DAUGHTERS OF CHARITY DISABILITY SUPPORT SERVICES
and
EAST LIMERICK CHILDREN’S SERVICES

PROTECTION AND WELFARE POLICY and PROCEDURES for CHILDREN AND YOUNG PEOPLE

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The assistance of Dublin and Limerick/ North Tipperary Social Work Departments, Children’s Services and agencies outside the organisation is greatly appreciated in the review of this policy.
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DOCS 062 Protection and Welfare Policy for Children and Young People 2015
1. Child Protection Policy Statement

The Daughters of Charity Disability Support Service is committed to the safety and protection from abuse of all children with a disability in its care. We are guided by best international practice and the belief that all people are full and equal members of society.

The Service acknowledges the Rights of Children to be protected, treated with respect, listened to and have their views taken into consideration.

Parents and guardians have the primary responsibility for the care and protection of children. Intervention should not deal with the child in isolation, the child’s circumstances must be understood within their family context. A proper balance must be struck between protecting children and respecting the rights and needs of carers and families; but where there is conflict the child’s welfare must come first.

Core Values:  Service, Respect, Excellence, Collaboration, Justice and Creativity

For additional information please refer to:
Appendix A - Best practice principles in relation to child protection
Appendix J - Child Protection Policy Statement

2. List of Children’s Services

Led by our core values and working in partnership the Daughters of Charity Disability Support Services, East Limerick Children’s Services and HSE, provides services to those children aged between birth and 18 years and their families.

- East Limerick Children’s Services, Limerick
- Oakridge Children’s Services, Dublin
- Children’s Residential Services, Dublin, Limerick and North Tipperary
- Children’s Residential Respite Services, Dublin, Limerick and North Tipperary
- In home respite, Limerick
- Home Sharing Schemes, Limerick
- Family Support, Dublin

3. Who the policy is for

This policy is for staff, contractors, students and volunteers working in all of the Children’s Services. There is an obligation on everyone to be familiar with this policy and adhere to it.

This policy is also for families, children and young people to assist their understanding of the measures taken within the Service to safeguard children and young people and to promote their welfare.
4. Aim and Purpose

The aim of this policy and procedure is to outline clearly for families and service users the Service’s commitment to child protection and meeting its obligations under Children’s First 2011.

The policy aims to set out very clearly for staff the steps to be taken in the event of a disclosure or concern and set out procedures for best practice in safeguarding children and young people. (Appendix A)

5. Definitions of Child Abuse

Listed hereunder is an explanation of the various categories of abuse. In general child abuse can be categorised into four different types:

- Neglect,
- Emotional,
- Physical
- Sexual Abuse.

Children First - 2011

A child may be subjected to more than one form of abuse at any given time.

“...Research has shown that children with disabilities are particularly vulnerable to abuse”

Children First - 2011

The National Guidelines have adopted the following definitions of child abuse:

Neglect

Neglect can be defined in terms of an omission, where a 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, or medical care.

Harm can be defined as the ill treatment or the impairment of the health or development of a child. Whether it is significant is determined by his/her health and development as compared to that which could reasonably be expected of a similar child.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For instance, a child who suffers a series of minor injuries is not having his or her needs met for supervision and safety. A child whose ongoing failure to gain weight or whose height is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.
The threshold of significant harm is reached when the child’s needs are neglected to the extent that his or her well being and/or development are severely affected.

**Emotional Abuse**

Emotional abuse is normally to be found in the relationship between a caregiver and a child rather than in a specific event or pattern of events. It occurs when a child’s needs for affection, approval, consistency and security are not met. It is rarely manifested in terms of physical symptoms. Examples of emotional abuse include:

- persistent criticism, sarcasm, hostility or blaming;
- conditional parenting, in which the level of care shown to a child is made contingent on his or her behaviours or actions;
- emotional unavailability by the child’s parent/carer;
- unresponsiveness, inconsistent or inappropriate expectations of a child;
- premature imposition of responsibility on a child;
- unrealistic or inappropriate expectations of a child’s capacity to understand something or to behave and control himself in a certain way;
- over or under protection of a child;
- failure to show interest in, or provide age appropriate opportunities for, a child’s cognitive and emotional development;
- use of unreasonable or over harsh disciplinary measures;
- exposure to domestic violence.

Children show signs of emotional abuse by their behaviour (for example, excessive clingingness to or avoidance of the parent/carer), their emotional state (low self-esteem, unhappiness), or their development (non-organic failure to thrive). The threshold of significant harm is reached when abusive interactions become typical of the relationship between the child and parent/carer.

**Physical Abuse**

Physical abuse of a child is that which results in actual or potential harm from an interaction, or lack of interaction which is reasonably within the control of a parent or person within a position of responsibility, power or trust. There may be single or repeated incidents.

Physical abuse can involve:

i. severe physical punishment
ii. beating, slapping, hitting or kicking
iii. pushing, shaking or throwing
iv. pinching, biting, choking or hair pulling
v. terrorising with threats
vi. observing violence
vii. use of excessive force in handling
viii. deliberate poisoning
ix. suffocation

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X. fabricated/induced illness
xi. allowing or creating a substantial risk of significant harm to a child

**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. For example:

- exposure of the sexual organs or any sexual act intentionally performed in the presence of a child;
- intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- masturbation in the presence of a child or involvement of the child in the act of masturbation;
- sexual intercourse with the child, whether oral, vaginal or anal;
- sexual exploitation of a child;
- consensual sexual activity between an adult and a child under 17 years. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years. This means, for example, that sexual intercourse between a 16 year old girl and her 17 year old boyfriend is illegal, although it might not be regarded as constituting child sexual abuse.

*Children First - 2011*

**Other Forms of Abuse also include:**

**Psychological Abuse**
Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation/withdrawal from services or supportive networks.

**Financial or Material Abuse**
Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.

**Discriminatory Abuse**
Including racism, sexism and other forms of harassment, slurs or similar treatment.

*Dept of Health 2000, HSE 2005*

**Institutional Abuse**
Occurs when inappropriate practices or systems are employed within facilities which deny residents rights of choice, privacy and independence, and when staff become desensitised and accept as reasonable, practices which their personal principles would lead them to question outside this establishment.

*Cheshire Ireland 2008*

**Peer Abuse**
The abuse of one vulnerable child by another.

*Anti-Bullying Policy Guidelines in Schools. Dept of Education 1993*

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Bullying

Bullying can be defined as repeated aggression – whether it be verbal, psychological or physical – that is conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating. It includes behaviours such as teasing, taunting, threatening, hitting or extortion by one or more persons against a victim (Children’s First 2011). Bullying can also take the form of racial abuse. With developments in modern technology, service users can also be the victims of non-contact bullying, via mobile phones, the internet and other personal devices.

Children First - 2011

The service will respond to all incidents of bullying in a fair and equitable manner. Responses will be appropriate and proportional to individual circumstances and will respect the wishes and needs of those concerned (DOCS 058 Policy and procedure on bullying and harassment of service users).

For additional information please refer to:
Appendix B – Vulnerabilities to Abuse, Children’s First 2011
Appendix C – Recognising Child Abuse, Children First 2011
Appendix D – Indicators of Abuse, Children First 2011

6. Child Protection Reporting Procedures

When a staff member, contractor, student or volunteer has any concern about the welfare of a child in their care they should report both verbally and in written form to the organisation’s appointed Designated Liaison Person/Deputy (DLP) (Appendix 1 Contact Numbers for Designated Liaison Persons and their deputies). Staff through training should be familiar with the organisations reporting procedures in relation to any child protection and/or welfare concerns about a child.

The following examples will constitute reasonable grounds for reporting:

- specific indication from the child that (s)he was abused;
- an account by a person who saw the child being abused;
- evidence, such as an injury or behaviour which is consistent with abuse and unlikely to be caused another way;
- an injury or behaviour which is consistent both with abuse and with an innocent explanation but where there are corroborative indicators supporting the concern that it may be a case of abuse. An example of this would be a pattern of injuries, an implausible explanation, other indications of abuse, dysfunctional behaviour;
- consistent indication, over a period of time, that a child is suffering from emotional or physical neglect.


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Any staff member who makes a report to their Designated Liaison Person/Deputy and is unhappy with the outcome of that report should take their concern to the CEO or any member of senior management. Alternatively they can make a report directly to TUSLA Child and Family Services (see 7.3e).

6.1 Dealing with disclosure
The following give general guidelines for the do’s and don’ts for staff, volunteers and/or contractors upon hearing a disclosure from a child and should be read in conjunction with the TUSLA Standard Report Form (Appendix H).

Do’s
a. Stay calm;
b. Listen patiently;
c. Treat the information seriously;
d. Use open ended questions
e. Reassure the child that they have done the correct thing in telling you.
f. Explain what you need to do e.g. I need to tell my Designated Liaison Person / Deputy
g. Immediately write and submit a report to the Designated Liaison Person / Deputy. Write a factual account of the conversations you had with the child using the child’s own words.
h. The first and most important step to be taken following an allegation is to immediately make safe the child. This consideration is paramount and therefore, decisions related to safety may have to be taken by the senior professionals on duty. Protective action should be proportionate to the level of risk to children. A senior member of staff may report directly to the Gardaí if TUSLA cannot be contacted (see 7.1e)
i. At all times, it is essential that you refer to the reporting procedures in this policy and if in doubt, seek advice from your Designated Liaison Person/Deputy (DLP)

Don’ts
a. Do not appear shocked, horrified, disgusted or angry;
b. Do not press the child for details (it is not your job to launch into an investigation);
c. Do not make comments or judgements, other than to show sympathy and concern;
d. Do not contaminate or remove possible forensic evidence e.g. do not give the child a wash, a bath, food or drink until you have reported the incident to the Designated Liaison Person / Deputy and have received the appropriate advice;
e. Do not promise to keep secrets;
f. Do not give sweeping reassurances about the future as the period following disclosure can be a very traumatic one for the child;
g. Do not confront the alleged abuser.
6.2 Dealing with concerns

The first and most important step to be taken following an allegation is to immediately make safe the child. This consideration is paramount and therefore, decisions related to safety may have to be taken by the senior professionals on duty. Protective action should be proportionate to the level of risk to children. In the event of an emergency, where a child may be in immediate danger and TUSLA is not available, the Designated Liaison Person / Deputy must contact An Garda Siochana (7.1e).

Should you have any protection or welfare concerns/worries about a child within the service, including behavioural changes, physical presentation etc (see Appendix D), and or if you receive information from a third party the following must be completed:

- Complete the DOC Report form (Appendix E).
- Report to designated liaison person/deputy (Appendix I)
- Record your action on Report form (Appendix E)

6.2.1 Dealing with information from a Third Party (that is information received from a person other than the two primarily involved in the concern/allegation)

- Complete DOC Report form (Appendix E)
- Report to Designated Liaison Person / Deputy (Appendix I)

6.2.2 Dealing with Retrospective Disclosure by an adult regarding abuse in their childhood, which or whether that person has concerns that the alleged abuser may be in contact with children or is a potential risk to children should be treated seriously. Retrospective disclosure often uncovers/prevents current abuse to children.

Should a service user or other make a retrospective disclosure of alleged abuse during childhood to a staff member/volunteer it is essential that the procedures are activated by;

- Complete DOC Report form (Appendix E)
- Report to Designated Liaison Person / Deputy (Appendix I)
- In all cases the DLP should consult with TUSLA Child and Family Services

6.2.3 Dealing with Unidentifiable Children

A concern about a potential risk to children posed by a specific person within the community, even if the children are unidentifiable should be reported by the designated liaison person/deputy to TUSLA Children and Family Services without delay as per Children’s First Guidelines 2011.

Where a concern is raised about a service user within the service posing a risk to any children (even if the children are unidentifiable), this should be reported to the designated liaison person/deputy who will implement procedures and report to TUSLA if appropriate.
6.2.4 Dealing with anonymous allegations

The Service in receipt of such an anonymous allegation must be satisfied that the systems in place are robust and that the welfare of any child is not at risk.

Any such allegation whereby it identifies a potential risk to a child must be referred to TUSLA Child and Family Services by the DLP. At the very least contact should be made with the duty social worker in TUSLA for advice and support.

In the event of sufficient evidence, the Designated Liaison Person/Deputy will prepare a report as per all other allegations.

6.2.5 Dealing with concerns / allegations of abuse against a staff member/volunteer / Contractor/Student

If a concern/welfare allegation is raised by any individual in relation to a staff member/volunteer/contractor/student the initial steps are to be followed as before;

- Complete DOC Report form (Appendix E)
- Report to Designated Liaison Person / Deputy DLP (Appendix I)
- Where the concern is about the Designated Liaison Person reporting must be made to another Designated Liaison Person in the service
- All complaints/concerns about a Staff Member/Volunteer/Contractor/Student must be reported to the Human Resources Manager by the Designated Liaison Person/Deputy DLP.

The first and most important step to be taken following an allegation is to immediately make safe the child. This consideration is paramount to ensure that there is no delay in reporting and therefore, decisions related to safety may have to be taken by the senior professionals on duty (6.1).

In the event of an allegation of abuse against a staff member/volunteer, there will be a dual referral pathway;

a) The procedure in relation to the child is followed through by the Designated Liaison Person / Deputy to TUSLA/Gardaí (see chp 7) In the event of an emergency, where a child may be in immediate danger and TUSLA is not available, the Designated Liaison Person / Deputy must contact An Garda Síochána (7.1e).

Where a decision to refer to TUSLA/Gardaí is made, a verbal referral to the Duty Social Worker TUSLA as well as a written referral on the TUSLA Standard Reporting Form (Appendix H) should be sent to the relevant Team Leader in TUSLA by the Designated Liaison Person / Deputy (7.3a)
Upon referral to TUSLA/Gardai, as the Statutory Authority, TUSLA will conduct an assessment/investigation to determine the level of risk to the child and the course of action after the initial referral. At this early point in the process there should be agreement between both agencies as to the timing and procedures for both investigations. The Service may or may not be involved depending on the initial assessment and other actions taken by TUSLA Children and Family Services.

b) The procedure in relation to the staff, volunteer, contractor or student is followed through by the Human Resources Department on referral from the Designated Liaison Person/Deputy in line with Trust in Care.

In brief these procedures include the following;

i. In accordance with the principles of natural justice, the individual concerned will be notified of the allegation and given the opportunity to respond fully to any such allegation. The individual has the right to be represented during the procedure.

ii. If the outcome of the initial assessment/investigation by TUSLA or designate indicates that an abusive interaction could have taken place then the individual will be informed of the intention to carry out a full investigation which will be in line with Policy on conducting investigations involving employees (DOCS 041).

iii. The Service will maintain close liaison with investigating bodies (TUSLA Children and Family Services, An Garda Síochána) to ensure that actions taken by the service do not undermine or frustrate any investigation.

iv. Parents / Guardians and child should be informed of the referral to TUSLA and/or Gardaí as soon as possible by the Designated Liaison Person / deputy and of actions planned or taken (7.3i).

v. Under certain circumstances (e.g. where there is a level of risk to other children) it may be necessary to remove the individual from their place of work, pending the outcome of the investigation. Protective action should be proportionate to the level of risk to children

vi. The individual against whom the allegation is made will be given a copy of the investigation report by HR. A meeting will then be arranged with the individual, Centre Service Manager and HR in order to respond to the report findings prior to any action being decided upon.

vii. Where the complaint is not upheld, management will ensure the reputation and career prospects of the staff member concerned are not adversely affected by reason of the complaint being brought against them.

viii. Where an allegation is upheld, recognised disciplinary sanctions will be applied in line with the Service’s Disciplinary procedure (DOCS 030).

Our Duty to Care 2004  
Trust in Care 2005

Full procedures in relation to staff, volunteer, contractor or student are covered in the DOC Employee Handbook, Disciplinary Procedure (DOCS 030) and Volunteer Policy (DOCS 037).
6.3 Protection for Persons Reporting Child Abuse Act 1998

This Act came into operation on 23rd January, 1999. The main provisions of the Act are:

a) the provision of immunity from civil liability to any person who reports child abuse reasonably and in good faith to designated officers of HSE, TUSLA or any member of An Garda Síochána. This protection applies to organisations as well as individuals.

b) the provision of significant protections for employees who report child abuse. These protections cover all employees and all forms of discrimination up to, and including, dismissal.

c) the creation of a new offence of false reporting of child abuse where a person makes a report of child abuse to the appropriate authorities 'knowing that statement to be false'. This is a new criminal offence designed to protect innocent persons from malicious reports.

For additional information please refer to:
Appendix G – Key Legislative Provisions

6.4 Missing Child

A Service policy exists (DOCS 049) which sets outs guidance and procedures staff need to follow on how to report a missing person and when to involve the Gardai in the event of a child going missing from their location and efforts that will be made to locate them.

In the event of a child going missing the most important thing is to find and make safe the child. Immediate action is required by staff when this occurs.

6.5 Dealing with concerns within Schools

School authorities have primary responsibility for the care and welfare of their pupils. The Department of Education and Skills is responsible for developing and implementing child protection procedures for schools based on the Children First: National Guidance. The aim of such procedures is to give direction to school management and staff regarding the identification of and response to child protection concerns and the continued support of the child. It is the responsibility of
the Department of Education and Skills to inspect and evaluate the implementation of these procedures for education staff.

The Daughters of Charity Disability Services provides various clinical supports to a range of schools within and outside our catchment area. The Service also supports a number of Special National schools based within our centres.

Concerns in relation to child abuse that are identified in a school should be reported to the School Principal and the school’s protection and welfare policy should apply.

Where a child protection concern arises within a school setting, for a child/young person in receipt of supports from this Service, Daughters of Charity staff will as requested, support the school authorities in its duty to safeguard the child/young person. Good interagency work is essential in order to maintain good communication and to coordinate efforts.

Where a school has made a decision that reasonable grounds do not exist for a referral to TUSLA, and a Daughters of Charity staff come to a different conclusion they are entitled to enact chapter 6 of these procedures and report accordingly. i.e. Daughters of Charity Service staff will report to the Service’s Designated Liaison Person/Deputy and take appropriate action thereafter.

7. Role of Designated Liaison Person

7.1 The role of the Designated Liaison Person / Deputy is to

- a. Act as a liaison person with outside agencies (such as HSE, TUSLA and An Garda Síochána)
- b. Through good liaison determine grounds for reporting cases to TUSLA and ensure that decisions are not made in isolation
- c. Maintain ongoing communication with these agencies subsequent to a referral being made.
- d. Act as a resource person to any staff member or volunteer who has child protection concerns.
- e. To be responsible for ensuring that the standard reporting procedure is followed, so that suspected case(s) of child neglect or abuse are referred promptly to the designated person in TUSLA Children and Family Agency or in the event of an emergency and unavailability of TUSLA to An Garda Síochána. The designated liaison person/deputy should ensure that they are knowledgeable about child protection and undertake any training considered necessary to keep themselves updated on new developments.
- f. To ensure ongoing support is delivered by the multi-disciplinary team to the child and family to ensure safety throughout the referral, any subsequent investigation and follow up.

Children First 2011

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g. Where a child is attending two areas of the service (such as children’s services and the school) the Designated Liaison Person / Deputy may decide to inform the other service area on a need to know basis (see Chp 8)

7.2 The name and contact details of the Designated Liaison Person / Deputy (for your area) is listed in Appendix I and is displayed on the Child Protection Statement in each Centre. A Deputy Designated Liaison Person may act as the DLP in their absence or out of hours, and can be delegated roles by the designated liaison person

7.3 Steps to be taken by Designated Liaison Person / Deputy

a. If the Designated Liaison Person / Deputy is clear they have grounds for reporting to TUSLA a verbal referral to the Duty Social Worker TUSLA as well as a written referral on the TUSLA Standard Reporting Form, should be sent to the relevant Team Leader (i.e. based on the home address of the service user) in TUSLA by the Designated Liaison Person / Deputy. In cases where the referral is urgent the relevant Duty Social worker must be contacted immediately with a verbal report.

b. Upon referral to TUSLA/Gardai, as the Statutory Authority, TUSLA will conduct an assessment to determine the level of risk to the child and the course of action after the initial referral. At this early point in the process there should be agreement between both agencies as to the timing and procedures for any investigation. The Service may or may not be involved depending on the outcome of the initial assessment and other actions taken by TUSLA Children and Family Services. The Designated Liaison Person / Deputy may appoint a team to work with TUSLA, the child and family up to case closure.

c. The Designated Liaison Person / Deputy needs to inform the referrer the outcome of the referral to TUSLA.

d. When the Designated Liaison Person / Deputy is unsure that there are sufficient grounds then they should consult with the Duty Social Worker (TUSLA).

e. If the Designated Liaison Person / Deputy or member of the Service Executive Committee has decided not to report concerns to TUSLA the employee who raised the concern should be given a clear written statement of the reason why the Service is not taking such action. This is to be recorded on the DOC Preliminary Screening Form (Appendix F). The employee if they are not satisfied with that decision should be advised that if they remain concerned about the situation they are free as individuals to consult with or report to TUSLA Child and Family Services themselves.

f. To assist the Designated Liaison Person / Deputy in recording their actions and decisions the Preliminary Screening Form must be completed for all DOC Report Forms referred. (Appendix F)

g. In out of hours, and/or emergencies the Designated Liaison Person / deputy should report directly to the Gardaí.

h. The Designated Liaison Person / deputy should ensure that all documentation is safely secured with access only on a need to know basis via the Designated Liaison Person / deputy.
i. Parents / Guardians should be informed of the referral to TUSLA and/or Gardaí as soon as possible by the Designated Liaison Person / deputy, unless doing so would be likely to endanger the child.

j. In the event of the decision not to inform the parent(s) / Guardian(s) the reasons for this need to be clearly documented and reported to TUSLA.

k. Where TUSLA decide not to proceed with an investigation following a referral or repeat referrals, the Designated Liaison Person / deputy may decide to engage with the HSE Children’s Disability manager or Team Leader for a network meeting to plan a course of action.

The TUSLA Standard Report Form (Appendix H) is available for download from the TUSLA website (http://www.tusla.ie/children-first/publications-and-forms) Copies of these forms must only be held by the Designated Liaison Person / Deputy.

Appendix I Relevant Contact Numbers
Appendix E DOC Report Form
Appendix H TUSLA Standard Report Form

7.4 Maintaining a database

The Service governs monitors and audits all DOC Report forms completed through regional Service User Protection and Welfare committees whose terms of reference are in DOCS 020 Policy for the Protection and Welfare of Vulnerable Adults and the Management of Allegations of Abuse.

The SUPW Measurement Template (DOCS 020 Appendix L) is completed for each SUPW Report form received by the Designated Liaison Person / deputy. The SUPW Measurement Template should be collated on a quarterly basis by the Designated Liaison Person / deputy and submitted to the Quality & Risk Officers or appointee.

In addition all child protection issues are also logged and reported to the HSE and National Advocacy Unit on the HSE Template for Complaints and submitted 6 monthly to these national offices.

The Designated Liaison Person / Deputy Designated Liaison Person will be responsible for managing and reviewing the data to identify trends and any training or operational requirements arising from this.

Records will be maintained in line with Service Policy on Records management (DOCS 050) and retention schedules apply as for Healthcare Records for Children and Young People. Access to same must comply with Service Policy on Administrative Access to Service Users records or service related records (DOCS 027) and Processing Freedom of Information Requests (DOCS 028) (see chp 9).
8. **Guidance on Confidentiality**

All employees/volunteers/contractors will follow the procedures for disclosure of sensitive information as set out in the Children First National Guidelines for the Protection and Welfare of Children 2011.

Reporting concerns, disclosures or allegations of abuse is obligatory.

Though records have to be kept in a safe and confidential manner, where child protection concerns arise information must be shared on a *need to know* basis in the best interests of the child. It is Service policy to cooperate with the TUSLA Children and Family Services on the sharing of records where a child welfare or protection issues arises. Sharing information in this regard is not a breach of confidentiality.

Parents and children have a right to know if personal information is being kept and shared unless doing so would put the child at further risk. No undertakings regarding secrecy can be given. Those working with a child and family should make this clear to all parties involved, although they can be assured that all information will be handled taking full account of legal requirements.

Children First 2011

All employees are expected to attend and share information, as required, at formal child protection and welfare meetings as organised by the TUSLA Children and Family Agency.

9. **Records Management**

Records will be maintained in line with the Service’s Records Management Policy (DOCS 050) and Record Management Guidelines and Procedures. Retention schedules apply as for Healthcare Records for Children and Young People.

When a confidential file is opened, a record of where the information is must be clearly identified in the healthcare record. Permission to access this information must be sought from the Designated Liaison Person / Deputy Designated Liaison Person.

Access to these records must comply with the above policy and guideline as well as Service Policy on Administrative Access to Service Users records or service related records (DOCS 027) and Processing Freedom of Information Requests (DOCS 028).
10. Safe Recruitment, management and training of workers

The following is in place to facilitate safe guarding of children.

A. Compliance with Daughters of Charity HR Recruitment and Selection Policy and Procedures (DOCS 026) which includes;
   1) Job Descriptions including person profile
   2) Advertising policy and procedures
   3) Detailed application forms including Garda Vetting and Self Declaration
   4) Short listing process
   5) Structured interview and assessment process with a panel
   6) Post interview selection and process coordinate through HR which includes;
      i. Pre employment medical checks
      ii. Proof of identification
      iii. Reference checking on 3 references both verbal and written
      iv. Garda vetting confirmed and all outcomes followed through
      v. Verification of Qualification
      vi. Issuing of contracts
      vii. Induction and Probationary periods

B. Induction to service (DOCS 040) including induction to the Child Protection and Welfare Policy

C. Supervision which includes regular and well structured supervision and Performance Development Reviews (DOCS 023)

D. A Volunteers Policy (DOCS 037)

E. Support for workers including additional support to those who have dealt with disclosures and/or child protection concerns. (DOCS 033)

F. Staff training with respect to Best Practice and/or Specific skills training is supported both externally and through a programme of in-service training (DOCS 006)

G. All staff working with children must complete:
   1) Keeping Safe Training (Children First)
   2) Child Protection and Welfare Policy and Procedures

H. Actively engaged in PCP and advocacy for children

I. Sharing information with families

J. Codes of behaviour for staff, volunteers and contractors

K. Intimate Care Guidelines DOCS064 in place as part of the care plan

L. A policy and guideline for staff, volunteers and contractors who are lone working (DOC 051)

M. Complaints policy (DOCS 003)

N. Guidelines to support persons with behaviours that challenge (DOCS 011)

O. Policy and procedure on missing persons (DOCS 049)

P. Restrictive practice policy for adults and children (DOCS 053)

Q. Policy and Procedure on bullying and harassment of service users (DOCS058)

R. Relationships and Sexuality Policy (DOCS 021)

Appendix J – Child Protection Statement
11. Code of behavior for Staff, Volunteers and Contractors

All employees, volunteers and contractors should at all times comply with Professional Codes of Practice, the Service Employee Policy as outlined in the Employee Information Handbook, the Service Dignity at Work Policy (DOCS 002) and their statutory requirements as outlined in Children First 2011. Failure to comply with the above policies and procedures may result in disciplinary action being instigated up to and including dismissal.

All employees within the service are expected to treat each child with a disability with the utmost respect and dignity and to work in accordance with the ethos of the Service. Employees, volunteers and contractors must be familiar with the Philosophies, Values, Policies and Standards of the Service and to demonstrate them in practice.

The Service values the positive professional and caring relationship which employees develop with service users. However it is important that the staff’s relationship with service users are characterised by appropriate social boundaries. Intimate or sexual relationships between employees and service users are prohibited.

Employee Information Handbook 2010

Safe practice guidelines for staff, volunteers and contractors involved in children’s services must include the following:

11.1 Child Centred Approach
   a) Recognise that the welfare of children must always come first, regardless of all other considerations.
   b) Listen to and respect children and young people
   c) Involve children and young people in decision-making, as appropriate.
   d) Provide encouragement, support and praise (regardless of ability).
   e) Have fun and encourage a positive atmosphere.
   g) Respect a child’s or young person’s personal space.
   h) Use age appropriate teaching aids and materials.
   i) Acknowledge the rights of children to be protected, treated with respect, listened to and have their own views taken into consideration.
   j) Be cognisant of a child’s limitations.
   k) Create an atmosphere of trust.
   l) Respect difference of ability, culture, religion, race and sexual orientation.

11.2 Good Practice

a) Observe appropriate dress and behaviour.
   b) Use appropriate language (physical and verbal).
   c) Evaluate work practices on a regular basis.
   d) Update and review policies and procedures regularly.
   e) Lead by example.
f) Develop a policy of openness with parents that involve consulting them about everything that concerns their children, and encouraging them to get involved with the Service wherever possible.

g) Co-operate with any other child care and protection agencies and professionals by sharing information when necessary and working together towards the best possible outcome for the children concerned.

h) Don't let a problem get out of control.

i) Make primary carers, children, visitors and facilitators aware of the Child Protection Policy and procedures.

j) At times children may be seen by a clinician on their own whilst receiving therapy and intervention. Clinicians should avoid taking a session on their own and invite the primary carer to be involved. If this is not possible then it should be in an open environment with the full knowledge and consent of primary carer and the child. Appointments must be logged to ensure staff know who is working with what child in what room. If privacy is needed the observation panel blinds on the door should remain open or the door remain open and other staff and volunteers informed of the meeting/session. Utmost care must be given considering privacy and respect for the dignity of children. If parents are in the same room with the child and clinician, the blinds can be closed to ensure privacy.

k) Physical therapies; typically in these interventions clothing and shoes may have to be removed to make assessment and intervention possible. Best practice guidelines, religious and ethical considerations should be applied as set out by the respective registered professional bodies. Consent from the child / young person should be sought and where possible primary carers should accompany the child into the clinical room. For older children under their consent and choosing, the parents can remain outside in the waiting area if not attending the intervention/session.

l) Check with children about their level of comfort when doing activities involving physical prompting.

m) Avoid taking children alone on a car journey however short. Full knowledge and consent of primary carer and the child must be sought and the centre manager informed.

n) Do not display photographic images of children without gaining prior consent from the child and their primary carer. Children must always be in appropriate dress.

o) All tasks of a personal nature are to be undertaken with the utmost discretion.
   i. Guidelines on Intimate Care (DOCS064) are in place (it is important to remember that having unnecessary people attend to protect the worker rather than the child is not appropriate).
   ii. Each area of work should define its Intimate Care Needs and best decide how their needs are going to be met.
   iii. There should be an Individual Intimate Care Plan agreed by service user/Family and Team and signed off by the key parties.
   iv. In line with the child's requirement for support as much privacy and dignity as possible should be ensured

p) Guidelines for activities / trips away should involve:
   i. Written consent must be available for outings. (Appendix K – Sample Parental Consent Form)
ii. Follow supervision and behaviour management guidelines in care plans
iii. Appropriate number of staff for all outings going to public places.
iv. Parents and family members to attend as much as possible.
v. Risk assessments must be completed where necessary

q) If a concern/welfare allegation is raised by any individual in relation to a staff, volunteer, contractor or student the reporting procedures must be followed as outlined in 6.2.5

11.3 Health and Safety
a) Adopt the safest possible practices to minimise the possibility of harm or accidents happening to children and protect workers from the necessity to take risks and leave themselves open to accusations of abuse or neglect.
b) Ensure proper supervision based on adequate ratios according to age, abilities and activities involved, observe appropriate gender balance of service users for residential/respite stays.
c) Staff and volunteers should not spend excessive amounts of time with children alone or away from others
d) Those staff, volunteers, family support workers and contractors who work without direct or close supervision are considered lone working and a risk assessment should be conducted as per lone working policy and guideline (DOCS 051) not only in the interest of the staff member but also to protect the safety and welfare of the child. This should include consent from primary carer and the child as well as outlining safe practices to be undertaken.
e) On home visits where one clinician may visit a family on their own, children should be supervised by their primary carer or other family member for the duration of the visit. See Lone Working Policy and guideline (DOCS051) for further controls.
f) Don’t leave children unattended or unsupervised.
g) Manage any dangerous materials.
h) Be aware of incident reporting procedures (DOCS 010) and follow accordingly.

11.4 Inappropriate behaviour
a) Don’t single out a particular child for unfair favouritism, criticism, ridicule, or unwelcome focus or attention.
b) **Never:**
   i. Hit or physically chastise children
   ii. Engage in rough physical games.
   iii. Engage in sexually provocative games.
   iv. Allow or engage in inappropriate touching of any form.
   v. Allow children to use inappropriate language unchallenged.
   vi. Make sexually suggestive comments about, or to a child, even in fun.
   vii. Let allegations of a child go unchallenged or unrecorded.
   viii. Do things of a personal nature for children that they can do for themselves.
c) Discuss boundaries on behaviour and related sanctions, as appropriate, with children and their primary carers.
d) Don’t socialise inappropriately with children e.g. outside of structured organisational activities.

e) It is not good practice to take children to your home. Any visits outside of normal respite/residential/day services must be consented to by the primary carer.

f) Contacting children by phone, text or e-mail should never be undertaken without parental consent. Staff, volunteers and contractors should not contact young people through social networking sites.

g) Encourage children to report any bullying, concerns or worries and to be aware of anti-bullying policy (for further information on anti-bullying policy see “Our Duty of Care”, Fact sheet 2, Department of Health and Children, 2002 and Service Policy DOCS 058).

11.5 Protection of disclosures of information

Part 14, Section 103 of the Health Act 2007 provides for the making of protected disclosures by health service employees. If an employee reports a workplace concern in good faith and on reasonable grounds in accordance with the procedures outlined in legislation it will be treated as a protected disclosure. This means that if an employee feels they have been subjected to detrimental treatment in relation to any aspect of their employment as a result of reporting their concern they may seek redress.

11.6 Failure to report

In Irish Law, it is an offence to withhold information regarding serious offences committed against a child or vulnerable person (Criminal Justice Act 2012 (withholding information on crimes against children and protected persons)

The Offence arises:

- where a person knows or believes that a serious offence has been committed against a child or vulnerable person
- Where his/her information would be of material assistance in securing apprehension, prosecution or conviction of another person for that offence
- Where he/she fails without reasonable excuse to disclose this information as soon as possible to Gardaí

For additional information please refer to:
Appendix A – Best Practice principles in relation to Child protection
Appendix G – Key Legislative Provisions
12. Complaints Procedures

Parents and Children
A Complaints Policy (DOCS 003) exists for parents and children to express dissatisfaction with services. The policy is designed to provide a quality and consistent response to complaints and to ensure there is a concerted effort by all staff within the Daughters of Charity Service to endeavour to resolve complaints as close to the point of contact as possible. However it must be acknowledged that a parent at any time can go to the Office of the Ombudsman.

The Service’s Complaints Policy (DOCS 003) is not the appropriate mechanism for reporting complaints of allegations of physical and or sexual abuse, bullying or harassment or issues for which other procedures exist within the service. In these situations parents and children should be guided by this policy (DOCS 062) on Child Protection Procedures. Parents and families will be made aware of our complaints policy.

Staff
The Health Act 2004 makes provision for a statutory complaints system. Staff complaints are also dealt with through the Dignity at work Policy (DOCS 002) and Grievance and Discipline procedures (DOCS 030)

13. Sharing Information with Children and Families

Information regarding Protection and Welfare Policy for Children and Young People will be included in initial services introduction at referral stage for all new children and their families to service.

Communication of services provided and any other information such as consent forms, activities, schedules and care planning is shared with children and families through a variety of communication tools, as appropriate to the child. Families, carers and children are encouraged to be involved in their personal care planning at all stages of their engagement with the service in accordance with the ethos and core values of the Service.

The rights of parents to guardianship are set down in Section 6 of the Guardianship of Infants Act 1964. Married parents of a child are "joint-guardians" and have equal rights in relation to the child. If a child in Ireland is born outside of marriage, the mother is the sole guardian. The position of the unmarried father of the child is not so certain. If the mother agrees, the father can become a joint-guardian if both parents sign a "statutory declaration". However, if the mother does not agree to sign the statutory declaration or agree that the father be appointed as joint guardian, the father must apply to the court to be appointed as a joint-guardian.

If there is uncertainty around this matter, social work will ask those providing day to day care of the child and/or the TUSLA if they have been involved.

Appendix A – Best Practice principles in relation to Child protection
14. Incidents Reporting Procedure

14.1 Reporting Incidents

The Service is committed to the risk management framework within the service, thus an efficient process of reporting and managing all incidents/accidents within the service is integral to this risk management framework (DOCS 052 Risk Management Policy).

It is the policy of the Daughters of Charity Service that all incidents shall be identified, reported, communicated and investigated. The Service has an Incident Reporting policy (DOCS 010) to ensure that all incidents are managed in a consistent manner across the service. The DOCS 010 Incident Reporting Policy outlines the procedures to follow in reporting all incidents/accidents.

It is the responsibility of all staff, volunteers and contractors to report all incidents, not just those that lead to injury of service user/staff member or others.

14.2 Risk management

In addition all centres have a site specific safety statement in line with service policy (DOCS 005 Safety Statement) which includes information on local emergency contact numbers, first responders, first aid equipment and site specific risk assessments.

Part of the overall management of safety, risk and incident reporting includes having up to date contact information for families and carers.

14.3 Communication with HIQA

It is the responsibility of the registered provider or person in charge under the Health Act 2007 (Care and Support of Residents in designated centres for persons (Children and Adults) with Disabilities) Regulations 2013 to ensure that notice is given to Health Information and Quality Authority (HIQA) of “any allegation, suspected or confirmed, of abuse of any service resident” and/or “any allegation of misconduct by the registered provider or by staff” within three working days on the appropriate HIQA notification form (NF06D).

These notifications must also be supported by a follow up report within 20 days of notification and subsequent 20 day notifications until case is closed.

15. Monitoring and Review

This Child Protection Policy and Procedure will be implemented through training and monitored for implementation through the Regional Service User Protection and Welfare Committee. It will be reviewed every two years by these committees and approved by the Chief Executive Officer.
16. Policies of Daughters of Charity

This policy should be read in conjunction with:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Dignity at Work Policy</td>
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<td>Education and Training Policy</td>
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<td>Incident/Accident Reporting Policy</td>
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<td>Guidelines to support persons with behaviours that challenge</td>
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<td>Transportation of Clients – Service Users</td>
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<td>Relationships and Sexuality Policy and Guidelines</td>
<td>DOCS 021</td>
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<td>Performance Management Policy</td>
<td>DOCS 023</td>
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<td>Policy on Administrative Access to Service Users records or service related records</td>
<td>DOCS 027</td>
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<tr>
<td>Processing Freedom of Information Requests</td>
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<td>Policy and Procedure for Grievance and Discipline</td>
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<td>Lone working Policy and guideline</td>
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<td>Risk Management Policy</td>
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<td>Restrictive Practices Policy for Adults and Children</td>
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<tr>
<td>Policy and Procedure on Bullying and Harassment between service users</td>
<td>DOCS 058</td>
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<td>Intimate Care Guidelines</td>
<td>DOCS 064</td>
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17. Bibliography

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<thead>
<tr>
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<tr>
<td>Children’s First in Disability Services -a guide to policy formation and implantation (TUSLA)</td>
<td>2013</td>
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<tr>
<td>Our Duty to Care (TUSLA)</td>
<td>2004</td>
</tr>
<tr>
<td>Trust in Care (TUSLA)</td>
<td>2005</td>
</tr>
<tr>
<td>Our Duty to Care Child Protection in Sport Unit (CPSU) – Use of Electronic Communications – Briefing Paper 03/06 May 2006</td>
<td>2006</td>
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<td>Stay Safe for Children with Special Needs</td>
<td>2003</td>
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## Appendices

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<td>Appendix C</td>
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<td>Appendix D</td>
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<td>Appendix H</td>
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<td>Contact Numbers for Designated Liaison Persons and Deputies</td>
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<td>Appendix J</td>
<td>Child Protection Statement</td>
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<td>Appendix K</td>
<td>Parental Consent Form</td>
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Principles for Best Practice in Child Protection

The principles which should inform best practice in child protection include the following:

(a) The welfare of children is of paramount importance.

(b) A proper balance must be struck between protecting children and respecting the rights and needs of parents/carers and families; but where there is conflict, the child’s welfare must come first.

(c) Children have a right to be heard, listened to and to be taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions which may affect their lives.

(d) 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.

(e) Parents/Carers have a right to respect and should be consulted and involved in matters which concern their family.

(f) Actions taken to protect a child, including assessment, should not in themselves be abusive or cause the child unnecessary distress. Every action and procedure should consider the overall needs of the child.

(g) Intervention should not deal with the child in isolation, the child’s circumstances must be understood within a family context.

(h) The criminal dimension of any action cannot be ignored.

(i) Children should only be separated from parents/carers when all alternative means of protecting them have been exhausted. Re-union should always be considered.

(j) Agencies or individuals taking protective action should consider factors such as the child’s gender, age, stage of development, religion, culture or race.

(k) Effective prevention, detection and treatment of child abuse or neglect require a co-ordinated multi-disciplinary approach to child care work and effective inter-agency management of individual cases. All agencies and disciplines concerned with the protection and welfare of children must work co-operatively in the best interests of children and their families.

(l) In practice, effective child protection requires compulsory training and clarity of responsibility for personnel involved in organisations working with children.
Children with Intellectual Disability may be more vulnerable to abuse than someone of the same age and gender who does not have an Intellectual Disability. They are likely to have gaps in their understanding in relation to appropriate social and sexual behaviours. They may have language or communication difficulties, and may experience isolation, all of which make it more difficult to tell someone if something is wrong. They may be perceived as ‘unreliable’ and may also lack knowledge about how to summon support or to assert their own rights.

Furthermore they may be dependent on others for their personal care needs, and may be recipients of care from a high number of carers, with frequent staff turnover, and in several environments i.e. home / residential service / respite.

People who are abused sometimes tell someone they trust. This is often someone who has regular contact with them i.e. family member or staff in their unit. It can also be a person they know less well e.g. a new staff member. Many children with learning disabilities will be unable to tell what has happened, perhaps because they don’t know who they should tell or because they do not have the language skills with which to tell.

It is important that staff are aware that abuse is one possibility when an individual presents with significant changes in behaviour, sexualised behaviour beyond their age and developmental level, or physical and emotional problems.
Recognising Child Abuse

The ability to recognise child abuse depends as much on a person’s willingness to accept the possibility of its existence as it does on knowledge and information. It is important to note that child abuse is not always readily visible, and may not be as clearly observable as the ‘text book’ scenarios outlined in these guidelines. The recognition of abuse normally runs along three stages:

(a) Considering the possibility – if a child appears to have suffered an inexplicable and suspicious looking injury, seems distressed without obvious reason, displays unusual behavioural problems or appears fearful in the company of parents/carers.

(b) Observing signs of abuse – a cluster or pattern of signs is the most reliable indicator or abuse. Children may make direct or indirect disclosures, which should always be taken seriously. Less obvious disclosures may be gently explored with child, without direct questioning (which may be more usefully carried out by TUSLA or An Garda Síochána). Play situations such as drawing or story telling may reveal significant information. Indications of harm must always be considered in relation to the child’s social and family context, and it is important to always be open to alternative explanations.

(c) Recording of information – it is important to establish the grounds for concern by obtaining as much detailed information as possible. Observations should be recorded and should include dates, times, names, locations, context and any other information which could be considered relevant or which might facilitate further assessment/investigation.
Disclosure of Abuse
Children sometimes tell others that they have been abused or make comments which raise suspicions that abuse has occurred. This may be a person they trust, i.e. a staff member or someone they know less well e.g. relief staff, volunteer worker.
Not all children with disabilities are able to tell others that they have been neglected or abused. Others may choose not to tell. In such circumstances it will be necessary to rely on indicators which may suggest that abuse has been or is occurring.

Possible Indicators of Abuse:

**Emotional / Behavioural / Psychiatric Signs:**
- Appearing anxious, tearful or withdrawn;
- Sudden change of mood;
- Withdrawal or resistance to activities previously enjoyed;
- Loss of skills;
- Unexpected difficulty learning new skills;
- Deterioration in performance;
- Loss of appetite or difficulty keeping food down;
- Sleeplessness or nightmares;
- Self-injury;
- Sudden change in reaction or resistance to normal physical contact;
- Inappropriate or excessively fearful reactions;
- Psychosomatic symptoms (headaches, abdominal pains);
- Eating disorder;
- Verbally or physically aggressive behaviour.

**Inappropriate Sexual Behaviour:**
- Uncharacteristic seductive behaviour;
- Mimicking explicit sexual behaviour;
- Sexualised play in advance of person’s age and development level;
- Violent or sexualised drawings.

**Medical / Physical Signs and Symptoms:**
- Bruises, bites, scratches, burns or other unexplained marks;
- Redness, discharge, itchiness, soreness, unexplained bleeding or lacerations to genital area;
- Sudden difficulty in walking or sitting;
- Pregnancy;
- Day or night wetting when this is not usual;
- Sexually transmitted diseases.

**Unusual or Difficult to Explain Occurrences:**
- Extra money, sweets, cigarettes;
- Stained or rearranged clothing;
- Avoidance of certain people or places;
- Unexplained changes in routine;
- Running away;
• Substance abuse, alcohol or drugs.

**Institutional:**

• Program rigidity;
• Lack of choice;
• Inappropriate practices and systems;
• Denial of privacy and independence;
• Service needs taking priority.
**Appendix E – DOC Report Form**

**DAUGHTERS OF CHARITY DISABILITY SUPPORT SERVICES  SERVICE USER PROTECTION AND WELFARE REPORT FORM**

**STRICTLY CONFIDENTIAL**

**SECTION A**

1. **Service User Information** (of whom the concern relates to):

<table>
<thead>
<tr>
<th>Service User’s Name:</th>
<th></th>
<th>M: □</th>
<th>F: □</th>
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<tr>
<td>Date of Birth:</td>
<td></td>
<td>Pin No:</td>
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Is the Service User:

(a) A Resident, if so where: ________________________________

(b) A Day Attendee, if so where: ________________________________

(c) Respite Service only: ________________________________

(d) Other: ________________________________

**Name(s) of Key Support Person (next of kin):**

**Relationship to Service User:**

**Address:**

**Tel No:**

2. **Which of the following categories does your concern relate to?**

<table>
<thead>
<tr>
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3. **Date and Time of disclosure/observation:**

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4. Details of the incident, allegation or disclosure

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</tr>
<tr>
<td>b)</td>
<td>Did someone make a disclosure or allegation to you? If so who?</td>
</tr>
<tr>
<td>c)</td>
<td>If the allegation or disclosure was made to you, what were you told?</td>
</tr>
<tr>
<td>d)</td>
<td>If you observed an incident, what did you observe?</td>
</tr>
<tr>
<td>e)</td>
<td>If you observed an alleged incident of abuse, did you notice any behavioural changes leading up to this (Only comment if you directly observed an alleged incident)</td>
</tr>
<tr>
<td>f)</td>
<td>State where, date and time alleged incident took place?</td>
</tr>
<tr>
<td>g)</td>
<td>Who was present?</td>
</tr>
<tr>
<td>h)</td>
<td>Describe any observed injuries and use the body chart to indicate same</td>
</tr>
<tr>
<td>i)</td>
<td>Any other relevant information e.g. verbal/emotional response of victim to alleged incident/perpetrator, expressed wishes/preferences</td>
</tr>
</tbody>
</table>
If your concern relates to physical/sexual abuse please complete Body Chart below:

5. **Immediate action taken**
   Outline immediate actions with regard to the service user and the alleged abuser.

6. **What measures have you taken to ensure that other service users are safe?**

7. **Describe the current health and well being of the service user in relation to the incident?**
8. Has the Key Support Person (next of kin) been informed of this concern / disclosure / allegation or incident?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Response:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Why not?</td>
</tr>
</tbody>
</table>

9. Details of person(s) allegedly causing concern in relation to Service User

Name:

Age:  
M: □  F: □

Address:

Relationship to Service User:

Where the person causing the concern is another service user has as the Key Support Person (next of kin) been informed of this concern/disclosure/allegation or incident?

Name:

Contact Details:

<table>
<thead>
<tr>
<th>Yes</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Why not?</td>
</tr>
</tbody>
</table>

10. Details of person completing the form

Name:

Position:

Contact No:

<table>
<thead>
<tr>
<th>Date completed form</th>
<th>Time completed form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date reported to management</td>
<td>Time reported to management</td>
</tr>
</tbody>
</table>
Form forwarded to: (in adult cases forward to relevant Services Manager and copy Social worker, in child protection cases forward to relevant Designated Liaison Person/Deputy (as per Appendix I), in cases involving allegations against staff copy to Clinical Director/ACEO)

☐ Services Manager  Date________________________
☐ Designated Liaison Person  Date________________________
☐ Clinical Director/ACEO  Date________________________
☐ Copy to Social Worker  Date________________________

Staff Signature:____________________________________

SECTION B

On receipt of Form:

<table>
<thead>
<tr>
<th>Line manager/Services Manager/Person on call/DLP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
</tr>
</tbody>
</table>

Date form received    Time form received

Original Form received:

<table>
<thead>
<tr>
<th>Services Manager/DLP</th>
</tr>
</thead>
</table>

Date form received    Time form received

Copy Received:

<table>
<thead>
<tr>
<th>Social Worker/Clinical Director/ACEO</th>
</tr>
</thead>
</table>

Date form received    Time form received

NOTE FOR SERVICE MANAGER / DLP: Please attach the Daughters of Charity Services Preliminary Screening Form (Appendix F) to this Report Form as evidence of follow up.
Date of Incident: 

Date Report Form Received: 

Date of Meeting: 

Present: 

Name/PIN Number of Child: 

1. Does the child need any more response/ attention following the incident? 

2. Are there any protective factors staff could put in place to prevent a reoccurrence of the incident? 

3. In relation to peer to peer incidents, is there a current process which is supporting the needs of the person causing concern i.e. behaviour support plan/on-going MDT meetings to monitor specific vulnerabilities?
4. Could this incident be discussed as part of this process?

5. When could that happen?

6. Have the child/children’s families been informed of the incident? If not, why not?

7. Is further information required to inform decision making?

8. Has there been a consultation with TUSLA?
   Yes: [ ] No: [ ] Reasons?
   A. If yes, when and by whom and guidance given?

9. Does the child/family require further support pending TUSLA response?
   Yes: [ ] No: [ ]
10. Allegations against staff/volunteer/contractor/student
Has a report been made to Clinical Director/ A/CEO?  Yes: [ ] No: [ ]
Has a report been made to HR?  Yes: [ ] No: [ ]

11. What actions and/or plans do the Daughters of Charity Disability Support Services now need to carry out?

_Decision(s) Made_ (To include decisions on referral to Tusla and Gardaí):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_Reason(s) for Decision(s):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. Does child attend another part of the Service?  Yes: [ ] No: [ ]
Is it necessary to inform another Service Manager?  Yes: [ ] No: [ ]
Date 2nd Service Manager informed: ______________________

13. Outcome of meeting to be fed back to person who made referral Yes: [ ] No: [ ]
Date person informed: ______________________

14. Has a notification to HIQA been sent?  Yes: [ ] No: [ ]
Date HIQA informed: ______________________

Signature: ______________________ Date:__________
_Designated Liaison Person/Deputy_
This policy and procedure is underpinned by the following legislation.

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Child Care Act</td>
<td>1991</td>
</tr>
<tr>
<td>Domestic Violence Act</td>
<td>1996</td>
</tr>
<tr>
<td>The Non-Fatal Offences Against the Person Act</td>
<td>1997</td>
</tr>
<tr>
<td>The Data Protection Acts</td>
<td>1998 and 2003</td>
</tr>
<tr>
<td>Protections for Persons Reporting Child Abuse Act</td>
<td>1998</td>
</tr>
<tr>
<td>The Education Act, 1998</td>
<td>1998</td>
</tr>
<tr>
<td>The Education for Persons with Special Educational Needs Act (EPSEN)</td>
<td>2004</td>
</tr>
<tr>
<td>The Health Act</td>
<td>2004 and 2007</td>
</tr>
<tr>
<td>The Disability Act</td>
<td>2005</td>
</tr>
<tr>
<td>Reckless Endangerment of Children (Criminal Justice Act, 2006)</td>
<td>2006</td>
</tr>
<tr>
<td>Criminal Justice Act (withholding information on crimes against children and protected persons)</td>
<td>2012</td>
</tr>
<tr>
<td>DOH Health Care Act 2007 (Care and support in designated centres for persons (children and adults) with disabilities) Regulations</td>
<td>2013</td>
</tr>
<tr>
<td>Children’s First Bill</td>
<td>2014</td>
</tr>
</tbody>
</table>

The main legislation governing the care and protection of children is the Child Care Act, 1991. The Domestic Violence Act, 1996; the Protection for Persons Reporting Child Abuse Act, 1998 and the Criminal Justice Act, 2006 are also relevant to child protection and welfare, as is other legislation.

**The Child Care Act, 1991**

The purpose of the Act is to ‘update the law in relation to the care of children who have been assaulted, ill-treated, neglected or sexually abused or who are at risk’. The main provisions of the Act are:

(a) the placing of a statutory duty on health boards to promote the welfare of children who are not receiving adequate care and protection up to the age of 18;
(b) the strengthening of the powers of the health boards to provide child care and family support services;
(c) the improvement of the procedures to facilitate immediate intervention by health boards and An Garda Síochána where children are in danger;
(d) the revision of provisions to enable the courts to place children who have been assaulted, ill-treated, neglected or sexually abused or who are at risk, in the care of or under the supervision of regional health boards;
(e) the introduction of arrangements for the supervision and inspection of preschool services;
(f) the revision of provisions in relation to the registration and inspection of residential centres for children.

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Domestic Violence Act, 1996

This Act introduced major changes in the legal remedies for domestic violence. There are two main types of remedies available:

(a) **Safety Order**: This order prohibits a person from further violence or threats of violence. It does not oblige that person to leave the family home. If the parties live apart, the order prohibits the violent person from watching or being in the vicinity of the home.

(b) **Barring Order**: This order requires the violent person to leave the family home.

The legislation gives health boards power to intervene to protect individuals and their children from violence. Section 6 of the Act empowers health boards to apply for orders for which a person could apply on his or her own behalf but is deterred from doing so through fear or trauma. The consent of the victim is not a prerequisite for such an application, although (s)he must be consulted. Under Section 7 of the Act, the Court may, where it considers it appropriate, adjourn proceedings and direct the relevant health board to undertake an investigation of the dependent person's circumstances with a view to:

(a) applying for a Care Order or a Supervision Order under the Child Care Act, 1991;

(b) providing services or assistance for the dependent person's family, or

(c) taking any other action in respect of the dependent person.

The Non-Fatal Offences Against the Person Act, 1997

The two relevant provisions of this Act are:

(a) it abolishes the rule of law under which teachers were immune from criminal liability in respect of physical chastisement of pupils;

(b) it describes circumstances in which the use of reasonable force may be justifiable.

Freedom of Information Act, 1997

This Act enable members of the public to obtain access, to the greatest extent possible consistent with the public interest and the right to privacy, to information in the possession of public bodies. The specific provisions of the Act include the following:

(a) to provide for a right of access to records held by such bodies, for necessary exceptions to that right and for assistance to persons to enable them to exercise it;

(b) to enable persons to have corrected any personal information relating to them in the possession of such bodies;

(c) to provide for independent review by an Information commissioner both of decisions of such bodies relating to that right and of the operation of the Act generally;
(d) to provide for the publication by public bodies of guides to their functions and National Guidelines such as these for assistance of the public.

Under the Act, a person about whom a public body holds personal information has:

(a) right of access to this information subject to certain conditions;

(b) right to correct this information if it is inaccurate.

Where a public body makes a decision which affects an individual, that person has a right to relevant reasons and findings on the part of the body reaching that decision.

The Act is also designed to protect the privacy of individuals and, in general, requires the prior consent of an individual before releasing personal information about them. Where the release of social work or medical records contains information that would be harmful to a person's well-being, the release may be made to a health professional who acts on the person's behalf. Under the Act, there are regulations and guidelines relating to access by parents to their children's records; these emphasise that the over-riding concern is the best interests of the child.

The exemptions and exclusions which are relevant to child protection include the following:

(a) protecting records covered by legal professional privilege;

(b) protecting records which would facilitate the commission of a crime;

(c) protecting records which would reveal a confidential source of information.

The Data Protection Act, 1998

The Act only applies to the automatic processing of personal data. It gives a right to every individual, irrespective of nationality or residence, to establish the existence of personal data, to have access to any such data relating to him and to have inaccurate data rectified or erased. It requires data controllers to make sure that the data they keep are collected fairly, are accurate and up-to-date, are kept for lawful purposes, and are not used or disclosed in any manner incompatible with those purposes. It also requires both data controllers and data processors to protect the data they keep, and imposes on them a special duty of care in relation to the individuals about whom they keep such data.

There are only three exclusions under the Act:

(a) data relating to state security;

(b) information that is required by law to be made available to the public;

(c) personal data kept only for personal or recreational purposes.
**Protections for Persons Reporting Child Abuse Act, 1998**

This Act came into operation on 23rd January, 1999. The main provisions of the Act are:

(a) the provision of immunity from civil liability to any person who reports child abuse ‘reasonably and in good faith’ to designated officers of health boards or any member of An Garda Síochána.

(b) the provision of significant protections for employees who report child abuse. These protections cover all employees and all forms of discrimination up to, and including, dismissal.

(c) the creation of a new offence of false reporting of child abuse where a person make a report of child abuse to the appropriate authorities ‘knowing that statement to be false’. This is a new criminal offence designed to protect innocent persons from malicious reports.

The Chief Executive Officers of health boards have appointed a wide range of nursing, medical, paramedical and other staff as designated officers for the purposes of the Act. Section 6 of the Act is a saving provision which specifies that the statutory immunity provided under the Act for persons reporting child abuse is additional to any defences already available under any other enactment or rule of law in force immediately before the passing of the Act.

**The Education Act, 1998**

This Act places an obligation on those concerned with its implementation to give practical effect to the constitutional rights of children as they relate to education and, as far as practicable and having regard to the resources available, to make available to pupils a level and quality of education appropriate to meeting their individual needs and abilities.

**The Education for Persons with Special Educational Needs Act (EPSEN) 2004**

The Education For Persons With Special Educational Needs Act 2004 was passed to ensure that persons with special educational needs can be educated where possible in an inclusive environment, that they can have the same rights to education as persons who do not have special educational needs and to ensure that such persons are equipped by the education system with the skills they need to participate in society and to live independent and fulfilled lives.

**The Health Act 2004**

The Health Act, 2004, makes provision for a statutory complaints system.
The Disability Act 2005

The Disability Act is designed to advance and underpin the participation of people with disabilities in society by supporting the provision of disability specific services and improving access to mainstream public services. It places significant obligations on public bodies to make buildings and services accessible to people with disabilities, provides for sectoral plans in key service areas, requires public bodies to take positive actions to employ people with disabilities and provides for the establishment of a Centre for Excellence in Universal Design.

Reckless Endangerment of Children (Criminal Justice Act, 2006)

Section 176...creates an offence where:
- a person who has authority or control over a child or over a person who has abused a child intentionally or recklessly endangers the child by
- causing or permitting the child to be placed or left in a situation which creates a substantial risk to the child of being a victim of serious harm or sexual abuse or
- failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation

Criminal Justice Act 2012 (withholding information on crimes against children and protected persons)

In Irish Law, it is an offence to withhold information regarding serious offences committed against a child or vulnerable person

Serious offences: those which carry a penalty of 5 years +, including most sexual offences and offenses causing harm, abduction, manslaughter or murder

“Child” – under 18 years of age

“Vulnerable person” – one who
- is suffering from a disorder of the mind, as a result of mental illness or dementia or
- has an intellectual disability or an enduring physical impairment or injury, which severely restricts the capacity of the person to guard himself or herself against serious exploitation or abuse, whether physical or sexual, by another person,

The Offence arises:
- where a person knows or believes that a serious offence has been committed against a child or vulnerable person
- Where his/her information would be of material assistance in securing apprehension, prosecution or conviction of another person for that offence
- Where he/she fails without reasonable excuse to disclose this information asap to Garda
Defences against charge of withholding information:
- where a child or vulnerable person makes it known that they do not want the offence reported to the Garda Síochána

BUT
- Person receiving/holding information must have reasonable grounds for this view and act in best interest of child/vulnerable person
- Rebuttable presumption on lack of capacity of vulnerable person /child under 14 to make this decision

A child or vulnerable person who is a victim of a serious offence is not liable for an offence under the Act

Children’s First Bill 2014

The Children’s First Bill 2014 provides for certain professionals and other persons working with children to have statutory reporting obligations. The bill also provides that certain persons providing services to children are to be obliged to undertake an assessment of any potential for risk of harm to a child while that child is availing of the provider’s services. In addition the Bill provides that the provider of such a service is to prepare a child safeguarding statement in accordance with the Bill.

The Bill will operate side by side with the existing non-statutory obligations provided for in Children’s First: National Guidance for the Protection and Welfare of Children 2011.
A STANDARD REPORT FORM
For reporting CSA Concerns

A. To Principal Social Worker/Designate:

1. Date of Report:

2. Details of Child:
   Name:
   Address:
   DOB:
   School:
   Male ☐ Female ☐
   Corresponance address (if different):
   Age:
   Telephone:

3. Details of Persons Reporting Concern(s):
   Name:
   Address:
   Telephone No.:
   Occupation:
   Relationship to client:
   Reporter wishes to remain anonymous ☐ Reporter discussed with parents/guardian ☐

4. Parents Aware of Report:
   Are the child's parents/carer aware that this concern is being reported:
   Mother ☐ Father ☐
   Comment:

5. Details of Report:
   (Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parents' views, child's views, if known.)
6. Relationships
Details of Mother
Name: 
Address: 
(if different to child)
Telephone No(s): 
Details of Father
Name: 
Address: 
(if different to child)
Telephone No(s): 

7. Household composition
<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>DOB</th>
<th>Additional Information e.g. School/Occupation/Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Name and Address of other personnel or agencies involved with this child

<table>
<thead>
<tr>
<th>Social Worker</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GSK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-School/Creche/YS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Details of person(s) allegedly causing concern in relation to the child

<table>
<thead>
<tr>
<th>Relationship to child:</th>
<th>Name</th>
<th>Address:</th>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

10. Details of person completing form

<table>
<thead>
<tr>
<th>Name:</th>
<th>Occupation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Telephone No(s):</td>
</tr>
<tr>
<td>Signed</td>
<td>Date:</td>
</tr>
</tbody>
</table>

---

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### LIMERICK/NORTH TIPPERARY

<table>
<thead>
<tr>
<th>Designated Liaison Person</th>
<th>Ms. Geraldine Galvin, Service Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Children's Services</td>
<td>St. Vincent's Centre</td>
</tr>
<tr>
<td>St. Vincent's Centre</td>
<td>Lisnagry</td>
</tr>
<tr>
<td>Tel No Office Hours: 061-501422, DLP Deputy Tel No: 061-501473</td>
<td>Out of hours Tel No: 087-9893275</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Designated Liaison Person</th>
<th>Ms. Geraldine Galvin, Service Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Joseph Children's Respite Service</td>
<td>St. Vincent's Centre</td>
</tr>
<tr>
<td>St. Vincent's Centre</td>
<td>Lisnagry</td>
</tr>
<tr>
<td>Tel No Office Hours: 061-501422, DLP Deputy Tel No: 061-501473</td>
<td>Out of hours Tel No: 087-9893275</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Designated Liaison Person</th>
<th>Ms. Breda Noonan, Service Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claddagh Children's Respite Service</td>
<td>St. Anne's Centre</td>
</tr>
<tr>
<td>Sean Ross Abbey</td>
<td>Roscrea</td>
</tr>
<tr>
<td>Tel No: 087 9863641</td>
<td>DLP Deputy senior Cover Tel No: 087 9863641</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Designated Liaison Person</th>
<th>Catherine O'Sullivan, Principal Social worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home sharing Scheme</td>
<td>St. Vincent's Centre</td>
</tr>
<tr>
<td>St. Vincent's Centre</td>
<td>Lisnagry</td>
</tr>
<tr>
<td>Tel No Office Hours: 087-4132888</td>
<td>Deputy DLP Out of hours: 087-9893275</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Designated Liaison Person</th>
<th>Breda Corcoran, Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Limerick Children's Services</td>
<td>ELCS</td>
</tr>
<tr>
<td>Ballysimon Industrial Est.</td>
<td>Limerick</td>
</tr>
<tr>
<td>Tel No Office Hours: 061-603401, 087-6470224</td>
<td>DLP Deputy Office hours only Tel No: Sinead Casey 061- 603414</td>
</tr>
<tr>
<td>Ged Barry Ryan 061-603415</td>
<td>Baerbel Schlueter 061-603416</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Work Department Limerick:</th>
<th>Duty Social Worker (Roxtown HC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work Team Leader</td>
<td>Roxtown Health Centre</td>
</tr>
<tr>
<td>Old Clare St.,</td>
<td>Limerick.</td>
</tr>
<tr>
<td>Tel No: 061-483091</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Work Department East Limerick</th>
<th>Southill Health Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>SW Team Leader (061) 209985</td>
<td>Ballynanty Health Centre</td>
</tr>
<tr>
<td>SW Team Leader (061) 457100</td>
<td></td>
</tr>
</tbody>
</table>
| Social Work Department West Limerick | Newcastlewest Health Centre  
SW Team Leader (069) 62155 |
|------------------------------------|---------------------------------
| Social Work Department Offaly      | Duty Social Worker  
Social Work Team Leader  
Castle Buildings,  
Tullamore,  
Co. Offaly.  
Tel No: (057) 9370700 |
| Social Work Dept North Tipperary   | Civic Offices  
Limerick Road  
Nenagh  
Co. Tipperary  
Tel no (067) 46660 |
| Gardaí                             | Henry St  
Limerick.  
Tel no: (061) 212400  
Roxboro  
Limerick  
Tel No: (214340)  
Nenagh,  
Co. Tipperary.  
Tel No: (067)50450 |
| Office of the Ombudsman            | 18 Lower Leeson Street  
Dublin 2  
01-6785222 |
| HSE National Counselling Service   | Freephone 1800 477477  
www.hse-ncs.ie/en |
### Appendix I – Relevant Contact Numbers (dated March 2015)

#### Dublin

**Designated Liaison Person - Dublin**

- **Chair – Dublin Service User Protection and Welfare Committee**
  - Liam Keogh
  - Acting Head Social Worker
  - The Juniper Centre
  - Daughters of Charity Disability Support Services
  - St Vincent’s Centre
  - Navan Rd
  - Dublin 7
  - +353 1 8245365
  - email: liam.keogh@docservice.ie

**Deputy Designated Liaison Persons Early Services**

- **Mary O’Flanagan**
  - Social Worker,
  - Oakridge Children’s Services
  - Clonsilla Road
  - Dublin 15
  - Tel: 018066672

- **Margaret Horgan**
  - Principal Social Worker,
  - Oakridge Children’s Services
  - Clonsilla Road
  - Dublin 15
  - Tel: 018066672

- **Elaine Finn**
  - Pre-school Manager
  - Oakridge Children’s Services
  - Clonsilla Road
  - Dublin 15
  - Tel: 018066650

**Designated Liaison Person (Dept. Of Education)**

- **St. Vincent’s Special National School**
  - Sharon Gorevan, Principal,
  - St. Vincent’s Special National School
  - Tel: 018245491

**Deputy Designated Liaison Persons (Daughters of Charity Disability Support Services)**

- **St. Vincent’s Special National School**
  - Theresa O’Loughlin,
  - Regional Manager of Children’s Services
  - Oakridge Children’s Services
  - Clonsilla Road
  - Dublin 15
  - Tel: 018066650

- **Sinead Finnerty**
  - Social Worker,
  - St. Vincent’s Centre,
  - Navan Road,
  - Dublin 7.
  - Tel: 018245350

**Deputy Designated Liaison Persons Mainstream Schools Services**

- **Theresa O’Loughlin**
  - Regional Manager of Children’s Services
  - Oakridge Children’s Services
  - Clonsilla Road
  - Dublin 15
  - Tel: 018066650

- **Sallie Matthews**
  - Principal Social Worker
  - St. Vincent’s Centre,
  - Navan Road,
  - Dublin 7.
  - Tel: 018245353

- **Gareth Bailey**
  - Senior Social Work Practitioner,
  - St. Vincent’s Centre,
  - Navan Road, Dublin 7.
  - Tel: 018245356
<table>
<thead>
<tr>
<th>Deputy Designated Liaison Persons</th>
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<tr>
<td>Developmental Education Centre</td>
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</tr>
<tr>
<td>Dublin 15</td>
</tr>
<tr>
<td>Tel: 018066650</td>
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<tr>
<td>Olivia Connaughton, Senior</td>
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<tr>
<td>Social Work Practitioner, St.</td>
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<tr>
<td>Vincent’s Centre, Navan Road,</td>
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<tr>
<td>Respite Services – Ardcuain</td>
</tr>
<tr>
<td>Mary Lucy Pender, Service</td>
</tr>
<tr>
<td>Manager, Community Residential</td>
</tr>
<tr>
<td>Services, Coolmine, Dublin 15.</td>
</tr>
<tr>
<td>Tel: 018223801</td>
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<tr>
<td>Gareth Bailey, Senior Social</td>
</tr>
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<tr>
<td>Jennifer Murphy, Manager – Sancta</td>
</tr>
<tr>
<td>Maria Respite, St. Vincent’s</td>
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<tr>
<td>Centre, Navan Road, Dublin 7.</td>
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<tr>
<td>Louise Farrell, Family Support</td>
</tr>
<tr>
<td>Coordinator, St. Vincent’s Centre,</td>
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<tr>
<td>Navan Road, Dublin 7.</td>
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| **TUSLA Dublin Duty Social Work Teams**  
Blanchardstown - Duty Social Work Department | Duty Social Worker,  
Roselawn Health Centre,  
Roselawn Rd,  
Blanchardstown,  
Dublin 15.  
Tel: 01 6464518  
Office Hours - 9am - 5pm  
Local Area Office - Dublin North |
| **TUSLA Dublin Duty Social Work Teams**  
Finglas - Duty Social Work Department | Duty Social Work Department,  
Health Centre,  
Wellmount Park,  
Finglas,  
Dublin 11.  
Tel: 01 8567704  
Office Hours - 9am - 5pm  
Local Area Office -Dublin North City |
| **Gardaí** | Cabra Garda Station,  
Nephin Road,  
Dublin 7.  
Tel: +353 1 6667400 | Blanchardstown Garda Station,  
Main Street,  
Blanchardstown,  
Dublin 15.  
Tel: +353 1666 7000 |
|  | Finglas Garda Station,  
Mellowes Road,  
Finglas,  
Dublin 11.  
Tel: +35316667500 | Bridewell Garda Station,  
Chancery Street,  
Dublin 7.  
+353 1 666 8200 |
| **Office of the Ombudsman** | 18 Lower Leeson Street  
Dublin 2  
01-6785222 |  |
| **HSE National Counselling Service** | Freephone 1800 477477  
www.hse-ncs.ie/en |  |
DOC CHILD PROTECTION POLICY STATEMENT

The Daughters of Charity Disability Support Service is committed to the safety and protection from abuse of all children with a disability in its care. We are guided by best international practice and the belief that all people are full and equal members of society.

The Service acknowledges the Rights of Children to be protected, treated with respect, listened to and have their views taken into consideration.

Parents and guardians have the primary responsibility for the care and protection of children. Intervention should not deal with the child in isolation, the child’s circumstances must be understood within their family context. A proper balance must be struck between protecting children and respecting the rights and needs of carers and families; but where there is conflict the child’s welfare must come first.

The following is in place to facilitate safe guarding of children.

a) Compliance with Daughters of Charity HR Recruitment and Selection Policy and Procedures (DOCS 026)
b) Induction to service (DOCS 040) including induction to the Child Protection Policy  
c) Supervision policy which includes regular and well structured supervision and Performance Development Reviews (DOCS 023)
d) A Volunteers Policy (DOCS 037)
e) Support for workers including additional support to those who have dealt with disclosures and/or child protection concerns. (DOCS 033)
f) Staff training with respect to Best Practice and/or Specific skills training is supported both externally and through a programme of in-service training (DOCS 006)
g) All staff working with children must complete training in:  
   a. Keep Safe Training (Children First)  
   b. Child Protection and Welfare Policy and Procedures
h) Actively engaged in PCP and advocacy for children
i) Sharing information with families
j) Codes of behaviour for staff, volunteers and contractors
k) Intimate Care Guidelines in place as part of the care plan
l) A policy for staff/volunteers/contractors who are lone working (DOCS 051)
m) A Complaints policy (DOCS 003)
n) Guidelines to support person with behaviours that challenge (DOCS 011)
o) Policy and procedures on missing persons (DOCS 049)
p) Restrictive practice policy for Adults and Children (DOCS 053)
q) Policy and Procedure on bullying and harassment of service users (DOCS 058)
r) Relationships and Sexuality Policy (DOCS 021)
PARENTAL CONSENT FORM

Please complete this form and return it to
A signed consent form is a condition of participation in this activity for
those under the age of 18.

I am willing for __________ to participate in __________
and confirm that he is willing to participate as fully as possible.

Furthermore, please tick one of the following:

☐ I permit __________ to only travel on transport that has
been designated as official for the purposes of this event
(e.g. minibus/coach)
or

☐ I permit __________ to travel in either private vehicles or
any other transport that has been designated official for the
purposes of this event

________________ has the following medical condition and requires the
following medication (give details)

________________

In the case of emergency, leaders will do everything possible to contact
the parents so that they can make appropriate medical decisions for their
child. In extreme circumstances where medical treatment is required
without delay and it has been impossible to contact those names on the
Health Form, I authorise the hospital first aider and/or the leader in charge
to give consent for any medical treatment on my/our behalf.

Please tick: [□]

Signature: __________________________ Data: ______________________
Printed name: __________________________ Relationship to child: __________________________

If the trip involves risky activities, e.g. water sports, it is vital that parents/
guardians are informed of this activity.

For volunteer activities, it is necessary that you know if there are
young people who fail to maintain a satisfactory level.