Child Welfare & Protection Policy

Making Our Communities Safe for Children

May 2018
Version 5.0
REVISED AND UPDATED VERSION OF RESPOND CHILD PROTECTION POLICY, MAY 2018

THIS POLICY SUPERCEDES ALL OTHERS AND WAS REVISED TO TAKE ACCOUNT OF CHANGING LEGISLATION AND CHANGING PERSONNEL IN RESPOND, MAKING THE 2016 DOCUMENT VOID.

THIS POLICY WILL BE BECOME EFFECTIVE FOLLOWING APPROVAL OF THE BOARD ON 8TH MAY 2018. IT WILL BE REVIEWED AGAIN IN MAY 2019, OR SOONER, AND WILL BE INFORMED BY THE ORGANISATIONS RISK REGISTER, CRITICAL INCIDENT REVIEWS, ORGANISATIONAL CHANGES, DEVELOPMENTS IN BEST PRACTICE OR LEGISLATIVE CHANGES

AUTHOR – SEÁN REGAN MAY 2018

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</table>
# Table of Contents:

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2. Why have a Child Protection Policy?</td>
<td>4</td>
</tr>
<tr>
<td>3. Objectives of the Policy</td>
<td>5</td>
</tr>
<tr>
<td>4. To whom does the Policy apply?</td>
<td>5</td>
</tr>
<tr>
<td>5. What might be a cause for concern?</td>
<td>5</td>
</tr>
<tr>
<td>6. Procedures to follow if you observe, suspect or are made aware of an</td>
<td>7</td>
</tr>
<tr>
<td>allegation of child neglect, or physical, emotional or sexual abuse?</td>
<td></td>
</tr>
<tr>
<td>7. Steps to be followed by Staff or Volunteers in reporting a concern</td>
<td>7</td>
</tr>
<tr>
<td>regarding Child Welfare</td>
<td></td>
</tr>
<tr>
<td>8. Procedures to be followed by staff in Respond Family Hubs and Suaimhneas:</td>
<td>8</td>
</tr>
<tr>
<td>9. Dealing with Disclosures of Abuse</td>
<td>10</td>
</tr>
<tr>
<td>10. Allegations against Staff and Volunteers</td>
<td>11</td>
</tr>
<tr>
<td>11. Structure for responsibility/accountability</td>
<td>13</td>
</tr>
<tr>
<td>12. Good Practice Guidelines</td>
<td>17</td>
</tr>
<tr>
<td>Appendix I: Signs and symptoms of Child Abuse</td>
<td>19</td>
</tr>
<tr>
<td>Appendix II: Confidentiality Policy</td>
<td>26</td>
</tr>
<tr>
<td>Appendix III: Criminal Record Vetting Policy</td>
<td>27</td>
</tr>
<tr>
<td>Appendix IV: Public Internet and Computer Usage Policy</td>
<td>30</td>
</tr>
<tr>
<td>Appendix V: Respond Internal Child Protection Incident Reporting Form</td>
<td>32</td>
</tr>
<tr>
<td>Appendix VI: Tusla Standard Report Form</td>
<td>33</td>
</tr>
<tr>
<td>Appendix VII: Parental Consent Form</td>
<td>39</td>
</tr>
<tr>
<td>Appendix VIII: Photo Consent Form</td>
<td>40</td>
</tr>
<tr>
<td>Appendix IX: Risk Management</td>
<td>41</td>
</tr>
<tr>
<td>Appendix X: Procedure for Customer Service Centre staff</td>
<td>50</td>
</tr>
<tr>
<td>Appendix XI: HSE Children and Family Services Contacts</td>
<td>51</td>
</tr>
<tr>
<td>Appendix XII: Staff Requiring Garda Vetting:</td>
<td>54</td>
</tr>
<tr>
<td>Appendix XIII: Children Safeguarding Statements:</td>
<td>56</td>
</tr>
</tbody>
</table>
Making Our Communities Safe for Children

RESPOND CHILD PROTECTION POLICY STATEMENT

Introduction
Respond Housing Association is committed to promoting the highest standards of child protection in line with the Children First Act (2015) and ‘Children First: National Guidance for the Protection and Welfare of Children’ (2017). Respond is committed to implementing this policy within all services of the organisation and to promoting it on all of our family estates. We believe that children and young people have a right to be brought up in a supportive and safe environment. We strive to provide such an environment within the organisation and promote it on our estates and all of our services where the safety of children and young persons is paramount.

All staff and volunteers are expected to implement this policy at all times. Failure to do so will be seen as a breach under the organisation’s disciplinary procedures. Staff are also informed that they have the right to report concerns directly to the appropriate authorities and are protected from civil liability under the ‘Protection of Persons Reporting Child Abuse Act 1998’ provided they do so ‘reasonably and in good faith’.


This policy was reviewed in April 2018 and will be next reviewed in April 2019, or earlier, if deemed necessary.

Staff Signature………………………………………………………………………………

Staff Name (Block Capitals) ________________________________

Signed by……………………………….. Date………………
(Designated Person/National Co-ordinator)
2. Why have a Child Protection Policy?
Respond is committed to promoting our estates and services as positive and safe environments for children and young people. The Respond Child Protection and Welfare policy sets out an approach to be followed within the organisation and promoted within our estates and services.

The policy aims to ensure that all Respond staff and volunteers have clear procedures on how they are expected to respond to any suspicion or allegation of child abuse they may come across in the course of their work. The policy is developed in line with the Department of Children and Youth Affairs ‘Children First- National Guidance for the Protection and Welfare of Children’ (2017), which states that:

‘Consistent with the principles of Children First, every organisation, both public and private, that is providing services for children or that is in regular contact with children should:

i. Ensure best practice in the recruitment of staff or volunteers, which includes Garda vetting, taking up of references, good HR practices in interviewing, induction training, probation and on-going supervision and management;

ii. Ensure that staff members or volunteers are aware of how to recognise signs of child abuse or neglect;

iii. Develop guidance and procedures for staff and/or volunteers who may have reasonable grounds for concern about the safety and welfare of children involved with the organisation. These procedures should not deviate from the current Children First: National Guidance, but may offer further elaboration to ensure local relevance and applicability;

iv. Identify a designated person to act as a liaison with outside agencies and a resource person to any staff member or volunteer who has child protection concerns. The designated person is responsible for reporting allegations or suspicions of child abuse to the HSE Children and Family Services or to An Garda Síochána.

Furthermore, the criminal charge of ‘reckless endangerment’ was introduced by the Criminal Justice Act 2009 (section 176). This states that:

‘A person having authority or control over a child or abuser, who intentionally or recklessly endangers a child by:

a) causing or permitting any child to be placed or left in a situation which creates a substantial risk to the child of being a victim of serious harm or sexual abuse, or

b) failing to take reasonable steps to protect a child from such a risk while knowing that the child is in such a situation, is guilty of an offence.’

Any allegation or concern regarding abuse of a child must be taken seriously. For that reason it is essential for anyone with a concern to strictly follow the procedures outlined in this document. Particular care should be taken in regard to confidentiality and the sharing of information. The right of children to respect and protection from harm is paramount. At no time should children be put at further risk of harm by delay or inaction.
3. Objectives of the Policy

- To set out clear consistent guidelines for staff and volunteers within Respond in dealing with alleged or suspected incidents of child abuse or welfare concerns.
- To create awareness among staff and volunteers of the issues of child protection and abuse.
- To have a clear consistent system throughout Respond regarding the identification and response to allegations or suspicions concerning the safety and welfare of children and young persons on Respond estates and services
- To ensure clear guidelines on staff and volunteer behaviour that protects children, staff and volunteers
- Encourage all Respond family estates to promote child protection and welfare within the estates.
- Ensure that all Respond Family Hubs and other services promote child protection and welfare within the services.

4. To whom does the Policy apply?

The Policy applies in the first instance to all staff, volunteers and contractors / subcontractors who may be engaged by Respond and who are obliged to follow the guidelines and procedures set out herein. The policy is also to be promoted within all Respond estates, community buildings, Family Hubs and other services.

4.1 Contractors / subcontractors

As part of the qualification process to provide services, all contractors/sub-contractors are provided with a copy of this Policy with which they agree to comply. Agreement with the Policy is included in the Terms & Conditions of accepting a contract from Respond. They are also provided with a summary document outlining the key points of the policy.

5. What might be a cause for concern?

‘Children First’ categorises four types of neglect or abuse: Neglect; Emotional Abuse; Physical Abuse; Sexual Abuse. The most commonly reported of these is Neglect. ‘Children First’ states that child neglect or abuse can often be difficult to identify and may present in many forms. Appendix I (from ‘Children First’) lists possible indicators for each of these types of abuse. No one indicator should be seen as conclusive in itself of abuse. It may indicate conditions other than child abuse. All signs and symptoms must be examined in the context of the child’s situation and family circumstances.


‘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. There are commonly three stages in the identification of child neglect or abuse:

- considering the possibility;
- looking out for signs of neglect or abuse;
- recording of information.'
5.1 Stage 1: Considering the possibility
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 fearful responses to parents/carers or older children. A pattern of ongoing neglect should also be considered even when there are short periods of improvement.

5.2 Stage 2: Looking out for signs of neglect or abuse
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. Disclosures should always be taken very seriously and should be acted upon, for example, by informing Tusla (the Child and Family Agency). The child should not be interviewed in detail about the alleged abuse without first consulting with Tusla. This may be more appropriately carried out by a social worker or An Garda Síochána. Less obvious signs could be gently explored with the child, without direct questioning. Play situations, such as drawing or story-telling, may reveal information.

Some signs are more indicative of abuse than others. These include:
   i. disclosure of abuse by a child or young person;
   ii. age-inappropriate or abnormal sexual play or knowledge;
   iii. specific injuries or patterns of injuries;
   iv. absconding from home or a care situation;
   v. attempted suicide;
   vi. underage pregnancy or sexually transmitted disease;
   vii. signs in one or more categories at the same time. For example, signs of developmental delay, physical injury and behavioural signs may together indicate a pattern of abuse.

Many signs of abuse are non-specific and must be considered in the child’s social and family context. It is important to be open to alternative explanations for physical or behavioural signs of abuse.

5.3 Stage 3: Recording of information
If neglect or abuse is suspected and acted upon, for example, by informing Tusla, it is important to establish the grounds for concern by obtaining as much information as possible. Observations should be accurately recorded and should include dates, times, names, locations, context and any other information that may be relevant. Care should be taken as to how such information is stored and to whom it is made available.

5.4 Children with additional vulnerabilities
Certain children are more vulnerable to abuse than others. Such children include those with disabilities, children who are homeless and those who, for one reason or another, are separated from their parents or other family members and who depend on others for their care and
protection. The same categories of abuse – neglect, emotional abuse, physical abuse and sexual abuse – are applicable, but may take a slightly different form. For example, abuse may take the form of deprivation of basic rights, harsh disciplinary regimes or the inappropriate use of medications or physical restraints.

6. What Procedure should you follow if you observe, suspect or are made aware of an allegation of child neglect or physical, emotional or sexual abuse?

Staff and volunteers are expected to report any signs of possible neglect, physical, emotional or sexual abuse. However, detailed explanations should not be sought, as to do so may place the child/young person at further risk or may jeopardise an investigation. According to ‘Children First’: ‘Everyone must be alert to the possibility that children with whom they are in contact may be suffering from abuse or neglect. This responsibility is particularly relevant for professionals such as teachers, child care workers, health professionals and those working with adults with serious parenting difficulties. It is also an important responsibility for staff and people involved in sports clubs, community activities, youth clubs, religious/faith sector and other organisations catering for children.

Tusla should always be informed when a person has reasonable grounds for concern that a child may have been, is being, or is at risk of being abused or neglected. Child protection concerns should be supported by evidence that indicates the possibility of abuse or neglect.’

Note that the most common cause of concern relates to neglect of children.

All staff should record the following information in relation to any concerns regarding the welfare of children and young people. All incidents should be recorded and dated and reported to the Designated or Deputy Designated Liaison Person. (Note that in passing on a concern, you are not alleging abuse.)

- Suspicions
- Concerns
- Worrying observations
- Behavioural changes
- Allegations

7. Steps to be followed by Staff and/or Volunteers in reporting a concern regarding Child Welfare:

Figure 1 below summarises the procedure to be followed in reporting a Child Welfare concern

- You need to be aware of who the Designated Liaison Person (and Deputy Designated Liaison person) is in your region or for your service. See Section 11.8 for contact details of the Designated and Deputy Designated Liaison Persons in your region/service.
• Inform the Designated Liaison Person (or deputy) as soon as possible of your concerns. Do this immediately in the case of immediate danger to a child (see below) and within two working days in other cases.
• You should record the incident in an internal ‘Incident Form’ (see Appendix V) and post or hand deliver to the DLP. Do NOT use email or other internal communication options such as Active H or Yammer to relay sensitive information.
• When the staff person and/or the Designated Liaison Person feels reasonable grounds for concern exist a formal report on the allegation/suspicion should be made to Tusla using the standard form (Appendix VI). (See earlier section ‘What might be a cause for concern?’). This report may be completed by the individual staff/volunteer or by the Designated Liaison Person. In reaching this decision, the Designated Liaison Person may engage in informal, confidential discussions with relevant Tusla personnel.
• The parent/guardian should be informed regarding a formal referral being made to Tusla/Gardaí, unless this is likely to further endanger the child.
• The Designated Liaison Person will inform, in writing, the staff member who reported the incident of what action has been taken. Note: under the ‘Protection for Persons Reporting Child Abuse Act 1998’ a staff member is entitled to report a concern directly to Tusla should they feel that insufficient action is being taken. They are also protected from penalisation by their employer for so doing.
• Should you consider a child’s safety to be at immediate risk contact the Garda Síochána immediately. A child should not be left in a dangerous situation. This can mean staying with the child until Tusla or the Gardaí arrive (note: it is not appropriate to bring a child to another location). Inform the Designated Liaison (or Deputy) as soon as possible.
• If a child or young person makes a disclosure of abuse directly to you, please refer to section 9 below.
• In the interest of confidentiality, staff are not to discuss allegations / suspicions with others outside of this process, other than on a ‘need-to-know’ basis for the purposes of Child Protection.

8. Procedures to be followed by staff in Respond Family Hubs and Suaimhneas.
Each Respond Homeless and Temporary Emergency Accommodation Service (Family Hubs and Suaimhneas) has its own Designated and Deputy Designated Child Protection Liaison Persons. Staff in these services will follow the procedures set out in this document, reporting to their respective Designated or Deputy Designated Liaison Persons. Designated Liaison Persons for these services will liaise as appropriate with the Regional Designated Liaison Persons and the National Child Protection and Welfare Co-ordinator.

In addition, the Children First Act (2015) lists ‘Manager of homeless provision or emergency accommodation facility’ as a Mandated Person. Mandated Persons have a ‘statutory obligation to report concerns which reach a particular threshold to Tusla and to co-operate with Tusla in the assessment of mandated reports’.

To maintain good practice standards each Family Hub and Suaimhneas also display a ‘Child Safeguarding Statement’ as recommended under Children First. These Children Safeguarding Statements are presented in Appendix XIII.
Fig 1. Steps to be followed when a Child Welfare concern is raised:

1. Inform the Designated or Deputy Designated Liaison person asap. If concern relates to a DLP, please refer to Section 11 below.

2. Record the incident on the internal ‘Incident Form’.

3. DLP decides incident warrant reporting to Tusla/Gardaí.
   - Yes: Inform parents (unless likely to endanger child).
   - No: DLP records concern and monitor.

4. DLP completes ‘Standard Form’ and submit to Tusla.

5. DLP informs, in writing, staff member who reported the concern of action taken.

6. All records are confidential and must be kept in secure, locked office.

If allegation is against a Respond staff or volunteer inform line manager.
9. Dealing with Disclosures of Abuse
A disclosure is when a child informs an adult directly of their experience of abuse. The handling of a disclosure is an extremely delicate and sensitive issue. It is important to realise that the child/young person is likely to be under severe emotional stress and is depending on an adult for help. Great care must be taken not to damage that trust.

In an event of disclosure
- Stay calm; do not panic
- Listen- do not ask leading questions or ask the child to repeat what they are saying unnecessarily. Your role is to support the child – not investigate the incident.
- Accept- believe what they are saying and tell them so.
- Reassure- emphasise that they are not at fault
- Stay in control- initial response is crucial
- Be honest about what will happen next- don’t make unrealistic promises
- Record the disclosure in writing as carefully as possible and as soon as possible (within 24 hours and using the language of the child)
- Notify the local designated person immediately
- Information sharing should be in accordance with Respond’s confidentiality policy and only on a need to know basis as required to safeguard the children in question.
- Where appropriate, parents/guardians should be informed and involved in the process
- Probing questions or explanations should not be sought- they may place the child/young person at further risk and may jeopardise any subsequent investigation.

9.1 Retrospective Disclosure
A disclosure may also involve an adult making a retrospective disclosure concerning abuse experienced by them as a child. There are two main areas of concern here:–

- Support for the adult making the disclosure
- The potential for further or continuing child abuse perpetrated by the alleged abuser.

Upon receiving such a retrospective disclosure the staff member will offer the adult disclosing the contact details for the relevant DLP, or to make a referral to the DLP for the disclosing adult. On receiving a referral, the DLP will provide assistance. The HSE National Counselling Service provides a professional, confidential counselling and psychotherapy service and is available free of charge, countrywide. It can be accessed on 1800 477477. In the case of an employee making a disclosure to a colleague, they may be directed to the Employee Assistance Programme (EAP) which is available 24 hours per day, 365 days per year on Freephone 1800 650138.

Where a retrospective disclosure has been made it is essential to establish whether there is any current risk to any child who may be in contact with the alleged abuser in the adult’s disclosure. Where any risk is deemed to exist to a child who may be in contact with an alleged abuser, the allegation should be reported to the DLP without delay. The DLP will then make a referral to Tusla.
10. Allegations against Staff and Volunteers
Where allegations are made against staff or volunteers, Respond has a dual duty of care to the child and to the staff/volunteer, (however where there appears to be a conflict of duty, care to the young person or child must always take precedence). Therefore two parallel procedures are needed. The allegation of abuse will be overseen by the Designated Liaison Person. The employment/contractual issues will be managed by the Regional Manager and the HR Department. Both the Designated Liaison Person and the Regional Manager will co-operate closely with each other and with the statutory authorities, keeping the welfare of children paramount.

The following steps will be taken:

- The person to whom the complaint is made should hear the complainant in a respectful and confidential manner. The complainant should be informed of Respond’s mandatory policy in relation to reporting child protection concerns. Wherever possible, the complainant should be immediately referred to the Designated (or Deputy) Liaison Person. If this is not possible, the person hearing the complaint must alert the Designated Liaison Person (or Deputy) at the earliest opportunity (not more than one working day). The Designated Liaison Person (or Deputy) will inform the Line Manager of the person against whom the complaint has been made at the earliest opportunity. The Regional Manager also needs to be informed at the earliest opportunity.

- The person hearing the complaint/allegation should immediately record the nature, setting and content of the complaint. Recording should be factual and completed on the day the complaint is heard.

- Where possible the person making the complaint should be encouraged to make a written complaint.

- The Human Resources Department will arrange support mechanisms to be put in place for staff against whom the allegation has been made.

- The Human Resources Department will consult with Tusla and the Garda Síochána on the follow-up of an allegation of abuse against an employee and consider and agree a plan which recognises and responds to the needs and rights of the alleged victims of abuse and their families. The initial consultation will take place by telephone followed by a face-to-face meeting within 48 hours.

- Unless advised to do otherwise by the Gardaí, the HR Department should advise the employee that an allegation has been made against him/her, and the nature of the allegation. The employee will be afforded an opportunity to respond. The HR Department will note the response and pass this information to the Designated Liaison Person who will include this information if a formal report is being made to Tusla. The employee should be informed of this unless advised to do otherwise by the Gardaí.

- The Designated Liaison Person (or Deputy) and the HR Department will assess the level of risk to any children with whom the employee is in contact.

- Where it is decided that protective measures are necessary to ensure that no child is exposed to unnecessary risk the Chief Executive Officer can decide to place the member of staff on...

Page 11 of 58
administrative leave. Where appropriate the CEO can also reassign the staff person in question to alternative work areas – always ensuring Child Protection is paramount. The HR Manager will be notified and will ensure that employment legislation issues are fully complied with.

- All meetings and discussions in relation to the allegation should be recorded with the decisions reached and the reasons why clearly noted.
- Care must be taken to ensure that actions taken by Respond Management do not undermine or frustrate any investigation being conducted by Tusla or An Garda Síochána on this.
- In the case that an allegation is made against a Deputy Designated Liaison Person, the Child Protection/Welfare Role will be managed by the DLP.
- In the case that an allegation is made against a DLP, the Child Protection/Welfare role will be managed by the National Child Protection Co-ordinator. In both of these cases the support role for the staff person against whom the allegation has been made will continue to be a matter for HR and line management.

If any member of staff or volunteer is inhibited for any reason in reporting an incident or allegation of child abuse against another member of staff or volunteer internally, or if they are dissatisfied with the internal response, they should report the matter independently to Tusla and An Garda Síochána.
11. **Structure for responsibility/accountability**

All Respond staff and volunteers are expected to:
- Have read and understood this policy document.
- Attend such training and induction in Child Protection as determined by Respond Management.
- Support Child Protection Designated Liaison Persons in their role.
- Maintain confidentiality on all Child Welfare concerns except in the interests of protecting children. Refer to Confidentiality Policy (Appendix II)

11.1 **Reporting Structures:**

Reporting structures are shown in Figure 2. All concerns regarding Child Protection or Welfare are reported to the relevant regional or service DLP. Each DLP and deputy DLP submits a monthly report to the National Child Protection Co-ordinator. These reports consist of:
- The number of child protection or welfare concerns brought to the DLP or deputy DLP in the reporting period. The report refers to the nature of the concerns, but gives no information allowing the individual or family to be identified.
- The number of these concerns resulting in a formal referral to Tusla.
- Any further concerns, training needs, etc. identified by the DLP or deputy DLP.
The National Child Protection Co-ordinator submits a summary of these reports to the Human Resources Manager and to the CEO.

11.2 Meetings:

The National Child Protection Co-ordinator convenes a meeting of all of the regional DLPs and deputy DLPS every 6 – 8 weeks. These meetings provide opportunities for DLPs to learn from each other, identify training needs, get support on difficult issues, etc. These meetings are minuted.

Because of the nature of their work and different structures it is not feasible for Family Hub (and Suaimhneas) DLPs attend all of these meetings. They do submit reports for these meetings, and are circulated with the agendas and notes from all of these meetings.

The National Child Protection Co-ordinator meets with each Family Hub DLP and deputy DLP at least every 8 weeks.

11.3 Role of the Resident Support Worker

In addition Resident Support Workers are expected to:

- Ensure volunteers, youth leaders, etc. active on their estates are appropriately vetted and trained in Child Protection. Garda Vetting will be required as per the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 to 2016. The Act stipulates that vetting is required for those involved in ‘relevant work or activities relating to children or to vulnerable persons, but does not apply to any work or activities undertaken in the course of:
  - family relationship,
  - personal relationship, and for no commercial considerations
  - giving the assistance by an individual on an occasional basis and for no commercial consideration ... at a school, sport or community event or activity, other than where such assistance, includes the coaching, mentoring, counselling, teaching or training of children or vulnerable persons”.

(Section 3 (1) of the National Vetting Bureau (Children and Vulnerable Persons) Bill 2012)

Appendix XII details those staff posts for which Garda Vetting is required and for which the HR dept. is responsible for obtaining.

- Ensure appropriate Risk Assessments carried out for all events and activities involving children and other vulnerable people on their estates. Risk assessments should be forwarded to the company Legal Secretary and National Child Protection Co-Ordinator.
- Create awareness on estates of the importance of Child Protection procedures and encourage resident groups to adopt their own Child Protection policies.
11.4 Role of Homeless Service and Suaimhneas Staff

(i) **Homeless Service Manager:**
- The Homeless Service Manager will act as Designated Liaison Person for the service. S/he will also act as the ‘Mandated Person’ for the service and liaise with Tusla accordingly.
- The manager will appoint a Deputy DLP
- S/he will provide monthly overview reports on Child Protection and Welfare to the National Child Protection and Welfare Coordinator.

(ii) **Homeless Service Project Workers**
- Be familiar with this policy and attend training as appropriate
- Inform the onsite DLP / Deputy DLP of any concerns
- Follow procedure as outlined in this Policy

11.5 Role of the Regional Designated Liaison Person
(It is advisable that a deputy designated liaison person is also named for each region to ensure consistency and efficiency in the absence of the designated person.)

- Receive and process concerns/allegations relating to Child Protection from staff and volunteers.
- Make referrals on allegations and suspicions of Child Abuse and welfare concerns directly to Tusla/the Gardaí and liaise with them.
- Ensure policy and procedures are followed at a regional level.
- Provide information, advice and induction training to staff and volunteers within the respective region.
- Keep confidential individual records on suspected or actual cases of child abuse regarding the allegation, referral, action taken, liaison with other agencies and monitor outcomes.
- Ensure effective channels of communication are maintained with the Regional Manager and the national co-ordinator for child protection.
- Keep records dated and kept locked and secure in the office of the designated person.
- Inform and liaise with parents/carers where appropriate.
- Liaise with the regional senior members of community services, who are responsible for child protection, Tusla, etc.
- Offer support and information on child protection to staff and volunteers within the region, including involvement in induction training.
- Report on a monthly basis to the National Child Protection Co-ordinator. These reports will maintain the confidentiality of individual cases and will provide overviews of the number, nature and locations of incidents.
- It is important that the Designated Liaison Person is accessible to all staff.
11.6 Role of the Resident Support Services Manager

- The Resident Support Services Manager is the line manager for any Designated Liaison Person not falling under the remit of the National Child Protection Co-ordinator. S/he will be aware of the number and nature of referrals to the Tusla/the Gardaí, without knowing specific details for reasons of confidentiality.
- As line manager of the Designated Liaison Person ensure that all Child Protection policies and procedures are followed in their region.
- In the case of allegations of child abuse against staff/volunteers the Resident Support Services Manager or Family Services Team Leader, and the Regional Manager, together with the HR Department will oversee the employment/contractual issues or the employee/volunteer in question.

11.7 Role of the Customer Service Centre

Customer Service Centre staff may receive inbound calls related to Child Protection/Welfare. Given the importance of confidentiality related to Child Protection, Customer Centre Staff will not record specific information on the CRM system. The procedure for Customer Centre staff dealing with such calls is set out in Appendix X.

11.8 Role of the National Child Protection and Welfare Co-ordinator.

The National Child Protection and Welfare Co-ordinator will:

- Oversee the Child Protection and Welfare Policy.
- Ensure that the policy is kept up to date and relevant.
- Review the policy on a regular basis.
- Support regional and service DLPs in their work.
- Provide regular reports to the national management team. policy;
- Ensure staff with a Child Protection and Welfare role are kept up to date with training, skills and policy.

11.9 Links to other Respond Strategies.

Other Respond strategies, such as the Community Development Strategy, Older Persons Strategy may overlap with child protection and welfare issues. All staff must follow the guidelines in the Child Protection Policy.

11.10 Contact Details for Reporting Child Welfare Concerns:

Contact details for Tusla (the Child and Family Agency) are presented in Appendix XI and are available on [www.tusla.ie](http://www.tusla.ie).
Contact for Regional Designated and Deputy Designated Liaison Persons can be obtained by calling Respond on 051-840200. Contact details are also available at www.respond.ie

12. Good Practice Guidelines

By developing good practice guidelines the organisation aims to protect both young people and members of staff/volunteers. The following are guidelines on what Respond considers to be good practice relating to Child Protection.

12.1 Good Practice

- Staff and volunteers will respect and value children as individuals. Children should be listened to, praised and encouraged and involved appropriately in decision-making.
- Staff should never give lifts in their cars to individual children and young people. Parents and management should be kept informed of transport arrangements for children at all times.
- In cases of disclosures, never promise to keep secrets, the child/young person needs to be aware that you will have to pass on any serious information regarding the protection and welfare of children.
- Never let allegations made by a child go unaddressed or unrecorded.
- Avoid spending time alone, away from others with a child or young person.
- Always address children and young people in positive terms. Avoid disparaging remarks, sarcasm, etc.

12.2 Inappropriate Behaviour

- Avoid time alone with children/young people.
- Staff will not hit, push, physically chastise or undermine any young person.
- Staff should be sensitive to the possibility of developing favouritism, or becoming over-involved or spending a great deal of time with any one child.

12.3 Health and Safety

- Children/young people should not be left unattended or unsupervised.
- A safe environment will be provided.
- Appropriate Risk Assessments will be carried out for all outings, trips etc. organised for children/young people (see Appendix IX for Risk Assessment Guidelines).
- Staff/volunteers/parents will be made aware of the policy and procedures to which Respond is committed.
- All allegations by children or young people will be reported to the Designated Person.
- The appropriate staff (volunteer) to child ratio for safe supervision should be followed.

This is recommended as:

<table>
<thead>
<tr>
<th>Age</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 years</td>
<td>1 staff for 3 children</td>
</tr>
<tr>
<td>2-3 years</td>
<td>1 staff for 4 children</td>
</tr>
<tr>
<td>3-7 years</td>
<td>1 staff for 8 children (6 outdoors)</td>
</tr>
<tr>
<td>8 years +</td>
<td>2 staff for 20 children (15 outdoors) and one additional staff for every further 10 children.</td>
</tr>
</tbody>
</table>
Appendix 1:

1. Signs and symptoms of 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’.

Child neglect should be suspected in cases of:
- abandonment or desertion;
- children persistently being left alone without adequate care and supervision;
- malnourishment, lacking food, inappropriate food or erratic feeding;
- lack of warmth;
- 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;
- non-organic failure to thrive, i.e. child not gaining weight due not only to malnutrition but also to emotional deprivation;
- failure to provide adequate care for the child’s medical and developmental problems; exploited, overworked.

2. Characteristics of neglect
Child neglect is the most frequent category of abuse, both in Ireland and internationally. In addition to being the most frequently reported type of abuse; neglect is also recognised as being the most harmful. Not only does neglect generally last throughout a childhood, it also has long-term consequences into adult life. Children are more likely to die from chronic neglect than from one instance of physical abuse. It is well established that severe neglect in infancy has a serious negative impact on brain development.

Neglect is associated with, but not necessarily caused by, poverty. It is strongly correlated with parental substance misuse, domestic violence and parental mental illness and disability.
Neglect may be categorised into different types (adapted from Dubowitz, 1999):

- **Disorganised/chaotic neglect**: This is typically where parenting is inconsistent and is often found in disorganised and crises-prone families. The quality of parenting is inconsistent, with a lack of certainty and routine, often resulting in emergencies regarding accommodation, finances and food. This type of neglect results in attachment disorders, promotes anxiety in children and leads to disruptive and attention-seeking behaviour, with older children proving more difficult to control and discipline. The home may be unsafe from accidental harm, with a high incident of accidents occurring.

- **Depressed or passive neglect**: This type of neglect fits the common stereotype and is often characterised by bleak and bare accommodation, without material comfort, and with poor hygiene and little if any social and psychological stimulation. The household will have few toys and those that are there may be broken, dirty or inappropriate for age. Young children will spend long periods in cots, playpens or pushchairs. There is often a lack of food, inadequate bedding and no clean clothes. There can be a sense of hopelessness, coupled with ambivalence about improving the household situation. In such environments, children frequently are absent from school and have poor homework routines. Children subject to these circumstances are at risk of major developmental delay.

- **Chronic deprivation**: This is most likely to occur where there is the absence of a key attachment figure. It is most often found in large institutions where infants and children may be physically well cared for, but where there is no opportunity to form an attachment with an individual carer. In these situations, children are dealt with by a range of adults and their needs are seen as part of the demands of a group of children. This form of deprivation will also be associated with poor stimulation and can result in serious developmental delays.

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 – antisocial behaviour.

3. **Signs and symptoms of emotional neglect and abuse**

Emotional neglect and abuse is found typically in a home lacking in emotional warmth. It is not necessarily associated with physical deprivation. The emotional needs of the children are not met; the parent’s relationship to the child may be without empathy and devoid of emotional responsiveness.

Emotional neglect and abuse occurs when adults responsible for taking care of children are unaware of and unable (for a range of reasons) to meet their children’s emotional and
developmental needs. Emotional neglect and abuse is not easy to recognise because the effects are not easily observable. Skuse (1989) states that ‘emotional abuse refers to the habitual verbal harassment of a child by disparagement, criticism, threat and ridicule, and the inversion of love, whereby verbal and non-verbal means of rejection and withdrawal are substituted’.

Emotional neglect and abuse can be identified with reference to the indices listed below. However, it should be noted that no one indicator is conclusive of emotional abuse. In the case of emotional abuse and neglect, it is more likely to impact negatively on a child where there is a cluster of indices, where these are persistent over time and where there is a lack of other protective factors.

- 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;
- serious over-protectiveness;
- inappropriate non-physical punishment (e.g. locking in bedrooms);
- family conflicts and/or violence;
- every child who is abused sexually, physically or neglected is also emotionally abused:
- inappropriate expectations of a child relative to his/her age and stage of development.

Children who are physically and sexually abused and neglected also suffer from emotional abuse.

4. Signs and symptoms of physical abuse
Unsatisfactory explanations, varying explanations, frequency and clustering for the following events are high indices for concern regarding physical abuse:

- bruises (see below for more detail);
- fractures;
- swollen joints;
- burns/scalds (see below for more detail);
- abrasions/lacerations;
- haemorrhages (retinal, subdural);
- damage to body organs;
- poisonings – repeated (prescribed drugs, alcohol);
- failure to thrive;
- coma/unconsciousness;
- death.

There are many different forms of physical abuse, but skin, mouth and bone injuries are the most common.

**Bruises**

**Accidental**

Accidental bruises are common at places on the body where bone is fairly close to the skin. Bruises can also be found towards the front of the body, as the child usually will fall forwards.
Accidental bruises are common on the chin, nose, forehead, elbow, knees and shins. An accident-prone child can have frequent bruises in these areas. Such bruises will be diffuse, with no definite edges. Any bruising on a child before the age of mobility must be treated with concern.

**Non-accidental**

Bruises caused by physical abuse are more likely to occur on soft tissues, e.g. cheek, buttocks, lower back, back, thighs, calves, neck, genitalia and mouth.

Marks from slapping or grabbing may form a distinctive pattern. Slap marks might occur on buttocks/cheeks and the outlining of fingers may be seen on any part of the body. Bruises caused by direct blows with a fist have no definite pattern, but may occur in parts of the body that do not usually receive injuries by accident. A punch over the eye (black eye syndrome) or ear would be of concern. Black eyes cannot be caused by a fall on to a flat surface. Two black eyes require two injuries and must always be suspect. Other distinctive patterns of bruising may be left by the use of straps, belts, sticks and feet. The outline of the object may be left on the child in a bruise on areas such as the back or thighs (areas covered by clothing).

Bruises may be associated with shaking, which can cause serious hidden bleeding and bruising inside the skull. Any bruising around the neck is suspicious since it is very unlikely to be accidentally acquired. Other injuries may feature – ruptured eardrum/fractured skull.

Mouth injury may be a cause of concern, e.g. torn mouth (frenulum) from forced bottle-feeding.

**Bone injuries**

Children regularly have accidents that result in fractures. However, children’s bones are more flexible than those of adults and the children themselves are lighter, so a fracture, particularly of the skull, usually signifies that considerable force has been applied.

**Non-accidental**

A fracture of any sort should be regarded as suspicious in a child under 8 months of age. A fracture of the skull must be regarded as particularly suspicious in a child under 3 years. Either case requires careful investigation as to the circumstances in which the fracture occurred. Swelling in the head or drowsiness may also indicate injury.

**Burns**

Children who have accidental burns usually have a hot liquid splashed on them by spilling or have come into contact with a hot object. The history that parents give is usually in keeping with the pattern of injury observed. However, repeated episodes may suggest inadequate care and attention to safety within the house.

**Non-accidental**

Children who have received non-accidental burns may exhibit a pattern that is not adequately explained by parents. The child may have been immersed in a hot liquid. The burn may show a definite line, unlike the type seen in accidental splashing. The child may also have been held against a hot object, like a radiator or a ring of a cooker, leaving distinctive marks. Cigarette burns may result in multiple small lesions in places on the skin that would not generally be exposed to
danger. There may be other skin conditions that can cause similar patterns and expert paediatric advice should be sought.

**Bites**
Children can get bitten either by animals or humans. Animal bites (e.g. dogs) commonly puncture and tear the skin, and usually the history is definite. Small children can also bite other children.

**Non-accidental**
It is sometimes hard to differentiate between the bites of adults and children since measurements can be inaccurate. Any suspected adult bite mark must be taken very seriously. Consultant paediatricians may liaise with dental colleagues in order to identify marks correctly.

**Poisoning**
Children may commonly take medicines or chemicals that are dangerous and potentially life-threatening. Aspects of care and safety within the home need to be considered with each event.

**Non-accidental**
Non-accidental poisoning can occur and may be difficult to identify, but should be suspected in bizarre or recurrent episodes and when more than one child is involved. Drowsiness or hyperventilation may be a symptom.

**Shaking violently**
Shaking is a frequent cause of brain damage in very young children.

**Fabricated/induced illness**
This occurs where parents, usually the mother (according to current research and case experience), fabricate stories of illness about their child or cause physical signs of illness. This can occur where the parent secretly administers dangerous drugs or other poisonous substances to the child or by smothering. The symptoms that alert to the possibility of fabricated/induced illness include:

i. symptoms that cannot be explained by any medical tests; symptoms never observed by anyone other than the parent/carer; symptoms reported to occur only at home or when a parent/carer visits a child in hospital;

ii. high level of demand for investigation of symptoms without any documented physical signs;

iii. unexplained problems with medical treatment, such as drips coming out or lines being interfered with; presence of unprescribed medication or poisons in the blood or urine.

**5. Signs and symptoms of sexual abuse**
Child sexual abuse often covers a wide spectrum of abusive activities. It rarely involves just a single incident and usually occurs over a number of years. Child sexual abuse most commonly happens within the family.

Cases of sexual abuse principally come to light through:

a) disclosure by the child or his or her siblings/friends;

b) the suspicions of an adult;

c) physical symptoms.
Colburn Faller (1989) provides a description of the wide spectrum of activities by adults which can constitute child sexual abuse. These include:

Non-contact sexual abuse
- ‘Offensive sexual remarks’, including statements the offender makes to the child regarding the child’s sexual attributes, what he or she would like to do to the child and other sexual comments.
- Obscene phone calls.
- Independent ‘exposure’ involving the offender showing the victim his/her private parts and/or masturbating in front of the victim.
- ‘Voyeurism’ involving instances when the offender observes the victim in a state of undress or in activities that provide the offender with sexual gratification. These may include activities that others do not regard as even remotely sexually stimulating.

Sexual contact
- Involving any touching of the intimate body parts. The offender may fondle or masturbate the victim, and/or get the victim to fondle and/or masturbate them. Fondling can be either outside or inside clothes. Also includes ‘frottage’, i.e. where offender gains sexual gratification from rubbing his/her genitals against the victim’s body or clothing.

Oral-genital sexual abuse
- Involving the offender licking, kissing, sucking or biting the child’s genitals or inducing the child to do the same to them.

Interfemoral sexual abuse
- Sometimes referred to as ‘dry sex’ or ‘vulvar intercourse’, involving the offender placing his penis between the child’s thighs.

Penetrative sexual abuse, of which there are four types:
- ‘Digital penetration’, involving putting fingers in the vagina or anus, or both. Usually the victim is penetrated by the offender, but sometimes the offender gets the child to penetrate them.
- ‘Penetration with objects’, involving penetration of the vagina, anus or occasionally mouth with an object.
- ‘Genital penetration’, involving the penis entering the vagina, sometimes partially.
- ‘Anal penetration’ involving the penis penetrating the anus.

Sexual exploitation
- Involves situations of sexual victimisation where the person who is responsible for the exploitation may not have direct sexual contact with the child. Two types of this abuse are child pornography and child prostitution.
- ‘Child pornography’ includes still photography, videos and movies, and, more recently, computer-generated pornography.
- ‘Child prostitution’ for the most part involves children of latency age or in adolescence. However, children as young as 4 and 5 are known to be abused in this way.
The sexual abuses described above may be found in combination with other abuses, such as physical abuse and urination and defecation on the victim. In some cases, physical abuse is an integral part of the sexual abuse; in others, drugs and alcohol may be given to the victim.

It is important to note that physical signs may not be evident in cases of sexual abuse due to the nature of the abuse and/or the fact that the disclosure was made some time after the abuse took place.

Carers and professionals should be alert to the following physical and behavioural signs:

- bleeding from the vagina/anus;
- difficulty/pain in passing urine/faeces;
- an infection may occur secondary to sexual abuse, which may or may not be a definitive sexually transmitted disease. Professionals should be informed if a child has a persistent vaginal discharge or has warts/rash in genital area;
- noticeable and uncharacteristic change of behaviour;
- hints about sexual activity;
- age-inappropriate understanding of sexual behaviour;
- inappropriate seductive behaviour;
- sexually aggressive behaviour with others;
- uncharacteristic sexual play with peers/toys;
- Unusual reluctance to join in normal activities that involve undressing, e.g. games/swimming.

Particular behavioural signs and emotional problems suggestive of child abuse in young children (aged 0-10 years) include:

- mood change where the child becomes withdrawn, fearful, acting out;
- lack of concentration, especially in an educational setting;
- bed wetting, soiling;
- pains, tummy aches, headaches with no evident physical cause;
- skin disorders;
- reluctance to go to bed, nightmares, changes in sleep patterns;
- school refusal;
- separation anxiety;
- loss of appetite, overeating, hiding food.

Particular behavioural signs and emotional problems suggestive of child abuse in older children (aged 10+ years) include:

- depression, isolation, anger;
- running away;
- drug, alcohol, solvent abuse;
- self-harm;
- suicide attempts;
- missing school or early school leaving;
- eating disorders.

All signs/indicators need careful assessment relative to the child’s circumstances.
APPENDIX II
Confidentiality Policy

This policy is underpinned by the premise that you: Do not promise to keep secrets.

In recognition of the respect and dignity of the human person, all Respond staff and volunteers will maintain strict confidentiality with regard to any matters pertaining to any individual staff member, parent/carer, child or Respond associate.

Information should be shared on a strictly ‘need to know’ basis in order to safeguard a child.

As set out in ‘Children First’ - giving information to others for the protection of a child is not a breach of confidentiality.

No undertaking regarding secrecy can be given. Those working with a child and family should make this clear to all parties involved.

Any concerns a staff member may have with regard to a child, parent/carer or staff member should be shared initially with the regional Designated Liaison Person.

Concerns with regard to any child or family should not be discussed openly when other children or adults are in attendance.

Should staff / volunteers have a concern, they have a duty to share this with the Designated Liaison Person.

Staff / volunteers / tenants making disclosures should be assured that matters would be dealt with sensitively, efficiently and strictly under Respond Policy and Procedures.

All written records must be kept in a confidential manner, locked securely in the office of the designated person.

All staff and volunteers within Respond are expected to act professionally and to observe strict confidentiality in all matters.
APPENDIX III

Title
Criminal Record Vetting Policy

Policy
It is the policy of Respond to vet current and potential Employees and volunteers against the National Criminal Records Database.

Scope
All Employees, volunteers or potential Employees/volunteers in a position of trust.

Rationale
The aim of the policy is to provide a robust protection system by assessing, managing and auditing the risks associated with employing people in positions of trust.

Procedure
1. A criminal record will not necessarily prevent a person from working within the Company. However, the Company will consider criminal records where the nature of the offence has a relevance to the post. This includes any successful, unsuccessful or pending prosecutions and / or convictions.
2. A Criminal Record Check is requested after a risk assessment has indicated that the post places a proportionate and relevant position of trust on the individual by giving access, or potential access, to residents, children, vulnerable adults or direct responsibility for any finances or items of value.
3. For those positions where a Criminal Record Check is required, all job descriptions and adverts will contain a statement that a Criminal Record Check will be requested in the event of the individual being offered the position.
4. Where a Criminal Record Check is to form part of the recruitment process, all candidates will be encouraged to disclose their criminal records during the recruitment process. However, should a candidate fail to reveal information that is directly relevant to the position, this will be regarded as a breach of trust and may lead to a withdrawal of an offer of employment or subsequent dismissal.
5. Prior to commencing employment or voluntary work, the Company will also require successful candidates to provide details of any criminal records on a Garda Vetting Application Form, which will include a signed authorisation for An Garda Síochána to disclose information to the Company. This will then be checked for the Company against the National Criminal Records Database by An Garda Síochána.
6. Employees / volunteers in positions of trust will be re-vetted every 3-years. However, the Company reserves the right to
re-vet an Employee / volunteer, at any time where, at the sole discretion of the Company, it is deemed necessary.

7. Where a person does not give the Company authorisation to perform a Criminal Record Check, this may result in disciplinary action, up to and including dismissal or the withdrawal of a job offer or voluntary work.

8. Should a Criminal Record Check raise any record of concern, the Employee / candidate / volunteer will be invited to discuss this in private with the HR Manager. During this meeting the nature of the record and its significance to the position will be outlined. The Employee / candidate / volunteer will also be offered the opportunity to respond to the disclosed criminal record.

9. The suitability of the Employee / candidate / volunteer will be assessed on the basis of the potential risks involved in employing the individual in the position of trust by considering:
   - If the nature of the offence will create an unacceptable risk to the Company, residents, other employees, clients, suppliers or service users
   - Any legal constraints, e.g. employing a person with motoring conviction as a driver
   - If the post involves direct contact with members of the public
   - If the post involves any direct responsibility for finances or items of value
   - If the nature of the job will present a realistic opportunity for the individual to re-offend
   - The seriousness of the offence, length of time since the offence, rehabilitation of the offender and any pattern of offending behaviour
   - If there are any reasonable safeguards that could be taken to eliminate the perceived risk, e.g. increased supervision
   - Any extenuating circumstances surrounding the offence and the explanation offered by the candidate / Employee
   - Any other relevant information

10. If the risk assessment shows that the Employee / candidate / volunteer cannot perform the job without exposing the Company to an unacceptable level of risk, the Company reserves the right to withdraw any offer of employment or dismiss the employee.

11. All Criminal Record Checks will be managed by the HR & Training Department. With disclosures being securely stored in a sealed envelope in the relevant Employee’s HR file. Information regarding offences will be kept confidential and
will not be disclosed to any person not authorised to receive it.

12. Employees under the age of 18 years of age will not be vetted against the National Criminal Records Database. However, employees under the age of 18 will likewise not work directly with children, vulnerable adults or have direct responsibilities for finances or items of value.

13. Where a candidate / Employee / volunteer has resided outside the Island of Ireland (including the Republic of Ireland and Northern Ireland) a signed affidavit in front of a Commissioner of Oaths may be sought declaring the Employee’s / candidate’s / volunteer’s full criminal record, if any. These candidates / Employees / volunteers will also be re-vetted after 1-years service with the Company.

14. Police Certificates will not be accepted in lieu of Criminal Record vetting by An Garda Síochána.

15. Where an individual disputes the accuracy of their disclosed Criminal Record, the exact basis of the dispute should be made in writing to the HR Manager within 2 weeks of the date of disclosure. A report detailing the basis of the dispute and a new Vetting Application Form will then be submitted to An Garda Síochána for re-checking. Where, after re-checking, an individual still disputes the data, further identification procedures such as fingerprinting will be arranged by An Garda Síochána.

16. All matters relating to Criminal Record Vetting are strictly confidential. Any breaches of this confidentiality may result in disciplinary action, up to and including dismissal.
APPENDIX IV
Respond Housing Association Public Internet and Computer Usage

To fulfil its mission of providing public access to information of all types in a wide range of formats, Respond Housing Association provides access to Internet and/or computer resources in (ENTER ESTATE OR CD BUILDING NAME). The Internet offers access to many valuable local, national and international sources of information. However, some information found on the Internet may be inaccurate, incomplete, dated, or offensive to some individuals.

Public Users' Security
Users should be aware that the Internet is not a secure medium and that third parties may be able to obtain information regarding users' activities. However, Respond Housing Association will not release information on the use of specific Internet or computer resources by any user of the public except as required by law or necessary for the proper operation of the service.

Access by Minors
Parents or legal guardians must assume responsibility for deciding which Internet or Computer resources are appropriate for their own children. Parents or legal guardians should guide their children in use of the Internet and inform them about materials they should not use. While Respond Housing Association affirms and acknowledges the rights and responsibilities of parents and guardians to monitor and determine their children's access to any educational materials and resources, including those available through the Internet, Respond has taken certain measures designed to assist in the safe and effective use of these resources by all minors.

a. Access to any Respond provided Internet or Computer resource for minors (under the age of 14) must be accompanied by a parent or guardian. Any children under the age of 18 must have provided a signed parental/guardian release in order to access the Internet or use a computer independently on the premises.

b. All computer equipment is designed to reduce the possibility on unwanted software being installed. To guard against the deliberate or unknowing introduction of computer viruses or questionable content onto any Respond provided computer, files may not be downloaded or saved onto computer hard drives. Although Respond Housing Association utilizes virus-checking software, this is not a guarantee that everything will be completely protected from viruses. Information downloaded from the Internet may contain a virus. Respond Housing Association is not responsible for any loss or damage to personal disks when downloading information. Further, Respond Housing Association is not responsible for any loss of data, damage, or liability that may occur from a user’s use of the Internet and/or computer/s.

All Internet access is filtered to a certain level.

Filtering
Respond Housing Association takes the security and well-being of all users of the service seriously. As a result, an Internet Filtration service has been provided for all Internet-accessible computers in the building. This filtering protects against access to visual depictions of obscenity, child pornography, etc.

Respond Housing Association cannot and does not guarantee that the filtering service will block all obscenity, child pornography, or materials that are harmful to minors. Nor can Respond guarantee that the filtering software will not restrict access to sites that may have legitimate research or other value. If this is the case, please use the contact details on the blocking page detailing the issue.

All Internet pages accessed are logged by this filtration service. The information contained here is used to ensure that a level of protection is adequate, for monitoring browsing trends in order to help us improve local
services/profiling and in the event there are any legal actions taken against Respond or any individual. This information will not be shared or provided to the public except as required by law or necessary for the proper operation of the service.

Rules Governing Use
Due to the limited resources available for provision of public access to the Internet and computer usage, Respond may set limits, for example, on use of large files of still or moving images or sound, or on downloading files in any medium. Respond also reserves the right to limit the amount of time an individual user can devote to a single session. The public must comply with all applicable laws, including laws governing the transmission and dissemination of information while accessing the Internet.

Users may not:
- Use the network to make unauthorized entry into other computational, informational or communication services or resources.
- Distribute unsolicited advertising.
- Invade the privacy of others.
- Make any attempt to damage computer equipment or software.
- Engage in any activity that is harassing or defamatory.
- Use the Internet for any illegal activity, including violation of copyright or other rights of third parties.

Compliance
Respond Housing Association reserves the right to take appropriate action to insure compliance with this policy.

Violations of this policy may result in suspension or loss of privileges to use the computer and/or Internet resources. Any illegal activity involving the use of the Respond Housing Association provided equipment, including the Internet, will be subject to prosecution by the appropriate authorities.

I, the undersigned agree to the policy and procedures outlined in this document.

Signed: _______________________        Date: ___________________
(User, Parent/Guardian, third party)
Signed: _______________________        Date: ___________________
(On Behalf Of Respond)
Position in Company: _______________________________

Names of minors who are being granted access to this service, if any.

I nominate the following person/s to act on my behalf in a supervisory capacity if necessary (must be over 18 years of age). Maximum of two allowed.

1. ________________________________
2. ________________________________

Privacy Notice
Any information we receive from this policy will be kept on record by Respond for the purpose of demonstrating understanding and agreement with said policy. The information will be stored securely and will not be passed onto any third party nor used for any other purpose. It will be kept for the duration of the service provision or for one year after the service is not required by the user.
APPENDIX V

Respond Internal Child Protection Incident Reporting Form

PRIVATE AND CONFIDENTIAL

Date of incident:

Location of incident: ___________________________ Date of Reporting: ______

Details of Child: Name: ___________________________ Male □ Female □
Address: ___________________________ Address: ___________________________

Age: ______

Details of the incident (concerns, incidents, dates, times, people present, injuries, etc.)

Mother: Name: ___________________________ Father: Name: ___________________________
Address: ___________________________ Address: ___________________________
Tel no: ___________________________ Tel no: ___________________________

To be submitted ONLY to the Designated Child Protection Worker (or Deputy) in your region

Staff Signature

___________________________________________

FOR OFFICE USE ONLY:

Have there been previous incidents relating to this child/children) that caused you concern. Give details if not previously reported.

Have previous reports been submitted related to the same child(ren)? Give approximate dates of these reports.

Have the parents/guardians of the child(ren) in question been informed?
APPENDIX VI
# 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**
   - **Female**
   - **Address**
   - **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**
   - **Emotional Abuse**
   - **Physical Abuse**
   - **Neglect**
   - **Sexual Abuse**

6. **Details of Reporter**
   - **First Name**
   - **Surname**
   - **Address** if reporting in a professional capacity, please use your professional address
   - **Eircode**
   - **Organisation**
   - **Position Held**
   - **Mobile No.**
   - **Telephone No.**
   - **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?*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Mandated Person's Type**

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address if reporting in a professional capacity, please use your professional address</td>
<td>Organisation</td>
</tr>
<tr>
<td></td>
<td>Position Held</td>
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<td></td>
<td>Mobile No.</td>
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<td></td>
<td>Telephone No.</td>
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</table>

<table>
<thead>
<tr>
<th>Eircode</th>
<th>Email Address</th>
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</table>

### 8. Parents Aware of Report

**Are the child’s parents/carers aware that this concern is being reported to Tusla?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**If the parent/carer does not know, please indicate reasons:**

### 9. Relationships

**Details of Mother**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
</tr>
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<tbody>
<tr>
<td>Address</td>
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<td>Telephone No.</td>
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<tr>
<td></td>
<td>Email Address</td>
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</table>

<table>
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<tr>
<th>Eircode</th>
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</table>

**Is the Mother a Legal Guardian?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

**Details of Father**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
<td>Mobile No.</td>
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<td></td>
<td>Telephone No.</td>
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<tr>
<td></td>
<td>Email Address</td>
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</table>
Child Protection and Welfare Report Form

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

10. Household Composition

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Estimated Age</th>
<th>Additional Information e.g. school, occupation, other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

11. Details of Person(s) Allegedly Causing Harm

<table>
<thead>
<tr>
<th>First Name*</th>
<th>Surname*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male*</td>
<td>Female*</td>
</tr>
<tr>
<td>Address</td>
<td>Date of Birth</td>
</tr>
<tr>
<td></td>
<td>Estimated Age</td>
</tr>
<tr>
<td></td>
<td>Mobile No.</td>
</tr>
<tr>
<td></td>
<td>Telephone No.</td>
</tr>
<tr>
<td>Eircode</td>
<td>Email Address</td>
</tr>
<tr>
<td>Occupation</td>
<td>Organisation</td>
</tr>
<tr>
<td>Position Held</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to Child</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Address at time of alleged incident</th>
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</thead>
</table>

If name unknown please indicate reason

<table>
<thead>
<tr>
<th>First Name*</th>
<th>Surname*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male*</td>
<td>Female*</td>
</tr>
<tr>
<td>Address</td>
<td>Date of Birth</td>
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<tr>
<td></td>
<td>Estimated Age</td>
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<td>Mobile No.</td>
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<td></td>
<td>Telephone No.</td>
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<tr>
<td>Eircode</td>
<td>Email Address</td>
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<tr>
<td>Occupation</td>
<td>Organisation</td>
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<tr>
<td>Position Held</td>
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<table>
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<tr>
<th>Relationship to Child</th>
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</table>

<table>
<thead>
<tr>
<th>Address at time of alleged incident</th>
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</table>

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)

<table>
<thead>
<tr>
<th>Profession</th>
<th>First Name</th>
<th>Surname</th>
<th>Address</th>
<th>Contact Number</th>
<th>Recent Contact e.g. 3/6/9 months ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td></td>
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<tr>
<td>GP</td>
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<tr>
<td>Hospital</td>
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<tr>
<td>School</td>
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<td>Gardaí</td>
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<tr>
<td>Pre-school/ crèche</td>
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</tr>
<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>Date</th>
</tr>
</thead>
</table>

**Mandated Report Acknowledgement by**
Child Protection and Welfare Report Form
MANDATED PERSONS AND NON MANDATED PERSONS
(Children First Act 2015 & Children First National Guidance)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Surname</th>
<th>Date Sent</th>
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<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

| Authorised Person Signature* |
| Date* |

<table>
<thead>
<tr>
<th>Child Previously Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Allocated Case Ilo</th>
</tr>
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<tbody>
<tr>
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</table>
Appendix VII
Parental consent form

Please complete this form and return it to
Respond

(A signed consent form is a condition of participation in this activity for those under the age of 18).

Child’s name ______________________

Date of birth ______________________

GP name __________________________

GP telephone number ________________

I am willing for ___________________ to participate in ___________________ and confirm that s/he is willing to participate as fully as possible.

Furthermore (please tick one of the following):

I permit ___________________ to only travel on transport that has been designated as official for the purpose of this event (e.g. minibus/coach)

YES □  NO □

Or, I permit ___________________ to travel in either private vehicles or any other transport that has been designated official for the purposes of this event.

YES □  NO □

__________________________ has the following medical condition and requires the following medication (give details)

__________________________

__________________________

Signature:________________________

Date: ____________________________

Print Name: ______________________

Relationship to child: _____________

Consent must be provided by the person with parental responsibility or guardian
APPENDIX VIII

Photograph and Publicity Release Form

I, ________________________, give my permission to use my likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of Respond. I agree that Respond has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the Respond ethos and mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet.

I have read and understood this consent and release.

I give my consent to Respond to use my likeness to promote the program, its fiscal agent, and/or their activities.

______________________________  __________________________
Signature                           Date

______________________________  __________________________
Parent / Legal Guardian (if under age 18)   Date
APPENDIX IX: Risk Management (from ‘Keeping Safe’)

Guidance on Risk Management for:
1. Planning & Managing Activities
2. Preparation for a Day Trip
3. Preparation for a Residential Visit
4. Considerations for Different Types of Residentials

Planning and managing activities

PLANNING ACTIVITIES
This can be achieved by:
1. **Knowing the children**
   - Have some defined criteria for membership.
   - Have a registration form for members on which you could record, for example: medical details; any special needs/consent for medical attention - especially in relation to children with a disability; emergency contact numbers of nearest relative or person with ‘parental responsibility’.
2. **Knowing your staff and volunteers**
   - Follow a thorough recruitment procedure.
   - Keep secure records of details provided at the time of recruitment.
   - Have a work schedule which should be clearly displayed so that everyone knows who is on duty.
   - Keep a record of any complaints/incidents about or involving workers, children/young people or parents.
   - Acknowledge stress and help staff through it.
   - It is important that parents are subject to the same recruitment and supervision procedures as other staff and volunteers if they are acting in the role of a volunteer. Unrestricted access by parents is also a risk.

MANAGING ACTIVITIES
Activities such as rock climbing, athletics, swimming and other sports require clear guidelines to prevent an adult from using their position to initiate activities with children outside the scope of the programme. Both parents and children should be made aware of the programme content. When managing recreational activities remember:
1. **Practical matters**
   - Always work openly with children. Avoid situations where a worker and an individual child are completely unobserved.
   - If manual support is required, it should be provided openly. Some parents are sensitive about manual support and their views should always be carefully considered.
   - If groups have to be supervised in the changing rooms, always ensure staff and volunteers of appropriate gender work in pairs. Encourage an open environment with children, i.e. no secrets.
• Where there are mixed groups away from home, they should always be accompanied by a male and female member of staff or volunteer.

2. **Supervision of children** To ensure the safe management of activities children must be supervised at all times. We can do this by firstly being aware of:
   • number of participants;
   • age and age range;
   • type of activity;
   • environment where the activity is undertaken;
   • particular needs of individual participants, e.g. disabilities; and
   • organising programmes well in advance.

There are a number of basic guidelines for supervision:
   • children should not normally be left unattended;
   • you should know where children are and what they are doing;
   • dangerous behaviour by children should not be allowed, for example horseplay;
   • children will be safer if supervised by two or three adults; your organisation should have clear guidelines for ratios of staff and children for all activities;
   • children should only be permitted, supervised and restricted access to the Internet.

Having clearly defined supervision arrangements will not only minimise the occurrence of accidents but also contribute to the protection of children from intentional harm from either adults or peers.

Some children with behavioural problems may require special attention. Most crises can be avoided if prior preparations have been made e.g. training for staff and volunteers on clearly identified procedures.

3. **Keeping records**
Accurate and up to date records in relation to all activities involving children and young people, should be kept at all times. These should include:
   • attendance register;
   • accidents and incidents; and
   • authorisation/parental consent form.

**GENERAL SAFETY**
Organisations should give consideration to:
   • required standards for premises and equipment;
   • heating and ventilation;
   • sanitation facilities;
   • fire precautions;
   • first aid facilities;
   • regular checking of equipment; and
   • providing adequate insurance cover for children, staff, volunteers and third parties.
Preparation for a day trip

Checklist

PROGRAMME PLANNING
If possible, consult with children/young people, staff/volunteers and parents when drawing up a programme of activities to ensure that everyone will gain the maximum benefit from the programme.

- Venue.
- Activities.
- Insurance for groups and leaders.
- Equipment needed.
- Are the activities planned suitable for your group in terms of age, ability, gender, race, culture etc?
- Consider alternative programme in the event of bad weather or other unexpected occurrences.

PARENTS

- Who has parental responsibility?
- Ensure consent forms/health forms are completed.
- Transport issues to and from venue.
- Provide information on relevant policies i.e.
  - child protection;
  - discipline;
  - health and safety;
  - drugs and alcohol etc; and
  - food/clothing/money.

LEADERS

- Discuss programme and roles and responsibilities.
- Adequate supervision ratios for specific activities.
- Ensure staff and volunteers have received appropriate training and have relevant experience.
- Ensure leaders are familiar with:
  - accident and emergency procedures (including contact numbers);
  - child protection policy and procedures; and
  - code of behaviour.

TRANSPORT

Private cars

- Never carry groups of children in your car unless you are sure that your insurance covers this.
- Avoid transporting a child or young person alone. If absolutely necessary, ensure that the child is in the back seat, and that other leaders are aware of this.
- Encourage parental assistance in transporting their own children to and from a venue where possible.

Public transport
- Check timetable as they are updated/changed regularly.
- Check that the company caters for group travel and book in advance.
- Exercise good supervision on all forms of public transport.
- Inform transport company of specific requirements for members of groups with disabilities.
- Ensure parents know pick up points/times.

Minibuses
- Does the centre provide a minibus or do you need to hire one?
- Check how many people are allowed to travel on the minibus.
- Do you need to provide a driver?
- Check that the vehicle is fitted with seat belts.
Preparation for a residential visit

Checklist

PROGRAMME
If possible consult with children/young people, staff/volunteers and parents when drawing up the programme of activities to ensure that everyone will gain the maximum benefit from the programme.

When planning your programme take account of the following:
- Objectives of your programme
- Do you need any special materials, equipment?
- What facilities are available at the centre to help carry out your programme?
- Are the activities suitable for your group in terms of age, ability, gender, culture etc.?
- Allow some time off during the residential for each of the leaders.
- Make emergency plans for bad weather or other unexpected occurrences.

PRE-VISIT TO CENTRE
It is essential that at least one group leader visits the accommodation in advance of the trip. It is advisable that this person is the nominated leader in charge and keeps a record of the pre-visit.

The following should be discussed on a pre-visit:
- Specific entry requirements e.g. minimum/maximum numbers, age range, age limit etc.
- Agree catering arrangements.
- Are your intended ratios of adults to children/young people acceptable to centre staff?
- Staff ratios may need to be higher for disabled children, depending on their needs.
- Does the centre have any special rules e.g. out of bound areas?
- Does the centre have a complaints procedure?
- Are you aware of all the costs e.g. extra costs for programme, transport etc?
- Is there an emergency contact number (either at the centre or a mobile telephone number if staff are not available 24 hours a day)?

ACCOMMODATION
When selecting accommodation for the visit the following should be considered:
- Is the accommodation suitable for the type of residential you wish to run?
- What equipment does the centre provide e.g. recreational and games equipment?
- Clarify whether the centre staff or your staff will keep a record of where children sleep in case of fire.
- Is your group expected to share facilities with another group e.g. beds, mattresses, lockers, wardrobes etc?
- Are the facilities suitably adapted for young people with disabilities?
- Is there sufficient clean bedding?
What do you need to bring?

Are there separate sleeping, washing and toilet areas for males and females, staff and young people, different age groups?

Is leaders’ accommodation within earshot of young people?

LEADERS

- Arrange a meeting to discuss programme and exchange information with: (a) leaders/parents; (b) leaders/young people.
- Provide leaders/staff/volunteers with rotas, programme etc.
- Ensure that leaders/staff/volunteers are familiar with accident and emergency procedures.
- Have child protection policy and health and safety policy in place.
- A code of behaviour should be drawn up for staff/volunteers as well as young people, and staff/volunteers familiarised with this code.
- Adequate insurance cover should be obtained for the whole group, including leaders.
- The group leader should have a contact number for a senior member of the organisation in case of emergencies.

STAFFING

Clarify and agree how much responsibility for supervision lies with centre staff and how much lies with visiting staff:

- Do you have an induction and training programme for all new staff/volunteers?
- Do you have a probationary period?
- Have staff and volunteers been given a range of training on child protection and residential issues?
- Is there at least one female leader travelling with the group?
- Are staff/volunteers medically fit to undertake tasks/responsibilities of the job in hand?
- Are your leaders adequately qualified and insured for all the activities they will be involved in?
- Are you happy with the qualifications and experience of centre staff?

CHILDREN/YOUNG PEOPLE

Staff/volunteers/leaders should have at least one meeting with group members to discuss and agree:

- Code of behaviour.
- Programme.
- Cooking and cleaning rotas.
- Accident, emergency and complaint procedures.
- Centre/areas to be visited - rules and regulations.

If travelling abroad, children/young people should have medical and dental check-ups prior to the trip. Issues about keeping safe should also be discussed with children.
PARENTS
- Arrange a parents meeting to explain and agree all arrangements for the residential.
- Obtain parental consent and medical information at this meeting.
- Explain your policy on discipline, child protection, drugs/alcohol, smoking and pocket money.
- Discuss arrangements in case of emergencies such as injury, sickness, fatality.
- Obtain emergency contact numbers from the parents.

POLICIES AND PROCEDURES
Policies and procedures which should be considered:
- Equal opportunities.
- Child protection.
- Drugs/alcohol.
- Bullying.
- Control and discipline.
- Health and safety.
Inform host centre staff of your policies and procedures and check out the centre’s policies and procedures. Agree which procedures will be followed in the event of an incident.

TRANSPORT
Transport is a central element of any visit and it is important to check out all aspects of this thoroughly. Safety should be considered a priority at all times, regardless of cost.

Private Cars
- Never carry groups of children in your car unless you are sure that your insurance covers this.
- Avoid transporting a child or young person alone. If you do have to transport a child alone, ensure that other leaders are aware of this and that the child is in the back seat.

Public transport
- Check timetables as they are updated/changed regularly.
- Check that the company caters for group travel and book in advance.
- Exercise good supervision on all forms of public transport.
- Inform transport company of special requirements for members of groups with disabilities.

Minibuses
- Does the centre provide a minibus or do you need to hire one?
- If hiring, hire from a reputable company.
- Check how many people are allowed to travel on the minibus.
- Does the centre provide a driver, or do you need to provide one?
• If you are providing a driver, check they have the necessary driving qualifications.
• Check that the vehicle is fitted with seat belts.

**Considerations for different types of residentials**

There are different types of residentials and particular considerations for each.

**HOST FAMILIES**

• Ensure there is an exchange of information between host family/young person/parents regarding:
  o information on cultural differences in food, language etc;
  o religious differences and locate appropriate place of worship if necessary.
• Check any specific requirements e.g. dietary concerns, medical requirements, disabled access etc.
• Ensure there is an escort known to the young person staying in the same area as them and that they visit the young person on a regular basis. You should ensure that they can talk in private during this meeting.
• Clarify roles and responsibility regarding reporting procedures for dealing with child protection concerns.
• Police record check host families where possible and ensure they are interviewed by at least two people connected to your organisation.
• Take up references from people who have known the family for at least five years, but who are not relatives.

**OUTDOOR PURSUITS**

• Check that all members of staff/volunteers to be involved in outdoor pursuits are adequately qualified and insured.
• Ensure you have emergency procedures in place.
• Check the safety of the equipment at the centre.
• Ensure that life-jackets or buoyancy aids are available for water based activities e.g. canoeing, sailing, rowing, rafting etc.
• Ensure you have a sufficient ratio of staff to young people for all activities. Additional staff may be needed for risky sports.

**CROSS CULTURAL RESIDENTIALS**

• When planning the programme, discuss with leaders the aim, objectives and problems involved in cross cultural work. Consider what type of programme it is going to be e.g. physical, educational, spiritual, cross cultural workshop.
• Ensure the venue is both safe and accessible for all.
• Encourage full participation in icebreaker/encounter sessions for both leaders and young people, and that everyone has an equal input into the planning of the programme.
• Ensure you share information with parents/leaders/young people regarding the cross cultural nature of the programme.
• Ensure that leaders/volunteers are fully trained to deal with culturally sensitive issues.

TRAVELLING ABROAD

Information sharing is essential. At a pre-programme meeting information should be provided to parents on:
• itinerary;
• travel arrangements;
• emergency contact numbers; and
• parental consent obtained.

Group members should be advised to allow extra money for unexpected expenses.

Ensure that all participants obtain travellers cheques and local currency before travelling.

Ensure you allow enough time for completion of visas, passports etc before travel.

Ensure that parents and young people are aware of and agree to ground rules, in particular circumstances under which a young person may be sent home. Pre-travel meetings should also enable members to discuss fears and expectations of the trip.

Ensure the group has adequate travel and health insurance.

Check medical requirements of all those who are travelling. Check medicines are carried with the group.
• Immediate return home travel should be available in the event of serious illness or crisis.
• Check that vaccinations are carried out before you leave.

Planning your travel for each step of the way, taking into account delays at airports, refreshments and comfort stops, travel sickness etc.
• Ensure you have adequate supervision ratios for travel to and from destinations.

Explore attitudes in relation to cultural issues i.e. age, sex, safety, religious beliefs and practices.
• Be aware of policies regarding race, disability etc. and in particular child protection procedures.

Check that all activities are conducted in accordance with the standards of safety and supervision laid down by your own organisation, and or relevant governing body both at home and abroad.
• Check that any activities planned are appropriate for the climatic conditions at the time of your visit, and that the group are advised of appropriate clothing required.
APPENDIX X

Procedure for Customer Service Staff in dealing with calls related to Child Protection/Welfare.

If Respond Customer Centre staff receive a call reporting a potential or alleged child protection/welfare concern related to Respond tenants, employees, volunteers or 3rd parties acting on behalf of Respond they will:

1. Record detail on the issue from the caller.

2. Make a record of the caller’s name and contact number and advise that their details will only be passed on to the Designated Liaison Person within Respond as they may need to contact the caller back to follow up on the issue.

3. If the caller wishes to remain anonymous, advise them that if they cannot provide their name and contact number, Respond are unable to follow up on the complaint and the caller will need to contact their Regional Tusla office (refer to CP list)

4. When logging in CRM, if staff have the address they will log the call using this. If they have an anonymous caller, the call will be logged using the contact group ‘Anon caller’. Staff will select classification ‘complaint’ and call type ‘neighbour related’. The only narrative to be left in call description is “email sent to Designated Liaison re complaint”. Staff will not record any details on the CRM related to the allegation.

5. The details of the issue will be emailed to the Designated Liaison Person for the area (refer to CP policy list) and copied to the National Child Protection Co-ordinator
## Appendix XI

**HSE Children and Family Services Contacts** (adapted from ‘Children First’) for counties with Respond Housing.

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DUBLIN NORTH,</strong></td>
<td>Health Centre, Cromcastle, Coolock, D5.</td>
<td>(01) 8164200; (01) 8164244</td>
</tr>
<tr>
<td><strong>DUBLIN NORTH CENTRAL,</strong></td>
<td>Social Work Office, 22 Mountjoy Square, D1.</td>
<td>(01) 877 2300</td>
</tr>
<tr>
<td></td>
<td>Social Work Office, Ballymun Health Centre, D11</td>
<td>(01) 846 7236</td>
</tr>
<tr>
<td><strong>DUBLIN NORTH WEST,</strong></td>
<td>Health Centre, Wellmount Park, Finglas, D11</td>
<td>(01) 856 7704</td>
</tr>
<tr>
<td></td>
<td>Social Work Department, Rathdown Road, D7</td>
<td>(01) 882 5000</td>
</tr>
<tr>
<td><strong>DUBLIN SOUTH EAST,</strong></td>
<td>Social Work Dept, Vergemount Hall, Clonskeagh, D6</td>
<td>(01) 2680320; (01) 2680333</td>
</tr>
<tr>
<td><strong>DUBLIN SOUTH CITY,</strong></td>
<td>Duty Social Work Carnegie Centre, 21-25 Lord Edward Street, D2</td>
<td>(01) 648 6555</td>
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<td></td>
<td>Public Health Nursing, 21-25 Lord Edward Street, D2</td>
<td>(01) 648 6730</td>
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<tr>
<td></td>
<td>Family Support Service, 78B Church House Donore Avenue, D8</td>
<td>(01) 416 4441</td>
</tr>
<tr>
<td><strong>DUBLIN SOUTH WEST,</strong></td>
<td>Milbrook Lawn, Tallaght, D24</td>
<td>(01) 4520666; (01) 4275000</td>
</tr>
<tr>
<td><strong>DUBLIN WEST,</strong></td>
<td>Social Work Department, Bridge House, Cherry Orchard Hospital, Ballyfermot, D10</td>
<td>(01) 620 6387</td>
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<tr>
<td><strong>DUBLIN SOUTH,</strong></td>
<td>Social Work Department, Our Lady’s Clinic, Patrick Street, Dun Laoghaire, Co. Dublin</td>
<td>(01) 663 7300</td>
</tr>
<tr>
<td><strong>CARLOW,</strong></td>
<td>Carlow Social Work Office, Ground Floor, St. Dympna’s Hospital, Athy Road, Co. Carlow</td>
<td>(059) 913 6587</td>
</tr>
<tr>
<td><strong>CAVAN,</strong></td>
<td>HSE Community Child and Family Services Drumalee Cross, Co. Cavan</td>
<td>(049) 4377305; (049) 4377306</td>
</tr>
<tr>
<td><strong>CLARE,</strong></td>
<td>Clare Duty Social Worker, River House, Gort Road, Ennis, Co. Clare</td>
<td>(065) 686 3935</td>
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<tr>
<td></td>
<td>Social Work Department, Shannon Health Centre, Shannon, Co. Clare</td>
<td>(061) 718 400</td>
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<tr>
<td></td>
<td>Social Work Department, Kilrush Health Centre, Kilrush, Co. Clare</td>
<td>(065) 905 4200</td>
</tr>
<tr>
<td><strong>CORK,</strong></td>
<td>North Cork Social Work Department, 134 Bank Place, Mallow, Co. Cork</td>
<td>(022) 54100</td>
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<tr>
<td></td>
<td>North Lee Child Lee Social Work Department, Blackpool, Co. Cork</td>
<td>(021) 492 7000</td>
</tr>
<tr>
<td></td>
<td>South Lee Social Work Department, St. Finbarr’s Hospital, Douglas Road, Cork</td>
<td>(021) 492 3001</td>
</tr>
<tr>
<td></td>
<td>West Cork Social Work Department, Coolnagarrane, Skibbereen, Co. Cork</td>
<td>(028) 40447</td>
</tr>
<tr>
<td><strong>DONEGAL,</strong></td>
<td>Links Business Centre, Lisfannon, Buncrana, Co. Donegal (East Team)</td>
<td>(074) 932 0420</td>
</tr>
<tr>
<td></td>
<td>Euro House, Killybegs Road, Donegal, Co. Donegal (West Team)</td>
<td>(074) 972 3540</td>
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<tr>
<td></td>
<td>Social Work Department, Millennium Court, Pearse Road, Letterkenny, Co. Donegal (East Central Team and West Central Team)</td>
<td>(074) 9123672; (074) 9123770</td>
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<tr>
<td><strong>GALWAY,</strong></td>
<td>Galway City, Social Work Department, Local Health Office, 25 Newcastle Road, Galway, Co. Galway</td>
<td>(091) 546366</td>
</tr>
<tr>
<td></td>
<td>Galway County, Tuam Social Work Department, Health Centre, Vicar Street, Tuam, Co. Galway</td>
<td>(093) 37200</td>
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Loughrea, Co. Galway
Ballinasloe Social Work Department, Health Centre, Brackernagh, Ballinasloe, Co. Galway
Oughterard Social Work Department, Health Centre, Oughterard, Co. Galway
(091) 847820 (090) 964 6200 (091) 552200

KERRY
Social Work Department, HSE Community Services, Rathass, Tralee, Co. Kerry
Killarney Social Work Department, St. Margaret’s Road, Killarney, Co. Kerry
(066) 712 1566 (064) 663 6030

KILDARE
Social Work Department, St Mary’s Craddockstown Road, Naas, Co. Kildare
(045) 873200; (045) 882 400

KILKENNY
Social Work Office – Child Care Department, Child Youth and Families, Carlow/Kilkenny, HSE South, St. Canice’s Hospital, Dublin Road, Kilkenny.
(056)7784057; (056)7784532

LIMERICK
Social Work Department, Ballynanty Health Centre, Ballynanty, Limerick (East Team), Co. Limerick
Social Work Department Roxtown Health Centre, Roxtown Terrace, Old Clare Street, Limerick (East Team) (061) 475 100 (061) 417622; (061) 483091
Parkbeg Social Work Department, Parkbeg House, 2 Elm Drive, Caherdavin Lawns, Ennis Road, Limerick
Social Work Department, Southill Health Centre, O’Malley Park, Southill, Limerick, Co. Limerick
Newcastlewest Social Work Department, Newcastlewest Health Centre, Castlebar, Co. Mayo.
(069) 62155

LAOIS
Social Work Department, Child and Family Centre, Portlaoise, Co. Laois
(057) 869 2567; (057) 869 2568

LONGFORD
Social Work Department, Tivoli House, Dublin Road, Co. Longford
(043) 335 0584

LOUTH
Social Work Department, Local Health Care Unit, Wilton House, Stapleton Place, Dundalk, Co. Louth
Ballsgrove Health Centre, Ballsgrove, Drogheda.
(042) 939 2200 (041)9838574; (041)9833163

MAYO
Ballina Social Work Team, Ballina Health Centre, Mercy Road, Ballina, Co. Mayo
Castlebar Social Work Team, St. Mary’s Headquarters, Castlebar, Co. Mayo
(096) 21511; (096) 248 41 (094) 902 2283 (094) 905 0133

MONAGHAN
Social Work Department, Local Health Care Unit, Rooskey, Co. Monaghan
(047) 30426; (047) 30427

OFFALY
Social Work Department, Derry Suite, Castlebuildings, Tara Street, Tullamore, Co. Offaly
(057) 937 0700

SLIGO
Sligo Town and surrounding areas: Markievicz House, Barrack Street, Sligo, Co. Sligo
South County Sligo: One Stop Shop, Teach Laighne, Humbert Street, Tubercurry, Co. Sligo
(071) 915 5133 (071) 912 0062

NORTH TIPPERARY
North Tipperary Duty Social Work Team, Civic Offices, Limerick Road, Nenagh, Co. Tipperary
Nth Tipperary Child Protection Services: Social Work Department, Annbrook, Nenagh, Co. Tipperary
St. Mary’s Health Centre, Parnell Street, Thurles, Co. Tipperary
(067) 46 636 (067) 41 934 (0504) 24 609
SOUTH TIPPERARY

South Tipperary Child Protection Services:
Social Work Team, South Tipperary Community Care Services, Western Road, Clonmel, Co. Tipperary
(052) 617 7302: (052) 617 7303

WATERFORD

Waterford: Social Work Service, Waterford Community Services, Cork Road, Co. Waterford
(051) 842827
Dungarvan and surrounding areas: Social Work Department, Dungarvan Community Services, St. Joseph’s Hospital, Dungarvan, Co. Waterford
(058) 20906

WEXFORD

Gorey Health Centre, Hospital Grounds, Gorey, Co. Wexford
(053) 943 0100
Enniscorthy Health Centre, Millpark Road, Enniscorthy, Co. Wexford
(053) 923 3465
New Ross Health Centre, Hospital Grounds, New Ross, Co. Wexford
(053) 912 3522 Ext. 201
Social Work Department, Ely House, Ferrybank, Co. Wexford
(053) 912 3522 Ext. 201

WICKLOW

Social Work Department, HSE Glenside Road, Wicklow Town, Co. Wicklow
(0404) 60800
Bray: Social Work Department, The Civic Centre, Main Street, Bray, Co. Wicklow
(01) 2744180: (01) 2744100
Delgany: Social Work Department, Delgany Health Centre, Delgany, Co. Wicklow
(01) 287 1482
## Appendix XII

<table>
<thead>
<tr>
<th>Job Title</th>
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<tbody>
<tr>
<td>Assessment Officer</td>
<td></td>
</tr>
<tr>
<td>Care Assistant</td>
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<tr>
<td>Care Assistant - Nights</td>
<td>In Special Project Venues</td>
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<tr>
<td>Care Assistant/Driver</td>
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<tr>
<td>Care Worker</td>
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<tr>
<td>Caretaker</td>
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<tr>
<td>Catering Assistant</td>
<td>In Day Care Centres</td>
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<tr>
<td>Centre Manager</td>
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<tr>
<td>Chef</td>
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<tr>
<td>Cleaner</td>
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<tr>
<td>Clinical Nurse Manager</td>
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<tr>
<td>Coffee Shop Manager</td>
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<tr>
<td>Cook</td>
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<tr>
<td>Co-Ordinator of Services for Older Persons</td>
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<tr>
<td>Driver/Care Assistant</td>
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<td>Estate Manager</td>
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<td>Facilities Coordinator</td>
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<td>Facilities Manager</td>
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<td>General Assistant</td>
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<td>Homeless Service Manager</td>
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<td>Keyholder/Caretaker</td>
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<td>Kitchen Attendant</td>
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<td>Maintenance</td>
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<tr>
<td>Multi-Task Attendant</td>
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<tr>
<td>National Procurement &amp; Maintenance Manager</td>
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<td>Nurse Co-Ordinator</td>
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<td>Older Person Support Worker</td>
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<td>Relief Multitask Attendant</td>
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<td>Relief SNA</td>
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<td>Relief Support Worker</td>
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<td>Rent Control Officer</td>
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<td>Resident Services Co-Ordinator</td>
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<td>Role</td>
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<tr>
<td>Resident Support Team Leader</td>
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<td>Resident Support Worker</td>
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<td>Resident Support Worker with TSO duties</td>
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<td>Social Care Assistant</td>
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<td>Special Projects Coordinator</td>
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<td>Special Projects Development Manager</td>
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<td>Staff Nurse</td>
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<td>Team Leader</td>
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<td>Technical Services Officer</td>
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<td>Youth Worker</td>
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APPENDIX XIII

Respond Hub/Suaimhneas
Child Safeguarding Statement

SERVICE NAME is a service providing transitional housing to families experiencing homelessness. The services aims to assist these families become in a better position to move into their own homes in the short-term. While in the care of this service, Respond aims to follow best practice in ensuring the safety of all children and young people availing of the service.

- We acknowledge a duty of care to children living within SERVICE to ensure that staff work under Children’s First guidelines.

- Staff will make every effort to ensure that every child living within SERVICE is (and feels) safe and protected from harm while in the confines of SERVICE.

- All staff working within SERVICE have read and understand the Respond Child Protection and Welfare Policy.

- In accordance with SERVICE Child Protection and Welfare Policy, all staff have had training on how to work within Children’s First Guidelines.

- Staff are expected to implement Children’s First Guidelines in all aspects of their work.

- All residents will be made aware that staff work primarily from a child protection view point during assessment or induction.

- Risk Assessment:
  Families and children reside in SERVICE. If, in the course of our work we become aware of any risk to the welfare or safety of children, this will be referred to the appropriate authorities (Tusla or an Garda Síochána) and Respond will do all in its power to address the situation. Where any event or programme involving children is planned in SERVICE, full risk assessments will be carried out and will be available from the relevant staff.

There is a Designated Liaison Person appointed in each Homeless Service, who deals with child protection concerns. A list of Mandated Persons is available in the office.

- The Designated Liaison Person is:

- The Deputy Liaison Person is:
Principles:
- We endeavour to create a safe space to live and learn
- Children will be listened to and heard
- We will work with children in partnership with their parents
- We will support people to report their concerns

Implementation:
We recognise that implementation is an ongoing process. Our service is committed to the implementation of this Child Safeguarding Statement and the procedures that support our intention to keep children safe from harm while availing of our service. This Child Safeguarding Statement will be reviewed annually, or as soon as practicable after there has been a material change in any matter to which the statement refers.