


## **BROTHERS OF CHARITY SERVICES IRELAND**

### **NATIONAL POLICY AND PROCEDURE THE WELFARE AND PROTECTION OF CHILDREN**

<b>Document reference number</b>	2016NP16	<b>Revision No.</b>	1
<b>Approved by</b>	Brothers of Charity Services Ireland		
<b>Signed</b>	 Augustine T. Hassett		
<b>Approval date</b>	26 <sup>th</sup> September 2019	<b>Next Revision Date</b>	26 <sup>th</sup> September 2022

This policy was first implemented in March 2010, revised in February 2013, April 2016 and again in 2019. This policy is to be read in conjunction with other relevant documents as set out in Appendix 6 attached.

This document will be reviewed as outlined above or in line with any relevant legislative changes.

## Table of Contents

<b>SECTION 1: POLICY</b>	<b>6</b>
<b>1 Policy Statement</b>	<b>6</b>
<b>2 Organisation Structure and Ethos</b>	<b>6</b>
2.1 Structure	6
2.2 Ethos	7
2.3 Values	7
2.4 Description of Children's Services	7
<b>3 Scope</b>	<b>8</b>
<b>4 Purpose and Objective of this Policy</b>	<b>8</b>
<b>5 Principles, Aims And Use of the National Policy and Procedure – The Welfare and Protection of Children</b>	<b>8</b>
5.1 Aims of the National Policy and Procedure	9
5.2 Use of the National Policy and Procedure	9
<b>6 Glossary of Terms and Definitions</b>	<b>10</b>
<b>7 Responsibility of each Regional Service of the BOCSI</b>	<b>10</b>
<b>8 Prevention of Neglect and Abuse</b>	<b>11</b>
8.1 Organisational Culture	11
8.2 Policies and Procedures and Legal Framework	11
8.3 Identifying Children at Risk of Abuse.	13
8.4 Recruitment and Selection of Staff	13
8.5 Induction	14
8.6 Staff Supervision and Employee Feedback	14
8.7 Protection and Welfare Awareness Training and Education for Staff	14
<b>9 Complaints Procedure</b>	<b>15</b>
<b>10 Sharing Information and Parental Involvement</b>	<b>15</b>
<b>SECTION 2: DEFINITION, RECOGNITION AND REPORTING OF CHILD ABUSE</b>	<b>17</b>

<b>11</b>	<b>Types of Child Abuse</b>	<b>17</b>
11.1	Definition of 'neglect'	17
11.2	Definition of 'emotional abuse'	18
11.3	Definition of 'physical abuse'	19
11.4	Definition of 'sexual abuse'	20
<b>12</b>	<b>Children With Special Vulnerabilities</b>	<b>21</b>
<b>13</b>	<b>Child Welfare Concerns</b>	<b>22</b>
<b>14</b>	<b>Guidelines For Recognition of Child Neglect or Abuse</b>	<b>22</b>
14.1	Stage One: Considering the Possibility:	23
14.2	Stage Two: Looking out for Signs of Neglect or Abuse:	23
14.3	Stage Three: Recording of Information	23
<b>15</b>	<b>Peer Abuse</b>	<b>24</b>
<b>16</b>	<b>Bullying</b>	<b>24</b>
<b>SECTION 3: MANDATED PERSONS</b>		<b>26</b>
<b>17</b>	<b>Who are Mandated Persons:</b>	<b>26</b>
17.1	What are the Legal Obligations of a Mandated Person:	26
17.2	Reporting Mandated Concerns:	27
17.3	Making a Mandated Report	31
17.4	Mandated Assisting	33
17.5	Advice, Information and Training for Mandated Persons	35
<b>SECTION 4: BASIS FOR REPORTING CONCERNS AND STANDARD REPORTING PROCEDURES</b>		<b>36</b>
<b>18</b>	<b>Basis For Reporting Concerns</b>	<b>36</b>
18.1	All staff must report:	36
18.2	Guiding Principles	36
18.3	Procedure for Reporting Concerns or Suspicions	36
18.4	Procedures to follow if abuse is disclosed or alleged	37
18.5	Procedure to follow if a Staff Person witnesses abuse.	37
18.6	Anonymous Allegations	38

18.7	Reporting Obligations to HIQA	38
<b>SECTION 5: DESIGNATED LIAISON PERSON</b>		<b>39</b>
<b>19</b>	<b>Role and Responsibility of the Designated Liaison Person</b>	<b>39</b>
19.1	General	39
19.2	Role of the Designated Liaison Person	39
19.3	Responsibilities of the Designated Liaison Person	39
19.4	Basis for Reporting to Tusla, the Child and Family Agency	40
<b>SECTION 6: ALLEGATIONS AND CONFIDENTIALITY</b>		<b>42</b>
<b>20</b>	<b>Allegations made in Relation to a Staff Member/ Volunteer / Host Carer</b>	<b>42</b>
<b>21</b>	<b>Allegations Made in Relation to Family Members or other Third Parties</b>	<b>42</b>
<b>22</b>	<b>Confidentiality</b>	<b>42</b>
<b>23</b>	<b>Filing System For Recording</b>	<b>43</b>
<b>SECTION 7 RESIDENTIAL CARE, HOST FAMILIES AND SCHOOLS</b>		<b>44</b>
<b>24</b>	<b>Children in Residential Care</b>	<b>44</b>
<b>25</b>	<b>Children Placed with Host Families</b>	<b>44</b>
<b>26</b>	<b>Children in Schools</b>	<b>44</b>
<b>27</b>	<b>Network Teams</b>	<b>44</b>
<b>Appendix 1: Signs and Symptoms of Child Abuse</b>		<b>45</b>
<b>Appendix 2: Process upon becoming aware of Concerns or Suspensions</b>		<b>54</b>
<b>Appendix 3a – Standard Report Form for Reporting Child Protection And/Or Welfare Concerns to Tusla</b>		<b>55</b>
<b>Appendix 4: Standard Notification Form for use in Notifying Cases to An Garda Síochána</b>		<b>57</b>
<b>Appendix 6: Other Relevant Guidelines and Legislation</b>		<b>61</b>
<b>Appendix 7: Schedule of Mandated Persons under The Children First Act 2015</b>		<b>66</b>

## **SECTION 1: POLICY**

### **1 Policy Statement**

The Brothers of Charity Services Ireland (BOCSI) are fully committed to safeguarding the well-being of the children who are supported by its Services. Staff, volunteers, students, host families and contractors should, at all times, show respect and understanding for the rights, safety and welfare of children who use our Services, and conduct themselves in a way that reflects the ethos of the Brothers of Charity Services Ireland. This policy is **derived from and** consistent with the

- Children First Act 2015,
- “Children First: National Guidance for the Protection and Welfare of Children”, 2017, Department of Children and Youth Affairs, Government Publications, Dublin,
- The “Child Protection and Welfare Practice Handbook”, 2011,
- Our Duty to Care:
- The principles of good practice for the protection of children and young people, 2002, Department of Health and Children, Government Publications, Dublin,
- Joint Protocol for Interagency Collaboration between the Health Service Executive and Tusla – Child and Family Agency to Promote the best interests of Children and Families, 2017 and
- The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations, 2013).

The Brothers of Charity Services Ireland Ethos as outlined in “Going Forward Together”, 2001 underpins the daily work of the staff as they continuously work to enhance the quality of the lives of people who are supported by its Services.

### **2 Organisation Structure and Ethos**

#### **2.1 Structure**

The BOCSI comprises of five regional services as follows:

- Brothers of Charity Services Ireland Clare, Banner House, Clare Road, Ennis, Co Clare
- Brothers of Charity Services Ireland Western Region, Woodlands Centre, Renmore, Galway.
- Brothers of Charity Services Ireland Limerick, Blackberry Park, Dock Road, Limerick

- Brothers of Charity Services Ireland South East Region, Belmont Park, Ferrybank, Waterford
- Brothers of Charity Services Ireland Southern Region, Lota, Glanmire, Cork.

## **2.2 Ethos**

‘We are committed to working with people with an intellectual disability to claim their rightful place as valued citizens. Inclusion is a fundamental principle that underlies all aspects of our work. We believe in the intrinsic value of every person and we aim to further the dignity of all associated with our services.’

‘We continue the Brothers of Charity Services’ tradition of being open to the best contemporary influences .We want to be inspired by the most creative ideas and to ask how we give them concrete expression.

*The Brothers of Charity Services Ethos (2001), Going Forward Together*

## **2.3 Values**

The core values of the Brothers of Charity Services Ireland are the dignity and humanity of each individual person. Our Services are committed to a deep sense of respect for the personal dignity of each child who is supported by our services, and to fostering the central role that families play in the lives of their children.

We consider our members of staff to be the greatest resource of the Service. In their daily work they seek to provide a supportive and caring environment to ensure the physical and emotional wellbeing of the children who are supported by our Services. This is achieved by incorporating the best of current trends and practices in service responses.

## **2.4 Description of Children’s Services**

The BOCSI provide a range of services to children with intellectual, physical, sensory, autistic and mental health needs. A wide range of services are provided including:

- Assessment and Diagnostic Services
- Home and Centre Based Early Intervention Services
- In-Home Support Services
- Respite Breaks provided both in Services and by Host Families
- Children’s Residential Services
- Early Development Centres
- Pre-school and School Services
- After School Care

### **3 Scope**

This policy and procedure outlines the responsibilities and the necessary procedures for the management of allegations and suspicion of abuse. This includes concerns in relation to:

- Children in the BOCSI
- Staff
- Members of the Congregation
- Volunteers
- Students
- Host Families
- Third Parties and Families

These procedures will take account of all forms of abuse.

Where the word abuse is used in this national policy and procedure, it includes:

- Neglect
- Emotional Abuse
- Physical Abuse
- Sexual Abuse

For more detailed definitions of abuse, refer to Section 2: Definition, Recognition and Reporting.

### **4 Purpose and Objective of this Policy**

Children with an intellectual disability and autism are vulnerable and at risk of abuse by others.

In recognition of this fact, it is the intention of this document to set out the responsibilities of the Services and the procedures that each regional service must have in place to reduce the likelihood of abuse occurring, and ensure that effective action is taken in response to suspicions, concerns or allegations of abuse.

This document applies to all staff, students, host families and volunteers.

This document refers to children only and the BOCSI have available separate policies for adults who are supported by the Services.

### **5 Principles, Aims and Use of the National Policy and Procedure – The Welfare and Protection of Children**

The key principles that should inform best practice in child protection and welfare are:

1. The safety and welfare of children is everyone's responsibility
2. The best interests of the child should be paramount

3. The overall aim in all dealings with children and their families is to intervene proportionately to support families to keep children safe from harm
4. Interventions by the State should build on existing strengths and protective factors in the family
5. Early intervention is key to getting better outcomes. Where it is necessary for the State to intervene to keep children safe, the minimum intervention necessary should be used
6. Children should only be separated from parents/guardians when alternative means of protecting them have been exhausted
7. Children have a right to be heard, listened to and taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions that may affect their lives
8. Parents/guardians have a right to respect, and should be consulted and involved in matters that concern their family
9. A proper balance must be struck between protecting children and respecting the rights and needs of parents/guardians and families. Where there is conflict, the child's welfare must come first
10. Child protection is a multiagency, multidisciplinary activity. Agencies and professionals must work together in the interests of children

*Children First: National Guidance for the Protection and Welfare of Children. 2017. p 2 and 3*

## **5.1 Aims of the National Policy and Procedure**

This policy and procedure is intended to assist staff in identifying and reporting child abuse and neglect and deal effectively with concerns. It emphasizes that the needs of children and families must be at the centre of child protection and welfare services, and that the needs of children is of paramount importance. It highlights the roles and responsibilities of Tusla, the Child and Family Agency and An Garda Síochána, which are the two agencies with statutory responsibility for child protection. It outlines the reporting responsibilities of all staff working with the Brothers of Charity Services Ireland.

## **5.2 Use of the National Policy and Procedure**

Consistent with the principles of Children First, the BOCSI in providing services to children will:

- Ensure best practice in the recruitment of staff ,host families and volunteers, which includes Garda vetting, taking up of references ,good HR practices in interviewing, induction training, probation and ongoing supervision and management;
- Ensure that staff members, host families and volunteers are aware of how to recognise signs of child abuse or neglect;

- Develop policy and procedures for staff and/or volunteers who have reasonable grounds for concern about the safety and welfare of children supported by the Services.
- Identify a Designated Liaison Person to act as a liaison with outside agencies and a resource person to any staff person or volunteer who has a child protection concern.

## 6 Glossary of terms and definitions

- **BOCSI** : Brothers of Charity Services Ireland
- **Child & Family Agency/ Tusla**: Established under the Child and Family Act 2013, the Child and Family Agency/ Tusla is responsible for supporting and promoting the development, welfare and protection of children. Tusla now has the statutory responsibility under the Child Care Act 1991 of promoting the welfare of children in its area who are not receiving adequate care and protection.
- **Child or Children**: Means a person under the age of 18 years other than a person who is or has been married (Children First 2017 page 4 and Child Care Act 1991).
- **Staff**: Throughout this document the term 'staff' is used and includes all person paid or unpaid, who support children using Services on behalf of the Services.
- **Designated Liaison Person (DLP)**: Staff appointed to act as a liaison with outside agencies, as a resource person to any staff member or volunteer who has child protection and welfare concerns and ensures the standard reporting procedure with regard to child protection and welfare concerns is followed by staff. (see Section 5).
- **Parents**: Refers to all parents, guardians and carers.

## 7 Responsibility of each Regional Service of the BOCSI

- Each Regional Service must adhere to the National Policy and Procedure- The Welfare and Protection of Children.
- The Policy and Procedures must be made available to all families, and personnel working with, or associated with the BOCSI
- It must be explained during the induction of all new staff, volunteers and host families.

*It is the duty of all Directors of Services and Service Leaders of the BOCSI to implement this policy and ensure that staff are fully aware of this National*

*Policy and Procedures document, and that staff understand their own legal and professional responsibilities.*

## **8 Prevention of Neglect and Abuse**

There are seven inter-linked areas which are important in protecting children supported by the Services.

For the purpose of this policy, prevention is considered under the following headings:

- Organisational culture;
- Policies, procedures and legal framework
- Identifying children at risk of abuse;
- Recruitment and selection of staff;
- Induction;
- Staff supervision;
- Training and education of staff;

### **8.1 Organisational Culture**

Culture manifests what is important, valued and accepted in an organization. It's not easily changed nor is it susceptible to change merely by pronouncement, command or declaration of a new vision. At its most basic it can be reduced to the observation, the way things are done around here.

*Office of the Ombudsman, Complaints and Complaint Handling, Ombudsman.gov.ie.*

Key to the successful prevention of abuse is an open culture with a genuinely child-centred approach to care/support, underpinned by a zero-tolerance policy towards abuse and neglect. It is important that the BOCSI create and nurture an open culture where children and young people can feel safe to raise concerns. The importance of good leadership is essential in determining the culture of services and modelling good practice. All managers should be skilled, competent and confident. It is imperative for the protection and welfare of children with a disability that senior management create a culture of zero tolerance, inclusion, transparency and openness in the provision of services that permeates through all levels and grades of staff.

### **8.2 Policies and Procedures and Legal Framework**

All staff must be aware of this policy, have a working knowledge of same, and a commitment to its aims. Staff should be encouraged to provide feedback on any areas of the welfare and protection policy that may need review. Managers have a particular oversight and assurance role in relation to adherence to this policy by all involved with the organization.

National Policies, Procedures and legislation which directly support the welfare and protection of children include:

- National Policy and Procedure-The Welfare and Protection of Children, 2019. Brothers of Charity Services.
- Children First: National Guidance for the Protection and Welfare of Children, 2017.
- Children First Act 2015
- Child Protection and Welfare Practice Handbook, 2011
- Our Duty to Care: the principles of good practice for the protection of children and young people-DOH, 2002
- Child Care Act, 1991
- Child Care (Amendment ) Act, 2007
- Children Act, 2001
- Criminal Justice (Female Genital Mutilation) Act, 2012
- Child and Family Agency Act, 2013
- Criminal Justice( Reckless Endangerment of Children) Act, 2006
- Criminal Justice( Withholding Information on Offences against Children and Vulnerable Persons) Act, 2012
- Criminal law (Sexual Offences) Act 2017
- Data Protection Acts, 1988 and 2003
- Equal Status Acts, 2000-2011
- Freedom of Information (FOI) Act, 2014
- National Vetting Bureau (Children and Vulnerable Persons) Act, 2012
- Trust in Care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff Members; HSE 2005
- Non –Fatal Offences against the Person Act, 1997
- Offences against the State( Amendment) Act, 1998
- Protections for Persons Reporting Child Abuse Act, 1998
- Protected Disclosures of Information in the Workplace.
- General Data Protection Regulations 2018

There are additional policies under the following headings that assist in the protection and welfare of children who are supported by the Services;

- Recruitment and Selection of Staff
- Staff Induction;
- Intimate Care;
- Communication;

- Safe Administration of Medication;
- Management of the personal assets of people supported by the Services.
- Lone Working;
- Complaints;
- Incident Reporting;
- Code of practice for all persons who support children using the Brothers of Charity Services;
- Confidentiality;
- Bullying and Harassment;
- Restrictive Practices/Human Rights.

This list is not exhaustive.

### **8.3 Identifying Children at Risk of Abuse.**

Identifying risk factors can help to prevent abuse by raising awareness among staff and service managers of the children supported by Services who may be most at risk of abuse. If staff are aware of risk factors, they can use these insights to develop effective risk assessments and prevention strategies.

Additional risk factors include diminished social skills /judgment, diminished capacity, physical dependence (for example the need for help with personal hygiene and intimate body care), a lack of education about appropriate sexual behaviour, as well as a lack of knowledge about how to protect against abuse.

The identification of risk factors associated with abuse can help point the way to developing appropriate prevention strategies. Some of the common risk factors include;

- Low staffing levels and/or high use of agency staff;
- Lack of Policy Awareness;
- Geographically isolated services;
- A neglected physical environment;
- Weak Management;
- Lack of Leadership.

### **8.4 Recruitment and Selection of Staff**

The BOCSI must have a comprehensive and defined process for the selection and recruiting of staff and volunteers in line with legislative requirements and best practice.

The BOCSI has its own policies that are guided by *Trust in Care* with regard to the Recruitment and Selection of Staff, Probation, Employee Feedback and Supervision and Training.

The Services are committed to promoting the wellbeing of children supported by the Services and to providing a caring environment where children are treated with dignity and respect. We are also committed to providing staff with the necessary supervision, support and training to enable them to provide the highest standards of care.

### **8.5 Induction**

All new staff are required to undergo an induction process to ensure that they are clear about the standards of care expected from them and any protocols/procedures to be followed when interacting with children supported by the Services. (See Induction Policy, Brothers of Charity Services Ireland)

The Human Resources Manager/Line Manager will ensure that all new staff receive a copy of the National Policy and Procedure-The Welfare and Protection of Children, 2019 upon commencement of employment. It is the responsibility of the line manager to go through the policy/ familiarise the new staff member with this policy on the first day of employment. All new staff will receive mandatory training on the protection and welfare of children and the policy and procedures relating to same as a matter of priority.

### **8.6 Staff Supervision and Employee Feedback**

Staff supervision, staff development and support is an important means of communicating policies and reinforcing awareness about abuse issues as well as supporting staff. The Services must;

- have a structure and process in place for support and supervision appropriate to the post/role;
- provide the support and supervision that is essential to ensure that staff are supported in the work they do, and that the organization is confident that individual staff are carrying out the work to the required standard.

### **8.7 Protection and Welfare Awareness Training and Education for Staff**

The Services must;

- Identify the training needs of their staff;
- Have in place effective training arrangements for staff, ranging from awareness training for all front line staff ,volunteers , and host carers, to more specialized training for those members of staff with responsibility for the management of allegations of abuse;
- Develop and implement an organizational training plan. It must include regular revision sessions and ensure that training is up to date with new developments in the area of the protection and welfare of children with a disability e.g. changes in care practices, legislation etc.

- Maintain comprehensive staff training records to ensure and demonstrate that all staff and volunteers have been appropriately trained in the protection and welfare of children with disabilities.
- Have in place systems to ensure that staff and volunteers are maintaining their training commitments.

## **9 Complaints Procedure**

The Services has in place a Complaints Policy and Procedure which is readily available and accessible. A complaint is defined as, “an expression of dissatisfaction which needs a response”. A complaint may include concerns where standards of care, treatment and practice are perceived to fall short of what is acceptable.

The Services endeavour to work in a spirit of partnership and openness, and wish to assure children and families supported by the Services that if they have any concerns or complaints, the Services wish to be informed of these in detail, and will seek to resolve the issues reported. Children and families supported by the Services will be made aware of this policy on joining the Services. All staff are made aware of the complaints procedure and policies by their line manager at induction.

***In all incidences related to the reporting of abuse allegations, the procedures linked to this policy supersede the Complaints Policy.***

## **10 Sharing Information and Parental Involvement**

Each new child supported by the Services and his/her parent/carer will be made aware of this policy document on joining the Service and advised where they can access the document.

In order to fulfil its obligations as a Service Provider the BOCSI is required to create and process records which hold both personal and sensitive data. These records are kept ‘in confidence’ and processed in strict accordance with the privacy and data protection rights of the individual. The BOCSI shares records only for the purpose of compliance with service delivery, health, and regulatory requirements. Data will be disclosed where required or authorised by law and in line with the General Data Protection Regulations.

The Services when dealing with child protection and welfare concerns will cooperate with Tusla, the Child and Family Agency in the sharing of information where a child protection concern arises.

The effective sharing of information between agencies is essential in the identification, assessment and intervention in child protection. The ability of services to protect children is dependent on the willingness of professionals to

share and exchange relevant information. It is critical that all staff are aware of professional and legal responsibilities with regard confidentiality and the exchange of information. Fears about information sharing must not impede the promotion of the welfare and protection of children. The following should be noted:

- Giving information to others for the protection of a child is not a breach of confidentiality or data protection.
- All information regarding a concern or the assessment of a child protection or welfare concern must be shared with Tusla, the Child and Family Agency in the interests of the child.
- At the outset of contact with a service, staff should explain to children and families openly and honestly, what and how information will, or could be shared and why and seek their agreement.
- The limits of confidentiality should be revisited with children and families throughout their contact with the service particularly when issues of potential risk emerge.
- Staff must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is a concern that a child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration.
- Where the interests of the parents and child appear to conflict, the child's interests should be paramount.
- Where possible, disclosure of personal information to a third party relating to child protection concerns will be given with the knowledge and consent of the child. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or if it would undermine the prevention, detection or prosecution of a serious crime, including where seeking consent might lead to interference with any potential child protection enquiry.

As a general rule children and parents should be made aware of concerns arising and made aware of the referral process, unless doing so would increase the risk to the child or impede a criminal investigation. In these circumstances, the Designated Liaison Person will consult with the Duty Social Worker, Tusla, in making this decision. This decision will be recorded.

## **SECTION 2: DEFINITION, RECOGNITION AND REPORTING OF CHILD ABUSE**

### **11 Types of child abuse**

In the Children First: National Guidance for the Protection and Welfare of Children, a 'child' means a person under the age of 18 years, excluding a person who is or has been married.

This section outlines the principal types of child abuse and offers guidance on how to recognise such abuse. Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. Abuse and neglect can occur within the family, in the community or in an institutional setting.

The abuser may be someone known to the child or a stranger, and can be an adult or another child. In a situation where abuse is alleged to have been carried out by another child, you should consider it a child welfare and protection issue for both children and you should follow child protection procedures for both the victim and the alleged abuser. The important factor in deciding whether the behaviour is abuse or neglect is the impact of that behaviour on the child rather than the intention of the parent/carer. The definitions of neglect and abuse presented in this section are not legal definitions. They are intended to describe ways in which a child might experience abuse and how this abuse may be recognised. More detail on each type of abuse is given in Appendix 1.

#### **11.1 Definition of 'neglect'**

Child neglect is the most frequently reported category of abuse, both in Ireland and internationally. Ongoing chronic neglect is recognised as being extremely harmful to the development and well-being of the child and may have serious long-term negative consequences.

Neglect occurs when a child does not receive adequate care or supervision to the extent that the child is harmed physically or developmentally. It is generally defined in terms of an omission of care, where a child's health, development or welfare is impaired by being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation or supervision and safety. Emotional neglect may also lead to the child having attachment difficulties. The extent of the damage to the child's health, development or welfare is influenced by a range of factors. These factors include the extent, if any, of positive influence in the child's life as well as the age of the child and the frequency and consistency of neglect.

Neglect is associated with poverty but not necessarily caused by it. It is strongly linked to parental substance misuse, domestic violence, and parental mental illness and disability.

A reasonable concern for the child's welfare would exist when neglect becomes typical of the relationship between the child and the parent or carer. This may become apparent where you see the child over a period of time, or the effects of neglect may be obvious based on having seen the child once.

The following are features of child neglect:

- Children being left alone without adequate care and supervision
- Malnourishment, lacking food, unsuitable food or erratic feeding
- Non-organic failure to thrive, i.e. a child not gaining weight due not only to malnutrition but also emotional deprivation
- Failure to provide adequate care for the child's medical and developmental needs, including intellectual stimulation
- Inadequate living conditions – unhygienic conditions, environmental issues, including lack of adequate heating and furniture
- Lack of adequate clothing
- Inattention to basic hygiene
- Lack of protection and exposure to danger, including moral danger, or lack of supervision appropriate to the child's age
- Persistent failure to attend school
- Abandonment or desertion

## **11.2 Definition of 'emotional abuse**

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

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

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

- Rejection
- Lack of comfort and love
- Lack of attachment
- Lack of proper stimulation (e.g. fun and play)
- Lack of continuity of care (e.g. frequent moves, particularly unplanned)
- Continuous lack of praise and encouragement
- Persistent criticism, sarcasm, hostility or blaming of the child
- Bullying

- Conditional parenting in which care or affection of a child depends on his or her behaviours or actions
- Extreme overprotectiveness
- Inappropriate non-physical punishment (e.g. locking child in bedroom)
- Ongoing family conflicts and family violence
- Seriously inappropriate expectations of a child relative to his/her age and stage of development

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

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

### **11.3 Definition of ‘physical abuse’**

Physical abuse is when someone deliberately hurts a child physically or puts them at risk of being physically hurt. It may occur as a single incident or as a pattern of incidents. A reasonable concern exists where the child’s health and/ or development is, may be, or has been damaged as a result of suspected physical abuse.

Physical abuse can include the following:

- Physical punishment
- Beating, slapping, hitting or kicking
- Pushing, shaking or throwing
- Pinching, biting, choking or hair-pulling
- Use of excessive force in handling
- Deliberate poisoning
- Suffocation
- Fabricated/induced illness
- Female genital mutilation

The Children First Act 2015 includes a provision that abolishes the common law defence of reasonable chastisement in court proceedings. This defence could previously be invoked by a parent or other person in authority who physically disciplined a child. The change in the legislation now means that in prosecutions relating to assault or physical cruelty, a person who administers such punishment to a child cannot rely on the defence of reasonable chastisement in the legal proceedings. The result of this is that the protections in law relating to assault now apply to a child in the same way as they do to an adult.

#### 11.4 Definition of 'sexual abuse'

Sexual abuse occurs when a child is used by another person for his or her gratification or arousal, or for that of others. It includes the child being involved in sexual acts (masturbation, fondling, oral or penetrative sex) or exposing the child to sexual activity directly or through pornography.

Child sexual abuse may cover a wide spectrum of abusive activities. It rarely involves just a single incident and in some instances occurs over a number of years. Child sexual abuse most commonly happens within the family, including older siblings and extended family members.

Cases of sexual abuse mainly come to light through disclosure by the child or his or her siblings/friends, from the suspicions of an adult, and/or by physical symptoms.

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

Examples of child sexual abuse include the following:

- Any sexual act intentionally performed in the presence of a child
- An invitation to sexual touching or intentional touching or molesting of a child's body whether by a person or object for the purpose of sexual arousal or gratification
- Masturbation in the presence of a child or the involvement of a child in an act of masturbation
- Sexual intercourse with a child, whether oral, vaginal or anal
- Sexual exploitation of a child, which includes:
  - Inviting, inducing or coercing a child to engage in prostitution or the production of child pornography [for example, exhibition, modelling or posing for the purpose of sexual arousal, gratification or sexual act, including its recording (on film, videotape or other media) or the manipulation, for those purposes, of an image by computer or other means]
  - Inviting, coercing or inducing a child to participate in, or to observe, any sexual, indecent or obscene act.
  - Showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse
- Exposing a child to inappropriate or abusive material through information and communication technology
- Consensual sexual activity involving an adult and an underage person.

An Garda Síochána will deal with any criminal aspects of a sexual abuse case under the relevant criminal justice legislation. The prosecution of a sexual offence against a child will be considered within the wider objective of child welfare and protection. The safety of the child is paramount and at no stage

should a child's safety be compromised because of concern for the integrity of a criminal investigation.

In relation to child sexual abuse, it should be noted that in criminal law the age of consent to sexual intercourse is 17 years for both boys and girls. Any sexual relationship where one or both parties are under the age of 17 is illegal.

However, it may not necessarily be regarded as child sexual abuse. Details on exemptions for mandated reporting of certain cases of underage consensual sexual activity can be found in Chapter 3 of Children First, National Guidance for the Protection and Welfare of Children *Guidance*.

Ref. "Children First: National Guidance for the Protection and Welfare of Children", 2017. p7–p11.

## 12 Children with Special Vulnerabilities

12.1 Children with disabilities are more vulnerable to abuse because of their dependency on others for their care and protection. Categories of abuse may be applicable but may take other forms. For example abuse may include the removal of basic rights or the inappropriate use of medication. The particular vulnerabilities of children with disabilities that may make them more open to abuse include:

- communication difficulties;
- sensory disabilities;
- vulnerability due to isolation;
- dependence on goodwill of carers;
- power differences;
- limited assertiveness
- limited ability to recognise inappropriate sexual behaviour
- need for intimate care such as washing and toileting
- contact with multiple care services and carers
- frequent staff turnover
- compliant behaviour towards adults
- limited understanding of sexuality or sexual behaviour
- need for attention, friendship or attention
- limited sense of danger and inability to see warning signs
- fear of not being believed
- perceived limited reliability as witnesses

Ref: National Guidelines for the Protection and Welfare of Children, 1999, p.99, Dept. of Health.

12.2 Each staff member must familiarise themselves with the communication skills of the individual children that they support. Staff must be aware that a child's behaviour or affect may be indicative of abuse. In providing training to staff on the Protection and Welfare of Children particular attention is given to this.

### **13 Child Welfare Concerns**

- 13.1 Some concerns do not fit within a categorisation of abuse or neglect and relate to the ongoing welfare of a child. The Child Protection and Welfare Practice Handbook notes that a child welfare concern is a problem experienced directly by a child or by the family of a child that is seen to impact negatively on the child's welfare or development but may, or may not, require a child protection response. In order to distinguish between child protection cases and cases that require a child welfare response the rationale used is the impact on the individual child and the role of the parent in the case.
- 13.2 A low level concern might be a child who comes to a day service or appointment with no jumper or coat when it is objectively cold outside. While a staff member is free to consult with the DLP, duty Social Worker and the Gardaí at any point in time, they are highly unlikely to do so for the child with no jumper or coat. However, if the issue has been raised with the parent and if the child continues to be dressed inappropriately and his / her welfare is being impaired, as the likelihood of harm rises so too must the need to consult and / or report.
- 13.3 An example of a high level concern would be a child with a disability presenting to a day service or clinical appointment with facial bruising or behaviours so out of character and without explanation that concerns emerge of potential or actual harm to the child. This would warrant immediate consultation and reporting as per Children First. If advised following consultation with the DLP or the CFA that no report should be made but the staff member remains concerned, the staff member must despite the initial guidance consider making a formal referral and follow Children First by making the referral explicitly as per the guidance.

*Ref. "HSE Child Protection and Welfare Policy, June 2015.*

### **14 Guidelines for Recognition of Child Neglect or Abuse**

Child neglect or abuse can often be difficult to identify and may present in many forms. A list of indicators is contained in Appendix 1. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than child abuse. All signs and symptoms must be examined in the context of the child's situation and family circumstances. 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 their knowledge and information. There are commonly three stages in the identification of child neglect or abuse:

- considering the possibility;
- looking out for signs of neglect or abuse
- recording of information.

### **14.1 Stage One: Considering the Possibility:**

The possibility of child abuse should be considered if a child appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioural problems. The possibility of child abuse should also be considered if the child displays unusual or fearful responses to parents/carers or older children. A pattern of on-going neglect should also be considered even when there are short periods of improvement.

### **14.2 Stage Two: Looking out for Signs of Neglect or Abuse:**

Signs of abuse can be physical, behavioural or developmental. They can exist in the relationships between children and parents/carers, or between children and other family members/ other persons. A cluster or pattern of signs is more likely to be indicative of abuse. Children who are being abused may hint that they are being harmed and sometimes make direct disclosures. Disclosures should always be taken very seriously and be acted upon as per this National Policy.

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

- disclosure of abuse and neglect by a child or young person;
- age-inappropriate or abnormal sexual play or knowledge;
- specific injuries or patterns of injuries;
- absconding from home or a care situation;
- attempted suicide;
- under-age pregnancy or sexually transmitted disease; and
- signs in one or more categories at the same time, for example, signs of developmental delay, physical injury and behavioural signs may together indicate a pattern of abuse.

Many signs are non-specific and must be considered in the child's social and family context. Signs and indicators of abuse should be gently explored with the child, parent or carer. Explanations which are inconsistent with signs may constitute a cause of concern and should be discussed with the Designated Liaison Person.

**It is important to be always open to alternative explanations for physical or behavioural signs of abuse.**

### **14.3 Stage Three: Recording of Information**

14.1 Early concerns and incidences should be recorded by the staff member. Observations should be accurately recorded and should include dates, times, names, locations, context and any other information which may be relevant. Early concerns such as failure to attend appointments, poor presentation, etc. remain on the Main File, as they, in themselves, may not constitute abuse but a picture of neglect may build up in the gathering and

recording of such information. Where a number of entries suggest a cause for concern the child's Key Worker can discuss these concerns with their line Manager and/or Designated Liaison Person and when appropriate will complete a notification form (Standard Report Form. Appendix 3a or via the Tusla Portal) and forward it to Tusla.

- 14.2 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 affected. At this point the staff member must make a referral to Tusla, the Child and Family Agency. If unclear they can consult with Tusla directly or with the Designated Liaison Person for advice.

## **15 Peer Abuse**

In some cases of child abuse, the alleged perpetrator will be another child. In such situations, it is particularly important to consider how the Services can provide care for both the child victim *and* the alleged child abuser.

In a situation where abuse is alleged to have been carried out by another child, you should consider it a child welfare and protection issue for both children and you should follow child protection procedures for both the victim and the alleged abuser.

Abusive behaviour that is perpetrated by children must be acted upon. If there is any conflict of interest between the welfare of the alleged abuser and the victim, the victim's welfare is of paramount importance.

*Children First: National Guidance for the Protection and Welfare of Children, 2017 p.7*

## **16 Bullying**

It is recognised that bullying affects the lives of an increasing number of children and can be the cause of genuine concerns about a child's welfare.

Bullying can be defined as repeated aggression – whether it is verbal, psychological or physical – that is conducted by an individual or group against others. It is behaviour that is intentionally aggravating and intimidating, and occurs mainly among children in social environments such as schools. It includes behaviours such as physical aggression, cyberbullying, damage to property, intimidation, isolation/exclusion, name-calling, malicious gossip and extortion. Bullying can also take the form of abuse based on gender identity, sexual preference, race, ethnicity and religious factors. With developments in modern technology, children can also be the victims of non-contact bullying, via mobile phones, the internet and other personal devices.

While bullying can happen to any child, some may be more vulnerable. These include: children with disabilities or special educational needs; those from ethnic minority and migrant groups; from the Traveller community; lesbian, gay,

bisexual or transgender (LGBT) children and those perceived to be LGBT; and children of minority religious faiths.

There can be an increased vulnerability to bullying among children with special educational needs. This is particularly so among those who do not understand social cues and/or have difficulty communicating. Some children with complex needs may lack understanding of social situations and therefore trust everyone implicitly. Such children may be more vulnerable because they do not have the same social skills or capacity as others to recognise and defend themselves against bullying behaviour.

Bullying in schools is a particular problem due to the fact that children spend a significant portion of their time there and are in large social groups. In the first instance, the school authorities are responsible for dealing with such bullying. School management boards must have a code of behaviour and an anti-bullying policy in place. If you are a staff member of a school, you should also be aware of your school's anti-bullying policy and of the relevant guidelines on how it is handled.

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

*Children First: National Guidance for the Protection and Welfare of Children, 2017.p12+13*

## **SECTION 3: MANDATED PERSONS**

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

This section is taken from chapter 3 of Children First: National Guidance for the Protection and Welfare of Children, 2017. The purpose of this section is to identify mandated persons and to help them fulfil their statutory obligations. This section focuses on the legal obligations of mandated persons under the Act.

### **17 Who are Mandated Persons:**

Mandated persons are people who have contact with children and/or families and who, because of their qualifications, training and/or employment role, are in a key position to help protect children from harm. Mandated persons include professionals working with children in the education, health, justice, youth and childcare sectors. Certain professionals who may not work directly with children, such as those in adult counselling or psychiatry, are also mandated persons. The list also includes registered foster carers and members of the clergy or pastoral care workers of a church or other religious community. You should consult the full list of people who are classified as mandated persons under the Act in **Appendix 7** to establish if you are a mandated person.

#### **17.1 What are the Legal Obligations of a Mandated Person:**

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

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

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

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

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

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

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

*'Where a child believes that he or she—*

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

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

**Section 2 of the Children First Act 2015 defines harm as follows:**

*'harm means in relation to a child—*

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

## **17.2 Reporting Mandated Concerns:**

### ***Criteria for reporting: definitions and thresholds***

As a mandated person, under the legislation you are required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. The Act defines harm as assault, ill-treatment, neglect or sexual abuse, and covers single and multiple instances. The four types of abuse are described in Section 2. The threshold of harm for each category of abuse at which mandated persons have a **legal** obligation to report concerns is outlined below.

If you are in doubt about whether your concern reaches the legal definition of harm for making a mandated report, Tusla can provide advice in this regard. You can find details of who to contact to discuss your concern on the Tusla website ([www.tusla.ie](http://www.tusla.ie)). If your concern does not reach the threshold for mandated reporting, but you feel it is a **reasonable concern** about the welfare or protection of a child, you should report it to Tusla under the *Guidance* given in this policy based on Children First: National Guidance for the Protection and Welfare of Children, 2017.

### **NEGLECT**

Neglect is defined as 'to deprive a child of adequate food, warmth, clothing, hygiene, supervision, safety or medical care'. The threshold of harm, at which you must report to Tusla under the Children First Act 2015, is reached when you

know, believe or have reasonable grounds to suspect that a child's needs have been neglected, are being neglected, or are at risk of being neglected to the point where **the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.**

#### EMOTIONAL ABUSE/ILL-TREATMENT

Ill-treatment is defined as 'to abandon or cruelly treat the child, or to cause or procure or allow the child to be abandoned or cruelly treated'. Emotional abuse is covered in the definition of ill-treatment used in the Children First Act 2015.

The threshold of harm, at which you must report to Tusla under the Children First Act 2015, is reached when you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being ill-treated to the point where **the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.**

#### PHYSICAL ABUSE

Physical abuse is covered in the references to assault in the Children First Act 2015. The threshold of harm, at which you must report to Tusla under the Children First Act 2015, is reached when you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being assaulted and that as a result **the child's health, development or welfare have been or are being seriously affected, or are likely to be seriously affected.**

#### SEXUAL ABUSE

If, as a mandated person, you know, believe or have reasonable grounds to suspect that a child has been, is being, or is at risk of being sexually abused, then you must report this to Tusla under the Children First Act 2015. Sexual abuse to be reported under the Children First Act 2015 [as amended by section 55 of the Criminal Law (Sexual Offences) Act 2017] is defined as an offence against the child, as listed in Schedule 3 of the Children First Act 2015. A full list of relevant offences against the child that are considered sexual abuse is set out in **Appendix 3** of Children First: National Guidance for the Protection and Welfare of Children, 2017.

As all sexual abuse falls within the category of **seriously affecting a child's health, welfare or development**, you must submit all concerns about sexual abuse as a mandated report to Tusla. There is one exception, which deals with certain consensual sexual activity between teenagers, which is outlined in the following pages.

#### **Disclosures of abuse from a child**

If, as a mandated person, you receive a disclosure of harm from a child, which is above the thresholds set out above, you must make a mandated report of the concern to Tusla. **You are not required to judge the truth of the claims or the**

**credibility of the child.** If the concern does not meet the threshold to be reported as a mandated concern you should report it to Tusla as a reasonable concern under this *Guidance*.

If you receive a disclosure of harm from a child, you may feel reluctant to report this for a number of reasons. For example, the child may say that they do not want the disclosure to be reported, or you may take the view that the child is now safe and that the involvement of Tusla may not be desired by either the child or their family. However, you need to inform Tusla of all risks to children above the threshold, as the removal of a risk to one child does not necessarily mean that there are no other children at risk. The information contained in a disclosure may be critical to Tusla's assessment of risk to another child either now or in the future.

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

- React calmly
- Listen carefully and attentively
- Take the child seriously
- Reassure the child that they have taken the right action in talking to you
- Do not promise to keep anything secret
- Ask questions for clarification only. Do not ask leading questions
- Check back with the child that what you have heard is correct and understood.
- Do not express any opinions about the alleged abuser
- Ensure that the child understands the procedures that will follow
- Make a written record of the conversation as soon as possible, in as much detail as possible.
- Treat the information confidentially, subject to the requirements of Children First: National Guidance for the Protection and Welfare of Children, 2017 and legislation.

### **Mandated persons who work with adults**

If you are a professional who works with or treats persons with mental health difficulties, intellectual disability, addiction or domestic violence issues, or if you work in the probation services, you must consider the welfare and safety of any children in that person's family and/or children in regular contact with the person. You may find yourself working with people whose health and behaviour has harmed or may harm a child. If there are concerns that meet or exceed the thresholds outlined above, then you must report them to Tusla under the Children First Act 2015. You should also refer reasonable concerns below that threshold to Tusla under the *Guidance* provided in Children First: National Guidance for the Protection and Welfare of Children, 2017.

## **Dealing with a retrospective allegation**

Some adults may disclose abuse that took place during their childhood. Such disclosures may become known when an adult attends counselling, or is being treated for a psychiatric or health problem. If you are, for example, a counsellor or health professional, and you receive a disclosure from a client that they were abused as a child, you should report this information to Tusla, as the alleged abuser may pose a current risk to children.

If, as a mandated person, you provide counselling, it is recommended that you let your clients know, before the counselling starts, that if any child protection issues arise and the alleged perpetrator is identifiable, you must pass the information on to Tusla. If your client does not feel able to participate in any investigation, Tusla may be seriously constrained in their ability to respond to the retrospective allegation.

The reporting requirements under the Children First Act 2015 apply only to information that you, as a mandated person, received or became aware of since the Act came into force, whether the harm occurred before or after that point. However, if you have a reasonable concern about past abuse, where information came to your attention before the Act and there is a possible continuing risk to children, you should report it to Tusla under the *Guidance* provided in Children First: National Guidance for the Protection and Welfare of Children, 2017.

## **Exemptions from requirements to report**

### Underage Consensual Sexual Activity:

Under the Criminal Law (Sexual Offences) Act 2006 the legal age of consent is 17 years. While a sexual relationship where one or both parties is under 17 years of age is illegal, when making a mandated report to Tusla, it might not be regarded as child sexual abuse.

There are certain exemptions from reporting underage consensual sexual activity under section 14(3) of the Children First Act 2015. If you are satisfied that **all** of the following criteria are met, you are not required to make a report to Tusla:

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

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

***All persons, including mandated persons, must uphold the key principle that the welfare of the child is paramount and if you have any concerns, even where all the above criteria are met, you may make a report to Tusla.***

#### Concerns Developed outside of Professional Duties:

The legal obligation to report under the Act applies only to information that you acquire in the course of your professional work or employment. It does not apply to information you acquire outside your work, or information given to you on the basis of a personal rather than a professional relationship. While the legal obligation to report only arises for employment or professional duties, you should comply with the requirement of this *Guidance* to report all reasonable concerns to Tusla.

### **17.3 Making a Mandated Report**

Section 14 of the Children First Act 2015 requires mandated persons to report a mandated concern to Tusla 'as soon as practicable'. You should submit a report of a mandated concern to Tusla using the required report form, on which you should indicate that you are a mandated person and that your report is about a mandated concern. You should include as much relevant information as possible in the report as this will aid effective and early intervention for the child and may reduce the likelihood of Tusla needing to contact you for further information. You can find the report form and contact details on the Tusla website ([www.tusla.ie](http://www.tusla.ie)).

The Children First Act 2015 requires the CEO of Tusla to appoint authorised persons to receive mandated reports. A mandated person who makes a report to an authorised person is protected from civil liability under the Protections for

Persons Reporting Child Abuse Act 1998. The mandated report form can either be posted or submitted electronically to Tusla. You can find details of how to access relevant Tusla authorised staff on the Tusla website. Authorised persons are obliged to acknowledge in writing all mandated reports they receive.

If you feel the concern may require urgent intervention to make the child safe, section 14(7) of the Children First Act 2015 allows you to alert Tusla of the concern in advance of submitting a written report. You must then submit a mandated report to Tusla on the report form within three days.

***Under no circumstances should a child be left in a situation that exposes him or her to harm or risk of harm pending intervention by Tusla. If you think the child is in immediate danger and you cannot contact Tusla, you should contact the Gardai.***

You should be aware that Tusla may be unable to provide feedback to you on the progress or outcome of the case. However, the information that you have provided will be carefully considered with any other information available to Tusla, and a child protection assessment will take place if sufficient risk is identified. Further details on how Tusla deals with concerns received can be

found in Chapter 5 of Children First: National Guidance for the Protection and Welfare of Children, 2017.

You are not required to report the same concern more than once. However, if you become aware of any additional information, a further report should be made to Tusla. In addition, you are not required to make a report where the sole basis for your knowledge, belief or suspicion of harm is as a result of becoming aware that another mandated person has made a report to Tusla about the child.

### **Joint reporting**

As a mandated person, you may make a report jointly with any other person, whether that person is also a mandated person or not. For example, this could arise in situations where a child is admitted to the hospital emergency department and could be seen by a number of health professionals, or in a school where the teacher, the special needs assistant (SNA) and the principal all have concerns about the same child and wish to make a joint report to Tusla.

### **Informing the family that a report is being made**

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

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

### **Informing the Designated Liaison Person**

The Designated Liaison Person acts as a resource to any staff member who has a child protection concern. Designated Liaison Persons are responsible for ensuring that reporting procedures are followed correctly and promptly and they act as liaison person with other agencies. The Designated Liaison Person should be informed of any report to Tusla through forwarding to them a copy of the standard report form that was sent to that agency.

As a mandated person, you have a statutory obligation to report concerns of harm that meet or exceed the threshold set out in the Children First Act

2015 directly to Tusla. However, there is nothing in the Act to prevent you from either making a mandated report jointly with a Designated Liaison Person or providing a copy of the mandated report you have submitted to Tusla for the information of the Designated Liaison Person.

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

## Consequences of non-reporting

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

Tusla may:

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

It is stated in Children First: National Guidance for the Protection and Welfare of Children, 2017 that many employers consider a failure to report a child protection concern to be a disciplinary matter. In terms of the BOCSI, the employee handbook states that all staff members working with children are bound by the requirements outlined in Children First and must be familiar with the Brothers of Charity Services Ireland National Policy and Procedure for the Welfare and Protection of Children and comply with same.

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

## 17.4 Mandated Assisting

When Tusla receives a report of harm to a child, the information in the report is used to assess the risk of harm to that child, or any other child. Written reports from mandated persons should improve the quality of information available to Tusla and therefore improve the assessment process, although in some instances Tusla will need further information from the person making the report.

The better the quality of the initial report, and the more comprehensive and relevant the information given at that stage, the more likely Tusla can make an early and effective decision about how to deal with the reported concern.

It is usual practice for professionals, who have ongoing contact with a child and where there is concern about possible abuse, to continue to engage with

Tusla's social work team to assist in the protection of the child. To support and reinforce this practice, the Children First Act 2015 provides that all mandated

persons can be asked by Tusla to provide any necessary and proportionate assistance to aid Tusla in assessing the risk to a child arising from a mandated report. You must comply with this request, regardless of who made the report. Tusla accepts the time limitations and pressures on other professionals and will use mandated assisting only when necessary and only to the extent needed in each specific case. Mandated assistance may include a request to supply further information over the phone, produce a verbal or written report or attend a meeting. You can find the *Tusla Children First – Protocol for Mandated Assisting* on the Tusla website ([www.tusla.ie](http://www.tusla.ie)).

Tusla is committed to promoting the welfare of children. Its ability to do so is greatly improved if all professionals involved with the child work together in the child's interests. Tusla's ability to make good-quality evidence-based decisions about a child's welfare and/or protection is enhanced by cooperation and information sharing about a child.

### **Sharing information**

The Data Protection Acts 1988 and 2003 do not prevent the sharing of information on a reasonable and proportionate basis for the purposes of child protection. Tusla has the authority to share information concerning a child who is the subject of a risk assessment with a mandated person who has been asked to provide assistance. Tusla must only share what is necessary and proportionate in the circumstances of each individual case.

Information that Tusla shares with you, if you are assisting it to carry out an assessment, must not be shared with a third party, unless Tusla considers it appropriate and authorises in writing that the information may be shared.

This is in keeping with the principles of data protection, which recognise that in certain circumstances information can be shared in the interests of child protection, but that such sharing must be necessary and proportionate.

Section 17 of the Children First Act 2015 makes it an offence for you to disclose information to a third party that has been shared by Tusla during the course of an assessment, unless Tusla has given you written authorisation to do so. If you fail to comply with this section, you may be liable to a fine or imprisonment for up to six months or both. This offence can also be applied to an organisation.

### **Protection from civil liability**

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

**'If a mandated person furnishes any information (including a report), document or thing to the Agency pursuant to a request made under subsection (1), the furnishing of that information, document or thing shall not give rise to any civil liability in contract, tort or otherwise and nor shall**

**the information, document or thing be admissible as evidence against that person in any civil or criminal proceedings.'**

### **17.5 Advice, Information and Training for Mandated Persons**

Tusla provides information resources on Children First guidance and legislation, including an e-learning training module. This e-learning module, which is called *Introduction to Children First*, covers recognising and reporting child abuse, the role of mandated persons, including mandated assisting, and the responsibilities of organisations working with children to safeguard children using their services. Information on how you can access the e-learning module can be found on the Tusla website ([www.tusla.ie](http://www.tusla.ie)).

It is the responsibility of each organisation to ensure that its staff and volunteers receive adequate and appropriate child welfare and protection training to meet their child protection obligations under the Act. Based on the information available on the Tusla website to assist in developing specific Children First training (*Tusla Children First – Best Practice Principles for Organisations in Developing Children First Training Programmes*), the Brothers of Charity Servicers have developed their own Children First training which is provided to staff as necessary.

*Children First: National Guidance for the Protection and Welfare of Children, 2017.p19-28*

## **SECTION 4: BASIS FOR REPORTING CONCERNS AND STANDARD REPORTING PROCEDURES**

### **18 Basis for Reporting Concerns**

#### **18.1 All staff must report:**

- Suspicions/Concerns
- Allegations
- Witnessing
- Disclosure of abuse, past or present, to the Designated Liaison Person.

Please note that under Section 176 of the Criminal Justice Act 2006, any person who fails to take reasonable steps to protect a child from abuse while knowing that the child is in such a situation, is guilty of the offence of reckless endangerment.

#### **18.2 Guiding Principles**

Under no circumstances should any individual member of staff, volunteer or host family of the organisation attempt to deal with a problem of abuse alone. **Before the end of duty, he/she should discuss their concerns with their Line Manager and the Local Social Worker/Designated Liaison Person and submit a referral to Tusla if appropriate** (Standard Report Form Appendix 3a or use Tusla Portal).

#### **18.3 Procedure for Reporting Concerns or Suspicions**

If you have concerns about the welfare of a child you must;

1. Contact the Line Manager and the local Social Worker or Designated Liaison Person (DLP) in the first instance to discuss your concerns (the local Social Worker will liaise with the DLP).
2. If following this consultation the concerns are not deemed to be indicative of possible abuse, it's important that the situation is continued to be monitored by staff and normal records held of daily activities/issues.
3. If there is a high level concern or if a pattern is established of low level concerns that may indicate a suspicion of abuse, complete the Standard Report Form (Appendix 3a) and forward this to Tusla, also the Designated Liaison Person shall be notified of this by forwarding to them a copy of the Standard Report Form that was sent to Tusla.
4. If you feel the concern may require urgent intervention to make the child safe, section 14(7) of the Children First Act 2015 allows you to alert Tusla of the concern in advance of submitting a written report. You must then

submit a mandated report to Tusla via the portal or by completing the Standard Report Form (Appendix 3a) within three days. The Designated Liaison Person shall also be notified of this by forwarding to them a copy of the Standard Report Form that was sent to Tusla.

5. In the event of an emergency, where a child is thought to be in immediate danger and contact cannot be made with Tusla, the Child and Family Agency, contact should be made with An Garda Síochána.

#### **18.4 Procedures to follow if abuse is disclosed or alleged**

If a child hints or tells a staff member that he or she is being abused, it must be handled very sensitively, and in the following way:

- Stay calm and listen – give the child time to say what she or he wants
- Don't ask leading questions or details, or make suggestions
- Don't stop the child recording significant events, but don't make him or her repeat the story unnecessarily.
- Reassure the child, but don't promise to keep it a secret.
- Explain what needs to happen next.
- Record the discussion as carefully as possible.
- Contact your Line Manager and the local Social Worker or Designated Liaison Person without delay and discuss the concerns.
- Notify Tusla via the portal or by completing the Standard Report Form (Appendix 3a) and provide copy to the Designated Liaison Person.
- Should any further concerns arise, liaise on each occasion with the local Social Worker or the Designated Liaison Person.

#### **18.5 Procedure to follow if a Staff Person witnesses abuse.**

If you witness abuse you must do the following:

1. You should intervene or seek help to stop the behaviour. The staff member should ensure that the child is not in any immediate danger and receives the necessary care and support. This may mean securing the co-operation of a protective carer, family member or other responsible adult or contacting the Gardai. In the event of physical injury seek medical advice.
2. Contact your Line Manager and the local Social Worker or Designated Liaison Person and discuss the incident.
3. Document what you witnessed and notify Tusla of this via the portal or on the Standard Report Form (Appendix 3a). The Designated Liaison Person shall also be notified of this by forwarding to them a copy of the Standard Report Form that was sent to Tusla.

4. Under no circumstances should a child be left in a situation that exposes him or her to harm or risk of harm pending intervention by Tusla. If you think the child is in immediate danger and you cannot contact Tusla, you should contact the Gardaí. *Children First: National Guidance for the Protection and Welfare of Children, 2017.p25*

### **18.6 Anonymous Allegations**

Enquiries should be made into anonymous allegations. Anonymous referrals can cause difficulties for Tusla, the Child and Family Agency and anonymous referrers should be made aware that the capacity of Tusla the Child and Family Agency to respond is more limited when reports are made anonymously. However when a staff person receives an anonymous referral concerning a child protection and/or welfare concern it is essential that the information is shared with the Designated Liaison Person who informs Tusla, the Child and Family Agency. A record will be created for such referrals.

Remember, if you are a mandated person, you cannot submit a report of a mandated concern anonymously, as to do so will mean you are not complying with your obligations under the Act.

### **18.7 Reporting Obligations to HIQA**

The Person in Charge of a Designated Centre must ensure that HIQA are notified in writing within 3 working days of all incidents prescribed under Regulation 31 (1) of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities. In particular, Regulation 31 (1) (f) and Regulation 31 (1) (g) have specific relevance to the Protection of Vulnerable children in terms of “any allegation, suspected or confirmed abuse of any resident” or “any allegation of misconduct by the registered provider or by staff” respectively.

Statutory notification forms NF06 and NF07 have been specifically designed to support the person in charge when notifying HIQA. The Person in Charge should liaise with the DLP to ensure they have the most accurate information to complete these reports.

## **SECTION 5: DESIGNATED LIAISON PERSON**

### **19 Role and Responsibility of the Designated Liaison Person**

#### **19.1 General**

The Director of Services/ Service Leader of each Regional Service will appoint a Designated Liaison Person who is responsible for providing support and guidance to staff in regard to any concerns about the protection and welfare of children. In addition the Director of Services/ Service Leader will appoint a Deputy who assumes these responsibilities in the absence of the Designated Liaison Person. The names of the Designated Liaison Person and the Deputy must be readily available and visible to all staff, parents and volunteers and are recorded in Appendix 5.

The Director of Services/ Service Leader will ensure that the persons appointed are knowledgeable and experienced in relation to child protection and welfare work, and that he/she undertakes any training, considered necessary, to keep himself/herself updated on new developments in child protection practice.

Each Regional Service must have a system in place by which information on this policy and procedure is shared with parents.

#### **19.2 Role of the Designated Liaison Person**

The role of the Designated Liaison Person is to:

- Receive notification of allegations or suspicions of abuse;
- Act as a support to staff in dealing with any concerns about the protection and welfare of children;
- Liaise with Tusla, An Garda Síochána, and other agencies as appropriate.
- Act as a resource for staff, volunteers, students and host families who may have concerns about child protection and welfare, including the provision of training on child protection and welfare;

#### **19.3 Responsibilities of the Designated Liaison Person**

- Ensure as far as practically possible the safety of the child.
- Support the gathering of information to establish a basis for concerns.
- Support staff in ensuring the standard reporting procedure is followed so that suspected cases of abuse or neglect are referred promptly to the Duty Social Worker at Tusla, the Child and Family Agency or in

the event of an emergency and the non-availability of Tusla, to An Garda Síochána, (ref. Children First, 2011, 3.3.1).

- Liaise with the Tusla/An Garda Síochána as appropriate.
- If required, in discussion with Tusla/An Garda Síochána agree who will inform parents or carers of the child of the report, and when.
- Provide support to, and work cooperatively with, Tusla /An Garda Síochána Investigation Team if required.
- Ensure that an individual case record is maintained of the actions taken by the Services, liaison with other agencies, and record the outcome.

#### **19.4 Basis for Reporting to Tusla, the Child and Family Agency**

You should always inform Tusla when you have **reasonable grounds for concern** that a child may have been, is being, or is at risk of being abused or neglected. If you ignore what may be symptoms of abuse, it could result in ongoing harm to the child. It is not necessary for you to prove that abuse has occurred to report a concern to Tusla. All that is required is that you have reasonable grounds for concern. It is Tusla's role to assess concerns that are reported to it. If you report a concern, you can be assured that your information will be carefully considered with any other information available and a child protection assessment will be carried out where sufficient risk is identified.

Reasonable grounds for a child protection or welfare concern include:

- Evidence, for example an injury or behaviour, that is consistent with abuse and is unlikely to have been caused in any other way
- Any concern about possible sexual abuse
- Consistent signs that a child is suffering from emotional or physical
- Neglect
- A child saying or indicating by other means that he or she has been abused
- Admission or indication by an adult or a child of an alleged abuse they committed
- An account from a person who saw the child being abused.

***Guidance for mandated persons on the thresholds at which, or above which, they have a statutory obligation to report the concern under the Children First Act 2015 can be found in Chapter 3 of Children First, National Guidance for the Protection and Welfare of Children Guidance.***

The guiding principles on reporting child abuse or neglect may be summarised as follows:

1. The safety and well-being of the child must take priority over concerns about adults against whom an allegation may be made
2. Reports of concerns should be made without delay to Tusla

***If you think a child is in danger and you cannot contact Tusla you should contact the Gardai without delay.***

A suspicion which is not supported by any objective indication of abuse or neglect would not constitute a reasonable suspicion or reasonable grounds for concern. However these suspicions should be discussed with the Designated Liaison Person.

## **SECTION 6: ALLEGATIONS AND CONFIDENTIALITY**

### **20 Allegations made in relation to a Staff Member / Volunteer / Host Carer**

Where a staff member is alleged to have neglected or abused a child who is supported by the Brothers of Charity Services the reporting procedures in respect of the child, as outlined in Children First: National Guidance for the Protection and Welfare of Children, 2017 and the procedure for dealing with the worker/employee outlined in Trust in Care, 2005 will be implemented. The Designated Liaison Person will support staff in informing Tusla, the Child and Family Agency, keeping the safety of the child to the fore, and identify any immediate risk to the child in relation to the worker/employee. The Director of Services and the Human Resources Manager must also be informed.

### **21 Allegations made in relation to Family Members or other Third Parties**

Where an allegation of neglect or abuse is reported in relation to a family member or third party, the Designated Liaison Person will support staff in informing Tusla, the Child and Family Agency, keeping the safety of the child to the fore, and identify any immediate risk to the child.

### **22 Confidentiality**

The duty of confidentiality extends to all staff, volunteers, host carers, students and Board members. The effective protection of a child often depends on the willingness of the staff in statutory and voluntary organisations involved with children to share and exchange relevant information; it is critical that there is a clear understanding of professional and legal responsibilities in regard to confidentiality and exchange of information.

- All information regarding concerns or assessment of child abuse or neglect should be shared on 'a need to know' basis, in the interests of the child, with the relevant statutory authorities.
- No undertakings regarding secrecy can be given. Those working with a child and family should make this clear to all parties involved.
- Ethical and statutory codes concerned with confidentiality and data protection provide general guidance. They are not intended to limit or prevent the exchange of information between different professional staff who have a responsibility for ensuring the protection of children. **Giving information to the State Agencies for the protection of a child is not a breach of confidentiality or Data Protection laws.**

- It must be clearly understood that information which is gathered for one purpose must not be used for another without consulting the person who provided that information.
- The issue of confidentiality should be part of the training necessary for members of staff who work in the area of child protection and welfare and in the general training of staff in services that work with children.

### **23 Filing System for Recording**

Each Regional Service will have a Records Management Policy with regard to individual and staff files in line with the National Records Policy. This policy will outline the arrangements for the security of confidential or privileged files. A system for cross-referencing confidential files to main service files should be in place.

## **SECTION 7 RESIDENTIAL CARE, HOST FAMILIES AND SCHOOLS**

### **24 Children in Residential Care**

Each Regional Service must have in place a Statement of Purpose and Function for its Children's Residential and Respite services. The Statement should outline how they support children in residential care.

### **25 Children placed with Host Families**

Many of the BOCSI Regional Services offer Home-Sharing and Contract Family arrangements.

Each Regional Service must have in place a vetting process in line with the National Home Sharing Network for the training, assessment, and approval of host families.

### **26 Children in Schools**

Special Schools under the patronage of the Brothers of Charity Congregation follow the procedures set out by the Department of Education and Skills guidelines.

### **27 Network Teams**

Under the HSE Progressing Disability services Policy, BOCSI staff will be working in the Community based Network teams such as Early Intervention and School Age teams, where there will be a combination of agencies involved. When these teams have a child protection policy in place, BOCSI staff working in these teams will follow the policies and procedures set out by these teams and resulting reporting structure and are therefore released from following this policy.

## **Appendix 1: Signs and Symptoms of Child Abuse**

### **1. Signs and symptoms of neglect**

Child neglect is the most common category of abuse. A distinction can be made between 'willful' neglect and 'circumstantial' neglect. 'Willful' neglect would generally incorporate a direct and deliberate deprivation by a parent/carer of a child's most basic needs, e.g. withdrawal of food, shelter, warmth, clothing, and contact with others. 'Circumstantial' neglect more often may be due to stress/inability to cope by parents or carers.

Neglect is closely correlated with low socio-economic factors and corresponding physical deprivations. It is also related to parental incapacity due to learning disability, addictions or psychological disturbance.

The neglect of children is 'usually a passive form of abuse involving omission rather than acts of commission' (Skuse and Bentovim, 1994). It comprises 'both a lack of physical caretaking and supervision and a failure to fulfill the developmental needs of the child in terms of cognitive stimulation'.

Child neglect should be suspected in cases of:

- abandonment or desertion;
- children persistently being left alone without adequate care and supervision;
- malnourishment, lacking food, inappropriate food or erratic feeding;
- lack of warmth;
- lack of adequate clothing;
- inattention to basic hygiene;
- lack of protection and exposure to danger, including moral danger or lack of supervision appropriate to the child's age;
- persistent failure to attend school;
- non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation;
- failure to provide adequate care for the child's medical and developmental problems;
- exploited, overworked

### **2. Characteristics of neglect**

Child neglect is the most frequent category of abuse, both in Ireland and internationally. In addition to being the most frequently reported type of abuse; neglect is also recognised as being the most harmful. Not only does neglect generally last throughout a childhood, it also has long-term consequences into adult life. Children are more likely to die from chronic neglect than from one instance of physical abuse. It is well established that severe neglect in infancy has a serious negative impact on brain development.

Neglect is associated with, but not necessarily caused by, poverty. It is strongly correlated with parental substance misuse, domestic violence and parental mental illness and disability.

Neglect may be categorised into different types (adapted from Dubowitz, 1999):

- **Disorganised/chaotic neglect:** This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding accommodation, finances and food. This type of neglect results in attachment disorders, promotes anxiety in children and leads to disruptive and attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe from accidental harm, with a high incident of accidents occurring.
- **Depressed or passive neglect:** This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.
- **Chronic deprivation:** This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

The following points illustrate the consequences of different types of neglect for children:

- inadequate food – failure to develop;
- household hazards – accidents;
- lack of hygiene – health and social problems;
- lack of attention to health – disease;
- inadequate mental health care – suicide or delinquency;
- inadequate emotional care – behaviour and educational;
- inadequate supervision – risk-taking behaviour;
- unstable relationship – attachment problems;
- unstable living conditions – behaviour and anxiety, risk of accidents;

- exposure to domestic violence – behaviour, physical and mental health;
- community violence – anti social behaviour.

### **3. Signs and symptoms of emotional neglect and abuse**

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are not met; the parent's relationship to the child may be without empathy and devoid of emotional responsiveness.

Emotional neglect and abuse occurs when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children's emotional and developmental needs. Emotional neglect and abuse is not easy to recognise because the effects are not easily observable. Skuse (1989) states that 'emotional abuse refers to the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule, and the inversion of love, whereby verbal and non-verbal means of rejection and withdrawal are substituted'.

Emotional neglect and abuse can be identified with reference to the indices listed below. However, it should be noted that no one indicator is conclusive of emotional abuse. In the case of emotional abuse and neglect, it is more likely to impact negatively on a child where there is a cluster of indices, where these are persistent over time and where there is a lack of other protective factors.

- rejection;
- lack of comfort and love;
- lack of attachment;
- lack of proper stimulation (e.g. fun and play);
- lack of continuity of care (e.g. frequent moves, particularly unplanned);
- continuous lack of praise and encouragement;
- serious over-protectiveness;
- inappropriate non-physical punishment (e.g. locking in bedrooms);
- family conflicts and/or violence;
- every child who is abused sexually, physically or neglected is also emotionally abused;
- inappropriate expectations of a child relative to his/her age and stage of development.

Children who are physically and sexually abused and neglected also suffer from emotional abuse.

### **4. Signs and symptoms of physical abuse**

Unsatisfactory explanations, varying explanations, frequency and clustering for the following events are high indices for concern regarding physical abuse:

- bruises (*see below for more detail*);
- fractures;
- swollen joints;
- burns/scalds (*see below for more detail*);
- abrasions/lacerations;
- hemorrhages (retinal, subdural);
- damage to body organs;
- poisonings – repeated (prescribed drugs, alcohol);
- failure to thrive;
- coma/unconsciousness;
- death.

There are many different forms of physical abuse, but skin, mouth and bone injuries are the most common. *Children First: National Guidance for the Protection and Welfare of Children, 2011.*

- **Bruises**

#### ***Accidental***

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards.

Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

#### ***Non-accidental***

Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth.

Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing).

Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired. Other injuries may feature –

ruptured eardrum/fractured skull. Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle-feeding.

- **Bone injuries**

Children regularly have accidents that result in fractures. However, children's bones are more flexible than those of adults and the children themselves are lighter, so a fracture, particularly of the skull, usually signifies that considerable force has been applied.

***Non-accidental***

A fracture of any sort should be regarded as suspicious in a child under 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child under 3 years. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

- **Burns**

Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot object. The history that parents give is usually in keeping with the pattern of injury observed. However, repeated episodes may suggest inadequate care and attention to safety within the house.

***Non-accidental***

Children who have received non-accidental burns may exhibit a pattern that is not adequately explained by parents. The child may have been immersed in a hot liquid. The burn may show a definite line, unlike the type seen in accidental splashing. The child may also have been held against a hot object, like a radiator or a ring of a cooker, leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought.

- **Bites**

Children can get bitten either by animals or humans. Animal bites (e.g. dogs) commonly puncture and tear the skin, and usually the history is definite. Small children can also bite other children.

***Non-accidental***

It is sometimes hard to differentiate between the bites of adults and children since measurements can be inaccurate. Any suspected adult bite mark must be taken very seriously. Consultant paediatricians may liaise with dental colleagues in order to identify marks correctly.

- **Poisoning**

Children may commonly take medicines or chemicals that are dangerous and potentially life-threatening. Aspects of care and safety within the home need to be considered with each event.

### ***Non-accidental***

Non-accidental poisoning can occur and may be difficult to identify, but should be suspected in bizarre or recurrent episodes and when more than one child is involved. Drowsiness or hyperventilation may be a symptom.

- **Shaking violently**

Shaking is a frequent cause of brain damage in very young children.

- **Fabricated/induced illness**

This occurs where parents, usually the mother (according to current research and case experience), fabricate stories of illness about their child or cause physical signs of illness. This can occur where the parent secretly administers dangerous drugs or other poisonous substances to the child or by smothering. The symptoms that alert to the possibility of fabricated/induced illness include:

- i. symptoms that cannot be explained by any medical tests; symptoms never observed by anyone other than the parent/carer; symptoms reported to occur only at home or when a parent/carer visits a child in hospital;
- ii. high level of demand for investigation of symptoms without any documented physical signs;
- iii. unexplained problems with medical treatment, such as drips coming out or lines being interfered with; presence of un-prescribed medication or poisons in the blood or urine.

### **5. Signs and symptoms of sexual abuse**

Child sexual abuse often covers a wide spectrum of abusive activities. It rarely involves just a single incident and usually occurs over a number of years. Child sexual abuse most commonly happens within the family.

Cases of sexual abuse principally come to light through:

- (a) disclosure by the child or his or her siblings/friends;
- (b) the suspicions of an adult;
- (c) physical symptoms.

Colburn Faller (1989) provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include:

#### **Non-contact sexual abuse**

- 'Offensive sexual remarks', including statements the offender makes to the child regarding the child's sexual attributes, what he or she would like to do to the child and other sexual comments.
- Obscene phone calls.

- Independent 'exposure' involving the offender showing the victim his/her private parts and/or masturbating in front of the victim.
- 'Voyeurism' involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual gratification. These may include activities that others do not regard as even remotely sexually stimulating.

### **Sexual contact**

- Involving any touching of the intimate body parts. The offender may fondle or masturbate the victim, and/or get the victim to fondle and/or masturbate them. Fondling can be either outside or inside clothes. Also includes 'frottage', i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim's body or clothing.

### **Oral-genital sexual abuse**

- Involving the offender licking, kissing, sucking or biting the child's genitals or inducing the child to do the same to them.

### **Interfemoral sexual abuse,**

- Sometimes referred to as 'dry sex' or 'vulvar intercourse', involving the offender placing his penis between the child's thighs.

### **Penetrative sexual abuse, of which there are four types:**

- 'Digital penetration', involving putting fingers in the vagina or anus, or both. Usually the victim is penetrated by the offender, but sometimes the offender gets the child to penetrate them.
- 'Penetration with objects', involving penetration of the vagina, anus or occasionally mouth with an object.
- 'Genital penetration', involving the penis entering the vagina, sometimes partially.
- 'Anal penetration' involving the penis penetrating the anus.

*Children First: National Guidance for the Protection and Welfare of Children, 2011.*

### **Sexual exploitation**

- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.
- 'Child pornography' includes still photography, videos and movies, and, more recently, computer-generated pornography.
- 'Child prostitution' for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way.

The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim.

It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place.

Carers and professionals should be alert to the following physical and behavioural signs:

- bleeding from the vagina/anus;
- difficulty/pain in passing urine/faeces;
- an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease. Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area;
- noticeable and uncharacteristic change of behaviour;
- hints about sexual activity;
- age-inappropriate understanding of sexual behaviour;
- inappropriate seductive behaviour;
- sexually aggressive behaviour with others;
- uncharacteristic sexual play with peers/toys;
- unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming.

Particular behavioural signs and emotional problems suggestive of child abuse in **young children (aged 0-10 years)** include:

- mood change where the child becomes withdrawn, fearful, acting out;
- lack of concentration, especially in an educational setting;
- bed wetting, soiling;
- pains, tummy aches, headaches with no evident physical cause;
- skin disorders;
- reluctance to go to bed, nightmares, changes in sleep patterns;
- school refusal;
- separation anxiety;
- loss of appetite, overeating, hiding food.

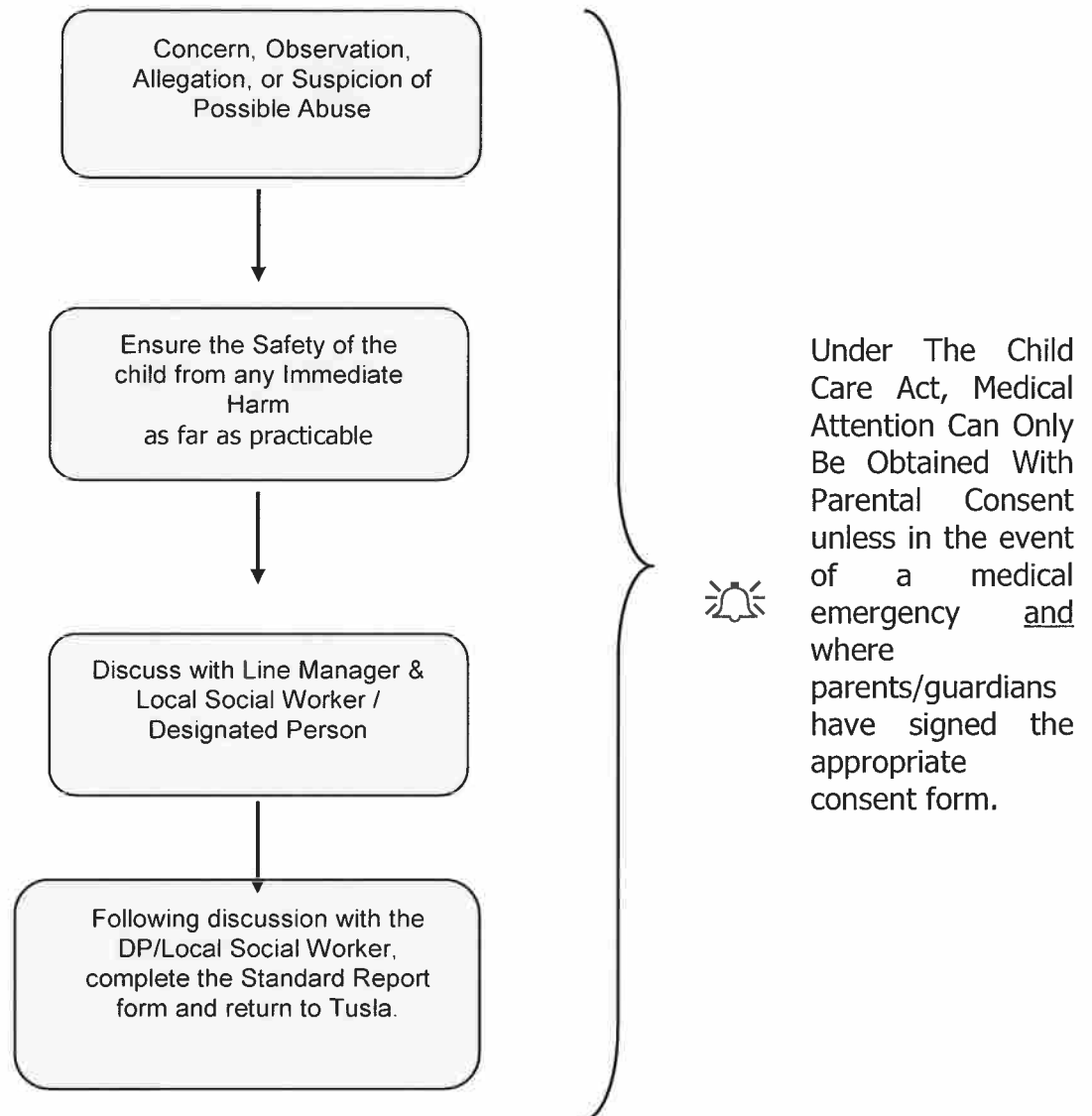
Particular behavioural signs and emotional problems suggestive of child abuse in **older children (aged 10+ years)** include:

- depression, isolation, anger;
- running away;
- drug, alcohol, solvent abuse;
- self-harm;
- suicide attempts;
- missing school or early school leaving;
- eating disorders.

All signs/indicators need careful assessment relative to the child's circumstances.

*Ref. Children First: National Guidance for the Protection and Welfare of Children (2011), Appendix 1*

## Appendix 2: Process upon becoming aware of concerns or suspicions




Where A Child Appears To Be At An **IMMEDIATE & SERIOUS RISK**:

- Ⓢ Ensure safety, contact the GARDAI IF NECESSARY
  - Ⓢ Under no circumstances should a child be left in a situation that exposes him or her to harm or risk of harm pending intervention by Tusla. If you think the child is in immediate danger and you cannot contact Tusla, you should contact the Gardaí.
  - Ⓢ CONTACT A TUSLA SOCIAL WORKER DURING OFFICE HOURS
  - Ⓢ If An Incident Occurs Outside Of Office Hours ➡ CONTACT THE GARDA SÍOCHÁNA
- For schools under the trusteeship of the Brothers of Charity Services Ireland, there is a requirement to notify the Principal where the incident involves a pupil of the school.*

## Appendix 3a – Standard Report Form For Reporting Child Protection and/or Welfare Concerns to Tusla

(Tusla Portal to be used normally but this TO BE COMPLETED BY STAFF AND SUBMITTED TO TUSLA OTHERWISE)

	An Gníomhaireachtán Naomh agus an Teaghlach Child and Family Agency	(FORM NUMBER: CC01/01/01)									
<h3>STANDARD REPORT FORM</h3> <p><i>(For reporting CP&amp;W Concerns)</i></p>											
<b>A. To Principal Social Worker/Designate:</b> _____											
<b>1. Date of Report</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>											
<b>2. Details of Child</b>											
Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>									
Address:		DOB <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> Age <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>									
		School <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>									
Alias		Correspondence address (if different) <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>									
Telephone		Telephone <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>									
<b>3. Details of Persons Reporting Concern(s)</b>											
Name:		Telephone No. <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>									
Address:		Occupation <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>									
		Relationship to client <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>									
Reporter wishes to remain anonymous <input type="checkbox"/>		Reporter discussed with parents/guardians <input type="checkbox"/>									
<b>4. Parents Aware of Report</b>											
Are the child's parents/carers aware that this concern is being reported		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center; font-size: x-small;">Yes</td> <td style="text-align: center; font-size: x-small;">No</td> </tr> <tr> <td>- Mother</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>- Father</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	- Mother	<input type="checkbox"/>	<input type="checkbox"/>	- Father	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No									
- Mother	<input type="checkbox"/>	<input type="checkbox"/>									
- Father	<input type="checkbox"/>	<input type="checkbox"/>									
Comment <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>											
<b>5. Details of Report</b>											
<i>(Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent's view(s), child's view(s) if known.)</i>											
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>											

## STANDARD REPORT FORM

(For reporting CP&W Concerns)

### 6. Relationships

Details of Mother		Details of Father	
Name:		Name:	
Address: (if different to child)		Address: (if different to child)	
Telephone No's:		Telephone No's:	

### 7. Household composition

Name	Relationship	DOB	Additional Information e.g. School/ Occupation/Other:

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

	Name	Address
Social Worker		
PHN		
GP		
Hospital		
School		
Gardaí		
Pre-School/Creche/YG		
Other (specify):		

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

Relationship to child:	Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Name:	Occupation		
Address:			

### 10. Details of person completing form

Name:	Occupation:
Address:	Telephone No's:
Signed	Date:

**Appendix 4: STANDARD NOTIFICATION FORM for use in notifying cases to An Garda Síochána**

***Note: It is the role of the Tusla, the Child and Family Agency to report to An Garda Síochána except in exceptional emergency circumstances – this form should be printed on Regional Headed Notepaper.***

**CONFIDENTIAL**

To: Superintendent  
Garda Síochána  
Address:

Brothers of Charity Services Ireland Ref. No. \_\_\_\_\_

**NOTIFICATION OF SUSPECTED CHILD ABUSE**

Child's Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

1. The above named child has come to notice as a possible victim of child abuse.

2. Form(s) of abuse suspected:

☐ Neglect ☐ Physical Abuse ☐ Emotional Abuse\* ☐ Sexual Abuse

\* All abuse involves an element of emotional ill-treatment; this category should be used where it is the main or sole form of abuse suspected.

3. Additional information

---

---

The Designated Social Worker dealing with this matter is:

Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address

---

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Designated Liaison Officer**

**Return slip overleaf** – please complete and return to relevant Brothers of  
Charity Service or HSE Local Health Office Area

**RETURN SLIP (to be returned to relevant Brothers of Charity Service or  
HSE Local Health Office Area)**

Station Address \_\_\_\_\_

**Re: Notification of Suspected Abuse**

Brothers of Charity Services Ireland Ref. No. \_\_\_\_\_

Re: \_\_\_\_\_, D.O.B. \_\_\_\_\_

Received by Garda/Supt. \_\_\_\_\_ (print name)

Job Title: \_\_\_\_\_

Garda Ref. No. \_\_\_\_\_

Contact Details: \_\_\_\_\_

I acknowledge receipt of your notification.

The Designated Garda assigned to this case is:

Name \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Print name

Based at (if different from above address) \_\_\_\_\_

Signed \_\_\_\_\_

Print Name: \_\_\_\_\_

Date:

**Appendix 5: Contact Details of Designated Liaison Persons and other relevant professionals:**

**The name, address and phone numbers of the following personnel must be readily accessible in all parts of the Children's Services in each Regional Service, and must also be inserted in this Policy and Procedure prior to circulation to local Brothers of Charity Regional Service areas.**

- The Designated Liaison Persons
- The Deputy Designated Liaison Persons
- The Local Social Worker/Social Work Department
- Local Tusla, Child and Family Agency Duty Social Worker
- Local Garda Síochána Office

## **Appendix 6: Other Relevant Guidelines and Legislation**

National Policies and Procedures which compliment this Policy Statement are those relating to:

1. National Procedures for the Safeguarding of Vulnerable Adults at Risk of Abuse. 2015/NP06(b)
2. The Investigation of Allegations against Staff Members of Incidents of Abuse - National Procedures, 2009 PO1;
3. Trust in Care – HSE Policy on the management of abuse allegations (adult services)
4. Challenging Behaviour;
5. Personal Development, Relationships & Sexuality,
6. Code of Practice for all Persons who support Children using Brothers of Charity Services, 2015 NP07
7. Intimate/Personal Care 2015/NP08
8. Going Forward Together – The Brothers of Charity Services Ethos, 2001.
9. Employee Handbook
10. Safeguarding Children – Standards and Guidance document for the Catholic Church in Ireland.
11. Missing Persons 2014/NP04
12. Records Management 2015/NP11

In addition to the above, each region will have and will implement policies on the following:

- Staff Recruitment and Selection
- Staff Induction,
- Staff Training and Development
- Complaints
- Administration of Medication
- Induction for people who use services
- Policy on Photographing and Videotaping of Children who use Brothers of Charity Services
- Volunteers
- Health, Safety, and Welfare at Work;
- Confidentiality,
- Quality ,
- General Health Provision for people who use services

### **Other Relevant Legislation:**

#### **Children Act 2001**

The Children Act 2001 replaced provisions of the Children Act 1908 and associated legislation with a modern comprehensive statute.

The 2001 Act covers three main areas of the law. Firstly, and predominantly, it provides a framework for the development of the juvenile justice system. Secondly, it re-enacts and updates provisions in the 1908 Act protecting children against persons who have the custody, charge or care of them. Thirdly, it provides for family welfare conferences and other new provisions for dealing with children where there is a real and substantial risk to their life, health, safety, welfare and development.

#### **Child Care Act 1991**

The purpose of the Child Care Act 1991 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:

- i. the placing of a statutory duty on the HSE to promote the welfare of children who are not receiving adequate care and protection up to the age of 18;
- ii. the strengthening of the powers of the HSE to provide child care and family support services;
- iii. the improvement of the procedures to facilitate immediate intervention by the HSE and An Garda Síochána where children are in danger;
- iv. 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 the HSE;
- v. the introduction of arrangements for the supervision and inspection of pre-school services;
- vi. the revision of provisions in relation to the registration and inspection of residential centres for children.

#### **Criminal Justice Act 2006**

Section 176 of the Criminal Justice Act 2006 introduced the criminal charge of 'reckless endangerment of children'. It states:

'A person, having authority or control over a child or abuser, who intentionally or recklessly endangers a child by –

- a) causing or permitting any 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

- b) failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence.'

The penalty for a person found guilty of this offence is a fine (no upper limit) and/or imprisonment for a term not exceeding 10 years.

### **Domestic Violence Act 1996**

The Domestic Violence Act 1996 introduced major changes in the legal remedies for domestic violence. There are two main types of remedies available:

- i. **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.
- ii. **Barring Order:** This Order requires the violent person to leave the family home.

The legislation gives the HSE the power to intervene to protect individuals and their children from violence. Section 6 of the Act empowers the HSE 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 he or she must be consulted. Under Section 7 of the Act, the Court may, where it considers it appropriate, adjourn proceedings and direct the HSE to undertake an investigation of the dependent person's circumstances with a view to:

- (i) applying for a Care Order or a Supervision Order under the Child Care Act 1991;
- (ii) providing services or assistance for the dependent person's family; or
- (iii) taking any other action in respect of the dependent person.

### **Protections for Persons Reporting Child Abuse Act 1998**

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

- i. the provision of immunity from civil liability to any person who reports child abuse 'reasonably and in good faith' to designated officers of the HSE or to any member of An Garda Síochána;
- ii. 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;
- iii. 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.

A wide range of nursing, medical, paramedical and other staff has been appointed as designated officers for the purposes of this Act (see *Appendix 10 of the Children First: National Guidance*). 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.

### **General Data Protection Regulations**

In order to fulfil its obligations as a Service Provider the Brothers of Charity Services Ireland is required to create and process records which hold both personal and sensitive data. These records are kept 'in confidence' and processed in strict accordance with the privacy and data protection rights of the individual. The BOCSI shares records only for the purpose of compliance with service delivery, health, and regulatory requirements. Data will be disclosed where required or authorised by law and in line with the General Data Protection Regulations

### **Education Act 1998**

The Education Act 1998 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.

### **Education (Welfare) Act 2000**

The Education (Welfare) Act 2000, which was fully commenced in July 2002, replaced previous school attendance legislation and provided for the creation of a single national agency, the National Educational Welfare Board (NEWB), which has statutory responsibility to ensure that every child either attends school or otherwise receives an education or participates in training. The NEWB also assists in the formulation and implementation of Government education policy.

### **Non-Fatal Offences against the Person Act 1997**

The two relevant provisions of this Act are:

- i. it abolishes the rule of law under which teachers were immune from criminal liability in respect of physical chastisement of pupils;
- ii. it describes circumstances in which the use of reasonable force may be justifiable.

## **Freedom of Information Act 2014**

The Freedom of Information Act 2014 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:

- i. to provide for a right of access to records held by such public bodies, for necessary exceptions to that right and for assistance to persons to enable them to exercise it;
- ii. to enable persons to have corrected any personal information relating to them in the possession of such bodies;
- iii. 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 Acts generally;
- iv. to provide for the publication by public bodies of guides to their functions and national guidelines, such as these, for the public.

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

- i) right of access to this information, subject to certain conditions;
- ii) the right to correct this information if it is inaccurate.
- iii) Where a public body makes a decision that affects an individual, that individual has a right to relevant reasons and findings on the part of the body reaching that decision.

The Act are also designed to protect the privacy of individuals and, in general, require 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 Acts, there are regulations and guidelines relating to access by parents to their children's records; these emphasize that the overriding concern is the best interests of the child.

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

- (i) protecting records covered by legal professional privilege;
- (ii) protecting records that would facilitate the commission of a crime;
- (iii) protecting records that would reveal a confidential source of information.

## **Appendix 7: Schedule of Mandated Persons under the Children First Act 2015**

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

1. Registered medical practitioner within the meaning of section 2 of the Medical Practitioners Act 2007.
2. Registered nurse or registered midwife within the meaning of section 2(1) of the Nurses and Midwives Act 2011.
3. Physiotherapist registered in the register of members of that profession.
4. Speech and language therapist registered in the register of members of that profession.
5. Occupational therapist registered in the register of members of that profession.
6. Registered dentist within the meaning of section 2 of the Dentists Act 1985.
7. Psychologist who practises as such and who is eligible for registration in the register (if any) of members of that profession.
8. Social care worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register of that profession.
9. Social worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register (if any) of that profession.
10. Emergency medical technician, paramedic and advanced paramedic registered with the Pre-Hospital Emergency Care Council under the Pre-Hospital Emergency Care Council (Establishment) Order 2000 (S.I. No. 109 of 2000).
11. Probation officer within the meaning of section 1 of the Criminal Justice (Community Service) Act 1983.
12. Teacher registered with the Teaching Council.
13. Member of An Garda Síochána.
14. Guardian *ad litem* appointed in accordance with section 26 of the Child Care Act 1991.
15. Person employed in any of the following capacities:
  - a) manager of domestic violence shelter
  - b) manager of homeless provision or emergency accommodation facility;
  - c) manager of asylum seeker accommodation (direct provision) centre;
  - d) addiction counsellor employed by a body funded, wholly or partly, out of moneys provided by the Oireachtas;
  - e) psychotherapist or a person providing counselling who is registered with one of the voluntary professional bodies;
  - f) manager of a language school or other recreational school where children reside away from home;

- g) member of the clergy (howsoever described) or pastoral care worker (howsoever described) of a church or other religious community;
  - h) director of any institution where a child is detained by an order of a court;
  - i) safeguarding officer, child protection officer or other person (howsoever described) who is employed for the purpose of performing the child welfare and protection function of religious, sporting, recreational, cultural, educational and other bodies and organisations offering services to children;
  - j) child care staff member employed in a pre-school service within the meaning of Part VIIA of the Child Care Act 1991;
  - k) person responsible for the care or management of a youth work service within the meaning of section 2 of the Youth Work Act 2001.
16. Youth worker who—
- a) holds a professional qualification that is recognised by the National Qualifications Authority in youth work within the meaning of section 3 of the Youth Work Act 2001 or a related discipline, and
  - b) is employed in a youth work service within the meaning of section 2 of the Youth Work Act 2001.
17. Foster carer registered with the Agency.
18. A person carrying on a pre-school service within the meaning of Part VIIA of the Child Care Act 1991.