

Child Protection Policy

The purpose of the Children First Act 2015 and the Children First: National Guidance for the Protection and Welfare of Children is to raise awareness of child abuse and neglect, provide for mandatory reporting by key professionals and improve child safeguarding arrangements in organisations providing services to children.

POLICY

Westcare Homecare is committed to creating a safe environment for the children with whom we work, and we are committed to ensuring their safety and welfare at all times.

Though we do not have a large child clientele at present, there are times when Westcare Homecare care workers will interact with children whether it be in colleges or in the home setting. Westcare Homecare recognizes that it is good practice to have a child protection policy in place to ensure we are meeting the standards.

Accordingly, our policy has been produced based on “Children First – National Guidelines for the Protection and Welfare of Children” and This version of the Policy has been updated to take account of the 2015 edition of Children First.

Westcare Homecare have a zero tolerance for any form child abuse or neglect

SCOPE

This policy applies to all employees, directors and sub-contractors of Westcare Homecare and all employees should be familiar with the policy and who the lead child protection or designated liaison person is. In Westcare Home Care, the designated liaison person is Sarah Smith.

Named Persons

All organizations that provide services to children should develop specific policies and procedures on how to create a safe environment. To assist with this, Westcare Homecare have appointed named persons’ to develop their guiding principles and child safeguarding procedures. These persons’ are responsible for leading the development of the guiding principles and child safeguarding procedures and for ensuring that policies and procedures are consistent with best practice as detailed in this Guide. They should liaise with all workers who have relevant roles and responsibilities. These named persons will also assist with the review of Westcare Homecares’ guiding principles and child safeguarding procedures.

Role of Designated Liaison Person & Deputy Designated Liaison Person

DESIGNATED LIAISON PERSON -Sarah Smith 0877935844

DEPUTY LIAISON PERSON – Mary McMahon 0871897722

The Designated Liaison Person (DLP) and Deputy Designated Liaison Person (DDL) must be fully familiar with Westcare Homecares responsibilities in relation to the safeguarding of children such as;

- Have good knowledge of Westcare Homecares’ Policies and Child Safeguarding Procedures.
- Ensure that Westcare Homecares reporting procedure is followed, so that child protection and welfare concerns are referred promptly to Tusla.
- Receive child protection and welfare 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.

Dedicated Contact Points for Westcare Homecare

| | |
|-------------------------------|---|
| Donegal | Child and Family Agency, Ground Level, Sally Place, Justice Walsh Road, Letterkenny Co. Donegal 074 9123672 |
| Sligo, Leitrim and West Cavan | Child and Family Agency, Markievicz House, Barrack St, Sligo 071 9155133 |
| Cavan and Monaghan | Child and Family Agency, Support Services Building, Rooskey, Monaghan. 049-4369801 |
| Galway and Roscommon | Child and Family Agency , 25 Newcastle Road, Galway 091 546235 |
| Longford and Westmeath | Child and Family Agency, Primary Care Centre, Harbour Road, Mullingar, Co Westmeath 044 9353997 |

Where appropriate, make a formal report of a child protection or welfare concern to Tusla on behalf of Westcare Homecare, 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 The Garda Síochána,

unless:

- Informing the parents/guardians is likely to endanger the child or young person
- Informing the parents/guardians may place you as the reporter at risk of harm from the family
- The family's knowledge of the report could impair Tusla's ability to carry out an assessment
- Record all child protection or welfare 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
- Act as a liaison with Tusla and The Garda Síochána, as appropriate
- Where appropriate, jointly report with a mandated person

Mandated Person- Sarah Smith

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

- To report harm of children, above a defined threshold, to Tusla
- To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report.
- As a mandated person, under the legislation you are required to report any knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed, or is at risk of being harmed. The Act defines harm as assault, ill-treatment, neglect or sexual abuse, and covers single and multiple instances.

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

DEFINING & IDENTIFYING ABUSE

Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. Abuse and neglect can occur within the family, in the community or in an institutional setting. The abuser may be someone known to the child or a stranger, and can be an adult, or another child. In a situation where abuse is alleged to have been carried out by another child, you should consider it a child welfare and protection issue for both children, and you should follow child protection procedures for both the victim and the alleged abuser.

The important factor in deciding whether the behaviour is abuse or neglect is the impact of that behaviour on the child rather than the intention of the parent/carer.

The definitions of neglect and abuse presented in this section are not legal definitions.

They are intended to describe ways in which a child might experience abuse and how this abuse may be recognised.

NEGLECT

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

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

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

Examples of Neglect

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

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

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

EMOTIONAL ABUSE

Emotional abuse is any type of abuse that involves the continual emotional mistreatment of a child. It's sometimes called psychological abuse. Emotional abuse can involve deliberately trying to scare, humiliate, isolate, or ignore a child. (ISPCC).

Emotional abuse is often a part of other kinds of abuse, which means it can be difficult to spot the signs or tell the difference, though it can also happen on its own.

Examples of Emotional Abuse

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

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

The following points illustrate the consequences of emotional abuse for children

- feeling, expressing and controlling emotions
- lacking confidence or causing anger problems
- finding it difficult to make and maintain healthy relationships later in life
- developing risky behaviour, like stealing, bullying or running away wanting attention or becoming clingy
- not caring how they act or what happens to them
- Trying to get people not to like them

PHYSICAL ABUSE

Physical abuse is when someone hurts or harms a child or young person on purpose. It includes;

- hitting with hands or objects
- slapping and punching
- kicking
- shaking
- throwing
- poisoning
- burning and scalding
- biting and scratching
- breaking bones
- Drowning.
- Use of excessive force in handling
- Deliberate poisoning
- Suffocation
- Fabricated/induced illness.
- Female Genital Mutilation

The following points illustrate the consequences of physical abuse for children. It's important to remember that physical abuse is any way of intentionally causing physical harm to a child or young person. It also includes making up the symptoms of an illness or causing a child to become unwell. Physical abuse can have long lasting effects on children and young people. It can lead to poor physical or mental health later in life, including:

- anxiety
- behaviour issues
- criminal behaviour
- depression
- eating disorders
- issues at school
- obesity
- drug & alcohol problems

WHAT IS SEXUAL ABUSE?

When a child or young person is sexually abused, they're forced or tricked into sexual activities. They might not understand that what's happening is abuse or that it's wrong and they might be afraid to tell someone. Sexual abuse can happen anywhere – and it can happen in person or online.

It's never a child's fault they were sexually abused – it's important to make sure children know this.

EXAMPLES OF SEXUAL ABUSE

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

The following points illustrate the consequences of sexual abuse for children. Sexual abuse can have both short- and long-term effects. The impact of sexual abuse can last a lifetime. Children, young people and adults may live with.

- sexually transmitted infections
- anxiety
- depression
- pregnancy
- feelings of shame and guilt
- drug and alcohol problems
- relationship problems with family, friends and partners.
- Post-traumatic stress
- difficulty in dealing with stress
- self-harm

Bullying

It is recognised that bullying affects the lives of an increasing number of children and can be the cause of genuine concerns about a child's welfare. Bullying can be defined as repeated aggression – whether it is verbal, psychological or physical. While bullying can happen to any child, some may be more vulnerable.

These include: children with disabilities or special educational needs; those from ethnic minority and migrant groups; from the Traveller community; lesbian, gay, bisexual or transgender (LGBT) children and those perceived to be LGBT; and children of minority religious faiths.

There can be an increased vulnerability to bullying among children with special educational needs. This is particularly so among those who do not understand social cues and/or have difficulty communicating. Some children with complex needs may lack understanding of social situations and therefore trust everyone implicitly. Such children may be more vulnerable because they do not have the same social skills or capacity as others to recognise and defend themselves against bullying behaviour. In cases of serious instances of bullying where the behaviour is regarded as possibly abusive, you may need to make a referral to Tusla and/or An Garda Síochána.

Retrospective Abuse

The term retrospective abuse refers to abuse that an adult experienced that took place during their childhood. In terms of retrospective abuse, a report needs to be made to Tusla where there may be a current or potential risk to children from the person against whom there is an allegation. Retrospective abuse is also known as historical abuse. This report form is for use by:

- An adult who is disclosing childhood abuse. Any professional, individual or group involved in services dealing with adults who are attending counselling, psychotherapy, and or any type of emotional well-being or support services.
- Any professional, individual or group involved in adult health or mental health or other relevant services
- Any professional, individual, service involved with caring for children and young people in the community
- Professionals and individuals involved in the provision of child protection and welfare related services in the community who have service contracts with Tusla.
- Mandated persons under the Children First Act 2015, as specified in Schedule 2 of the Act.
- Designated Liaison Persons in any organisation.

RECOGNISING ABUSE AND NEGLECT AND REASONABLE GROUNDS FOR CONCERN

The ability to recognise child abuse can depend as much on a person's willingness to accept the possibility of its existence as it does on their knowledge and information. The possibility of child abuse should be considered if a child appears to have suffered a suspicious injury for which no reasonable explanation can be offered. It should also be considered if the child seems distressed without obvious reason or displays persistent or new behavioural problems.

The possibility of child abuse should also be considered if the child displays unusual or responses to parents/carers/siblings. A pattern of ongoing neglect should also be considered even when there may appear to be short periods of improvement.

- Signs of neglect or abuse can be physical, behavioural or developmental.
- They can exist in the relationships between children and parents/carers or between children and other family members/other persons.
- A cluster or pattern of signs is more likely to be indicative of neglect or abuse.
- Children who are being abused may hint that they are being harmed and sometimes make direct disclosures

WHO MAY ABUSE?

- Anyone who has contact with a child may be abusive, including a member of their family, school, places of worship, community or a friend, informal carer, healthcare/ social care or other worker.
- Familial Abuse, ie. 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 practice or neglect.
- Peer Abuse, ie, abuse of one child by another child.
- Stranger Abuse Abuse by someone unfamiliar to the vulnerable person

WHERE MAY ABUSE OCCUR

Abuse can happen at any time in any setting.

SUSPECTED CHILD ABUSE REPORTING PROCEDURE

The member of staff who has received a disclosure of child abuse / adult disclosure of childhood retrospective abuse or who has concerns of abuse should bring it to the attention of the relevant DPL (Sarah Smith) immediately. If the DPL is unavailable they must contact the DDPL (Mary Mc Mahon). A member of staff should never promise to keep secret any information which is divulged. It should be explained that this information cannot be kept secret but only those who need to know will be told.

- The DPL/DDPL will assess and review the information that has been provided.
- The DPL/DDPL will inform the Directors of Westcare Homecare of the matter.
- The DPL/DDPL may contact Tusla for informal advice relating to the allegation, concern, or disclosure.

After consultation with the HSE officials, the DPL/DDPL will then take one of two options:

1. Formally report the allegation, concern, or disclosure to the HSE;
2. Not make a formal report to HSE but keep a record of the concerns on file

The reasons for not reporting the allegation, concern or disclosure will be clearly recorded.

The member of staff who made the initial report will be informed if a formal report is not being made to the HSE and it is open to him/her to make a formal report themselves directly to the relevant authority if they feel this is necessary. Where a formal report is made, the HSE will then liaise with An Garda Síochána. It is likely that the HSE will want to speak to the person who first made the report to clarify facts and the circumstances of the report.

Parents/guardians of the child will be informed of the allegation, concern or disclosure unless doing so is likely to endanger the child

In cases of an emergency where a child appears to be at immediate risk and the HSE is unavailable, An Garda Síochána should be contacted immediately.

Under no circumstances should a child be left in a dangerous situation pending intervention by the HSE.

Standard Reporting Form & Information Required When Making a Report

Westcare Homecare has adopted a standard reporting form (see Appendix 2) for making reports concerning child abuse. The more detail that is included in this form, the easier it will be to assess an allegation, concern, or disclosure of abuse.

Reports which are made anonymously will be followed up, but this may take longer and will make it more difficult for the professionals involved to assess the situation. If a person is unsure about the case, it may be useful to talk over the issue with the DPL/DDPL or with a HSE worker before making an official report.

It is essential in reporting any case of alleged/suspected abuse that the principle of confidentiality applies. The information should only be shared on a “need to know” basis and the number of people that need to be informed should be kept to a minimum. The Protections for Persons Reporting Child Abuse Act, 1998

This Act provides immunity from civil liability to persons who report child abuse ‘reasonably and in good faith’ to the DPL/DDPL the HSE or An Garda Síochána (see Appendix 1 for further details). In those cases where Westcare Homecare decides not to report concerns to the HSE or An Garda Síochána, the individual who raised the concern should be given a clear written statement of the reasons why the Westcare Homecare is not taking such action.

The individual should be advised that if they remain concerned about the situation, they are free as individuals to consult with, or report to, the HSE or An Garda Síochána. The provisions of the Protections for Persons Reporting Child Abuse Act 1998 apply once they communicate ‘reasonably and in good faith

DEALING WITH DISCLOSURES OF ABUSE

In the event of a child/ disclosing an incident of abuse, it is essential that this is dealt with sensitively and professionally. If as a mandated person you receive a disclosure of harm from a child you must make a mandated report of the concern to Tusla

- React calmly
- Listen carefully and attentively
- Take the child seriously
- Reassure the child they have made the right action in talking to you
- Do not promise to keep anything a secret
- Do not ask leading questions
- Ask questions for clarification only
- Check back with the child that what you heard is correct and understood
- Do not express an opinion on the alleged abuser
- Ensure the child understands that you have to talk to somebody who understand this area and who can help
- Make a written record of what the child has said to you as soon as possible with as much detail as possible.
- Treat the information confidentially.
- Contact Tusla Social Worker as soon as possible
- Continue to support the child

All child protection and Welfare records are stored securely on our server which are encrypted and password protected and can only be accessed by senior management and the Mandated Persons.

Code of behavior between staff and children

The following safe practice principles should be observed by staff at Westcare Homecare Ltd:

- Staff should be sensitive to the risks involved in participating in activities that require physical contact with children.
- While Westcare Homecare recognizes that physical contact with children is sometimes necessary as part of the care and support which we provide, for example, staff should ensure that such contact is no more than is necessary in these circumstances.
- While physical contact is a valid way of comforting, reassuring and showing concern for children, it should only take place when it is acceptable to all persons concerned.
- Staff should never physically punish or be in any way verbally abusive to a child, nor should they even tell jokes of an inappropriate or sexual nature in the presence of children.
- Staff should be sensitive to the possibility of developing favouritism.
- While it may be necessary for staff at Westcare Homecare to work on a one-to-one basis with children, staff should not spend excessive amounts of time alone with an individual child.
- Where Staff are providing care for and support for children who are alone in the child's care should be taken to ensure that any viewing panels in doors are not obscured/covered.
- Children should be encouraged to report cases of abuse or bullying. Complaints must be brought to the attention of the DPL/DDPL
- Everyone at Westcare Homecare should respect the personal space, safety and privacy of individuals.

Allegations against a member of staff

Where an allegation of abuse is made against a member of staff at Westcare Homecare, two distinct procedures will be followed:

- 1) The reporting procedure in respect of the child
 - 2) The procedure for dealing with staff.
- The same person will not have responsibility for dealing with both procedures.
 - The DPL/DDPL will follow the normal reporting procedure in respect of the child.
 - It will be the responsibility of the Care Manager to deal with the member of staff against whom an allegation has been made in accordance with agreed procedures, the applicable contract of employment and the rules of fair procedure and natural justice. If an allegation is made against a member of staff the following steps will be taken:
 - The Area Manager will deal with all aspects of the case relating to the employment of the member of staff.
 - The allegation will be assessed by the DPL/DDPL to establish if there are reasonable grounds for concern and whether a formal report will be made to the statutory authorities in accordance with this policy.
 - The safety of the child is the first priority, and all necessary measures will be taken to ensure that the child is safe.
 - The measures taken will be proportionate to the level of risk.
 - Westcare Homecare will ensure that no other children are at risk during this period and will inform other relevant agencies or parents/carers as appropriate.

The measures which can be taken to ensure the safety of children can include the following:

- Immediate suspension of duties on full pay of the person accused,
- Reassignment of duties where the accused will not have contact with children, working under increased supervision during the period of the investigation or other measures as deemed appropriate.
- If a formal report is being made, Westcare Homecare will notify the member of staff that an allegation has been made and what the nature of the allegation is. The member of staff has a right to respond to this and this response should be documented and retained.
- Westcare Homecare will ensure that the principle of 'natural justice' will apply whereby a person is considered innocent until proven otherwise.
- Westcare Homecare will work in co-operation with An Garda Síochána, the HSE and Tusla and any decisions on action to be taken in regard to the member of staff will be taken in consultation with these agencies.
- Westcare Homecare will seek to ensure that actions taken do not undermine or frustrate or hinder any investigations being conducted by the HSE or An Garda Síochána
- The person against whom the allegation is made will need support during this period and Westcare Homecare will provide advice on how to access the relevant support services.
- Where an allegation is not upheld, Westcare Homecare will ensure, as far as possible, that the good name and office of the person subject to the allegation is preserved.
- Westcare Homecare will share information relating to the programme of activities, trips away, transport to and from events, etc. with the parents/guardians
- Westcare Homecare will inform the child's parents/guardians in the event of a child disclosing an incident of abuse unless this could put the child in danger
- If there is an allegation or suspicion in relation to the DPL/DDPL, the Area Manager will deal with all aspects of the case, including the reporting procedure.

Feedback

Westcare Homecare is committed to ensuring the safety and welfare of all children. Westcare Homecare welcomes comments from staff, children and their parents/guardians in relation to this Policy.

Vetting and Training

Westcare Homecare will ensure all staff members, have received Garda vetting. All staff at Westcare Homecare will be expected to participate in relevant training in relation to Child protection and this policy.

Relevant Legislation

This Policy has been drafted to account for issues addressed in a number of pieces of legislation including:

- The Child Care Act 1991
- The UN Convention on the Rights of the Child 1992
- The Non-Fatal Offences Against the Person Act 1997
- The Protection for Persons Reporting Child Abuse Act 1998.

The Protection of Persons Reporting Child Abuse Act 1998, this Act is a significant piece of legislation in the context of this Policy. (Appendix 1)

Relevant Provisions Of The Protection For Persons Reporting Child Abuse Act 1998

Section 3 of the protection for persons reporting child abuse act 1998 states that when a person finds or believes that a child has been or could be abused. Such a child is at the risk of being assaulted, ill-treated, neglected, or sexually abused.

A child's health, development, or welfare has been or is being impaired or neglected.

Then he shall be protected from any civil liability of persons who've reported the child abuse. A child's health, development, or welfare has been or is being impaired or neglected.

Then he shall be protected from any civil liability of persons who've reported the child abuse.

Section 4 states that an employer cannot penalize an employee for having formed an opinion of the kind referred to in Section 3 of this Act only if he has been reasonable in his act and acted in good faith with bonafide intention and reported it to the appropriate authority.

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*

Male*

Address*

Eircode

Surname*

Female*

Date of Birth*

Estimated Age*

School Name

School Address

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"/> | | |
| Emotional Abuse | <input type="checkbox"/> | Physical Abuse | <input type="checkbox"/> |
| Neglect | <input type="checkbox"/> | Sexual Abuse | <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 | |

Child Protection and Welfare Report Form

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

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Is this a Mandated Report made under Sec 14, Children First Act 2015?* | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Mandated Person's Type | | | | |

7. Details of Other Persons Where a Joint Report is Being Made

| | | | |
|---|--|---------------|--|
| 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 | |

| | | | |
|---|--|---------------|--|
| 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 | |

8. Parents Aware of Report

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Are the child's parents/carers aware that this concern is being reported to Tusla?* | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If the parent/carer does not know, please indicate reasons: | | | | |

9. Relationships

| | | | |
|-------------------|--|---------------|--|
| Details of Mother | | | |
| First Name | | Surname | |
| Address | | Mobile No. | |
| | | Telephone No. | |
| | | Email Address | |
| Eircode | | | |

| | | | | |
|----------------------------------|-----|--------------------------|----|--------------------------|
| Is the Mother a Legal Guardian?* | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|----------------------------------|-----|--------------------------|----|--------------------------|

| | | | |
|-------------------|--|---------------|--|
| Details of Father | | | |
| First Name | | Surname | |
| Address | | Mobile No. | |
| | | Telephone No. | |
| | | Email Address | |
| Eircode | | | |

Child Protection and Welfare Report Form

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

| | | | | |
|----------------------------------|-----|--------------------------|----|--------------------------|
| Is the Father a Legal Guardian?* | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|----------------------------------|-----|--------------------------|----|--------------------------|

10. Household Composition

| First Name | Surname | Relationship | Date of Birth | Estimated Age | Additional Information e.g. school, occupation, other |
|------------|---------|--------------|---------------|---------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

11. Details of Person(s) Allegedly Causing Harm

| | | | |
|---------------|--------------------------|---------------|--------------------------|
| First Name* | | Surname* | |
| Male* | <input type="checkbox"/> | Female* | <input type="checkbox"/> |
| Address | | Date of Birth | |
| | | Estimated Age | |
| | | Mobile No. | |
| | | Telephone No. | |
| Eircode | | Email Address | |
| Occupation | | Organisation | |
| Position Held | | | |

| | |
|--|--|
| Relationship to Child | |
| Address at time of alleged incident | |
| If name unknown please indicate reason | |

| | | | |
|---------------|--------------------------|---------------|--------------------------|
| First Name* | | Surname* | |
| Male* | <input type="checkbox"/> | Female* | <input type="checkbox"/> |
| Address | | Date of Birth | |
| | | Estimated Age | |
| | | Mobile No. | |
| | | Telephone No. | |
| Eircode | | Email Address | |
| Occupation | | Organisation | |
| Position Held | | | |

| | |
|--|--|
| Relationship to Child | |
| Address at time of alleged incident | |
| If name unknown please indicate reason | |

Child Protection and Welfare Report Form

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

12. Name and Address of Other Organisations, Personnel or Agencies Known to be Involved Currently or Previously with the Family

| Profession | First Name | Surname | Address | Contact Number | Recent Contact e.g. 3/6/9 months ago |
|---------------------|------------|---------|---------|----------------|--|
| Social Worker | | | | | |
| Public Health Nurse | | | | | |
| GP | | | | | |
| Hospital | | | | | |
| School | | | | | |
| Gardaí | | | | | |
| Pre-school/ crèche | | | | | |
| Other | | | | | |

13. Any Other Relevant Information, Including any Previous Contact with the Child or Family

Please ensure you have indicated if this is a mandated report in section 6.
Thank you for completing the report form.

In completing this report form you are providing details on yourself and on others. Details such as name, address and date of birth fall under the definition of 'Personal Data' in the Data Protection Acts, 1988 & 2003. Tusla has a responsibility under these Acts in its capacity as a Data Controller to, amongst other things, obtain and process this data fairly; keep it safe and secure; and to keep it for a specified lawful purpose. That purpose is to fulfil our statutory responsibility under the Child Care Act 1991 to promote the protection and welfare of children. Tusla may, during the course of the assessment of this report disclose such Personal Data to other agencies including An Garda Síochána. Further details about Tusla's responsibilities as a Data Controller and your rights as a Data Subject can be found on our website, www.tusla.ie. As you are providing Personal Data on others, you are a Data Processor. We ask that you only provide those details that are necessary for the report and that you keep this report and the Personal Data contained in it secure from unauthorised access, disclosure, destruction or accidental loss.

14. For Completion by Tusla Authorised Person on Receipt of Report

Report Received by

| | | | | | |
|------------|--|---------|--|------|--|
| First Name | | Surname | | Date | |
|------------|--|---------|--|------|--|

Mandated Report Acknowledgement by



An Ghníomhaireacht um
Leanaí 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)*

| | | | | | |
|------------|--|---------|--|-----------|--|
| First Name | | Surname | | Date Sent | |
|------------|--|---------|--|-----------|--|

| | |
|------------------------------|--|
| Authorised Person Signature* | |
| Date* | |

| | | | | |
|------------------------|-----|--------------------------|----|--------------------------|
| Child Previously Known | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Allocated Case No | | | | |

Appendix 1: 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 this Act:

1. Registered medical practitioner within the meaning of section 2 of the Medical Practitioners Act 2007.
2. Registered nurse or registered midwife within the meaning of section 2(1) of the Nurses and Midwives Act 2011.
3. Physiotherapist registered in the register of members of that profession.
4. Speech and language therapist registered in the register of members of that profession.
5. Occupational therapist registered in the register of members of that profession.
6. Registered dentist within the meaning of section 2 of the Dentists Act 1985.
7. Psychologist who practises as such and who is eligible for registration in the register (if any) of members of that profession.
8. Social care worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register of that profession.
9. Social worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register (if any) of that profession.
10. Emergency medical technician, paramedic and advanced paramedic registered with the Pre-Hospital Emergency Care Council under the Pre-Hospital Emergency Care Council (Establishment) Order 2000 (S.I. No. 109 of 2000).
11. Probation officer within the meaning of section 1 of the Criminal Justice (Community Service) Act, 1983.
12. Teacher registered with the Teaching Council.
13. Member of An Garda Síochána.

14. Guardian *ad litem* appointed in accordance with section 26 of the Child Care Act, 1991.
15. Person employed in any of the following capacities:
 - (a) manager of domestic violence shelter;
 - (b) manager of homeless provision or emergency accommodation facility;
 - (c) manager of asylum seeker accommodation (direct provision) centre;
 - (d) addiction counsellor employed by a body funded, wholly or partly, out of moneys provided by the Oireachtas;
 - (e) psychotherapist or a person providing counselling who is registered with one of the voluntary professional bodies;
 - (f) manager of a language school or other recreational school where children reside away from home;
 - (g) member of the clergy (howsoever described) or pastoral care worker (howsoever described) of a church or other religious community;
 - (h) director of any institution where a child is detained by an order of a court;
 - (i) safeguarding officer, child protection officer or other person (howsoever described) who is employed for the purpose of performing the child welfare and protection function of religious, sporting, recreational, cultural, educational and other bodies and organisations offering services to children;
 - (j) child care staff member employed in a pre-school service within the meaning of Part VIIA of the Child Care Act, 1991;
 - (k) person responsible for the care or management of a youth work service within the meaning of section 2 of the Youth Work Act, 2001.
16. Youth worker who—
 - (a) holds a professional qualification that is recognised by the National Qualifications Authority in youth work within the meaning of section 3 of the Youth Work Act, 2001 or a related discipline, and
 - (b) is employed in a youth work service within the meaning of section 2 of the Youth Work Act, 2001.
17. Foster carer registered with the Agency.
18. A person carrying on a pre-school service within the meaning of Part VIIA of the Child Care Act, 1991.

GLOSSARY

Child

A 'child' is defined under the Child Care Act 1991 as anyone under the age of 18 years who is not married. The child protection and welfare concerns for the unborn may need to be considered during pregnancy.

Child protection

The process of protecting individual children identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect. Child protection concern The term 'child protection concern' is used when there are reasonable grounds for believing that a child may have been, is being or is at risk of being physically, sexually or emotionally abused or neglected.

Consent (parental permission)

Permission must be sought from the parent/carer and, where appropriate, from the child or young person too, for any medical examination or interview to take place. In the majority of cases, the parent/carer will be invited to attend any medical examination with the child or young person. The HSE Children and Family Services and An Garda Síochána have a duty to consider the immediate safety of the child or young person.

Designated Liaison Person

Every organisation, both public and private, that is providing services for children or that is in regular direct contact with children should identify a designated liaison person to act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection

Standard Report Form

The Standard Report Form for referring child welfare and protection concerns to the HSE should be used by professionals, staff and volunteers in organisations working with or in contact with children, or providing services to children, when reporting child protection and welfare concerns to the HSE Children and Family Services (see Children First (2011), Appendix 2

References

- Child Care Act 1991
- Protection 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 & vulnerable persons) Act 2012-2016
- Childrens First Act 2015
- Criminal Law Sexual Offences Act 2017
- NSPCC

The Act also created an offence of false reporting of child abuse where a person makes a report of child abuse to the appropriate authorities "knowing that statement to be false". This offence was designed to protect innocent persons from malicious reports.