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Child Protection Procedure

**PROTECTION AND WELFARE
CHILD/YOUNG PERSON SERVICE USER CONCERN
REPORTING PROCEDURE FLOW CHART**

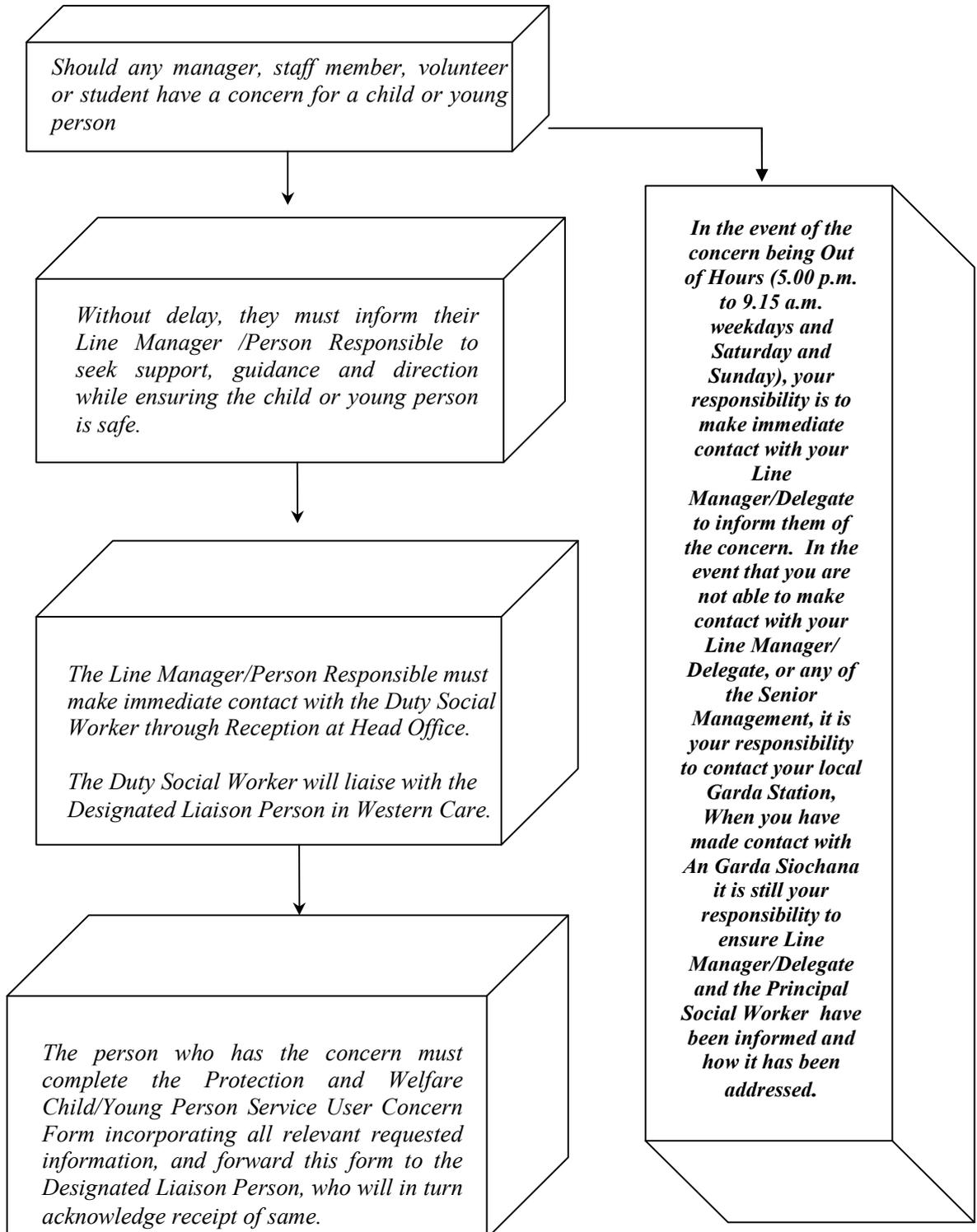


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Policy and Procedure Feedback Form

A Policy and Procedure Feedback Form is available on the Western Care Association Intranet (under Procedures) which will provide an opportunity to comment on any policy/procedure.

Your comments will be forwarded to the person who has the lead for the on-going development of the policy/procedure.

All comments will be collated by the person responsible and will inform the three-yearly review cycle for updating procedures.

SECTION A

1.0 CHILD PROTECTION POLICY STATEMENT

Western care Association believes in the principles of Person and Family Centred practice which recognises the natural authority of the family and the value of healthy family relationships. Where there is any question about the protection and welfare of the child in the family Western care Association places the welfare of the child first.

Western Care Association is committed to practice which protects children from harm. The principle that the welfare of the child is of paramount importance is enshrined in this policy and all practices and procedures relating to children receiving supports from Western Care. Western Care Association acknowledges the rights of children to be protected, treated with respect, listened to and to have their views taken into consideration with regard to important events in their lives.

It is the aim of Western Care Association to provide supports to children, which promote their protection and welfare. Western Care Associations' Child Protection Policy, Procedure & Practices embodies the principles contained in the following legislation:

1. The Child Care Act 1991
2. Children First (National Guidance for the Protection & Welfare of Children Department of Health & Children 2011)
3. Our Duty of Care (Department of Health & Children) 2002
4. Protection for Persons reporting Child Abuse Act 1998
5. The UN Convention on the Rights of the Child. (ratified in 1992)
6. The Agenda for Children Services – A Policy Handbook 2007
7. Trust in Care—May 2005
8. Protected Disclosures (2011)
9. HIQA Regulations (2013).

This Policy will operate in accordance with national guidance and will be reviewed in line with Western Care Association requirements.

As stated management, staff, students and volunteers in Western Care Association recognise that the welfare of children is paramount and our Organisation will endeavour to safeguard children through having appropriate procedure and practice including:

- A reporting procedure to deal with child protection concerns
- A confidentiality statement (contained in this policy)
- A code of behaviour for management, staff and volunteers
- A Policy on Positive Approaches
- An Intimate care procedure
- A recruitment procedure
- A procedure to respond to complaints
- A process for dealing with allegations against staff members
- A supervision policy
- An Incident/Injury Reporting policy.

As part of implementing this procedure, Western Care Association will:

- Maintain the presence of a Designated Liaison person and a Deputy Designated Liaison person to ensure compliance with national child protection guidance and to ensure that the agency and staff are kept informed of changes and best practices regarding child protection.
- Ensure all management, staff, students and volunteers will be required to sign up and comply with Western Care's Child Policy, Procedures and Practices.
- Inform management, staff, students and volunteers that abuse, neglect, mistreatment and exploitation of children is forbidden and reported incidents will be managed in line with National Guidelines under Western Care's Child Protection Policy, Procedures and Practices and other policies deemed as appropriate i.e. allegation against management, staff, students and volunteers procedure.
- Make explicit to management, staff, students and volunteers that they have a responsibility to report any concern regarding a child.
- Make explicit to all management, staff, students and volunteers the reporting procedure when they suspect that a child has or is being abused.
- Provide mandatory induction training in Western Care Association Child Protection Policy, Procedures and Practices and also provide follow up mandatory refresher training every 36 months.
- Provide an information leaflet to families of children on protection and welfare of children including Western Care's Protection & Welfare Policy.
- Will provide supervision and support structures for all staff in contact with children which is relevant to their work role, which may include formal and informal supervision ie: team meetings and one to one supervision. The frequency of supervision will be agreed with the staff member and their line manager. Where staff are involved in dealing with child protection disclosures supervision may be increased as a form of support.
- Review the organisation's Child Protection Policy & Procedures and Practices and review Garda Vetting and Western Care Association's Child Protection training statistics on a two yearly basis or more if required.

SECTION B

2.0 REPORTING PROCEDURE

Safe Services Mandatory Reporting

As stated it is the aim of Western Care Association to provide services to children which promotes their welfare and protection. This is achieved through the provision of a clear reporting procedure, which all management/staff/students/volunteers in Western Care Association are trained and refreshed in.

All management, staff, students and volunteers in Western Care Association will be informed that Western Care management/ staff/students/volunteers have statutory obligations as a funded HSE Agency and that mandatory reporting of concerns is the organisational requirement. This duty requires staff/volunteers to Recognise, Respond and Report Child Abuse.

3.0 DEFINITIONS OF CHILD ABUSE

Western Care Association will ensure that all management/staff/students/volunteers are made aware and understand the definitions of abuse as outlined in Children First (2011 Part 2 Pgs 8 - 12), see below:

Definition of ‘neglect’

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

Definition of ‘emotional abuse’

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

Definition of ‘physical abuse’

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

Definition of ‘sexual abuse’

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

3.1 LOOKING OUT FOR SIGNS OF NEGLECT OR ABUSE

All management, staff, students and volunteers in Western Care Association will be informed of the following reasonable grounds to consider a child protection concern as outlined in 'Children First 2011' (Part 2, page 10 – 11).

- Disclosure of abuse by a child or a young person
- Age inappropriate or abnormal sexual play or knowledge
- Specific injuries or pattern of injuries
- Absconding from home or a care institution
- Attempted suicide
- Underage pregnancy or sexually transmitted diseases
- Signs in one or more categories. For example, signs of behavioural delay, physical injury and behavioural signs may together indicate a pattern of abuse.

Many signs of abuse are non-specific and must be considered in the child's social and family context. It is important to be open to alternative explanations for physical or behavioural signs of abuse. If unsure about any concern consult, with your line manager who can liaise with Western Care's Designated Liaison Person for clarification.

3.2 RESTROSPECTIVE ABUSE

Retrospective abuse is the recall and disclosure by an adult of an abuse they experienced during their childhood years.

Disclosures of abuse by adults which took place in their childhood years should also be reported. When a retrospective disclosure is made, serious consideration must be given to the current risk to any child who may be in contact with the alleged abuser.

Where retrospective disclosures occur, Western Care's Designated Liaison Person will liaise with the Duty Social Worker of the Child and Family Agency in the interest of all concerned.

The adult making the allegation will be facilitated and supported to make a full disclosure to An Garda Siochana. Any potential risk to unidentified children will also be reported to the Child and Family Agency.

The HSE National Counselling Service (NCS) provides free professional counseling/therapy to any adult who experienced abuse or neglect while they were a child. The service encourages people where possible to self refer by ringing the **FREE PHONE NUMBER 1800 235 1114** during weekday hours.

Telephone counseling/therapy and psychotherapy service operates on Wednesday/Thursday/Friday/Saturday and Sunday evenings 6-10pm Telephone 1800 477 477. E-mail Theresa Flacke@bsi.ie.

Western Care Association also provides services to adults. In the event of Western Care Association becoming aware of an incident of potential abuse between an adult Service User and Child, this information will be shared with the Child and Family Agency. The provision of information to the statutory agencies for the protection of a child is not a breach of confidentiality or data protection.

4.0 RESEARCH IN THE AREA OF ABUSE & DISABILITY

Research has shown – as in the Department of Health and Children Document “Children First” September 2011 Pg 58 – that abuse of children with disabilities is a significant problem.

- Research has shown that the abuse of children with disabilities is a significant problem. The abuser is most likely to be known to the victim.
- Parents, teachers and all staff in services for children with disabilities need to be familiar with the indicators of abuse and be alert to the signs of abuse.
- All agencies/organisations working with children with disabilities have clear guidelines for preventing, identifying and reporting child abuse or neglect to ensure that staff and volunteers are trained in the use of Children First National Guidance.
- Particular attention should be paid to the welfare and protection of children who are living away from birth parents and whose first language is not English.

5.0 TIME FRAME FOR REPORTING

In the interest of both the child and the concerned individual immediate reporting of a concern is imperative. This ensures that children will be able to recall events more clearly, thus ensuring that they receive appropriate and immediate protection. It also ensures that staff and volunteers do not leave work holding on to information that can be disturbing, or leaving the child in a situation of further risk.

Under no circumstances should a child be left in a situation which exposes him or her to harm or risk of harm pending intervention. In the event of an emergency where you think a child is in immediate danger and you cannot make contact with the designated liaison person or your immediate line manager, you should contact the Gardai who have a statutory responsibility to safeguard children. This may be done through any Garda Station.

6.0 GUIDELINES FOR RESPONDING TO A DISCLOSURE OF ABUSE BY A CHILD

- Stay calm and listen – give the child time to say what she or he wants to say
- Listen carefully and attentively, take the child seriously
- Don't ask leading questions or make suggestions
- Don't stop the child recalling significant events, but don't start to investigate or make the child repeat the story unnecessarily
- Don't express opinions or judgments about the child or members of his or her family
- Reassure the child but don't promise to keep it secret
- Explain that you will need to discuss this with someone else who might be able to help
- Record the disclosure carefully and, as soon as possible, outline what the child said, in the language the child used.

7.0 REPORTING PROCEDURE

If there is any concern about the welfare or safety of a child/young person who is involved in Western Care Association within their home or community context the following procedure will be followed:

All management, staff, student and volunteers with a concern for a child or young person will consult with their line manager who in turn will liaise with Western Care's Duty Social Worker.

The Duty Social Worker will liaise with Designated Liaison Person in Western Care. To speak to the Duty Social Worker in Western Care, please contact Head Office on 0949025133 between 9.15am-5pm Monday-Friday.

The Designated Liaison Person, Mr. David Tuomey, Principal Social Worker (094)9029114 / (087)2930391.

Or Deputy Designated Liaison Person Ms. Regina Chambers, Social Work Team Leader (094)9286998 / (087)9536600.

The Designated Liaison Person

In the event of a concern being highlighted to Western Care's Duty Social Worker, Social Work personnel will consult with Western Care's Designated Liaison Person.

Following this consultation, the Western Care Duty Social Worker will contact the Child and Family Agency Duty Social Work Service of the Child and Family Agency for informal advice, i.e. discussing their concerns without identifying the child or family.

Following discussion with the Child and Family Agency Duty Social Worker and when advised to do so, Social Work personnel make a formal report on the Child and Family

Agency Standard Reporting Form and forward it to the Child and Family Agency Social Work Department.

In the event that the concern is not deemed necessary to record on a Child and Family Agency Standard Reporting Form, the decision and record of the concern will be recorded on the child's Main File with a plan for agreed action. The referrer of the concern will be informed in writing about the agreed follow up plan by the Designated Liaison Person.

Western Care will inform families that a concern has arisen in relation to their child unless doing so would place the child at further risk. In such an event, this would be discussed with the Child and Family Agency in the best interest of the child and liaise with the service in relation to who undertakes this.

The Director of Services, Head of Children's Autism Services and the Children's Services Manager may be informed that a report has been made to the Child and Family Agency Social Work Department, however, identifying information would not be passed to the Executive Officer, Head of Children's Autism Services and the Children's Services Manager or any other member of the management team in line with the confidentiality statement.

The local numbers for the Duty Social Worker is:

Castlebar (094) 9022283

Ballina (096) 21511

Swinford (094) 9050133

Emergency situation / outside of social work department hours.

Designated Liaison Person and staff should be aware to contact An Garda Siochana in emergency situation. The local number for the Garda is Castlebar 0949038200; Ballina (096)20560; Swinford 0949252990.

Notification to HIQA

Any allegation, suspected or confirmed abuse of any resident residing in a HIQA Designated Centre will be notified to HIQA within *three working days*, as part of our reporting requirements under HIQA.

8.0 STAFF AND VOLUNTEER RECRUITMENT

Western Care Association operates a staff and recruitment policy to ensure Best Practices when recruiting staff and volunteers. This policy is in line with national standards.

9.0 CONFIDENTIALITY STATEMENT

It is the policy of Western Care Association to keep confidential all personal information about families and children. An exception to this is when child protection concerns arise in relation to a child. In this situation information will be shared on a need to know basis

in the best interest of the child. Management, staff, students and volunteers in Western Care Association will be advised of our confidentiality policy and are required to sign up to it. Western Care Association also have the responsibility to report on third party concerns to the Child and Family Agency.

10.0 MISSING CHILDREN

In relation to missing children, please refer to Western Care Association's Missing Person Procedure.

11.0 RECORDS

Western Care Association operates a Record Management Policy. All information regarding child protection concerns are stored securely as a confidential file, access to the same can only be obtained through the Designated Liaison Person. A note to the child's Electronic Main File will only note the existence of a confidential file.

Management, staff, students and volunteers will co-operate with Children First National Guidelines on the sharing of reports where a child welfare or protection issue arises. All relevant staff will be released to attend, as required, formal child protection welfare meetings as organised by the Child and Family Agency.

12.0 CODE OF BEHAVIOUR WHEN WORKING WITH CHILDREN

We in Western Care Association believe that management, staff, students and volunteers must have a clear understanding of what is acceptable with respect to their behaviour with children. This is in order to protect children from harm, and staff and volunteers from misinterpretations of their actions. We aim to do this by:

- Valuing, respecting, and promoting the rights of children as individuals
- Listening to children and having their views taken into consideration
- Encouraging and involving children in decision making as appropriate
- Treating all children as equals, regardless of gender, race, culture and/or disability.

Western Care will not tolerate any conduct by management, staff, students and volunteers which places a child at risk of abuse, neglect, mistreatment or exploitation. Examples include:

- Engage in or allow inappropriate touching in any form
- Verbally abuse or physically punish any child
- Engage in practices which demean children
- Undertake intimate care needs without consulting and agreeing with the child and their parents
- Developing bias in interactions and relationships
- Condone bullying or abusive behaviour by any staff/volunteer or other children.

In addition to the above Code of Behaviour, specific activities undertaken by Western Care will require additional guidance for staff supporting children. The guidance required will be identified through training or staff meetings.

If staff are unsure about their actions or feel that they have breached the agreed code for their role in supporting children by omission or commission, they should consult their line manager. Deliberate breaches of the Code of Behaviour is a serious issue and will be investigated.

13.0 COMPLAINTS

In the event that families have any issues or concerns, Western Care Association has a Complaints Procedure which is aimed at resolving these issues. All allegations which falls under the definition of abuse and which names a staff member of Western Care Association will be addressed in line with Trust in Care 'Policy for Health Service Employers on Upholding the Dignity and Welfare of patient/clients and the procedure for Managing Allegations of Abuse against staff members'. In addition to this procedure, staff can also highlight a concern through the Protected Disclosures of Information.

14.0 TAKING AND USING IMAGES OF CHILDREN

In our work supporting children, we may sometimes become involved in taking images of children for specific events, e.g. describing the activities of a service support. The following are good practice guidelines when taking and using images of children and young people as described in the Association's Records Management Procedure. Specific guidance is provided below:

- Children, young people and their parents/carers should be informed in advance if and when images will be taken and their consent sought for image retention and use. This process is known as informed consent
- Recorded images should only be made, kept and used where there is a valid reason associated with the activity involved
- In general individual children should not be identified with the exception of being where they are being publically acknowledged (e.g. an award, performance, achievement for which consent has been given)
- For publicity purposes, group photographs are preferable to individual ones
- Ensure that all children are appropriately dressed
- Ensure that images do not contribute to expose children to embarrassment, distress or upset.

15.0 DESIGNATED LIAISON PERSON

The role of the Designated Liaison Person in Western Care Association is to ensure best practice in the management of allegations of concern regarding children as outlined in “Our Duty to Care” (Department of Health & Children) which focuses on the principles of good practice for children and young people.

The Principal Social Worker in Western Care Association holds the position of Designated Person in regard to allegations of child concerns and has responsibility for the following:

- Establish contact with senior members of the Child and Family Agency, Community Services responsible for Child Protection in the organisation’s catchment area. In practice this follows the protocol that is in place between Western Care Association’s Social Work Department and the Child and Family Agency Social Work Department
- To provide information, advice and guidance on child protection within the organisation
- To ensure that the organisations Protection and Welfare procedures are followed and to inform community services of relevant concerns about individual children and the Gardai if appropriate
- To ensure appropriate information is available at the time of the referral of the concern and that this information is communicated on to the Duty Social Worker in the Child and Family Agency with the referral then being confirmed in writing using the Child and Family Agency Standard Reporting Form
- To liaise with community services, the Gardai and other agencies either directly or by delegation
- To provide a quarterly analysis to the Leadership Team on the Child and Family Agency Standard Reporting Forms, Service User Concern Forms and Peer to Peer Incidents
- To advise the Executive Director regarding robust systems and practices that have been put in place to protect the safety and welfare of children in our services
- To identify barriers of a system’s and individual nature which require a response from the Executive Director with regard to child protection
- To ensure that a Confidential File is created to capture all the information required with regard to the concern (all original copies of concern regarding children to be forwarded onto the Child and Family Agency Social Work Department), recording the action taken by Western Care Association and their contact with other agencies ensuring that there is a record of the final outcome for the individual concerned

- To provide training to management, staff, students and volunteers on the recognition and prevention of child abuse and the responsibility of each individual to report concerns and understand their particular role in the process
- To review complaints coming into the organisation to ensure that they do not have a Protection & Welfare concern for service users
- To ensure an annual review of garda vetting stats within the organisation
- To provide a report to the child care manager regarding a child placed with Western Care under a voluntary order.

15.1 DEPUTY DESIGNATED LIAISON PERSON

The role of the Deputy Designated Liaison Person is to assist the Designated Liaison Person in responding to issues of concern and in the absence of the Designated Liaison Person or where we have a number of concerns that require a response that the Deputy Designated Liaison Person takes a lead role by agreement with regard to these. The Deputy Designated Liaison Person is a new responsibility role introduced by the Child and Family Agency as a requirement in all services charged with responsibility of children. The Deputy Designated Liaison Person will be a senior member of the Social Work Department, currently this role is the responsibility of Regina Chambers, Team Leader.

16.0 INCIDENT INJURY REPORTING PROCEDURE

Western Care Association recognises that incidents of concern do arise between service users (peer to peer) in our direct services (Respite, Residential and Day services). The recording of incidents of concern ensures that a response is put in place. The definitions of abuse as defined in our Protection & Welfare Policy are printed in the Incident Report Book to support staff in recognising the category of concern experienced by the service user. Where a concern of this nature arises the incident is brought to the attention of the Designated Person. This procedure gives guidance and specifies the required response for different categories of incident severity on a scale of 1 – 5. In the case of a higher severity level incident rating of 4 or 5 there is an elevated response. Where a concern of this severity level arises the incident is brought to the attention of the Designated Person. The Designated Person has identified the following steps that should be taken to ensure a robust plan of action is put in place. Service Managers must ensure that:

- a. A Critical Incident meeting takes place and that clear actions are agreed with regard to addressing the issue of concern and that the Minutes of the Critical Incident Meeting have been forwarded to the Designated Person
- b. A Personal Risk Management Plan is updated or put in place to address the particular issue of concern to successfully protect the individual. This Personal Risk Management Plan (PRMP) must be forwarded to the Designated Person

- c. The Service Managers satisfy themselves that the Plan is robust enough to ensure the safety of those involved
- d. The Plan identifies what the problem is that caused the concern so that a similar occurrence can be avoided in the future (this then looks at not just the symptoms but concentrates on the cause)
- e. The Service Manager is clear with regard to the solution that is proposed to address the issue concerned, recognises that this is feasible and ensures that the resources and the time implications are addressed. It is the responsibility of the Service Manager to ensure that this solution has been approved
- f. Clear lines of responsibility are outlined to all relevant staff and there is clarity of understanding with regard to each individual's role
- g. The Service Manager ensures a plan is put in place, that it is actioned and monitored
- h. The Service Manager looks at the learning from this intervention and if it is transferable ensures that they promote this, either themselves or by delegation to ensure that the learning is read and understood across the Agency.

Where Incidents of Peer to Peer concerns are rated at a level 1, 2 or 3, these incidents should be forwarded onto the Designated Person who will examine the data. The purpose of this is to examine if any individual is experiencing repeated low level severity 1 – 3 incidents which may reflect a more serious underlying pattern that needs to be addressed, noting that incidents rated level 3 will receive elevated levels of scrutiny. This will enable the identification of both individual and organisational issues arising in our systems and practice that need our attention. Where a pattern of low level/low severity incidents is identified the Designated Person will require the following from the Service Manager regarding the safety of the service user involved.

- a. Service Manager to provide information on what is happening in relation to addressing the identified concern
- b. Service Manager will forward the written Action Plan to the Designated Person including identified personnel such as Behaviour Support Specialists, Psychologists or other individuals who are involved in the intervention
- c. Service Manager will communicate to the Designated Person their satisfaction and their degree of confidence with regard to the intervention plan and any implications arising from this approach.

The Designated Person will review this Data and will identify recommendations for managerial consideration.



APPENDIX 1

**Protection and Welfare Child/Young Person Service User
Concern Form**

For the Registering of Concerns for Child with a Learning Disability (Please complete with as much detail as possible)
1. Name and Address of Child Service User (to whom concern relates)
2. D.O.B.
3. Name and Work Address of Person Reporting Concern
4. Contact Number of Person Reporting Concern
5. Is there any previous concern for this individual that you are aware of? (please give brief description)
6. When was the disclosure made (dates and times), and to whom did the Child make the disclosure e.g. staff member, family member, etc.

7. Describe as fully as possible what the child has said and the nature of the concern

8. Describe any signs or indicators of concern

9. Has the child alleged that any particular person has caused this abuse? (if so, please record details, relationship if any to the child)

10. As far as possible, describe the current state of the child's physical, mental and emotional wellbeing, noting any changes which have occurred in the person

11. Describe (in detail) any known risks to which the child in this situation is being exposed and any immediate action that has been taken to address this

12. Is the child in question aware that the concern is, or has been passed on? Have they expressed any reservations or worries with regard to the sharing of this information?

13. Is the child's family aware that a concern is being reported? Yes/No

14. Are there any factors which could be considered protective or helpful for the person at this time? Does the child have any particular communication needs that need to be considered?

15. Any other comments:

Signed: _____
Service User
(If applicable)

Date: _____

Signed: _____
Person Reporting Concern

Date: _____

Date Received by Social Work Department: _____