

**The Rehab Group
Child Protection (Ireland) Policy**

Applies Jurisdiction: Ireland

Division: ALL

Reference Number: COR-OPS-005

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Date: March 2018
Signature: 

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1.0 POLICY STATEMENT

The Rehab Group is committed to actively safeguarding the welfare and protection of children who have contact with the organisation and the staff that provide our services.

The Rehab Group promotes the welfare of all children who access its services by means of education, staff training and the implementation of a process for staff to act on any concerns they may have for a child's welfare in a timely manner.

The Rehab Group considers it the duty of all those employed or involved with the organization to take all reasonable measures to prevent or reduce the risk of abuse of all individuals with whom they come into contact. We acknowledge our responsibility to ensure that all legislation and statutory guidance concerning protection, including Children First National Guidance, is adopted, including reporting any protection issues alleged, suspected or disclosed. Rehab group will seek to establish reasonable grounds for onward reporting but does not carry out investigations into alleged, suspected or disclosed child protection issues. Rehab Group will only proceed to investigate an alleged, suspected or disclosed child protection issue when it has been reported to the relevant statutory body and the relevant statutory body has requested we do so.

In adapting the above good practice procedures the Rehab Group hope to minimize the possibility of false allegations against service users and or staff and volunteers

2.0 PURPOSE

The purpose of this policy is to make sure that we put practices in place to promote and uphold the rights of all children in our services and to manage any allegations of abuse. The Rehab Group endeavours to safeguard the welfare and protection of all children who access Rehab services by protecting them from all forms of abuse and neglect. Rehab Group also endeavours to protect staff from false allegations of inappropriate behaviour.

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3.0 SCOPE

This policy applies to all staff and volunteers who work for the Rehab Group. This policy also extends to all contractors, students on placements and agency staff.

4.0 DEFINITIONS

4.01 *Child* A child means a person under the age of 18 years, excluding a person who is or has been married. (*Children’s First Guidelines 2011*)

4.02 *Abuse* may be defined as any act, or failure to act, which results in a breach of a child’s human rights, physical, sexual and mental integrity, dignity or general well-being, whether intended or through negligence. Abuse may take a variety of forms.

4.03 Types of Abuse

Physical abuse includes hitting, slapping, pushing, kicking, and misuse of medication, restraint or inappropriate sanctions.

Sexual abuse includes rape and sexual assault, or sexual acts.

Psychological/Emotional abuse includes emotional abuse, threats of harm or abandonment, isolation, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating. (*For a detailed list of the indicators of child abuse please go to **Children First 2011- PG8***

<http://www.dcy.gov.ie/documents/Publications/ChildrenFirst.pdf>)

4.04 Who may abuse?

Anyone can abuse a child, but examples include:

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Familial Abuse

Abuse of a child by a family member.

Professional Abuse

Misuse of power and trust by professionals and a failure to act on suspected abuse, poor care practices, and/or neglect.

Peer Abuse

Abuse, for example, of one child with a disability by another child with a disability.

Stranger Abuse

Abuse by someone unfamiliar to the child.

5.0 PREVENTION

In order to fulfil its commitment to actively safeguarding the welfare and protection of children who access our services, Rehab Group fosters an environment that promotes prevention and early interventions. This is achieved by a number of measures, such as the examples listed below.

All Rehab Group Divisions will have the following in place:

- A recruitment process in line with the Rehab Group recruitment and selection process that ensures that all reasonable steps are taken to actively safeguard the welfare and protection of children who have contact with the organisation
- A staff induction process to ensure that newly recruited staff members read understand and accept the child protection policy & procedure
- Abuse and neglect awareness training and ongoing education for all staff in the dynamics of abusive and neglectful behaviour towards children and in the operation of the child protection policy & procedure, as relevant to their role and based on a training needs analysis

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- A code of practice that outlines acceptable and unacceptable practice for Rehab Group staff in respect to their interactions with children (*Please see Appendix 1*)
- A system to raise awareness of child protection welfare issues in an accessible manner through supervision, support, training, assistance and advice
- A Designated Liaison Officer & structure of Designated Liaison Persons.
 - A structure, led by the Designated Liaison Officer (Safeguarding Lead) to ensure any child protection concerns, allegations, disclosures will be raised by any member of staff and managed appropriately and in compliance with legislation. (*Please see Appendix 2 for Designated Liaison Persons*).
- A system to centrally log any child protection issues and to confidentially and appropriately manage and collate them
- A system to periodically review child protection issues in order to identify additional training needs
- A system whereby Rehab Group’s child protection policies and procedures are readily available in an accessible format to children and young people accessing our services and their parents

6.0 PROCEDURE

A concern regarding a child may come to light in a number of ways. It can be through direct observation, disclosure, reported anonymously or arise as a complaint. It can also come to light through the Rehab Group Whistleblowing Policy. Regardless of how the concern comes to light the staff member or volunteer must take immediate steps in response to this concern. The process begins by considering the possibility and looking out for signs of neglect or abuse. (*A process map outlining these steps is included in Appendix 3*).

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6.1 Immediate Protection

The welfare and safety of the child is the primary consideration. The staff member/volunteer must take immediate action to safeguard any child at immediate risk of harm including seeking medical assistance or the assistance of An Garda Síochána, if deemed appropriate. Where there is concern that a serious criminal offence may have taken place, or may be about to be committed, contact An Garda Síochána immediately. *(Please see Appendix 4).*

6.2 Receive the information

Listen, reassure and support.

6.3 Report & Record

As soon as possible on the same day report the concern to the line manager or manager on duty or Designated Liaison Person. Make a detailed written record of what you have seen, been told or have concerns about and who you reported it to. If the concern is acted upon, for example informing Tusla Children & Family Agency, it is important to establish the grounds of concern by obtaining as much information as possible. *(Please see Appendix 5 "Body Map" and the internal Reporting Form, Appendix 6).*

6.4 Referring to Tusla

On receipt of the details of the allegation/disclosure or suspected child protection issue, the Designated Liaison Person (DLP) should consider all relevant documentation/information in order to establish if reasonable grounds for concern exist. The DLP will consult with the Safeguarding Lead (Designated Liaison Officer), or Tusla duty social worker. A standard notification form will be completed by the DLP and sent to Tusla should it be determined that reasonable grounds for concern exist. *(Please see Appendix 7).*

6.5 HIQA

If a concern relates to a designated centre the manager must report it to HIQA in writing within three working days (form NF06).

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6.6 Informing the parents

The parent or guardians of the child should be informed of any reports made, as long as it is believed that informing them doesn't put a child in any danger. An appropriate communication strategy with timeframes will be agreed by the DLP (in consultation with the Safeguarding Lead) and the service manager.

6.7 Allegations against staff

Where an allegation or concern of abuse concerns a member of staff or volunteer of Rehab Group, the most important consideration is the protection of the child. Any concern should be reported to the line manager, who in turn will report to the designated liaison person (DLP) and the Safeguarding Lead. A screening will take place immediately to establish if reasonable grounds for concern exist. The line manager and or DLP will also consult with HR should a Trust in Care investigation be deemed necessary. (*Trust in Care 2005*, http://www.hse.ie/eng/staff/Resources/hrppg/Trust_in_Care.html)

7.0 ROLES & RESPONSIBILITIES

Key to the successful safeguarding of children is an open culture with a genuinely child-centered approach to care and support, underpinned by a zero-tolerance policy towards abuse and neglect. It is important that service providers create and nurture an open culture where people can feel safe to raise concerns. The importance of good leadership and modeling good practice is essential in determining the culture of services.

7.1 It is the responsibility of **the Rehab Group** to ensure that:

- An induction process is in place to ensure that newly recruited staff/volunteers read, understand, and accept the Child Protection Policy and Procedures.
- Appropriate supervision, support, training, assistance and advice are provided for staff/volunteers in the operation of the Child Protection policy and procedures.

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- An appropriate number of Designated Liaison Persons (DLP's) and structure is in place to ensure that all protection issues are dealt with in a timely manner. These DLP's are supported by the Safeguarding Lead (also known as Designated Liaison Officer, DLO).
- A system is in place to centrally log, manage, and collate all safeguarding issues.
- A system is in place for senior management to continuously monitor safeguarding needs so that they can match these needs with training plans.
- Copies of this policy and procedures are available in an accessible format for all who use our services and for their parents/advocates.

7.2 It is the responsibility of **all staff & volunteers** to:

- Protect all children who have contact with our services and report any suspected allegations/incidents of abuse to their line manager.
- Know where you can get help and support.
- Staff can also refer to Rehab Groups Whistleblowing Policy.
- Know the process for taking a disclosure/concern (*Please See appendix 8*).
- Know that all concerns or allegations of abuse must be reported to the line manager, regardless of the source or date of occurrence (retrospective & historic abuse). Staff may receive anonymous allegations of abuse and these must be reported and assessed. However the quality and nature of information available in anonymous referrals may impact on the capacity to assess and respond appropriately. A retrospective allegation may require a notification to Tusla and this can be discussed with the line manager, Designated Liaison Person or Safeguarding Lead.
- Attend training in child protection.

7.3 **Senior Management.** Rehab Group protects the dignity and welfare of children who use our services and support staff through the following measures:

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- Ensure insofar as is reasonably practicable that sufficient resources are available to enable best practice standards of care to be delivered.
- Provide safe systems of work to minimise the potential for abuse.
- Provide people with the opportunity to share concerns, positive experiences in a transparent and open way.
- Recruitment: selection and vetting procedures are in line with Rehab Groups policy and procedures. This ensures that all employees have the required skills and attributes required.
- Provide effective supervision, support and training for all staff so that they are aware of their responsibilities. Ensure that shortfalls in standards are dealt with promptly under Rehab Group Policies.
- Communicate to all staff so that they are fully aware that the welfare of the child is of paramount importance and that they know the action to be taken if abuse is suspected or alleged.

7.4 Line Managers

The line Manager will receive reports of suspected or alleged incidents of abuse/neglect. They will ensure the immediate safety of the child and record the views of the child where possible. The line manager will report all incidents/allegations to the Designated Liaison Person and gather all necessary information.

7.5 Designated Liaison and Mandated Persons

As defined in the Children First Act 2015, mandated persons have a statutory obligation to report concerns which reach a particular threshold to Tusla and to cooperate with Tusla in the assessment of mandated reports. In Rehab Group the designated liaison persons and the designated liaison officer (Safeguarding Lead) are mandated persons. There are also mandated persons in Rehab Group who are not currently DLP's but who can make joint reports with the DLP's if required. For the purpose of clear reporting structures, where there are any child protection concerns the staff member must report this to the line manager. The line manager should in turn report this to the DLP and DLO.

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The Designated Liaison Person will oversee all aspects of procedures and practice in relation to the safeguarding of the child, and is the main link with the Safeguarding Lead (DLO) & Tusla. (*For a full list of Designated Liaison and Mandated Persons please see appendix 2*).

7.6 Lead Safeguarding Officer (National Support)

The Safeguarding Lead acts as Designated Liaison Officer (DLO) and oversees the implementation of the policy at national level, provides advice and guidance to DLP's as required and manages investigations as required. The Safeguarding Lead is the senior social worker and can be contacted on 01 205 7250.

8.0 EVALUATION & AUDIT

8.1 There will be quarterly reviews of incident management. This is in line with the "lessons learned" approach adopted by Rehab Group.

8.2. This policy will be reviewed on a 3 yearly cycle, unless legislation changes or internal structures within Rehab Group require/ demand otherwise. In that case this policy will be reviewed and updated before the end of that cycle. This policy is next due for review in January 2020.

9.0 REFERENCES

Children's First National Guidance for the Protection and Welfare of Children, 2011

(<http://www.dcy.gov.ie/documents/Publications/ChildrenFirst.pdf>)

Health Information and Quality Authority (HIQA) (2013).
National Standards for Residential Services for Children and Adults with Disabilities. (www.hiqa.ie/standards)

Health Service Executive (2005)

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Trust in Care: Policy for Health Service Employers on Upholding the Dignity and Welfare of Patients/Clients and the Procedure for Managing Allegations of Abuse against Staff Members.

(www.hse.ie/eng/staff/Resources/hrppg/va.html)

The Child Care Act 2015

9.1 Related PPPGs

Managing Behaviours that Challenge
Managing Violent & Aggressive Behaviour
Missing Service User
Personal & Intimate Care
Risk Management
Positive Risk
Data Protection
Background Checks
Whistleblowing
Complaints & Compliments
Restrictive Practices
Medication Management

10.0 APPENDICES

Appendix 1 Code of Practice
Appendix 2 List of Designated Liaison and Mandated Persons
Appendix 3 Process Map
Appendix 4 Notification of Suspected Abuse to An Garda Síochána
Appendix 5 Body Map
Appendix 6 Internal Reporting Form
Appendix 7 Standard Notification Form Tusla
Appendix 8 Procedures for Disclosure
Appendix 9 List of Reviewers
Appendix 10 Read & Understood

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Appendix 1 Code of Practise

Rehab Group Standards of Best Practice in Protection.

Overview

This Code of Practice is designed to set acceptable and unacceptable practice for Rehab Group staff in respect to their interaction with children who have contact with Rehab Services. Its aims to put in place a system of best practice in this regard and to protect staff members and service users from unfounded allegations.

If you find during the course of your work difficulty adhering to this code please raise these issues with your line manager.

The goal of this code is to:

- Promote the welfare of children who have contact with Rehab’s Services.
- Safeguard the children who have contact with Rehab’s Services at all times.
- Ensure the protection of staff from false allegations.
- Encourage and develop best practice among staff at all levels of the organisation.

Rehab Group expects that all of our staff will approach their work, perform their duties and conduct themselves in a professional and ethical manner at all times. As a general rule staff should treat service users with the same degree of courtesy and respect with which they themselves would wish to be treated.

Guiding Principles in Child Protection and Welfare

- The welfare of children is of paramount importance.
- A proper balance must be struck between protecting children and respecting the rights and needs of parents / carers and families; but where there is conflict, the child’s welfare must come first.
- Children have a right to be heard, listened to and to be taken seriously. Taking account of their age and understanding, they

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should be consulted and involved in all matters and decisions which may affect their lives.

- Early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection.
- Parents / carers have a right to respect and should be consulted and involved in matters which concern their family.
- Actions taken to protect a child, including assessment, should not in themselves be abusive or cause the child unnecessary distress. Every action and procedure should consider the overall needs of the child.
- Intervention should not deal with the child in isolation; the child must be seen in a family setting.
- The criminal dimension of any action cannot be ignored.
- Children should only be separated from parents / carers when all alternative means of protecting them have been exhausted. Re-union should always be considered.
- Agencies or individuals taking protective action should consider factors such as the child's gender, age, stage of development, religion, culture or race.
- Effective prevention, detection and treatment of child abuse or neglect, requires a co-ordinated multi-disciplinary approach to child care work and effective inter-agency management of individual cases. All agencies and disciplines concerned with the protection and welfare of children must work co-operatively in the best interests of children and their families.
- In practice, effective child protection requires compulsory training and clarity of responsibility for personnel involved in organisations working with children.

Service Users Must Be:

- Recognised as individuals, addressed by their own names, encouraged to do things for themselves and be given an opportunity to understand and be understood.
- Treated with respect, addressed with respect, included in conversation, and involved in making decisions about themselves.
- Offered choices, listened to and ensured access to communication equipment, if required.
- Provided with a safe environment.

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- Assured confidentiality except where there is a risk to themselves or others or concern that a child is at risk. In this instance confidentiality cannot be guaranteed and issues arising should be reported to the local manager in the first instance.

Staff Must:

- Ensure that relations with children who have contact with Rehab's Services should be on a professional basis at all times and within the requirements of the job. While the development of friendly, trusting relationships is important, professional boundaries must be maintained at all times.
- Always refer to service users by name (and never by disability).
- Treat all information confidentially, except for those who have a need to know.
- Respect the wishes and choices of children who have contact with Rehab Services and their families. Seek advice from your manager if you need it.
- Intervene as and where appropriate if they witness any abusive behaviour.
- Always seek advice from supervisors or another appropriate manager if they are unsure or have any concerns about appropriate behaviour to children who have contact with Rehab Services.

Staff Must Not:

1. Do things for service users, which they can safely do and wish to do for themselves.
2. Take service users to their, or another staff member's home.
3. Engage in rough, physical or sexually provocative games, including horseplay.
4. Engage in inappropriate touching of any kind.
5. Use inappropriate language.
6. Make sexually suggestive comments about or to a person, even in jest.
7. Develop personal relationships with an individual service user outside the professional boundary of their role.
8. Involve themselves in ambiguous situations where the service user is uncertain of his/her role.
9. Favour one service user over another.
10. Engage in sexual or suggestive conversations/activities.
11. Divulge your personal opinion about other service users or staff members.

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12. Discuss service users in front of other service users.
13. Give detailed personal information (e.g. address, phone numbers, and social website presence) about yourself or other staff members.
14. Offer accommodation to service users in a crisis.
15. Ask service users to undertake jobs for them outside of work (for example, babysitting).
16. Borrow money or accept hospitality outside the remit of agreed service provision from a service user.
17. Loan money or property to service users.
18. Indulge in dangerous behaviour leading to injury or risk of injury to a service user.
19. Use any restrictive practice with a service user without applying the restrictive practices policies and procedures.
20. Give service users lifts in your own private car, except in absolute emergencies or unless it is part of a programme and with the knowledge of the manager of the service.
21. Allow unnecessary situations to arise whereby you may be alone in the company of a service user for reasons not related to the provision of services.
22. Staff must not arrange or participate in personal or social activities with service users outside the professional remit of their role.

This list is not exhaustive and you should seek guidance from your manager if you wish to discuss any specific situations further. We would actively encourage all Rehab Group staff to be alert in helping to identify and prevent situations which may cause or lead to problems for either colleague or service users.

Staff Supports

Where serious emotional or personal difficulties arise with service users, staff should avoid becoming personally over-involved. Staff should access Rehab Group clinical supports such as Regional Psychologists and Rehabilitation Officers (NLN) and Behavioural Therapists and Clinical Psychologists (Rehab Care) in line with divisional practices. In such cases these supports will provide support for both staff and service users. Further staff support is available through the Employee Assistance Programme (EAP).

Best Practice

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- If you become the recipient of inappropriate advances from a child who has contact with Rehab Services you should inform your manager immediately.
- In the main, a service user's wish for privacy must be respected except where, notwithstanding a service user's wish for privacy, it may be unsafe or even dangerous to leave him/her alone, unattended or unaccompanied.
- Where a number of service users are being driven in a Rehab Group vehicle, or contracted vehicle, (i.e. van/minibus) it is recommended that the last service user remaining in the vehicle be of the same sex as the driver, even if this means a longer journey.
- In a learning environment, where it is necessary to deal with a service user in a on a one-to-one basis during the course of your work, the meeting should be conducted in a quiet but observable area. Where this is not possible one or a combination of the following safeguards are advised:
 - Use an office or room with inside and outside windows.
 - Blinds or curtains should be open and the room well lit. If possible the door should be left open.
 - Inform a colleague that the meeting is taking place, its location and likely duration.
 - The meeting should not be any longer than is necessary.

Risk features to which staff are required to have consideration for

There are a number of risk features pertaining to service users, of which staff members need to be aware. These include:

- Limited life experience and social contact means that some service users may not have had the chance to acquire the 'streetwise' behaviour and judgement of their non-disabled peers.
- Because of their dependency, some service users may be particularly at risk in understanding inappropriate behaviour.
- A person with an intellectual disability and/or poor communication skills may appear to be a 'safe victim', because he/she is less likely to complain or disclose.
- Because they are more likely to have a number of service providers, service users may be exposed to greater risk.

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- Since it may be necessary to provide services of a personal nature, there are additional occasions where abuse may occur.
- Issues of power/powerlessness are particularly pertinent as many service users depend on our staff.
- Service users may demonstrate inappropriate behaviour towards other service users and the above principles apply in such cases, as one service user may be in a position to lead or coerce another service user.

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Appendix 2: Schedule of Mandated Persons under the Children First Act 2015

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

1. Registered medical practitioner within the meaning of section 2 of the Medical Practitioners Act 2007.
2. Registered nurse or registered midwife within the meaning of section 2(1) of the Nurses and Midwives Act 2011.
3. Physiotherapist registered in the register of members of that profession.
4. Speech and language therapist registered in the register of members of that profession.
5. Occupational therapist registered in the register of members of that profession.
6. Registered dentist within the meaning of section 2 of the Dentists Act 1985.
7. Psychologist who practises as such and who is eligible for registration in the register (if any) of members of that profession.
8. Social care worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register of that profession.
9. Social worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register (if any) of that profession.
10. Emergency medical technician, paramedic and advanced paramedic registered with the Pre-Hospital Emergency Care Council under the Pre- Hospital Emergency Care Council (Establishment) Order 2000 (S.I. No. 109 of 2000).
11. Probation officer within the meaning of section 1 of the Criminal Justice (Community Service) Act 1983.
12. Teacher registered with the Teaching Council.
13. Member of An Garda Síochána.
14. Guardian *ad litem* appointed in accordance with section 26 of the Child Care Act 1991.
15. Person employed in any of the following capacities:
 - (a) manager of domestic violence shelter;
 - (b) manager of homeless provision or emergency accommodation facility;
 - (c) manager of asylum seeker accommodation (direct provision) centre;
 - (d) addiction counsellor employed by a body funded, wholly or partly, out of moneys provided by the Oireachtas;
 - (e) psychotherapist or a person providing counselling who is registered with one of the voluntary professional bodies;
 - (f) manager of a language school or other recreational school where children reside away from home;
 - (g) member of the clergy (howsoever described) or pastoral care worker (howsoever described) of a church or other religious community;
 - (h) director of any institution where a child is detained by an order of a court;
 - (i) safeguarding officer, child protection officer or other person (howsoever described) who is employed for the purpose of performing the child welfare and protection function of religious, sporting, recreational, cultural, educational and other bodies and organisations offering services to children;
 - (j) child care staff member employed in a pre-school service within the meaning of Part VIIA of the Child Care Act 1991;
 - (k) person responsible for the care or management of a youth work service within the meaning of section 2 of the Youth Work Act 2001.
16. Youth worker who—

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- (a) holds a professional qualification that is recognised by the National Qualifications Authority in youth work within the meaning of section 3 of the Youth Work Act 2001 or a related discipline, and
- (b) is employed in a youth work service within the meaning of section 2 of the Youth Work Act 2001.

17. Foster carer registered with the Agency [Tusla].

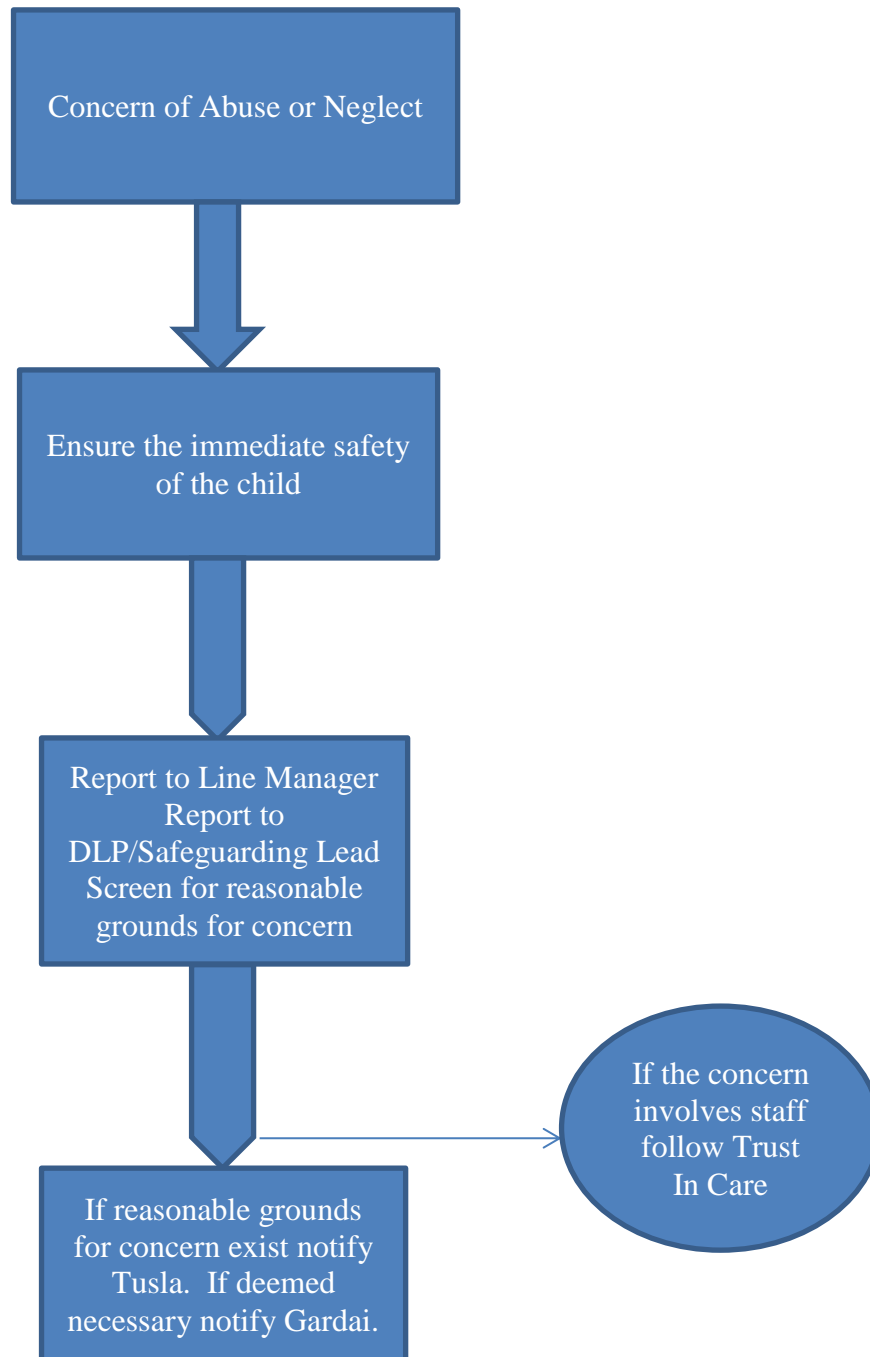
18. A person carrying on a pre-school service within the meaning of Part VIIA of the Child Care Act 1991.

The following are Rehab Group Designated Liaison Persons (DLP's), who are also mandated persons under the Child Care Act 2015. Rehab Group also employ staff who are mandated persons who are not DLP's who can make separate or joint reports with the DLP's. However for the purpose of this policy the procedure remains that all concerns are reported to the line Manager and DLP.

Company / Division	Designated Liaison Person	Contact Details
National Learning Network	Mary Hughes	Mary.hughes@nln.ie
National Learning Network	Carmel Gavin	carmel.gavin@nln.ie
National Learning Network	Sharon Mulryan	sharon.mulryan@nln.ie
National Learning Network	Jane Watson	jane.watson@nln.ie
National Learning Network	Trish Amm	trish.amm@nln.ie
National Learning Network	Sharon Cunningham	sharon.cunningham@nln.ie
National Learning Network	Suzanne Allen	suzanne.allen@nln.ie
National Learning Network	Barbara Hernon	barbara.hernon@nln.ie
National Learning Network	Caroline McLoughlin	caroline.mcloughlin@nln.ie
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Appendix 3 Process Map



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Appendix 4 Notification of Suspected Abuse to An Garda Síochána

Notification of Suspected Abuse to Gardaí Private and Confidential

To: **Superintendent,**
An Garda Síochána,

(This form should be accompanied by a report with the relevant information pertaining to the alleged victim, the details of the alleged abuse and the reasons for referring to the Gardaí)

Name of alleged victim D.O.B.:

Service Details

.....

Home Address
.....

Parent/carer:

Address:
.....

Phone number:

Relationship to alleged victim:

Type of alleged abuse:

Location of alleged abuse:

Identity of alleged abuser:

Relationship to alleged victim:

When did the alleged abuse take place:

Identity of informant:

Appointed Person in Service for dealing with this
allegation is

Signed by: _____

Date: _____

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Appendix 5 Body Map

Name of Individual : _____
H&S Incident Form No.: _____
Name of Staff Member 1: _____
Job Title of Staff Member 1: _____
Name of Staff Member 2: _____
Job Title of Staff Member 2: _____
Service Details, address & telephone no. _____ _____ _____
Date marks observed/Body map completed: ___/___/___ (date, month & year)
Signature of Manager: _____ Date: ___/___/___ (date, month & year)

Instructions for completing the body map:

Please only use this body map if you have been trained to do so and in a manner that maintains the dignity of the Service User.

When you notice an injury on a service user/staff member record as accurately as possible the following information for each injury by drawing on the body map in black ink:

1. Indicate the exact site of the injury (using arrows if necessary)

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2. Use the following key to indicate the different types of injury i.e. (A) bruising (B) etc.

3. Use the space provided to make a 'close-up' drawing(s) of body parts/injuries highlighting and indicate where they appear on the body map.

4. Provide brief details for each injury e.g.

(a) measurements of the injury (a ruler is provided to assist with measurement),

(b) approximate shape of the injury e.g. round, square, straight line

(c) colour of the injury - if more than one colour say so

(d) is the skin broken?

(e) is there any swelling at the site of the injury or elsewhere?

(f) is there a scab? / any blistering? / any bleeding?

(g) is the injury clean? or is there grit / fluff etc?



(h) does the site of the injury feel hot?

 A - pressure ulcer
broken down) 

D - scratches, red areas (not

 B - bruising 

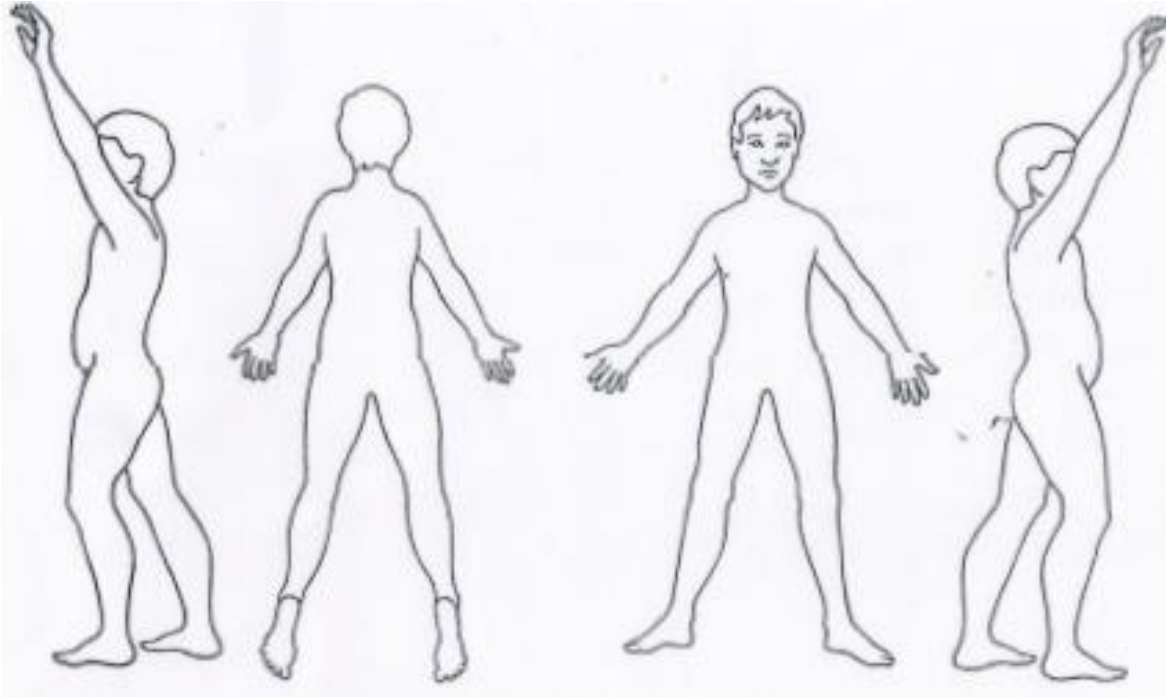
E - scalds, burns

 C - cuts, wounds
bites/scratches) 

F - other (specify e.g.

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Please use the space below to make “close up” drawing(s) of each injury.

Please indicate where each injury is located on the body and provide brief details of each injury.

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Appendix 6 - Internal Reporting Form

Note: To assist with a speedy reporting process this form can be emailed. However prior to doing so every care should be taken to ensure it is sent only to required addresses. In addition, it must be password protected with the password to open the document sent by text to the relevant person.

To: The Designated Liaison Person

This form should be completed to record a report of any form of alleged disclosed or suspected abuse. It should be completed by the person:

- (a) Who observes the incident(s)
- (b) To whom the allegation or concern of abuse is initially reported or identified by

Where there is more than one service user involved a separate form should be completed in respect of each individual.

On completion, the form should be forwarded to the Designated Liaison Person

Details of Person Making this Report:

Name:.....

Title:.....

Location:.....

Date:.....

Time:.....

Alleged Victim Details

Name:.....

Date of Birth:.....

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Home Address: Service Address (if appropriate)

.....

.....

Contact Phone Number:

Alleged Perpetrator Details

Name:.....

Date of Birth/Age:.....

Address:.....

.....

Relationship to Alleged Victim:.....

Contact Phone Number:

Disclosure Details:

In the event of a disclosure being made complete the following Disclosure Details

Disclosed to:.....

Date of Disclosure:.....

Time of Disclosure:.....

Location of Disclosure:.....

Details of Alleged Incident(s):

Location:.....

Date:.....

Time:.....

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Description of Alleged Incident/ Situation:

Please give a **factual** account of what was either observed by you or reported to you.

.....
.....
.....

Signed:..... Date:.....

To be completed by the Line Manager on receiving the completed form

Name:.....

Position:.....

Time and Date Received

Designated Liaison Person informed: Yes

Time informed

Description of any safety precautions put in place

.....
.....
.....
.....
.....

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.....

Signed:.....

Date:.....

To be completed by the Designated Liaison Person on receiving completed Form

Name:.....

Position:.....


Signed:.....

Date:.....

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Appendix 7 Standard Notification Form Tusla



An Ghníomhaireacht um
Leasú agus an Teaghlach
Child and Family Agency

Child Protection and Welfare Report Form

MANDATED PERSONS AND NON MANDATED PERSONS
(Children First Act 2015 & Children First National Guidance)

Use block letters when filling out this form.
Fields marked with an * are mandatory.

1. Tusla Area (this is where the child resides)*			
2. Date of Report*			
3. Details of Child			
First Name*		Surname*	
Male*	<input type="checkbox"/>	Female*	<input type="checkbox"/>
Address*	Date of Birth*		
	Estimated Age*		
	School Name		
	School Address		
Eircode			
4. Details of Concerns*			
Please complete the following section with as much detail about the specific child protection or welfare concern or allegation as possible. Include dates, times, incident details and names of anyone who observed any incident. Please include the parents and child's view, if known. Please attach additional sheets, if necessary			
Please see 'Tusla Children First – A Guide for the Reporting of Child Protection and Welfare Concerns' for additional assistance on the steps to consider in making a report to Tusla			
5. Type of Concern			
Child Welfare Concern	<input type="checkbox"/>	Physical Abuse	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	Sexual Abuse	<input type="checkbox"/>
Neglect	<input type="checkbox"/>		
6. Details of Reporter			
First Name		Surname	
Address if reporting in a professional capacity, please use your professional address	Organisation		
	Position Held		
	Mobile No.		
	Telephone No.		
Eircode		Email Address	

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Appendix 8 Procedures for taking a disclosure/reporting a concern

Procedures for taking a disclosure/reporting a concern.

1. Listen, reassure and support an individual who has made a disclosure – do not promise confidentiality, or say that you can keep a secret.
2. Do not press the individual for information. As soon as possible, preferably on the same day, report what you have seen/been told or have concerns about to your line manager and/or Lead Safeguarding Officer.
3. Write this up in a report and include to whom you have reported – keep it factual and as far as possible use the person's own words not your interpretation. Make sure that you include your name, signature, and date on this report.
4. The report will need to include:
 - a. When the disclosure was made, or when you were told about/witnessed this incident.
 - b. Who was involved and any other witnesses, include service users and other staff.
 - c. Exactly what happened or what you were told, using the person's own words, keeping it factual and not interpreting what you saw or were told.
 - d. Any other relevant information e.g. previous incidents that have caused you concern.
 - e. Include as much detail as possible.
 - f. Make sure the written report is legible and of a quality that can be photocopied.
 - g. Keep the report/s confidential, storing them in a safe and secure place until needed.

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Appendix 9 List of Reviewers

Authors List for New/ Reviewed Policy Area

The following names individual authors/ reviewers to this policy are:

Division/Other	Name(s)
Quality & Governance	Seamus Dillon
RehabCare	Alison Steeds
NLN	Karen Caulwell
RehabCare	Darragh O'Regan

*Note that it is not obligatory for each division to be involved in a new policy/ review if the policy is not relevant; this should be decided by each division on a case-by-case basis.

Appendix 10 – Read & Understood

I have read, understand and agree to adhere to the Child Protection IRE attached Policy, Procedure, Protocol/ SOP or Guideline:

Print Name	Signature	Date

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