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ISPCC Child Safeguarding Policy, Procedure and Practice





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The themes outlined in this document are adapted from Tusla Child Safeguarding: A Guide for Policy, Procedure and Practice. 2nd edition

Glossary

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

Child Safeguarding Statement – defined in the Children First Act 2015, this is a statement which includes a written assessment of risk of harm to children and the measures that will be taken to manage any identified risks.

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

Child or young person – a person under the age of 18 years, who is not or has not been married.

Child Protection and Welfare Report Form – form for use in reporting suspected or alleged abuse or welfare concerns to Tusla (available at www.tusla.ie).

Child Safeguarding Guide – this document, Child Safeguarding: A guide for policy, procedure and practice.

Children First: National Guidance for the Protection and Welfare of Children – national, overarching guidance for the protection and welfare of children, published by the Department of Children and Youth Affairs. The current version was published in 2017.

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

Mandated person – as defined in the Children First Act 2015, mandated persons have a statutory obligation to report concerns which meet or exceed a particular threshold to Tusla and to cooperate with Tusla in the assessment of mandated reports, where requested to do so.

Named person – a person appointed by an organisation to lead the development of guiding principles and child safeguarding procedures and for ensuring that policies and procedures are consistent with best practice as detailed in this Guide.

Organisation – any department/sector/body/agency whether private, public or voluntary.

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

- (a) who provides a relevant service
- (b) who, in respect of the provision of such relevant service—
 - (i) employs (whether under contract of employment or otherwise) one or more than one other person to undertake any work or activity that constitutes a relevant service,
 - (ii) enters into a contract for services with one or more than one other person for the provision by the person of a relevant service, or
 - (iii) permits one or more than one other person (whether or not for commercial or other consideration and whether or not as part of a course of education or training, including an internship scheme) to undertake any work or activity, on behalf of the person, that constitutes a relevant service’.

Retrospective Abuse Report Form (RARF) – form for use in reporting to Tusla suspected or alleged retrospective abuse or welfare concerns on adults who allege childhood abuse (available at www.tusla.ie).

Relevant person – as defined in the Children First Act 2015, ‘means a person who is appointed by a provider of a relevant service to be the first point of contact in respect of the provider’s Child Safeguarding Statement’.

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

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

Worker and volunteer – inter alia, any staff, volunteer, member of any board of management, student (either under or over 18) engaged in an organisation to provide services to children or families.

1.0 Best Practice Theme 1: Guiding Principles

1.1 Introduction

The ISPCC is for children.

Our purpose is to listen to them, empower them, strengthen their resilience and enable them to live their best possible lives.

The ISPCC provides a range of services directly to children and families and advocates for change to enhance the lives of children in Ireland. It is funded through fundraising and through funding provided by government agencies for the delivery of specified services.

Childline Listening is Ireland's 24-hour national listening service for all children and young people (under the age of 18) in Ireland. It is private, confidential and non-judgemental and can be contacted for free from anywhere in Ireland. Childline can be contacted by any child or young person by calling 1800 66 66 66, texting to 50101 or chatting online at Childline.ie, 24 hours a day.

The Childline Therapeutic Support Service is a free, comprehensive, community-based, one-to-one support service (including out-of-hours access) for children and young people, both face to face and online. This is provided by professional ISPCC Childline Therapeutic Support Workers. The service aims to intervene to provide children and young people with the necessary supports to promote psychological resilience and maintain their psychological wellbeing, regardless of social or emotional background.

The service also delivers the Bouncing Forward Groupwork Resilience programme for primary aged school children and the Non-Violent Resistance Programme for Parents.

Childline Community Engagement, aimed at building the resilience of communities, delivers outreaches to schools and community groups, the ISPCC Support Line service across Ireland and the ISPCC Shield and Smart Moves programme.

Digital Mental Health and Wellbeing Programmes. This service offers digital programmes aimed at reducing anxiety for children and young people, as well as digital programmes for parents and carers around managing their own anxiety while supporting their anxious child or teenager.

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In ISPCC a child is anyone up to the age of 18.

²See Tusla's Mandated Assisting Protocol for Tusla Staff which can be accessed at www.tusla.ie.

The ISPCC has, since its inception, sought to adopt and implement the highest possible standards of policy and practice in the promotion of the protection and welfare of children and young people. We are committed to safeguarding and protecting children from abuse. The ISPCC commits to ensure that where child neglect or abuse is believed or suspected to be occurring, that ISPCC staff and volunteers will effectively deal with the matter in a timely, appropriate and professional manner.

The ISPCC is the provider of a Relevant Service under the Children First Act 2015. The ISPCC has completed a Child Safeguarding Statement and this is on display and available in each ISPCC Office. It outlines a written assessment of potential risk of harm to a child/young person while availing of our services and the principles to be observed to ensure, as far as practicable, that a child availing of ISPCC services is safe from harm.

We will ensure that all staff and volunteers employed in the organisation are properly vetted and checked in accordance with the Law, that our recruitment practices adhere to best practice, and that staff and volunteers receive training relating to child protection and welfare.

This Child Safeguarding policy procedure and practice has been developed in line with requirements under the Children First Act 2015, the Children First – National Guidance 2017, Addendum 2019, The United Nations Convention on the Rights of the Child, the Protection for Person Reporting Child Abuse Act 1998 and the National Vetting Bureau Act 2012. Large sections of Tusla’s Guidance document: Child Safeguarding: A Guide for Policy, Procedure and Practice has been included in this document.

Our guiding principles are:

We are committed to upholding the rights of every child and young person who attends our services, including the rights to be kept safe and protected from harm, listened to and heard.

Our guiding principles and procedures to safeguard children and young people reflect national policy and legislation and we will review our guiding principles and child safeguarding procedures every two years.

Our guiding principles apply to everyone in our organisation.

All staff /volunteers must conduct themselves in a way that reflects the principles of our organisation.

Keeping children safe from harm and ensuring the welfare and safety of every child and young person who attends our service is paramount.

All children and young people have an equal right to attend a service that respects them as individuals and encourages them to reach their potential, regardless of their background.

The **ISPCC Safeguarding Statement** includes a list of the potential risks of harm to children and the procedures that are in place to manage any risk identified, including the following specified procedures:

- a) The selection or recruitment of any person as a member of staff or volunteer in the ISPCC
- b) Any member of staff who is the subject of any investigation (howsoever described) in respect of any act, omission or circumstance in respect of a child availing of the relevant service
- c) The provision of information and, where necessary, instruction and training, to members of staff of the ISPCC in relation to the identification of the occurrence of harm,
- d) Reporting to Tusla by the ISPCC or a member of staff of the ISPCC (whether a mandated person or otherwise) in accordance with the Act or the guidelines issued by the Minister under section 6
- e) Procedure for maintaining a list of the persons (in the relevant service who are mandated persons, and
- f) For appointing a relevant person for the purposes of this Part.

1.2 Scope

This Policy, Procedures and Practices Guide is to be implemented and promoted across the whole organisation.

The policy includes all staff and volunteers:

- Board of Directors.
- Management, staff & volunteers within the ISPCC.
- Guest speakers & service visitors.
- Students on placement.

1.3 Objectives of the Policy, Procedures & Practices

- To clearly outline ISPCC's commitment to keeping children safe from harm through our guiding principles and safeguarding procedures.
- To set out clear procedures that ensure all service provision is child-centred and that the best interest of the child remains paramount in all that we do.
- To state ISPCC responsibilities under Children First legislation and Children First: National Guidance for the Protection and Welfare of Children.
- To comply with national legislation and to set out clear roles and responsibilities within the organisation that support a culture of compliance.
- To outline the implementing, monitoring and review of our guiding principles and child safeguarding procedures.

Childline Listening:

During the hours of 9am to 5.30pm, your DLP is your direct Line Manager. Out of hours, the DLP (Manager on Call) should be contacted.

All reports to Tusla are made by the Best Practice Officer/DLP. This is unique to the Childline Listening Service due to the nature of the out of hours, service and is there to ensure that there is no delay in making reports to Tusla once a risk to a child has been identified.

Childline Therapeutic Support Service:

During the hours of 9am to 5.30pm, your DLP is your direct Line Manager. Out of hours, the DLP (On Call Manager) should be contacted.

Digital Mental Health and Wellbeing Programmes:

During the hours of 9am to 5.30pm, your DLP is your direct Line Manager. Out of hours, the DLP (On Call Manger) should be contacted.

Please go to ISPCC Policy No.59 Digital Mental Health and Well Being Programmes for further detail.

All other Departments – if there is a child safeguarding concern, contact the On Call Manager (DLP).

The Director of Services is the National Designated Liaison Person and is available if for any reason any other Manager/ the out of hours DLP (On Call manager) is not contactable.

Roles and Responsibilities of DLP:

- Be fully familiar with the ISPCC's duties in relation to the safeguarding of children.
- Have good knowledge of ISPCC's guiding principles and child safeguarding procedures.
- Ensure that the Designated Liaison Person is knowledgeable about child protection and has undertaken any training considered necessary to fulfil the requirements of the role.
- Ensure that the ISPCC's reporting procedure is followed so that child protection and welfare concerns are referred promptly to Tusla and/or the Gardaí.
- Receive child protection and welfare concerns from staff and volunteers and consider if reasonable grounds for reporting exist.
- Consult informally with a Tusla Duty Social Worker if necessary.
- Where appropriate, make a formal report of a child protection or welfare concern to Tusla on behalf of the ISPCC, using the Child Protection and Welfare Report Form.
- Inform the child's parents/carers that a report is to be submitted to Tusla or An Garda Síochána and/or with the worker as appropriate.
- Record all concerns or allegations of child abuse brought to your attention as well as any action/inaction taken in response to these concerns.
- Provide feedback to the referrer, as appropriate.
- Ensure that a secure system is in place to manage confidential records.
- Act as a liaison with Tusla and An Garda Síochána, as appropriate.

2.7 Mandated Persons:

Under the Children First Act 2015, mandated persons have a statutory obligation to report concerns which **reach or exceed a legally defined threshold**. 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.

As per The Children First Act 2015, the ISPCC (as a relevant service) maintains a list of all ISPCC Mandated persons (professional services staff) within the People and Transformation department. Mandated staff are made aware of their responsibilities under the legislation at the commencement of their employment. This will form part of their induction programme. Please see the Procedure for appointing a Mandated Person in the appendices at the end of this document.

2.8 Role of Mandated Persons

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

These are:

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

To report the harm of children above a defined threshold to Tusla

²See Tusla's Mandated Assisting Protocol for Tusla Staff which can be accessed at www.tusla.ie.

The Act defines harm as assault, ill-treatment, neglect or sexual abuse, and covers single and multiple instances. The threshold of harm for each category of abuse at which mandated persons have a legal obligation to report concerns is outlined below.

Mandated Thresholds:

Neglect:

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:

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

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

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.

2.9 Mandated Assisting:

Under the Children First Act 2015, there is a statutory requirement for mandated persons to assist Tusla in the assessment of risk of mandated reports, where requested to do so.

"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 by 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." (Children First: National Guidance for the Protection and Welfare of Children)

Information that Tusla shares with an ISPCC staff member in the course of carrying out an assessment must not be disclosed to a third party, unless Tusla considers it appropriate and authorises in writing that the information may be shared. Failure to comply with this provision is an offence under section 17 of the Children First Act 2015.

Exemptions on the requirement to report as a mandated person are:

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. However, if you still have outstanding concerns even where all the above criteria are met, you may make a report to Tusla.

3.0 Best Practice Theme 3: Responding to and reporting Child Protection and Welfare Concerns

3.1 Introduction

This section focuses on responding to and reporting child protection and welfare concerns. It considers the various sources of child protection and welfare concerns within the ISPCC and provides guidance on handling some of the situations that may arise while working or volunteering with the ISPCC.

This section outlines the procedure for reporting concerns internally, as well as externally to the statutory authorities – Tusla and/or An Garda Síochána. Best Practice Theme 3 also looks at the related policies and procedures for responding to allegations of abuse made against workers or volunteers.

The guiding principle as outlined in Children First is that when a child protection or welfare report has to be made to Tusla, the safety and wellbeing of the child takes priority over all other considerations.

3.2 Reasonable grounds for concern

All ISPPCC staff and volunteers will inform their DLP when they 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.

3.3 Types of Abuse

3.4 Child 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.

3.5 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.

3.6 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.

3.7 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.

3.8 Sexual abuse

Sexual abuse occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Examples of child sexual abuse include:

- (i) exposure of the sexual organs or any sexual act intentionally performed in the presence of the child;
- (ii) intentional touching or molesting of the body of a child whether by a person or object for the purpose of sexual arousal or gratification;
- (iii) masturbation in the presence of the child or the involvement of the child in an act of masturbation;
- (iv) sexual intercourse with the child, whether oral, vaginal or anal;
- (v) sexual exploitation of a child, which includes inciting, encouraging, propositioning, requiring or permitting a child to solicit for, or to engage in, prostitution or other sexual acts. Sexual exploitation also occurs when a child is involved in the exhibition, modelling or posing for the

purpose of sexual arousal, gratification or sexual act, including its recording (on film, video tape or other media) or the manipulation, for those purposes, of the image by computer or other means. It may also include showing sexually explicit material to children, which is often a feature of the 'grooming' process by perpetrators of abuse;

- (vi) Consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse, it should be noted that, for the purposes of the criminal law, the age of consent to sexual intercourse is 17 years for both boys and girls. An Garda Síochána will deal with the criminal aspects of the case under the relevant legislation.

It should be noted that the definition of child sexual abuse presented in this section is not a legal definition and is not intended to be a description of the criminal offence of sexual assault.

3.9 Circumstances which may make children more vulnerable to harm

If you are dealing with children, you need to be alert to the possibility that a welfare or protection concern may arise in relation to children you come in contact with. A child needs to have someone they can trust in order to feel able to disclose abuse they may be experiencing. They need to know that they will be believed and will get the help they need. Without these things, they may be vulnerable to continuing abuse. See appendix 6 at the end of this document for further information on children who may be more vulnerable to abuse.

3.10 Reporting Concerns

Dealing with the issue of child abuse and welfare issues can be a difficult undertaking and each case may present its own unique difficulties. It is therefore important to get help from a staff member immediately/as soon as possible.

The primary responsibility of staff/volunteers is to share their child protection and welfare concerns with their Designated Liaison Person .

During the hours of 9am to 5.30pm your DLP is your direct line Manager.

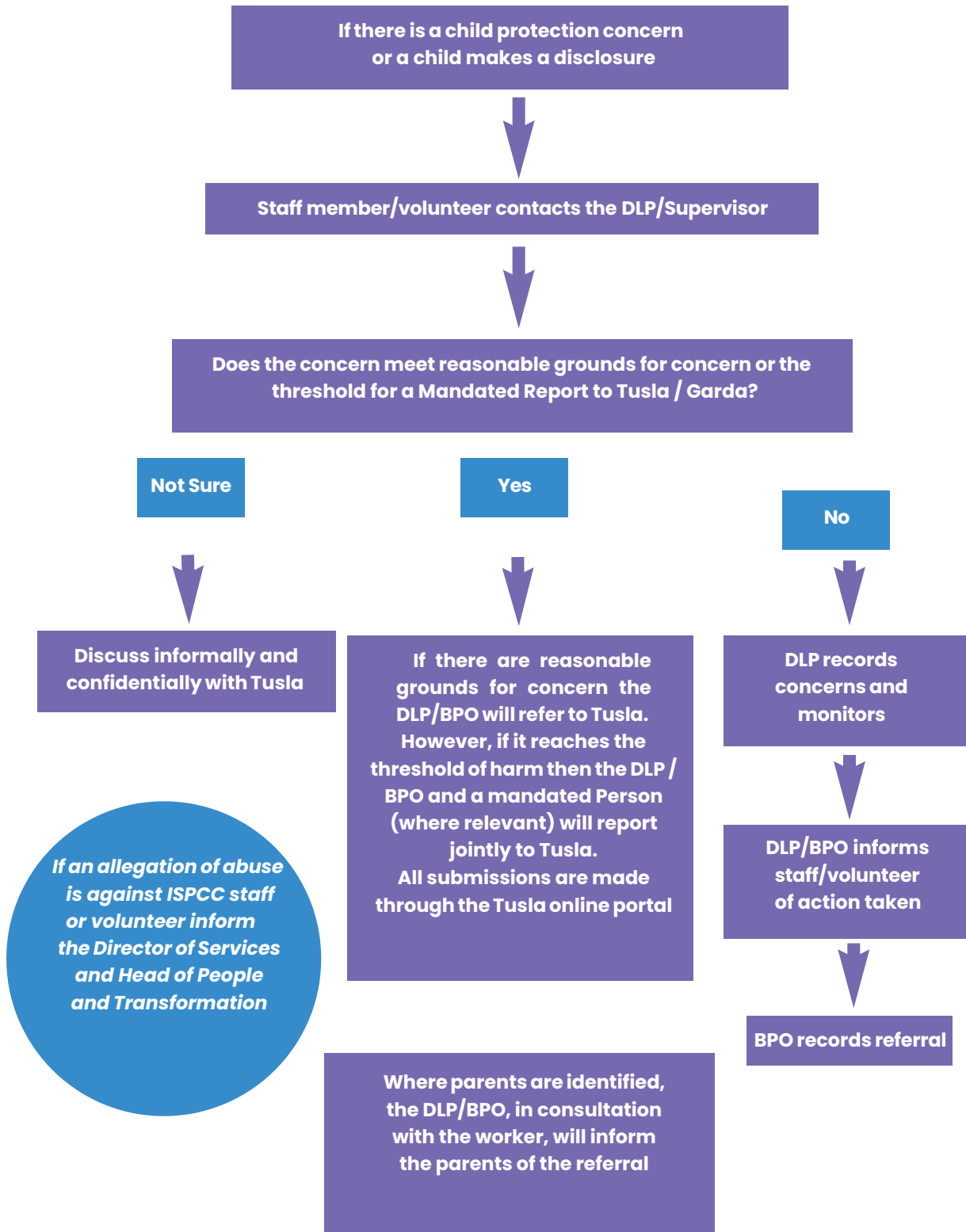
Volunteers: During the hours of 9am to 5.30pm your DLP is you Supervisor.

Out of hours (after 5.30pm) your DLP is the Person on Call

Out of hours the DLP (On Call Manager) should be contacted.

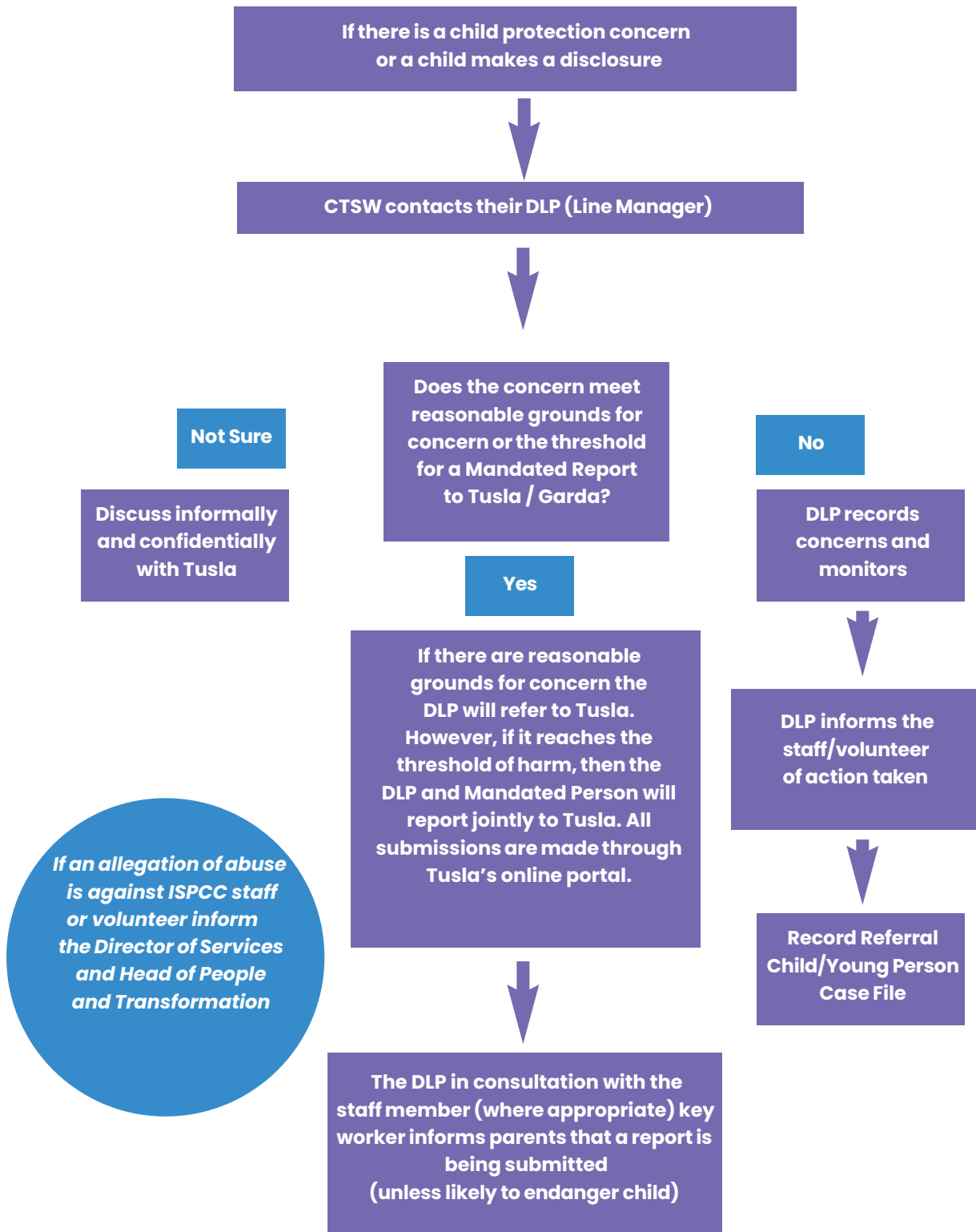
The Director of Services is the National Designated Liaison Person and is available if for any reason the Out of Hours, DLP (On Call manager) or any other manager/DLP is not contactable.

3.11. Summary of Reporting Procedures Diagram Childline Listening & Childline Digital

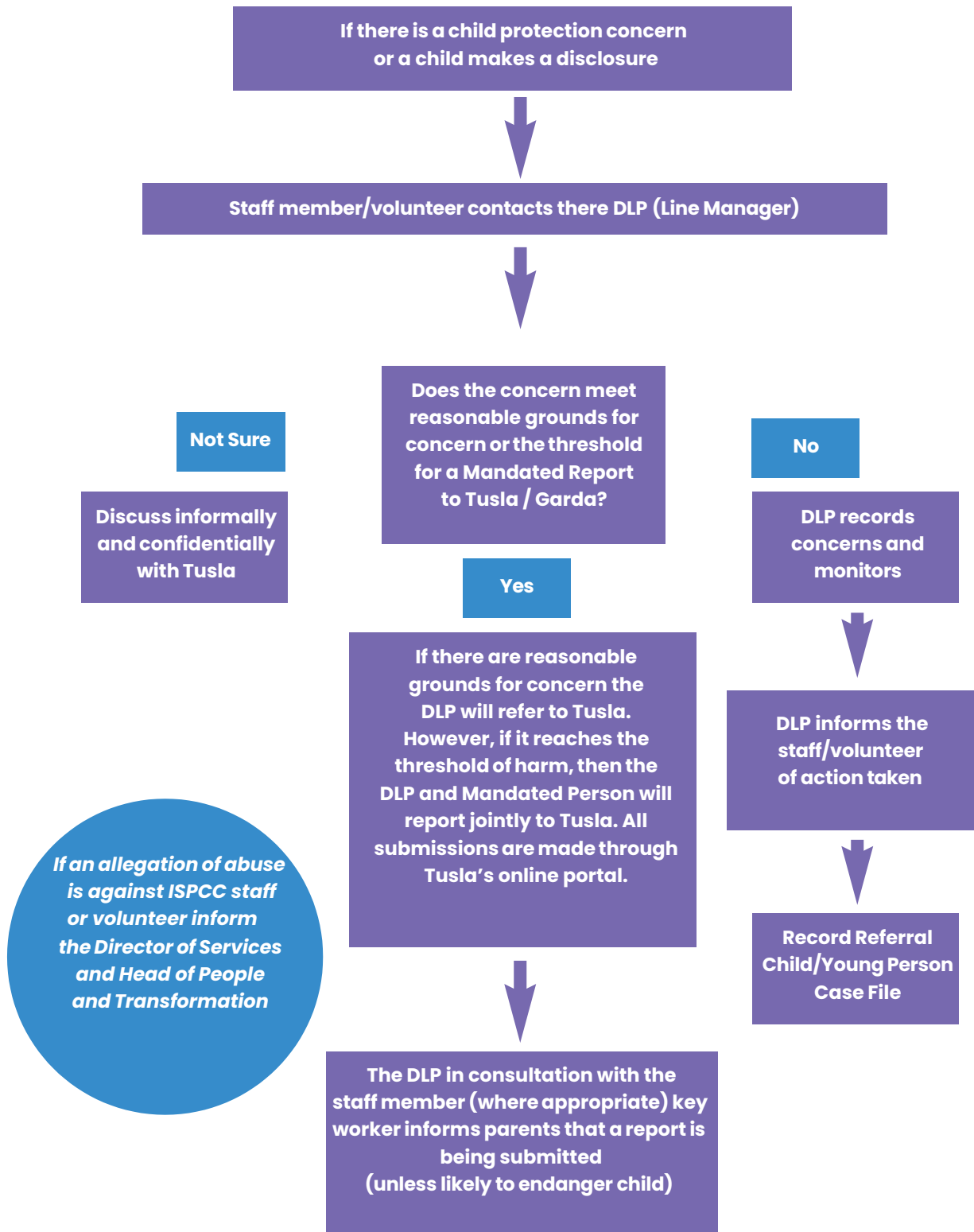


3.11.1 Summary of Reporting Procedures

Diagram – Childline Therapeutic Support Service:



3.11.2 Summary of Reporting Procedures
 Diagram – All Other Services & Departments:



Mandated persons are required under the children first Act 2015 to report any concerns that meets or exceeds the threshold of harm as defined in the Act. It is our procedure that a Mandated person will report jointly with the DLP. However, where necessary the Mandated person will report directly and a copy of the report will be given to the DLP.

3.12 Reporting Procedures for reporting child protection and welfare concerns

1. Reasonable Grounds for Concern

Regardless of how a concern comes to a worker's attention, it must be reported to the Designated Liaison Person. The DLP, in consultation with the person who raised the concern, will decide if reasonable grounds for concern exist. The DLP will then consult (if required) with the Tusla Duty Social Work team to ascertain if reasonable grounds for concern exist. If reasonable grounds for concern exist, the DLP will submit the child protection and welfare report form on the Tusla online portal and keep a copy of the report in the child or young person's file or on in the Childline Child Protection log, depending on which service the report came through.

If the designated liaison person decides that the information received does not meet the reasonable grounds for concern, the following steps will be taken:

- The reasons for not reporting should be recorded and any actions taken as a result of the concern will be recorded.
- The staff member or Volunteer who raised the concern will be given a clear written explanation of the reasons why the concern is not being reported to Tusla;
- The staff member or Volunteer will be advised that if they remain concerned about the situation, they are free to make a report to Tusla or An Garda Síochána. The staff member/volunteer has protections under the Protection for Persons Reporting Child Abuse Act 1998, should they report independently.

NB: In the case of Childline Listening & Childline Digital, the DLP will report to the Best Practice Officer (BPO) who will submit the report via the portal.

2. Mandated Person and Threshold of Harm as defined in the Children First Act 2015.

Mandated persons are required under the Children First Act 2015 to report any concerns that meets or exceeds the threshold of harm as defined in the Act.

Best practice is that a mandated person will report jointly with the DLP. If the DLP is unavailable, the Mandated person will report directly and a copy of the report will be given to the DLP.

The Statutory obligations of mandated persons cannot be discharged by the DLP on their behalf. See Section 2.8 on page 13 for further information about the role of a Mandated Person and threshold for a Mandated Report.

3.12.1 It is best practice to tell a family that you are making a report.

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

3.12.2 The ISPCC considers a failure to report a child protection concern to be a disciplinary matter.

The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 requires that any person who has information about a serious offence against a child, which may result in charges or prosecution, to 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.

3.12.3 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 several 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.

3.13 Submitting a report to Tusla, The Child and Family Agency

Tusla has developed a web portal for professionals to securely submit Child Protection and Welfare concerns. All DLPs and BPO within the ISPCC should have an account and make themselves familiar with the child protection and welfare form (CPWRF).

For cases of an adult disclosing abuse, use the Retrospective Abuse Report Form (RARF) via the portal.

All forms should be submitted electronically unless this is not possible. In this case, they should be downloaded and sent to the Duty Social Work team in the area where the child resides. It is also possible to phone in concerns to Tusla.

Once a report is made to Tusla, it is important for staff to be aware of the processes that occur

thereafter in terms of child safeguarding, so as to keep the child informed (if possible), and where appropriate, the parent /care giver. In the ISPC, we keep note of the receipt number of each submission in accordance with the procedure of each Childline service.

Reports to Tusla should be made without delay.

NB. If you are a mandated reporter and the concern reaches the threshold of harm and need to make a report to Tusla, you can contact the National Out-of-Hours social work service on **0818 800 210 (low call)** between **6pm and 7am 365 days of the year between 9am and 5pm on Saturdays, Sundays and bank holidays.**

If you cannot contact Tusla and have an immediate concern about the safety of a child, please contact An Garda Síochána. Please ensure that you send a report to the DLP subsequent to making a report out of hours.

3.14 Record Keeping for each Service

Childline Listening & Digital Service

When a decision is made by the DLP not to refer, this is recorded in the Childline Listening/Digital referral log. Also recorded is the reason for that decision and any information that we do have on a child. Therefore, if a child calls back again with further information, when we go to that log we would be able to see if we can put the information together to make a referral.

All concerns and any information should be recorded in the Childline Listening & Digital referral log on Sharepoint.

Childline Therapeutic Support Service:

Where a decision is made by the DLP not to make a report to Tusla, on the basis that it does not meet reasonable grounds for concern, a note is made on the young person's file within the ISPC CRM as to the reasons why.

3.15. Talking to parents/carers about child protection or welfare concerns

Workers/volunteers may feel uncomfortable approaching a parent about a concern. You may have to discuss a concern about the welfare or protection of a child/young person or an issue which relates to the child/young person's developmental needs. The following best practice tips may be useful:

- Make sure parents/carers have prior awareness of your guiding principles, procedures and duties to safeguard children.
- Be straightforward and clearly explain the nature of the concern or issue, e.g. by using facts and records of observations made.
- Think about the time and place to have the conversation. Find a time when parents/carers are not in a hurry.
- Find a place that is quiet and allows privacy.

- Consider arranging to meet parents/carers.
- Consider who the best person is /who the best people are to have the conversation with the parents/carers.
- Use a calm and gentle tone, consider the language used.
- Start with positive comments and observations about the child/young person. Ensure that the parents/carers know that you care about the welfare of their child and recognise their strengths.
- Refer to how the situation may be affecting the child/young person.
- Start with positive comments and observations about the parents/carers. Most parents/carers are trying to do their best for their children and will appreciate your acknowledgement of how challenging parenting can be at times.
- Give the parents/carers an opportunity to talk; ask them for an explanation and acknowledge their feelings.
- Take the approach that you are working together to address any issues in the best interests of the child/young person.
- Don't blame, don't get defensive and don't take things personally.
- Ensure that you are supportive but also address the issue.
- Refer to your guiding principles and child safeguarding procedures for support.
- Offer possible solutions, where appropriate.
- Advise parents/carers how you plan to follow up and keep them informed and involved, where appropriate.
- Where it is not possible to contact the parents/carers to discuss a concern, you may need to discuss the concern with the DLP or Tusla duty social worker.
- Remember if a report needs to be made to Tusla, do not delay.
- It is best practice that parents/carers are informed if a report is to be made to Tusla, unless doing so might further endanger the child, impair Tusla's ability to carry out a risk assessment or put the reporter at risk of harm (Children First: National Guidance for the Protection and Welfare of Children).

3.16 Dealing with a disclosure from a child or young person – Guidance for all ISPCCC staff and volunteers

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

- Stay calm; do not panic.
- Listen – do not ask leading questions or ask the child to repeat what they are saying unnecessarily. Your role is to support the child – not investigate the incident.
- Accept – believe what they are saying and tell them so.
- Reassure – emphasise that they are not at fault.
- Stay in control – initial response is crucial.

- Do not promise to keep secrets.
- Do not express any opinions about the alleged abuser.
- Be honest about what will happen next – don't make unrealistic promises.
- Record the disclosure in writing as carefully as possible and as soon as possible (within 24 hours and using the language of the child).
- Notify the relevant designated liaison person (DLP) immediately.
- Information sharing should be in accordance with ISPCC's confidentiality policy and only on a need-to-know basis as required to safeguard the children in question.
- Where appropriate, parents/carers should be informed and involved in the process.
- Understand your responsibilities in dealing with disclosures or suspicions of child abuse or neglect.
- Be conversant with the child protection procedures; know who the Designated Liaison Person for your area is; and know how to contact them (in/out of hours).
- Be aware of the legal protections available to them in reporting reasonably and in good faith.
- Please note: where a child alerts staff that they wish to make a disclosure, they will be facilitated in every way possible to make such a disclosure in a comfortable and secure setting. Under no circumstances should a child be left in a situation which exposes them to harm or risk pending statutory agency intervention. In the event of an emergency and the unavailability of a Duty Social Worker, the DLP will contact An Garda Síochána.
- Where a child's concerns do not constitute a disclosure of abuse, but still requires follow-up in terms of it constituting a complaint, the child should be facilitated in completing the Societies Complaint Form, and the follow up in those situations must adhere to ISPCC Child-Friendly Complaints Procedure Manual. (Complaints procedures are available on public server as follows: \\ispccsrv1\Public\Manuals & Policies).
- It is important that following a disclosure by a child, the staff / volunteer continues in a supportive relationship with the child.
- Staff and/or volunteers working with adults with mental health difficulties, intellectual disability, addiction or domestic violence issues, must consider the welfare and safety of any children in that person's family and /or children in regular contact with that person.
- If concerns reach the threshold of reasonable grounds for concern for reporting to Tusla, the ISPCC child protection and welfare reporting procedures will be followed even if the identity of the child(ren) is unknown.

3.17 Talking to Young People about Child Protection/Welfare Concerns

It can be daunting for workers or volunteers to talk to children about concerns that they might have about their welfare or safety. In the ISPCC we use what we refer to as the 7 R's which are:

1. Receive the information: Be aware that disclosures of abuse can be very difficult for the child. Remain as calm and natural as possible – listen to what the child has to say.
2. Reassure the child or young person that what has happened is not their fault.

3. React: Allow the child to disclose at their own pace in their own language.
4. Record: All records should be made in accordance with the ISPCC procedures on record keeping as outlined above.
5. Remember the Child Safeguarding guidelines as outlined in Children First.
6. Refer to your DLP with your concerns and discuss whether there is reasonable ground for concern. If there is, let the child know that you will be sending a report to Tusla.
7. Relax

Further information on the 7 R's can be found in the Appendices.

At all times the safety of the child is paramount and it is important that staff and volunteers consult with their DLP.

3.18 Confidentiality

It is essential that there is a clear understanding of professional and legal responsibilities with regard to confidentiality and the exchange of information.

Where child protection and welfare concerns arise, information must be shared on a 'need to know' basis in the best interest of the child/young person with the relevant statutory authorities and with parents/carers.

No undertakings regarding secrecy can be given if there is a child protection issue. If we have identifying information we inform the young person that we will be contacting Tusla. Those working with children/young people and families should make this clear to parents/carers and to the child/young person.

The proportionate provision of information to the statutory agencies necessary for the protection of a child is not a breach of confidentiality or data protection.

Parents/carers and children/young people have a right to know if personal information is being shared, unless doing so could put the child/young person at further risk or may put the reporter at risk.

3.19 Retrospective Disclosures by Adults: Support Line/ General Admin

There are an increasing number of adults disclosing abuse that took place during their childhood. Where such a disclosure is made, it is essential to establish whether there may be current risk to any child or young person who may be in contact with the alleged abuser revealed in the disclosure. This is important even where the children/young people about whom there may be a concern are still to be identified.

Given the nature of the work of the ISPCC, and the visibility of this work with vulnerable children and their families, adults have elected to bring these concerns to our attention. They must always be received and dealt with in a sensitive and professional manner. One of the considerations, which adults give when wishing to disclose such abuse, is their concern that the alleged abuser may have continued access to children and young people.

Where possible, the adult should be encouraged to make a formal disclosure to the nearest Tusla Social Work Department and/or the Gardaí. If they do not wish to pursue that option and where such risk is deemed to exist and where we have identifying information, staff should refer to the DLP in all cases and the ISPCC must use the procedures set out in Section 3 in reporting the concerns to Tusla. A Retrospective Abuse Report Form (RARF) must be filled out. The adult must be advised of this action and supported in providing as much information as possible that will facilitate Tusla to seek to protect any child perceived to be at risk.

If any risk is deemed to exist to a child/young person who may be in contact with an alleged abuser, follow the child protection and welfare reporting procedure as outlined above. All staff have a responsibility to report when past harm has been disclosed, irrespective of whether the individual is prepared to make a formal disclosure to Tusla or the Gardaí. Whereby the alleged perpetrator is deceased, an informal consultation with the Tusla Social Work department should still be held.

The HSE National Counselling Service welcomes calls from adults who have experienced abuse in childhood. Contact details are as follows:

HSE Dublin North East (North Dublin & Meath) 1800 234 110
HSE Dublin North East (Navan, Cavan, Louth & Monaghan) 1800 234 117
HSE Dublin Mid-Leinster (South Dublin, East Wicklow) 1800 234 111
HSE Dublin Mid-Leinster (West Dublin, West Wicklow & Kildare) 1800 234 112
HSE Dublin Mid-Leinster (Laois, Offaly, Longford & Westmeath) 1800 234 113
HSE West (Galway, Mayo & Roscommon) 1800 234 114
HSE West (Limerick, Clare & North Tipperary) 1800 234 115
HSE West (Donegal, Leitrim, Sligo) 1800 234 119
HSE South (Waterford, Wexford, Kilkenny, Carlow and South Tipperary) 1800 234 118
HSE South (Cork & Kerry) 1800 234 116

3.20 Third Party and Anonymous Reports

Staff from the ISPCC Childline Therapeutic Support Service and Childline Listening & Digital Service provides telephone support and advice to members of the public who have a concern regarding a child at risk (ISPCC Support Line). The service is available 9am – 1pm Monday to Friday and the number can be accessed through contacting any ISPCC office. Occasionally, the organisation receives either reports from parents or other third parties who wish to make a report anonymously, or the

organisation may receive anonymous reports, of concerns via letter, email or through our Support Line. In these situations, the following should apply:

1. In respect of individuals who wish to remain anonymous in making a report of suspected child abuse or neglect, the reporter should be advised that their wish to remain anonymous may restrict Tusla or Gardaí's capacity to follow up on the report in terms of their ability to access information needed for any assessment, or to intervene to protect a child. Whilst staff should not insist that the reporter gives their contact name and details, they should encourage the reporter to see the benefits of doing this, and seek to ameliorate any concerns that they may have about the report and what might happen next. It should also be indicated on the Child Protection and Welfare Reporting Form (CPWRF) that the reporter disclosed the information anonymously and/or wishes to remain anonymous. However, anonymity cannot be guaranteed to reporters and identifying information will be included in the report.
2. Where the ISPCC receives a phone call, letter or email providing information about a child believed by the reporter to be at risk, the staff member who receives the information should record that the information was received and consult with their DLP. The DLP can consult informally with Tusla. Where it is concluded that there are reasonable grounds for concern, the information will be formally forwarded by the DLP to the relevant Tusla Duty Social Work Department. Where the report is made by phone, staff should encourage the member of the public to give their contact details as above, or where the individual is not prepared to make a referral/ report, the ISPCC will make the report itself to Tusla.

3.21 School Outreach

Before going to complete an Outreach in a school, club or other community setting, ensure that you have read the following steps:

- It is ISPCC policy that the school sign a written agreement stating that while the ISPCC is operating an activity in the school, should a child protection concern arise, that the outreach worker will report their concerns to the Designated Liaison Person for the school. They will also log that they have taken this action with the DLP for ISPCC.
- If you are completing a Service Outreach please inform the class teacher/adult present and all the children / participants of the limits of confidentiality. If a disclosure occurs, inform the child of the need to inform the Designated Liaison Person.

If a child/young person makes a disclosure:

1. Use your active listening skills to receive the information and reassure the child.
2. Inform designated liaison person at school.
3. Contact the ISPCC DLP to discuss & record.
4. If it is determined that there are reasonable grounds for concern or need for a Mandated

Report, the School DLP will report to Tusla. It is important to follow up with the School in writing to ensure that this is done.

5. If the allegation is in relation to a staff member in the School, then a joint report should be made by the School DLP and ISPCCC staff member/volunteer. The ISPCCC Staff member/volunteer will inform the ISPCCC DLP of the disclosure. The ISPCCC DLP may also have an informal discussion with Tusla regarding the allegation.

Please note: In the event of a child making a third-party disclosure in which they give you identifying/ identifiable information about another child, you will need to speak to the School DLP and may consult with the ISPCCC DLP and follow steps 3-7 above.

If a child makes a third-party disclosure and they do not give you any information about the other child, you may provide support to the child but your role is not to investigate in this situation. In this instance, it would be important to discuss the situation with the School DLP.

To note:

- **Identifying information** is information that can be used on its own to directly identify, locate or contact an individual (e.g., name, address, school, phone number, email address, etc.).
- **Identifiable information** is information which can be used to distinguish or trace an individual's identity when combined with other personal information or a specific individual such as age, date of birth, local soccer club, mother's maiden name, etc.

3.22 Inter-Agency Partnership in Protecting Children

Arrangements for child safeguarding can only be successful if the organisation works in partnership with the Statutory Services through the sharing of relevant information. However, it is important to note that the sharing of information that is necessary and proportionate should be limited to the context of the situation and should not be shared with anyone unnecessarily within GDPR legislation. More information on the ISPCCC's Privacy Notices can be found on our website: <https://www.ispcc.ie/ispcc-privacy-notice>

3.23 Reporting of allegations of abuse made against staff /volunteers to Tusla /An Garda Síochána Procedure

It is important that if a staff member or volunteer has a concern about the behaviour of another staff member or volunteer that they report these concerns to the Designated Liaison Person without delay. Where the concern relates to the DLP, reports should be made to another senior manager within the ISPCCC.

It is important to keep a record of the concern. The DLP or senior manager will consider if the concern constitutes a child protection concern, if so he/she must follow the organisation's reporting procedures for child protection or welfare concerns and the organisation's procedure for responding to allegations of abuse against staff and volunteers.

Where the worker/volunteer feels their concerns have not been given due regard within the organisation or feels nervous or worried about bringing the concern to the attention of the DLP or management they should contact Tusla or An Garda Síochána directly without delay.

Details on the ISPCC's whistleblowing policy, which protects staff and volunteers when making disclosures, can be found in the Manuals and Policies folder in the ISPCC shared drive.

3.24 ISPCC Disciplinary procedures

Disciplinary procedures are essential in the overall response to a failure by a staff member/volunteer to meet the expected standard of work or behaviour in their working practice.

Disciplinary procedures may be instituted when:

- There is an allegation of abuse made against a worker or volunteer.
- There is a complaint made about a worker or volunteer.
- There is an alleged breach of the code of behaviour.

3.24.1 Responding to allegations of abuse against staff and volunteers

An allegation of abuse may relate to a person who works with children and has:

- Behaved in a way that has or may have harmed a child/young person.
- Possibly committed a criminal offence in relation to a child/young person.
- Behaved towards a child/young person or children/young people in a way that indicates they may pose a risk of harm to a child/young person.

The ISPCC has a dual responsibility in respect of both the child/young person and the worker/volunteer. There are two separate procedures to be followed:

1. Reporting to the Authorities:

The Designated Liaison Person will deal with the child welfare or protection concern procedure and make the report to Tusla/An Garda Síochána

2. The Procedure for dealing with allegations of abuse against staff/volunteers.

The Head of People and Transformation will deal with the employment aspect of the allegation against the staff member/volunteer i.e. **will deal with the employment aspect.**

The ISPCC will ensure that any staff member/volunteer involved is dealt with appropriately and in accordance with:

- o the guiding principles and child safeguarding procedures
- o the rules of natural justice
- o relevant employment law

PROCEDURE FOR ADDRESSING ALLEGATIONS OF ABUSE AGAINST STAFF / VOLUNTEERS	
<p>First priority is for the safety of the child/young person; the employer must ensure no child or young person is exposed to unnecessary risk. If the employer is delegating this role, they should outline the name of the person who is responsible. The ISPCC will put in place necessary protective measures. This is not a presumption of guilt.</p>	
<p>Child welfare or protection concern</p> <ul style="list-style-type: none"> • If an allegation against a staff member or volunteer is received, it will be dealt with promptly and strictly in accordance with agreed reporting procedures to the DLP • The DLP will alert the Director of Services that a concern has been raised • The decision to make a formal report will be based on reasonable grounds for concern • The DLP will consult with a Tusla Duty Social Worker and/or the Gardaí as appropriate and complete the Child Protection and Welfare Report Form as required • Parents/carers should be informed of any action planned while having regard to the confidentiality and safety of all concerned including the worker / volunteer. 	<p>Employment Once alerted by the DLP of an allegation, the Head of People and Transformation will privately inform the staff member/volunteer who the allegation is against of:</p> <p>(1) the fact that an allegation has been made against them and (2) the nature of the allegation.</p> <ul style="list-style-type: none"> • The ISPCC will work in consultation with Tusla and An Garda Síochána on what action(s) should be taken where appropriate. • The ISPCC will ensure that the principles of ‘natural justice’ apply throughout the process • All stages of the process must be recorded • The staff member/volunteer should be offered the option to have representation • The staff member/volunteer will be afforded an opportunity to respond to the allegation and should be informed that any response will be noted in any subsequent report to Tusla or An Garda Síochána • An investigation will take place into the allegation(s) as soon as possible and in accordance with the Service’s disciplinary and grievance procedures • The ISPCC will ensure that no other children or young people are put at risk during this period. This may include any of the following: <ul style="list-style-type: none"> o suspension of duties pending the outcome of an investigation o re-assignment of duties that do not involve children and young people o working under increased supervision during the period of the investigation • The Head of People will inform the person against whom the allegation has been made of the outcome of the investigation as quickly as possible

It is the policy of the Society to seek legal advice before making any decision in relation to the actions to be taken against a staff member/volunteer about whom an allegation of child abuse or neglect has been made.

- Given the potentially serious implications for the staff member / volunteer, it is essential that as much information is gathered prior to making a final decision on the course of action to be taken. This provides an opportunity to obtain any validating evidence that might support the allegation, or information that might contradict the allegation. For example, information that the staff member / volunteer was not working the day of the alleged incident, or the whereabouts of the child, might give initial insight into the allegation prior to an action being taken.

Lastly, the ISPCC will ensure that the staff member/volunteer is offered access to support and counselling where necessary.

3.25 Outcomes of allegations against staff or volunteers

At the conclusion of Tusla / Gardaí investigation, and any internal review undertaken by the ISPCC, a decision will be made as to the validity of the allegation, and the subsequent protective actions required. The outcome of that adjudication will facilitate the decision-making process of the ISPCC in respect of the continued employment status of the employee /volunteer against whom an allegation has been made. Each situation must be dealt with on its particular circumstances and legal advice is required at all stages of the process.

As a consequence of raising concerns about child abuse and neglect, there is always the possibility of allegations against staff / volunteers being unfounded, erroneous, or even malicious. Whereas the possibility of that happening can be reduced by adherence to good child-care practice and safe care practices, they nonetheless can still occur. Staff members /volunteers need to be aware of these possibilities and need to be encouraged to discuss them openly within supervision and team training. Specific after-care responses to support staff members/volunteers against whom such an allegation has been made will be put in place on a case-by-case basis; the level and nature of this support will also be determined on a case-by-case basis.

3.26 Other Considerations

As well as the requirement to respond to an allegation against a staff member/volunteer, it is also necessary to consider other matters that may arise during this process.

- The possible reactions of other staff members/volunteers will need to be monitored and managed appropriately. It is the responsibility of the Service Managers to put in place (further to consultation with the appropriate Director and the CEO) adequate and appropriate supports.

- The effects on the alleged abuser of being subject to such processes.
- The reactions and actions of other staff members/volunteers and children towards the child who has been abused or whose allegation is being investigated must be monitored and observed at all times, and appropriate remedial action may be required to ensure the child's protection and welfare.
- The reactions of the parents / carers and other family members of the child.
The ISPCC has a Protected Disclosures (Whistleblowing) Policy which applies to all staff and volunteers in the Organisation and which works alongside the Complaints Procedure and Grievance Procedure.

4.0 Best Practice Theme 4: Working Safely with Children and Young People

This section provides guidance on working safely with children and young people through the safe recruitment and selection of workers and volunteers; provision of and access to child safeguarding training and information; procedures for safe management of activities and management of workers and volunteers.

4.1 Guiding principles

ISPCC's recruitment processes are transparent, adhere to "Best Practice", and comply with the rules of natural justice, record keeping and Human Resource Management. The ISPCC is committed to the policy of inclusion and equality.

4.2 Safe Recruitment Policy

The ISPCC will ensure that all staff/volunteers are carefully selected in line with ISPCC recruitment procedures which are outlined in detail in the ISPCC Recruitment and Selection Policy Manual, 2013. This policy on safe recruitment processes is to be read in conjunction with those procedures and also The National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Exclusion clauses for prospective employees / volunteers:

The ISPCC considers the following as reasonable grounds for the organisation not to proceed with either an interview or an appointment of an individual (for volunteer and staff positions) if:

- The individual / candidate has been convicted of a crime that relates to the ill treatment or neglect of children / minors / vulnerable people.
- The individual / candidate has drug and/or alcohol related charges / convictions, especially where there was evidence that children were involved.
- The individual / candidate has charges / convictions relating to the ownership, production, possession or distribution of child pornography.

³ "\\ispcc-filesrv\Manuals & Policies\Recruitment Information\Recruitment And Selection Manual 2013"

- The individual/candidate has serious driving related charges/convictions.
- The individual/candidate has been dishonest in his/her application and/or Garda Vetting application Form.
- The individual/candidate has public disorder and/or assault related charges/convictions.
- The individual/candidate has charges /convictions in relation to damage to public property, including larceny.
- Any other offence that in the ISPCC's opinion deems the person unfit to work with the ISPCC. (This would include crimes of deception/ fraud/ domestic violence/ assault etc.).

4.3 Recruitment Practices that Promote Child Protection

All applicants will be advised of their responsibilities towards children in the organisation and their assessment of suitability will include an awareness of child protection and safe care practices. The application form will enable potential applicants to identify any relevant experiences with children and relevant training associated with childcare.

4.4 Recruitment Practices

- The ISPCC has a job description for each position within the organisation. These job/role descriptions describe the range of duties required by each role, accompanied by a person specification that describes the type of attributes you require the post holder to have.
- The organisation advertises both paid and volunteer roles.
- The use of an application form and a declaration form is standard practice within the ISPCC.
- Consent to Garda Vetting is requested at application stage.
- The ISPCC utilises individual interviews where applicants are interviewed by at least two representatives of the organisation.
- Three references are sought for preferred applicants. References will include their last employer and all references are followed up by phone.
- ISPCC seeks verification of qualifications and experience. ISPCC also seeks copy of passport/driving licence.
- Prior to any recruitment of any staff member, a recruitment approval form needs to be signed off by the Director responsible.
- All newly recruited staff members will receive an Induction.
- A probationary period of 6 months is in place for all employees (meetings to review the fit with the role every two months).

All applicants will be required to sign a declaration stating that there is no known reason or event that would render them unsuitable for the post and declaring any past or pending criminal prosecutions against them. In this regard, the ISPCC has a policy regarding the type of factors that would exclude a candidate, to which the applicant can have access to as required.

4.5 ISPCCC Code of Behaviour

The ISPCCC's code of behaviour is designed to help staff and volunteers focus on supporting children and young people's rights and child-centred practice in their everyday work as well as assisting the organisation in focusing on the child/young person and their needs.

It sets out the boundaries which all staff/volunteers are expected to adhere to when working with children or young people and clarifies how to communicate/work with children and young people in a way which respects their right to be listened to, treated with respect and treated fairly.

ISPCCC Code of Behaviour means:

- Being familiar with and adhering to ISPCCC policy and practice procedures.
- Maintaining the child as the primary client at all times.
- Treating children with respect, dignity and sensitivity, and respecting their right to privacy.
- Taking time to listen to children and spending time getting to know each child.
- Helping children to understand the ISPCCC rules about acceptable behaviour.
- Encouraging children to participate in activities.
- Consulting and involving children on a day-to-day basis.
- Promoting a safe, fun space for the child to relax and be comfortable with their environment.
- Never showing favouritism.
- Encouraging children to regard their bodies as their own property.
- Enabling children to freely express their feelings, fears and experiences openly, and without fear of retribution or sanction.
- Providing information to children in an age-appropriate way about the services, Child Safeguarding Policy of the ISPCCC and appropriate behaviour.
- Being familiar with the identification of child neglect or abuse and able to effectively implement these procedures efficiently, in a timely and professional manner.
- Recognising that dealing with child protection can be distressing, knowing one's own limitations in dealing with it, and having the awareness to be able to source support or assistance if necessary.
- Maintaining a professional relationship with clients and avoiding personal involvement at any level.
- Always responding to any indication, suspicion or disclosure of abuse or neglect through speaking to the Designated Liaison Person.
- Never using physical chastisement, verbally abusive language, sexually suggestive or motivated actions or language, or emotionally abusive conduct towards a child.
- Encouraging children to report things they are uncomfortable about / do not like happening to them or which threaten them in any way. All children engaging with the ISPCCC will have their rights explained to them and be directed to a trained staff member should they want to disclose anything.

4.6 One to one work with children and young people

One to one work is regarded in the ISPCCC as the best way to work with children and young people to affect real change in their lives.

This is built on the belief that the development of a strong relationship and therapeutic alliance between staff member and child is crucial to attaining positive outcomes. The work completed on a one-to-one basis is part of a planned, structured piece of work with clear goals, intervention plan and mechanism of evaluation. The child's wishes, feelings and opinions are prioritised in discussions therefore encouraging the child to be an active agent in his/her own life change. The Childline Therapeutic Support Service operates within a model of resilience-led practice and capacity building which is empowering in nature.

Features of the service:

- Regular reviews with the child/young person and parents /carers to determine that the service is meeting the needs of the child or young person.
- A clear supervision structure is in place to support the work and address any issues and review the work completed.
- Parents/carers are fully informed as to the nature and purpose of our work and must give written consent.
- Accessibility, flexibility with a range of delivery options: The service is designed to facilitate engagement from a precise cohort of participants who are deemed most likely to benefit from one-to-one work.
- Individualised Service Planning: Children and parents actively participate in a process of assessment and goal setting while working within a strengths - based model which has a clear outcomes agenda.
- Minimum intervention leading to sustainable change: The service aims to empower the child to make the necessary changes to bring about lasting change and sustainable outcomes. Support is generally offered through weekly sessions for periods of up to six months, but this can be reduced or extended dependent on strengths or needs identified. The service follows a Closure Policy to ensure that children and families are adequately prepared to move to the next stage of support which is provided by the tracking, top up and brief intervention service.
- Involvement of service users: The views of children are actively sought at each stage of the process and opportunities exist for children and parents to play an active role in the planning and delivery of services - for example through our Children's Consultation and Participation structures.

Further information and detail on the service are clearly outlined in the Childline Therapeutic Support Service Policy and Procedures. \\ispcc-filesrv\CFSS\Policy & Procedure Manual 2020
It must be noted that the ISPCCC has a duty of care towards staff who are undertaking visits to people's homes.

A risk assessment form is available to be completed and discussed with the worker's Line Manager prior to an initial visit to a child's home where there is a known risk to Support staff.

4.7 Positive Physical Contact with Children

In other areas of our work, primarily in the Childline Therapeutic Service, physical contact may become part of the activities, usually in the context of recreational activities, as well as those that are educational. In such situations, ensure that there is adequate supervision for the activity, that such contacts are responsible and age appropriate, do not place a child in a risk situation and do not compromise the staff member.

It is important to note that children have an innate need for physical contact with adults; this is essential to healthy development and well-being of children, especially younger children.

4.8 Points of attention

1. Physical contact is important for reassurance and providing comfort.
2. Physical contact should be governed by age and developmental stage.
3. All children are different, are raised differently and these differences need to be taken into account (some families are very tactile, others are not).
4. Physical contact should be in response to the child and only be given if the child requires it and when they have given permission.
5. Physical contact should be open and not secretive.
6. Parents/carers may also look for physical contact in difficult situations; this should be in response to them and with their permission.

However, the situation might be so as to require staff to actually make physical contact with the child, in order to prevent an injury to the child, him/herself / another child / to stop a situation from getting worse, or where it is needed in self-defence. Where the assessment of the situation requires that some form of contact is made, it is recommended that this be undertaken, where possible, only when two or more staff/volunteers are available, so as to ensure adequate protection for both parties. At all times it must be remembered that the protection and safety of the child/children is the paramount consideration. Such incidents need to be recorded on the appropriate ISPCC Incident Form, the matter discussed with the Regional Manager, and appropriate action taken with the parent to ensure the child's behaviour is managed safely and appropriately.

4.9 Structured Activities Policy

It is our policy to ensure the safety and well-being of children during these activities through planning, risk assessment, management and supervision of the activity. In managing and planning these activities we will:

- Inform parents at enrolment of the proposed activity, method of travel and supervision in place.

- Seek written consent from the parents; children will not be able to participate in this activity unless this has been obtained.
- Ensure an adequate number of personnel are present and that the children are supervised at all times.
- Ensure that the person in charge will have access to the service mobile phone in case of emergency.
- Carry out a risk assessment of the venue/facility and review annually.
- Ensure that adequate insurance is in place for the outing.
- Ensure staff are familiar with emergency procedures.

All trips and outings will be planned and a risk assessment will be carried out with regard to the following issues: safety in regard to method of transport, facilities, activities, accessibility for children with additional needs and emergencies.

4.10 Safe Adult to Child ratio

It should be noted that the ISPCC operate a policy of supervision ratio of children to adults not less than 5:1. There must be at least 2 volunteers / staff members present when a service is open and when children / service users are involved in any activities / excursions.

4.11 Breaches of the ISPCC's code of Behaviour

The ISPCC strives to create an open and supportive environment where workers feel comfortable and safe to pass on these types of concerns. It is important that if a worker or volunteer has a concern about the behaviour of another worker/volunteer that they report these concerns to their Manager and or Designated Liaison Person.

Where a worker/volunteer has a concern about a colleague they should do one of the following:

- Bring it to the attention of the DLP or a senior manager.
- If the concern relates to poor practice it should be discussed with the relevant manager.
- Breaches of the Code of Behaviour may result in referral to the disciplinary procedure.
- If the concern involves suspected or witnessed abusive behaviour, this should be reported without delay to the DLP.
- Keep a record of the concern. The DLP or senior manager will consider if the concern constitutes a child protection concern and if so he/she must follow the ISPCC's reporting procedures for child protection or welfare concerns as outlined above. See also Appendix 9: The Protected Disclosures Policy and Procedure.

Where the worker/volunteer feels their concerns have not been given due regard within the organisation or feels nervous or worried about bringing the concern to the attention of the DLP or management, they should contact Tusla or An Garda Síochána directly.

⁴ ISPCC Health & Safety Statement: "\\ispcc-filesrv\Manuals & Policies\HEALTH&SAFETY"

4.12 Supervision and Staff Support

NOTE: Please also refer to the ISPCCC Supervision policy.

Management and supervision of workers and volunteers after appointment is very important to keep children safe. Supervision of workers/volunteers helps maintain best practice and safeguards children availing of ISPCCC services.

The ISPCCC conducts an annual appraisal of work with each staff member to allow for the recognition of good work and to help to develop skills further; this is a formal, recorded process.

Functions of Supervision

Supervision provides a regular, structured opportunity to discuss work, review practice and progress, and plan for future development. The main functions of supervision are:

- Management to hold the worker accountable for practice to ensure safe, quality care for children and families.
- Support for the individual staff member in what is a demanding and potentially stressful working environment. This may involve debriefing which addresses the emotional impact of such work.
- Learning and development of each individual to identify their knowledge base, attitude, learning style and skills; to identify learning needs and the strengths and weaknesses of the worker; and to plan and set targets for on-going development.
- Mediation to ensure healthy engagement with, and communication between, the individual and the organisation.

Models of Supervision

Models of supervision used by the ISPCCC varies from formal to informal supervision and can be provided as either individual supervision or group supervision.

Informal supervision involves observing a volunteer/staff member working with children/young people and other team members during a process referred to as “Shadowing”. It also involves informal discussions to check out how things are going.

Formal supervision involves meeting with an individual staff member / volunteer on a regular basis, notes are made of the meeting and kept confidentially. Formal supervision is agreed where there is a supervision contract in place for each supervisor/supervisee.

Group supervision is where group members can explore, share and resolve issues together. In the ISPCCC, these group supervisions occur with staff of the same discipline / role.

⁵Section 13.1/2/3/4

⁶The ISPCCC supervision policy is available on the ISPCCC server, under manuals and policies.

4.13 Record Retention

The keeping of good records throughout the process is an essential ingredient in protecting children. Unless the ISPCCC keeps accurate records, the ability to protect children who are vulnerable and at risk may be significantly curtailed. Records of all disclosures and suspicions must be kept on all reports made.

All CTSS case records need to be:

- Stored on the ISPCCC Client Relationship Management platform.
- Where hard copies exist secured safely, in keeping with GDPR.
- Always on the ISPCCC's premises.

Childline Therapeutic Support

Therapeutic Support Workers, the Services Manager and Director of Services have access to records relating to their area of work along with the IT Manager. Client case files are deleted when the client reaches 25 years of age or following two years if the primary client is a parent. This was under Childline Listening, moved here.

Childline Listening & Childline Digital

Childline Listening & Digital staff, Childline Therapeutic Support staff, the IT Manager and Director of Services have access to this information. In addition, the Head of Communications and Marketing and the IT Project Manager and Data Analyst have some access to Childline data.

Furthermore, the ISPCCC recognises that it has a responsibility to share, when appropriate, information from our records with Tusla where a child welfare or child protection issue arises and as such is not a breach of data protection.

Please see Appendix 6 at the end of this document for further detail on Safe Management Practices within the ISPCCC.

4.14 Procedure for the Provision of Information & Training of Staff & Volunteers

Effective child safeguarding requires that all those working in the services of the ISPCCC engage in and undertake regular reviews of training.

The training developed for the purposes of informing staff and volunteers includes:

- Guidance on how to recognise child abuse and the occurrence of harm;
- Guidance on responding appropriately to child protection or welfare concerns;
- Information on the importance of working together to protect children/young people;
- Information on the importance of agencies developing effective child safeguarding policies, procedures and practices;
- Information on the ISPCCC's guiding principles and child safeguarding procedures;
- The ISPCCC upholds the principle that training in child protection is best undertaken in a multi-disciplinary and trans-organisation manner.

The ISPCC, as part of the Annual Appraisal process examines workers'/volunteers' training needs. Management within the ISPCC are responsible for ensuring that all workers and volunteers are trained in the recognition of the signs of abuse, understand their responsibilities to safeguard children and know the procedures to follow.

The ISPCC will ensure that all staff and volunteers receive training in Children First: National Guidance. All staff and volunteers will complete the online E-learning module available on www.tusla.ie.

Training needs will change continuously and training in child protection and welfare is an integral part of the plans in the ISPCC. All staff will have a refresher in child protection at least every 2 years or earlier if any change to legislation/guidance in line with Tusla guidance and recommendations.

4.15 Developing a child safeguarding training strategy

- The ISPCC introduces the organisations child safeguarding statement and policy and procedures to all staff during their induction process.
- Following on from this process, training is delivered to meet these needs (internally and /or externally).
- All staff and volunteers within the ISPCC are mandated to complete the E-learning child protection module as provided by Tusla.
- Monthly supervision will also act as a measure to continuously assess staff and volunteer knowledge on the safeguarding policy and as needs arise, training will be provided by the manager or to a group of staff / volunteers by a service manager.
- The level of training required on child safeguarding will be in line with the staff member/volunteer's role within the organisation.
- Mandated persons, DLP's and the management team will be provided with specific training in relation to their statutory responsibilities under the Children First Act 2015 by the Director of Services.
- Staff will also be required to attend localised Tusla training on Children First as delivered by Tusla.
- Refresher training will be provided every two years or earlier should any legislation / guidelines change.
- All training provided by the ISPCC will be consistent with Children First: National Guidance for the Protection and Welfare of Children, the Children First Act 2015 and Tusla's Best Practice Principles for Organisations in Developing Children First Training Programmes.
- The ISPCC will keep a record of all training received by staff and volunteers. This will be held locally by the manager responsible within that region.

Keeping Training Records:

Records will be kept in relation to the following to ensure the implementation of the Training Strategy:

- Date and name of training programmes delivered;
- Names of workers/volunteers who attended and their position within the organisation;
- Details of workers/volunteers who did not receive training but need to complete it;
- Number of workers/volunteers trained;
- Training programmes completed by each worker/volunteer (e.g. induction into the ISPCC's guiding principles and child safeguarding procedures, child safeguarding training, DLP training, refresher training, etc.);
- The names of the trainers who delivered the programme and the organisation they were from.
- A signed receipt of all workers/volunteers who have been given a copy of the organisation's declaration of guiding principles and child safeguarding procedures (can be done at induction or in-house training).

4.16 Safe Internet Use for E-Support Service Users

Some of the children that we work within our Childline Therapeutic Support Service are engaged in E-support. While we understand that the internet is an excellent resource to children – for support, education and recreation – we accept that with such access comes the possibility that they may be exposed to adult content or at risk of online discussions with adults who use this medium to entice children into abusive situations. Working with children and parents to ensure their safety online is a priority for the ISPCC. Parents are encouraged to monitor and supervise their child's use of the internet and to check their history on an ongoing basis.

Staff of the ISPCC need to be vigilant at all times to this “hidden” risk and be alert to the possibility of children using ISPCC services being exposed to material or people which may place them at risk of abuse. Where staff have reasonable grounds for concern or where a child discloses such access / contact, staff should immediately consult with their line manager to identify the nature and level of risk the child may be at. Initial responses might include discussing the matter with the child's parents / carers and seeking to monitor the situation. However, in situations of specific risk, staff members are required to report their concerns in accordance with this Child Safeguarding policy and procedure document.

The Childline Therapeutic Support Service has developed an E-Support Policy and Procedures document which outlines the steps taken by the ISPCC to minimise the risk to children and young people engaging online.

4.17 Social and Digital Media Policy

Many services are using social media as a tool to communicate with children.

- Staff/volunteers should be free to have their own personal profiles on social networking sites (Facebook/ Twitter/ Instagram etc.). However, staff/volunteers should not accept friend

requests from young people they are working with on these profiles.

- Staff/volunteers should not post any content on their personal or work profiles in which it would be professionally inappropriate (confidential information regarding a service user or service information).
- Staff/volunteers should lead by example and abide by all the relevant safety messages and guidance provided to young people such as the ISPCCC safe click code. Contact with young people through social networking sites should be recorded alongside any other communication and work with young people. The DLP should be made aware of this contact, the nature of same and be provided with detailed documentation of contact. For further information on the ISPCCC's Social Media policy, please ask your Line Manager.

4.18 Health & Safety

It is the ISPCCC's policy to promote the health, well-being and safety of all the children in our service through the implementation of robust policies and procedures and by developing and regularly reviewing accident prevention procedures and fire safety.

In line with legislation the Organisation regularly conducts Health and Safety audits on our buildings.

4.19 Accidents

Safe Supervision of Children & Young People

Children/young people are less likely to experience accidents or incidents if they are supervised properly. Activities should be organised to maximise care, participation, fun and learning in a way that minimises risk. If working with a group of children/young people or on activities, ensure:

- o Children/young people are not left unattended.
- o Adequate numbers of staff are available to supervise the activity.
- o Staff always know where children/young people are and what they are doing.
- o Dangerous behaviour is never allowed.
- o Adult: Child ratio should be specified, considering the type of activity, age and level of ability.
- o Activities being undertaken are suitable for the abilities, ages, and experience levels of the children/young people.
- o Equipment facilities meet appropriate safety and quality standards.
- o Activities are risk - assessed and that appropriate responses to identified risk are planned and implemented.
- o Any injuries should be recorded with a note of the action taken.
- o Parents/Guardians should be notified, as appropriate, by the appropriate person.
- o Insurance cover is adequate.
- o Incidents should be recorded separately from accidents, as they may need to be referred to when considering suspected child abuse or neglect.

Although the ISPCCC adheres to all safety precautions and guidelines, accidents may occur.

To minimise risk the ISPCC notes the following:

- We will ensure that all relevant personnel have up to date First Aid Training and that a complete First Aid Box is accessible.
- The safety and welfare of the child is always the first consideration if a child is injured, or an accident occurs.
- After an accident, as soon as practicable, the Accident Report Form is completed and recorded in the accident book/log.
- The manager is informed of serious accidents or incidents and informs relevant ISPCC personnel.
- Parents are always informed of accidents involving their child and requested to sign the relevant form.
- The manager will review the accident and incident reports annually.

Managing Trips Away/Overnights

If any activity involves use of off-site facilities or staying away overnight, consider the following:

- o Safe method of transport.
- o Adequate insurance to cover all aspects of the trip.
- o Written parental consent (where appropriate).
- o Any information about the children/young people which may be relevant to staying away overnight, e.g., allergies, medical problems, special needs etc.
- o Number of staff required to adequately supervise children/young people.
- o Appropriate and well supervised sleeping arrangements.
- o While ensuring safety, respect the privacy of children/young people in changing rooms, showers, toilets.

Transport – Children and Young People

There are occasions where staff may travel in a car to an activity with a child/children as part of their role. Staff should ensure:

- o Staff will only offer lifts to the children/young people during their normal working duties, unless in an emergency, and has been agreed by line manager.
 - o That arrangements for transporting children/young people have been agreed with parents and line-managers.
 - o There should be appropriate recording mechanisms, (e.g., sign in and out book) which indicate where the staff member has been and for what length of time.
 - o Staff should never leave the children/young people alone in the car.
 - o Their vehicle is roadworthy.
 - o Their car is appropriately insured.
 - o All passengers wear a seat belt or use an appropriate car seat.
- For further details please see the ISPCC's Transportation Policy.

4.20 Disciplinary procedures

Disciplinary procedures are essential in the overall response to a failure by a worker/volunteer to meet the expected standard of work or behaviour in their working practice. The ISPCC has a detailed policy in relation to the disciplinary procedures in place within the organisation.

These disciplinary procedures comply with all relevant employment law. All ISPCC disciplinary procedures adhere to the principles of natural justice and good practice.

For full information on the ISPCC Disciplinary procedures, please refer to the ISPCC personnel manual, ISPCC Protected Disclosures (Whistleblowing) Policy mention and ISPCC Code of Behaviour.

5.0 Best Practice Theme 5: Procedures for sharing guiding principles and child safeguarding procedures and involving parents, carers, families, children and young people

This section provides guidance on:

- How to involve parents/carers and children/young people with our services.
- How to work in partnership with parents/carers and communicate information regarding our guiding principles and child safeguarding procedures.
- How to share information about child protection or welfare issues effectively with parents/carers and children/young people.

5.1 Introduction

Partnership with parents/carers and families involves information sharing and consultation regarding all aspects of their child's participation in our services. Meaningful communication is essential in building a partnership with parents/carers and families. Good communication depends not only on how information is shared but what is being shared. ISPCC supports children's and young people's rights by ensuring that children and their parents/carers are kept informed of all matters that concern them.

5.2 Sharing the ISPCC's guiding principles and safeguarding procedures

Parents/carers are routinely made aware of the ISPCC's guiding principles and child safeguarding procedures on initial contact with our services.

When communicating with parents/carers, families, children and young people, we in the ISPCC are mindful of possible literacy issues, language barriers and communication differences.

5.3 Empowering children and young people to claim their rights

The UN Convention on the Rights of the Child (UNCRC) provides all children and young people with a broad range of rights, including the right to be protected from abuse and neglect. Under the UNCRC, which the Irish State ratified in 1992, children/young people have a right to express their views about matters that affect them and for those views to be heard and taken into account in all matters affecting them.

The ISPCC will always seek to empower children/young people by making them aware of their rights. In particular, the ISPCC will encourage the active participation of children and young people in all decision making relevant to their involvement in the service/activities, in a manner which is appropriate to their age and developmental stage.

Childline Therapeutic Support Service:

The ISPCC's WWOET is a key tool in ensuring children's voices are heard within the Childline Therapeutic Support Service. When children and young people feel included in decision making, respected and valued by workers and volunteers, they are much more likely to speak up about any abuse they might be experiencing.

Childline Listening & Digital Service:

A section on the Childline Website is dedicated to informing and empowering children about their rights: <https://www.childline.ie/your-rights/>

ISPCC Youth Participation:

The ISPCC's Children's Advisory Committees receive training on their rights prior to becoming members of their local CAC. The ISPCC believes that children and young people should have the opportunity to be fully involved in setting priorities, developing strategies, assessing progress in their communities, preparing for adversities and taking part in decisions which affect their lives.

Enabling and promoting the participation of children and young people within the ISPCC has many benefits, including:

- Providing the ISPCC with the opportunity to check that what you are doing is what children/young people want.
- Demonstrating the ISPCC's commitment to upholding the rights of children and young people.
- Strengthening the ISPCC's commitment to safeguarding children and young people in our organisation.
- Building leadership skills of children and young people.
- Enhancing the safety of children/young people by identifying risks and dangers.

5.4 ISPCCC Anti-bullying Policy procedures

In the ISPCCC we are fully aware of the detrimental impact that bullying can have on a child's self-esteem and ability to grow. Any reports of bullying that we receive, or are made aware of, are treated very seriously.

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

"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, 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."

A copy of the ISPCCC Anti Bullying policy can be provided if requested.

5.5 Working with parents & carers

The ISPCCC strongly believes in working in partnership with parents to achieve better outcomes for their children. To strengthen the relationship between the worker and the parent, the ISPCCC encourages the following practices:

- Providing clear accurate information on the ISPCCC's Child Safeguarding Policies and Procedures.
- Regular communication with parents/carers is encouraged.
- Professionalism in all interactions with parents/carers. Do not friend or "follow" parents of clients on social media sites or "like" posts.
- Providing information in a format and language that can be easily understood by everyone, including children/young people.
- Promoting an open-door policy which allows parents/carers to contact the ISPCCC's services at any time.
- Regularly providing information and feedback to parents/carers verbally as well as in writing.

Childline Therapeutic Support Service & Childline Digital Service:

Parents/carers will be made aware of the ISPCCC's guiding principles and child safeguarding procedures on initial contact with our service.

At the first initial meeting with parents/carers/children, staff members and volunteers will ensure that parents are clear about the role of the ISPCCC, why they are involved with the service, the

⁷ Children First National Guidance 2017 p20.

guiding principles of our work and our child protection and welfare procedures. Parents and carers are given a leaflet outlining the work that the service does and information regarding consent, complaints and the keeping of records. The ISPCCC Child Safeguarding Statement is available to them on request.

The ISPCCC's website has a Parenting Hub with articles and tips for parents to help them to support their children. <https://www.ispcc.ie/index.php/parent-hub-articles>

Childline Listening Service & Missing Children's Hotline:

Occasionally the Listening Services will get calls from adults and or parents/carers with concerns for a child. In these cases where we have identifiable information, we follow the procedures outlined in Section 3 of this document and report concerns to the ISPCCC DLP, Tusla and/or An Garda Síochána.

5.6 Guardianship and Consent

What is guardianship?

"Guardianship means the rights and duties of parents in respect to the upbringing of their children. A guardian has the right to make all major decisions affecting the child's upbringing, including choice of school, medical treatment, religious matters, health requirements and decisions about leaving the country. Carers are responsible for the welfare of the child. Welfare includes the moral, intellectual and physical wellbeing of the child and where there is property held on behalf of the child, it includes the proper administration of such property." (Court Service of Ireland).

Who is a guardian?

Married parents of a child are 'joint carers' and have equal rights in relation to the child. The rights of parents to guardianship are set down in Section 6 of the Guardianship of Infants Act 1964.

On 18th January 2016 certain provisions of the Children and Family Relationships Act 2015 came into effect that made several changes to the Guardianship of Infants Act 1964.

If a child is born outside of marriage, the mother is the sole guardian. The position of the unmarried father of the child is not so certain. An unmarried father will automatically be a guardian if he has lived with the child's mother for 12 consecutive months after 18th January 2016, including at least three months with the mother and child following the child's birth.

Where the father does not meet these criteria he may still gain guardianship through entering into a formal agreement with the mother or by applying to the District Court.

A step-parent, civil partner or a person who has cohabited with a partner for a period of at least 3 years can also apply to the court to become a guardian of their partner's child where they have been a co-parent to that child for over 2 years.

In situations where the father has been appointed joint guardian of a child, then his consent is required for certain things relating to the child's general welfare and other items.

It is the policy of the ISPCCC that written informed consent is obtained from programme participants and parents/carers prior to engagement in ISPCCC services (with the exception of the Childline service which is a direct access service).

Please refer to the ISPCCC Consent Policy in the Childline Therapeutic Support Service Policy and Procedural Manual available in the manuals and policies folder on the public server. Where is this for Digital Service?

5.7 Complaints procedure

The ISPCCC has developed a complaints procedure for its services. We also have developed a child's complaints procedure. The Director of Services is the contact person should any person wish to make a complaint about any of ISPCCC's services.

We work in partnership with children and families by seeking their opinions and encouraging participation in any decision making in relation to the service. We welcome comments/suggestions on the delivery of the service.

Defining a complaint

Complaints may arise in response to:

- An alleged breach of the code of behaviour by a worker/volunteer;
- A particular practice issue;
- Perceived poor attitude of a worker/volunteer;
- A child/young person feeling unhappy about an incident or an event;
- A parent/guardian feeling unhappy about an incident or event involving their child;
- Dissatisfaction in relation to an aspect of the service being provided.

Note that some complaints may need to be addressed through the procedure for responding to allegations of abuse against workers/volunteers.

Who can make a complaint?

If children or parents are getting help and support from the ISPCCC and find that they are unhappy with the service, an ISPCCC staff member or a volunteer, then they have the right to make a complaint (log onto the website www.ispcc.ie /About us/ complaints procedure).

In addition, an external agency or organisation involved in inter-agency working or member of the public who has a legitimate concern may make a complaint.

We encourage people to address their comments / concerns to us as soon as possible as this will facilitate us to address the matter most effectively.

- If the complaint relates to the safety and welfare of a child, it will be dealt with in accordance with these child safeguarding procedures.

- All comments or complaints will be treated properly, fairly and impartially.
- Informal comments or complaints could initially be addressed to the person(s) in question, if appropriate.
- Alternatively, the Director of Services can be contacted. They will be responsible for directing the complaints / comments to the appropriate person.
- Where a complainant feels that their comment / complaint has not been addressed satisfactorily through the informal process outlined above, the comment / complaint should be put on a formal basis following the ISPCCC Complaints Procedures. Where possible, formal complaints / comments should be made in writing.
- The Director of the appropriate department will acknowledge the complaint, in writing, within 10 working days. The director will do their best to resolve the matter as soon as possible. Where the matter cannot be resolved, the CEO or his/her designate will investigate the matter and issue a complaint investigation report within 30 working days.
- In the event that the investigation cannot be concluded within 30 working days, the CEO or his/her designate will write to the complainant, explaining the reason for the delay. The CEO or his or her designate will provide the complainant with an update, in writing, every 20 working days thereafter.

If the matter cannot be resolved with the ISPCCC through their complaint's procedure, the complainant can seek a review of the outcome/recommendation. If the service is Tusla funded they can email: tellus@tusla.ie. The complainant must make their request for a review to Tusla within 30 working days of receiving the complaint investigation report from the ISPCCC (in exceptional circumstances the complaint review officer may decide to extend this timeframe).

In relation to HSE funded services, if the matter cannot be resolved with the ISPCCC through their complaints procedure, the HSE can be emailed at: yoursay@hse.ie or LoCall 1890 424 555: Your call will be answered by a staff member from the National Complaints Governance and Learning Team.

If the service or department you are dealing with is not funded by Tusla or the HSE, once you have exhausted the ISPCCC's complaints procedure you can make a complaint to the Office of the Ombudsman for Children.

The office can be contacted on Freephone: 1800 20 20 40 or at the Ombudsman for Children's Office, Millennium House, 52-56 Great Strand Street, Dublin 1.

Procedures for Responding to a Complaint:

<https://www.ispcc.ie/ispcc-policies>

<https://www.childline.ie/complaints>

Any complaint received is brought to the Senior Leadership Team for discussion and action plan.

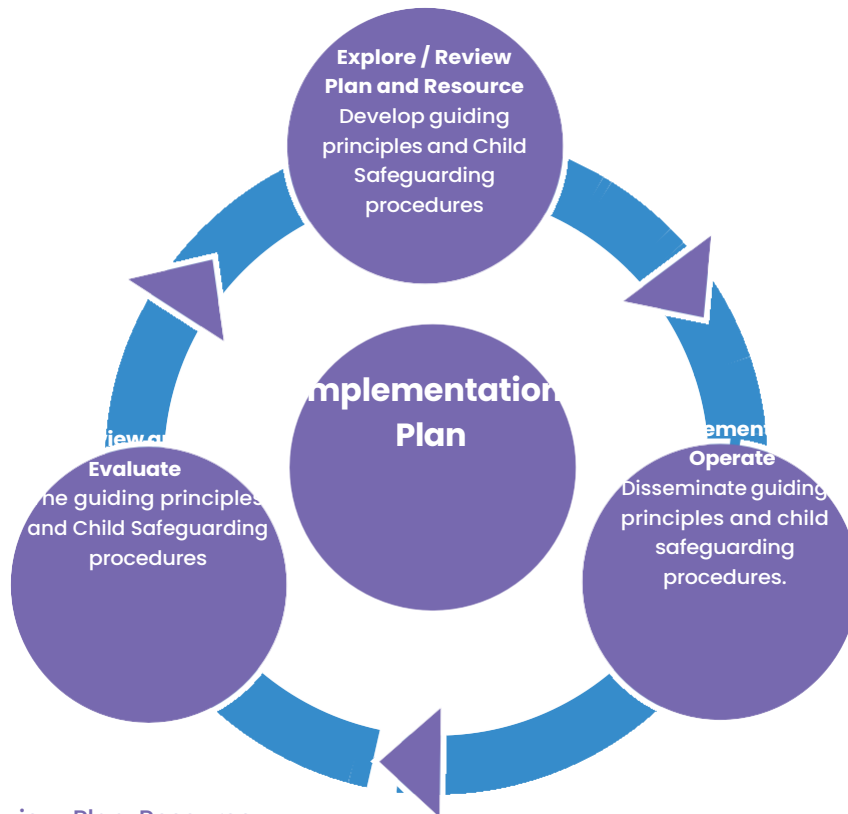
Best Practice Theme 6: Implementing, Monitoring and Reviewing the ISPCCC's guiding principles and child safeguarding procedures

6.1 Introduction

It is important to recognise that developing guiding principles and child safeguarding procedures is only one part in the process of safeguarding children. To make certain that ISPCC's guiding principles and child safeguarding procedures are put into practice, there must be an implementation plan.

Implementation is an on-going process. It is a continuous cycle of development, response to change, and review of policies, procedures and practices relevant to meeting the requirements of Children First.

6.2 Implementation Plan Diagram



6.3 Explore/Review, Plan, Resource

The ISPCCC is continually responding to changes in legislation and new emerging data and evidence on best practice in working with children, young people and their families. Continual reviews of practice within our services is part of the culture of the ISPCCC. Working groups are convened regularly to bring those staff and volunteers together to implement and review practice changes as necessary.

6.4 Implement and Operate

The ISPCCC is wholly committed to implementing our Child Safeguarding policies and procedures across the organisation and has a number of key positions within the organisation which are focused on ensuring the same, such as the Director of Services and Head of People and Transformation.

The development of our guiding principles and child safeguarding procedures is led by the Services team but also seeks input from all other departments within the ISPCCC.

6.5 Review and Evaluate

The ISPCC is committed to monitoring and reviewing, when necessary, the implementation of the guiding principles and child safeguarding procedures across the organisation.

The ISPCC will review the guiding principles and child safeguarding procedures every 24 months, or sooner if necessary due to service issues or changes in legislation/national policy, or where problems in the implementation process arise.

The monitoring and reviewing of the implementation of our guiding principles and child safeguarding procedures will be cognisant of the following measures:

- Collation and analysis of any complaints.
- Collation of child protection concerns and the actions taken.
- Collation of feedback from children/young people, parents/carers and families through the WWOET or as brought to the attention of the ISPCC.
- Analysis of practice and any breaches of procedures or the ISPCC code of behaviour
- Annual staff and volunteer file audits.
- Shadowing and supervision of staff.

Appendix 1: National Legislation and Policy

Commitment to compliance with national legislation and policy

The development and implementation of this Child Safeguarding policy is congruent with the core principles and responsibilities enshrined in a range of legislation and policy contexts that Ireland has either enacted or signed up to, so as to promote the welfare and protection of children. These include:

- The Child and Family Agency Act 2013
<http://www.oireachtas.ie/documents/bills28/acts/2013/a4013.pdf>
- Child Care Act 1991
<http://www.irishstatutebook.ie/eli/1991/act/17/enacted/en/print.html>
- Children Act 2001
<http://www.irishstatutebook.ie/eli/2001/act/24/enacted/en/pdf>
- Children First Act 2015
<http://www.irishstatutebook.ie/eli/2015/act/36/enacted/en/pdf>
- Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012
<http://www.irishstatutebook.ie/eli/2012/act/24/enacted/en/pdf>
- Criminal Justice Act 2006, Section 176: Reckless Endangerment of Children
<http://www.irishstatutebook.ie/eli/2006/act/26/enacted/en/pdf>

- Data Protection Acts 1988 and 2003
<http://www.irishstatutebook.ie/eli/1988/act/25/enacted/en/html>
<http://www.irishstatutebook.ie/eli/2003/act/6/enacted/en/pdf>
- Domestic Violence Act 1996
<http://www.irishstatutebook.ie/eli/1996/act/1/enacted/en/pdf>
- Education (Welfare) Act 2000
<https://www.oireachtas.ie/documents/bills28/acts/2000/a2200.pdf>
- Education Act 1998
<http://www.irishstatutebook.ie/eli/1998/act/51/enacted/en/pdf>
- Freedom of Information Act 2014
<http://www.irishstatutebook.ie/eli/2014/act/30/enacted/en/pdf>
- National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016
<http://www.irishstatutebook.ie/eli/2012/act/47/enacted/en/pdf>
- Non-Fatal Offences against the Person Act 1997
<http://www.irishstatutebook.ie/eli/1997/act/26/enacted/en/pdf>
- Protected Disclosures Act 2014
<http://www.irishstatutebook.ie/eli/2014/act/14/enacted/en/pdf>
- Protections for Persons Reporting Child Abuse Act 1998
<http://www.irishstatutebook.ie/eli/1998/act/49/enacted/en/pdf>
- Children First – the National Guidance
https://www.tusla.ie/uploads/content/Children_First_National_Guidance_2017.pdf
- Tusla’s Child Safeguarding; A Guide for Policy, Procedure and Practice
https://www.tusla.ie/uploads/content/Tusla_-_Child_Safeguarding_-_A_Guide_for_Policy,_Procedure_and_Practice.pdf
- Training and Information Procedure

Appendix 2: Procedure for Appointing a Relevant Person/s for the Purposes of the Children First Act 2015

The Children First Act 2015, Section 11 requires organisations that are providers of Relevant Services to prepare a Child Safeguarding Statement. This is a written statement that specifies the service being provided and the principles and procedures to be observed in order to ensure, as far as practicable, that a child availing of the service is safe from harm.

Section 11, (3) (g) of the Act requires that a child safeguarding statement shall... in that regard, specify the procedures that are in place’ for appointing a relevant person for the purposes of this Part.

Part 2 (8) of the Act outlines the definition in relation to “Relevant Person” which means a person who is appointed by a provider of a relevant service to be the first point of contact in respect of the provider’s Child Safeguarding Statement.

The ISPCCC as a relevant service has a responsibility to appoint a Relevant Person/s in line with the above Act.

The purpose of this procedure is to:

1. Meet the requirements of the Children First Act 2015, by outlining in the Child Safeguarding Statement/s the specified procedures required, which include a “procedure for the appointment of Relevant Person/s.”
2. Ensure that all staff and volunteers within the organisation are aware of the process to appoint the Relevant Person/s.
3. Ensure all staff/volunteers are aware of who has been appointed as the Relevant Person/s as outlined in the Child Safeguarding Statement.
4. Ensure that all parents, children, members of the public and Tusla are aware that they may receive a copy of the Child Safeguarding Statement upon request. This statement will contain the details of the ISPCCC’s Relevant Person/s.

Roles

1. The Board of the ISPCCC has responsibility for appointing a Relevant Person/s.
2. The appointed Relevant Person/s, in line with the Children First Act, 2015, will be the first point of contact in relation to the Child Safeguarding Statement.
3. Management and staff/volunteers will ensure that any queries in relation to the Child Safeguarding Statement are directed to the Relevant Person/s named.

The procedure to appoint a Relevant Person/s within the ISPCCC is as follows:

1. The Board will appoint the Relevant Person/s and delegate the function to a nominated person in the organisation.
2. The role and function of the Relevant Person is an integral part of the role of Director of Services within the ISPCCC.
3. The role and function of the Relevant Person/s will be outlined in the Director of Services’ job description.
4. The name of the Relevant Person/s will be included on the Child Safeguarding Statement.
5. All staff/volunteers will be made aware of who has been appointed as the Relevant Person/s by receiving a copy of the Child Safeguarding Statement which includes the name of the Relevant Person/s.
6. All parents, children, members of the public and Tusla will also receive a copy of the statement upon request which will inform them of who has been appointed as a Relevant Person/s.
7. This procedure and the role and function of the Relevant Person/s will be reviewed within 4 months of the date and outlined on the Child Safeguarding Statement, or as soon as practicable after there has been a material change in any matter to which the statement refers.

Date: 28 July 2020

Appendix 3: Procedure for maintaining a list of mandated persons

The Children First Act 2015, Section 11 requires organisations that are providers of Relevant Services to prepare a Child Safeguarding Statement. This is a written statement that specifies the service being provided and the principles and procedures to be observed in order to ensure, as far as practicable, that a child availing of the service is safe from harm.

Section 11, (3) of the Act requires that a child safeguarding statement shall... in that regard, specify the procedures that are in place for maintaining a list of the persons (if any) in the relevant service who are mandated persons.

Role of the Mandated Persons

As defined in the Children First Act 2015, mandated persons have a statutory obligation to report concerns which reach or exceed a particular threshold to the local Tusla social work duty service and to cooperate in the assessment of mandated reports (please see Children First: National Guidance (2017) Chapter 3, for further information on the roles of mandated persons and Appendix 2: Schedule of Mandated Persons under the Children First Act 2015, a copy of which is available as an Appendix in this procedure).

Responsibilities

Within the ISPCC, it is the responsibility of the Director of Services to identify persons in positions that could be characterised as Mandated Persons with responsibility under Section 14 of the Children First Act 2015. Those staff members will be advised of their responsibility as Mandated Persons by letter and a copy of the letter sent will be held on their personnel file. Line Managers of all staff who are identified as Mandated Persons will also be informed of their status by letter. A full list of the employees and line managers who were sent letters in this regard will be held by the ISPCC'S People and Transformation team.

Line Managers

Line Managers of identified Mandated Persons will inform new and existing staff of their Mandated Person responsibility and this should be discussed within Supervision.

1. Managers must ensure that employees who are Mandated Persons meet their responsibilities and comply with these procedures through monitoring, audit and review.
2. Managers must facilitate training for employees who are Mandated Persons where necessary.
3. Managers are responsible for consulting with staff to review the Mandated Persons list to remove persons who are not identified as Mandated Persons. They must inform the People and Transformation team and the Director of Services of any changes required to the list.

Note: it is the Line manager's responsibility to ensure that all information, induction and training necessary for staff members who are Mandated Persons is undertaken with reference to the reporting procedure.

Staff

1. Staff who are Mandated Persons, when fulfilling their legal responsibility, should ensure their line manager is aware when they are making a report. Please refer to the ISPCC Child Safeguarding Policies and Procedures for further details.
2. Those who were graded as Mandated Person, but self-determined they did not meet the criteria as a Mandated Person are advised to inform their line management.

Arrangements to notify staff of their Mandated Person Responsibility

Employment contracts for all staff will indicate that they must adhere to all relevant legislation, including the Children First Act. The following will be included in all existing and new employee contracts. 'You are required to comply with legislation / policies which have particular application to your position. Details of these policies will be communicated to you by your Line Manager.'

Maintenance and production of a list of Mandated Persons

A list of Mandated Persons will be maintained at National and Regional Level. Where multiple lists are being kept, line managers will be identified to hold lists of Mandated Persons which must be updated and submitted to the Head of People and Transformation who will maintain a complete organisational list of Mandated Persons.

Review

All arrangements for maintaining a list/s of mandated persons outlined in this procedure will be reviewed within 24 months of the date outlined below or if there has been a material change in any matter to which the statement refers.

Date: 28 July 2020

Appendix 4: Vulnerable Children

Some children may be more vulnerable to abuse than others. Also, there may be particular times or circumstances when a child may be more vulnerable to abuse in their lives. In particular, children with disabilities, children with communication difficulties, children in care or living away from home, or children with a parent or parents with problems in their own lives may be more susceptible to harm.

The following list is intended to help identify the range of issues in a child's life that may place them at greater risk of abuse or neglect. It is important to remember that the presence of any of these factors does not necessarily mean that a child in those circumstances or settings is being abused.

Parent or carer factors:

- Drug and alcohol misuse.
- Addiction, including gambling.
- Mental health issues.
- Parental disability issues, including or intellectual disability learning.
- Conflictual relationships.
- Domestic violence.
- Adolescent parents.

Child factors:

- Age.
- Gender.
- Sexuality.
- Disability.
- Mental health issues, including self-harm and suicide.
- Communication difficulties.
- Trafficked / exploited.
- Previous abuse.
- Young carer.

Community factors:

Cultural, ethnic, religious or faith-based norms in the family or community which may not meet the standards of child welfare or protection required in this jurisdiction.

Culture-specific practices, including:

- Female genital mutilation.
- Forced marriage.
- Honour-based violence.
- Radicalisation.

Environmental factors:

- Housing issues.
- Children who are out of home and not living with their parents, whether temporarily or permanently.
- Poverty/Begging.
- Bullying.
- Internet and social media-related concerns.

Poor motivation or willingness of parents/carers to engage:

- Non-attendance at appointments.
- Lack of insight or understanding of how the child is being affected.
- Lack of understanding about what needs to happen to bring about change.
- Avoidance of contact and reluctance to work with services.
- Inability or unwillingness to comply with agreed plans.

These factors should be considered as part of being alert to the possibility that a child may be at risk of suffering abuse and in bringing reasonable concerns to the attention of Tusla.

Complicating Factors:

Alongside the signs and symptoms of the four types of abuse (physical abuse, sexual abuse, emotional abuse and neglect), there are a number of known complicating factors and circumstances which may make children more vulnerable to harm that need to be considered when identifying, responding to and assessing child protection concerns.

These are features of the child or young person's circumstances that are known to be associated with heightened risk to health, development and welfare.

The following are some of the complicating factors and circumstances which may make children more vulnerable to harm:

- Age of the child.
- Domestic and sexual violence.
- Parental mental health problems.
- Parental substance misuse.
- Parental intellectual disability.
- Children with disabilities.
- Unknown male partners and their history/association with the family.
- Families who are 'uncooperative' or 'hard to engage'.
- Poverty and social exclusion

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.

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.

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.

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.

Appendix 5: ISPCC Safe Management Practices

Safe Management Practices will not only enable individual services to run efficiently but will also prevent the occurrence of accidents that might harm children or practices of staff that might place children at risk.

The following is a list (though not exhaustive) of those practices that assist the ISPCC in promoting safe management practices:

All managers should have a sound knowledge of all children and young people in their service area and undertake to familiarise themselves with the children. Good referral information, record taking on admission, and the maintenance of good records throughout the services engagement with the children / families, will assist this process. It is each manager's responsibility to ensure, where possible and appropriate, that the service is provided with all relevant information about the child prior to specific services being offered / provided.

- It should be noted that, given the wide variety of services that the ISPCC provides, and in particular the direct access services such as Childline, there are variations to the nature and level of the manager's awareness of the specific activities of individual children within the ISPCC centres. Where the manager is not in a position to have such information at their immediate disposal (which, given the nature of their responsibilities and regional briefs, is likely to be the norm), they should be satisfied that the staff members responsible for the service provision have an adequate knowledge of those children using the service, as appropriate and reasonable to the specific service.

- A separate record is kept on all children directly using the service.
- Waitlists (Please see the Waitlist Policy in the Childline Therapeutic Support Service Policy and Procedures Manual.)
- Managers are responsible for their staff team, as well as all volunteers that work in their service area. This responsibility extends to (a) ensuring that staff are fully aware of the ISPCC's Child Safeguarding Procedures, (b) that staff engage in training in child safeguarding procedures and (c) that the adequacy of staff is such as to promote safe practices.
- Particular attention must be paid to health and safety matters relating to the service area, to ensure that children are provided with a safe environment whilst they are using ISPCC services, or are on ISPCC premises. The ISPCC Health and Safety statement applies here.
- ISPCC Managers need to ensure that all staff members/volunteers have not only read this policy document, but also have induction and or/training in relation to it in order to ensure and promote safe childcare practices.
- Managers are responsible for ensuring that children in their service area are appropriately supervised, either by the child's parents or by designated staff members / volunteers. In this regard, safe care practices include ensuring that children are not left unsupervised by the primary care giver or staff members / volunteers, and that adequate numbers of staff /volunteers are available to provide supervision. In this regard, it should be noted that the ISPCC operate a policy of supervision ratio of children to adults not less than 5:1. There must be at least 2 volunteers / staff members present when a service is open and when children / service users are involved in any activities / excursions. Children with additional needs may need a higher ratio of supervisor to children.
- When services are involved in taking children out of the centres, it is the responsibility of the manager to ensure that safe practices are upheld in relation to the transportation of children, adequate insurance, appropriate engagement in activities, supervision and consent is available (CTSS Policy and Procedures). This includes children involved in fundraising or promotional activities and events. Staff need to ensure that the venues used have appropriate child safeguarding procedures in place.
- Adequate insurance, appropriate engagement in activities, supervision and consent is available (CTSS Policy and Procedures). This includes children involved in fundraising or promotional activities and events.
- The ISPCC has an Accident/Incident Report Form which is available in Appendix 3 of the ISPCC Safety Statement, latest version available on ([\\ispccsrv1\Public\Manuals & Policies](#)). This form should be completed in as much detail as possible and given to the Line Manager and Head of People and Transformation as appropriate.

⁸For further information on the ISPCC's Transportation policy see "[\\ispcc-filesrv\Manuals & Policies\Services Policies and Procedures](#)"

Appendix 6: ISPC/Childline Procedure where a child is in imminent danger

If a child contacts Childline and presents as being in immediate danger outside of the office hours of 9-5, this is an emergency situation. If the child has given us enough details to make a referral such as full name and address /location the procedure is as follows:

1. If possible, the volunteer stays on the phone/chat with the child while another volunteer calls the Emergency services. At this stage, it is not necessary to contact the person on call. The volunteer should call 999 or 112 immediately.
2. Give the emergency services as much information as possible:
 - Name
 - Address/Location (give as much detail as possible re location)
 - Child's mobile number
 - Details of risk

Some examples might be:

- Where the child tells us she/he has taken an overdose or is about to take steps to end his/her life.
- A child who has been abducted but escaped from his/her abductor.
- Where a child says they are being abused or they are in fear of being abused.
- A child who has run away, it's late at night and they are scared.

After the call has been made to the Emergency services, the volunteer needs to contact the Person on Call to inform them of the details of the referral. The Person on Call needs to log this and follow up where necessary.

The volunteer's supervisor needs to be informed so that they can check in with the volunteer the next day around his/her feelings and give support.

Appendix 7: Protected Disclosures Policy and Procedure

Protected Disclosures Policy and Procedure

The Protective Disclosure Act 2014 underpins this Policy, Procedures and Practices and provides a framework where staff and volunteers can raise concerns regarding potential wrongdoings that have come to their attention while working in the ISPC, in the knowledge that they can avail of significant employment protections.

What is a "Protected Disclosure"?

A Protected Disclosure is defined in the Protected Disclosures Act 2014 as a disclosure of relevant information related to wrongdoing made by a worker in the manner specified under the Act. For the purposes of the Act, information is "relevant" if:

- In the reasonable belief of the worker, it tends to show one or more 'relevant wrongdoings'.
- It came to the attention of the worker in connection with the worker's employment.
- A Protected Disclosure involves the disclosure of information which, in the reasonable belief of the worker making the disclosure, shows that one or more of the following relevant wrongdoings has been committed or is likely to be committed:
 - Unlawful or improper use of public funds or resources.
 - Financial misconduct or fraud.
 - Corruption, bribery or blackmail.
 - Failure to comply with any legal obligation, other than one arising under the worker's contract of employment or other contract whereby the worker undertakes to do or perform personally any work or services.
 - Endangerment of the health or safety of any individual .
 - Damage to the environment.
 - The commission of an offence.
 - Miscarriage of justice.
 - Gross negligence or gross mismanagement by public bodies.
 - The concealment of any of the above .

All employees are encouraged to raise genuine concerns about possible wrongdoing at the earliest opportunity and in an appropriate way. If a worker makes a disclosure and feels they have been penalised as a result of making a disclosure, then that complaint will be dealt with in accordance with Section 14 the Protective Disclosure Policy. Complaints in the different Departments are dealt with by the Head of the Department:

Services – Director of Services

Finance – Director of Finance & IT

Fundraising – Director of Fundraising

If a complaint is made against any of the Directors then it is dealt with by the CEO and if a complaint is against a CEO, then it is the Board of the ISPCCC that deals with it.

Matters relating to personal grievances are dealt with through existing ISPCCC policies. It may also be appropriate to report to the appropriate professional body that staff may be aligned to such as CORU or the Psychological Society of Ireland.

Appendix 8: 7 R's of responding to disclosures

It should be noted that this is suggested advice and is no substitute for proper training in dealing with child abuse. It outlines for staff members the initial steps that the ISPCCC is advising its staff to take in such a situation. It must not be seen as constituting a comprehensive assessment or investigative interview, as these are the responsibility of specialist staff in Tusla and/or An Garda Síochána.

1. **Receive:** Be aware that disclosures of abuse can be very difficult for the child. Be as calm and natural as possible – listen to what the child has to say.
2. **Reassure:** Assure the child that you believe them. It is appropriate to reassure the child that the alleged abuse or neglect is not their fault. Do not promise to keep secrets. Reassure the child that you will be sharing this information with people who understand this area.
3. **React:** Allow the child to disclose at their own pace in their own language. Questions should be supportive and for the purpose of clarification only.
4. **Record:** All records should be made in accordance with the ISPCCC procedures on record keeping.
5. **Remember:** In order to ensure that the Child Protection processes of the ISPCCC contribute to the promotion of Children’s Welfare, it is necessary to follow these guidelines in conjunction with those contained in “Children First”.
6. **Refer:** To your supervisor at all times throughout the process for guidance, supervision and case management.
7. **Relax:** Self-care is important in these situations, refer to the ISPCCC Volunteer Welfare practice and support from your supervisor/manager/24-hour counselling.

The ISPCCC is committed to making available such support systems as required in these situations.

Appendix 9: ISPCCC Code of Behaviour

ISPCCC Code of Behaviour:

The purpose of this code is to set out the behaviours that are expected of staff and volunteers working with children and families.

Management Responsibilities

Managers are responsible for ensuring compliance with ISPCCC’s Code of Behaviour for Working with Children and Young People within their area of responsibility and for dealing with any breaches or shortfalls in practice.

Managers must ensure that staff are aware of the requirements of the Code of Behaviour and that breaches of the Code of Behaviour could result in the need for additional supervision, retraining, counselling and in some situations could result in disciplinary procedures being invoked.

Managers must ensure staff:

- Operate within ISPCCC’s policies, procedures, protocols and guidelines.
- Adhere to ISPCCC’s Child Safeguarding Statement and accompanying policies and procedures.

Staff Responsibilities

All staff are responsible for:

- Being familiar with, and adhering to, ISPCCC policy and practice procedures.
- Maintaining the child as the primary client at all times.
- Treating children with respect, dignity, and sensitivity, and respecting their right to privacy.
- Taking time to listen to children and spending time getting to know each child.
- Helping children to understand the ISPCCC rules about acceptable behaviour.
- Encouraging children to participate in activities.
- Consulting and involving children on a day-to-day basis.
- Promoting a safe, fun space for the child to relax and be comfortable with their environment.
- Never showing favouritism to a particular group or individual.
- Encouraging children to regard their bodies as their own property.
- Enabling children to freely express their feelings, fears and experiences openly.
- Providing information to children in an age-appropriate way about the services, child protection policy of the ISPCCC and appropriate behaviour.
- Being familiar with the identification of child neglect or abuse, and able to effectively implement these procedures efficiently and in a timely and professional manner.
- Recognising that dealing with child protection can be distressing, knowing one's own limitations in dealing with it, and having the awareness to be able to source support or assistance if necessary.
- Maintaining a professional relationship with clients and avoiding personal involvement at any level.
- Always responding to any indication, suspicion or disclosure of abuse or neglect through speaking to the Designated Liaison Person.
- Never using physical chastisement, verbally abusive language, sexually suggestive or motivated actions or language, or emotionally abusive conduct towards a child.
- Encouraging children to report things they are uncomfortable about / do not like happening to them or which threaten them in some way.
- Take complaints made by children and young people seriously and ensure that children and young people are aware of the ISPCCC's complaints procedure.
- Give children and young people a voice and encourage young people to feel confident to point out attitudes or behaviour of staff they do not like.
- Be aware that where a child or young person is developing what may be inappropriate reliance or relationship with a particular member of staff or volunteers, this should be discussed with a senior manager and parents (where appropriate) without delay.
- Ensuring they do not make contact with a child or young person via social media, unless part of and agreed service arrangement (see ISPCCC ICT Policy and Social Media & Digital Images Policy).
- Bringing to the attention of their manager any resource or operational difficulties that might impede safe practice.

- Adhering consistently to agreed approaches and interventions in service provision – meeting relevant standards of practice and working in a lawful, safe and effective way.
- Reporting all allegations/suspicions of abuse by colleagues in line with the ISPCCC Policy.
- Maintaining clear, accurate and objective records.
- Seeking assistance from their manager if they do not feel able or adequately prepared to carry out any aspect of their work or are unsure about how to proceed in a work matter.
- Undertaking relevant training to ensure compliance with the Code of Behaviour to maintain and improve their knowledge and skills.

All ISPCCC Staff and Volunteers, when working with children and young people, must not:

- Abuse the trust of children/young people or the access they have to personal information about them and their families;
- Abuse, neglect or cause harm to children/young people;
- Use inappropriate language, for example swearing or sexual innuendo;
- Use any form of aggressive physical contact, for example shaking, slapping, shoving, rough handling;
- Threaten a child/young person in any way in order to control their behaviour;
- Show favouritism to any particular individual or group of children/young people;
- Discipline a child/young person inappropriately or punish a child/young person harshly;
- Tease, taunt, insult or make derogatory remarks about or to a child/young person;
- Restrain a child/young person as a way of punishment;
- Bully a child/young person;
- Humiliate and/or embarrass children/young people;
- Conduct a sexual relationship with a child/young person or engage in any form of sexual contact. Any such behaviour by an adult member of staff will be treated as alleged sexual abuse and managed under the ISPCCC allegations against a staff member or volunteer policy.
- Make contact with a child/young person via social media, unless as part of an agreed contact arrangement.
- Share your personal contact details with children/young persons (e.g. personal mobile number or address);
- Contact children/young people/service users outside of the work of ISPCCC or without the agreement of your line manager;
- Be secretive or evasive about your activities and time spent with children/young people;
- Form inappropriate personal relationships with children/young people;
- Either exaggerate or trivialise child abuse issues;
- Touch a child/young person in an inappropriate way;
- When working with children's behaviour, use deliberately harsh or degrading responses to their behaviour;
- Exclude a particular child/young person from activities;

- By your actions or failure to act, compromise standards of integrity or trust in the organisation;

This is not an exhaustive list and due consideration must be given to professional judgement

I have read and understand the ISPC's Code of Behaviour.

Signed: _____ Date: _____

Name in Print: _____

Witnessed by: _____ Role: _____

Name in Print: _____ Date _____

Appendix 10: Tusla dedicated contact points:

Carlow 052 6177302	Yellow House, Wester Road, Clonmel, Co Tipperary. E91 PR83
Cavan 049 4369800	Support Services Building, Rooskey, Monaghan.
West Cavan 071 9155133	Markievicz House, Barrack St, Sligo
Clare 061 588688	Unit 3, St. Camillus Hospital, Shelbourne Road, Limerick
Cork 021 4923493	Block 36, St. Finbarr's Campus, Douglas Road, Cork.
Donegal 074 9123672	Ground Level, Scally Place, Justice Walsh Road, Letterkenny, Co. Donegal
Dublin North 01 8708000	180-189 Lakeshore Drive, Airside Business Park, Swords, Co. Dublin.
Poppins 01 8567704	Wellmount Health Centre, Wellmount Park, Finglas, Dublin 11.
Dublin South Central 01 7955749	Bridge House, Cherry Orchard Hospital, Dublin 10
Dublin South East 01 9213400	Unit 9, Nutgrove Retail Park, Churchtown, Dublin 14
Dublin South West 045 839300	Building 2, Vista Primary Care Centre, Ballymore Road, Naas, Co Kildare. W91 HT2X
Galway 091 546235	25 Newcastle Road, Galway
Kerry 066 7184501	Rathass, Tralee, Co Kerry. V92 YA25
Kildare 045 839300	Building 2, Vista Primary Care Centre, Ballymore Road, Naas, Co Kildare. W91 HT2X
Kilkenny 052 6177302	Yellow House, Wester Road, Clonmel, Co Tipperary. E91 PR83
Laois 044 9353997	Primary Care Centre, Harbour Road, Mullingar, Co Westmeath
Leitrim 071 9155133	Markievicz House, Barrack St, Sligo
Limerick 061 588688	Unit 3, St. Camillus Hospital, Shelbourne Road, Limerick

Longford 044 9353997	Primary Care Centre, Harbour Road, Mullingar, Co Westmeath
Louth 046 9098560	Meath Enterprise Centre, Trim Road, Navan, Co Meath
Mayo 094 9049137	1st Floor, Mill Lane, Bridge Street, Castlebar, Mayo
Meath 046 9098560	Meath Enterprise Centre, Trim Road, Navan, Co Meath
Monaghan 049 4369800	Support Services Building, Rooskey, Monaghan.
Offaly 044 9353997	Primary Care Centre, Harbour Road, Mullingar, Co Westmeath
Roscommon 091 546235	25 Newcastle Road, Galway
Sligo 071 9155133	Markievicz House, Barrack St, Sligo
North Tipperary 061 588688	Unit 3, St. Camillus Hospital, Shelbourne Road, Limerick
South Tipperary 052 6177302	Yellow House, Wester Road, Clonmel, Co Tipperary. E91 PR83
Waterford 053 9198201	Ely House, Ferrybank, Co Wexford
Westmeath 044 9353997	Primary Care Centre, Harbour Road, Mullingar, Co Westmeath
Wexford 053 9198201	Ely House, Ferrybank, Co Wexford
Wicklow 01 9213400	Unit 9, Nutgrove Retail Park, Churchtown, Dublin 14
West Wicklow 045 839300	Building 2, Vista Primary Care Centre, Ballymore Road, Naas, Co Kildare. W91 HT2X