

St. Catherine's Association Policy Document	Title: Child Protection & Welfare Policy
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1.0 Child Protection & Welfare Policy Statement

St Catherine’s Association Ltd adopts and implements fully, and without modification, *Children First 2017: National Guidance for the Protection and Welfare of Children: (Department of Children and Youth Affairs)*; including the Children First Guidance Addendum 2019, and *Our Duty to Care: DOHC 2002 as part of St Catherine’s Child Protection and Welfare Policy*.

This Policy is underpinned by national legislation, regulation and policy, including documents detailed under Appendix 1.

As per section 2 of the Child Care Act 1991, “child” refers to a person under the age of 18 years other than a person who is or has been married.

2.0 Child Abuse – What is it? How to recognise it?

Types of child abuse:

This section outlines the principal types of child abuse and offers guidance on how to recognise such abuse. Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse.

2.1 Children with special vulnerabilities

Certain children are more vulnerable to abuse than others. These include children with disabilities and children who, for one reason or another, are separated from 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, sexual abuse – may be applicable, but may take a slightly different form (*Children First 2017, pg. 11*).

2.2 Definition of ‘neglect’

Neglect can be defined in terms of an omission, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care (*Children First 2017, pg. 7*).

2.3 Definition of ‘emotional abuse’

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Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms (*Children First 2017, pg. 8*).

2.4 Definition of 'physical abuse'

Physical abuse of a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. ***There may be single or a pattern of incidents*** (*Children First 2017, pg. 9*).

2.5 Definition of 'sexual abuse'

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others (*Children First 2017, pg. 10*).

2.6 Recognising child neglect or abuse

Child neglect or abuse can often be difficult to identify and may present in many forms. A detailed list of indicators of child abuse is contained in Appendix 4 of this Policy. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than child abuse. All signs and symptoms must be examined in the context of the child's situation and family circumstances (*Children First 2017, pg. 7*).

2.7 Bullying

It is recognised that bullying affects the lives of an increasing number of children and can be the cause of genuine concerns about the child's welfare. Bullying can be defined as repeated aggression – whether it is verbal, psychological or physical – that is conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating, and occurs mainly among children in social environments such as schools.

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

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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 (*Children First 2017, pg. 12*).

2.8 Peer Abuse

In some cases of child abuse, the alleged perpetrator will be another child. As such, St. Catherine’s Association has devised comprehensive guidelines on the identification of and response to such cases, and also to advise staff members on how best to protect the children in our care. Guidance on Peer Abuse is available in Appendix 2 of this policy.

2.9 Safe from Harm Online

St. Catherine’s Association acknowledge the central role of the internet in all our lives and that we actively support children to take advantage of all of these opportunities to learn, discover, create and communicate that online technologies provide. To ensure the safety of children, St. Catherine’s Association support and encourage children to develop safe and responsible online behaviours. St. Catherine’s Association proactively restrict access to unsuitable websites on their IT infrastructure.

3.0 Who are Mandated Persons?

Mandated persons are people who have contact with children and / or families and who, because of their qualifications, training and / or employment role, are in a key position to help protect children from harm.

As per Schedule 2 of the Children First Act 2015, specific employees of St. Catherine’s Association are identified as a mandated person. A full list of people who are classified as mandated persons under the Act is available under Appendix 3 of this policy.

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Mandated persons are required to report information regarding child abuse above a defined threshold which comes to their attention in the course of their professional or employment duties.

Mandated persons are required to report any direct disclosures of abuse from a child.

3.1 Legal Obligations of a Mandated Person

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

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

Section 14(1) of the Children First Act 2015 states:

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

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

he or she shall, as soon as practicable, report that knowledge, belief or suspicion, as the case may be, to the Agency.

Section 14(2) of the Children First Act 2015 also places obligations on mandated persons to report any disclosures made by a child:

Where a child believes that he or she—

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

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

4.0 Mandated Concerns

4.1 Reporting a Mandated Concern

- 4.1.1 Section 14 of the Children First Act 2015 requires mandated persons to report any knowledge, belief or reasonable suspicion that a child has been

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harmed, is being harmed, or is at risk of being harmed to Tusla ‘as soon as practicable.’

- 4.1.2 All mandated concerns that reach the threshold of ‘**reasonable grounds for concern**’; including disclosures of harm, must be fully reported to Tusla.
- 4.1.3 The threshold of harm at which a mandated person has a legal obligation to report concerns is outlined in Appendix 4.
- 4.1.4 A mandated person must submit a report of mandated concern to Tusla using the required report form (see Appendix 5), on which the mandated person should indicate they are a mandated person and the report is about a mandated concern.
- 4.1.5 A mandated person may consult and / or seek the assistance of the DLP when reporting a concern to Tusla. In the event the DLP is unavailable, the deputy DLP can be contacted by phone (text or email dlp@stcatherines.ie).
- 4.1.6 Mandated concerns should be reported to the local social work duty service in the area in which the child lives. For the majority of children receiving a service from St. Catherine’s Association, reports will be made to the Wicklow Duty Social Work Team (contact no. 076 695 8400).
- 4.1.7 Mandated concerns may also be reported via the Tusla Portal which allows mandated persons to securely submit Child Protection and Welfare Report Forms (CPWRFs) and Retrospective Abuse Report Forms (RARFs) to Tusla online. To use the Tusla Portal, you will first need to create a user account. After you complete and submit your Report on the Tusla Portal you can then print a copy for your own records. (<https://portal.tusla.ie/>)
- 4.1.8 A copy of the mandated report must be forwarded to the DLP for record keeping purposes. A copy of the Standard Report Form will be held confidentially by the DLP.
- 4.1.9 If, as a mandated person, you are unsure if your concern reaches the threshold for reporting to Tusla, you may contact either Tusla and / or the DLP for advice prior to making a formal referral to determine if reasonable grounds for concern exist.

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- 4.1.10 Mandated reporters can also access Tusla’s emergency out-of-hours social work service if they wish to report a case of child harm between 6pm and 6am every night and between 9am and 5pm on Saturdays, Sundays and bank holidays. The Tusla out-of-hours social work service is available on 0818 776 315.
- 4.1.11 If, as a mandated person, you are unavailable to contact Tusla and have an immediate concern for the safety of a child please contact An Garda Síochána.
- 4.1.12 While the basis for concern must be established as comprehensively as possible, children or parents should not be interviewed in detail about the suspected abuse. It is not a staff member’s responsibility to investigate any allegations of abuse.
- 4.1.13 The principle of confidentiality should apply, whereby only those that need to know should be told of a suspicion / allegation / disclosure of concerns. The number of persons that need to be kept informed should be kept to a minimum.
- 4.1.14 The Children Services Manager should complete an NF06 Notification and submit to HIQA within 3 working days. A copy of the NF06 should also be provided to the DLP.
- 4.1.15 The Children Services Manager should also complete an NF07 Notification and submit to HIQA within 3 working days when the concern relates to alleged misconduct by an employee and follow Trust in Care policy

4.2 Who to Contact

Tusla, the Child and Family Agency, must be informed if you have reasonable grounds for concern that a child may have been, is being, or is at risk of being abused or neglected.

Mandated reporters can now access Tusla's emergency out-of-hours social work service. If, as a mandated reporter, you wish to report a case of child harm to Tusla, you can contact the Tusla out-of-hours social work service on 0818 776 315 between 6pm and 6am every night and between 9am and 5pm on Saturdays, Sundays and bank holidays.

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If you cannot contact Tusla and have an immediate concern about the safety of a child, please contact An Garda Síochána.

4.3 What Information to Include

Child protection concerns should be supported by evidence that indicates the possibility of abuse or neglect.

To assist an outside agency in assessing your reasonable concern, they need as much information as possible. You should provide as much relevant information as you can about the child, his / her home circumstances and the grounds for concern. These could include:

- a) The child's name, address and age
- b) Names and addresses of parents or guardians
- c) Names, if known, of who is allegedly harming the child or not caring for them appropriately
- d) A detailed account of your grounds for concern (e.g. details of the allegation, dates of incidents, and description of injuries)
- e) Names of other children in the household, where relevant
- f) Name / contact details for Social Worker, if already assigned to the child
- g) Name of school the child attends
- h) Your name, contact details and relationship to the child

4.4 Joint Reporting

As a mandated person, you may make a report jointly with any other person whether that person is also a mandated person or not.

St. Catherine's Association have nominated a Designated Liaison Person and Deputy Designated Liaison Person to act as a resource to all mandated persons. The DLP can be consulted when determining if a concern reaches the threshold for reporting, and is available to provide assistance to the mandated person when completing and submitting a Standard Report Form.

It is important to note that the statutory obligation of mandated persons to report under the Children First Act 2015 must be discharged by the mandated person and cannot be discharged by the Designated Liaison Person on their behalf.

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As a mandated person you should be aware that if you remain concerned about the situation following consultation with the DLP, you are free to make a report to Tusla or An Garda Síochána.

4.5 Anonymous Reporting

As a mandated person, you cannot submit a report of a mandated concern anonymously, as to do so will mean you are not compliant with your obligations under the Children First Act 2015.

4.6 Informing the Family

The Children First Act 2015 does not require you to inform the family that a report under legislation is being made to Tusla. However, it is good practice to tell the family that a report is being made and the reasons for the decision;

- 4.6.1 unless by doing so the child is placed at further risk of harm
- 4.6.2 or where the family's knowledge of the report could hinder Tusla's ability to carry out a risk assessment,
- 4.6.3 or where by doing so you reasonably believe that you will place yourself at personal risk of harm.

4.7 Informing the Designated Liaison Person

St. Catherine's Association require mandated persons to inform the DLP when they are making a mandated report to Tusla. The DLP must be provided with a copy of the Tusla Standard Report Form that is submitted.

The DLP is responsible for ensuring that reporting procedures are followed correctly and promptly. The DLP also acts as liaison person with other agencies.

As a mandated person, you should be aware that the legal obligation under the Children First Act 2015 to report mandated concerns rest with you and not with the Designated Liaison Person.

4.8 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, there are a number of administrative actions Tusla can take if, after investigation, it emerges that you did not make a mandated report and a child was subsequently exposed to further risk or harm. Tusla may:

- a) Make a complaint to the Fitness to Practise Committee of a regulatory body of which you are a member.

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- b) Pass information about your failure to make a report to the National Vetting Bureau of An Garda Síochána. This information could therefore be disclosed to your current or future employers when you are next vetted.

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

4.9 Mandated Persons Who Work With Adults

All vulnerable people have a right to be protected against abuse and to have any concerns regarding abusive experiences addressed. They have a right to be treated with respect and to feel safe, regardless of the setting in which they live. On occasion, a child will continue to avail of residential services past their eighteenth birthday once they are continuing to avail of full time education. This is to facilitate that a suitable adult placement has been identified and an appropriate transition plan has been undertaken. St. Catherine’s Association consider impact of adult’s behaviour on a cohabiting child and act in the child’s best interest always.

If a mandated person has a concern about abuse or neglect of a vulnerable adult in an SCA residential / short break facility, they should report it to the HSE Safeguarding and Protection Team. Contact details are as follows;

HSE Community Healthcare Organisation - Area 6

Mr.Tony McCusker, Ballinteer Health Centre, Ballinteer Avenue, Ballinteer, Dublin 16. Tel: 01 2164511 Email: Safeguarding.cho6@hse.ie

4.10 Mandated Assisting

The Children First Act 2015 provides that all mandated persons can be asked by Tusla to provide any necessary and proportionate assistance to aid Tusla in assessing the risk to a child arising from a mandated report. You must comply with this request, regardless of who made the report.

Mandated assistance may include a request to supply further information over the phone, produce a verbal or written report or attend a meeting. The Tusla social worker will clearly identify themselves prior to requesting further information.

For further information, the Tusla Children First – Protocol for Mandated Assisting is available on the Tusla website (www.tusla.ie).

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4.11 Sharing Information

The Data Protection Acts 1988 - 2018 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, if you are assisting them to carry out an assessment, must not be shared with a third party. Section 17 of the Children First Act 2015 makes it an offence for a mandated person to disclose information to a third party which has been shared by Tusla during the course of an assessment, unless Tusla considers it appropriate and provides written authorisation to do so.

4.12 Protection from Civil Liability

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. Section 16(3) of the Children First Act 2015 states:

‘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.’

4.13 Exemptions from Requirements to Report

Under the Criminal Law (Sexual Offences) Act 2017 the legal age of consent is 17 years. While a sexual relationship where one or both parties is under 17 years of age is illegal, when making a mandated report to Tusla, it might not be regarded as child sexual abuse. There are certain exemptions from reporting underage consensual sexual activity under section 14(3) of the Children First Act 2015. If you are satisfied that all of the following criteria are met, you are not required to make a report to Tusla:

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

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In effect, this means that if all of the above criteria are met, you as a mandated person do not have to report consensual sexual activity between older teenagers as sexual abuse to Tusla.

5.0 Child Protection and Welfare Policy

5.1 Aim of this Policy

To foster a spirit of openness, transparency of reporting and an approach to the sharing of information that will be sensitive, ensure the well-being and safety of the child is first priority, and to keep children attending St. Catherine’s Association services safe from harm.

5.2 Policy Objective

5.2.1 To ensure a set of policies consistent with Children First 2017: The National Guidance for the Protection and Welfare of Children (Department of Children and Youth Affairs) are in place to support employees of SCA in the discharge of their duties under the Children First Act 2015.

5.2.2 Easily understood by all staff and utilised as a step by step procedure in safeguarding children.

5.3 Scope of this Policy

As per Schedule 2 of the Children First Act 2015, specific employees of St. Catherine’s Association are identified as a mandated person; therefore the procedures outlined in this document apply to those staff members or volunteers employed by St. Catherine’s Association providing direct support to children; including those working in clinical services, residential services, respite services and early services.

The St. Catherine’s Association Child Protection Policy is to be followed in all instances where a concern is raised in a non-school setting such as respite services, residential services and Early Intervention (i.e. Early Services).

5.4 Policy Statements

St. Catherine’s Association endeavours to safeguard children with disabilities by adopting the following practices, procedures and code of behaviour via the following:

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- 5.4.1 Ensure staff members are up to date with requirements in relation to child protection and welfare procedures and practices. This will be achieved through regular scheduled training and notifications of any changes to the Child Protection and Welfare Policy and procedures. A copy of the policy and procedures will also be made available to each staff member and volunteers working in the Association.
- 5.4.2 Staff members, as mandated persons, are legally obliged to report any concerns they have that a child is being abused or is abusing using the procedures set out in this policy.
- 5.4.3 Staff should be aware that the Protections for Persons Reporting Child Abuse Act 1998 makes provision for the protection from civil liability of persons who have communicated child abuse ‘reasonably and in good faith’ to designated officers (i.e. Tusla) or to any member of An Garda Síochána.
- 5.4.4 Staff will ensure that they treat information regarding child protection and welfare matters with the utmost confidentiality while at the same time meeting their obligations to report any concerns and to ensure that the child is placed at no further risk.
- 5.4.5 Where child protection and welfare concerns arise, information must be shared on a “Need to know” basis in the best interest of the child.
- 5.4.6 Sharing information about our Policy with children and parents as appropriate. Parents will be notified about the policy and procedures (and changes to same) via the relevant Line Manager.
- 5.4.7 Co-operating and sharing information with Tusla – the Child and Family Agency, An Garda Síochána and the Health Information and Quality Authority (HIQA) where a welfare or protection issue arises in line with procedures laid out in the confidentiality section of this document and Data Protection Legislation.
- 5.4.8 St. Catherine’s Association will follow the procedures laid out in its Policy for Recruitment and Assessment of volunteers and paid staff.
- 5.4.9 All staff will have supervision and training with respect to a Code of Behaviour expected of them while working with children with disabilities.

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Training will include a comprehensive induction to this Policy and required reporting procedures.

5.4.10 Where a child protection and welfare concern is raised in respect of an employee or a volunteer, St. Catherine's Association will follow the guidelines laid out in SCA Trust in Care Policy.

6.0 Roles & Responsibilities

6.1 All Employees

6.1.1 Child Protection and Welfare is everyone's responsibility, therefore the Child Protection and Welfare Policy is applicable to all St. Catherine's Association employees.

6.2 Mandated Persons

6.2.1 Additionally certain employees of St. Catherine's Association, under Schedule 2 of the Children First Act 2015 qualify as Mandated Persons, and therefore have a legal obligation to report child protection concerns at, or above, a defined threshold to Tusla, the Child and Family Agency. If you are unsure if you qualify as a mandated person, please refer to Appendix 3 – Schedule of Mandated Persons under the Act.

6.3 Role of the Designated Liaison Person (DLP)

The Designated Liaison Person / Deputy for St. Catherine's Association will;

6.3.1 Act as a resource for any staff member or volunteer who has a child protection or welfare concern.

6.3.2 Act as liaison with other outside agencies.

6.3.3 Ensure that reporting procedures within the organisation are adhered to.

6.3.4 Record all concerns or allegations of child abuse brought to his / her attention, and the actions taken in relation to the concern or allegation of child abuse.

6.3.5 To provide quarterly statistics to the SMT and Board of Directors of SCA

6.3.6 When consulted if the DLP advises not to report a concern to Tusla, the following steps should be taken;

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- a) The rationale for not reporting should be recorded;
- b) Any actions taken as a result of the concern should be recorded;
- c) The employee or volunteer who raised the concern should be given a clear written explanation of the reasons why the concern is not being reported to Tusla;
- d) The employee or volunteer should be advised that if they remain concerned about the situation, they are free to make a report to Tusla or An Garda Síochána.

6.4 Role of the Organisation

- 6.4.1 To create a culture of safety that promotes the welfare of children and young people availing of SCA’s service.
- 6.4.2 To risk assess, where necessary, and identify whether a child or young person could be harmed while receiving a service from SCA.
- 6.4.3 To develop a Child Safeguarding Statement that outlines the policies and procedures; including keeping children safe from online harm, in place to manage the risks that have been identified.
- 6.4.4 To appoint a relevant person to be the first point of contact in respect to the organisation’s Child Safeguarding Statement.

6.5 Role of the Child Protection & Welfare Committee

St. Catherine’s Association has appointed a Child Protection and Welfare Committee whose responsibilities include review of this policy document on a biennial basis, or more regularly if required, and which will consult with Tusla as part of the review, as necessary.

- 6.5.1 To review the Child Protection and Welfare Policy and implement changes based on feedback from the Senior Management Team, best practice and changes in legislation and national guidelines.
- 6.5.2 To advise on training requirements for all staff and volunteers based on this Policy.
- 6.5.3 To maintain a database to record the attendance for staff child protection training and endeavour to monitor current and future training needs of the organisation.

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- 6.5.4 To liaise with all services / locations of services to ensure that all requirements of these Guidelines (this Policy) are in place.
- 6.5.5 To review top-line figures generated by the DLP in relation to number, type, etc. of referrals made.
- 6.5.6 To complete an annual HSE Audit of Policy Compliance.

6.6 Composition of the Committee

- a) Designated Liaison Person (Chair)
- b) Deputy Designated Liaison Person
- c) Training Development Officer
- d) Nurse / Clinician Representative

7.0 Best Practice in Child Protection & Welfare

7.1 Key Principles

- 7.1.1 The welfare of children is of paramount importance.
- 7.1.2 Children have a right to be heard, listened to and taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions that may affect their lives. Where there are concerns about a child’s welfare, there should be opportunities provided for their views to be heard independently of their parents / carers.
- 7.1.3 Early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection. Family support should form the basis of early intervention and preventative interventions.
- 7.1.4 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.
- 7.1.5 In a situation where child abuse is alleged to have been carried out by another child, the child protection procedures should be adhered to for both the victim and the alleged abuser; i.e. it should be considered a child welfare and protection issue for both children. Detailed guidance on Peer Abuse is available as an appendix to this policy (see appendix 2).

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- 7.1.6 Parents / guardians / carers have a right to respect and should be consulted and involved in matters that concern their family.
- 7.1.7 Factors such as the child’s family circumstances, gender, age, stage of development, religion, culture and race should be considered when taking protective action. Intervention should not deal with the child in isolation; the child’s circumstances must be understood within a family context.
- 7.1.8 The criminal dimension of any action must not be ignored.
- 7.1.9 Children should only be separated from parents / carers when alternative means of protecting them have been exhausted. Re-union should be considered in the context of planning for the child’s future.
- 7.1.10 The prevention, detection and treatment of child abuse or neglect, requires a coordinated multidisciplinary approach, effective management, clarity of responsibility and training of personnel in organisations working with children.
- 7.1.11 Professionals and agencies working with adults, who for a range of reasons may have serious difficulties meeting their children’s basic needs for safety and security, should always consider the impact of their adult client / patient’s behaviour on a child and act in the child’s best interests.

8.0 Guidance when Responding to Disclosures or Concerns of Abuse

Mandated Persons must:

- a) Stay calm.
- b) Give a child / young person time to say what he / she wants.
- c) Reassure the person of your support.
- d) Explain what will be done next.
- e) Record the discussion, date, etc. as carefully as possible using the Mandated Report Form.
- f) Report immediately, or as soon as is practicable, to Tusla.
- g) Inform the DLP that a mandated concern has been made to Tusla and provide a copy of the mandated report to the DLP.

Mandated Persons must not:

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- a) Ask leading questions, details or make suggestions.
- b) Stop the child recalling significant events.
- c) Make the child retell the story unnecessarily.
- d) Promise to keep the disclosure a secret.
- e) Delay following reporting procedures.
- f) Make a judgement about the disclosure / concern.
- g) Start an investigation.

9.0 Recording, Confidentiality & Maintenance of Records

9.1 Recording of Information – Key Points

- 9.1.1 The mandated person who has been made aware of a concern in relation to child welfare and protection is responsible for completing the required Tusla CPWF and must include on this detailed notes of what the child has said, what a third party has said or what has been observed.
- 9.1.2 The DLP is responsible for ensuring recording procedures within SCA are adhered to. Every decision must be carefully documented with a brief note as to the rationale of the decision. For example, where a decision is made not to inform the child’s parents, the fact of the decision and the reason underlying the decision must be recorded.
- 9.1.3 Any mandated person making a genuine / sincere report of a child protection issue will not incur any negative repercussion and is protected from any negative repercussions including penalisation by their employer and civil liability under the Persons Reporting Child Abuse Act (1998).
- 9.1.4 The sharing of factual information on a ‘need to know basis’ does not breach confidentiality nor does it breach data protection.
- 9.1.5 Vexatious and / or malicious reports will be dealt with in accordance to St. Catherine’s Association Disciplinary Procedures.

9.2 Confidentiality Policy – Key Points

- 9.2.1 All information regarding child abuse or neglect concerns or disclosures will only need to be shared where the welfare of the child requires it and then only to those with a legitimate need to know in the interests of the child.

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- 9.2.2 Where disclosures pertaining to child abuse are made, all staff are obliged to respect the St. Catherine’s Association Child Protection and Welfare Policy, and advise the informant of the need to act in accordance with the protocols detailed in this policy document.
- 9.2.3 No undertakings of secrecy can be given and this should be made clear to all parties. The provision of information to statutory services and for the protection of a child is not a breach of data protection law.
- 9.2.4 All St. Catherine’s Association staff, paid and volunteers are bound by a duty of confidentiality.

9.3 Policy on Maintenance of Records – Key Points

- 9.3.1 All client records are confidential and should be treated as such.
- 9.3.2 As part of the continuum of care the transferring of clients’ records between relevant parties should be handled in such a way that does not result in a breach of confidentiality.
- 9.3.3 Child Protection & Welfare folder opened by the CSM must be stored in a locked cabinet with restricted access to CSM, Deputy CSM, and DLP.
- 9.3.4 Clients’ records as they pertain to a Child Protection and Welfare concern should be stored in a designated filing system (electronic or otherwise) to which only the DLP & Deputy DLP have access.

9.4 Policy on Record Keeping- Key Points

- 9.4.1 Under the Data Protection Acts, (1988 - 2018) there is a responsibility on all persons collecting data to ensure that it is collected fairly, is accurate and up to date and is kept for lawful purposes and not used or disclosed in any manner incompatible with those purposes.
- 9.4.2 Information gathered for one purpose must not be used for another without consulting the person who provided the information.
- 9.4.3 Reports made to St. Catherine’s Association DLP containing details of concerns, allegations or disclosures and Completed Standard Reporting Forms shall be stored in a secured manner and shall be accessed only by the DLP and Deputy DLP.

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9.4.4 The DLP shall decide who else should have access to records on a need to know basis.

9.4.5 If after a period of one year records remain inactive they will be archived.

(Please refer to the Record Management & Data Protection policy available on the Association's Shared folder under General Information / Policies for further details)

10.0 Code of Behaviour Working with Children with an Intellectual Disability

Staff employed or engaged by St. Catherine's Association should:

10.1.1 Regard themselves as positive role models in the lives of client's resident in the Service and act in accordance with this role at all times.

10.1.2 Provide clients with opportunities to develop physically, socially, emotionally, morally, spiritually and cognitively in line with Personal Planning or other planning systems supported by St. Catherine's Association Ltd.

10.1.3 Communicate respect for diversity regarding each individual client's ability, culture, gender, and family composition.

10.1.4 Treat client's and their families with the same degree of courtesy and respect extended to colleagues.

10.1.5 Be aware of the client's disability and the ways in which it affects them and adjust their own behaviour and communication in a manner that recognises the dignity of the client.

10.1.6 Staff members need to be aware of the importance of establishing appropriate interpersonal boundaries with client's in order to show respect for privacy and dignity.

10.1.7 Report any concern in respect of a child's care or potential or suspected abuse in line with this policy.

11.0 Trust In Care Policy

SCA Trust in Care policy is designed to encourage awareness of situations which can put staff at risk of allegations being made against them. It is important for staff members to understand clearly that this policy should, as far as is possible, be assimilated into ordinary everyday activities of the Service.

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In all cases the guidelines set out in “Trust in Care” (published by the Health Service Executive in May 2005) will be followed by SCA. The guidelines consider each topic on three levels - organisational level, local level and individual staff level. Thus the burden of responsibility is spread evenly throughout the organisation and does not just rest on individual staff members.

The Trust-in-Care policy applies to all employees of St. Catherine’s Association.

12.0 Appendices

12.1 Appendix 1: Legislation Context

12.2 Appendix 2: Guidance on Peer Abuse

12.3 Appendix 3: Schedule of Mandated Persons under the Act

12.4 Appendix 4: Thresholds for Reporting to Tusla

12.5 Appendix 5: Tusla Standard Report Form

12.6 Appendix 6: Schedule of Relevant Services under the Act

12.7 Appendix 7: DLP Display Poster

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