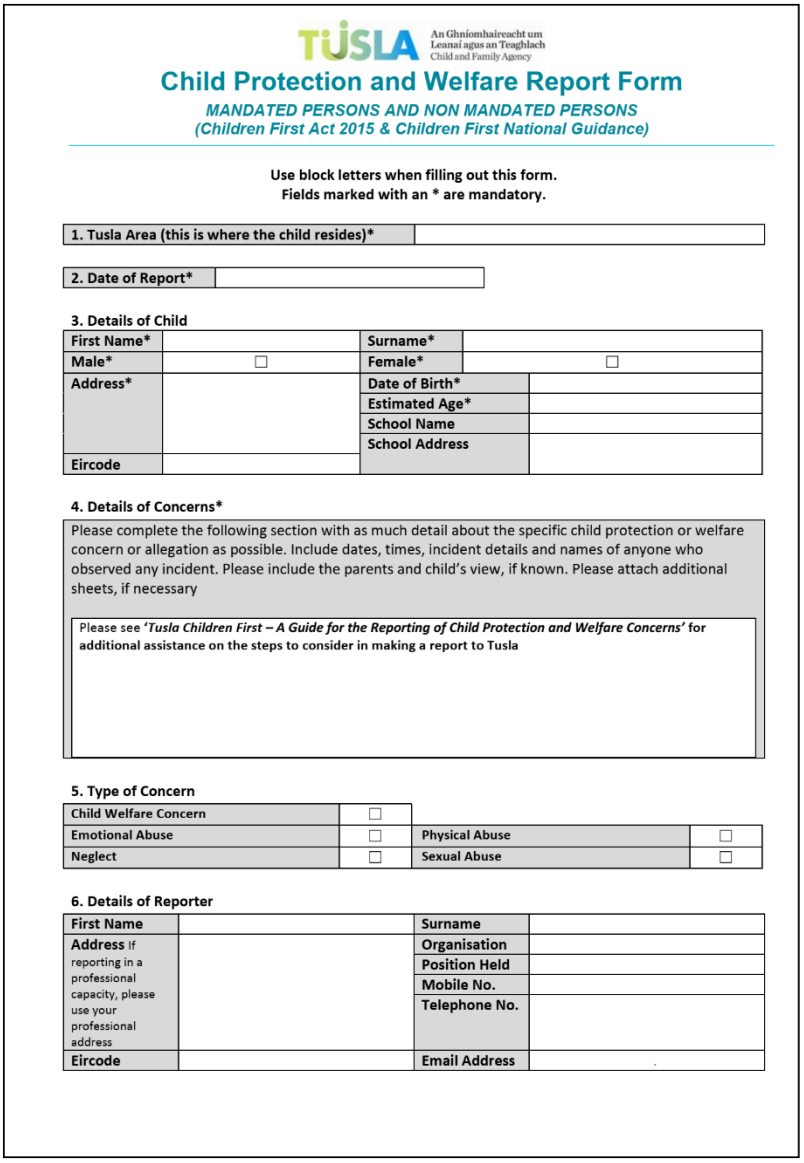
Section 5: Implementation: At a minimum, reviews must be carried out every 24 months. The provider is the individual with overall responsibility for the organisation. This may be the chief executive officer, chairperson of a board of management, owner/operator, etc.

Relevant Person: You should include the name and contact details of the Relevant Persons, who are the first point of contact regarding your Child Safeguarding Statement.

Appendix 6

Tusla Reporting Forms

CPWR
RARF
PSF1



TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

Child Protection and Welfare Report Form

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

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

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

2. Date of Report*	

3. Details of Child

First Name*		Surname*	
Male*	☐	Female*	☐
Address*		Date of Birth*	
		Estimated Age*	
		School Name	
		School Address	
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	☐		
Emotional Abuse	☐	Physical Abuse	☐
Neglect	☐	Sexual Abuse	☐

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	

TUSLA 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 this a Mandated Report made under Sec 14, Children First Act 2015?*	Yes	☐	No	☐
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	☐	No	☐
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	☐	No	☐

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

TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

Retrospective Abuse Report Form

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

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

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

2. Date of report*	

3. Date information was received by reporter*	

4. Reporter details if third party*

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

Reporter's relationship to adult complainant	

Is this a mandated report made under Sec 14, Children First Act 2015?*	Yes	☐	No	☐
Mandated person's type				

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

First name		**Surname**	
Male	☐	**Female**	☐
Address		**Date of birth**	
		Estimated age	
		Previous address, if known	
Eircode			

6. Type of abuse being reported*

Emotional abuse	☐	**Physical abuse**	☐
Neglect	☐	**Sexual abuse**	☐

7. Details and description of alleged abuse*

Date of alleged abuse		**Period of alleged abuse**	

TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

Retrospective Abuse Report Form

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

Location of alleged abuse		**Reason for report at this time**	

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

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

First name*		**Surname***	
Male*	☐	**Female***	☐
Address		**Date of birth**	
		Estimated age	
		Mobile no.	
		Telephone no.	
Eircode		**Email address**	
Occupation			

9. Details of PSAA's social and employment status

10. PSAA household composition

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

11. Does the PSAA have contact with children?*	Yes	☐	No	☐

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

Details of child			
First name		**Surname**	
Address		**Mobile no.**	
		Telephone no.	

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

SAFEGUARDING VULNERABLE PERSONS AT RISK OF ABUSE NATIONAL POLICY & PROCEDURES PRELIMINARY SCREENING FORM (PSF1)

Please indicate as appropriate: Community setting: ☐ Service setting: ☐

1. Details of Vulnerable Person at Risk of Abuse:

Name:
Home Address:
Current Phone No:

Date of Birth: / / Male ☐ Female ☐
Location of vulnerable person if not above address:

Service Organisation (if applicable):
Service Type:
Residential Care ☐ Day Care ☐ Home care ☐ Respite ☐ Therapy intervention ☐
Other ☐ (*please specify)*
*If Residential Care please provide HIQA Code*_____

Designated Officer (DO) Name:
Community Health Organisation (CHO) Area:

2. Details of concern (if any questions below is not applicable or relevant please state so in that section):

a. Brief description of vulnerable person:

b. Details of concern including time frame:

c. Was an abusive incident observed and details of any witnesses:

d. Relevant contextual information:

e. Have any signs or indicators of abuse been observed and reported to the designated officer? Please specify?

f. Details of assessment or response to date?

g. Is it deemed at this point that there is an ongoing risk? If so please specify?

h. Include any incident report or internal alert details if completed(as attachment):

i. Details of any internal risk escalation:

j. Is this concern linked to any other Preliminary Screening? If so give details and reference:

3. Relevant information regarding concern:

Date that concern were notified to the Designated Officer:

Who has raised this concern?

Self □ Family □ Service Provider □ Healthcare staff □ Gardaí □

Other □ (*please specify)*

Type of concern or category of suspected abuse:

Physical Abuse □ Sexual Abuse □ Psychological Abuse □ Financial / Material Abuse □

Neglect / Acts of Omission □ Extreme Self-neglect □ Discrimination □ Institutional □

Setting / Location of concern or suspected abuse:

Own Home □ Relatives Home □ Residential Care □ Day Care □ Other□ (*please specify)*

Are there any concerns re: decision making capacity? **Yes** □ **No** □

Are you aware of any formal assessment of capacity being undertaken?
Yes □ **No** □
Outcome:

Is the Vulnerable person aware that this concern has been raised? **Yes** □ **No** □

What is known of the vulnerable person's wishes in relation to the concern?

Are other agencies involved in service provision with this vulnerable person that you are aware of? **Yes** □ **No** □
If yes, Details:

4. Is there another nominated person the Vulnerable Adult wants us to contact, if so please give details?

Name:
Address:
Phone:
Nature of relationship to vulnerable person (i.e. family member/ advocate etc):

Is this person aware that this concern has been reported to the Designated Officer?

Yes □ **No** □ **Not known** □

If no – why not?
If yes – date
by whom?

Has an Enduring Power of Attorney been registered in relation to this Vulnerable Person?

Yes □ **No** □ **Not known** □

Contact details for Registered Attorney(s):

Is this Vulnerable Person a Ward of Court? **Yes** □ **No** □
Contact details for Committee of the Ward:

Has any other relevant person been informed of this preliminary screening?
Details?

5. Details of person allegedly causing concern:

*Name:
Address:
Date of Birth (if known)
Gender: Male □ Female □

Relationship to Vulnerable person:
Parent □ Son/Daughter □ Partner/Spouse □ Other Relative □ Neighbour/Friend □
Other Service User / Peer □ Volunteer □ Stranger □ Staff □
Other□ (*please specify)*

Data Protection Advice: If the person allegedly causing concern is a staff member, please use initials and work address.

6. Details of Person completing preliminary screening

Name: Phone:
Address:
Job Title: Are you the Designated Officer: yes □ No □
Email: Date:

Preliminary Screening Outcome Sheet (PSF2)

Name of Vulnerable person:

A: Options on Outcome of Preliminary Screening

1. No grounds for further concern ☐
   (If necessary attach any lessons to be learned as per policy)
2. Additional information required (Immediate safety issues addressed and interim safeguarding plan developed**)** ☐
3. Reasonable grounds for concern exist:

- Immediate safety issues addressed ☐
- Interim safeguarding plan developed ☐
- Incident Management System Notified e.g: NIMS ☐

B: Any Actions undertaken:

1. Medical assessment	**Yes** ☐	**No** ☐	**N/A** ☐
2. Medical treatment	**Yes** ☐	**No** ☐	**N/A** ☐
3. Referred to TUSLA	**Yes** ☐	**No** ☐	**N/A** ☐
4. Gardai notified	**Yes** ☐	**No** ☐	**N/A** ☐

An Garda Síochána should be notified if the complaint / concern could be criminal in nature or if the inquiry could interfere with the statutory responsibilities of An Garda Síochána.

C: Other relevant details including any immediate risks identified:

(Attach any interim safeguarding plan on appendix 1 template as required)

D: If the preliminary screening has taken longer than three working days to submit please give reasons. :

Name of Designated Officer/ Service Manager:

Signature :

Date sent to Safeguarding and Protection Team:

Preliminary Screening Review Sheet from the Safeguarding and Protection Team (PSF3)

Name of Vulnerable person:
Safeguarding Concern ID number generated:

Date Received by SPT: **Date reviewed by SPT:**

Name of Social Work Team Member reviewing form:

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐ **No** ☐

If not in agreement with outcome at this point outline of reasons:

Commentary on areas in form needing clarity or further information:

Any other relevant feedback including any follow up actions requested:

Name: **Signature:**

Date review form returned to Designated Officer/ Service Manager:

Preliminary Screening Review Update Sheet from Designated Officer/ Service Manager (PSF4):

(Only for completion if requested by Safeguarding and Protection Team)

Name of Vulnerable person:

Unique Safeguarding ID: **Date returned to SPT:**

Name of Designated Officer/Service Manager:
Signature:

Reply with details on any clarifications, additional information or follow up actions requested:

Date received by SPT: **Date reviewed by SPT:**

Preliminary Screening agreed by Safeguarding and Protection Team

Yes ☐ **No** ☐

Name of SPT Team Member reviewing form:

Signature:

If not in agreement with outcome at this point give outline of reasons and planned process to address outstanding issues in preliminary screening:

What are you trying to achieve	What specific follow up or safeguarding actions are you taking to achieve this	Who is going to do this	When will this be completed	Review date for actions	Review Status/Update

***Interim Safeguarding Plan. Please include follow up actions and any safety and supports measures for the Vulnerable Person:**

Please note that Interim Safeguarding Plan if appropriate can become formal Safeguarding Plan

Name of Designated Officer/ Service Manager: Date of Interim safeguarding plan:

Appendix 7

Training Resources- Safeguarding Vulnerable Persons at Risk of Abuse

Open Training College

https://opentrainingcollege.com/courseitems/safeguarding-vulnerable-persons/

https://www.tusla.ie/children-first/children-first-e-learning-programme/

https://healthservice.hse.ie/staff/training-development/training/online-training-hseland.html

https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/training/

https://www.tusla.ie/uploads/content/Parents_CONCERNED_ABOUT_SUICIDE_-_H.S.E..pdf

Appendix 8

Training/ Resources Suicide Intervention /Prevention

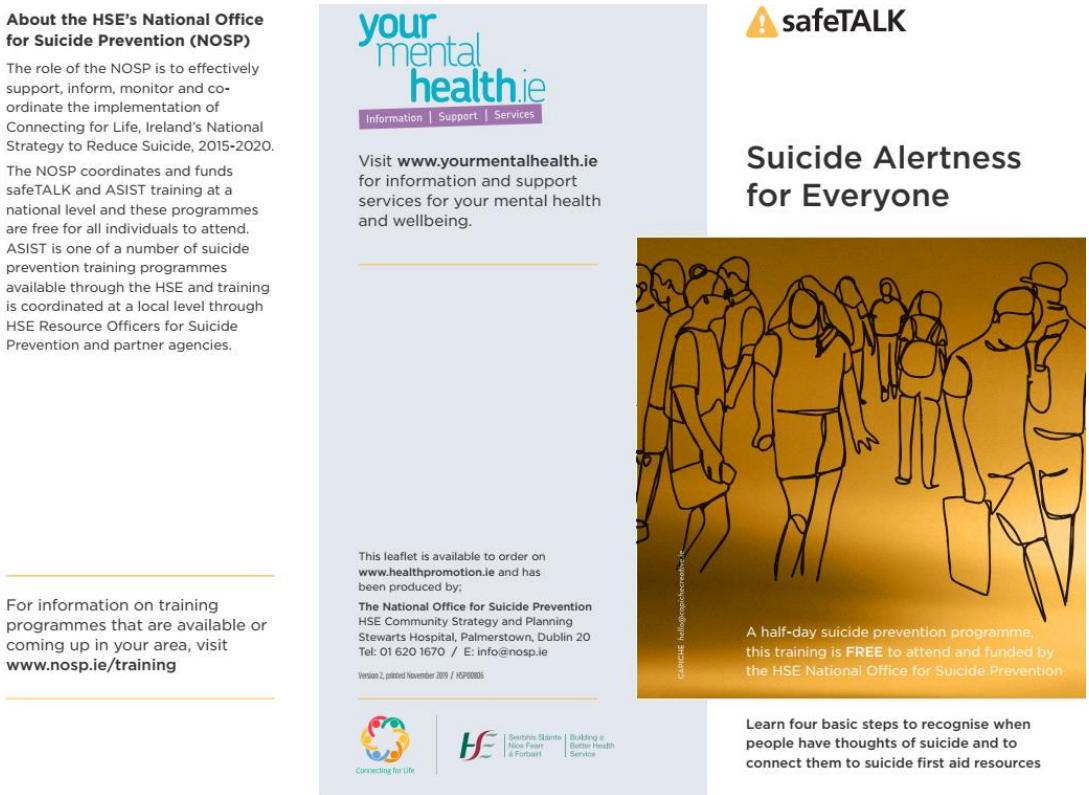
https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/training/types-of-training/#Online%20programmes

https://www.youth.ie/training/asist-applied-suicide-intervention-skills-training/

https://www.mhfi.org/news/800-zero-suicide-alliance-free-online-suicide-prevention-training.html

https://schools.yspi.ie/

https://www.tusla.ie/uploads/content/Parents_CONCERNED_ABOUT_SUICIDE_-_H.S.E..pdf



About the HSE's National Office for Suicide Prevention (NOSP)

The role of the NOSP is to effectively support, inform, monitor and co-ordinate the implementation of Connecting for Life, Ireland's National Strategy to Reduce Suicide, 2015-2020.

The NOSP coordinates and funds safeTALK and ASIST training at a national level and these programmes are free for all individuals to attend. ASIST is one of a number of suicide prevention training programmes available through the HSE and training is coordinated at a local level through HSE Resource Officers for Suicide Prevention and partner agencies.

For information on training programmes that are available or coming up in your area, visit **www.nosp.ie/training**

your mental health.ie

Information | Support | Services

Visit **www.yourmentalhealth.ie** for information and support services for your mental health and wellbeing.

This leaflet is available to order on **www.healthpromotion.ie** and has been produced by;

The National Office for Suicide Prevention
HSE Community Strategy and Planning
Stewarts Hospital, Palmerstown, Dublin 20
Tel: 01 620 1670 / E: info@nosp.ie

Version 2, printed November 2019 / HSP00806

Connecting for Life

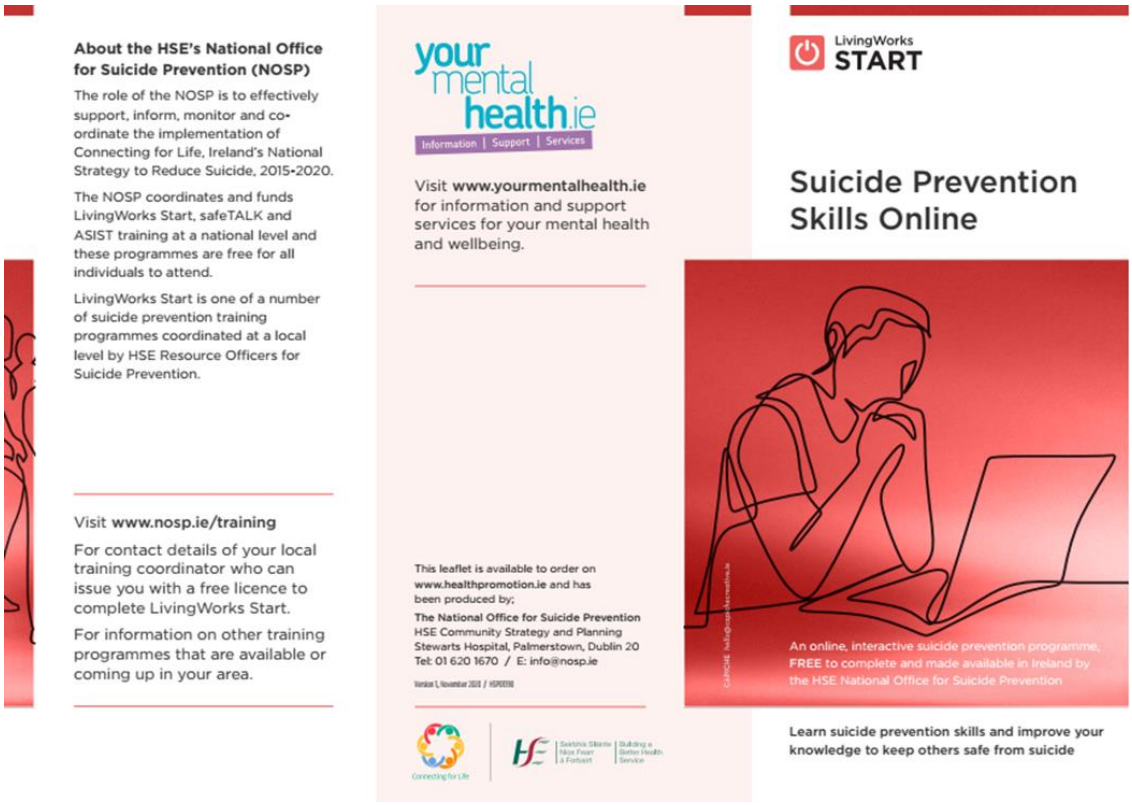
Seirbhís Sláinte Níos Fearr a Forbairt | Building a Better Health Service

safeTALK

Suicide Alertness for Everyone

A half-day suicide prevention programme, this training is **FREE** to attend and funded by the HSE National Office for Suicide Prevention

Learn four basic steps to recognise when people have thoughts of suicide and to connect them to suicide first aid resources



eSuicideTalk

esuicide TALK is a one to two-hour online exploration in suicide awareness. The programme is organised around the question "should we talk about suicide?" and offers a space to safely explore some of the more challenging issues relating to suicide. The programme encourages everyone to find a part they can play in preventing suicide. Its goal is to help make direct, open and honest talk about suicide easier.

- Irish residents, aged 18 and over, can access esuicideTALK for free by registering here.
- When asked for user information, enter "NOSP" in the Full Company Name field. This is necessary for access to the online programme.

ASIST

- ASIST (Applied Suicide Intervention Skills Training) is a two-day skills building workshop in suicide first aid. Participants are trained to reduce the immediate risk of a suicide and increase the support for a person at risk. The workshop provides opportunities to learn what a person at risk may need from others in order to keep safe and get more help. Those taking part in the training will feel challenged and safe, work interactively with others in small groups, learn a suicide first aid model that provides a framework for skills practice and experience powerful audio visuals.

Appendix 9

https://www.tusla.ie/uploads/content/4214-TUSLA_Guide_to_Reporters_Guide_A4_v3.pdf