



## **Child Safeguarding Policies and Procedures 2025**

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## **1. INTRODUCTION**

Community Therapy Ireland is fully committed to safeguarding the welfare and well-being of all children with whom our staff come into contact while carrying out their duties and we believe that everyone has a responsibility in the safety and welfare of children. Our policies give due recognition and consideration to the rights of every child that comes into contact with our organisation.

Principal among these is the UN Convention on the Rights of the Child. This Convention is a set of minimum standards in protecting children's rights. It is a binding international treaty, to which the Irish Government has signed up to, becoming operational in Ireland in October 1992. The Convention identifies the specific rights that children have and, as a signatory to the Convention, Ireland is under a formal obligation to implement its contents.

The Child Safeguarding Policies and Procedures underpin and support the Safeguarding Statement and is a guidance document for Community Therapy Ireland staff in preventing, identifying and responding to child safeguarding concerns. Community Therapy Ireland is fully committed to meeting the highest standards of child safeguarding practices and related policies and procedures. To this end, we have developed a robust child safeguarding policy in accordance with the relevant statutory and non-statutory obligations, primarily the Children First Act 2015 and Children First: National Guidance for the Protection and Welfare of Children (DCYA, 2017), which outlines the existing non-statutory obligations that operate administratively for all sectors of society. "Children First" is now a generic term used to encompass the guidance, the legislation and the implementation of both.

Community Therapy Ireland is committed to Children First as it relates to the recognition of child abuse and neglect, the reporting of same to Tusla, and the best practice which organisations should adhere to keep children safe when we are working with them.

What is child safeguarding?

The term 'safeguarding' refers to protecting children from harm as well as promoting their welfare and development whilst in your care. Safeguarding is more than just reporting child protection or welfare concerns; it is also asking yourself and your organisation, what you can add to the child's life to assist them to fully meet their future potential. Seeking positive outcomes for children is also about staying involved, remaining interested and actively participating with others to improve the child's life.

This Safeguarding Statement is displayed prominently on Community Therapy Ireland's website.

### **1.1 Policy Scope**

This policy applies to:

- All employees
- Volunteers (including members of the Board of Directors)
- Contractors

The term 'staff' will be applied throughout this document and refers to all categories named above. The Child Safeguarding Statement and the supporting policies and procedures apply regardless of the place of work and while representing the organisation at other venues.

All staff are expected to read the following documents and their accompanying appendices carefully. On induction and after each periodic review all staff and volunteers will sign a Child Safeguarding Statement of Understanding (Appendix 1) to confirm that they understand and accept the responsibilities and actions set out within:

1. Child Safeguarding Statement
2. Child Safeguarding Policies and Procedures
3. Garda Vetting Policy if necessary
4. Child Safeguarding Code of Behaviour contained in the Employee Handbook
5. Recruitment and Selection Policy.
6. Code of Behaviour for members
7. Complaints Policy
8. Protected Disclosures Policy
9. And all other policies contained herein

Signed forms will be stored in every personnel file for the duration of their tenure in line with organisations Data Protection policy and procedure. Any material change to the policy or procedures will require renewed signatures from staff. The policies will be reviewed every two years or if there are any material changes in legislation, policies or procedures.

Any material change to the policy or procedures require sign-off by the Community Therapy Ireland Board of Directors.

*Purpose of Child Safeguarding Policies and Procedures:*

- Ensure that Community Therapy Ireland does no harm to children.
- Raise awareness about child abuse and neglect.
- Ensure there is an organisational procedure to deal with child safeguarding concerns.
- Ensure there is an organisational procedure to report child safeguarding concerns.
- Ensure that all Community Therapy Ireland Board members and staff are aware of what child safeguarding is and how to promote it.

- Ensure that all staff are provided with relevant and regular training.
- Ensure that organisational safeguarding protocols and procedures are implemented and reviewed.

### **1.2 Relevant Legislation**

The protection and welfare of children, and specific provisions for vulnerable persons, is governed by several key pieces of legislation:

- Child Care Act 1991
- Protections for Persons Reporting Child Abuse Act 1998
- Criminal Justice Act 2006
- Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012
- National Vetting Bureau (Children and Vulnerable Persons) Acts 2012-2016
- Children First Act 2015
- Criminal Law (Sexual Offences) Act 2017

## **2. DECLARATION OF GUIDING PRINCIPLES**

**Name of Organisation:**     **Community Therapy Ireland**

Community Therapy Ireland is an independent membership organisation representing community therapeutic service providers nationwide. Through the nature of our work, we don't provide any direct services to children, this work is carried out directly by the services who are our members.

Through our work, our national membership is enabled to deliver sustainable professional therapeutic services to those who need them, when they need them,

where they need them. Community Therapy Ireland members are non-profit service providers.

How we interact with children:

Our interaction with children is limited given the nature of our service.

- There may be interaction with a child if a child makes contact with Community Therapy Ireland directly via email/phone with a query or for support.
- Advice/Support to our members where Child Safeguarding issues may arise (phone, email and in person)
- Community Therapy Ireland liaises with other child focused organisations.
- There may be interaction with a child when Community Therapy Ireland visits member services or attends relevant professional events.

We believe the following:

- Community Therapy Ireland is committed to implementing safeguarding procedures across the organisation to ensure where a child engages with a member of our team, we are always following best practice and legislative requirements.
- Our guiding principles reflect national policy and legislation and are underpinned by Children First: National Guidance for the Protection and Welfare of Children, Tusla's Child Safeguarding: A Guide for Policy, Procedure and Practice, the United Nations Convention on the Rights of the Child and current legislation such as the Children First Act 2015, Child Care Act 1991, Protections for Persons Reporting Child Abuse Act 1998 and the National Vetting Bureau Act 2012
- Community Therapy Ireland have developed clear and comprehensive child safeguarding policies and procedures which are rights based and place the child at the centre of these.



- We are committed to upholding the rights of every child including the right to be kept safe and protected from harm.
- Our guiding principles apply to everyone in the organisation. All volunteers, board members and staff, must sign up to and abide by the policies, procedures and guidance encompassed by this policy and our child safeguarding policy and accompanying procedures.
- We will review our child safeguarding statement and accompanying child safeguarding policies and procedures every two years, or sooner, if necessary, in line with service issues or changes in legislation or national policy.

**Our Designated Liaison Person is: Bríd Meighan**

Contact details: [clinical.lead@communitytherapy.ie](mailto:clinical.lead@communitytherapy.ie) Mobile: 087 2022207

**Our Deputy Designated Liaison Person is: Maria Cleary**

Contact details: [ceo@communitytherapy.ie](mailto:ceo@communitytherapy.ie) Mobile: 087 739 1794

### **3. KEY ROLES IN SAFEGUARDING IN Community Therapy Ireland**

#### **3.1 Relevant Service**

The organisation is a relevant service as per Schedule 1.6 of the Children First Act 2015 defines Relevant Services as it pertains to Community Therapy Ireland as (Appendix 3);

Any work or activity which consists of the provision of advice or guidance services (including by means of electronic interactive communications), a necessary and regular part of which consists, mainly, of the person having access to, or contact with, children.

As a relevant service, the organisations statutory responsibilities are:

- Keep children **safe from harm** while they are using the service .

- Carry out a **risk assessment** to identify whether a child could be harmed while availing of the service. The Clinical Lead to co-ordinate this assessment.
- Develop a **Child Safeguarding Statement** that outlines the policies and procedures which are in place to manage the risks that have been identified.
- Appoint a relevant person to be the first point of contact in respect of the organisations Child Safeguarding Statement.

### ***3.2 Relevant persons (under the Children First Act 2015)***

As a provider of a relevant service under the Children First Act 2015 Community Therapy Ireland is required to appoint a relevant person. The relevant person is the first point of contact in relation to the Child Safeguarding Statement; their name and contact details are included in the Child Safeguarding Statement.

The **Relevant Person** in Community Therapy Ireland is **Bríd Meighan Clinical Lead**

### ***3.3 Designated Liaison Persons***

Community therapy Ireland has appointed a Designated Liaison Person (DLP) and Deputy DLP (DDL). The DLP is a resource for any worker who has a child safeguarding concern. The DLP is responsible for ensuring that the service's reporting procedures are followed correctly and promptly, and they act as a liaison person with other agencies.

The role of the DLP/deputy DLP in Community Therapy Ireland:

- Be fully familiar with its responsibilities in relation to the safeguarding of children.
- Have good knowledge of the organisations Child Safeguarding Policies and Procedures.
- Ensure that the organisations reporting procedure is followed, so that child safeguarding concerns are referred promptly to Tusla.

- Receive child safeguarding concerns from staff and consider if reasonable grounds for reporting to Tusla exist.
- Consult informally with a Tusla Duty Social Worker through the Dedicated Contact Point, if necessary.
- Where appropriate, make a formal report of a child safeguarding concern to Tusla on behalf of the organisation, using the Tusla Web Portal or the Tusla Child Protection and Welfare Report Form.
- Inform the child's parents/guardians that a report is to be submitted to Tusla or An Garda Síochána, unless:
  - i. Informing the parents/guardians is likely to endanger the child.
  - ii. Informing the parents/guardians may place you as the reporter at risk of harm from the family.
  - iii. The family's knowledge of the report could impair Tusla's ability to carry out an assessment.
- Record all child safeguarding concerns, or allegations of child abuse, brought to your attention as well as any action taken in response to these concerns.
- Provide feedback to the referrer, as appropriate.
- Ensure that a secure system is in place to manage and store confidential records, in line with GDPR legislation.
- Act as a liaison with Tusla and An Garda Síochána, as appropriate.
- Where appropriate, jointly report with a mandated person.

<b>DLP</b> Bríd Meighan clinical.lead@communitytherapy.ie	<b>Deputy DLP</b> Maria Cleary ceo@communitytherapy.ie

### **3.4 Mandated persons**

The Children First Act 2015 places a legal obligation on certain people, many of whom are professionals, to report child protection concerns at or above a defined threshold to Tusla - Child and Family Agency. Mandated persons are required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. 'as soon as is practicable' to Tusla. 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.

Mandated persons are people who have contact with children and/or families who, by virtue of their qualifications, training and experience, are in a key position to help protect children from harm. The Children First Act 2015, Schedule 2, provides a full list of people who are classified as mandated persons.

Tusla has two forms for reporting child protection and welfare concerns – the Child Protection and Welfare Report Form (CPWRF) and the Retrospective Abuse Report Form (RARF). The Child Protection and Welfare Report Form is to be completed and submitted to Tusla for concerns about children under the age of 18. A web portal has been developed for mandated persons to securely submit CPWRFs. The Retrospective Abuse Report Form is to be completed and submitted to Tusla for cases of adults disclosing childhood abuse.

If it is felt that an urgent intervention may be required to make the child safe, it is possible to alert Tusla of the concern in advance of submitting a written report. A mandated report must then be submitted to Tusla on the report form or via the web portal within three days. If your concern does not reach the threshold for mandated reporting, but you feel it is a reasonable concern about the welfare or protection of a child, you should report it to Tusla under Children First: National Guidance for the Protection and Welfare of Children.

Procedures for the Appointment of a Mandated Persons;

- As a relevant service, the organisation is required to have a procedure in place to maintain a list of any mandated persons in the service.

- The Board, as the employer, is the provider of the relevant service, who is responsible for ensuring that the list of mandated persons is created and maintained.
- The Board should consult Schedule 2 of the Children First Act 2015 to determine which staff are mandated persons under the Children First Act, 2015. It may, in some instances, be necessary to seek legal advice in this regard.
- A list of all of the mandated persons in the service is compiled and available upon request.
- The Board is responsible for consulting with staff to review the mandated persons list to remove persons who are not classified as mandated persons or persons who have left the service. This should be done annually.
- Those who are identified as mandated persons must be notified of such and informed of their roles and responsibilities by the Board.
- Mandated persons are directed to specific provision in the service's reporting procedure which provides for reporting under Section 14 of the Children First Act 2015.
- Mandated persons must also be directed to specific provision in the service's reporting procedure which provides for mandated assisting.
- Relevant Training is provided for mandated persons.
- Mandated persons have a responsibility to inform employers when they are fulfilling their legal responsibilities in relation to mandated reports and mandated assisting.
- The procedure for maintaining a list of mandated persons must be reviewed every two years, or earlier if there is a material change to legislation and/or policy.

#### **4. RESPONDING TO AND REPORTING CHILD PROTECTION OR WELFARE CONCERNS**

Community Therapy Ireland recognises that child abuse falls into four main categories as identified in the National Guidance. These are neglect, emotional abuse, physical abuse and sexual abuse.

#### ***4.1 Types of Child Abuse and Symptoms of Abuse***

##### **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. Harm can be defined as the ill-treatment or the impairment of the health or development of a child. Whether it is significant is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age.

##### **Emotional Abuse**

Emotional abuse is normally to be found in the relationship between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental needs 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.

##### **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.

##### **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.

#### ***4.2 Identifying reasonable grounds for concern***

You should always inform your DLP/Deputy DLP when you have reasonable grounds for concern that a child may have been, is being, or is at risk of being abused or neglected. If you ignore what may be symptoms of abuse, it could result in ongoing harm to the child. It is not necessary for you to prove that abuse has occurred in order for the DLP/Deputy DLP 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 a child being abused. Wherever appropriate, any issues should be checked with the parents/guardians when considering whether a concern exists, unless doing so may further endanger the child or the person considering making the report.

Abuse is not always committed through personal contact with a child, sometimes it is perpetrated through social media or the use of information and communication technology.

Where the DLP or Deputy DLP is unsure whether there are reasonable grounds for concern, they can contact the relevant Tusla Duty Social Work Team informally for advice and guidance: [http:// www.tusla.ie/get-in-touch/duty-social-work-teams/](http://www.tusla.ie/get-in-touch/duty-social-work-teams/)

It is essential to respond to any immediate safety needs of the child:

No child should be left in a situation which exposes them to harm. Where there is an immediate or serious risk, contact should be made by phone with a Tusla Duty Social Worker without delay. Where Tusla is not available, contact should be made with An Garda Síochána on 999/112

#### **4.3 Responding to Concerns and Reporting Procedures**

All staff have a responsibility to safeguard children and young people and to report any concerns they may have for the protection or welfare of a child. Regardless of how a concern comes to Community Therapy Ireland's attention (in person, in writing (post or email) or by telephone), it should be reported to the Designated Liaison Person. These procedures are also appropriate in the case of anonymous reports or reports from adults who experienced childhood abuse.

<b>Steps for Reporting an Allegation or Disclosure of Abuse to the DLP/DDLP</b>
All staff are obliged to report any allegation, concern, suspicion or disclosure of abuse or neglect to the Designated Liaison Person or Deputy Designated Liaison Person.
Staff members will not guarantee confidentiality to anyone (including Community Therapy Ireland staff) alleging, reporting or disclosing abuse or neglect, unless by doing so, it exposes a child or puts a child at risk of harm.
Community Therapy Ireland staff will guarantee that professional confidentiality is maintained at all times and that identifying information shared with statutory agencies is done so in confidence.
Any allegation, concern, suspicion or disclosure of abuse or neglect is reported to the Designated Officer or Deputy Designated Officer immediately.
The contact details of the Designated Officer or Deputy Designated Officer may be given to the person alleging or disclosing abuse if they request it.
The Designated Officer or Deputy Designated Officer will determine whether it is appropriate or not to make a formal report. In such a case, the Designated Officer or Deputy



Designated Officer may discuss their concerns with the Tusla, the Child and Family Agency in advance of making a formal report.
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The Designated Officer or Deputy Designated Officer reports to the appropriate Tusla Child and Family Agency Office using the mandated persons online portal.
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*\*Consultation with your DLP should not delay the reporting process where there is immediate concern.*

<b>Feedback to a staff member if a report is not made</b>
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The reasons for not reporting are to be recorded
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If any actions are taken as a result of the concern, these should be recorded
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The staff member who raised the concern should be given a clear written explanation of the reasons why the concern is not being reported to Tusla.
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The staff member should be advised that if they remain concerned about the situation, they are free to make a report to Tusla or The Garda Síochána.
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The staff member who raised the concern should also be reassured that if they do choose to report to Tusla, they are covered by the Protections for Persons Reporting Child Abuse Act 1998.
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## **Community Therapy Ireland External Reporting Procedures**

The Designated Liaison Person or Deputy Designated Liaison Person will determine whether it is appropriate or not to make a formal report to Tusla, the Child and Family Agency.
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Where the DLP or Deputy DLP is unsure whether they should report to Tusla, they may contact a Tusla Duty Social Worker to informally discuss concern. This provides an opportunity to discuss the query in general and to decide whether a formal report of the concern to Tusla is appropriate at this stage.
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The Designated Liaison Person or Deputy Designated Liaison Person will report to the appropriate Tusla Child and Family Agency Office using the online portal which allows
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professionals to securely submit Child Protection and Welfare Report Forms to Tusla. If the concern is from a member organisation, a Joint Report can be made.
Where a verbal report is made, a written report must be submitted to Tusla as soon as practicable thereafter, and no later than three days using the online portal.
In addition to a report to Tusla, if there is a criminal or suspected criminal aspect to the child protection concern, An Garda Síochána will be notified by the DLP as appropriate.

*\*It is not necessary for the DLP or mandated staff member to prove that abuse has occurred to report a concern to Tusla – it is Tusla’s role to assess the concerns that are reported.*

### **Additional procedures specific to Community Therapy Ireland**

In addition to the reporting procedures listed above, the following specific procedures support our commitment to safeguard children while they are availing of our service, in line with our Safeguarding Statement;

#### Notification of any alleged misconduct:

Community Therapy Ireland must within 2 working days notify our Local Commissioner/Funding Manager by phone call if the allegation involves misconduct or dishonesty concerning Community Therapy Ireland, our Services or our Finances;

- In all cases, report the allegation to a relevant authority, such as An Garda Síochána, as soon as possible and keep Tusla updated on outcomes of same.
- If the alleged misconduct involves the harming of children, by the inappropriate conduct or illegal behaviour of any staff member you must provide the local Tusla Commissioner/Funding Manager with specific confirmation that relevant child safeguarding obligations, including reporting, have been complied with in accordance with the Children First Act 2015 Act and Children First National Guidance, and that you will review policy, procedure and practice related to the failure to safeguard relevant to the allegation.

### Notification of any major Incidents:

Community Therapy Ireland must within 2 working days notify our Tusla Local Commissioner/Funding Manager by phone call, in addition to any other appropriate and relevant authority, such as An Garda Síochána, and keep Tusla updated on outcomes of same; after becoming aware of:

an incident that involves misconduct or dishonesty concerning Community Therapy Ireland, our Services or our Finances;

- an incident that relates to any of the Services or Service Users and that requires an emergency response.
- an incident that may relate to any Service Users subject to interventions by your staff.
- a matter where significant media attention has occurred or is likely to occur.
- incidents in relation to child safeguarding practice issues or an incident in relation to unsafe child safeguarding practice or an incident in relation to breaches of child safeguarding procedures that may lead to actual or potential harm to a child.
- incidents in relation to child safeguarding practice issues or an incident in relation to unsafe child safeguarding practice or an incident in relation to breaches of child safeguarding procedures that may lead to actual or potential harm to a child.

### **Steps for Reporting an Allegation or Disclosure of Abuse Outside of Office Hours**

A DLP/DDLP or mandated person who wishes to make a mandated report 'out-of-hours', should contact the out-of-hours social work service on 0818 776 315 between 6pm and 6am every night and between 9am and 5pm on Saturdays, Sundays and bank holidays. For non-mandated persons, in an emergency, they should contact The Garda Síochána on 999/112.

### **Dual Reporting Responsibilities**

It is important to remember to report suspected crimes to The Garda Síochána as consideration must also be given to responsibilities under the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, which are in

addition to any reporting requirements under the Children First Act 2015 or Children First: National Guidance for the Protection and Welfare of Children.

### Confidentiality

All staff members are obliged to report any allegation, concern, suspicion or disclosure of abuse or neglect.

Staff members will not guarantee confidentiality to anyone (including Community Therapy Ireland staff members) alleging, reporting or disclosing abuse or neglect, unless by doing so, exposes a child or puts a child at risk of harm. However, Community Therapy Ireland staff will guarantee that professional confidentiality is maintained at all times and that identifying information shared with statutory agencies is done so in confidence.

It is essential that all information regarding concern or assessment of child abuse should be shared only on “a need to know basis” in the interests of the safety and welfare of the child. The number of people who are informed of the allegation/disclosure must be kept to a minimum.

All notes and email correspondence relating to child protection concern and reports are kept in electronic form by the Designated Officer and the deputy Designated Officer. No other persons and staff members are permitted to access this information.

Community Therapy Ireland retains personal information relating to allegations/suspicions of abuse made to Community Therapy Ireland staff by telephone, email, letter or in person in order to be able to report such information to the appropriate authorities as specified in Children First: National Guidance for the Protection and Welfare of Children (2017).

Any staff member who fails to uphold these operating principles may be subject to the organisations disciplinary processes up to and including dismissal.

### **4.4 Receiving a child safeguarding poor practice concern, or allegation from a member or a person not within Community Therapy Ireland’s area of responsibility.**

**4.4.1 If a member approaches Community Therapy Ireland staff with a safeguarding concern or allegation about the welfare of any child at risk, that does not relate to Community Therapy Ireland (services or staff) the staff member must:**

- Be clear that if the concern relates to a particular child no further/ identifying details should be shared.
- Advise individual who raises the concern of their duty to care and how to make a report directly to Tusla, using the online portal.
- Advise the individual to ring the Duty Social Worker who will advise whether to report to Tusla.
- Notify and discuss the case with your DLP.
- If the member continues to share details about a particular child or children, the DLP may need to report the concerns to Tusla via the online portal even if the member tells you they are going to report it. In this case, follow the process outlined above or below in section 4.4.2

**4.4.2 If a member approaches Community Therapy Ireland staff with a safeguarding concern or allegation regarding poor practice that does not relate to Community Therapy Ireland (services or staff) but poses potential welfare risks to children the staff member must:**

- Be non-judgemental in listening to the concern.
- Report all such safeguarding poor practice, concerns or allegations to the DLP/DDLP, who may need to report to Tusla via the online portal.
- Notify the DLP via Teams or a phone call that there is a concern or query in relation to child safeguarding, details should not be recorded in this notification. If needed, a conversation will be arranged to support staff members with the following procedures.
- Send a written account of the concern to the DLP.
- A record should be maintained by the DLP to evidence that there was a query in relation to child safeguarding, but no details will be recorded.

- Once this has been sent, you must delete all record of the written account from your documents, trash, sent and deleted email items. This is an important step in the interests of confidentiality and data protection, and it is your responsibility to do this.
- Please remember, given the nature of these concerns the DLP may have to share this information with relevant agencies e.g. Tusla/An Garda Síochána, therefore confidentiality cannot be guaranteed.
- Where it is decided to make a report to Tusla, the report will be made jointly with the DLP, using your written account and co-signed by the DLP who is responsible for coordination, writing and sending the report.
- As the first named reporter, you may receive correspondence from Tusla directly. Please bring all correspondence to the DLP so that it can be filed and stored appropriately.
- In addition to a report to Tusla, if there is a criminal or suspected criminal aspect to the child protection concern, An Garda Síochána will be notified by the DLP as appropriate.

#### **4.5 Observing a child safeguarding poor practice, concern, or allegation in a member organisation.**

Community Therapy Ireland may become aware of a concern or an allegation in relation to a member organisation (and its staff), by way of direct observation by a Community Therapy Ireland staff member.

Safeguarding is a proactive duty and means protecting a child from harm or damage with an appropriate measure. It is important to be aware of poor safeguarding practice, and to be vigilant about recognising how to prevent abuse from taking place and how to respond to situations.

Poor safeguarding practice takes place if staff fail to fulfil the highest standards of safeguarding care and support for those that are most vulnerable. Poor safeguarding practice can cause harm if it is allowed to continue.

A person may not be aware that poor safeguarding practice or abuse is taking place, as they may believe that the behaviour is 'acceptable' or the 'norm'. This can take many different

forms, and training will support staff to identify issues. However, all staff must report poor safeguarding practice to the DLP along with any poor practice, concern, or allegation of abuse.

It is not always easy to recognise a situation where harm or abuse may occur or has already taken place. Community Therapy Ireland therefore expects you to report any concerns you may have, however minor, about the welfare of a child through liaison with your DLP or DDLP.

It can be difficult and distressing to observe a safeguarding poor practice, concern, or allegation, and to recognise signs of harm and abuse. However, it is not the role of Community Therapy Ireland staff to diagnose or investigate safeguarding poor practice, concerns, and allegations. The role of all Community Therapy Ireland staff is to report any poor practice, concerns, or allegations in accordance with our child safeguarding policies and procedures which is in the best interests of the child.

#### **4.6 Disclosure from a Child**

A disclosure of abuse and/or neglect may be made to you directly by a child in a setting in which you are visiting. You should take the following steps:

- Be calm. Listen to what the child has to say and give them time to tell you in their own way. They are trusting you, and disclosure is very difficult for them.
- Remember, the child may initially be testing your reactions and may only fully open up over a period of time.
- Listen to what the child has to say. Give them the time and opportunity to tell as much as they are able and wish to.
- Do not pressurise the child. Allow him or her to disclose at their own pace and in their own language.
- Conceal any signs of disgust, anger or disbelief.
- Accept what the child has to say – false disclosures are very rare.
- It is important to differentiate between the person who carried out the abuse and the act of abuse itself. The child quite possibly may love or strongly like the alleged abuser while also disliking what was done to them. It is important therefore to avoid

expressing any judgement of, or anger towards the alleged perpetrator while talking with the child.

- Reassure the child that they have taken the right action in talking to you.
- Tell them that you want them to be safe and that you cannot keep secrets (i.e. cannot keep their confidence) and that you will be sharing the information they give you with people that can help.
- By refusing to make a commitment to secrecy to the child, you do run the risk that they may not tell you everything (or, indeed, anything) there and then. However, it is better to do this than to tell a lie and ruin the child's confidence in yet another adult. By being honest, it is more likely that the child will return to you at another time.

At the earliest possible opportunity:

- Record in writing, in a factual manner, what the child has said, including, as far as possible, the exact words used by the child.
- Inform the DLP immediately and agree measures to protect the child, e.g. report the matter directly to Tusla.
- Maintain appropriate confidentiality.

#### **4.7 Mandated Persons Reporting**

**Section 14(1) of the Children First Act 2015 states:** "...where a mandated persons knows, believes or has reasonable grounds to suspect, on the basis of information that he or she has received, acquired or becomes aware of in the course of his or her employment or profession as such a mandated person, that a child— (a) has been harmed, (b) is being harmed, or (c) is at risk of being harmed, he or she shall, as soon as practicable, report that knowledge, belief or suspicion, as the case may be, to Tusla."

The term 'harm' is used as defined in the Children First Act 2015: "harm' means, in relation to a child—:

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



(b) sexual abuse of the child, whether caused by a single act, omission or circumstance or a series or combination of acts, omissions or circumstances, or otherwise”.

Also, Section 14(2) of the Children First Act 2015 places obligations on mandated persons to report any disclosures made by a child: “Where a child believes that he or she– (a) has been harmed, (b) is being harmed, or (c) is at risk of being harmed.

**The mandated person cannot ask the DLP to make a mandated report on their behalf.**

- Mandated persons can make a joint mandated report with their DLP or another person, mandated or otherwise.
- Where a mandated person has a concern that they believe does not reach the threshold of harm for a mandated report, they should consider whether the concern meets reasonable grounds for concern. If the mandated person thinks the concern does meet reasonable grounds for concern, they should report the concern to their DLP.
- If the DLP does not wish to report to Tusla, the mandated person retains their right to report independently. The provisions of the Protections for Persons Reporting Child Abuse Act 1998 would apply in this circumstance. 31 and discloses this belief to a mandated person during a mandated person’s employment or profession as such a person, the mandated person shall, ... as soon as practicable, report that disclosure to Tusla.”

*Mandated Assisting*

The Children First Act 2015 provides that all mandated persons can be asked, by Tusla, to provide any necessary and proportionate assistance to aid Tusla in assessing the risk to a child from a mandated report. Assistance includes verbal or written information or attendance at meetings.

**4.8 Informing Parents**

- It is best practice to inform a parent of any report you intend to make to Tusla in relation to Child Safeguarding unless doing so would further endanger the child, impair Tusla's ability to carry out a risk assessment or put the reporter at risk of harm. The DLP may seek guidance from Tusla Duty Social Work in relation to this.
- Parents/guardians have a right to respect and should be consulted and involved in matters that concern their family.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents/guardians and families.

**Where possible, parents/guardians should be informed if you are making a report about their child. However, given the lack of contact Community Therapy Ireland has with parents/guardians, it may not be possible to inform the parent so please document why on the reporting form.**

#### **4.9 Exemptions from requirements to report**

Concerns developed outside of professional duties.

The legal obligation to report under the Act applies only to information that you acquire in the course of your professional work or employment. It does not apply to information you acquire outside your work, or information given to you on the basis of a personal rather than a professional relationship.

#### **4.10 Reporting retrospective childhood abuse**

A retrospective disclosure is a disclosure from an adult about abuse that happened while they were a child. If any risk is deemed to exist to a child who may be in contact with an alleged abuser, the DLP must report the concern to Tusla without delay.

Adults disclosing abuse may not choose to come forward personally to report their concerns. If you are aware that there may be an on-going risk to a child, you should make a report to Tusla.

## **Reporting concerns about an adult who may pose a risk to children.**

If you are unsure about whether to report or not, consult with your DLP or the Tusla Dedicated Contact Point in your area. Reports by adults of childhood abuse will be assessed by Tusla. If there are on-going child protection concerns Tusla will take necessary actions to ensure any child who may be at risk of harm is protected.

### **4.11 Procedure for dealing with a staff member where there are allegations of abuse.**

- The employer is responsible for addressing the employment issues. As Community Therapy Ireland is governed by a board of directors (the “Board”), the Board will be included in this process. If Community Therapy Ireland, as the employer, becomes aware of an allegation of abuse by an employee while executing their duties, Community Therapy Ireland will privately inform the employee of the following:
  - The fact that an allegation has been made against him/her.
  - The nature of the allegation.
  - The employee will be afforded the opportunity to respond, the response will be noted and passed onto Tusla with the formal report. All stages of the process will be recorded.
  - An investigation may be required and will be carried out by the nominated person within Community Therapy Ireland. In some instances, independent, external parties may be called upon. Protective measures may be required while the allegation is being investigated. The principles of natural justice, the presumption of innocence and fair procedures should be adhered to. It is very important to note protective measures are intended to be precautionary and not disciplinary.
- Regardless of whether the matter is being reported to Tusla, Community Therapy Ireland will always be informed of an allegation of abuse or neglect against an employee.
- Community Therapy Ireland will maintain regular and close liaison with Tusla and/or An Garda Síochána and ensure that no action taken frustrates or undermines any investigation.

- Further action will be guided by employment legislation, the contract of employment, the other policies and procedures of the service (including the disciplinary policy) and the advice of the investigating agencies.
- Management must be alerted to the allegation by the reporter, whether mandated person or DLP.
- The first priority is for the safety of the child; management must make sure no child is exposed to unnecessary risk.
- Parents/guardians should be informed of any action planned while having regard to the rights to confidentiality of others, such as the person against whom the allegation has been made.
- Tusla will follow relevant policy when assessing allegations of abuse made against workers or volunteers.

#### **4.12 Data Protection Policies**

- All child safeguarding concerns or reports must be recorded on the Community Therapy Ireland Child Safeguarding Concern Form (Appendix 2), even if a decision is made that they do not meet the established thresholds for reporting to Tusla.
- If a report is made to Tusla, details should be recorded on the relevant Tusla Form via the web portal as outlined in section 4.3 Responding to Concerns and Reporting Procedures.
- Clearly document any consultations, decisions or actions taken in relation to a child safeguarding concern, including any discussions held with the child, parent or service user, Tusla or An Garda Síochána. Records should be made as soon as possible, and it is recommended that they should be completed within 24 hours.
- Records should be typed where possible. If handwritten, they must be clearly legible and written in black pen only.
- Every entry should be timed in the 24-hour clock (e.g. 16:00hrs) and dated.
- Every entry should include a signature with full name in block capitals.
- Records should be factual and include all relevant information about the child, his/her home circumstances and the grounds for concern. Note: Opinion is acceptable where there is a professional basis for it. Avoid jargon which someone from another agency

may not necessarily understand. Detail what happened and where and use the adult/child's own words where relevant (for example, a disclosure of abuse).

- Identify any colleagues or other persons who may also have witnessed or may have additional information in relation to the concern and try to ensure that they also make a written report.
- Refer to any other relevant information e.g. previous incidents that have caused you concern.
- Caution should be exercised in accepting third-party information as fact until such information can be verified. Third-party information should be clearly identified as such.
- Records may be accessed for multiple reasons over many years. Always write from the perspective that your entry could be viewed by a child, their family representatives and various professionals including legal professionals.
- Keep a record of any information shared with Tusla/An Garda Síochána.
- Records will be stored as per the Community Therapy Ireland filing procedure with relevant staff access.
- All information pertaining to a child safeguarding concern must be recorded and retained securely in a place which upholds the confidential nature of the information.
- Child safeguarding concerns must be kept in perpetuity.
- Access to records and/or sharing of information must be on a need-to-know basis only, in the best interests of the child.
- Records must only be used for the purpose for which they are intended.

## **5: WORKING SAFELY WITH CHILDREN AND YOUNG PEOPLE**

### **5.1 Recruitment and selection of workers and volunteers**

Community Therapy Ireland takes all reasonable steps to ensure that only suitable people are recruited to work for the organisation. A Recruitment Policy is in place which is committed to safer Recruitment and selection and ensures robust mechanisms are used for ensuring that individuals with the correct expertise and suitability are selected. It should be noted that these procedures do not affect the applicant's rights under the relevant employment legislation.

## **5.2 Induction and training**

A robust induction programme is in place for all new staff. All policies and procedures are provided as part of the induction process. This includes the organisations Safeguarding Policies and Procedures and any supporting policies.

As part of the induction programme,

- All staff in Community Therapy Ireland must have completed Tusla's Children First eLearning programme.
- Community Therapy Ireland will deliver training on Child Safeguarding Policies and Procedures.
- The DLP is responsible for ensuring that all staff receive induction training in the Child Safeguarding Policy and Procedures.

### **Training**

- Community therapy Ireland is responsible for ensuring that the ongoing training needs of staff around child safeguarding are fully addressed.
- All training and guideline documents will be regularly reviewed and updated as appropriate, and all staff will be informed of these updates.
- Staff will be provided with relevant training to encourage professional development and best practice. The Designated Liaison Person and Deputy Designated Liaison person will be provided with the relevant training to ensure they have sufficient knowledge to perform their role.
- Additional training will also be provided to mandated person and any other staff members whose role has a specific child safeguarding remit.

## **5.3 Code of Child Safeguarding Behaviour**

At Community Therapy Ireland we believe that all staff share responsibility for safeguarding and promoting the welfare of children and young people at risk. The Safeguarding Code of Behaviour sets out what is required from all our staff. The behaviour code is there to help us

protect children and young people from abuse. The organisation is responsible for making sure everyone taking part in our activities has seen, understood and agreed to follow the code of behaviour, and that they understand the consequences of inappropriate behaviour. Everyone working at Community Therapy Ireland, whether in a paid or unpaid role is expected to adhere to this Code and you will be asked to sign and return it as acceptance of your commitment to it. Please see Appendix 4 for the Child Safeguarding Code of Behaviour.

#### **5.4 Safer Management of Activities**

##### **Community Therapy Ireland Activities**

- When children and young people are part of any project, event or work staff members will complete a written assessment of risk outlining measures to manage any identified risk in line with the Children First Act 2015. This will be done prior to engaging with children and young people (Appendix 5 Community Therapy Ireland Child Safeguarding Risk Assessment Template).
- When the organisation is involved in organising or attending events involving the participation of children, the DLP will ensure that all staff follow the procedures outlined in the Community Therapy Ireland Code of Child Safeguarding Behaviour

#### **6: PROCEDURES FOR SHARING CHILD SAFEGUARDING POLICIES AND PROCEDURES**

- Our child safeguarding statement and policies and procedures are available to all on our website.
- The child safeguarding policies and procedures are communicated to all members when they join the organisation and when there are any changes in policies and procedures.
- Child Safeguarding Procedures are made available to parents if we are working directly with their child (e.g. for the purpose of research).

##### **6.1 Working with children**

- 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.
- Community Therapy Ireland seeks to empower the children we come into contact, with by making them aware of their rights in an age-appropriate manner, where possible.
- We communicate to children through our words and actions that they have a right to be protected, listened to and to have their views taken into consideration.
- We tell children about our Code of Child Safeguarding Behaviour for staff in an age-appropriate way, where possible.
- We listen to children and act upon what they communicate to us, as these situations arise.
- In those instances that we find ourselves interacting directly with children, we check in with the child that the information we are sharing is being received and understood.
- Community Therapy Ireland will make available to the public and any child, a child friendly version of the United Nations Convention on the Rights of the Child (<https://www.unicef.org/media/60981/file/convention-rights-child-text-child-friendly-version.pdf>)

## **6.2 Complaints Procedure**

Community Therapy Ireland is committed to providing a high-quality service to everyone including children, members, partners, and all stakeholders. The organisation is committed to ensuring that all our communications and dealings with members and other stakeholders are of the highest possible standard. Our complaints procedure outlines how individuals can comment or make a complaint and to ensure that that they receive an appropriate response in a timely manner.

We welcome positive and negative feedback, and any suggestions individuals may have for how we can improve our organisation and the services we offer. We know that sometimes



issues, concerns and misunderstandings can arise and can be resolved informally at the initial point of contact. However, we recognise that from time to time there may be occasions when someone may feel that the quality or level of service provided fell short of what they could reasonably expect. We also want to know about these occasions so that we can address the problem, plan to avoid its repetition, improve our services and the overall experience of the organisation. Please see our complaints policy in Appendix 6

## **7: WORKING FROM HOME**

Staff with remote working arrangements do not engage in direct face to face contact with children and young people.

The following procedures apply when staff are working remotely:

- All of the policies and procedures contained in this document apply equally when working remotely as they do when out on in public representing the organisation.
- All staff are required to comply with the obligations in section 4 of this policy, regarding the safeguarding of children and reporting of concerns.

## **8: IMPLEMENTATION, MONITORING AND REVIEWING GUIDING PRINCIPLES AND CHILD SAFEGUARDING PROCEDURES**

Community Therapy Ireland recognises that child safeguarding is an ongoing and changing process and as such, it is important to have mechanisms in place to make sure that the child safeguarding policies and procedures are put into practice. This is done via the organisations Child Safeguarding Implementation and Review mechanisms (Appendix 7) which ensure that our child safeguarding policies and procedures are regularly reviewed and updated through on-going risk assessment and measures to address any identified risks.

## 9: APPENDICES

### Appendix 1: Child Safeguarding Statement of Understanding

#### Child Safeguarding Statement of Understanding

As part of the induction programme for the role of \_\_\_\_\_ I confirm that I \_\_\_\_\_

- Have been provided with a copy of the child safeguarding policies and procedures as contained in the Employee Handbook.
- Have been given an opportunity to have any questions addressed by my line manager.
- Have read and understood the child safeguarding statement I have been provided with; this includes all other policies contained within the Employee Handbook relating to Child Safeguarding Policies and Procedures.
- Know how to spot the signs that a child may be experiencing abuse.
- Know how to respond appropriately if a child makes a disclosure about abuse .
- Know what to do if they have concerns about a child's wellbeing and who to talk to in the organisation.
- Will abide by the requirements of the child safeguarding policy and procedures.
- Have completed the Tusla E Learning Module.
- Will attend any child safeguarding training required

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date\_\_\_\_\_

## Appendix 2: Child Safeguarding Concern Form

Child Safeguarding Concern Form	
Date	
Staff Member	
If you can include address, gender, and age/date of birth of child, name and contact details for parent(s)/carers, educational setting, and known professionals providing other services, e.g., social workers, etc	
Summary of Concern - Note where full details are stored	
Person who Raised the Concern & Relationship to Child	
Action Taken and by Whom? Consultation with Tusla and response?	
If a Concern was reported to Tusla - date and by whom (please attached formal copy of concern reported via the portal)	
If a concern was not reported, please document why	

### **Appendix 3: List of Relevant Services**

Schedule 1 of the Children First Act 2015 defines Relevant Services as:

1. Any work or activity which is carried out by a person, a necessary and regular part of which consists mainly of the person having access to, or contact with, children in—

(a) an establishment which provides Early Years and School Age Care services within the meaning of Part VIIA of the Child Care Act 1991,

(b) a school or centre of education, both within the meaning of the Education Act 1998,

(c) any hospital, hospice, health care centre or other centre which receives, treats or otherwise provides physical or mental health services to children, 36

(d) a designated centre within the meaning of section 2 of the Health Act 2007, in so far as it relates to an institution at which residential services are provided in accordance with the Child Care Act 1991 or to children with disabilities in relation to their disabilities,

(e) a special care unit provided and maintained in accordance with section 23K of the Child Care Act 1991,

(f) a children detention school within the meaning of section 3 of the Children Act 2001,

(g) a reception or accommodation centre which provides residential accommodation services to applicants for asylum under contract to the Department of Justice and Equality where children may be accommodated, or

(h) a centre which provides residential accommodation services to victims of domestic violence where children may be accommodated.

2. Any work or activity which consists of the inspection of a service provided to a child under the Child Care Act 1991, the Education Act 1998, the Children Act 2001 or the Health Act 2007.

3. Any work or activity which consists of the inspection, examination or investigation by the Office of the Ombudsman for Children under the Ombudsman for Children Act 2002.

4. Any work or activity which consists of treatment (including assessment which may lead to treatment), therapy or counselling provided to a child.
5. Any work or activity which consists of the provision of— (a) educational, research, training, cultural, recreational, leisure, social or physical activities to children, (b) care or supervision of children, or (c) formal consultation with, or formal participation by, a child in respect of matters that affect his or her life, whether or not for commercial or any other consideration.
6. Any work or activity which consists of the provision of advice or guidance services (including by means of electronic interactive communications), a necessary and regular part of which consists, mainly, of the person having access to, or contact with, children.
7. Any work or activity as a minister or priest or any other person engaged in the advancement of any religious beliefs which would or could bring that minister, priest or other person, as the case may be, into contact with a child.
8. Any work or activity as a driver of, or as an assistant to the driver, or as a conductor, or as a supervisor of children using a vehicle which is being hired or used only for the purpose of conveying children who are unaccompanied by a parent or guardian. 37
9. Any work or activity which is carried out by a member of An Garda Síochána, a necessary and regular part of which consists mainly of the person having access to, or contact with, children.

#### **Appendix 4: Code of Child Safeguarding Behaviour Safeguarding Code of Behaviour**

As an organisation, we believe that all staff share responsibility for safeguarding and promoting the welfare of children, young people and adults at risk. The Safeguarding Code of Behaviour sets out what is required from all our staff and is to be used in conjunction with the Code of Conduct.

The behaviour code is there to help us protect children and young people from abuse. Community therapy Ireland is responsible for making sure everyone taking part in our activities has seen, understood and agreed to follow the code of behaviour, and that they understand the consequences of inappropriate behaviour.

Everyone working at Community Therapy Ireland, whether in a paid or unpaid role is expected to adhere to this Code and you will be asked to sign and return it as acceptance of your commitment to it.

As a Community Therapy Ireland staff member, I will:

- Listen to and respect children at all times.
- Ensure I treat all children equally as defined under the Equal Status Act 2000 to 2004.
- Prioritising the welfare of children and young people.
- Value and take children's contributions seriously, actively involving them in planning activities wherever possible.
- Provide a safe environment for children and young people.
- Respect a child's privacy.
- Ensure that I am vigilant to the signs of abuse as defined in Community Therapy Ireland's child safeguarding policies and procedures and report such concerns as well as any concerns regarding a colleague's behaviour with regard to a child or children.
- In order to follow child protection procedures, I will never promise confidentiality to a child, and I will explain this to the child at the earliest opportunity.
- Ensure my contact with children and young people is appropriate and relevant to the nature of the activity you are involved in.
- Ensure that whenever possible, there is more than one adult present during activities with children and young people. If a situation arises where I am alone with a child, ensure that you are within sight or can be heard by other adults.
- Follow our policies and procedures, including our policies and procedures for safeguarding.
- Model rights-respecting behaviours so children learn through experiencing their rights being upheld.
- Report all concerns about abusive behaviour, following our child safeguarding policies and procedures, this includes inappropriate behaviour displayed by an adult or child and directed at anybody of any age.

- Ensure that at Community Therapy Ireland events and activities involving children, the appropriate staff supervision ratio is maintained.
- Ensure that a parental/guardian consent form has been completed and returned for all participating children.
- Ensure that at events, being organised by member organisations, in which Community Therapy Ireland is participating, that those organisations have in place adequate child protection procedures to which Community Therapy Ireland staff can adhere to and that Community Therapy Ireland staff are made aware of their obligations to report any child protection concerns using the procedures of that organisation.

As a Community Therapy Ireland staff member, I will not:

- Develop sexual, or inappropriately intimate, relationships with children.
- Spend time alone with a child.
- Socialise with children outside of structured Community Therapy Ireland or interagency activities.
- Favour one child or children over others.
- Shame, humiliate or single-out a child in a degrading way.
- Hit, physically chastise, verbally abuse children.
- Allow concerns or allegations to go unreported.
- Take unnecessary risks.
- Let children and young people have my personal contact details (mobile number, email or postal address) or have contact with them via a personal social media account.
- Make sarcastic, insensitive, derogatory or sexually suggestive comments or gestures to or in front of children.
- Possess indecent images of children; this will always be reported to the police regardless of the explanation provided.
- Carry out my duties whilst adversely affected by alcohol, solvents or drugs. If you have behaved inappropriately, you will be subject to our disciplinary procedures. Depending on the seriousness of the situation, you might be asked to leave Community Therapy

Ireland. We might also make a report to statutory agencies such as the Gardai and/or Tusla. If you become aware of any breaches of this code, you must report them to Bríd Meighan DLP

## Appendix 5: Child Safeguarding Risk Assessment Template

No.	Risk Event	Implications	(Score) Likelihood	(Score) Impact	(Score) Total	Strategy Treat? Etc?	Mitigations (a)=Actions taken (b)=Intended Action (c) = Intended controls in place	Risk Owner	Status
1.									
2.									
3.									
4.									
5.									

When completing this template, Community Therapy Ireland will have to consider how likely a risk is to occur. If a risk is unlikely to happen, the organisation is likely to be less concerned. However, Community Therapy Ireland also needs to think about ‘Black Swan’ events. These are events which are unlikely to occur but if they do, they will have catastrophic consequences for the organisation.

The Children’s Rights Alliance has adopted a scoring system to work out which risks are most important based on the UK Institute of Risk Management’s risk heat map<sup>1</sup> , reproduced here:

Impact	Extreme/Catastrophic	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15
	Minor	2	2	4	6	8	10
	Insignificant	1	1	2	3	4	5



		1	1	2	3	4	5
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Remote	Unlikely	Possible	Probable	Highly Probable
Likelihood				

1 Institute of Risk Management, Risk Management for Charities,  
<https://www.theirm.org/media/1238690/CharitiesGuidanceV6FINAL.pdf>, accessed on 3 Jan 2017.

#### **Appendix 6: Complaints policy.**

<https://communitytherapyireland.ie/member-resources-2.html>

#### **Appendix 7: Child Safeguarding Implementation Plan**

<b>Goal</b>	<b>Action</b> <i>(Record action and timelines as situations arise)</i>	<b>Responsibility</b>	<b>Status</b> <i>(Update status as required)</i>
Revise Child Safeguarding Statement		Clinical Lead with subsequent board approval	
Revise Child Safeguarding Policies and Procedures		Clinical Lead with subsequent board approval	
Develop, monitor and review Complaints Mechanisms		Clinical Lead with subsequent board approval	
Develop, monitor and review safer recruitment and		CEO with subsequent board approval	

selection safeguarding policies			
Develop, monitor and review the child safeguarding induction policy		Clinical Lead with subsequent board approval	
Develop any additional policies identified through the review process		Clinical Lead & CEO with subsequent board approval	
Disseminate revised policies to all staff		Clinical Lead or CEO	
Make all revised policies available to members and other key stakeholders		Clinical Lead or CEO	
Devise a training strategy to ensure staff are aware and equipped to follow child safeguarding policies and procedures in line with their roles and responsibilities		Clinical Lead as DLP	
Ensure mechanisms are in place to monitor and review Child Safeguarding Policies and Procedures		Clinical Lead	

## **Review**

The Child Safeguarding Policies and Procedures and Child Safeguarding Statement will be reviewed every two years against the Tusla checklist of guiding principles and child safeguarding procedures [https://www.tusla.ie/uploads/content/Tusla -  
\\_Child\\_Safeguarding - A Guide for Policy, Procedure and Practice.pdf](https://www.tusla.ie/uploads/content/Tusla_-_Child_Safeguarding_-_A_Guide_for_Policy_Procedure_and_Practice.pdf)